



**CANADIAN
PUBLIC HEALTH
ASSOCIATION** **ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE**

**The Voice of Public Health
La voix de la santé publique**

Canadian Public Health Association
2017 Annual General Meeting
Wednesday 7 June 2017 | 12:00-13:45
Room 100, World Trade and Convention Centre
1800 Argyle Street, Halifax, Nova Scotia

MINUTES

Chair: Suzanne Jackson

Parliamentarian: Lynn McIntyre

In attendance: 87 members

1.0 Opening Remarks

The meeting was called to order at 12:15 pm.

Suzanne Jackson, Chair, welcomed delegates to the 2017 Annual General Meeting (AGM) of the Canadian Public Health Association (CPHA) and introduced the CPHA Board Members and acknowledged past CPHA Board Chairs/Presidents who were in attendance.

The AGM is members' opportunity to hear about the business of the Association and to ask questions and provide comments. It is encouraging to see the number of members who do attend these meetings. Active involvement of members is critical.

Motions will be required from the floor to accept a number of standard agenda items and the Rules of Order are included as page 2 in the meeting information package. It was noted that Bourinot's Rules of Order are now used instead of Robert's as they are the standard for Canadian organizations. Also, the reference in the Rules of Order to the "Policy Review Group" should read "Public Policy Committee. Lynn McIntyre will act as Parliamentarian as required.

Specific comments on important or emerging public health policy issues are best raised at the CPHA's Policy Forum to be held tomorrow morning at 9:00 a.m. in Room 200 C1. Policy issues are the sole focus of that agenda. Members are reminded that they can always submit a proposed position or policy statement clearly defining the issue and why CPHA should take a position on it. This can be done year-round by visiting the Policy and Advocacy section on the CPHA website.

2.0 Adoption of the Minutes of the Annual General Meeting held June 15, 2016, in Toronto, Ontario

It has been called to attention by the Parliamentarian that a minor correction to the minutes is required. On page 6, under Item 6.0, a 'Motion to Table' that was moved by Paul Hasselback and seconded by Marie Loyer is missing – this motion was passed. In the subsequent motion, the word "deferred" should be changed to "referred".

Motion: *Marie Loyer/Josephine Etowa*

That the minutes of the June 15, 2016 Annual General Meeting be amended under Item 6.0 to add a missing motion to table and to change the word deferred to referred in a subsequent motion. **.../CARRIED**

Motion: *Ardene Robinson Vollman/Marie Loyer*

That the minutes of the June 15, 2016 Annual General Meeting held in Toronto, Ontario be accepted as amended. **.../CARRIED**

3.0 Adoption of the 2016 Audited Financial Statements

Annie Duchesne, Chair of the Finance Committee, presented the 2016 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.

The Association realized a deficit of approximately \$267,000 in 2015 and covered the shortfall from the unrestricted reserve. In 2016, a small surplus of \$23,516 was recognized. The letter from the auditors to the Board of Directors details the terms of reference and specific conditions of their audit. CPHA has once again received a "clean" audit as is indicated by the "Opinion" on the bottom of page 9.

In the Statement of Financial Position on page 10, the biggest fluctuation is in deferred revenue that decreased from \$800,000 to \$400,000 as a result of significant project activity in 2016. Projects funded by the federal government receive quarterly advance payments that are recognized as deferred revenue until expensed. In 2016, however, these payments were delayed resulting in the fluctuation. Accounts payable are up as a result of the Canadian Immunization Conference that was held in December 2016, but not all expenses had been cleared by year end. In the Statement of Changes in Net Assets on page 11, the unrestricted reserve was augmented by \$23,500 and the restricted reserve remains unchanged. The Statement of Operations on page 12 represents the revenue and expenses from key activity areas. Also noted is the increase 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 late payment by the Government of Canada.

The audit notes on pages 14 to 16 of the package provide an explanation for different aspects of the audit. While 2016 was a relatively good year financially, it is now projected that 2017 will end with a deficit of approximately \$168,000, but 2018 shows the potential for a surplus of the same magnitude. Our strategic goal is that any three consecutive years' budgets will be balanced and we are currently achieving that goal. The Board and staff are continuing to work closely to identify new sources of revenue for the Association that will improve our financial stability in the future.

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

Questions and Discussion

Referring to page 16, auditor comment #8, Ardene Robinson Vollman asked if the 2018 rent payment of \$10,000 is a typo since other rent payments are at \$50,000. The amount is correct and is a result of significant savings following office lease renegotiations.

