



CPHA ACSP

CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

Canadian Public Health Association **Annual General Meeting**

Monday, June 14, 2010

Essex Ballroom, Sheraton Centre
Toronto, Ontario

Draft Minutes

Chair: Dr. Cordell Neudorf, CPHA Board Chair

1.0 Opening Remarks

The meeting was called to order at 12:16 pm, ET.

Dr. Cordell (Cory) Neudorf, Board Chair, welcomed delegates to the 2010 Annual General Meeting (AGM) of the Canadian Public Health Association (CPHA), and proceeded to introduce the Board members.

Dr. Neudorf outlined the objectives of the meeting:

- to present the 2009 year-end reports and to outline the strategic directions for 2010;
- to outline how members can get involved in CPHA's policy development process; and
- to provide an opportunity for members to ask questions and provide comments about CPHA's activities, reports and strategic directions.

Members were reminded that given CPHA's new Policy Development Process, we no longer have resolutions from the floor; however, if there were to be a motion from the floor, it should be presented in writing and be specific to the business at hand.

The 2006 Rules of Order will apply but members were advised that the Board has flagged that these should be reviewed in the coming year to ensure that they reflect any new processes with respect to the year-round policy development process. CPHA would very much like to recruit a formal parliamentarian for future meetings. Volunteers were urged to come forward after the meeting.

Specific comments on new and emerging public health policy issues can certainly be raised during the course of the meeting; these would be referred to the Board or the Policy Review Group. Delegates were informed that the best forum for this, however, is at the Policy Forum on Tuesday afternoon where policy will be the sole focus.

2.0 Adoption of Minutes of the Annual General Meeting held June 8, 2009 in Winnipeg, Manitoba

Motion **Richard Stanwick/Terry Gibson**
That the minutes of the June 8, 2009 AGM meeting held in Winnipeg, Manitoba, be accepted as circulated.

.../CARRIED

3.0 Adoption of the 2009 Audited Financial Statements

The statements have been reviewed in detail and approved at the Finance Committee and at the Board. The audit report is an unqualified opinion, whereby the auditors attest to management's representation of the results of operations for 2009 as well as the financial position of CPHA at the end of 2009.

Statement of Financial Position

Total assets are \$2.9 million at the end of 2009 compared to \$2.4 million at the end of 2008 with the main reason for the increase being monies owing to CPHA on specific contracts.

The long-term investment account remains intact, actually growing by \$47K to \$1.46 million. Careful cash management at CPHA has permitted the maintenance of the investment account.

\$28K was added during the year to capital assets mainly due to some computer upgrades and software acquisition in the area of membership management software.

Current liabilities have increased to \$1.8 million in 2009 compared to \$1.15 million in 2008 because of an increase in funds on hand that are committed to projects i.e. deferred revenues.

Statement of Operations

Revenue declined to \$5.5 million from \$7.5 million in 2008 with declines in all areas, but primarily in the level of funded projects, which declined from \$7 million to \$5 million. Costs declined correspondingly. What is not immediately evident in this statement format is the positive impact of corporate fundraising efforts. With reduced project activity, the national

office expense line would have increased much more significantly were it not for the offsetting benefit from CPHA's new fundraising strategies.

In 2009, we had a deficit of \$227K, which is very close to budget expectations. The 2008 loss of \$91K was mitigated by positive contributions from our investment portfolio; given the current economic market, these were not duplicated in 2009.

The remainder of the statement and note disclosure is consistent with these main points and with the disclosure of prior years.

In looking forward, we anticipate that we will have another deficit year. This is being managed carefully at the staff level and at the Board Level in hopes that our loss will not be significant. The Association has reduced staff and leased office space (2008 and 2009). The Centenary has provided an opportunity to develop and establish new partnerships. Every effort continues to be made to bring in 2010 results at better than budget; given the Centenary, a positive impact is already anticipated.

The motion to accept the 2009 Audited Financial Statement was put before the members.

