
1999
CANADIAN
PUBLIC HEALTH
ASSOCIATION'S
CEO'S REPORT

AS PRESENTED TO THE
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GERALD H. DAFOE
CHIEF EXECUTIVE OFFICER



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INTRODUCTION

HISTORY

The Canadian Public Health Association (CPHA) is a national not-for-profit association incorporated in 1912. CPHA is composed of health professionals from over 25 health disciplines and is active in conducting and supporting health and social programs both nationally and internationally. CPHA stresses its partnership role by working with federal and provincial government departments and international agencies, non-governmental organizations and the private sector in conducting research and health services programs.

MISSION STATEMENT

The Canadian Public Health Association (CPHA) is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's Mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

GOALS

CPHA achieves its Mission by:

1. Acting in partnership with a range of disciplines including health, environment, agriculture, transportation, other health-oriented groups and individuals in developing and expressing a public health viewpoint on personal and community health issues;
2. Providing an effective liaison and partnership with CPHA's Provincial/Territorial Branches/Associations;
3. Providing an effective liaison and network both nationally and internationally in collaboration with various disciplines, agencies and organizations;
4. Encouraging and facilitating measures for disease prevention, health promotion and protection and healthy public policy;
5. Initiating, encouraging and participating in research directed at the fields of disease prevention, health promotion and protection and healthy public policy;
6. Designing, developing and implementing public health policies, programs and activities;
7. Facilitating the development of public health goals for Canada;
8. Identifying public health issues and advocating for policy change;
9. Identifying literacy as a major factor in achieving equitable access to health services.

GOVERNANCE

CPHA is governed by a Board of Directors, which consists of the Officers of the Association, one representative from each Provincial/Territorial Branch/Association, and six Members-at-Large responsible for the Areas of Interest, as well as the Chief Executive Officer and Scientific Editor as ex-officio members. Between meetings of the Board of Directors, the business of CPHA is conducted by an Executive Board which consists of the Officers of the Association and the Chief Executive Officer and Scientific Editor as ex-officio members.

MEMBERSHIP OPPORTUNITIES

The membership is the strength and spirit of CPHA. Members give the Association credibility, direction and authority, as well as expertise and human resources, both nationally and internationally, that are unparalleled. In return, the Association provides members with an opportunity to speak out on broader public health issues, outside discipline boundaries.

Membership in CPHA is voluntary, not mandatory for any professional reason. The composition of members encompasses professionals in public health practice, professors and researchers in universities and colleges, government workers and individuals interested in issues that affect community and public health.

CATEGORIES OF MEMBERSHIP

Membership is open to any individual who subscribes to the objectives of the Association and is engaged or interested in community or public health activities. CPHA categories of membership are:

- Regular
- Low Income
- Corporate
- Student/Retired
- International
- Honorary Life

Direct Membership

Direct membership applies to an individual who chooses to be a member of CPHA.

Conjoint Membership

Conjoint membership applies to an individual who chooses to be a member of CPHA and of one of the following Associations/Branches:

CPHA Provincial/Territorial Branches/Associations

- Alberta Public Health Association
- Association pour la santé publique du Québec
- Public Health Association of British Columbia
- Manitoba Public Health Association
- New Brunswick/Prince Edward Island Branch, CPHA
- Newfoundland and Labrador Public Health Association
- Northwest Territories/Nunavut Branch, CPHA
- Ontario Public Health Association
- Public Health Association of Nova Scotia
- Saskatchewan Public Health Association, Inc.

AREAS OF INTEREST

The following Areas of Interest were suggested to be the current focus of activity for the Association in the coming years, with future changes to be guided by Membership input:

- **Disease Surveillance and Control:** epidemiology, communicable disease control (including STDs), non-communicable disease control (chronic disease), health statistics, demographic data
- **Health Promotion:** family and community health, sexual health, gerontology, health education, community development, healthful living and healthy public policy
- **Human and Ecosystem Health:** sustainable development, physical environment (water, air, land, work site, etc.), indoor pollution (sick building syndrome, etc.), occupational health
- **International Health:** sustainable development, strengthening primary health care, infrastructure development, health determinants
- **Equity and Social Justice:** Aboriginal health, multicultural health, populations at risk, economic development, housing, income, education, day care, public policy, income distribution
- **Administration of Health Services:** health reform, medicare, community and institutional services

Members-at-Large elected to the Board of Directors will assume responsibility for a specific Area of Interest. It will be the Board of Directors' responsibility to determine the priority subject areas under each of the Areas of Interest and these will be reviewed on a regular basis.

