



CPHA ACSP

CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

Canadian Public Health Association
Annual General Meeting
Tuesday, May 27, 2014 12:30-14:15
Birchwood Ballroom, Sheraton Centre Toronto
123 Queen Street West, Toronto, Ontario

Minutes

Chair: Lynn McIntyre, Chair, CPHA Board of Directors

1.0 Opening Remarks

The meeting was called to order at 12:30 p.m.

Lynn McIntyre, Chair, welcomed delegates to the 2014 Annual General Meeting (AGM) of the Canadian Public Health Association (CPHA) and introduced the CPHA Board Members:

- Ardene Robinson Vollman, Chair-Elect
- Robert Schwartz, Chair of the Finance Committee
- Annie Duchesne, Student Member
- Paul Gully
- Suzanne Jackson
- Joel Kettner
- Ann Pederson
- Isaac Sobol
- Shannon Turner

L. McIntyre also introduced Ian Culbert, Executive Director, CPHA.

The AGM offers Members the opportunity to hear about the business of the Association. Attendees are invited to consider being nominated to the Board, or to nominate someone to sit on the CPHA Board.

L. McIntyre welcomed Joyce Gaufin, President of the American Public Health Association (APHA), as a special guest. J. Gaufin will speak later in the agenda, sharing her experiences and perspectives.

CPHA is encouraged by the number of members in attendance at these annual meetings. L. McIntyre noted an increase in student participation, and the presence of a number of former students now working in the field of public health.

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

Specific comments on important and/or emerging public health policy issues are best raised at the Policy Forum, which will take place at 9:00 a.m. on Thursday, May 29, in the Chestnut Room. Policy issues will be the sole focus of the agenda. The Policy Forum informs the work of the Association in great depth every year. Members are welcome at any time to submit a proposed position, policy statement or idea that clearly defines an issue and why CPHA should take a position on it; and to visit the Members Portal on CPHA's website or to contact CPHA's Policy Department to provide advice to the Association or to contribute to policy development.

2.0 Adoption of the Minutes of the Annual General Meeting held June 10, 2013 in Ottawa, Ontario

Motion: *Suzanne Jackson/Shannon Turner*

That the minutes of the June 10, 2013 Annual General Meeting held in Ottawa, Ontario be accepted as circulated.

.../CARRIED

3.0 Adoption of the 2013 Audited Financial Statements

The past few years have been challenging for CPHA and for many other non-governmental organizations in Canada. The economic environment and the changing business model of government have required that CPHA act nimbly and navigate some difficult financial waters. As reported at the 2013 AGM, through some tough decisions and the support of Members, we have begun to secure CPHA's future. 2013 was the second year of the three-year business plan that laid out CPHA's path to sustainability and continued success. The Association is now on a much stronger financial footing.

Financial Statements

Robert Schwartz, Chair of the Finance Committee, noted that the Audited Financial Statements form part of the AGM package.

The year ended with CPHA on a firm financial standing. CPHA has made tremendous efforts and has undergone significant change in order to bring this about. CPHA realized a surplus of \$281,000 in 2013. This is significantly more than the originally budgeted surplus of \$3,021. R. Schwartz reviewed highlights of the Statement of Financial Position and the Statement of Operations.

Statement of Financial Position

There is a significant decrease in "Cash and Cash Equivalents". This is a result of a reclassification by the Auditors of CPHA's savings account – held in the form of mutual funds and thus classified as an "Investment" rather than as "Cash". CPHA's long-term investments have remained the same, at \$204,000. At the end of 2013, CPHA had a substantial amount of deferred revenue, which includes membership and subscription fees – paid in advance but recognized as revenue on a monthly basis – as well as advance payments for ongoing project work. There were several years for which CPHA recognized a deficit that required the Association to utilize a portion of its restricted reserve. This year, that trend has been reversed. The reserve has been replenished to \$400,000, which is the desired level previously established by the Board. There is also an unrestricted additional reserve of \$212,572.

Statement of Operations

Overall revenues were down slightly in 2013, as compared to 2012. This reflects a decrease in opportunities for project-based funding, as well as the overall reduction in the scope of CPHA's activities as a result of restructuring in 2012. Despite the lower level of activity, the financial position is much stronger. The transition of the *Canadian Journal of Public Health* to an electronic-only publication was partly responsible for a dramatic increase in its net revenue.

