



Canadian Public Health Association  
**2016 Annual General Meeting**  
Wednesday, June 15, 2016 • 12:00-14:00  
Sheraton Centre Toronto • Civic Ballroom, Second Floor  
123 Queen Street West, Toronto, Ontario

## Minutes

*Chair of the CPHA Board of Directors: Ardene Robinson Vollman*

### 1.0 Opening Remarks

The meeting was called to order at 12:20.

Ardene Robinson Vollman, Chair, welcomed delegates to the 2016 Annual General Meeting (AGM) of the Canadian Public Health Association (CPHA) and introduced the CPHA Board Members and acknowledged past CPHA Board Chairs/Presidents in attendance.

The AGM is members' opportunity to hear about the business of the Association and to ask questions and provide comments about CPHA's activities and strategic direction. It is encouraging to see the number of members who attend the AGM as well as the growing number of student participants. Your active involvement is critical to the work of the Association.

A number of standard business items will require motions from the floor. Specific comments on emerging public health policy issues are best raised at the Policy Forum on Thursday at 9:00 am in the Osgood Ballroom East. Anytime throughout the year, members can submit proposed position or policy statements, clearly defining the issue and why CPHA should take a position on it, through the members' portal on the CPHA website.

### 2.0 Adoption of the Minutes of the Annual General Meeting held May 27, 2015 in Vancouver, British Columbia

**Motion:** *Shannon Turner/Lynn McIntyre*  
That the minutes of the May 27, 2015 Annual General Meeting held in Vancouver, British Columbia be accepted as circulated. *.../CARRIED*

### 3.0 Adoption of the 2015 Audited Financial Statements

Annie Duchesne, Chair of the Finance Committee, presented the 2015 Audited Financial Statements included in the meeting information package. Both the Finance Committee and the Board of Directors have reviewed these statements and have recommended them for approval.

From 2012 to 2014, CPHA was able to recognize a surplus each year, thereby replenishing the restricted reserve and developing a modest unrestricted reserve.

In 2015, due to a decline in project activities, the Association realized a deficit of approximately \$267,000, which was slightly less than the original projected deficit of \$280,000. The unrestricted reserve was available to cover this contingency.

The letter from the auditors details the terms and conditions of the audit and CPHA has once again received a clean audit. CPHA's financial position is on par with 2014 and any variances are either immaterial or as a result of timing differences between the years. The unrestricted reserve was depleted by \$267,000 as anticipated and the restricted reserve remains unchanged. The Statement of Operations represents the revenue and expenses from key activity areas. Of note is the decrease in project and conference revenue and the resulting decrease in national office revenue that resulted in the deficit. The Statement of Cash Flows shows that the Association is in a healthy position despite the deficit in 2015.

While 2015 was a challenging year financially, it is projected that 2016 will end with a small surplus for the organization. The Board and staff are working closely to identify new sources of revenue for the Association that will help restore financial stability in the future. If we are to live up to our mandate, new and diverse sources of revenue need to be secured that will allow us to pursue our mission. There is hope that the changed environment in Ottawa may lead to new opportunities for funded activities.

The Board of Directors along with a very qualified and dedicated Finance Committee continues to monitor the Association's fiscal well-being very closely and we are cautiously optimistic for the future.

### Questions and Discussion

Kristen Neuwok asked where in the Audited Financial Statements are membership and membership revenues addressed. The revenues don't have a line item and are rolled into National Office revenue. In 2015, it amounted to approximately \$75,000. Paul Hasselback commented that the financial statements were well-presented and with enough detail.

**Motion:** **Paul Hasselback/Eric Young**  
That the 2015 Audited Financial Statements of the Canadian Public Health Association be accepted as circulated. **.../CARRIED**

#### 4.0 Appointment of the CPHA Auditor for 2016

For the past five years, CPHA has worked with BDO Canada and while we have been pleased with their service, it is a good business practice to tender for audit services after having been with one company for several years. Staff issued a request for proposals for audit services to 11 Ottawa-based chartered professional accounting firms. Eight firms responded with a wide range of costs and significantly better pricing was offered by the firm OHCD LLP. Staff interviewed the three references provided by OHCD, all of which had been clients for 10 years or more, and each provided very positive reference for OHCD. CPHA's Finance Committee and Board of Directors have both recommended that the firm OHCD LLP be appointed as CPHA's Auditor for 2016.

**Motion:** **Marjorie MacDonald/James Chauvin**  
That the firm of OHCD LLP be appointed as CPHA Auditors for 2016. **.../CARRIED**

#### 5.0 Annual Report to the AGM

Ardene Robinson Vollman, CPHA Chair, and Suzanne Jackson, CPHA Chair-Elect, presented the Annual Report jointly. All documents referred to in the report are available on the CPHA website. 2015 was another busy and productive year for the Association in regard to developing and communicating evidence-based policy alternatives.

