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# **CANADIAN PUBLIC HEALTH ASSOCIATION**

## **ANNUAL REPORT 2002**

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**AS PRESENTED TO THE  
CANADIAN PUBLIC HEALTH ASSOCIATION  
ANNUAL GENERAL MEETING  
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CHIEF EXECUTIVE OFFICER**

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# TABLE OF CONTENTS

<b>Introduction</b> .....	<b>1</b>	<b>International Programs</b> .....	<b>8</b>
History .....	1	Canadian International Immunization Initiative .....	8
Mission Statement .....	1	Health Promotion in Action Project.....	9
Goals.....	1	Healthier Futures Project (Argentina) .....	9
Governance .....	1	HIV/AIDS and Young People in South Eastern Europe (Balkans) and HIV/AIDS and Young People and Strengthening Child Rights (Romania, Bulgaria and Moldova) .....	10
Membership .....	1	Malawi Family and Reproductive Health Project .....	10
Provincial/Territorial Branches/Associations .....	1	Southern African AIDS Training Programme .....	11
Areas of Interest.....	1	Strengthening of Essential Public Health Functions (Balkans) .....	11
Organizational Chart.....	2	The Strengthening of Public Health Associations Program .....	11
<b>CPHA National Office</b> .....	<b>2</b>	Zambia Family and Reproductive Health Project .....	12
Canada Health Day .....	2	<b>Advocacy and Liaison</b> .....	<b>13</b>
Canadian Journal of Public Health.....	2	CPHA Board Strategic Directions & Activities.....	13
Health Resources Centre.....	3	Other Federal Lobbying Activities .....	13
Membership and Circulation .....	3	External Committees and Workshop/Meeting Representation .....	15
Plain Language Service .....	3	<b>Briefs and Submissions</b> .....	<b>17</b>
Conferences, Workshops and Symposia .....	3	Document Review .....	17
<b>National Programs</b> .....	<b>4</b>	Public Policy and Legislation Committee.....	17
Air Health Effects Project .....	4	<b>Summary</b> .....	<b>18</b>
Best Practices and Evaluation Tool(s) for Anti-bullying Programs .....	4		
Canadian Coalition for Influenza Immunization.....	5		
Canadian HIV/AIDS Clearinghouse .....	5		
Canadian Immunization Awareness Program .....	6		
National Literacy and Health Programs .....	6		
Designing Prescription Medication Packaging & Labelling.....	6		
Learning Materials on Violence for Youth with Low Literacy .....	6		
M.O.V.E. (Mind Over Violence Everywhere) Project.....	7		
National Literacy and Health Research Project .....	7		
Policy Internship and Fellowships Pilot Project .....	7		
Public Consultation on Xenotransplantation .....	8		

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# INTRODUCTION

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## HISTORY

The Canadian Public Health Association (CPHA) is a national not-for-profit association incorporated in 1912. CPHA is composed of health professionals from over 25 health disciplines and is active in conducting and supporting health and social programs both nationally and internationally. CPHA stresses its partnership role by working with federal and provincial government departments and international agencies, non-governmental organizations and the private sector in conducting research and health services programs.

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## MISSION STATEMENT

The Canadian Public Health Association (CPHA) is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's Mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

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## GOALS

CPHA achieves its Mission by:

1. Acting in partnership with a range of disciplines including health, environment, agriculture, transportation, other health-oriented groups and individuals in developing and expressing a public health viewpoint on personal and community health issues;
2. Providing an effective liaison and partnership with CPHA's Provincial/Territorial Branches/Associations;
3. Providing an effective liaison and network both nationally and internationally in collaboration with various disciplines, agencies and organizations;
4. Encouraging and facilitating measures for disease prevention, health promotion and protection and healthy public policy;
5. Initiating, encouraging and participating in research directed at the fields of disease prevention, health promotion and protection and healthy public policy;
6. Designing, developing and implementing public health policies, programs and activities;
7. Facilitating the development of public health goals for Canada;
8. Identifying public health issues and advocating for policy change;
9. Identifying literacy as a major factor in achieving equitable access to health services.

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## GOVERNANCE

CPHA is governed by a Board of Directors, which consists of the Officers of the Association, one representative from each Provincial/Territorial Branch/Association, and six Members-at-Large responsible for the Areas of Interest, as well as the Chief Executive Officer and Scientific Editor as ex-officio members. Between meetings of the Board of Directors, the business of CPHA is conducted by an Executive Board which consists of the Officers of the Association and the Chief Executive Officer and Scientific Editor as ex-officio members.

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## MEMBERSHIP OPPORTUNITIES

The membership is the strength and spirit of CPHA. Members give the Association credibility, direction and authority, as well as expertise and human resources, both nationally and internationally, that are unparalleled. In return, the Association provides members with an opportunity to speak out on broader public health issues, outside discipline boundaries.

Membership in CPHA is voluntary, not mandatory for any professional reason. The composition of members encompasses professionals in public health practice, professors and researchers in universities and colleges, government workers and individuals interested in issues that affect community and public health.

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## CATEGORIES OF MEMBERSHIP

Membership is open to any individual who subscribes to the objectives of the Association and is engaged or interested in community or public health activities. CPHA categories of membership are:

- Regular
- Student/Retired
- Low Income
- International
- Corporate
- Honorary Life

### Direct Membership

Direct membership applies to an individual who chooses to be a member of CPHA.

### Conjoint Membership

Conjoint membership applies to an individual who chooses to be a member of CPHA and of one of the following Branches/Associations:

### CPHA Provincial/Territorial Branches/Associations (PTBAs)

- Alberta Public Health Association
- Association pour la santé publique du Québec
- Public Health Association of British Columbia
- Manitoba Public Health Association
- New Brunswick/Prince Edward Island Branch, CPHA
- Newfoundland and Labrador Public Health Association
- Northwest Territories/Nunavut Branch, CPHA
- Ontario Public Health Association
- Public Health Association of Nova Scotia
- Saskatchewan Public Health Association, Inc.
- Yukon Public Health Association

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## AREAS OF INTEREST

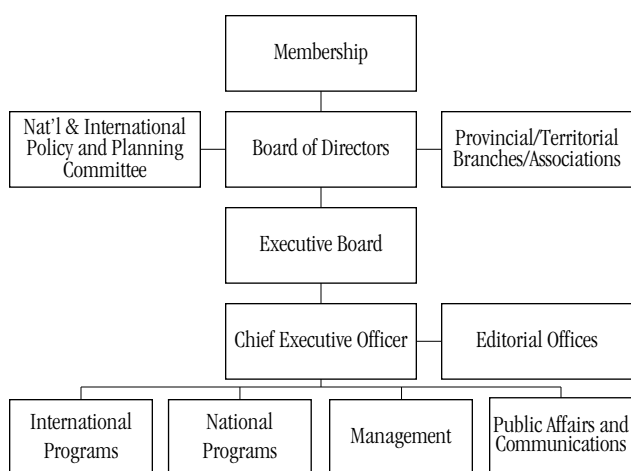
The following Areas of Interest are the current focus of activity for the Association in the coming years, with future changes to be guided by Membership input:

- **Disease Surveillance and Control:** epidemiology, communicable disease control (including STDs), non-communicable disease control (chronic disease), health statistics, demographic data
- **Health Promotion:** family and community health, sexual health, gerontology, health education, community development, healthful living and healthy public policy

- **Human and Ecosystem Health:** sustainable development, physical environment (water, air, land, work site, etc.), indoor pollution (sick building syndrome, etc.), occupational health
- **International Health:** sustainable development, strengthening primary health care, infrastructure development, health determinants
- **Equity and Social Justice:** Aboriginal health, multicultural health, populations at risk, economic development, housing, income, education, day care, public policy, income distribution
- **Administration of Health Services:** health reform, medicare, community and institutional services

Members-at-Large elected to the Board of Directors will assume responsibility for a specific Area of Interest. It will be the Board of Directors' responsibility to determine the priority subject areas under each of the Areas of Interest and these will be reviewed on a regular basis.

### ORGANIZATIONAL CHART



## CPHA NATIONAL OFFICE

The total CPHA staff is 89. Of this staff, 62 are located at the CPHA National Office in Ottawa and 27 are located overseas. The total budget for 2002 including National Office, national and international projects was \$12,388,806. The program activities managed by the National Office, with the exception of financial services, are reported in this document.

### CANADA HEALTH DAY

Every year hundreds of public health units, health care facilities and agencies participate in the celebration of Canada Health Day on May 12, Florence Nightingale's birthday. CPHA takes the lead in organizing the event, working in partnership with the Canadian Healthcare Association.

### 2002 – Together for a Healthy Environment

In 2002, over 105 organizations including hospitals, public health units, NGOs and the private sector participated in the celebration. CPHA sold and distributed over 2,225 buttons, 2,500 biodegradable balloons, 1,000 magnets, 6,000 bookmarks, 970 pencils and 243 stress relievers, among others. Each year we try to pick new and innovative items and ways to help promote Canada Health Day.

### CANADIAN JOURNAL OF PUBLIC HEALTH

In 2002, there were six regular issues of the Canadian Journal of Public Health (CJPH), plus:

- an insert entitled: "The art and science of evidence-based decision-making: Epidemiology can help!", which was published in the January/February 2002, Volume 93, No.1 issue of the CJPH. This insert was written by Dr. Larry Chambers, Ms. Anne Ehrlich, Ms. Louise Picard and Ms. Peggy Edwards, and was based on an original paper *Toward Effective Community-Based Action: Using Epidemiological Skills in Public Health Surveillance for Local Public Health* written for Health Canada. It is the first in a series of inserts from the Centre for Surveillance Coordination, Health Canada, aimed at informing the general public about aspects of and the need for scientific study, including epidemiology and surveillance;
- an insert supported by Aventis Pasteur entitled: "The Speckled Monster: Canada, Smallpox and its Eradication", which was published in the July/August 2002, Volume 93, No.4 issue of the CJPH. This insert, written by Dr. Luis Barreto and Dr. Christopher Ruddy, describes the early years of smallpox in Canada and around the world, and the struggle to bring the disease under control and eventually to eradicate it completely from the face of the earth;
- a supplement entitled: "Selected Papers from the Quebec City Consensus Conference on Environmental Health Indicators", Volume 93, Supplement 1, September/October 2002. The guest editors were Drs. Christopher Furgal and Pierre Gosselin from the Unité de recherche en santé publique, CHUL, Québec. The supplement consisted of 13 papers discussing aspects of environmental and public health monitoring and surveillance;
- a supplement entitled: "Improving Children's Health: How Population-based Research Can Inform Policy – The Manitoba Experience", Volume 93, Supplement 2, November/December 2002. The Manitoba Centre for Health Policy provided four Forewords and 12 papers, with topics ranging from population health status and sociodemographic indicators, to perinatal health issues, factors affecting adolescent

reproductive health in Manitoba, and health service utilization by Manitoba children, among others.