Staff continued to contain costs across the board. One position became vacant in mid-2013 and was left unfilled. This helped CPHA's financial position in the short term. As the financial position becomes stronger, CPHA will need to reinvest in core staff positions to ensure that the Association has staff in place to be able to fulfil its mission.

Projections for 2014 are for a small surplus. CPHA's longer-term financial stability remains completely reliant on:

- maintaining and increasing the membership base;
- continuing to manage existing, and developing new, corporate partnerships;
- good management of existing business lines, including CPHA's annual conference; and
- developing new business activities which can financially support CPHA's core activities.

While CPHA is not a for-profit organization, it will need to be prudent in business-type activities, bringing balanced budgets while fulfilling its core mission. CPHA has been engaged to provide event management services for the 2014 Canadian Immunization Conference. CPHA is actively seeking other opportunities to provide event management services for other organizations. If attendees know of such opportunities, they are invited to contact Ian Culbert, Executive Director.

CPHA's Board of Directors, along with the very qualified and dedicated Finance Committee, continues to monitor the Association's financial well-being.

L. McIntyre thanked R. Schwartz for this report.

Motion: **Gilles Paradis/Alison Stirling**
That the 2013 Audited Financial Statements of the Canadian Public Health Association be accepted as circulated.

.../CARRIED

4.0 Appointment of the CPHA Auditor for 2014

R. Schwartz noted that CPHA has worked with BDO Canada since 2010. The Finance Committee and staff have been pleased with their service, and they remain very competitive in price. As such, the Finance Committee and the Board of Directors both recommend that BDO Canada be appointed as the CPHA Auditors for 2014.

Motion: **André Corriveau/David Allison**
That the firm of BDO Canada LLP be appointed as CPHA Auditors for 2014.

.../CARRIED

5.0 CPHA Annual Report to the AGM

L. McIntyre presented the 2013 Annual Report.

- The *Canadian Journal of Public Health (CJPH)* completed its transition to an electronic-only publication, resulting in decreased costs, since the journal is no longer printed and mailed. An increase in revenue resulted from the Association's ability to offer institutional subscriptions. CPHA contracted with JSTOR, a not-for-profit organization, to digitize the entire *CJPH* archive. The archive is now available; information about accessing the archive will be included in the *CPHA Health Digest*, Summer 2014 edition.
- Gilles Paradis resigned as the *Journal's* Scientific Editor in February 2013. Robert Remis succeeded him as Interim Scientific Editor. CPHA is grateful for the energy and commitment G. Paradis brought to this position, and the truly lasting difference he made to our *Journal*. CPHA thanks R. Remis for stepping forward and for ably keeping the *Journal* on a steady course. In November 2013, CPHA's Board of Directors ratified Louise Potvin, University of Montreal, as the new Scientific Editor effective January 1, 2014.
- CPHA's annual conference continues to be the gathering place for the public health workforce in Canada. The 2013 conference in Ottawa was a great success. *Public Health 2014* is going very well. Next year, *Public Health 2015* will take place in Vancouver from May 25 to 28.
- CPHA's 2013 Membership Policy and Advocacy Survey confirmed support for CPHA's initiatives on the environment and the social determinants of health. The survey also identified mental health as an area of interest to Members. CPHA's Policy team has been working on a new initiative since last year's conference. Members are encouraged to attend the special session on Population Mental Health Promotion on Wednesday, May 28 at 1:30 p.m.
- Essential to the Association's success is the telling of the public health story. The Association maintains constant communication with Members, external stakeholders and traditional media through weekly and monthly e-newsletters, social media, and the quarterly *CPHA Health Digest*. In 2013, media activity addressed such topics as the federal Budget and the Speech from the Throne, as well as public health approaches to a wide range of issues, from psychoactive substances to overweight and obesity. Interest in the approach to illegal psychoactive substances has been notable at this conference.
- As part of telling our story, at the 2013 conference, CPHA, the Canadian Coalition for Public Health in the 21st Century (CCPH21) and the Canadian Network of Public Health Associations (CNPHA) released a short bilingual video, *Public Health: A Return on Investment*. The video points to the return on investment (ROI) of specific public health investments, including child booster seats, water fluoridation, and safer workplaces. The video has had more than 8,500 views and has been very positively received by a wide range of audiences.
- *Stories from the Frontline* is a CPHA website and online atlas that showcases the efforts of Canadian communities to address the social determinants of health, within and beyond the public health sector. The site, funded by AstraZeneca Canada, invites organizations to "be the storyteller" and share the steps that they have taken to transform their communities by focusing on key social determinants of health. CPHA hopes that this

initiative will inspire more communities to take action on the social determinants of health “in their own backyards.”