- For the 2015 federal election, CPHA designed a *Campaign 2015* website to share relevant public health information related to the election on topics that are aligned with CPHA priorities.
- CPHA carefully reviewed the new Liberal government mandate letters for the Minister of Health and other federal ministers to determine the most effective points of interaction to advance our advocacy initiatives. This was necessary preparatory work for CPHA's first official meeting with Minister of Health, the Honourable Dr. Jane Philpott, in December 2015.
- CPHA is supporting a national dialogue to lead the development of a public health response to the ecosystem changes driving the determinants of health. Launched in May 2015, CPHA's discussion paper, *Global Change and Public Health: Addressing the Ecological Determinants of Health* is key to this discussion in that it provides the clear context of the implications of environmental change and a series of recommendations for the way forward. CPHA is committed to advancing this work with national and

international partners, based on the recommendations in the discussion document well into the future.

- CPHA continued to advocate for a new approach to managing illegal psychoactive substances in Canada that is grounded in principles of public health, human rights and health equity. In addition to bringing the public health perspective to Canada's input on the UN General Assembly Special Session on Drugs to advocating for the license renewal for InSite, the Association is actively engaged in supporting a public health approach to cannabis policy reform in Canada.
- Over 800 delegates attended the annual conference in May 2015 in Vancouver. The three-day program was a success, bringing the public health community together to share research and discuss evidence-based solutions in over 30 panel and workshop sessions, 200 oral and 40 poster presentations. With an overwhelming response to the Call for Abstracts – close to 500 submitted – the quality of research was exceptional. Special thanks go to Dr. Marjorie MacDonald who acted as the Scientific Chair and helped ensure the excellent quality of scientific presentations.
- In 2015, the *Canadian Journal of Public Health*, under the capable leadership of Dr. Louise Potvin, restructured its Editorial Board. Following the example of other major public health journals, the new CJPH Editorial Board is actively involved in the Journal's direction, content management and daily operations. The diversity of the new Editorial Board members ensures comprehensive coverage of all fields of public health, entry into a number of pertinent networks and better alignment of the Journal's content with developments in our field.
- Community-based interventions and policy initiatives are necessary to address the barriers for outdoor play for children. As part of a suite of initiatives supported by the Lawson Foundation's Outdoor Play Strategy, CPHA and its partners, Saskatchewan *in motion* and Ottawa Public Health, are developing a risky play policy toolkit, in collaboration with various stakeholders. The aim is to increase children's access to active, independent, unstructured outdoor play by addressing risk concerns and their influence on insurance liability and tort law. The resulting toolkit should be applicable to urban and rural communities.
- The Board of Directors completed its work on a new strategic plan for the period of 2015 to 2020. The plan was launched early in January and includes the strategic goals that will help guide the Association in the coming years.

#### Nominating Committee Report

Suzanne Jackson, Chair of the Nominating Committee, provided the report. Members of the Nominating Committee include:

- Claire Betker (Manitoba)
- Liliane Bertrand (Quebec)
- Jacqueline Gahagan (Nova Scotia)
- Manasi Parikh (Student Director, Ontario)
- Maura Ricketts (Ontario)
- Ardene Robinson Vollman (Chair, CPHA Board of Directors), *ex officio*
- Ian Culbert (Executive Director, CPHA) *ex officio*

S. Jackson thanked Claire Betker, whose second term on the Nominating Committee ended in early 2016, for her commitment and contribution to CPHA.

The Nominating Committee implements the process by which Board members are elected by the membership and it also offers advice to the Board on ongoing processes and possible appointments. Since the last AGM, the Board composition has changed. Effective January 1, 2016, the following people began their two-year term on CPHA's Board of Directors:

- Annie Duchesne (Quebec)
- Manasi Parikh (Ontario)
- Ann Pederson (British Columbia)
- Julie Stratton (Ontario)
- Ingrid Tyler (Ontario; temporarily on placement in British Columbia)

The dedication and contributions of those Board members who left the Board at the end of 2015 was recognized with appreciation:

- Cheryl Armistead (Quebec)
- Robert Schwartz (Ontario)
- Shannon Turner (British Columbia)

The formal Call for Nominations for the 2016 election was circulated to all members on May 31<sup>st</sup> with a closing date of September 8<sup>th</sup>. Elections will take place in October and November. CPHA's 2016 Election is for four Director positions. Candidates are being sought who collectively possess a mix of knowledge, experience and expertise, particularly those from a variety of public health disciplines and roles who can bring experience in the distinct needs of diverse populations and communities, finance and business, or communications and membership engagement. As always, we are interested in increasing geographic diversity on the Board. Members are encouraged to consider running for a position or nominating a colleague. Nomination forms are available on line and hard copies at the registration desk during the conference.

