



CPHA ACSP

CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

Canadian Public Health Association
Annual General Meeting

June 12, 2012
Shaw Conference Centre
Edmonton Alberta

Minutes

Chair: Erica Di Ruggiero, Chair, CPHA Board of Directors

1.0 Opening Remarks

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

Erica Di Ruggiero, Chair, welcomed delegates to the 2012 Annual General Meeting (AGM) of the Canadian Public Health Association (CPHA), and introduced the CPHA Board members.

Erica Di Ruggiero provided an overview of the objectives for the meeting:

- To present the 2011 year-end reports and focus on the future and the sustainability of the Association;
- To outline the strategic direction for the next three years;
- To provide an opportunity for members to ask questions and provide comments about CPHA's activities, reports and strategic directions;
- To seek feedback from members on how they can be involved, how they can help strengthen the Association to ensure its future, and what members need from the Association.

Motions from the floor will be required to accept a number of standard agenda items. While the CPHA Parliamentarian position remains vacant, Board and staff can provide advice as required.

Specific comments on important and/or emerging public health policy issues are best raised at the Annual Policy Forum to be held June 13, 2012 at 11:00 am, where policy is the sole focus of the agenda. Those who are unable to attend the Forum can also use CPHA's policy development process to raise specific policy issues.

2.0 Adoption of the Minutes of the Annual General Meeting held June 20, 2011 in Montreal, Quebec

Motion *Hope Beanlands/Gilles Paradis*

That the minutes of the June 20, 2011 Annual General Meeting held in Montreal, Quebec be accepted as circulated.

.../CARRIED

3.0 CPHA Annual Report to the AGM

Erica Di Ruggiero noted that it was encouraging to see such a large number of members attending the meeting. Active member involvement is crucial. It is particularly encouraging to see a growing number of student participants each year due in large part to the efforts of Alycia Fridkin, Student Director, in helping to cultivate the next generation of public health

leaders. Di Ruggiero also welcomed the many partners, sponsors, collaborators, and international guests especially Dr. Melvin Shipp and Dr. Georges Benjamin from the American Public Health Association.

Di Ruggiero noted that this is a critical time and that CPHA's Board, staff and volunteers have been very busy.

- Significant progress was made in key policy areas such as our intervention at the Supreme Court of Canada with regard to Insite, the release of new position statements on alcohol and tobacco, and ongoing advocacy at all levels of government with regard to the place of public health in a new federal/provincial/territorial health agreement.
- Launch of the CPHA Public Health KnowledgeCentre™ provided a virtual meeting place for public health practitioners, educators, and students.
- With the generous support of AstraZeneca, the *Frontline Health: Beyond Health Care* launched a program of work related to the social determinants of health.
- Through federally-funded project activities, CPHA continued to address issues of immunization, tobacco, public health association capacity at an international level, HIV prevention technologies, and tobacco prevention and cessation at a national level.
- Partnerships with many of the Provincial/ Territorial Public Health Associations:
 - The Northwest Territories/Nunavut Public Health Association is working with us to identify stories from the North on community action on health equity;
 - CPHA worked with ASPQ on joint advocacy activities on the mining and export of asbestos;
 - The Newfoundland and Labrador Public Health Association and CPHA co-signed letters to the Newfoundland and Labrador Ministers of Health and Finance promoting recommendations in CPHA tobacco control and alcohol position papers and to the Newfoundland and Labrador Minister of Transportation regarding recommendations related to the alcohol position paper.
 - All Provincial/Territorial Public Health Associations joined CPHA to write a letter to the Premiers of each province and territory (through the Council of the Federation) advocating for a “place of Public Health in provincial/territorial health budgets” and greater investment in disease prevention, health promotion and health protection.
- CPHA continues to host the only national conference on public health in Canada and the Association's flagship

publication, the *Canadian Journal of Public Health*, continued to strengthen in content and reach. Di Ruggiero acknowledged the volunteer contributions of Gilles Paradis, Scientific Editor. This scientific, peer-reviewed journal showcases high-quality research, policy and ideas about public health from Canada and around the world.

Members were encouraged to review the Annual Report and in-depth Policy Report for more details.