- Since 2012, a CPHA working group has been active in updating the Association’s landmark 1992 position paper, *Human and Ecosystem Health: Canadian Perspectives, Canadian Action*. It is expected that the work will be completed later this year. The update will reflect the evolution of the ecosystem health perspective, factor in recent evidence on the connections between ecology and the social determinants of health, and speak to the immediacy of this compelling issue. The revised paper will contain recommendations to all levels of government, and to the public health community, to address the risks to human health due to ecosystems under threat.
- Building on the Association’s previous work on supervised injection facilities, CPHA has asked to appear as a witness when Bill C-2, the *Respect for Communities Act*, is considered by the Commons Standing Committee on Public Safety and National Security. In CPHA’s written brief to the Committee, it recommends that the legislation be withdrawn on the basis that the legislation would:
 - impede the development of new supervised injection facilities where they are needed;
 - prevent Insite’s continuing operation as Canada’s only supervised injection facility; and
 - because it runs counter to the spirit of the Supreme Court ruling.
- Earlier in May, the Board of Directors approved CPHA’s new discussion paper, *Public Health Approaches to Illegal Psychoactive Substances*, which completes a trilogy of discussion papers including previous papers on tobacco and alcohol, released in early 2012. There is growing evidence and acceptance that prohibition and criminalization are not achieving their intended objectives of reducing drug use and associated harms. CPHA’s hope is that the paper will serve as the starting point for conversations in communities about the potential of a public health approach that is based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and that addresses the underlying determinants of health.
- In 2013, CPHA began development of a statement of concern on antimicrobial use in animal agriculture and the implications for public health. CPHA has issued a Statement of Concern on this topic that has been distributed to government and non-governmental organizations. The Canadian Veterinary Medical Association (CVMA) is supportive of CPHA’s position and has shared the document with its consultative groups, including provincial Chief Veterinary Officers.
- In 2013, CPHA completed a policy brief on e-cigarettes, in which the Association confirmed its support for existing controls on e-cigarette sales until more reliable evidence is available on their health impacts and social implications. The Association will maintain a watching brief on this file and will continue to work with other like-minded organizations.
- With funding from the Public Health Agency of Canada (PHAC), CPHA is undertaking a three-year project to pilot-test a national certification program for public health professionals. After preliminary consultations reinforced the value of a formal certification, CPHA formed an expert reference group to guide the project, with representation from

various public health occupations, organizations and regions across Canada.

- Community consultations were completed on a set of core public health competencies for HIV prevention. This project, also funded by PHAC, addresses the determinants of health that increase vulnerability to HIV infection and to related communicable diseases.
- In 2013, CPHA, Immunize Canada and the Ottawa Hospital Research Institute began a collaboration to develop a free mobile immunization tracking application for Canadians. This mobile app – the first pan-Canadian immunization application to be developed anywhere in the world, CPHA believes – was launched in March 2014. To date, over 35,000 people have downloaded the app to their iPhone, Android or Blackberry devices.

CPHA’s return to solid financial footing allowed the Board the opportunity to look ahead and in a new direction. The Board of Directors set itself the task of creating the Association’s first vision statement. As this work progressed, it became clear that it was time to review the Association’s mission statement. At its December 2013 meeting, the Board of Directors approved the following statements:

- **Our Vision:** A healthy and just world
- **Our Mission:** To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

It is believed that these statements manifest the dual core values of the Association: health and social justice. As the strategic planning process continues, CPHA will seek input and feedback from Members on how CPHA can realize its mission, fulfil its role, and achieve a new set of bold objectives.

2013 was a year of remarkable progress and accomplishments. Members are invited to read the 2013 Annual Report in full to capture the breadth of CPHA’s activities.