ORGANIZATIONAL CHART



CPHA NATIONAL OFFICE

The core personnel of the CPHA National Office is currently 24 full-time staff members. This includes senior management, national programs coordination and CPHA staff responsible for the Association's finances, Conference Department, Editorial Offices, Membership and Health Resources Centre, as well as support staff and reception services.

The overall 1999 operating budget for National Office costs was \$911,920. The total budget including National Office, national and international projects was \$9,644,296. The total staff, including projects and National Office, is 54, excluding 22 locally-engaged staff in the Harare, Zimbabwe office. The program activities managed by the National Office, with the exception of financial services, are reported in this document.

CANADA HEALTH DAY 1999

Make where you are a healthy place to be! — OÙ que vous soyez, pensez santé !

Every year hundreds of public health units, health care facilities and agencies participate in the celebration of Canada Health Day on May 12, Florence Nightingale's birthday. CPHA takes the lead in organizing the event, working in partnership with the Canadian Healthcare Association.

In 1999, 275 health units and health facilities participated in the celebrations. CPHA sold and distributed over 1,500 posters, 5,000 buttons, 6,250 biodegradable balloons, 244 T-shirts, 2,600 cafeteria trayliners and 85 baseball caps.

The theme for Canada Health Day 2000 will be, "Healthy Beginnings: Child Health in the New Millennium — Partir du bon pied : la santé des enfants au prochain millénaire."

CANADIAN JOURNAL OF PUBLIC HEALTH

Over the past year, the editorial and desktop publishing staff have worked hard to move up the publication date of the *Journal*, and issues are regularly coming out by the middle of the second month of the issue, with prospects of moving this up to publication by the beginning of the second month. This has been a goal for years and we are very pleased with this success.

In 1999, approximately 200 manuscripts were submitted, and approximately 120 articles were published.

There were six regular issues of the *CJPH*, plus:

- an insert from the Canadian Association for School Health, and the Childhood and Youth Division of Health Canada, entitled "Assessing the Effect of and Support for Youth Involvement in Public Decision-Making: A Report on Nine Case Studies" that appeared in the May/June 1999 issue;
- an insert on Climate Change and Public Health in the November/December 1999 issue of the *CJPH*
- Vol. 90, Supplement 1, entitled "Selected Papers from the Canadian Conference on Shared Responsibility for Health & Social Impact Assessments: Advancing the Agenda," that was published in December 1999.

An insert of four articles on various aspects of midwifery in Quebec has been published in the January/February 2000 issue of the *CJPH*.

The Guidelines for Reviewers form was reformatted to better match the guidelines Fernand Turcotte has been sending to reviewers of French articles. Doug Angus is getting more comprehensive and in-depth evaluations back from reviewers as a result, which assists him in arriving at a decision re publication eligibility. Reviewers have commented favourably about the new form and authors are happy with the more detailed comments and suggestions for revision of manuscripts.

At an informal CPHA Editorial Board meeting at the time of the Executive Board meeting in October, it was decided that Ardene Vollman, with Heather Maclean's assistance, would put together a number of qualitative research articles which would be published in a regular issue of the *CJPH* in the fall of 2000.

HEALTH RESOURCES CENTRE

1999 was another busy year for the Health Resources Centre. In addition to the regular activities, Centre staff have attended numerous conferences to expand the audience of the publications offered for sale by the Centre.

During the past year, the Centre has added 18 titles to its catalogue of resources available for sale. Some of these titles include:

- Easy Does It! Training Manual
- plain•word™ CD-ROM
- Working with Low-Literacy Seniors
- Creating Plain Language Forms for Seniors
- Children with School Problems
- Population Health: Concepts and Methods
- Public Health and Preventive Medicine in Canada
- From Couch Potato to Baked Potato
- Canadian Consumer's Guide to Health
- Golden Years - Hidden Fears: Elder Abuse
- Sun Safe Play, Everyday! (Video)
- Development Health and the Wealth of Nations
- Meals for Good Health (and Manual)
- Stop, Look and Listen - CD-ROM

Centre staff also represented the Association at four national conferences/workshops.

The Centre continues to work closely with the World Health Organization (WHO) offices in Geneva and the Pan American Health Organization (PAHO) offices in Washington to promote their respective publications and subscriptions and move into broader areas of service.

Aggressive marketing campaigns focussed at health professionals as well as the general public, coupled with the development and acquisition of exciting new publications has meant for an busy year for HRC staff and promises for increased activity in 1999.

MEMBERSHIP AND CIRCULATION

This department is responsible for the maintenance of CPHA's records management activities, as members are tracked, enrolled and renewed. Subscriptions to the *Canadian Journal of Public Health* are also handled by this department.