Dr. Paul Hasselback noted that CPHA saw a 30% reduction in projects and conferences. This is where we have the greatest amount of activity in the organization with the least amount of information. He asked what was the projection going forward in terms of how projects and conferences are going to continue to decrease; what is the plan, what are we going to see in the next 1-3 years?

Debra Lynkowski, CEO, responded by saying that CPHA has seen the steepest decline in the past four to five years with the completion of significant multi-million dollar projects (primarily global). We do not have many of those left. Given recent trends in government funding, we do not anticipate this scope of project in the future. While we do continue to have very brisk project activity, the funding amounts are much smaller and for a much shorter duration. Ms. Lynkowski indicated that she would be providing a detailed listing of the projects in her CEO update later in the meeting. She will also discuss efforts for revenue diversification.

Dr. Hasselback asked when CPHA will return to a balanced position.

Joel Finlay replied that it would not be in 2010. Debra Lynkowski stated that in spite of these consecutive deficits, we still have not had to dip into the reserve fund. CPHA has a significant reserve fund of over \$1M. 2010 will continue to focus on refinancing and rebuilding the Association. The refinancing has involved investments in a position, for instance, to help with corporate and business development. First projections for the quarter are very favorable. 2010 will really tell us what our market potential is in corporate development. If we do not see a significant turnaround in the next year, then we have to question our sustainability within the current model.

Dr. Hasselback also asked whether or not there was a policy for CPHA on access to and size of the reserve for which we should be aiming.

Ms. Lynkowski replied that there is a Board policy that recognizes that the reserve may be used for cash flow purposes but that at least \$600K must remain intact in the reserve. Use of the reserve beyond this "cash flow" provision requires prior approval of the Board. CPHA's cumulative deficit is \$59K, so in spite of the financial challenges, the reserve fund remains intact; in that way, CPHA is much more fortunate than other organizations experiencing similar challenges.

With no other questions or further discussion, Dr. Neudorf called for a motion.

Motion **Carmen Connolly/Ron de Burger**
That the 2009 Audited Financial Statements of the Canadian Public Health Association be accepted as circulated.
.../CARRIED

4.0 Appointment of the CPHA Auditor

This item was discussed at last year's AGM where there was a change made and this firm was appointed for a period of three years. However, there must be a motion on this every year to renew the appointment.

Motion **Ron Labonté/André Corriveau**
That the firm of Newton and Company Chartered Accountants be appointed as auditors for CPHA for 2010.
.../ CARRIED

5.0 CPHA Annual Report to the AGM

Cory Neudorf indicated that he was pleased to see the increase in numbers at CPHA's Annual General Meeting and thanked delegates for their participation; he also thanked and welcomed the many partners and international guests.

CPHA membership numbers remain steady at approximately 1,200. In 2009, CPHA launched the membership portal which allows members to renew their membership and update their profile online. There is a need to continue to engage new members; membership involvement continues to be the strength of the Association. We are pleased to see the growing participation of students in CPHA and at the Conference. There are 237 students attending the Conference this year, which bodes well for the future leadership in Public Health.

The governance structure continues to assist the Association through greater efficiencies and more effective decision-making, especially in the area of policy development.

The Board of Directors also recently undertook a review of the Advisory Council, the results of which will help to guide our relationships with partners into the future. The intended purpose of the Council was to maintain partnerships and links with the broader public health community and to provide advice to the Board on key public health issues. In 2007, it was mutually determined by the CPHA Board of Directors and members of the Advisory Council that a review and evaluation

of the Council would be timely. The need for a review came in response to a number of observations. Most importantly, it was recognized that the Board had evolved since the original restructuring, as did its corresponding needs. In addition, the Council acknowledged the limitations of the council structure to fulfill its expectations and obligations. As a result, from 2008 through 2009, the CPHA Board of Directors, in consultation with Advisory Council members, undertook a full review of the form and function of the Council. Given the recommendations of the review by a small Board Working Group, which included the two co-chairs of the Advisory Council, the CPHA Board of Directors passed a motion on April 12, 2010 to dissolve the Advisory Council.