Nominating Committee Report

Ardene Robinson Vollman, Chair of the Nominating Committee, presented the Nominating Committee Report for 2013. Committee members include:

- Claire Betker (Manitoba)
- Louise Potvin (Québec)
- Irv Rootman (British Columbia), and
- Suzanne Jackson (Ontario) (CPHA Board member)
- Lynn McIntyre (Chair, CPHA Board of Directors), *ex officio*
- Ian Culbert (Executive Director, CPHA) *ex officio*

This Committee implements the process by which CPHA Board members are elected by the membership. It also offers advice to the Board of Directors on ongoing processes and potential appointments.

The composition of the Board has changed since last year’s AGM. Effective January 1, 2014, the following people began their two-year terms on CPHA’s Board of Directors:

- Annie Duchesne (Student Director)
- Suzanne Jackson (Ontario)
- Ann Pederson (British Columbia)

- Robert Schwartz (Ontario)
- Shannon Turner (British Columbia)

A. Robinson Vollman recognized the dedication and contributions of those Board members who left the Board at the end of 2013:

- Alycia Fridkin
- Katie Lafferty
- Madonna MacDonald
- Mary Martin-Smith

The formal Call for Nominations for the 2014 election will be circulated to all Members in early August, with a planned closing date of September 10, 2014. Elections will take place in October and November 2014. CPHA's 2014 Election is for three Director positions. The Nominating Committee seeks candidates who collectively possess a mix of knowledge, experience and expertise – particularly with experience in the distinct needs of diverse populations and communities, finance and business, or communications and membership engagement. The Committee is interested in increasing the geographic and disciplinary diversity on the Board. Recently, Members received the 2014 Election Preliminary Announcement that summarized the skills and experience being sought. Attendees were encouraged to consider this call, and to approach a member of the Nominating Committee or the Board if they were interested in standing for election or to nominate a colleague. Members were invited to communicate with the Nominations Committee via e-mail at nominations@cpha.ca. Members were also reminded of the importance of voting.

6.0 Question and Discussion Period

L. McIntyre invited questions from attendees about the business of the Association, or any comments.

James Chauvin, Past President, World Federation of Public Health Association, noted that, in the previous two years, he had the opportunity to talk with people from around the world, from over 90 public health associations, about what Canada and CPHA are doing. They recognize the phenomenal work that is being done and want to see more of what Canada is doing around public health. Other public health associations are fascinated by how we do policy development and advocacy. There is a lot CPHA can offer, and something to learn and J. Chauvin proposes that CPHA renew efforts on global public health.

Paul Gully agreed and said that there are issues which challenge us in Canada and in other countries. There are issues which we identify in Canada, such as ecosystem health, that are equally as important in other countries, and may be something we can work on together. P. Gully suggested this be brought forward to the Policy Forum for discussion.

L. McIntyre replied that the CPHA position papers on tobacco and illegal psychoactive substances did address the global/international perspective. Josephine Etowa was acknowledged and thanked for representing CPHA at the upcoming Prime Minister's Maternal, Newborn, and Child Health Summit.

David Butler-Jones commented that the public health perspective on issues needs to be conveyed to politicians and he recommended that the parties be asked to respond to a number of questions. While it is not appropriate for an association to be partisan, it is very important that our members have the tools to raise these issues, and to know what each of the major parties is saying about the issues, both federally and provincially.

I. Culbert reported on the discussion of an election readiness platform that took place at a meeting yesterday of the Canadian Coalition for Public Health in the 21st Century. There are a couple of exercises that could potentially be facilitated through the Coalition. One is a survey of voting patterns of all federal MPs that can be used as a tool in debates in local ridings. Another is to develop some core questions to pose to the parties in advance of the election. While there are a plethora of issues, questions should be focused on one or two subject areas that can get some traction with the politicians and get them to take a stand. It is hoped that through the Coalition, the 28 member organizations will be able to convey the public health perspective in their election activities and carry the public health voice further. The Canadian Network of Public Health Associations met yesterday and affirmed the commitment of all the provincial and territorial public health associations, as well as the national body, to renew our relationship with each other and to work as collaboratively as possible where we have a common agenda.

Connie Clement commented that this touched on what she wanted to say about her observations of the inequities in public health capacity across the country. C. Clement urged working with the provincial and territorial public health associations, and in a way that we can use the advocacy and readiness for membership drives. For the first time, a joint public health conference was held recently between New Brunswick, Prince Edward Island and Nova Scotia associations; they are keen on Newfoundland and Labrador's participation next time. The Nova Scotia association does have a strong political group that has done campaign readiness.