In 2002, 177 manuscripts were submitted to the CJPH, of which 130 articles were published and 70 rejected. The rejection figure is affected in part by a new procedure of only accepting for consideration those manuscripts with data no older than five years. Many submissions were not eligible for consideration immediately because of this new constraint (introduced so that we are publishing relevant up-to-date research) and therefore the rejection number is higher than it would normally be in a given year.

The CJPH production schedule has moved up so that issues now are published at the end of the month preceding the name of the issue, i.e., January/February issue now goes out to the membership towards the end of December/early January. This move has brought the Journal more in line with the production schedules of other publications.

Finally, the transition from Dr. Fernand Turcotte to Drs. Denise Aubé and Clément Beaucauge as co-editors for the French manuscripts submitted to CJPH, has been absolutely seamless and we thank Drs. Aubé and Beaucauge for their efforts and congratulate them on how quickly and easily they settled into the responsibilities. Kudos to Dr. Turcotte for finding such capable replacements and for the wonderful support he provided during the transition period.

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## HEALTH RESOURCES CENTRE

In addition to regular activities, staff changes and additions, the Centre's staff attended several conferences. This improved its visibility within the Public Health Sector, and has aided in the obtaining of new publications available for sale through the Health Resources Centre, and in enlarging its client base. These new publication titles include:

- Active Living Every Day
- Fit to Deliver
- Game On!
- Health Promotion Ideas that Work
- M.O.V.E. Mind Over Violence Everywhere
- More Innovative Games
- Oxford Handbook of Public Health Practice
- Oxford Textbook of Public Health, Fourth Edition
- Promoting Physical Activity: A Guide for Community Action
- The Juggling Act
- The Walkerton Outbreak Video
- You Are the Target - Big Tobacco: Lies, Scams – Now the Truth

The Centre continues to work closely with the World Health Organization (WHO), Pan American Health Organization (PAHO) and the American Public Health Organization (APHA) to promote and sell their respective publications and subscriptions. The Centre has also initiated a new distribution agreement between the CPHA and the APHA, which should improve the distribution of their publications.

New aggressive marketing campaigns, staff changes, coupled with several new distribution agreements in the works, has meant another busy year for the Centre's staff.

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## MEMBERSHIP AND CIRCULATION

This department is responsible for the maintenance of CPHA's records management activities, as members are tracked, enrolled and renewed. Subscriptions to the *Canadian Journal of Public Health* are also handled by this department.

The following provides a brief overview of membership statistics:

### Total Number of Members\* 1998 - 2002

Province	1998	1999	2000	2001	2002
NLPHA	34	33	30	32	33
NB/PEI	48	45	47	53	46
PHANS	43	45	44	45	53
ASPQ	90	89	82	85	87
OPHA	249	258	246	240	251
MPHA	41	55	56	61	58
SPHA	60	65	63	64	68
APHA	171	176	172	170	183
PHABC	116	122	115	119	119
NWT/Nunavut	26	26	27	33	46
CPHA (Direct)†	634	627	587	597	770
TOTAL	1512	1640	1469	1499	1714
CSIH	258	275	248	245	260
CATCH	66	69	65	80	75

\* Includes non-current memberships that have lapsed in the last 90 days.

† Includes International Members

### CPHA Tabletop Membership Display

A travelling tabletop display is available for all PTBAs and other conferences and workshops to display and distribute information about CPHA and membership opportunities. Utilizing component parts of the Health Resources Centre display, this tabletop display can be "customized" for whichever PTBA is using it.

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## PLAIN LANGUAGE SERVICE (PLS)

CPHA offers the services of plain language assessment, basic or technical revision, creating a new document, clear design, translation, PL/clear verbal communication training and workshops, to a wide variety of clients. These include Health Canada, Treasury Board, Foreign Affairs & International Trade, Mount Sinai Hospital, Hospital for Sick Children, Canadian Haemophilia Society, National Ovarian Cancer Association, VON, and several pharmaceutical companies.

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## CONFERENCES, WORKSHOPS AND SYMPOSIA

The Association's role in providing a forum through conferences, workshops and symposia for the purpose of addressing key health and social issues in Canada continued through 2001. A number of these program activities are listed below.

**National Consensus Conference on Pertussis**, May 25-28, 2002  
CPHA and Health Canada hosted an invitational conference which brought together experts on pertussis for a 2 1/2 day conference. The conference took place May 25-28, 2002 in Toronto at the Crowne Plaza Toronto Centre and involved 75-100 participants. The overall objectives

of the conference were to provide an opportunity to discuss important issues and improve the knowledge and understanding of the disease, and to decide on national objectives. The conference goals were to determine any new programs to be offered re Pertussis Control, surveillance and research needs, and promotion/vaccination.

### **93<sup>rd</sup> Annual Conference, Our Environment, Our Health, July 7-10, 2002**

Two hundred and thirty-two people attended the conference in Yellowknife, which focused on issues relating to the inter-relationships between the environment and health. Thirty thematic oral sessions were featured along with 8 workshops, 16 poster presentations, and exhibits. Keynote speakers included Dr. Nick Drager as the Opening Keynote speaker on Sunday, Dr. Graham Chance on Monday, Dr. Jeffrey Wigand on Tuesday and a town hall session with Dr. Trevor Hancock, Ms. Simone Marner and Ms. Joanne Barnaby, and was moderated by Dr. David Butler-Jones. The conference closed with a presentation by Dr. Ilona Kickbusch.

Pre-conference events included workshops by Skills Enhancement for Health Surveillance and Dr. Harvey Skinner.

Social events included guided nature walks and the Presidents' Welcome reception, which featured a Silent Auction with proceeds going to the Northwest Territories/Nunavut Branch, CPHA. Endless Summer Nights, the theme of the fun night, offered a variety of food and activities, including a fashion show, local entertainers, and Northern artisans displaying their work. A great time was had by all!

The Yellowknife committee organized fitness activities that took place throughout the conference. Participants joined teams with names like "the mosquitoes" and "the polar bears", among others, and earned points for each activity they joined. The big winners once the points were added up: Team Raven!

The conference was chaired by Elaine Berthelet and Sheila Sears. The general consensus from delegates was very positive.

### **Literacy & Health Research Workshop, October 27-28, 2002**

This two-day workshop took place October 27-28, 2002 at the Delta in Ottawa. The workshop involved 45 participants, including researchers, practitioners, policymakers and literacy learners from across Canada who have an interest in the topic of literacy and health research. The objectives of the workshop were to: develop a consensus on priority issues and research questions on literacy and health pertinent to Canada; stimulate the development of proposals for funding literacy and health research projects; and to stimulate the development of future strategic initiatives on literacy and health research in Canada.

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# NATIONAL PROGRAMS

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## **AIR HEALTH EFFECTS PROJECT**

Term: December 2001 – March 31, 2002

Partner: Health Canada

With funding from Health Canada's Air Health Effects Division, CPHA has undertaken a project to develop consistent messages about the health impacts of air pollution as well as resource materials to educate the general public, at-risk groups and health professionals.

Air pollution has wide-ranging impacts on human health. Pollutants can damage lungs and breathing systems, irritate eyes, increase allergies and cause wheezing and shortness of breath. In Canada each year, about 16,000 premature deaths and many more hospital visits are associated with air pollution. Groups particularly at risk are the very young, the elderly and people suffering from chronic respiratory and heart diseases.

Enhanced participation by the health sector is critical to raise public awareness of these impacts and actions that may be taken to reduce their risk and improve the long-term health of Canadians. Health professionals have high credibility with the public and have been effective in promoting and supporting social change.

The project included three streams of activity: 1) the development and testing of core messages; 2) the development and dissemination of resource materials and public awareness activities for Clean Air Day (held in June 2002) targeting the general public, several at-risk groups and health professionals; and 3) the design and implementation of a national pilot workshop for health professionals.

This program built upon other environmental health program successes and lessons learned from a previous project: Supporting Public Awareness Initiatives on the Health Effects of Climate Change and Air Pollution. It is viewed as part of a broader CPHA public education and awareness strategy that will provide a consistent approach to air pollution with the purpose of engaging Canadians and their communities to reduce associated health risks and promote clean air.

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## **BEST PRACTICES AND EVALUATION TOOL(S) FOR ANTI-BULLYING PROGRAMS**

Term: November 2002 – May 2003

Partners: National Crime Prevention Centre of Justice Canada, National Literacy Secretariat, Canadian Teachers Federation

Identifying the criteria for best practices allows guardians, educators, literacy practitioners, and health care providers the opportunity to create optimal conditions for the healthy development of young children. By identifying best practices, there is an increased opportunity for greater use of preventative and early intervention approaches as alternatives to the more costly approach of corrective treatment offered in adult literacy programs. The evaluation tools will encourage literacy practitioners, youth justice professionals, health care providers, youth-serving agencies and schools to adopt best practices in developing and enhancing programs that foster safe, supportive and violence-free physical and social environments.

Providing evaluation tools and information on best practices on-line and in print form promotes accountability of programs to their clients.

To identify the criteria for best practices, this project will be conducting a literature review and interviews with 50 key informants across Canada asking for their input and feedback on the development of the tools. In addition to the national survey, four jurisdictions across Canada will be selected for training in the implementation of the evaluation tools. A participatory evaluation will be conducted with program participants to gain feedback on the process and the tools developed. The whole project is based upon the experiences of anti-bullying programs in communities across Canada. Our challenge is to develop standardized outcome tools and best practice criteria founded upon these diverse experiences.