Nominating Committee Report

Lynn McIntyre, Chair-Elect, and Chair of the Nominating Committee presented the Nominating Committee Report on behalf of the Nominating Committee. Committee membership includes:

- Maya Charlebois (volunteer member from Alberta)
- Steve Corber (Board member)
- Richard Massé (volunteer member from Quebec)
- Erica Di Ruggiero, Chair, CPHA Board of Directors (ex officio)
- Debra Lynkowski, CEO (ex officio)

The Nominating Committee implements the elections process for the CPHA Board of Directors in addition to offering advice to the Board on ongoing processes and possible appointments. The Committee reviews nominations to ensure that they meet the pre-determined criteria that are set each year and recommends which nominations go forward for election.

In the results of the 2011 election, Alycia Fridkin was acclaimed to her Student Director position for another term, and Mary Martin-Smith was elected to the Board. Richard Lessard was also reappointed as an External Director.

The formal Call for Nominations for the 2012 election will be circulated to all members in early August with a planned closing date of September 12, 2012. Elections will take place in October/November. In 2012, CPHA will hold an election for four positions. While candidates are being sought who collectively possess a mix of knowledge, experience and expertise, this year the call also includes two focused positions to bring experience in the areas of not-for-profit leadership, organizational change and business development. The preliminary announcement sent to members in May summarizes the skills and experience being sought. Interested members were encouraged to speak with current Board members and Nominating Committee members to learn more.

Questions and comments can also be forward by e-mail directly to Lynn McIntyre.

Presentation on the Strategic Vision and Business Plan – 2012-2015

There are three key messages to convey:

1. CPHA has been proactively adapting and responding to a challenging economic climate
2. There is an ongoing need for a strong, vital national public health association
3. We will move forward but only with the full engagement of our members

Our Reality; How We Are Adapting and Responding; the Implications

The Past – Since the early 1980s, the funding for CPHA's core operations came almost exclusively from the contribution to overhead from multi-year, multi-million dollar, international government funded projects. CPHA's core staffing and infrastructure was built to support this business model. CPHA's annual operating budget was almost 90% dependent on the overhead received from that project funding. In the mid-2000s, it became clear that the federal government was moving away from its traditional model of project funding. Over the next few years, project funding, particularly for global health projects, showed a significant decline and overhead monies declined correspondingly.

Project Revenue: 2000-2011 – The shift was swift and dramatic. CPHA's project funding declined from \$16M in 2004 to \$10M in 2007. Only two years later, our total project funding was just over \$5M. In addition to the significant decline in available funding, the total dollar amounts and program time frames were reduced and reporting requirements were significantly increased. In essence, CPHA received fewer funds to deliver with greater demand for in-kind contributions on its part.

Business Transformation – To transform CPHA into a financially resilient organization well positioned to fulfill our mission, business transformation efforts started in early 2008 with an overall revenue generation strategy focused on diversification. The goal was to transition the Association away from a dependence on project-based funding to a more stable revenue generation base drawn from multiple, diverse sources.

Over the next few years, CPHA enhanced its existing business lines (publication sales, scientific journal), developed new business lines (conference management services, online advertising), modestly increased membership fees, initiated a charitable giving campaign among members, and developed a plan to introduce corporate funding to the organization based on rigorous corporate social responsibility guidelines.

While the revenue diversification plan has been successful, it remains insufficient to close the significant gap created by the rapid loss of multi-million dollar projects. In 2011, project funding was budgeted at only 37% of the projected revenue, but even this was unattainable in light of the economic climate and other cost-cutting measures underway at the national level. CPHA ended 2011 with a deficit of over \$280,000, significantly eroding our modest reserve to just over \$600,000.

Other Organizations – CPHA is only one of many non-governmental organizations, particularly in Ottawa, that have been challenged. In the last few years, many long-standing NGOs have closed their doors and others are set to disband in the near future. Despite the challenges, CPHA's auditors have declared that the Association is '*ahead of the curve*' as many other organizations which are experiencing similar challenges and rely on government for all of their core funding are only now beginning to explore other revenue sources.