The following provides a brief overview of membership statistics:

Total Number of Members* 1994 - 1998					
Province	1995	1996	1997	1998	1999
NPHA	33	28	33	34	33
NB/PEI	69	59	59	48	45
PHANS	43	42	51	43	45
ASPQ	99	98	92	90	89
OPHA	315	280	286	249	258
MPHA	51	44	39	41	55
SPHA	81	79	71	60	65
APHA	195	184	200	171	176
PHABC	128	135	127	116	122
NWT	32	23	25	26	26
CPHA (Direct) †	575	673	663	634	627
TOTAL	1621	1645	1646	1512	1640

CSIH	310	278	290	258	275
CATCH	91	76	75	66	69

* Includes non-current memberships that have lapsed in the last 90 days.

† Includes International Members

CPHA Tabletop Membership Display

A travelling tabletop display is available for all PTBAs and other conferences and workshops to display and distribute information about CPHA and membership opportunities. Utilizing component parts of the Health Resources Centre display, this tabletop display can be "customized" for whichever PTBA is using it.

CONFERENCES, WORKSHOPS AND SYMPOSIA

The Association's role in providing a forum through conferences, workshops and symposia for the purpose of addressing key health and social issues in Canada continued through 1999. A number of these program activities are listed below.

Public Health in the New Millennium - 90th Annual Conference of the Canadian Public Health Association

June 6-9, 1999 at the Lombard Hotel in Winnipeg, co-sponsored by the Manitoba Public Health Association

Six hundred and sixty-seven people attended the CPHA annual conference in Winnipeg. It was a dynamic forum which fostered dialogue and discussion, particularly around the themes of community development and Aboriginal health. Among the invited speakers at the conference were Senator Sharon Carstairs, Michael Decker, Chief Ron Evans and Sue Hicks, who represented the Ministry of Health in Manitoba.

A prayer by a native elder set the tone for the Opening Ceremonies, held at a traditional meeting place - the Forks where the Red and Assiniboine Rivers

meet. Aboriginal entertainment highlighted the evening, including a native hoop dancer and square dancers.

There were 29 exhibitors, and various meetings for specific interests: community health nurses, teachers of public health, public health physicians, and Aboriginal health issues. Presentations by delegates were diverse: 123 papers, 27 workshops and 53 posters were presented.

Training Workshop for the Global Youth Tobacco Survey and International Consultation on Youth and Tobacco

WHO, in collaboration with the Center for Disease Control and Prevention (CDC) is implementing the Global Youth Tobacco Survey (GYTS). The GYTS is a tobacco-specific survey which focuses on adolescents aged 13-15 years, assessing students' attitudes, knowledge and behaviours related to tobacco use and environmental tobacco smoke (ETS) exposure, as well as youth exposure to prevention curriculum in school, through community programs, and media messages. The GYTS provides information on where tobacco products are obtained and used, and the effectiveness of local enforcement measures.

The GYTS country research coordinators came together at a meeting organized by TFI/WHO in Singapore, September 23-27, 1999, for the purpose of sharing experiences on the survey methodology and training in data analysis techniques and report writing. CPHA participated at the meeting, to learn more about the GYTS and to hold discussions with TFI/WHO about the potential of involving partner public health associations in the GYTS and related activities.

The GYTS researchers' meeting took place immediately prior to an international consultation on tobacco and youth (September 28-30), organized by WHO, at which CPHA also participated.

Various AIDS - CANNET Workshops

CANNET held educational workshops in Halifax, Montreal, Ottawa and Winnipeg. The main agenda items of these workshops were: CANNET website; how to assess information on the Internet; Revised Edition of the Manual on "How to operate an HIV Resource Centre"; HIV/AIDS Thesaurus - AIDS Committee of Toronto; Demonstration on FileMaker Pro; Statistics: Why should we keep them?; Resource Sharing; Participants had the opportunity to discover and pay a visit to the best web sites about HIV/AIDS.

NATIONAL PROGRAMS

ABORIGINAL YOUTH CHOOSING HEALTH CAREERS/GIVING YOUTH TOOLS

Term: March 1, 1998 - March 31, 2000

Partner: Human Resources Development Canada

The Aboriginal Youth Project continued to work in partnership with the six national Aboriginal organizations: the Assembly of First Nations, Congress of Aboriginal People, Inuit Tapirisat of Canada, Métis National Council, National Association of Friendship Centres and the Native Women's Association. Representatives of each organization participated in the Aboriginal Youth Committee, providing guidance for the project.

The purpose of the project is to produce resources to encourage Aboriginal youth to choose a health career. The products are intended to be used by teachers, guidance counsellors, health professionals and community resource workers in settings such as career fairs, schools, Friendship Centres and employment centres.