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## **CANADIAN COALITION FOR INFLUENZA IMMUNIZATION**

Term: January 2002 – December 2002  
Partners: Canadian Association of Chain Drug Stores,  
Canada's Association for the Fifty-Plus,  
Canadian Diabetes Association,  
Canadian Gerontological Nursing  
Association, Canadian Nurses Association,  
Canadian Infectious Disease Society,  
Canadian Lung Association,  
Canadian Medical Association,  
Canadian Paediatric Society,  
Canadian Pharmacists Association,  
College of Family Physicians of Canada,  
Community and Hospital Infection Control  
Association, Health Canada,  
Heart and Stroke Foundation of Canada  
Sponsors: Aventis, Shire Biologics, Health Canada

The goal of the Canadian Coalition for Influenza Immunization (CCII) is to promote the benefits of influenza immunization for all ages.

The 2002 campaign included a popular new poster encouraging immunization for the sake of those around you as well as yourself. Health units received a supply of posters, print ads, articles and reference documents. The radio ad was played on more than 100 radio stations as a PSA. Pharmacists received an updated promotional kit including stickers for high-risk customers' medications. Print ads appeared in a number of speciality publications. A Canadian Press story was reprinted in numerous daily newspapers across the country. The website, with its new student resource, is a premier source of reliable Canadian-based information about influenza and its prevention. Coalition members continue to play an important role in developing and delivering the message to their respective memberships.

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## **CANADIAN HIV/AIDS CLEARINGHOUSE** **Helping you make a difference**

Term: April 1, 2001 – March 31, 2004  
Partner: Health Canada

The Canadian HIV/AIDS Clearinghouse is the largest information centre on HIV/AIDS in Canada. Funded under the Canadian Strategy on HIV/AIDS (CSHA), the mandate of the Clearinghouse is to provide information on

HIV/AIDS prevention, care, treatment and support to health and education professionals, AIDS Service Organizations, health information resource centres, governments and others with HIV/AIDS information needs. The Clearinghouse has a specific focus to support Canadian activities in the area of HIV prevention.

### **Distribution Services**

#### **Bringing Canada's HIV/AIDS resources to you**

In 2001/2002, over 37,000 orders were processed, resulting in Clearinghouse staff distributing some 600,000 pamphlets, posters, brochures, videos and manuals. The Clearinghouse's distribution collection currently includes 650 items. The Clearinghouse provided logistical support for Health Canada at the XIV International AIDS Conference in Barcelona, Spain in July 2002. A 2 CD-ROM set was also produced which highlighted over 250 resources developed by Canadian AIDS organizations in both French and English. Orders for information can now be made on-line through the Clearinghouse website ([www.clearinghouse.cpha.ca](http://www.clearinghouse.cpha.ca)).

### **Library Services**

#### **Your gateway to a wealth of information**

Clearinghouse staff have been working diligently to maintain and update the library collection of resources on HIV/AIDS. This work has included an extensive review and evaluation of the periodical collection and the development of a comprehensive Collection Development Policy. Library staff continue to improve the reference and referral services available to its clientele through upgrades to the online catalogue of publications and ongoing training for all Clearinghouse staff. Quality reference services, customized bibliographies and interlibrary loans are the results and benefits of the improvements and upgrades.

### **Information & Communication Services**

#### **Your partner in HIV prevention**

In order to keep up with the ever-changing challenges of HIV/AIDS, the Clearinghouse works closely with front-line partners to share information and develop resources supporting innovative HIV prevention initiatives.

The Clearinghouse launched a new, more user-friendly website and is more popular than ever averaging 23,000 hits per month. The Clearinghouse's HIV Prevention Listserv continues to be a dynamic source of information and exchange across Canada. You can subscribe by sending an e-mail to [majordomo@cpha.ca](mailto:majordomo@cpha.ca) with the message "subscribe prevention". The goal of this listserv is to support front-line workers in their HIV prevention programming activities by providing the latest information as well as linking them with colleagues doing similar work across the country. The listserv can be a valuable tool for frontline HIV prevention workers to find out what their colleagues are doing across Canada and to connect with others with relevant information and resources.

The Clearinghouse was awarded the contract for the Canadian HIV/AIDS Awareness Campaign - 2002. This year's theme addressed stigma and discrimination as it relates to HIV prevention issues and those living with HIV or AIDS. The slogan *Anywhere, Anyone, Anytime - HIV does not discriminate* highlights the need for continued general public awareness. Dynamic community-based and national stakeholder advisory committees assisted in the development of innovative awareness and education materials including posters, rave cards, condom holders, fact sheets,

background documentation and community action kits. Items such as baseball caps, AIDS pins, condom keychain holders and t-shirts were also available for sale to assist local organizations in developing local activities. The campaign was so popular that materials were reprinted 3 times with additional funding support from Health Canada. Over 550,000 items were distributed across Canada 6 weeks ahead of World AIDS Day, December 1, 2002.

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## **CANADIAN IMMUNIZATION AWARENESS PROGRAM**

Term: January 2002 – December 2002  
Partners: Canadian Infectious Disease Society,  
Canadian Institute of Child Health,  
Canadian Medical Association,  
Canadian Nurses Association,  
Canadian Nursing Coalition for  
Immunization, Canadian Paediatric Society,  
Canadian Pharmacists Association,  
College of Family Physicians of Canada,  
Council of Chief Medical Officers of Health,  
Health Canada  
Sponsors: Aventis, GlaxoSmithKline, Merck Frosst,  
Shire Biologics, Wyeth-Ayerst

The goal of the Canadian Immunization Awareness Program (CIAP) is to help parents and health care providers in Canada work together to make sure children get all the shots they need at the right times.

National Immunization Awareness Week in May featured Canadians who have contributed to international immunization via the Canadian International Immunization Initiative. Health units received an information package containing posters, articles and reference documents. In addition, promotions and media relations continue year round to keep the message in the public eye. The CIAP website is the lead clearinghouse of reputable Canadian-based information on immunization. Both educational and promotional resources are available via the website for adaptation and printing for local consumption. An e-mail 'news network', managed by the Secretariat, provides media surveillance for health care providers across the country. Advocacy for a National Immunization Strategy has been a major new initiative for the Coalition in 2002. At the end of September, the coalition co-hosted a workshop on communications/promotions with Health Canada as part of the process to establish a national strategy.

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## **NATIONAL LITERACY AND HEALTH PROGRAMS**

### **Designing Prescription Medication Packaging and Labelling as Tools to Enhance Low-Literacy Seniors' Personal Autonomy and Well-Being**

Term: September 1999 – June 2002  
Partner: National Literacy Secretariat

Under the guidance of a multi-stakeholder advisory committee, this project has evolved considerably during its two-year course. The main product will be a set of Guidelines on the use of plain language terminology and good design in patient information materials related to prescription medications. The prime users will be pharmaceutical manufacturers, and we anticipate

that the Guidelines will become a reference document for the patient information section of the product monograph as required by Health Canada's Therapeutic Products Directorate, who approve drugs for the market. The project is part of CPHA's National Literacy and Health Program.

The following activities have taken place:

- A literature review examining the state of current knowledge on the issues related to medication management, with an emphasis on the links between patient information and compliance.
- A multi-stakeholder consultation, including focus sessions with seniors and low-literacy Canadians, industry representatives, pharmacists, and health care providers such as physicians and nurses.
- Information gathering of existing patient information material; data on medication-related morbidity and mortality as well as literacy levels and their impact on health; package samples; and a review of similar initiatives in other countries.
- Development of a draft of the Guidelines, written by specialists under the supervision of project staff.
- A national Symposium was held on September 5-6, 2001 to review and endorse the Guidelines and discuss implementation.

The Guidelines were printed and distributed, and the electronic version is available on the website ([www.nlhp.cpha.ca](http://www.nlhp.cpha.ca)).

### **Learning Materials on Violence for Youth with Low Literacy**

Term: April 2001 – July 2002  
Partner: National Literacy Secretariat

In April 2001, the Canadian Public Health Association's (CPHA) National Literacy and Health Program (NLHP) received funding from the National Literacy Secretariat of Human Resources Development Canada to develop Learning Materials on Violence for Youth with Low Literacy.

There is extensive evidence that literacy is one of the major factors influencing health status in all populations. The Executive Summary of Health Canada's "Towards a Healthy Future: Second Report on the Health of Canadians" (1999) notes that "Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high literacy levels." Issues of youth violence, low literacy and its negative impact on health were identified at CPHA's first Canadian conference on literacy and health held in Ottawa, May 2000, as needing further exploration and program development. These concerns were explored in a project undertaken by CPHA's National Literacy and Health Program, What the Health. It was identified by CPHA, health profession experts and youth service workers, as an important issue that needed to be integrated into youth literacy programs.

Few if any such programs exist for youth with low literacy skills which focus on violence and its prevention. An objective of this project is to conduct qualitative research to investigate the relationship between literacy and violence in young people and identify strategies for attracting youth to literacy programs. The goal is to develop learning materials that may be integrated into adult basic education courses and other youth literacy programs across Canada. The resources developed will include popular education and non-traditional innovative teaching techniques that have



been shown to be effective in working with young people of low literacy in Canada and internationally.

### **M.O.V.E. (Mind Over Violence Everywhere) Project**

Term: April 2001 – November 2002

Partner: National Literacy Secretariat

The Canadian Public Health Association (CPHA) makes a M.O.V.E. on violence prevention.

The World Health Organization states in its World Report on Violence and Health that 520,000 people were killed in acts of interpersonal violence in 2000. It further explains that violence among people left an estimated 199,000 youth dead.

According to Statistics Canada, the rate of youth charged with violent crime is 33% higher in 2000 than 10 years ago. Youth violence (involving people between the ages of 10 and 29 years) includes a range of aggressive acts from bullying and physical fighting to more serious forms of assault and homicide. In response to this public health concern, CPHA engaged youth in developing a program for violence prevention.

M.O.V.E. (Mind Over Violence Everywhere) is a series of youth-directed workshops that use art, improvisational theatre, sports, music and group work to deal with themes of violence prevention. Participants develop skills in critical thinking, communication, and peer mediation. Using a variety of engaging techniques, the program stresses rights and responsibilities, assertiveness training, and community relations.

The energy, experiences and creative thinking of young people has provided the momentum for this dynamic program. Together youth and community members are “M.O.V.E.ing” to prevent violence. Copies of the M.O.V.E. resources can be obtained on CPHA’s website: [www.cpha.ca/move.htm](http://www.cpha.ca/move.htm).