All parties agreed that maintaining a strong and meaningful working partnership is absolutely vital for all organizations, not only to accomplish our respective organizational mandates, but also to continue to strengthen and support a broad range of initiatives related to public health. We are now discussing the best ways of moving forward with these ongoing partnerships with both the Provincial/Territorial Public Health Associations (PTPHA) and the Public Health Partner Organizations. Specifically, we want to find mechanisms to share information and to work collaboratively on current and emerging public health issues and topics of common interest. The two former co-chairs of the now-dissolved Advisory Council sat on the Board as appointed designated members. With the recent review of the Advisory Council and its dissolution, the Board, according to the Bylaws, has established a subcommittee to recommend policies and guidelines for the appointment of these two positions.

On Sunday, June 13, 2010, CPHA hosted two meetings - one with the Provincial/Territorial Associations and one with our Public Health Partner Organizations. At the meeting with the Provincial/Territorial Public Health Associations, participants agreed to work as partners to form a Canadian Network of Public Health Associations which would be co-chaired by CPHA and a designated PTPHA. At the Partner Organizations' meeting, participants agreed to consult on an annual basis to identify common interests, to share organizational priorities and to explore opportunities for collaborative efforts. The CPHA Board of Directors has expressed its appreciation to all of the organizations that participated on the former Advisory Council. The hard work and dedication of members representing their organizations are certainly recognized.

Dr. Neudorf thanked the members of the Board and the Advisory Council for their work this past year.

Nominating Committee Report

Erica Di Ruggiero, CPHA Chair-elect, thanked the previous Nominating Committee for their hard work and recognized the Chair of the Committee, Nancy Kotani and the members of the committee, Brent Friesen, Catherine Donovan and Vicky Lafferty as well as Board members Ron de Burger and Cory Neudorf. Given the committee's guidance to the Board of Directors, CPHA has reviewed and fine-tuned its processes for nomination and election over the four years of their term. In the coming months, the Board will be reviewing the terms

of reference of the Committee. In the interim and for the 2010 period, the following Board members and CPHA volunteer members have agreed to steer the 2010 nomination process.

The 2010 Nominating Committee is:

- Erica Di Ruggiero, CPHA Chair-elect, Committee Chair
- Brian Bell, CPHA Director
- Lynn McIntyre, CPHA Director
- Maya Charlebois, CPHA Member and recent Past President, APHA
- Richard Massé, CPHA Member
- Cory Neudorf, CPHA Chair, ex-officio committee member
- Debra Lynkowski, CPHA CEO, ex-officio committee member

The Nominating Committee implements the process by which Board members are elected by the membership. The Committee reviews the nominating process and Call for Nominations based on the Board's assessment of strategically required skills and experience needed on the Board; solicits potential candidates for vacant Board positions; and reviews nominations to ensure that they meet the pre-determined criteria noted in the call and recommends nominations to go forward for election in the fall of 2010.

The Board is pleased to announce that Dr. Richard Lessard has been recently appointed by the Board to a position of External Director for a two-year term of office beginning April 2010.

Erica Di Ruggiero concluded with a focus on the Call for Nominations which includes four Director positions to be elected by the membership. A preliminary announcement on the nominations has been sent to all members and the formal Call for Nominations will be circulated August 3rd with a closing date of September 14th. Both the Nominating Committee and the Board of Directors encourage members to seek them out at the conference to discuss their interest in either being nominated or in nominating a member for one of these four positions. The voters list will consist of all members who have paid active memberships on September 30, 2010. The election will take place in October/November period.

Members were invited to direct any questions they might have on the process to Erica Di Ruggiero or Janet MacLachlan, Associate CEO.

CEO Update

Debra Lynkowski spoke on the progress for the year 2009 and provided highlights of CPHA's plan for 2010 and beyond.

Of primary importance always are the continued efforts to ensure the financial viability and sustainability of our organization; this year saw several organizations either closing their doors or losing all of their government funding and having to determine a new strategy to survive.