Cost Containment – Several actions have been taken since 2007 to significantly reduce fixed costs. CPHA undertook a major staff restructuring in the spring of 2008 and renegotiated our lease reducing our leased space on two occasions. In 2007, there were 70 staff and that number had shrunk to only 30 in January 2012. In May 2012, another significant restructuring was undertaken reducing core staff by a further 45%. Terminating that many staff has been a very difficult process. CPHA has taken every possible measure within its means to support the affected staff through this difficult transition. Almost everyone whose position was terminated decided to stay through their working notice so that they could help with preparations for this conference and AGM, as well as assist with the transition.

The Association continues to be proactive, but it must dramatically accelerate its business transformation efforts and catalyze a significant shift in the organization's culture. The Board, staff and members must play a significant role in this transformation.

Highlights of Business Plan and Operational Implications (Debra Lynkowski)

The Board recently approved a three-year business plan which will put us on a solid path to sustainability and continued success.

Business Plan Development – The Plan was developed by management in consultation with an ad-hoc Corporate Sustainability Working Group, comprised of internal and external experts recruited for their expertise and knowledge in public health, finances, business development, and change management. Erica Di Ruggiero, Lynn McIntyre and Katie Lafferty also participated. The plan was presented to the Board in April 2012 and further refined at that time.

CPHA Core Functions – The plan is built on the assumption that to realize its mission and mandate, CPHA should focus on the following core functions:

- Policy development and advocacy
- Knowledge exchange and networking (Annual Conference, Scientific Journal, new initiatives targeted at engaging and supporting the public health workforce)
- Strategic Partnerships with public and private sectors

Business Plan Highlights – The three-year plan included further significant reductions in personnel and infrastructure (completed in May), with a continued focus on revenue generation and revenue diversification. Revenues are budgeted conservatively with an emphasis on those business lines where there is greater predictability. Growth in corporate and business development has been factored in and staff with relevant expertise has been recruited to focus on these areas. The ultimate goal of the revenue strategy is to eliminate any dependency on government funding by 2015. While CPHA will continue to submit project proposals for funding that advances our strategic goals, project revenue will not be factored into the overall budget after the current transition period. In the future, any contribution to overhead from projects would be used only to replenish the reserve.

Relative to other like-minded organizations, our membership fees, conference registration fees and Journal subscription rates are much lower. Membership fees represent only 3% of overall revenue and most of that revenue offsets the costs of membership administration and the Journal. The pricing structure of those business lines will be re-evaluated in the near future to ensure that the return to CPHA is realistic and helps to ensure its sustainability.

The Association also needs to develop new business lines which engage local public health and enhances public health workforce as it continues to seek out new partnerships for a mutual benefit.

The Implications (Financial) – The changes in staffing alone will represent a savings of over \$600,000 from 2011 to 2013. Given the costs of restructuring in 2012, there will not be significant savings in 2012. In the worst case scenario, and particularly given staff termination payouts in 2012, the reserve would be depleted to anywhere between \$200,000 and \$300,000. In 2013, the reserve will start to be replenished as the budget includes a modest surplus. Additional surpluses in 2014 and 2015 have also been built into the plan.

The Implications (Human Resources) – The core staff complement has been reduced dramatically over the past five years and, as mentioned, core staffing has been reduced by a further 45%. At the same time, the demands on CPHA have increased as it continues to be approached to do more. As the Association's profile grows, so has its relevance. Even with a significantly reduced staff, the Board is confident that the Association will be able to maintain its reputation and credibility, and continue to deliver effectively on its core functions. In-kind support from members will also go a long way. That said, CPHA will have to be more strategic and more focussed, and may have to decline many future requests for participation.

For this plan to succeed, the buy-in, commitment and tangible support from our members and the public health community at large is needed. The Board and staff can drive the process, but active involvement from everyone who cares about public health and cares about CPHA is needed.

Implications of the Plan at the Strategic Level (Lynn McIntyre)

Delivering on our Mandate – CPHA's policy and advocacy work will continue to be evidence-based, respectful and strategic. The Association will continue to focus on knowledge exchange and networking through continued expansion of its Annual Conference, the publication of the *Canadian Journal of Public Health*, and ongoing networking opportunities such as the communities of practice in the KnowledgeCentre. The Association will continue to focus on supporting and enhancing the work of public health practitioners, educators, academics, students across the country.