### **National Literacy and Health Research Project**

Term: January 2001 – December 2004

Partner: University of Toronto’s Centre for Health Promotion

Sponsor: Social Sciences and Humanities Research Council (SSHRC)

The Canadian Public Health Association (CPHA) and the University of Toronto’s Centre for Health Promotion are launching a three-year project to develop a national program for literacy and health research. The Social Sciences and Humanities Research Council (SSHRC) is providing funds for the project as a whole and the Institute of Population and Public Health (IPPH) of the Canadian Institutes for Health Research (CIHR) is providing funding for a workshop.

Literacy has now been recognized internationally as a key factor in determining health. However, the link between literacy and health has not been studied in detail. The Literacy and Health Research project proposes to:

- stimulate research on adult literacy and health in Canada
- increase Canadian capacity to do effective research on literacy and health
- promote cooperation between researchers and health practitioners

- expand opportunities for sharing knowledge and applying research findings
- encourage training of future researchers in literacy and health
- encourage researchers from different disciplines to work together
- explore ways of using research in policy development in literacy and health.

To meet these objectives, the project will undertake a variety of activities, including:

- hosting a national workshop on literacy and health research
- developing an inventory of researchers and research projects
- identifying the gaps in current knowledge and initiatives
- providing training opportunities for graduate and postdoctoral students
- submitting research proposals to funding agencies and organizations
- evaluating the proposed program of research
- developing a long-term plan to sustain research on literacy and health
- sharing knowledge about literacy and health research through:
  - a website and electronic newsletter
  - presentations at meetings and conferences.

A multi-disciplinary, multi-professional, multi-organizational advisory committee will help to guide the project. A key area of focus for the committee will be developing a national agenda for research on literacy and health.

A team of five experienced researchers from four universities across Canada will carry out the project. The principal researcher is Dr. Irving Rootman, who is a Professor in the Department of Public Health Sciences and former Director of the Centre for Health Promotion at the University of Toronto.

CPHA’s role in the project includes:

- participating in the Advisory Committee
- organizing the national workshop on literacy and health research
- developing and maintaining an effective website
- lending the expertise of CPHA’s National Literacy and Health Program and its 27 national partners to the research.

CPHA is looking forward to participating in this important project. The Literacy and Health Research project will contribute to program and policy making in Canada; it will also help to establish Canada’s international leadership in research on literacy and health.

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### **POLICY INTERNSHIP AND FELLOWSHIPS PILOT PROJECT**

Term: September 2002 – June 2003

Partner: Health Canada

Under the auspices of the Policy Internship and Fellowship Pilot of the Voluntary Sector Initiative, a fellow who is a Senior Policy Analyst with Health Canada’s Strategic Policy Directorate in the Major Projects Division, is working with CPHA to provide policy support in a number of public health areas.

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## **PUBLIC CONSULTATION ON XENOTRANSPLANTATION**

Term: May 1, 2000 – January 31, 2002  
Partner: Health Canada

There is a severe shortage of organs, cells and tissues for human-to-human transplantation. Animal-to-human transplantation (xenotransplantation) could potentially provide an almost unlimited source. The procedure, however, raises a number of issues.

In August 2000, Health Minister Allan Rock announced that CPHA is being funded to form a Public Advisory Group and conduct consultations with Canadians on the issue of xenotransplantation. Minister Rock said “the views of Canadians will help to guide the future development of government policy on xenotransplantation in Canada.”

A website was developed (<http://www.xeno.cpha.ca>) to provide a wide range of information on xenotransplantation. Background information was distributed to over 4,000 organizations. The consultation was promoted through the media and covered by most major newspapers as well as regional television and radio outlets.

From March to July 2001, viewpoints of Canadians were solicited through:

- a random, telephone survey of 1,500 Canadians
- forums of randomly selected citizens in six regions of the country
- a questionnaire mailed to 4,000 organizations
- a questionnaire posted on the project website.

A Public Advisory Group (PAG) worked in partnership with CPHA in defining the consultation process. PAG members represented various perspectives including health care, animal welfare, faith, cultural, legal, risk management and consumers. PAG was responsible for developing recommendations on xenotransplantation based on input from Canadians. The report was delivered to the Minister of Health by December 2001 and posted on CPHA's website.

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# **INTERNATIONAL PROGRAMS**

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## **CANADIAN INTERNATIONAL IMMUNIZATION INITIATIVE (CIII) – TECHNICAL ASSISTANCE AND CANADIAN AWARENESS COMPONENTS**

Term: September 1998 – March 2003  
Partners: Canadian International Development Agency (CIDA),  
The World Health Organization (WHO), UNICEF - New  
York, Rotary Clubs in Canada, The Canadian UNICEF  
Committee

CPHA has been contracted by CIDA to identify and recruit Canadian technical consultants to assist the World Health Organization (WHO) and UNICEF to strengthen national childhood immunization systems for polio eradication, elimination of measles and to combat childhood diseases in developing countries and in Eastern and Central Europe. A partnership between CIDA, CPHA, UNICEF Canada, WHO, Rotarians in Canada, and other collaborating Canadian NGOs, the CIII renews Canada's internal commitment to one of the most cost-effective public health measures – childhood immunization.

Another important element of the Initiative is to raise awareness on the importance of international immunization and to encourage the commitment of Canadians in immunization efforts in the world.

The main activities for 2002 included:

Technical assistance component:

- A total of 20 technical missions were completed in 14 countries. The majority of the technical assistance was required in the African continent - Niger, Democratic Republic of Congo (DRC), Sudan, Chad, Kenya, Cameroon and Ghana. The time spent in the field varied from 7 to 220 days with an average of 87 days. A Canadian communication expert spent one week in Geneva at WHO headquarters to assist with the development of a strategy for vaccine containing thimerosal, while another Canadian physician worked the entire year in Chad for WHO and the national Ministry of Health to strengthen their polio eradication program.
- In polio-endemic countries, 16 3-month missions, focusing on polio eradication, acute flaccid paralysis surveillance, national immunization days, and EPI activities were completed. Of those, one Canadian nurse has been assigned in Afghanistan with UNICEF working under tight UN security conditions to ensure polio vaccination to all children and to search and investigate reported AFP cases.
- Technical assistance was provided directly to WHO to complete assessments of Nepal's immunization system, and one of injection safety of Vietnam's Expanded Program on Immunization.

To raise Canadian awareness on the progress of the polio eradication initiative and on the importance of international immunization, the following were undertaken:

- A display in July at CPHA's Annual Conference in Yellowknife, and one in December in Victoria at the Canadian National Immunization Strategy Conference.
- An ongoing agreement with the national magazine *Best Wishes* and *Mon Bébé* which potentially reach over 340,000 parents with new

children each year. The magazines were published and distributed in May/June and November/December 2002.

- *Immunization Initiatives*, a periodical newsletter distributed this year through CPHA's website. The newsletter focuses on the progress of polio eradication in the world and the experience of Canadians in Bangladesh, Chad, DRC, Ghana and Montenegro.
- Two new sections were added on the CIII web page - one promoting short Canadian stories in Haiti, Gabon and Nepal, and the other sharing country images within a photo gallery.
- Presentation of the Sudan Polio Eradication Initiative – experience of a Canadian nurse – during a session on Global Partnership for Public Health - CPHA National Conference, Yellowknife.
- Presentation at the National Student Conference on International Health (SUNSIH) at the University of Ottawa, October 26, 2002 to a group of 80-100 students on the progress of the Polio Eradication Initiative.

Collaboration with the Canadian Immunization Awareness Program (CIAP)

- During National Immunization Awareness Week, May 12-18, 2002, a media relations campaign centered on six returning CIII experts and included:
  - Distribution of national and regional news releases to editors/reporters and producers of national newswire, dailies, radio and television networks in addition to magazine, community newspapers and association publications.
  - Distribution of a public service announcement to 62 television stations across Canada as well as to CBC, Radio-Canada, TVA and on the CIII web page.
  - CIII information packages were mailed to 400 Health Units in Canada in collaboration with CIAP to encourage Canadian commitment to international immunization efforts.

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### HEALTH PROMOTION IN ACTION PROJECT

Term: November 1998 – March 2002

Partners: Canadian International Development Agency (CIDA), National School of Public Health (ENSP) – Brazil, The Brazilian Association of Collective Health (ABRASCO)

Over the past three and a half years, the Canadian Public Health Association (CPHA) has collaborated in a technical exchange with Brazil through a CIDA-funded project known as Health Promotion in Action (HPIA). This initiative sought to build health promotion knowledge and capacity in Brazil by linking health promotion theory, research and training with public health practice. CPHA's partners were the National School of Public Health (ENSP) in Rio de Janeiro, and the Brazilian public health association, known by its Portuguese acronym, ABRASCO.

The project has successfully reached the end of its cycle. The technical exchange strengthened and expanded existing teachings and practice of health promotion at ENSP and its Academic Health Centre. A new cadre of public health professionals graduated from the ENSP armed with the knowledge and skills to address the social determinants of health. In addition, as the technical exchange project evolved, increased community participation in health-related activities and decision-making involvement in the Academic Health Centre led to the development of more appropriate service delivery.

Project activities were led by a variety of players from both countries and included technical exchange missions, workshops, and the translation and dissemination of health promotion materials. CPHA members made an invaluable contribution to the HPIA project by participating in conferences and meetings in Brazil, and hosting site visits and meetings in Canada.

2002 Highlights: Brazilian delegation attended the 5<sup>th</sup> National Health Promotion Conference in Victoria, BC; two Canadian delegations attended technical exchange meetings in Brazil; the Technical Advisory Committee, which is comprised of four Brazilians and four Canadians, met for the last time to discuss the project's learnings and results; ABRASCO published an anthology of health promotion in Brazil, which is being distributed throughout the Brazilian Public Health community; and, CPHA has produced and is distributing to its membership and the Canadian public health community at large a brochure setting out some of the learnings and the distinguishing features of the project.

