



CPHA  ACSP

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

2009 Annual Report

The Canadian Public Health Association (CPHA) is the independent voice for public health in Canada with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about healthy public policy. Working with the public health community, CPHA helps guide and contributes to initiatives which safeguard Canadians' personal and community health and the health of people around the world. With a diverse membership, a track record of success, a collaborative approach and international reach, CPHA is Canada's Public Health Leader.

In September 1910 – during a time when smallpox and typhoid fever were rampant – a group of visionary doctors founded CPHA in an effort to strengthen communicable disease control and prevention. Constituted through an Act of Parliament on April 1, 1912, the Association went on to urge every provincial and municipal board of health to enforce existing laws and regulations to ensure the successful vaccination of every child against smallpox.

CPHA has developed remarkably over the last century, reflecting and shaping the broader evolution of public health in Canada. There have been many notable public health achievements, from vaccination to healthier mothers and babies to safer workplaces.

Membership

CPHA's membership is the Association's strength and spirit; they are public health nurses, medical officers of health, dietitians, epidemiologists, administrators, researchers, academics, educators, students, ethicists, emergency response and management professionals, and public health officials at the federal, provincial/territorial and municipal levels. By providing expert advice, these members give CPHA credibility, direction and authority. In return, the Association represents their interests on critical and strategic public health issues that impact Canadians and also provides an important forum for discussion and debate.

Membership in CPHA is voluntary and represents over 25 disciplines, encompassing the breadth and depth of the Association's work on issues of significance to public health's front line and at the national level. CPHA student-member activities continue to grow with regular meetings of the *Student Ad Hoc Committee*, additional presence on CPHA's website and the proposed development of educational and mentoring opportunities. Our annual conferences feature several events aimed at students and trainees with an interest in public health research, policy and practice. CPHA's Student Awards Program is designed to recognize excellence in the next generation of population and public health researchers, policy-makers, practitioners, academics and students.

In 2009, CPHA launched its new online Membership Portal. Members can now manage their contact information and personal profiles at their convenience and pay for their membership renewal online, confident their information is secure.



The past year's H1N1 response demonstrated that our national public health system works effectively. But it also demonstrated that it was stretched to the limit. We cannot afford to let down our guard now. This is the time to invest in strengthening and expanding public health capacity in Canada.

*Dr. Cordell Neudorf
Chair, CPHA Board of Directors*

2009 Board of Directors

CPHA is governed by a skills-based, volunteer Board of Directors that provides strategic leadership for the Association and on public health issues in Canada.

Chair

Cordell Neudorf, BSc, MD, MHSc, FRCPC

Chair-Elect

Erica di Ruggiero, BSc, MHSc, RD

Chief Executive Officer (ex officio)

Debra Lynkowski, LLB

Patron

Her Excellency the Right Honourable

Michaëlle Jean, C.C., C.M.M., C.O.M., C.D.

Governor General of Canada

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Joel Finlay, MPH

Paul Hanvey, BA, CA

Sue Hicks, BN, MES

Maureen Law, MD, FRCPC

John M. Maxted, MD, MBA, CCFP, FCFP

Lynn McIntyre, MD, MHSc, FRCPC

Shannon Turner, BA, BSc, MSc

Ingrid Tyler, MD, MHSc, CCFP

Additionally, an **Advisory Council** has provided strategic advice and counsel on public health issues to the Board of Directors. Its membership includes the provincial/territorial public health associations as well as a number of public health partner organizations. In 2009, a full evaluation of the roles and responsibilities of the Advisory Council took place and the outcome of this review was finalized in early 2010 with the decision to develop a new model for partnership.

Doing business differently

The Association's new business model is making CPHA a more financially-resilient organization. We are diversifying our revenue sources and strengthening our business lines to ensure our financial viability far into the future.

To support our revenue diversification activities, the Association continues to focus on developing partnerships with private sector partners that share our values and vision. The **Corporate Social Responsibility Working Group** was established to implement our new corporate sponsorship policy. Members of the Working Group include Paul Hanvey (Finance Committee), Katie Lafferty (Finance Committee), Chris Mills (Past Chair), Bob Spasoff (Member) and Debra Lynkowski (CEO, *ex officio*). The Working Group reviews all sponsorship proposals to ensure that they adhere to the Association's sponsorship policy and makes recommendations to the Finance Committee and the Board of Directors.