New Partnerships – CPHA needs to continue to partner in new ways with the corporate community and other sectors. Successful implementation of the business plan depends on it.

The Association has one of the most rigorous corporate sponsorship review processes already in place and it will continue to ensure that it safeguards CPHA's integrity and reputation. Other strategic partnerships will be pursued with traditional allies, but no part of the costs of these relationships will be underwritten by CPHA.

Key Message #2: there is an ongoing need for a strong, vital national public health association (Erica Di Ruggiero)

CPHA continues to play a vital national role, appearing before many Parliamentary Committees, contributing to several policy dialogues, hosting the only national conference on Public Health, and publishing the only independent Canadian scientific journal exclusively devoted to public health.

An Organization Worth Fighting For – CPHA plays a critical public policy and advocacy role in public health in Canada. In the past two years alone, the Association appeared before the Supreme Court of Canada as an intervener in the Insite Case, it has spoken out on issues such as asbestos, the gun registry and the discontinuation of the long form census, and it has a significant new initiative called Frontline Health targeted at addressing the social determinants of health.

A Bold Vision – The Board of Directors has a bold vision for CPHA and for public health in Canada. The Association will continue to build on its strengths, with a new vision and a renewed focus on core functions. This organization will be more streamlined, focused, financially resilient and a truly independent voice for public health. Ultimately, the Board and staff believe CPHA is an organization worth fighting for.

Key Message #3: We will move forward but only with the full engagement of our members (Erica Di Ruggiero)

The renewed commitment and active engagement of CPHA's members are essential to the Association's sustainability and ongoing success. CPHA needs the support of its members, corporate partners, collaborators and everyone working in public health in Canada from which the richness, credibility and strength of the organization comes. Help shape the future of CPHA by becoming more engaged today.

- Be an ambassador – promote CPHA to your colleagues and friends;
- Be a contributor – a small charitable donation every month goes a long way to ensuring the organization's strength;
- Help to turn the KnowledgeCentre into THE 'place to go' for everyone working in public health – by nominating resources and participating in the communities of practice we can create a strong public health network right across the country.
- If you are an expert in a specific area, and feel comfortable acting as a media spokesperson on behalf of CPHA, let us know!
- Watch for opportunities to engage in policy development and advocacy activities, and offer suggestions on key emerging policy issues that CPHA should consider in its annual planning.

4.0 Adoption of the 2011 Audited Financial Statements

Katie Lafferty, Chair of CPHA's Finance Committee, presented an overview of the Audited Financial Statements for the period ending December 31, 2011 which have been reviewed and approved by both the Finance Committee and the Board. The Auditors provided CPHA with a clean audited opinion which confirms that the financial statements fairly present the Association's financial position at the end of December 2011. They gave us an "expression of confidence". They also expressed satisfaction that we have started the process of business restructuring which gave them a high degree of confidence.

Statement of Financial Position

With regard to assets, cash has remained constant. The decrease in accounts receivable is primarily due to lack of funding. Long-term investments increased slightly due to interest. Capital assets decreased due to depreciation. There has been no investment in new capital assets.

With regard to liabilities, there was decreased activity in accounts payable as a result of decreased project funding. Deferred revenue remained consistently high between 2010 and 2011. At the end of 2011, the Association still had a substantial amount of deferred revenue due to a number of projects still underway that ended on March 31, 2012. We have a number of commitments, the largest being the lease which we are in the process of renegotiating.

A subsequent event (refer to note 10 on page 14) line was included in the statement of financial position to point out the restructuring that was announced in May 2012, and the resulting decrease in costs of approximately \$600,000.

Internally restricted net assets of just over \$1 million had been put aside as a reserve. Over time, we have drawn down about \$400,000 leaving a balance of \$685,640 at the end of 2011. A deficit budget was approved this year. The Board and Finance Committee are watching this amount closely and will continue to be vigilant about how much is drawn down on that amount.

Statement of Operations

Overall revenues were down significantly in 2011, due to circumstances previously outlined. There was an overall decrease in revenue of just over \$288,000 in 2011 when compared to 2010.