The significant decline in project funding starting about five years prior ironically put CPHA ahead of the curve. CPHA was forced to undergo a significant restructuring and reduction in leased space well in advance of the economic downturn. As an approach to risk management, CPHA negotiated an

early termination to that lease so that we could decide whether or not to reduce our space even further. CPHA has been focusing on refinancing and rebuilding and continues to contain costs by holding some vacancies in key positions, particularly Communications. As stated earlier, CPHA has not had to touch the reserve fund and early projections are favorable. Ms. Lynkowski noted that CPHA has been working extensively with corporations, which has been an exciting new area for us; we have developed a rigorous corporate policy to ensure that we are working with corporate partners and private sector partners that emulate our vision and values; we have recruited the Corporate Social Responsibility Working Group, chaired by Chris Mills and including a mix of financial and public health experts: Bob Spasoff, Paul Hanvey (a previous board member and Chair of the Finance Committee) and Katie Lafferty. This group vets every corporation against our guidelines to ensure that they are compatible. Corporate partnerships have allowed us to undertake some important work, specifically: the H1N1 Clearinghouse; the resource *Taking Care of You and Your Baby*; the 25th Anniversary SOPHA Publication; CPHA's first Policy Roundtable which was the topic on advancing immunization in Canada; and our Conference and Centenary celebrations. Ms. Lynkowski acknowledged that the contributions of our corporate sponsors and collaborators are absolutely essential to hosting the annual conference.

CPHA continues to revisit and evaluate its business lines, e.g., publication sales, Plain Language Services, etc. We are beginning to market our conference services given our growing expertise and capacity in this area. Our online career advertising has also been very successful.

CPHA continues to strategically align itself with many organizations in an effort to move the public health agenda forward.

Ms. Lynkowski thanked the many volunteers who represent CPHA at numerous policy tables.

CPHA is also keen to continue building capacity in the public health sector. The Conference, Journal and our project activities help to achieve this goal. The project activities are also a vital part of our knowledge development and knowledge transfer activities. Ms. Lynkowski showed slides listing all of CPHA's funded projects for 2010 and beyond.

A new and important initiative is the CPHA KnowledgeCentre™, currently in development and ready to be launched in the fall of 2010.

The Public Health KnowledgeCentre™ is an online:

- portal for continuing professional development opportunities;
- venue for public health workers to engage with each other and to establish new collaborations and partnerships;
- collection of databases of resources and tools; and
- integrated, credible one-stop source of information on research, emerging observations and patterns from the field, as well as services and other program activities.

Members were assured that CPHA is working with its partners to ensure that we are not duplicating what is already in place.

CPHA has also been invited by some of the schools and programs of public health across Canada to work with them. We have recently completed key informant interviews across Canada, working towards a Fall Forum to bring the schools and the programs of public health together to talk about what the future holds for them along with our many stakeholders.

Policy and Advocacy Update

CPHA's Policy Department, established in early 2008, was busy throughout 2009.

Brian Bell, a member of the Board and CPHA's Policy Review Group, spoke to the members about the policy and position development and review process and provided a presentation on the steps to access the member portal and template.

CPHA's new policy and position development process was designed for a number of reasons:

- allows CPHA to be more nimble and responsive;
- to streamline the review and consideration process for policy initiatives;
- to strengthen the capacity to act on these policy and position initiatives.

With the new process, proposed positions, policies and requests for endorsements can now be submitted and considered on a year-round basis. Members identify the issues and submit the proposed position and policy statement. Members may be called upon by the Policy Review Group to sit on issue-related working groups to help the Policy department gather the evidence and craft the recommended action by CPHA. If the issue at hand is complex or contentious, the Board may elect to confer with membership more fully to ensure that we have membership support on the proposed position or policy.

Earlier this year, the Policy department launched an online template that CPHA members can use to submit proposed, new and updated positions and policy statements for the Board's consideration. The members were shown a presentation on how to access this template. The Policy department will acknowledge all submissions. Following submission, the CPHA Policy department will complete the paperwork for the Board's Policy Review Group. Members may be contacted for additional information. Mr. Bell emphasized that this is a member-driven process. Members are to provide the Policy department with the evidence base that justifies CPHA taking a position on an issue.