In 2009, new activities supported by corporate partners included the national roundtable meeting on immunization in Canada, the launch of the **Canadian H1N1 Information Clearinghouse** initiative, and the establishment of a new honorary award.

We also approached a wide range of private sector organizations about the Association and its centennial activities. Discussions have been very positive and there was a great deal of corporate interest in the centenary and in establishing ongoing relationships beyond 2010.



CPHA continues to manage a number of business activities which support the ongoing overall operations of the Association. Some highlights include:

- ✦ **CPHA Publication Sales** has developed a customized version of the Travel Immunization Record for use by the Department of National Defence (DND) to help further guarantee continued sales of this product. Funding is being sought to update “The Basic Shelf Cookbook”, a perennial best-seller for the Association.
- ✦ The new **Online Career Advertising** service on CPHA’s website is popular and continues to grow as a source of revenue for the Association.
- ✦ The **Canadian Journal of Public Health (CJPH)** launched an online manuscript submission and review system designed to provide the authors and reviewers with a more convenient and user-friendly environment for submitting and reviewing manuscripts. Canada has been a world leader in public and population health and the CJPH will now be able to better reflect this Canadian scientific leadership and showcase its best research, policy and thinking. All manuscripts must now be submitted using the new system which is available at <http://journal.cpha.ca>. In 2009, we were also pleased to confirm the appointment of Dr. Gilles Paradis as Scientific Editor following his interim appointment.
- ✦ CPHA’s **Conference Planning Services** continues to expand its reach and now markets event management services to government and NGOs. In October 2009, CPHA hosted its first invitational roundtable, focusing on “Setting the Stage for Advancements in Immunization in Canada”.
- ✦ CPHA’s **Plain Language Services (PLS)** offers expert advice to help a wide range of clients create health information at a reading level appropriate for the intended audiences.



CPHA continues to implement national and global public health initiatives from a variety of funding sources. Building on the Global Health Strategy approved by CPHA’s Board of Directors in 2008, the Association has reviewed the funding landscape for global health activities and has developed a new marketing strategy and business plan to help accomplish the goals set out in the Strategy.

Collaborative relationships

Through the dedication of its members, CPHA continues to be represented on numerous external committees, task forces and working groups that help shape the future of Canada’s health system. The sheer volume of these requests for representation created the need to develop a process to guide the selection of collaborative relationships to maximize our impact on the Association’s priority policy areas. All new collaboration requests are assessed on criteria that include:

- ✦ alignment with CPHA strategic priorities;
- ✦ public health relevance;
- ✦ potential impact; and
- ✦ resource implications.

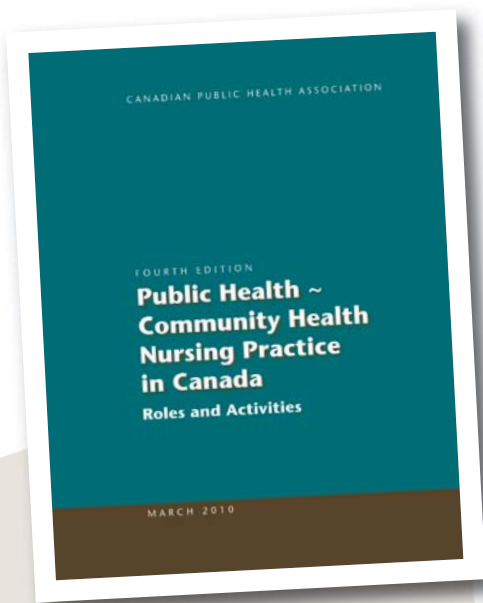
CPHA works in partnership with all levels of government, national and international professional associations, academic institutions, multilateral agencies, NGOs, the private sector and the public in response to health concerns. In addition to its national agenda, CPHA has worked in the international public health arena for over 25 years, providing technical assistance in over 60 countries.