General Comments for 2011

2011 was a challenging year and those challenges continue in 2012. Financial results are being closely monitored in 2012, but the challenges in the non-profit sector persist. As we approach the mid-point in this fiscal year, there are still some hurdles to overcome before the year is over. We need to act swiftly, work hard and engage members to help ensure the long-term sustainability of the Association. The Finance Committee continues their vigilance and meets regularly. Katie Lafferty meets monthly with CPHA management and the Board is very well informed.

Motion **Shree Mulay/Shannon Turner**

That the 2011 Audited Financial Statements of the Canadian Public Health Association be accepted as circulated.

.../CARRIED

Comments/Questions:

- John Owen congratulated the Board on the approach to the financial situation. He questioned the statistic that only about ¼ of Conference registrants are members of CPHA and that memberships only accounts for about 3% of revenues. He asked what is the status of membership in the various provincial associations and to what extent can membership in the provincial organizations act as a catalyst to membership at the national level.
 - Debra Lynkowski replied that the provincial/territorial associations are also struggling financially and with the recruitment of membership. Conjoint memberships provide value-add for both associations, fees seem to be generally low and recruitment numbers static. We continue to look at recruitment strategies. While there is an interest in CPHA and a moral commitment, this does not result in new memberships.
- Nick Falvo, a new member, commented on the corporate sponsorship policy and the rigorous process in place for sponsors. It is clear that CPHA cannot afford to decline potential sponsors. He questioned the effectiveness of this ‘divestment’ concept whereby well-meaning people get together and don’t invest in some companies. He would not be judgmental if CPHA were to receive donations from other sources and would accept it as a positive measure on the part of the company.
 - Lynn McIntyre replied that sponsorships are taken very seriously. We carefully examine the holdings, practices and reputation of the companies. If looked at from another perspective, it appears as though public health is divesting itself of CPHA and the provincial associations. They are participating on an intellectual level and support the common good, but it is time for public health to invest in public health. This commitment from a larger membership will show corporations that they are buying into a really strong product and partnership.
- In response to questions from Michael Rachlis, there are approximately 1,200 CPHA members and the number has remained steady over the past 10 years. Interestingly, it seems that many people sign up to get the discount to attend the Annual Conference and do not renew their membership if they are not attending the following year. We have examined this issue many times and are currently looking at a number of strategies to increase membership. The Board has had some good discussion and is going to continue to be proactive.
- One of our challenges is to try to determine why people sign up. Do they join for what it does for them only for the short term, or do they join for what they can do for CPHA and/or what CPHA stands for. It can’t be just for one or the other.
- Michael Rachlis suggested hiring a public health nurse or social worker to come up with a community development strategy. There are thousands of people who subscribe to our values and have no association to speak for them. We should find a way to reach out to them.
- Erica Di Ruggiero noted that a CPHA membership is often a second or third membership for some and we need to rethink

how we engage other sectors that have an impact on public health and how we can develop stronger links with them.

- Jake Pauls commented that as soon as possible, the Association should not rely on any government funding. CPHA has accomplished a lot in the last few years and has to build on these successes, continue to get the message out and work on membership.
- In response to a question from Nancy Edwards, it is uncertain that the KnowledgeCentre will become a revenue generating stream. The KnowledgeCentre was developed with a subscription-based model and focus tests indicated it could work. Economic circumstances seem to have changed organizational budgets and while there was an eagerness to participate, it was not matched by an ability or willingness to pay. It is now being reviewed to consider creating an open access website for the public health community, but without corporate sponsorship, revenue projections for the KnowledgeCentre are not optimistic.

5.0 Appointment of the CPHA Auditor

Katie Lafferty reported that we have worked with BDO Canada for the past three years. They have provided good service and remain competitive in price.

Motion **Colin Soskolne/Steve Corber**

That the firm of BDO Canada LLP, Chartered Accountants be appointed as auditors for CPHA for 2013. .../CARRIED

6.0 Question and Discussion Period (Comments and questions on the business of the Association)

Erica Di Ruggiero opened the floor to questions and comments from members about the business of the Association.