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### HEALTHIER FUTURES PROJECT (ARGENTINA)

Term: December 2002 – October 2005

Partners: Canadian International Development Agency (CIDA), Ministry of Health of Argentina, Ministry of Human Development of the Province of Formosa

On November 27, 2002, CPHA signed a contribution agreement with the Canadian International Development Agency that launched the three-year *Healthier Futures: Improving the Health of Aboriginal and Rural Women in Formosa, Argentina* project. CPHA's local project partners are the Ministry of Human Development of Formosa (MHDF) and the federal Ministry of Health of Argentina (MHA). The Healthier Futures project will contribute to improving access to primary health care services for rural and Aboriginal women in Formosa.

The northern province of Formosa is one of the poorest of Argentina, with one in three Formosans now living in poverty as a partial result of the current economic crisis. Poverty is especially acute among its indigenous and rural people who, much like in Canada, tend to inhabit remote villages dispersed throughout the Province's large geographic area. Poor housing, insufficient access to public services, and unsanitary living conditions are very common problems. Women and children are particularly vulnerable: child and maternal mortality rates are considerably higher in Formosa than in the rest of the country.

Canada has much experience in rural health, health promotion, and women's health to share with Argentina. Specifically, the project will transfer Canadian expertise and knowledge in community-oriented women's health services to senior public health staff, health workers, and community members of Formosa. CPHA will draw upon its own membership of public health experts across Canada to identify relevant sites and persons in Canada for appropriate technical exchange activities.

The project will employ three strategies: a) building government capacity in health planning, program development and service delivery; b) supporting community participation; and, c) disseminating project results across organizations, communities, and provinces in Argentina to ensure project sustainability.

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**HIV/AIDS AND YOUNG PEOPLE IN SOUTH EASTERN EUROPE (BALKANS) AND HIV/AIDS AND YOUNG PEOPLE AND STRENGTHENING CHILD RIGHTS (ROMANIA, BULGARIA AND MOLDOVA)**

Term: July 2001 – March 2004  
Partner: UNICEF

Although the prevalence of HIV has tended to be low in South East Europe, the ongoing political, social and economic transition, and the recent civil war in the Balkans are changing this situation dramatically. The attitudes and behaviour of adolescents and young adults are very different from those of their parents: exposure to aggressive advertising and other influences from Western nations with respect to social norms and behaviours, insecurity about the future, and the emergence of a strong and powerful illegal black market contribute to making youth and young adults a vulnerable group. Knowledge about HIV/AIDS is incomplete, incorrect and superficial. Most young people lack the skills to take healthy decisions concerning sexual behaviours. Compounding the problem is a tendency towards risk-taking and/or low self-esteem, coupled with an increase in the use of alcohol and drugs, along with unsafe sexual behaviour. Simultaneously, while governments in this region may have the political will to do something, most have limited resources to respond effectively and adequately. The NGO community is active in HIV prevention and support for those living and affected by HIV and AIDS; but their capacity to respond is also limited and in many countries, their relationship with government is fragile.

CPHA is being contracted by UNICEF to identify and mobilize Canadian technical resources (human and material) in support of efforts to strengthen regional and national responses to the HIV and AIDS situation. Working in partnership with UNICEF and its partners (government agencies, AIDS Committees and NGOs) CPHA organized several technical assistance activities in support of the UNICEF HIV/AIDS program over the past year. These include facilitating the process of preparing HIV/AIDS Strategic Plans in the Republics of Serbia and Montenegro and in Bosnia and Herzegovina, advising and supporting the establishment of HIV/AIDS coordinating committees in these same locations, technical assistance for the preparation of the proposal by Montenegro to the Global Fund, facilitation of workshops on a health promotion approach to HIV/AIDS, the preparation of a KAP survey among young people about HIV/AIDS and adolescent health, technical advice about the effectiveness of HIV awareness materials and the training of youth peer educators, and a resource person for a workshop to sensitize journalists and media professionals about effective reporting on HIV/AIDS in order to eliminate stigmatization and discrimination. CPHA also hosted technical study tours by delegates from South East Europe to seminars on human rights issues for HIV/AIDS, strategies and models for school-based life skills training for HIV/AIDS and sexual/reproductive health, and skills-building in areas such as pre-post test counselling, harm reduction among especially vulnerable populations (such as IDU and commercial sex workers) and counselling and palliative care for PLWHA.

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**MALAWI FAMILY AND REPRODUCTIVE HEALTH PROJECT (PHASE II)**

Term: May 2000 – May 2005  
Partners: Canadian International Development Agency (CIDA), United Nations Population Fund (UNFPA) Malawi

The Malawi FARH Project, with support from CIDA, aims to support the sexual and reproductive rights of all women, men and youth through an improved relationship between communities and health service providers in three selected districts of Malawi: Dedza, Nkhata Bay and Mchinji. Key results expected are:

- Improved availability of services at local clinics through providing supplies and equipment, upgrading infrastructure and training staff;
- Improved quality of health services and consultation between communities and health care providers, through experiential learning for district and health centre staff; and
- Increased utilization of services and community members' ownership of their own reproductive and sexual health, through capacity building of community structures such as village health committees and youth groups.

Grounded in a strong partnership with UNFPA, the project is being implemented in three districts, through the Ministry of Health and Population's Reproductive Health Unit (RHU) with the support of District Health Management Teams.

Activities and Results, 2002:

The procurement and distribution of essential drugs, supplies and equipment to clinics in the three project districts is well underway. Clinics are being supplied with disinfecting supplies, and a selection of drugs and equipment to promote maternal health and safe delivery. In coordination with other Malawi donors, the project is helping to develop effective management systems for transport, communications, drugs and supplies. The project also plans to upgrade the facilities of a number of health centres. The process of assessing the sites and preparing tendering documents is underway.

Health service providers at local and district levels have been trained in a variety of clinical skills, including obstetric life-saving skills, infection prevention, and the provision of youth-friendly reproductive health services. Traditional Birth Attendants have participated in refresher training, as have Community-Based Distribution Agents (CBDAs) of contraceptives. As a result we have seen access to family planning and condoms at community level almost double in the project catchment areas.

The project is training health centre advisory committees, and bringing health workers and community members together to solve problems and address governance issues in the health centres. This has resulted in improved relationships between health care providers and clients, and increased use of the facilities.

The project is also working to revive the community health committees and build their capacity to identify and address barriers to reproductive health including access to services, especially for young people. They have received training to help them to carry out successful public education on safe motherhood, family planning, the prevention of STIs and HIV, adolescent reproductive health, and socio-cultural values and practices that impact on reproductive health.

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## **SOUTHERN AFRICAN AIDS TRAINING PROGRAMME, PHASE III**

Term: March 2002 – June 2007  
Partner: Canadian International Development Agency (CIDA)

The Southern African AIDS Training Programme (SAT) was established in 1990 as an HIV prevention project of the Canadian International Development Agency in the Southern African region. Since then it expanded in scope to a holistic response to AIDS, and focused its geographic coverage to the countries of Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe.

The SAT Programme is based on the premise that there are identifiable social characteristics that determine the susceptibility of a community to HIV epidemics and its vulnerability to the impact of AIDS. Facilitating local responses of community-based organizations can modify these characteristics. The profile of local HIV epidemics and the impact of AIDS can be changed by selectively building the capacity of groups and organizations working for positive behaviour change, care and mutual support, community cohesion, gender equality, children's rights, and social justice. This process is called increasing community HIV competence.

SAT, through its School Without Walls Programme, has over the years developed a unique approach to strengthening local organizations working at the community level to better serve and articulate the needs of those most vulnerable to AIDS in Southern Africa. This approach takes its lead from the responses to AIDS formulated by community-based organizations, provides financial and management support to these organizations, and connects the organizations into national and regional networks to allow them to learn from each other, to support each other, and to replicate their successes.

SAT has collected numerous "success stories" of organizational development and of increasing the scope and quality of the response to AIDS in Southern Africa. SAT was the first international programme to support the creation of organizations of people living with HIV in Southern Africa. Today these organizations are prominent participants in national policy development. SAT was also the first to support local groups in Southern Africa that linked the community response to domestic violence and to child abuse, to the response to AIDS. Today, the importance of this link is widely acknowledged.

During the 12 years of the SAT Programme, knowledge about the social determinants and consequences of HIV increased significantly. At the same time, most community organizations working in partnership with SAT responded to growing demands. Today, most partner organizations provide comprehensive services including health education, counseling, home care, mutual support for people living with HIV, and care for orphans.

By September 2002, SAT had approximately 70 active partners. This is out of a total number of 134 partner relationships that have existed since the beginning of the second phase of SAT in June 1996.

March of 2002 introduced the beginning of another five-year partnership between CIDA and CPHA that will continue to build on the lessons of the first two phases and focus on the promotion of community HIV competence in Southern Africa.

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## **STRENGTHENING OF ESSENTIAL PUBLIC HEALTH FUNCTIONS (BALKANS)**

Term: December 1, 2001 – September 30, 2003  
Partner: Canadian International Development Agency (CIDA)

This project will contribute to an improvement in health in Southeast Europe (the "Balkans") by supporting and facilitating local, national and regional responses to public health issues. The project will be implemented in Bosnia and Herzegovina, the Federal Republic of Yugoslavia (including the UN-administered province of Kosovo), and Albania.

The regional initiative builds upon the accomplishments and success of the Continuing Education and Reinforcement of Public Health in Kosovo project. The project has three primary objectives:

- To contribute to an improvement in the quality of and access to essential public health services in a selection of Balkan countries;
- To support the participation of civil society organizations in dialogue around health issues, policy and programs; and,
- To encourage regional consultation and action on important public health issues.

The project will seek to reinforce the institutional capacity of the Institutes of Public Health to provide training and deliver effective programs in the fields of health promotion, health information systems, and essential public health functions. It will also support the implementation of activities in Kosovo begun through the initial project for the institutional strengthening of the UN-administered province's Institute of Public Health, training programs for maternity nurses and physicians and hospital infections control, and through the Department of Health and Social Welfare, support to the hospital master planning process and nursing supervision.

Through support for the creation and nurturing of the organizational development and role of non-governmental health sector professional associations, the project will contribute to promoting the active participation of the non-governmental sector in discussions and consultations about health issues, policy and programs. Finally, this project will seek to promote regional consultations for the purpose of discussing responses to important public health issues, such as the prevention and control of communicable disease.