In response to a question from Melanie Kassivo about how CPHA engages members at the local level and what kind of activities members engage in at the local level, L. McIntyre stated that this is quite important. While a member's first contact with public health would likely be their provincial association, the conjoint relationship is really important. CPHA has a "big umbrella" for people to be engaged through our virtual networks, etc., as well as through the annual conference, but those who really want to get involved in public health are encouraged to think about their provincial association. The vitality of local public health is really important. There has been a lot of discussion at the Board level about the capacity to be able to support the provincial associations and the membership as a mutually beneficial activity. We need to sustain our provincial associations where the smaller ones are having some trouble. How do we work together in terms of the capacity for leadership and policy work, and then collectively not having to reinvent a number of wheels?

Michael Rachlis asked if CPHA is planning beyond the next election, particularly if there is going to be a minority government and the potential for other parties working together in some way. It is possible circumstances could improve after the next election and M. Rachlis would like to know if that scenario has been considered and what CPHA is working on now with other national NGOs. The last health accord did virtually nothing for public health and perhaps there will be interest by some elected representatives and the public for there to be more federal, and Canadian, kinds of policy-making.

I. Culbert replied that CPHA can take different approaches depending on the circumstances. For example, the goal of the illegal psychoactive substances paper is to change the conversation at the community level while CPHA's brief on Bill C-2 was directed to the Federal government. We also work in coalition including the Canadian Coalition for Public Health in the 21st Century and the Health Action Lobby (HEAL). We can also work with the provincial and territorial public health associations, as they have outreach into communities across this country. When opportunities present themselves, we have conversations with representatives of all of the political parties.

A. Robinson Vollman noted that the activities CPHA undertakes – in terms of visibility, collaboration, ongoing operations and activities regarding policy and advocacy – are shored up by strategic planning at the Board. In preparation for the future, the Board of Directors has started work on a fresh environmental scan that recognizes the changes in the landscape and how some of the directions for ongoing activities will need to be amended in a time of political and governmental uncertainty. She is encouraged that, from a strategic point of view, the Board is taking action, and CPHA continues to be visible and vocal.

Nancy Day expressed concern for the loss of the long-form census. As an epidemiologist, she is concerned that this piece of the foundation in public health is crumbling. When we look at the National Household Survey, there are areas in Ontario and throughout this country where there are no data. This is critical evidence around social determinants of health that we are losing. In Toronto, an assessment is underway to determine

how useable the data is. It is critical in how we come to understand all the other less-than-desirable data sources. N. Day would like to see a statement that we are not using the National Household Survey anywhere in this country in public health.

L. McIntyre replied that CPHA was part of the group of concerned organizations that spoke about the cancellation of the long-form census and it remains one of CPHA's key issues. It is time for a revisit, considering that the data have been re-released. The lack of vital statistical information is significant and this could well be a period where there will be an asterisk on our data points to show the days that the long-form census was not mandatory. The policy review group will be looking at possible follow up.

7.0 Special Address by Joyce R. Gaufin President, American Public Health Association

L. McIntyre welcomed guest speaker Joyce R. Gaufin, President of the American Public Health Association. In her address, J. Gaufin spoke of a number of issues our associations have in common and about the challenges, triumphs and vision for the future shared among the public health community. J. Gaufin answered questions from the audience and L. McIntyre thanked her for an inspiring presentation.

8.0 Closing Remarks and Date of Next Meeting

In closing, L. McIntyre thanked all CPHA Members who have supported CPHA throughout the year, both financially and volunteering their time and expertise. Thanks to our corporate sponsors, collaborators and partners. Thanks to the committees and the working groups who have worked with staff to produce excellent product that will hopefully have a meaningful impact. Thanks to fellow Board members who keep us going. Most of all, our thanks go to the small, dedicated, loyal staff of CPHA.

The next Annual General Meeting will take place during *Public Health 2015*, on Tuesday, May 26, 2015 in Vancouver, British Columbia.

Motion:

Isaac Sobol / Joel Kettner

That the CPHA Annual General Meeting of May 27, 2014 be adjourned (2:15 p.m.)

.../CARRIED