## 6.0 Question and Discussion Period

Joel Kettner thanked and congratulated the volunteer Board and hard-working staff for all that has been accomplished at the Conference and throughout the year. Referring to membership numbers and revenue,

he asked how the Association is doing, what we are doing, and how individual members can help strengthen the numbers and diversity.

In 2013 membership was at an all-time low of about 900. In the early 1990's it peaked at 1,800, but has averaged about 1,200 over the past 15 years. As employers stopped paying for memberships, the number dropped, and baby boomers who had joined because it was the right thing to do are now retiring. A new generation of young professionals want to know how a membership can benefit them. So far, four membership campaigns have been run. Last year, the six-month free trial with full conference registration for non-members had about 375 enrolled, but only 12 became full members. This year's focus has been on the schools of public health who are sponsors, to offer them enticements to bring their students on as members, which has resulted in 300 new student members. This fall, a webinar series will be launched aimed at student and early career professionals. Every other month, there will be a mentor from a different public health profession to talk and answer questions about career path and opportunities. On the alternating months, the webinars will deal with skills development: resume writing, interviewing, and networking. In the recent survey of members, the #1 ranked strategic goal was that the Association be the members' voice that we develop evidence informed policy alternatives and advocate for them. The best way to increase membership is to do this as strongly as we can in order to attract members. Members can help by telling their colleagues to join.

Paul Hasselback asked for a breakdown of the \$1.6 million in project allocations to identify where the majority of the funding is for conference and projects.

In any given year, project activities are funded by other organizations, but mainly from federal sources and are considered in and out money directly related to running the project. A portion goes to indirect costs (finance, webmaster, IT) to off-set core expenses. Under National Office revenues, CPHA's annual conference is about 30% of total revenue, and generally breaks even or is subsidized. Event management services are different, for example, CPHA's fee was about \$45,000 for Sparking Solutions, which was a short planning cycle. For longer planning cycles and larger scope, CPHA's fee will be more and off-sets core expenses. Since projects are a contractual agreement with the funder and not a core activity, it is not reported in the audited financial statements. It helps pay the bills and is about 30% of revenue. Continuing to diversify funding sources, including increasing corporate sponsorship, a reduced amount of project work, membership fees, and investments to

broaden the base of revenue sources, has reduced reliance on federal government funding to support the Association. In addition to continuing to seek charitable donations from members, CPHA will be developing a planned giving campaign, although it is acknowledged that this is a sensitive approach.

Norm Geisbreight referred to the change in government and the reintroduction of the long-form census, and asked if it would be appropriate for CPHA to write a congratulatory letter.

This was the first letter that CPHA wrote following the election.

Jim Chauvin noted that although no longer active in global health programming, CPHA is still recognized around the world as an excellent public health association. He thanked CPHA for its historical, and continued, support of the World Federation of Public Health Associations (WFPHA), which also depends on volunteers with expertise. J. Chauvin invited those interested in global health to contact him or I. Culbert. Two CPHA members are currently working with WFPHA: Luis Caceres is CPHA's representative on the Alliance of Public Health Associations in the Americas; and Thomas Piggott, who holds the newly created seat on the Council for a young public health professional. The next World Congress on Public Health is April 2017 in Melbourne, Australia and anyone interested in a Team Canada approach, please contact J. Chauvin. Finally, J. Chauvin suggested exploring opportunities with other overseas public health organizations to collaborate on the global implications of public health issues, and then seek joint project funding.

Alycia Fridkin commended CPHA for more Indigenous content at the Conference and is particularly inspired by the plenary this morning on racism and racialization in Canada. As an organization committed to addressing these inequities, CPHA has an opportunity to look at how to mitigate structural institutional factors that inhibit Indigenous people from being involved in decision-making in our organization. A. Fridkin proposed that, the Board member selection process has a designated seat for Indigenous people which could give them a voice on our governing body and can help advance our work in addressing inequities, a public health priority.