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## **THE STRENGTHENING OF PUBLIC HEALTH ASSOCIATIONS PROGRAM**

Term: October 2001 – September 2006  
Partners: Canadian International Development Agency (CIDA), National Public Health Associations in Burkina Faso, Cuba, Ethiopia, Haiti, Malawi, Mozambique, Niger, Peru, and Uganda

The Strengthening of Public Health Associations (SOPHA) Program supports non-governmental organizations in developing countries in the development of civil society, with focus on the health sector. The SOPHA Program strengthens the capacity of partner public health associations (PHAs) to participate in national health policy dialogue, promotes national and international leadership in public health, and facilitates technical exchanges between Canadian and overseas public health practitioners. The SOPHA Program promotes multi-disciplinary PHAs' role in formulating

and implementing public health policy and supporting national primary health care programs. CPHA and partner PHAs influence human health through fostering leadership in the health sector, contributing to developing countries' plans of health, and by national health policy initiatives. Through the SOPHA Program, CPHA addresses key developmental themes including basic human needs, the development of civil society, institutional strengthening, capacity building, and national primary health care. For the 2001-2006 period, the Program will address three common program themes: globalization, tobacco and health, and essential public health functions.

#### 2002 Highlights:

The SOPHA Program began a new phase with a new Program Coordinator in October 2001. The Program Coordinator spent the early part of 2002 getting to know the partner PHAs in Latin America and Africa, and planning program activities for 2002/2003 and beyond. A new Review and Evaluation Committee was established, composed of six members with extensive international health experience, chaired by a CPHA Board member. The Committee met twice during 2002 to review and approve new project proposals to support PHA partners in nine countries. All of the nine projects were underway by September 2002, involving institutional strengthening and public health interventions in a variety of themes, such as malaria prevention, reproductive health, tobacco control, community health education, and health policy. The SOPHA Program supported five technical assistance missions by Canadian CPHA members during 2002, in support of the PHAs of Burkina Faso, Haiti, Niger, Peru, and Uganda. There were also three study tours by overseas PHA partners to Canada, involving representatives of the PHAs of Burkina Faso, Cuba, Mozambique, Niger, Haiti, and Uganda. These missions included participation by delegates from Cuba and Mozambique in the 93<sup>rd</sup> Annual CPHA Conference in Yellowknife, and subsequent travel to Saskatchewan and Ontario. A Ugandan visitor to Canada also met CPHA members in Nova Scotia during her training in management of NGOs. At the 9<sup>th</sup> Canadian Conference on International Health in Ottawa, the Ugandan representative and a CPHA volunteer technical advisor made a joint presentation about the Ugandan PHA's success in building its capacity over the past 15 years. Three Francophone visitors participated in the first-ever International Francophone Conference on Tobacco Control in Montreal, a symbol of the increasing interest and involvement by SOPHA partners in the issue of tobacco control. During 2002, five SOPHA partners participated in the Global Youth Tobacco Survey (GYTS) implemented by the U.S. Centers for Disease Control (CDC) and WHO. Their survey results are available on the GYTS website, which has now been translated into French and Spanish.

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### **ZAMBIA FAMILY AND REPRODUCTIVE HEALTH PROJECT (PHASE II)**

Term: April 2001 – April 2006

Partners: Canadian International Development Agency (CIDA),  
Christian Medical Association of Zambia (CMAZ),  
Planned Parenthood of Zambia (PPAZ).

Human development indicators in Zambia have seen a rapid and steady decline since the mid-1980s. UNFPA reports that in the year 2000, over 84% of the population was living below the US\$1/day poverty line and that 80% of the country's poorest households were headed by women.

Pervasive poverty and declining life expectancy have led Zambia to the edge of a social crisis. Death from opportunistic infections as a result of HIV/AIDS has decimated the country's most productive age group (25-45 years). In 1998, the HIV prevalence rate was 19.7% nationally, with prevalence rates of over 28% in urban areas and 13.6% in rural areas (15-49 year old age group).

Traditional health indicators also point to a deteriorating health care system that no longer can support the urgent health needs of the population. Zambia continues to have one of the highest maternal mortality rates in Sub-Saharan Africa at 649/100,000 live births. Low levels of female education, physical immaturity of mothers at first pregnancy, inadequate access to ante and post-natal care, and the reliance on untrained birth attendants in rural areas are often cited as reasons. However problems of access to quality reproductive health care services at the community level are key. "To provide Zambians with equity of access to cost-effective, quality health care as close to the family as possible" is the goal of Zambia's attempts to reform the health care system.

The Zambia Family Reproductive Health project, launched in April 2001, is supporting government efforts to improve integrated reproductive health care. The purpose of the project is to increase the utilization and improve the quality of reproductive health (RH), family planning (FP) and safe motherhood (SM) services and strengthen the relationship between the community and health service providers in two urban, ten peri-urban and four rural areas of Zambia.

With financial support from the Canadian International Development Agency (CIDA), CPHA is supporting two local partners: Planned Parenthood Association of Zambia (PPAZ) and the Churches Medical Association of Zambia (CMAZ). Planned activities include:

- training staff and volunteers to update skills and services with respect to RH, FP and SM, particularly with a focus on youth;
- procuring and distributing essential drugs, supplies and equipment;
- capacity building with communities to understand and address their RH issues and strengthen local community-based health structures; and
- support to improve organizational, health and managerial skills, including project planning, monitoring and evaluation.

Where possible, the project will encourage capacity building through mentoring and experiential learning in an effort to change attitudes and behaviour around service delivery and community consultation and involvement.

This year marks the start of formal project activities beginning with baseline assessments and community consultations in April 2002.

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# ADVOCACY AND LIAISON, AND REPRESENTATION ON EXTERNAL COMMITTEES AND WORKSHOPS/MEETINGS

The role of the Canadian Public Health Association in advocacy is extensive. We fulfill this responsibility to our members and the general public by taking positions on critical health issues through the development of position papers and resolutions. These are processed through the CPHA Public Policy and Legislation Committee, distributed to the full membership and voted upon by the members at the time of the Annual General Meeting. CPHA members represent the association on numerous external committees and workshops/meetings.

Editorials in the *Canadian Journal of Public Health* address national and international health and social issues, while conferences provide a forum for both members and the public to debate major health topics. Through representation on external committees and task forces, the Association's views are presented and contribute to the decision-making process relevant to public health issues.

Another of the Association's major activities is representation through lobbying and presentations to Parliamentary Committees. To keep the membership informed of CPHA's activities in the area of advocacy, a feature entitled "CPHA in Action" is included in issues of the *CPHA Health Digest*. The following provides a brief overview of the Association's advocacy activities in 2002.

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## CPHA BOARD OF DIRECTORS STRATEGIC DIRECTIONS AND ACTIVITIES

In 2002, the Board of Directors continued to focus its energy on positioning public health within the ongoing discussions on health system reform.

### Communications Strategy Working Group (CSWG)

At their February 2002 meeting, the Board of Directors formed a Communication Strategy Working Group (CWSG) to develop a series of messages promoting public health and to develop both a short-term and a long-term communication strategy to influence and inform both the public and decision-makers. Board members expressed concern regarding the profile of public health in the public domain (e.g., public health and population health concepts and policies not understood by the general public or by policy-makers), the creation of a bridge between health promotion and the treatment sector, becoming more visible as a field (e.g., public health and population health are not getting on policy-makers' agendas) and providing evidence for public health. At the November 2002 meeting of the CPHA Board of Directors, the CSWG presented a PowerPoint presentation for national and PTBA use which was comprised of an overview to provide context for the stories and messages, the stories and messages, a list of resource materials and evidence-based background information. This presentation is available for viewing at CPHA's website under the responses to Romanow Report.

### The Romanow Report Working Group

Throughout 2001 and 2002, CPHA had numerous opportunities to present both verbal and written reports to the Commission on the Future of Health Care in Canada. At the November 2002 CPHA Board of Directors Meeting, the Romanow Report Working Group was formed to collaborate on a response to this final report, set for release on November 28, 2002. The group worked by teleconference and email to formulate a response to the report and issued a press release on November 28, 2002. Follow-up to the press release included letters to the Prime Minister, and Federal, Provincial and Territorial Ministers of Health on December 3, 2002, just before the Conference of Health Ministers.

### Public Policy Forum

CPHA and public health representatives played an important role in both differentiating public health issues from the health care system debate and in demonstrating linkages to reform issues at the Public Policy Forum Conference on December 11-12, 2002. The theme was "Moving from Debate to Action: Securing the Future for the Health System in Canada." CPHA was one of a dozen co-sponsors of the event, and appreciated the opportunity to help plan and participate in this milestone event. Consensus was reached around many issues on the future of Canada's health system based on the recommendations from recent federal and provincial studies of the health system. Public health emerged as a critical element in rebuilding the health system. Though the original conference program included public health in the primary health care reform topic, it gradually became a separate topic as participants recognized the role that strengthened public health capacity could play in relieving pressure on the primary health care system. Support for a national immunization strategy was key among the specific areas of agreement. These areas of consensus and those where there was some common ground were presented to the federal Minister of Health, the Honourable Anne McLellan and the Minister of Health from Nova Scotia, the Honourable Jamie Muir, at the closing plenary of the conference. The final report of the conference was made available on January 2003.

CPHA's work in communicating and supporting strategies to ensure support for public and population health at multiple forums and strategic points continues in 2003.

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## OTHER FEDERAL LOBBYING ACTIVITIES

Other significant lobbying activities in 2002 included:

### Social Union Framework Agreement (SUFA)

In October 2002, CPHA responded to the three-year review of SUFA and provided the Federal/Provincial/Territorial Ministerial Council on Social Policy Renewal with its comments. CPHA encouraged the Federal/Provincial/Territorial Governments to continue to look for ways to work together to maintain and foster the principles of Medicare. CPHA called for the principles of Medicare to be extended to the broader continuum of health care to include, among others, the necessary elements of home care, pharmacare, the protection of the public, the prevention of disease and the promotion of health. CPHA expressed concern that, due to budgetary decisions to reduce spending in the area of education and social programs at various levels of government, that two of the principles in the SUFA may not be attainable: namely, to ensure access for all Canadians to essential social programs and services, and to ensure adequate, affordable, stable and sustainable funding for social programs. CPHA encouraged the continued

use of the model of broad consultation with all sectors of Canada to help set priorities for decision-making and in coming up with viable options for change.