Responses are noted:

- Paul Gully expressed his thanks to the Board and CPHA staff for the work they have done and stated that the new plan is a good one that deserves to be supported. The challenge for the membership is that many did not understand the previous business model. He suggested that we find a better way to communicate when the Association is active on a particular issue as it is emerging. Members want to see that CPHA is an active and timely spokesperson for public health. We need to find a way to communicate better and to turn interest in public health into a recruitment strategy.
- Joel Kettner commented that for public health scientists and practitioners working in government and academic institutions, the ability to speak and advocate openly is becoming more limited. It is increasingly important to have an independent public health association that can foster those discussions and bring democracy into solving problems where there might be conflicts of interest for the individual members. For those who are looking for independent opinions and advice, and are not confident they will get it from government and academic institutions, he asked if there is a mechanism whereby CPHA can provide a list of consultants and advisors and set this up as a source of revenue.
 - CPHA has an endorsement policy framework with a very rapid and thoughtful decision-making process. Our expert members also represent CPHA on a number of important bodies across Canada. The idea of establishing ourselves as a broker of consulting services has been discussed as a potential business

line. The business plan would be a complicated undertaking and requires the engagement of members.

- Shannon Turner acknowledged how challenging this has been and expressed support and commitment to CPHA's sustainability. She suggested two potential strategic directions. First, there is a platform called "Crowd Funding" which is a way of sourcing dollars for positive public action. Through a website, individuals seek the foundation of choice, then the public health issue of choice to make a contribution. This connects our interest in dialogue with the larger constituency and the enhancement of our democracy. Second, to seek a short turn around on policy statements for governments at all levels and set up the resources to support the CPHA policy activities.
- Jake Pauls noted that in his experience, the key to success is a grassroots approach, or subject-oriented sections. He would recommend: environment, injury, aging and disability, and housing. He questioned if CPHA is prepared to move toward that kind of structure and be willing to work with APHA or other joint members to set up and develop that kind of base strength to draw in the membership.
 - Debra Lynkowski responded that when Jake Pauls first raised this and they discussed it a couple of years ago, it was taken very seriously. It was thought that the KnowledgeCentre, by developing communities of practice, could be the impetus for that approach. The opportunity is still there, but the challenge is how much has to be paid to support the infrastructure for the various sections. We will consult further with our APHA colleagues. There are costs associated with any great idea and right now we have to find innovative ways to do this.
- Tim Takara noted the low percentage of revenue for membership and that the proportion of student membership is very small. He suggested a free student membership drive to generate interest in CPHA and growth in numbers.
 - A lot of work has been done by Alycia Fridkin and the Student Committee to promote student membership. Also, CPHA has an informal relationship with an emerging network of schools and programs of public health across the country and they discussed this very issue yesterday.
- Tim Takara further commented that he agrees CPHA should not be dependent upon government for project funding, but we should not let them off the hook. In particular, war is a public health issue and our government is spending billions on war machinery in contrast to the small amount of money needed to support public health.
- Leslie James noted that there is a growing number of recent MPH graduates that demonstrates there is an interest in public health. If we want to be sustainable, CPHA should focus more on engaging young professionals.
- In response to a question from Nancy Edwards, Erica Di Ruggiero was unaware if the possibility of joint APHA/CPHA has been previously explored and would bring this forward in their upcoming meeting with the APHA President and Executive Director.
- Speaking in French, an unidentified delegate noted she came to the Conference to explore the idea of becoming a member. Although very encouraged by what she is hearing, her personal observation is that among the younger demographic we want to attract, a significant percentage are Francophone. Erica Di Ruggiero, acknowledged the comment, in French, and indicated we are doing our best. Several Board members are bilingual. We

will continue to do our best to ensure that we work in both languages to the extent possible.

7.0 Closing Remarks and Date of Next Meeting

Erica Di Ruggiero closed the meeting by expressing her thanks to members for their participation and providing some good ideas for sustaining the Association. She expressed thanks to the many members who volunteer their time and expertise to support CPHA and help inform public policy. This is her last year as Chair and she thanks everyone for their support. It has been a privilege to serve with such a dedicated Board and staff and the Association is in excellent hands with Lynn McIntyre as in-coming Chair starting January 1, 2013.

The next Annual General Meeting will be Monday, June 10, 2013.

Motion

Corey Neudorf/Joel Kettner

That the CPHA Annual General Meeting of June 12, 2012 be adjourned (2:10pm)

.../CARRIED