In 2009, the public health perspective continued to be actively represented in a number of important forums and discussions, including the:

- ✦ Canadian Reference Group for WHO Commission on Social Determinants of Health
- ✦ HEAL (Health Action Lobby)
- ✦ National Advisory Committee on Immunization, Public Health Agency of Canada

- ✦ Canadian Centre for Substance Abuse (National Treatment Strategy, Leadership Team)
- ✦ Canadian Coalition for Action on Tobacco
- ✦ Health and Learning Knowledge Centre
- ✦ Canadian Coalition for Public Health in the 21st Century
- ✦ Network on Healthy Eating
- ✦ Canadian Global Tobacco Control Forum
- ✦ National Children's Alliance
- ✦ Canadian Interprofessional Health Collaborative
- ✦ Knowledge Exchange Forum, Office of Voluntary Sector
- ✦ Pan-Canadian Task Force for Public Health Nutrition
- ✦ Chemicals Management Plan
- ✦ Community Consultation Committee on Public Health and Health Care Advisory Committee, Correctional Services Canada
- ✦ Knowledge Development and Exchange External Advisory Committee, Public Health Agency of Canada
- ✦ Coalition on Community Safety, Health & Well-being
- ✦ Chronic Disease Prevention Alliance of Canada
- ✦ Coalition for Gun Control
- ✦ Consultative Group on International HIV/AIDS, Health Canada

CPHA continues to take a lead role in the work of the Canadian Coalition for Public Health in the 21st Century (CCPH21). This pan-Canadian network of non-profit and professional organizations, health charities and academic research organizations advocates for strong public health functions to protect and promote health and prevent disease and injury in Canada. In 2009, the work of CCPH21 focussed on the development of a series of new "Fast Facts" and the development of a three-year strategic plan.



CPHA has been pleased to work in partnership with the Community Health Nurses Association of Canada to review and revise the ever-popular "little green booklet", *Community Health-Public Health Nursing Practice in Canada* which outlines the roles and responsibilities of nurses working in the public health sector. The updated edition will be launched in early 2010.

CPHA continued to serve as the secretariat for the Canadian Coalition for Immunization Awareness & Promotion (CCIAP). In April 2009, CCIAP held its annual National Immunization Awareness Week Campaign with an additional campaign in May, focused on tetanus shots and gardening awareness. CCIAP also expanded its annual influenza campaign to include pneumococcal

immunization, receiving almost five times the number of orders for promotional resources than in previous years due to the heightened awareness generated by pH1N1.



CPHA is increasingly engaged in strategic partnerships with national and global public health organizations, such as the Canadian Medical Association, the Canadian Nurses Association, the National Specialty Society for Community Medicine, the College of Family Physicians Canada, the World Health Organization, the Pan American Health Organization, the U.S. Centers for Disease Control and Prevention and UNICEF.

Committed to a strong World Federation of Public Health Associations (WFPHA), CPHA supported the participation of 20 representatives of partner public health associations from 13 countries in Africa, Latin America/Caribbean and southeast Europe at the 12th World Congress on Public Health in Istanbul

(April 27-May 1, 2009), hosted by the Turkish Public Health Association (TPHA). At the closing plenary of the World Congress, the TPHA honoured CPHA for its contribution to the founding and nurturing of that Association. CPHA will continue to have a seat on the WFPHA Executive Board through to 2011, and the CPHA representative is Chair of the WFPHA Finance Committee.

Stakeholder mobilization and public awareness

Working with stakeholders to raise public health's profile continues to be an important element of CPHA's Annual Conference, the largest annual national gathering of public health experts in Canada. The 2009 Annual Conference "Public Health in Canada: Strengthening Connections" was undertaken in collaboration with the Canadian Population Health Initiative of the Canadian Institute for Health Information, the Institute of Population and Public Health of the Canadian Institutes of Health Research, and the Public Health Agency of Canada. CPHA was pleased to host the conference in association with the National Collaborating Centres for Public Health and the Manitoba Public Health Association. Held in Winnipeg, Manitoba from June 7 to 10, 2009, this conference was an excellent opportunity for 894 public health practitioners and stakeholders outside of the health sector (e.g., urban planning, housing, finance, social services) to share their programs, research, policies and practices.