Catherine Hankins asked if there is flexibility in the budget to consider reducing student conference fees which seem too high. This has been considered in previous years, but it would be too financially unstable for the conference budget. Sources of revenue for the conference have undergone significant change over the past five years with corporate and government support decreasing from about 60% of conference revenue to 40% with the balance from delegate fees. The conference breaks even and although the goal is to be able to reduce the student rate in the future, it is the best that can be done right now.

Since balancing the budget over a three-year period is going to be routinely discussed, Trevor Hancock requested that three years be reported on in the package. Although the auditors will not include three-year statements, it was agreed that additional figures can be included for information in the package next year.

Motion: **Dor Abelman/Marjorie MacDonald**
That the 2016 Audited Financial Statements of the Canadian Public Health Association be accepted as circulated. **.../CARRIED**

4.0 Appointment of the CPHA Auditor for 2017

In 2015, CPHA tendered for audit services and were provided very good prices from OHCD. Staff was

pleased with the firm's work and, as such, CPHA's Finance Committee and Board of Directors recommend that the firm OHCD LLP be appointed as CPHA's Auditor for 2017.

Motion: **Cordell Neudorf/Sume Ndumbe-Eyoh**
That the firm of OHCD LLP be appointed as CPHA Auditors for 2017. **.../CARRIED**

5.0 Annual Report to the AGM

Suzanne Jackson, CPHA Chair, presented the Annual Report. All documents referred to in the report are available on the CPHA website.

2016 was another busy and productive year for the Association in regard to developing and communicating evidence-based policy alternatives. In January 2016, CPHA announced its five-year Strategic Plan with six interlinked strategic goals that will be a guide for the coming years. The Strategic Plan helps the Association to maintain focus on issues that are relevant, important and timely and yet have impact on health equity, population health and the public health system. The goals embolden the Association to convene partners to achieve common goals, to maintain a dynamic and engaged membership, and to remain financially sustainable.

CPHA advocated on a number of pressing health issues for Canadians. We actively provided input to the federal Task Force on Cannabis Legalization and Regulation and the Task Force report reflected many of our concerns and represented a public health approach to the issue, balancing the desire of Canadians to legally consume cannabis products while reducing the harms associated with such consumption. CPHA received Health Canada funding to undertake a project entitled "A public health approach to cannabis and other substances." Overall, CPHA hopes to facilitate increased collaboration among health and social service providers involved in preventing problematic cannabis use and reducing related harms. The expanding opioid crisis in Canada is resulting in epidemic-like numbers of overdose deaths. Through the publication of a position statement, letters to Parliamentarians, and media outreach, CPHA called on the Government of Canada to expand current efforts to manage this crisis.

Early childhood education and care plays an important part in healthy childhood development and provides valuable support to families with young children. Launched last June, CPHA's position statement on early childhood education and care calls on the Federal government to work with provinces and territories to establish a pan-Canadian early childhood education and care strategy. CPHA, in partnership with Ottawa Public Health and Saskatchewan *in Motion*, is being

funded by The Lawson Foundation to develop strategies that could increase opportunities for play where children can follow their own instincts, ideas, and interests without a defined purpose. With the guidance of an Advisory Committee, the work in 2016 focussed on conducting environmental scans to develop research summaries on the key issues and barriers limiting children's access to play.

In April 2016, CPHA's Board approved a position statement that underscored the need for decisions regarding medical assistance in dying to be based on the best available medical information for each case and the moral and ethical concerns of both the person requesting assistance and the health professional(s) providing the service.

CPHA hosted two large conferences in 2016: Public Health 2016 and the 2016 Canadian Immunization Conference (CIC). 855 delegates attended our conference in Toronto and 92% of evaluation respondents indicated that their personal learning needs were met. 815 delegates attended CIC in December in Ottawa to demonstrate their commitment to immunization as an important public health measure.

The *Canadian Journal of Public Health* published six issues in 2016. In an effort to close the knowledge gap in relation to the implications of both sex and gender in the public health research evidence base, the CJPH Editorial Board adopted a policy requiring authors to ensure that their manuscripts speak to these concepts.

CPHA began developing its own sex- and gender-based analysis policy and also began exploring how it can meaningfully, respectfully and effectively engage with Indigenous communities to ensure that its evidence-informed policy alternatives, advocacy activities and other practices support Indigenous communities to achieve their desired health outcomes. CPHA's relationships with Indigenous communities will be discussed in more depth later in this meeting.