Anyone with questions about the new process or the online access were directed to speak with Mr. Bell, Lynn McIntyre or Jim Chauvin, CPHA Director of Policy.

Highlights of some of the activities of CPHA's Policy Department during 2009:

The priority public health issues identified through the 2008 Membership Survey continue to guide the CPHA Policy Department's work.

- Several activities were carried out on the issue of “Poverty/Health Equity/Social Determinants of Health” – these included:
 - CPHA sent a letter to the Prime Minister urging the federal government to take action on the recommendations of the Senate Subcommittee on Population Health;
 - CPHA submitted a brief for the Consultations on Federal Housing and Homelessness Investments recommending the adoption and application of a National Housing Strategy based on a social determinants/population health framework. The brief also identified housing and homelessness for First Nations, Métis and Inuit peoples as an issue requiring priority response;
 - CPHA engaged Dr. Dennis Raphael to undertake an analysis of CPHA’s position papers, resolutions, motions and statements/briefs on the Social Determinants of Health. The report confirmed that CPHA has been very proactive, generally focussing on the right public policy, levers in terms of advocacy, but it also pointed out several areas where the Association could enhance and be more influential in its policy advocacy work. This review will be presented during the Policy Forum on Tuesday, June 15, 2010.
- On the issue of “Public Health Leadership & Infrastructure, including Human Resources”, CPHA made several presentations to the Parliament of Canada’s Standing Committee on Health (HESA);
- One of the presentations to HESA was on the state of Canada’s H1N1 Preparedness and Response; CPHA discussed the impact of the mass immunization campaigns on local public health units, including the deferral/cancellation of public health services, and called for increased investment in public health infrastructure and public health human resource development to ensure a responsive and robust public health system;
- An increased investment in public health was also the focus of CPHA’s brief to the Standing Committee on Finance;
- CPHA continues to take a lead role in the work of the Canadian Coalition for Public Health in the 21st Century (CCPH21). The Coalition developed a series of new “Fast Facts” and a three-year action plan;
- Through an informal network called “Collaborations in Advocacy”, which includes CPHA, the Canadian Medical Association, the National Specialty Society for Community Medicine and the College of Family Physicians of Canada, we developed in collaboration with PHAC a user-friendly one-page guide which was then produced and distributed to family and public health physicians across the country;
- As a means to reduce childhood obesity, CPHA continues to work closely with the Chronic Disease Prevention Alliance of Canada (CDPAC) on the issue of marketing of sugar-sweetened beverages and calorie-dense nutrient-poor foods to children.
- CPHA also accomplished some work on the issue of “Environment Health and Sustainable Development”. Along with twelve national organizations representing all areas of the health sector, we produced a joint statement spelling out a new commitment for the “greening of the health care sector”.

In June 2009, the Board approved a request from a CPHA member to urge the Government of Canada to ratify the Rotterdam Convention, which governs the export of hazardous chemicals and substances, including asbestos. The Board approved in December 2009 the establishment of an expert working group tasked with developing a CPHA position on the mining, the transformation and the export of asbestos. This position was released in April 2010.

The CPHA Policy Department Activity Report, which provides much more detail on CPHA’s policy and advocacy work, was made available to the members in written form at the AGM.

In concluding, Mr. Bell reminded members of CPHA’s Policy Forum to be held the following day. This Forum provides a means for members and nonmembers to bring to CPHA’s attention new and emerging public health issues. The Forum will begin with a brief description about how CPHA is moving forward with its work on social determinants of health. This will be followed by an open discussion about emerging issues and priorities as raised by members and guests.

For each of these issues/priorities, Mr. Bell indicated that CPHA would welcome discussion on how the issues reflect and advance CPHA priorities and would also encourage CPHA members who are contemplating submitting a position or policy proposal to also consider identifying themselves as potential members of expert working groups.