### **Board of Directors Motion: Addressing the TRIPS Agreement and Public Health Issues**

The World Trade Organization Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) require member countries to comply with extended patent protection which creates an unreasonably long 20-year monopoly on the production of many medications that would aid in the treatment of malaria, tuberculosis and HIV/AIDS, thus increasing the costs of new and essential drugs and placing them beyond the reach of individuals and governments in many poorer nations. Published in the Spring 2002 CPHA Health Digest and posted on CPHA's website, "Addressing the TRIPS Agreement and Public Health Issues" Board of Directors Motion has been communicated to the Prime Minister, the Federal Health Minister, the Minister of Foreign Affairs and the Minister of International Trade. Letters were also sent to the Canadian AIDS Society, Interagency Coalition of AIDS, International Council of AIDS Service Organizations and the Canadian HIV/AIDS Legal Network.

### **Immunization and the Future of Canada's Health System**

In consultation with members of the Coalition for the Canadian Immunization Awareness Program and the Canadian Coalition for Influenza Immunization, CPHA submitted in October 2001 a written brief entitled, "The Value of Immunization in the Future of Canada's Health System", to the Commission on the Future of Health Care in Canada. This brief ([www.immunize.cpha.ca](http://www.immunize.cpha.ca)) underscores that a publicly accessible health system should be designed not only to treat illness, but also to improve health, prevent illness and reduce the need for treatment. There are fifteen specific recommendations, including one stating that a national public health strategy should include a national immunization strategy. Advocacy for a national immunization strategy continued throughout 2002.

### **Gambling as a Public Health Issue**

In 2000, the CPHA membership adopted a resolution calling for a public health think tank on gambling. Two meetings have been held to discuss the development of a proposal for a "North American Public Health Think Tank on Gambling". The potential partners for this initiative are CPHA; the University of Toronto, Department of Public Health Sciences; McGill University, International Centre for Youth Gambling Problems and High-Risk Behaviours; Johns Hopkins University; and Harvard Medical School, Division on Addictions. Funding sources for this initiative are being researched.

### **Aboriginal Health**

CPHA continues to act on resolutions asking the Association to investigate the possibility of forming a special network or caucus that would focus on Aboriginal health issues. Meetings were held with the Institute of Aboriginal Peoples' Health, Canadian Institute for Health Research, The National Aboriginal Health Organization (NAHO) to define and increase program activities as partners. A letter of intent has been signed between NAHO and CPHA and joint activities with NAHO at CPHA's Annual Conference as well as at the NAHO Annual Conference in January 2003 will take place. Highlights of activities in this area have been communicated to CPHA members in the *CPHA Health Digest* and follow-up is planned in 2003.

### **Official Development Assistance**

CPHA's International Programs (IP) participate in a number of networks, working groups, and committees in the areas of international development assistance and international health. In collaboration with other groups such as the Canadian Council for International Cooperation (CCIC), IP staff have been engaged in policy and advocacy work for increased Canadian support to international cooperation, as well as the proportion of ODA funding dedicated to basic needs, especially health.

### **Climate Change and the Kyoto Protocol**

Further to the final report of the National Roundtable on Health and Climate Change and the 2001 CPHA Resolution - Action on Climate Change, CPHA in February 2002 wrote to the Prime Minister and the Federal, Provincial and Territorial Ministers of Health to advise them of this resolution and encourage them to continue to move in a positive direction towards meeting their commitments on greenhouse gas emissions and energy use and conservation under the Kyoto Protocol. In May 2002, CPHA endorsed the Physicians' Statement on Climate Change, and in September 2002 participated in a press conference organized by the David Suzuki Foundation. Once again this encouraged the federal government to ratify and implement the Kyoto Protocol. We received a reply to our further letter to the Prime Minister, thanking us for our support of the government in ratifying the Kyoto Protocol and reiterating the serious implications of climate change on the health and well-being of Canadians.

### **Public Health Approach to Peace and Security**

In December of 2002, CPHA wrote to the Prime Minister, Minister of National Defence and Minister of Foreign Affairs expressing our concern over the increasing threat of war with Iraq and urging the government to use its good offices to promote a negotiated settlement to peace in the region.

### **Firearms Control**

CPHA continues to be active in the area of gun control. In December of 2002, with the release of the Auditor General's report on the cost overruns with the Firearms Registry, CPHA wrote to the Prime Minister, reaffirming support for the Firearms Act and encouraging the government to continue with the implementation. CPHA believes the legislation contributes to the reduction in Canada in the rates of accidental deaths and injuries, firearms-related suicides, suicide fatalities, violent crime and domestic homicide.

CPHA is represented and partners with a large number of diverse groups throughout the year on specific issues. The following are coalitions on which CPHA is listed as an organizational member:

- Canadian Association of Physicians for the Environment
- Canadian Coalition for Green Healthcare
- Canadian Coalition for the Rights of Children
- Canadian Council for International Cooperation
- Canadian Immunization Awareness Program
- Canadian Network for Asthma Care
- Coalition of Health Professions for Preventive Practices
- Coalition of National Voluntary Organizations
- Coalition for the Prevention of Developmental Disabilities
- Health Action Lobby (HEAL)
- Health Charities Council of Canada



- Mines Action Canada
- National Children's Alliance
- National Information Program on Antibiotics Coalition
- National Literacy and Health Partners
- Network of Organizations Interested in Issues of
- Smoking and Tobacco Control
- Partners in Health Coalition for Influenza Immunization
- Stop TB/Halte à la tuberculose Canada

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## **EXTERNAL COMMITTEES AND WORKSHOP/MEETING REPRESENTATION**

Through the dedication of its membership, CPHA continues to be represented on numerous external committees, task forces and workshops which provide valuable input to and help shape the future of Canada's health care system.

The following provides a brief overview of the range of activities in 2002:

### **COMMITTEES**

- 2003 Nursing Leadership Conference Advisory Committee  
*Mary Martin-Smith*
- Advisory Committee for the Sentinel Health Unit Surveillance System (SHUSS)  
*Jane Underwood*
- Advisory Council, International Institute on Social Policy  
*Gerry Dafoe*
- Advisory Group for a Program to Promote Reproductive Health and Sexual Well-Being in Canada  
*Mary Gordon*
- Advisory Group Reviewing the Recommendations from the Working Group on HIV/AIDS  
*Catherine Donovan*
- Benzene CWS Multi-Stakeholder Advisory Group  
*Fred Ruf*
- Breastfeeding Committee for Canada  
*Joanne Gilmore*
- Canadian Coalition for High Blood Pressure Prevention and Control  
*George Fodor*
- Canadian Coalition for Influenza Immunization (CCII)  
*Bonnie Henry*
- CCIC Committee on the World Summit on Sustainable Development  
*Tanya Salewski and Chris Rosene*
- Canadian Coordinating Committee on Anti-Microbial Resistance (CCCAR)  
*Bradley Colpitts*
- Canadian Network for Asthma Care (CNAC)  
*Sonya Corkum and Ron de Burger*
- Canadian Strategy for Cancer Control Development Committee  
*Carol Smillie*
- Coalition of Health Professions for Preventive Practices  
*Paula Stewart*
- Committee for Advice on Tropical Medicine and Travel (CATMAT)  
*Rapbael Saginur*
- Committee on Voluntary Labelling of Foods Obtained or Not Obtained through Genetic Engineering  
*Hélène Delisle*
- Conference on Canada and Africa: A New Partnership – NEPAD Discussions  
*Michael Adams*
- Correctional Service Canada Health Care Advisory Committee  
*Ian Gemmill*
- Corresponding Director, Canadian Association of Physicians for the Environment (CAPE)  
*Trevor Hancock*
- Culturally Appropriate Best Practices for Healthy Aging Working Group  
*Andrew Aitkens*
- Dr. John Waters Memorial Fund Committee  
*James Talbot*
- Expert Advisory Committee on Xenograft Regulation (EAC-XR)  
*Bryce Larke*
- Expert Review Panel for Breast Screening Initiative  
*Carol Smillie*
- Health Products and Food Public Advisory Committee  
*Richard Davies*
- Health International HIV/AIDS Working Group  
*Margaret Hilson*
- Health & Well-being and Climate Change Technical Program Committee (HWCC-TPC)  
*David Swann*
- Healthy Eating is in Store for You, Advisory Committee (HESY)  
*Sari Simkins and Mary-Jo Makarchuck*
- Hepatitis C Conference, Steering Committee  
*Richard Mathias*
- Information Technology Issues in Community Health (ITCH)  
*Sylvia Robinson and Shannon Turner*
- Joint Core Advisory Committee on Particulate Matter (PM) and Ozone  
*Timothy Lambert and Fred Ruf*
- "Left Out:" Perspectives on social exclusion and social isolation in low-income populations advisory committee  
*Elaine Johnston*
- Mercury CWS Multi-Stakeholder Advisory Group  
*Fred Ruf*
- National Advisory Committee for the research studies to determine the needs of refugee mothers during pregnancy and childbearing  
*Jane Simpson*
- National Advisory Committee on Immunization (NACI) (National Immunization Strategy)  
*John Carsley*
- National Children's Alliance  
*Perpetua Quigley*
- National consultations in the development of Canada-Wide Standards on Particulate Matter and Ground-Level Ozone  
*Fred Ruf*
- National Foodborne, Waterborne and Enteric Disease Surveillance Technical Steering Committee  
*Al Raven*
- National Information Program on Antibiotics (NIPA) Coalition  
*Paul Hasselback*
- National Nursing Week Steering Committee  
*Norma Freeman*
- National Pollutant Release Inventory (NPRI) Work Group  
*Fred Ruf*