CPHA's dynamic and engaged members demonstrated their commitment in so many ways:

- Roughly 200 members attended Public Health 2016
- 12 candidates ran for four positions on CPHA's Board of Directors.
- Over 60 positions on CPHA's committees and working groups were filled by members who volunteered over 973 hours of their time.
- 320 members registered for four webinars in the *A Career in Public Health – Shaping Your Future* webinar series.
- Four hundred and nine (409) members responded to two member surveys sent in 2016

These contributions are truly priceless. It has been a year of progress and accomplishments. Members are urged to review the Annual Report which captures the full breadth of CPHA's activities.

Nominating Committee Report

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

- Liliane Bertrand
- Claire Betker (to April 2016)
- Jacqueline Gahagan
- Manasi Parikh
- Maura Ricketts
- Ardene Robinson Vollman (Chair, CPHA Board of Directors), *ex officio*
- Ian Culbert (Executive Director, CPHA) *ex officio*

Maura Ricketts, whose term on the Nominating Committee will end in July, was thanked 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, 2017, the following people began their two-year term on CPHA's Board of Directors:

- Benita Cohen (Manitoba)
- Josephine Etowa (Ontario)
- Nancy Laliberte (British Columbia)
- Richard Musto (Alberta)

The dedication and contributions of those Board members who left the Board at the end of 2016 was recognized with appreciation:

- Jacqueline Gahagan
- James Mintz
- Eric Young

The formal Call for Nominations for the 2017 election was circulated to all members on May 31st with a closing date of September 7th. Elections will take place in October and November.

CPHA's 2017 Election is for five Director positions including one student director position. While we are seeking candidates who collectively possess a mix of knowledge, experience and expertise, we are particularly seeking Directors 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 this call, either for themselves or for a colleague, and to feel free to approach a member of the Nominating Committee or the Board. Any Board member will welcome the opportunity to talk with members personally about standing for election or nominating a colleague.

6.0 Tabled Motion from the 2016 AGM

As noted in the minutes, a motion brought forward at last year's AGM was tabled and referred to this year's meeting to allow time for the Board of Directors to undertake a consultation with Indigenous communities and review potential implications for changes to CPHA's bylaws. In a review of the Association's by-laws and governance policies, it was determined that the authority to designate Board positions lays with the Board of Directors and that any motion from the AGM would be taken as direction to the Board of Directors but could not be binding.

Throughout the fall of 2016 and winter 2017, the Executive Director undertook informal consultations with a number of Indigenous leaders from across Canada that resulted in the development of an options paper that suggested possible courses of action for CPHA to establish new relationships with Indigenous communities. At its March 9, 2017 teleconference, the Board of Directors reviewed and made recommendations to strengthen the options paper.

The Board established a working group (comprised of the Chair of the Board of Directors (Suzanne Jackson), one Board member (Nancy Laliberte), two Indigenous members of CPHA (Miranda Kelly and Michele Mousseau Bailey), one member-at-large (Alycia Fridkin), and the Executive Director) to finalize the options paper and oversee the consultation process. The paper was circulated to members who were invited to provide their input by way of an online survey. The paper was also sent to a select group of Indigenous community leaders who were also invited to provide online feedback. Finally, a subgroup of Indigenous leaders was selected for key informant interviews. At its April 24, 2017 teleconference, the Working Group reviewed the responses from the online survey and the key informant interviews and provided its recommendations to the Board of Directors.

At its May 4, 2017 teleconference, the Board of Directors reviewed the report from the Indigenous Relations Working Group and adopted their recommendations as CPHA's course of action. The report in the meeting information package provides a summary of the:

- Online survey responses;
- Key informant interviews;

- Indigenous Relations Working Group discussion; and
- Actions approved by the Board of Directors.

The course of action approved by the Board includes:

- The establishment of an Indigenous Relations Advisory Committee that will be given a variety of tasks including providing guidance on the issue Board representation; and
- Indigenous cultural competency training for all Board members and CPHA staff.

These are first steps in a longer process. To fulfil its role as a trusted advocate for public health, and to help address the historic and contemporary health inequities faced by Indigenous communities, CPHA will implement organizational cultural transformation to include Indigenous perspectives that will legitimize its public health advocacy for all Canadians, including Indigenous communities. Your Board of Directors is committed to pursuing these recommendations and has directed the Executive Director to develop operational and financial plans to do so expeditiously.