Enhancing public health sector capacity

Many of CPHA's activities contribute greatly to the development and transfer of important public health knowledge, skills and practice:

- ✦ The **Canadian Journal of Public Health** (CJPH) was completely redesigned to mark its centenary and invited commentaries were featured in all six editions. Five editions in 2009 also featured articles on the history and evolution of the CJPH.
- ✦ The **Infectious Disease Outbreaks Course** (previously *Early Detection and Response*) was launched in June 2009 and over 1,200 participants registered in 2009. The course was accredited by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Fédération des médecins omnipraticiens du Québec.
- ✦ The **Training Tools for Community Medicine and Public Health Physicians** project was renewed allowing CPHA to develop more expertise in continuing professional development and to support the provision of a full-day accredited symposium for the National Specialty Society for Community Medicine prior to CPHA's 2009 Annual Conference.
- ✦ The Association continues to develop the **CPHA Public Health KnowledgeCentre™** that will support excellence and innovation in the collection, dissemination, and application of public health research, policy and practice.



CPHA continues to seek project funds in alignment with its strategic priorities. Most 2009 projects relate to building public health capacity and/or knowledge development. New activities include:

- ✦ **Heat Alert and Response Systems** – CPHA is providing technical assistance to a Health Canada-funded initiative to develop and evaluate Heat Alert and Response Systems (HARS) in four pilot communities in Canada. This two-year project's objective is to develop and demonstrate the effectiveness of HARS in four Canadian communities.
- ✦ **The Next Stage: Delivering Tobacco Prevention and Cessation Knowledge through Public Health Networks** – This project is national in scope and aims to engage Canada's public health community, including teaching institutions and students, in documenting and sharing evidence-informed and practice-based strategies and interventions in tobacco use prevention and cessation activities. This systematic process will generate a renewed agenda for public health and its approach to tobacco control. The results of this project have the potential to inform the "next

generation” of tobacco control policy in Canada. The project will place an emphasis on best practices and emerging effective approaches, build on the extensive public health knowledge base accumulated over many years with respect to tobacco control, and leverage the reach and experience of the multidisciplinary public health community.

✦ **The Strengthening of Public Health Associations (SOPHA) Program**

supports non-governmental organizations in developing countries in the development of civil society, with a focus on the public 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 Program’s current focus with the partner public health associations is on the issue of public health human resource development and capacity building.



✦ **Strengthening Balkans Civil Society’s Voice for Public Health through Public Health Associations** – building on the success and achievements of the Strengthening of Essential Public Health Functions in the Balkans project (2001-2005), this project worked with recently-formed public health associations in the Republic of Serbia and in Bosnia & Herzegovina to build their organizational capacity to become effective advocates and take on leadership roles in public health. The local partners facilitated and contributed to advocating on and designing and delivering local, national and regional responses to priority public health issues.



✦ **The Intersectoral Action for Health (Brazil)** project built on the experiences and achievements of the former Health Promotion in Action (Brazil) project (1999-2002). This project seeks to expand the dissemination and utilization of health promotion concepts and practice to communities within the framework of the Government of Brazil’s National Social Development Strategy for Sustainable Integrated Local Development. CPHA and its Brazilian partners are partnering with six municipalities across the country to put in place a mix of health promotion interventions and local response capacity-building activities in support of local development and intersectoral action for health.

✦ Through the CIDA-funded **Canadian International Immunization Initiative** (Phase II), CPHA identifies and recruits Canadian technical consultants to assist the World Health Organization (WHO), the Pan American Health Organization (PAHO) and the United Nations Children’s Fund (UNICEF) to establish and maintain successful national childhood immunization systems in developing countries and in Eastern and Central Europe. Through technical cooperation and skill and service training, some of which is provided through the Stop Transmission of Polio (STOP) initiative at the US Centers for Disease Control and Prevention (CDC), CIII-2 aims to increase the capacity of health-care related staff in infectious disease surveillance and control and in vaccination safety. The program places special emphasis on strengthening laboratory capacity for measles, rubella and other vaccine-preventable diseases and on working with partners to address gender needs in primary health care services related to immunization. It also works to promote the benefits of global immunization to the Canadian public.