Members were encouraged to use the new template and submit proposals for new and updated positions and policy statements.

Members were reminded that CPHA will continue to publish our ongoing policy activities in the “Policy Corner” of the CPHA Health Digest and on the CPHA website.

Mr. Bell turned the meeting back to Cory Neudorf, Chair.

Dr. Neudorf thanked the Board and CPHA staff for all of their work in 2009. He reminded the participants that this would be his last year as Board Chair. He expressed his appreciation and indicated that it had been a privilege to work with such a talented and dedicated Board and staff group. He stated it has been gratifying to see the steady progress made on CPHA’s sustainability, vibrancy and responsiveness into the future. One of the things he has promoted to the Board and staff over the last couple of years is the need to make CPHA indispensable and more relevant, especially to front line public health staff and our public health partners. Part of this would involve a significant increase in CPHA membership. The goal of the KnowledgeCentre™ is to enhance knowledge translation and transfer and address the needs of front-line staff. CPHA’s recent trend towards more nationally and regionally focused projects is also increasing CPHA’s relevance at the local level.

Dr. Neudorf focused on the organization’s financial stability and spoke to the soon-to-be launched Personal Giving Campaign. This has already begun with our leadership, each Board member agreeing to make a personal financial commitment

to CPHA. Dr. Neudorf challenged all members to do the same. He stressed that it is the level of participation that matters, not the actual amount; people are encouraged to give to the level of their ability. What is most important is that everyone gives and everyone affirms their commitment to the organization. He explained that while membership fees help to defray the costs of the Journal, Digest, and basic administration of membership services, they do not contribute to CPHA's policy or mission-oriented work. Non-government organizations that are surviving the recent trends and economic downturns are those who have committed individual supporters who believe in the organization, want that organization to be an independent voice, and affirm that with a personal financial commitment. To be financially viable, CPHA must continue to diversify its revenue streams; individual giving and planned giving (bequests, etc.) are an essential component of this.

Dr. Neudorf indicated that he will be sending out a personal letter to all members later in the fall, encouraging members to give to CPHA to secure its future and the future of a strong public health advocate in Canada.

Question and Discussion Period

The floor was opened for discussion.

- One member noted she was inspired by CPHA's accomplishments and Dr. Neudorf's call for a personal giving campaign. She noted people should be encouraged to give a personal cheque right now;
- Concern was expressed about the level of membership in CPHA. CPHA could look to graduate programs, consider professional subgroups like the American Public Health Association (APHA), recruit students, consider associate memberships with other organizations;
- Support was expressed for the Network of Public Health Associations and our new corporate partners.

Dr. Neudorf responded that through a number of activities and the KnowledgeCentre™ concept, we are looking at a much larger constituency. CPHA needs to expand in areas that resonate with front-line public health.

- One suggestion was to look at CPHA's fee which is quite low. APHA members pay extra to belong to special interest sections. This enables people and similar interests to connect;
- The importance of connecting with front-line public health was raised;
- The idea of reducing membership fees to encourage more members, as employers no longer pay memberships, was suggested.

Dr. Neudorf replied that membership, no matter what the cost, needs to be relevant. We had a cheaper rate for many years and the recent increase did not result in a change in the number of members. The current membership fee revenue barely covers administration costs for membership. Membership fee rates or graduated rates according to ability to pay is an issue we may want to revisit. The big issue is getting people signed on to the KnowledgeCentre™. We are looking at ways for corporate donations or employer donation to facilitate everyone's belonging to the KnowledgeCentre™ and getting access. We anticipate that people will see value through activities like the KnowledgeCentre™.

7.0 Closing Remarks and Date of Next Meeting

Dr. Neudorf once again thanked delegates for attending the 2010 Annual General Meeting and reminded them that the next AGM will be held during the 2011 CPHA Conference in June 2011 in Montreal.

Motion

Terry Gibson/Paul Hasselback

That the CPHA Annual General Meeting be adjourned (1:37 pm)

.../CARRIED