This proposed concept has previously been brought to the Nominating Committee and the Board. Concern was expressed that it could be perceived as a tokenistic response, however, as a suggestion from the floor of the AGM, this will be brought back to the Nominating Committee. It is also part of the Board's on-going examination of the role of the Association in relation to the Truth and Reconciliation Commission

Report. CPHA will be engaging with a number of First Nations, Inuit and Métis organizations to develop a relationship and to understand from them how the Association can best move forward and be supportive and to be certain it is not conducted in a paternalistic or colonialistic fashion. CPHA has opened dialogue and collaborated with First Nations Health Authority during Public Health 2015 and worked with the Assembly of First Nations as a collaborator for Public Health 2016. A letter of invitation will be sent to the Métis National Council and Inuit and Tapiriit Kanatami to invite them as collaborators for Public Health 2017 and beyond. The Board is taking this very seriously and if it is heard from Indigenous communities that having a designated Indigenous Director on the Board is the way to go, then that is what CPHA will do.

A. Fridkin brought forward a motion to create a designated seat and discussion followed:

- While not in opposition to the motion, concern was expressed that this is a mainstream response to a problem, but the community we are concerned about has not been consulted. This may be a solution, but we don't know what Indigenous communities wants us to do. Caution is urged.
- The Indigenous communities will tell us what they think of that option if we create the position. This is an affirmative action that can demonstrate our serious commitment.
- Agreement was expressed for the cautious approach. The Indigenous communities should be consulted before creating something that may or may not be appropriate to their wishes and needs.
- It was suggested that there be an amended motion to investigate the process, but not make a decision without the community voices being heard.
- If a designated seat is created it should be only voted on by individual Indigenous-identified members. The added benefit is this can be part of membership development with Indigenous individuals and organizations.
- While highly in favour of the motion from A. Fridkin, P. Hasselback brought forward a motion to table it to the 2017 AGM. As per parliamentary procedure, the new motion is voted on immediately and supersedes calling the vote on the previous motion.

**Motion:** **Alycia Fridkin/Cathy Donovan**  
That CPHA create at least one designated seat for an Indigenous person on the Board of Directors. .../

**Motion:** **Paul Hasselback/Marie Loyer**  
To table the motion on the floor to create at least one designated seat for an indigenous person on the Board of Directors. .../CARRIED

**Motion:** *Paul Hasselback/Marie Loyer*

That the motion to create at least one designated seat for an Indigenous person on the Board of Directors be referred to the 2017 AGM pending a review of the process on how this can occur, a review of the implications for changes to the bylaws and constitution, and the opportunity to consult with appropriate Indigenous organizations. *.../CARRIED*

It was noted that CPHA needs a Parliamentarian and would welcome a volunteer member.

Shafi Bhuiyan, Dalla Lana School of Public Health, noted that internationally-trained medical doctors who come to Canada are an untapped resource. Only 2% who come to Canada are able to get a licensed job in their profession. A program developed by the school last year to offer them training in public health research and management, has been well-received. S. Bhuiyan asked if there is a way to accept them as a special member that takes into consideration they have no job, but have an interest in public health and have diverse ideas they can contribute. They need a chance to connect with the public health community.

This suggestion will be forwarded to the Membership Development Committee.

Drona Rasali noted that at last year's AGM, he proposed bringing in grassroots level public health workers as members and expressed thanks that CPHA has taken action through the various membership drives. With regard to diversification of funding sources, suggestion of doing something in the area of global health is a good one. With the change of government, Canada is back on the world stage and CPHA is in a position to address world public health issues. Also, with regard to internationally-trained medical graduates in Canada, many are highly-trained public health professionals and can be a great resource. It is suggested that CPHA have a special projects department where staff and volunteers can contribute and to seek out private sector-funded projects in the area of policy-making.

Shannon Turner referenced the sustainable development goals, particularly the goal on peace and justice, and noted that the CPHA Strengthening of Public Health Associations (SOPHA) program was a powerful way to teach within other countries on how to engage in community and build healthy public policy. There might be an opportunity to pursue a new SOPHA program under a different mandate in relation to the sustainable development goals.

**7.0 Special Address**

A. Robinson Vollman welcomed guest Michael Moore, Chief Executive Officer, Public Health Association of

Australia; and President, World Federation of Public Health Associations, who extended an invitation to attend the World Congress on Public Health in Australia in April 2017. His speech included thanks to Jim Chauvin for his contributions as WPHA Past-President.

**8.0 Closing Remarks and Date of Next Meeting**

A. Robinson Vollman thanked CPHA members, many of whom support CPHA financially and volunteer their time and expertise. In addition, thanks and appreciation were expressed to Board members for their work in support of the strategic goals of the Association; to volunteers for the many hours contributed to various committees and working groups; to the associations and groups that have been our partners and collaborators; to our sponsors; and to staff.

The next Annual General Meeting will take place during Public Health 2017 in June in Halifax, Nova Scotia.

**Motion:** *Sharon Yanniki/Joel Kettner*

That the CPHA Annual General Meeting of June 15, 2016 be adjourned (13:42) *.../CARRIED*