Focus on policy and advocacy

CPHA now has a revised position and policy development and review process, endorsed by the Board of Directors at its June 6, 2009 meeting.

CPHA's new position and policy development procedure is a year-round process designed to be more responsive to emerging public health issues. Proposed positions, policies, and requests for endorsement can now be submitted and considered at any time. There are also several opportunities for membership involvement throughout the entire process.

The approach to position and policy development is multi-tiered and can involve requests for endorsement, proposed positions and proposed policies. These are defined as follows:

- ✦ A CPHA **Endorsement** is a statement made by the Association wherein it lends its name or provides a letter of support to another organization with respect to an externally-defined issue or initiative.
- ✦ A CPHA **Position** is a stand-alone statement that explains, justifies or recommends a particular opinion or stance on an issue, which may lead to a policy declaration. It sends a public signal that CPHA is aware of/has concerns about the issue and sets the stage for possible subsequent work or action. Taking a position does not imply a commitment of action with attendant resources.
- ✦ A CPHA **Policy** is a clear plan, with stated objectives, that is applied to Association activities, procedures and decisions, and which directs future work or action by the Association, resources permitting. Endorsing or approving a policy implies a commitment of action and resources.

The involvement of CPHA members is central to the revised process:

- ✦ Members can initiate proposed positions or policies at any time during the year, either through email or post.
- ✦ Members can flag emerging issues at the time of the Association's AGM and during the Policy Forum held at the CPHA Annual Conference.
- ✦ CPHA members will be invited to provide technical advice on issues either through the CPHA website or as ad-hoc technical advisors to the Board's Policy Review Group (PRG).
- ✦ CPHA members will be consulted and invited to comment on the proposed position or policy statement when the Board deems a more extensive review is warranted (for example, if the proposed position or policy charts new ground for CPHA or is considerably at odds with CPHA's existing position or policy).

The PRG was created in 2009 and three pilot issues were brought forward by CPHA members: i) psychoactive drugs; ii) road safety; and iii) the banning of the mining and exportation of chrysotile asbestos and advocating for Government of Canada ratification of the "Rotterdam Convention".

CPHA's 2009 Annual Conference was the venue for the Association's first Policy Forum which continued the dialogue on the roles of public health and CPHA in addressing health inequalities in Canada.

The Association continues to advocate on important public health issues in a variety of forums:

- ✦ Submission of a pre-2010 budget brief to the Standing Committee on Finance;
- ✦ Appearance before the House of Commons Standing Committee on Health in October to discuss the Canadian response to pH1N1;
- ✦ Submission of a brief to the Canadian Housing and Mortgage and Human Resources and Skills Development on homelessness and the federal investment in housing for 2011-2015;
- ✦ Submission of a letter to the Prime Minister urging the federal government to take action on the recommendations of the Senate Subcommittee on Population Health;
- ✦ Continuing to chair a collaborative advocacy group which includes the Canadian Medical Association, the National Speciality Society for Community Medicine and the College of Family Physicians of Canada. This group has facilitated the sharing and alignment of key messages on important and emerging public health issues;
- ✦ Participation in development of a joint statement with several Canadian health and environmental organizations on "the greening of the health sector";
- ✦ Currently compiling all of CPHA's resolutions, motions, positions and policies on public health issues, starting from its first resolution in 1911 (on vaccination). This compilation will be profiled on CPHA's website and used to trace the evolution of CPHA's positions and policies for the centennial celebrations.

Core financial activities

Early in 2009, Canada's economic forecast was for very little, if any, growth. Talks of recession, governments engaging in bailouts and stimulus spending made for a bleak outlook. Although CPHA has had to weather a variety of economic storms in the past, the 2009 fiscal year provided some new and interesting challenges. The Association continued on its path to further diversifying revenues and maintaining financial resilience.

Revenues of \$5.5 million in 2009 included flow-through funds of just over \$5.0 million from project activities. The decline in revenues compared to 2008 reflects a decrease in overall project activity that was anticipated and addressed, in part, through a restructuring phase in 2008. Rebuilding continued in 2009 as new funding relationships and opportunities were developed. The end of 2009 saw new project activity and funding agreements being put in place.