- National Voluntary Organizations Consultations  
*Janet MacLachlan*
  - NVO Consultations regarding the discussion paper on governance and accountability in the voluntary sector  
*Janet MacLachlan*
  - National Working Group on Homelessness  
*Bonnie Dinning*
  - National Working Group on Immunization Registries (NWGIRN)  
*Catherine Whiting*
  - Network on Healthy Eating  
*Irene Strychar*
  - Planning Committee of the 5th National Immunization Conference  
*Ian Gemmill*
  - Primary Health Care Expert Working Group (EWG)  
*David Butler-Jones*
  - Selection Committee for Partnerships for Global Health Equity small grants fund  
*Tanya Salewski*
  - Sexuality Education Best Practices Sourcebook Project, Advisory Committee  
*Julie Levesque and Lin Sacchetti*
  - Skills Enhancement for Health Surveillance Advisory Committee  
*Catherine Donovan*
  - Steering Committee - Canadian Perinatal Surveillance System (CPSS)  
*Nonie Fraser-Lee*
  - Steering Committee to Oversee Non-Human Use of Antimicrobials Policy Development  
*Paul Hasselback*
  - Steering Committee to Oversee Raw Foods of Animal Origin Policy Development  
*Richard Davies*
  - STOP TB - Halte à la Tuberculose - Canada  
*Judy Mill*
  - Task Force on Chlorinated Disinfection By-Products in Drinking Water  
*Fred Ruf*
  - Therapeutic Products Program - Advisory Committee on Management  
*John Blatberwick*
- WORKSHOPS/MEETINGS**
- Stakeholders' Meeting on Primary Health Care National Initiatives, January 9, 2002  
*Paula Stewart*
  - Stem Cells, Human Therapeutic Cloning and Regenerative Medicine, January 30, 2002  
*Harvey Skinner*
  - Second Annual Arthur Kroeger College Leadership Forum, February 6, 2002  
*Mary Appleton*
  - "More World, Less Bank?" CCIC forum on NGO-World Bank relations, February 11, 2002  
*Tanya Salewski*
  - Institute for Research on Public Policy (IRPP) lecture on *An independent voice for better public policy*, February 20, 2002  
*Christina Mills*
  - Development of the Theme for the World Summit on Sustainable Development, February 20-21, 2002  
*Ron de Burger*
  - DFAIT G-8 and NEPAD Information Session, February 21, 2002  
*Tanya Salewski*
  - Africa-Canada Forum meeting on the "New Partnership for Africa's Development" (NEPAD), February 24-26, 2002  
*Tanya Salewski, Christine Faveri, Michael Adams*
  - Strategic Planning Consultation Meeting for the Food Safety Conference, February 26, 2002  
*Randi Goddard*
  - Introduction to the Environmental Assessment Regulations Project - Food and Drugs Act, February 28, 2002  
*Carym Wolfe*
  - UKPHA Annual Conference, March 5-7, 2002  
*Margaret Hilson*
  - Canadian Population Health Initiative (CPHI) Meeting, March 13-14, 2002  
*Ron de Burger*
  - Workshop on the Precautionary Principle and CEPA, March 20, 2002  
*Fred Ruf*
  - CEPA Thermal Power Emission Guidelines, March 22, 2002  
*Timothy Lambert*
  - Regional launch meeting for Health Canada's Skills Enhancement Initiative, March 25, 2002  
*Christina Mills*
  - Public Health Working Health Group (PHWG) NIS Vaccine Safety Meeting, March 26-27, 2002  
*Ian Gemmill and Mary Appleton*
  - Child and Youth Health Congress 2003 (May 11-14, 2003) Steering Committee, April 8, 2002  
*Perpetua Quigley*
  - Canadian Strategy on HIV/AIDS Direction Setting Meeting (CSHA) in Montreal, April 14-16, 2002  
*Paul Hasselback*
  - Canadian Paediatric Society (CPS) and National Immunization Strategy (NIS) Advocacy Meeting, April 23, 2002  
*Mary Appleton*
  - Advisory Committee on Population Health's Working Group on Tobacco Control, April 25, 2002  
*Sylvia Fanjoy*
  - Bill C-53 (Pest Control Products Act) and a Public Health Approach to Pesticide Use in Canada, April 25, 2002  
*Robert Cushman*
  - Health Charities Council of Canada (HCCC) Members' Session, April 28, 2002  
*Sylvia Fanjoy*
  - Funding Trends: The Impact on the Sustainability of Voluntary Sector Organizations in Canada, April 30, 2002  
*Janet MacLachlan*
  - Technical Discussion on the Health and Safety Aspects of the Government of Canada's Action Plan of the RSC Report on Genetically-modified (GM) Foods, April 30, 2002  
*Irene Strychar*
  - The Future of Health: Building a Firm Foundation on Common Ground, May 22-23, 2002  
*Mary Jane Asbley*
  - Steps Towards Improving Canadian Air Quality Indices, May 27-28, 2002  
*Ron de Burger*

- Workshop on Health Information for the Public, June 2-4, 2002  
*Suzanne Jackson*
- Merck Conference – Health Targets in Europe, June 7, 2002  
*Margaret Hilson*
- National Conference on Environment and Sustainable Development Indicators, June 19, 2002  
*Fred Ruf*
- National Forum on Chronic Kidney Disease, June 21-23, 2002  
*Christina Mills*
- Environmental Influences on Health, September 12-14, 2002  
*Timothy Lambert*
- Pre-Conference Forum on Healthy Public Policy, September 19, 2002  
*Karen Hill*
- Primary Prevention Implementation Meeting, September 23, 2002  
*Christina Mills*
- Physicians Statement on Climate Change Press Conference, September 25, 2002  
*Ron de Burger*
- Chronic Disease Prevention Expert Input Meeting, September 26, 2002  
*Paul W. McDonald*
- Building a Health Care System for the 21st Century, September 29-30, 2002  
*Christina Mills*
- National HPAT (Hub Pilot Advisory Team) Meeting, September 29-30, 2002  
*Ron de Burger*
- National Policy Conference on Antibiotic Resistance, October 5-7, 2002  
*Paul Hasselback*
- WFPHA 37<sup>th</sup> Annual Meeting, October 6-11, 2002  
*Margaret Hilson*
- Canadian Council for International Cooperation, Aid Reference Group, October 22, 2002  
*Cheryl Boon*
- Health Canada Emergency Preparedness Forum, October 28-30, 2002  
*Karen Hill*
- CIHR Institute of Infection and Immunity Partnership Forum – Questionnaire, November 2002  
*Bryce Larke*
- Results-Based Management Training Workshop for the Zambia Family and Reproductive Health Project, November 11, 2002, Lusaka  
*Cheryl Boon*
- Project Management Committee, Zambia Family and Reproductive Health Project, November 12-14, 2002, Lusaka  
*Cheryl Boon*
- Canadian Pain Summit, November 14, 2002  
*Jo Hauser*
- Family Recovery Celebration Luncheon, November 21, 2002  
*Perpetua Quigley*
- Teleconference Briefing on the Plan for Ratification of Kyoto, November 21, 2002  
*Ron de Burger*
- Renewing Canada's Commitment – A Blood System for the 21st Century, November 22-23, 2002  
*Bill Mindell*

- Clean Air Strategic Alliance and the Alberta Electricity Project, November 28, 2002  
*Timothy Lambert*
- Food and Nutrition Surveillance Workshop, November 29, 2002  
*Irene Strychar*
- Canadian Association for the Advancement of Women in Sport (CAAWS) Strategy Development Day & Conference, November 29-30, 2002  
*Christa Costas*
- Launch of the UNFPA “State of World Population Report”, December 3, 2002  
*Tanya Salewski*

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## BRIEFS AND SUBMISSIONS 2002

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### DOCUMENT REVIEW

Over the course of a year, the Canadian Public Health Association is asked to review a number of government documents and to complete surveys for non-governmental and government bodies. The following is a list of reviews and surveys completed in 2002 with the support and involvement of CPHA members.

### Reviews/Surveys Completed

1. Canadian Biotechnology Advisory Committee, Improving the Regulation of Genetically Modified Foods and Other Novel Foods in Canada. January
2. Canadian Strategy for Cancer Control, Draft Governance Model. January
3. Health Canada, Informational Factsheets: Nutrition Labeling . . . Get the Facts?, February
4. Nutrition Evaluation Division, Health Canada, Product Specific Authorization of Health Claims for Foods. March
5. Air Pollution Prevention Directorate, Environment Canada, CEPA 1999 National Emissions Guidelines for Thermal Electric Power Plants – New Sources. April
6. Canadian Institute for Health Research, Institute of Infection and Immunity Partnership Forum, Pre-Forum Questionnaire. November

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### PUBLIC POLICY AND LEGISLATION COMMITTEE (PPLC)

The following Resolutions were presented to the membership at the Canadian Public Health Association Annual General Meeting (AGM) held in Yellowknife, Northwest Territories on July 9, 2002. Resolution No. 5 was referred to the CPHA Board of Directors and subsequently approved at their meeting of November 15 and 16, 2002. All other Resolutions were approved by the membership.

### Resolutions

1. Position Paper on Injury Prevention and Control in Canada – The Need for a Public Health Approach and Coordinated National Leadership
2. Position Paper on Anti-Retroviral Therapy in Resource-Poor Settings
3. Action on Mandatory Certification of Food Handlers
4. National Urban Health Strategy

5. Food Biotechnology (Referred to the CPHA Board of Directors, reviewed and accepted by the CPHA Board in November 2002)
6. The Non-Essential Use of Chemical Pesticides on Public and Private Lands

For details regarding the Resolutions and Motions, please refer to the 2002 Public Policy and Legislation Committee report which will be available at the 2003 Annual General Meeting to be held in Calgary, Alberta in May 2003. Information on these and previous resolutions and motions is available on the CPHA website ([www.cpha.ca](http://www.cpha.ca)) under the Policy and Advocacy section, or by contacting the CPHA National Office.

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## SUMMARY

The year 2002 was very busy for the Association. Program activities, committee representation and policies are reported in detail in this report. Following the presentation of the report to the AGM, it will be posted on CPHA's website ([www.cpha.ca](http://www.cpha.ca)).

The Association continued to maintain its financial stability for 2002 and ended the year with a modest surplus. We believe that 2003 will continue to be a growth phase for CPHA with many new programs and activities being negotiated early in the new year. We continue to focus on increasing CPHA's alternative sources of revenue other than contracts and these are once again being successful. These sources of revenue are derived from the *Canadian Journal of Public Health* (CJPH) and the publishing of special subject inserts and supplements to the *CJPH*, a continued building of the CPHA Health Resources Centre, an increasingly active Conference Department and a focus on building the membership of the Association.

Because of the multi-disciplinary membership, the Association has many requests to be represented on task forces and committees as well as representation to major national and international conferences. In the year 2002, the Association was represented on 56 external committees and members participated in 52 workshops and meetings. This representation has been noted in this report and the Association is grateful to those individuals who continue to commit their time and skills in representing the Association.