7.0 Question and Discussion Period

- Rose Schmidt asked for more details about the statement "undertook informal consultations with a number of Indigenous leaders. The Executive Director reached out to the Indigenous leaders with an established relationship with CPHA and they suggested other leaders to talk with to get their initial input for a process or ideas on how to respond to the 2016 AGM motion. It was important to start with Indigenous voices that helped frame the development of the options paper which went to the CPHA Indigenous Working Group.
- Bernie Pauly commended CPHA for its response to the opioid crisis and getting a position paper out so quickly. Legislative changes are critical to reducing harms and although the 2014 paper on illegal and psychoactive substances had a strong focus on the importance of decriminalization and regulation, that was missing in the opioid paper. B. Pauly asked for background on actions taken on legislative change and why it was not the focus of the opioid paper. The Executive Director replied that the focus of the statement on the opioid crisis was about the crisis and the federal legislation that was being introduced to correct the mistakes on Bill C-2. CPHA is now developing a second statement that calls for the decriminalization of personal use of psychoactive substances. CPHA is taking an incremental approach. If we get too far ahead of Canadian society and politicians, CPHA risks looking like a fringe group, no matter how solid the evidence for our position. By September, it is hoped the position paper will be finished consultations and once it is approved by the Board then advocacy work will move forward.

- Alycia Fridkin – stated that she is honoured to be here on Mi'kmaq territory and also honoured to be part of the Indigenous Relations Working Group. It is commendable how much work has gone into looking at more meaningful ways of involving Indigenous people and communities in health policy decision making. A. Fridkin asked what accountability mechanisms will be put in place to ensure that the Board takes guidance and direction from the advisory group and that it will impact decision making. The Executive Director and the Board of Directors are committed to an open and transparent process and to accountability to the Indigenous Relations Advisory Committee. Because of the Canada Not-for-profit Corporations Act, no other body can be placed above the decision making authority of the Board of Directors who are elected by members. The recommendations of the advisory group will be published openly so it is transparent that the Board follows the direction or provides a solid reason why direction was not followed. The Chair added that this is being taken very seriously. We want to ensure that our approach is respectful and collaborative and to maintain good relationships moving forward. Part of the longer-term strategy to increase relationships has been to involve the three key groups: Assembly of First Nations, Métis National Council and Inuit Tapiriit Kanatami in the planning of this conference and it is hoped that will continue with subsequent conferences.
- Connie Clement stated support of the work done to address last year's motion and urged continued transparency, not just about recommendations to the Board, but some of the Board debate for members to see the process by which decisions are made. CPHA can, and should, have a role in being a model for change within the public health sector. C. Clement counts on the Board to ensure membership in the committee is predominantly individuals of Indigenous heritage who can bring appropriate knowledge and expertise to CPHA.
- Catherine Donovan, who seconded the motion last year, commented on the report and the valuable work done over the last year. It is a significant accomplishment and what has happened at this conference reflects that. C. Donovan cautioned about a comment heard frequently and noted in the report about how is one person supposed to represent all of the Indigenous organizations in the country. Just as the CPHA Board does not represent all members, no one Indigenous person or group represents all, they represent a perspective.
- Lori Harding is pleased to be at a conference where Indigenous issues are front and centre and can expose inequities and make change happen. L. Harding asked if there can be a motion to make it a

policy that acknowledging Indigenous land be part of all presentations at CPHA. The Executive Director explained that this body does not have the authority to create policy, which is the Board's responsibility, however, it can be brought forward as a suggestion and taken into consideration. In advance of the 2016 conference in Toronto, staff contacted seven different Indigenous groups to ask what is an appropriate way to acknowledge traditional lands. All said an acknowledgement at the start and then move on with the meeting, once is enough; not to ask an Elder because they are too busy; anything else can be seen as tokenism; they prefer, and it is more meaningful, that a non-Indigenous person does it. It has become CPHA's practice, but it can be made a policy.

- Robert Strang brought to attention action being taken regarding Bill C-44. The federal budget has a clause that will require the federal excise tax on alcohol to be adjusted every year based on the cost of living – a good move from a public health perspective. This is being heavily lobbied against by the alcohol industry. R. Strang has been working with CPHA writing letters and a sample is on the Advocacy page of the CPHA website. If anyone wants to get involved, find time to e-mail your MP and the Prime Minister's office in support Bill C-44

8.0 Closing Remarks and Date of Next Meeting

In closing, Suzanne Jackson offered thanks, particularly to members, many of whom support CPHA financially and volunteer their time and expertise, who also respond to surveys and requests for input. CPHA is seeking volunteer members for a number of activities: two members-at-large for the Public Policy Committee; mentors to work with students and early career professionals, call for nominations for the Board of Directors. Please consider any or all of those options.

The next Annual General Meeting will take place during Public Health 2018 on Wednesday, May 30, 2018 in Montreal, Quebec.

Motion:	Sandra Allison/David Allison
That the CPHA Annual General Meeting of June 7, 2017 be adjourned (13:15)	
	.../CARRIED