In spite of a few challenging years, CPHA's reserve fund remained intact at the end of 2009. CPHA begins 2010 with a small cumulative deficit of \$59,587 and new funding opportunities.

The complete 2009 financial statements, audited by Newton & Co. Chartered Accountants, are available upon request from the CEO's office. Below are the Association's Statement of Financial Position and the Statement of Operations for the fiscal year ended December 31, 2009.

Statement of Financial Position: December 31, 2009

Assets	2009	2008
Current Assets		
Cash and cash equivalents	\$ 319,667	\$ 712,912
Accounts receivable	1,013,799	190,602
Inventories	47,777	56,916
Prepaid expenses	17,335	11,869
	<u>1,398,578</u>	<u>972,299</u>
Investments	1,462,789	1,414,882
Capital Assets	36,341	19,978
	<u>\$ 2,897,708</u>	<u>\$ 2,407,159</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 348,983	\$ 494,945
Deferred revenue	1,521,312	657,560
	<u>1,870,295</u>	<u>1,152,505</u>
Net Assets		
Internally restricted for general reserve	1,087,000	1,087,000
Unrestricted	(59,587)	167,654
	<u>1,027,413</u>	<u>1,254,654</u>
	<u>\$ 2,897,708</u>	<u>\$ 2,407,159</u>

Statement of Operations: Year Ended December 31, 2009

Revenue	2009	2008
National Office	\$ 143,553	\$ 165,711
Publication Sales	187,554	205,262
Canadian Journal of Public Health	120,529	151,153
Projects and Conferences	5,086,631	7,010,919
	<u>5,538,267</u>	<u>7,533,045</u>
Expenses		
National Office	359,246	350,036
Publication Sales	156,257	164,249
Canadian Journal of Public Health	159,213	153,368
Projects and Conferences	5,086,631	7,010,919
	<u>5,761,347</u>	<u>7,678,572</u>
Net revenue (loss) from operations	(223,080)	(145,527)
Gain on sale of investments	-	32,208
Net revenue (loss) before change in fair value of investments	(223,080)	(113,319)
Adjustments to held for trading investments	(4,161)	22,938
Net revenue (loss)	<u>\$ (227,241)</u>	<u>\$ (90,381)</u>

2009 corporate partners

The Canadian Public Health Association gratefully acknowledges the following corporate supporters for their outstanding contributions in 2009:

- ✦ Reckitt Benckiser, the makers of Lysol®
- ✦ Pfizer (US)
- ✦ GlaxoSmithKline
- ✦ Amgen Canada
- ✦ Dyson
- ✦ Merck Frosst Canada
- ✦ Sanofi Pasteur
- ✦ Wyeth Canada
- ✦ Novartis Pharma Canada

With an eye to the future

As we turn our collective sights to 2010 and CPHA centennial celebrations, we do so with confidence that the Association is well positioned to take on the challenges that the future holds. CPHA is breaking new ground in how it does business, how it collaborates with its partners and how it moves the public health agenda forward.

CPHA strongly believes that, as the World Health Organization has defined it, health is much more than the absence of disease or infirmity. Rather, it is a state of complete physical, mental and social well-being.

Whether proposing research-based solutions, contributing to the discourse on healthy public policy, promoting public health research or working closely with national and international health agencies to improve health in Canada and around the world, CPHA continues to strive to support access to the basic conditions which are necessary to achieve health for all.

We don't do this alone – we work closely with our members, other allied non-governmental organizations, all levels of government and the private sector. Together, we are creating a healthier world.

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As we enter the second decade of the 21st century, and the homestretch for reaching the Millennium Development Goals, we need to draw on every lesson, every approach, instrument, and innovative way of raising funds or collaborating together, from heads of state to civil society. We have very little time left, and little space for unproductive debates. We need to move forward fast.

Dr. Margaret Chan
Director-General
World Health Organization

It is a role of public health to highlight the links between exposure and outcome, and to help find collective solutions to ensure good health across the population. We know that long-term planning and investments make a difference.

David Butler-Jones, Chief Public Health Officer, Public Health Agency of Canada
2009 Report on the State of Public Health in Canada