The Aboriginal Youth Committee commissioned the production of a 21-minute video titled *The Healing Choice: You and a Career in Health*. The video highlights Aboriginal role models who have chosen to enter a health career. It is accompanied by a User Guide which provides examples of how the video can be used within a variety of settings. Pull-out sheets can be used as classroom resources, and suggestions for role playing and assignments can be adapted to reflect local resources.

In addition, a web site, www.choosehealth.org, is under development. The website will be interactive, using portions of the video to motivate and inspire users to obtain more information. Hotlinks will be provided to educational programs, as well as other sources of information about health careers. People using the products can share their suggestions for effective use of the resources.

The project is now implementing a marketing and distribution plan to promote the resource and ensure that it reaches a wide audience.

CANADIAN HIV/AIDS CLEARINGHOUSE

Term: June 30, 1998 to March 30, 2001

Partner: Health Canada

The Canadian HIV/AIDS Clearinghouse is the largest information centre on HIV/AIDS in Canada. The mandate of the Clearinghouse is to provide information on HIV/AIDS prevention, care and support to the public health community, AIDS service organizations, schools and a broad range of other groups and individuals.

1999 was an active year for the Clearinghouse. Much effort was devoted to improving our internal systems to strengthen our programs and services for clients. This included updating our web site to increase on-line access to our resources, and "migrating" to

two new pieces of software: InMagic for our library and information services, and ACCPAC for distribution and inventory control.

In 1999, we also commissioned client and supplier satisfaction surveys. The survey results were very encouraging (the overall rating of the Clearinghouse was "very high" from both clients and suppliers) and provided valuable information which will assist us in continuing to improve our services.

Highlights from 1999 include:

- The distribution inventory grew to 600 titles. In 1999, we processed 21,104 orders and distributed 717,029 items.
- The reference collection grew to over 17,000 items. 428 reference questions were answered (38 per month, up from 32 per month last year) and 799 loans made (66 per month, up from 61 per month last year).
- The Clearinghouse had representatives on the following national committees: Safe Spaces National Project Advisory Committee, National Program Committee for Planned Parenthood Federation of Canada's Best Practices Sourcebook in Healthy Sexuality, National AIDS Awareness Week Committee, National Program Partner's Committee for the Canadian HIV/AIDS Skills Building Symposium, and the National Program Partner's Committee for the National Women and HIV/AIDS Conference.
- The Clearinghouse staffed booths at the following conferences: CPHA Annual Conference, AIDS Impact, Canadian HIV/AIDS Skills Building Symposium, Canadian AIDS Society Annual General Meeting, Sharing Our Spirit Aboriginal HIV/AIDS Conference, Canadian Aboriginal AIDS Network Skills Building Forum, Canadian Association of Nurses in AIDS Care National Conference, Canadian Association on HIV Research Conference, and the Ontario HIV Prevention Conference.
- HIV Prevention Plus, a quarterly newsletter targeted at HIV prevention educators, was launched in October. A new services brochure and the first Clearinghouse Annual Report were also developed to increase awareness of Clearinghouse programs and services.
- 1999 World AIDS Day activities included issuing a press release highlighting the Clearinghouse and CPHA's international AIDS programs, the development of a World AIDS Day page on our web site, and an information centre on Parliament Hill to raise MPs' awareness of HIV/AIDS issues.
- We completed an international mailout of 15 of the top Canadian HIV/AIDS resources to 55 national resource centres around the world.

The Clearinghouse formed a consortium with the Community AIDS Treatment Information Exchange and the Canadian AIDS Society to become the HIV/AIDS Affiliate for the Canada Health Network.

CANADIAN HIV RESOURCE CENTRE NETWORK (CANNET): PHASE III

Term: December 1998 - December 2000
Partner: HIV/AIDS Prevention and Community Action Programs, Health Canada

The mission of the Canadian HIV Resource Centre Network (CANNET) is to facilitate information sharing and exchange among Canadian HIV resource centres. In 1999 the membership in the CANNET grew to 119. The CANNET Program updated the Basic Manual on How to Operate an HIV/AIDS Resource Centre, facilitated four skills-building workshops (including a one-day satellite session entitled "Getting the Best from the Internet" at the Canadian HIV/AIDS Skills Building Symposium), developed an internet listserv for its members, and published a quarterly membership newsletter.

CANADIAN IMMUNIZATION AWARENESS PROGRAM

Term: January 1999 - December 1999
Partners: Canadian Institute of Child Health, Canadian Medical Association, Canadian Nurses Association, Canadian Paediatric Society, Canadian Pharmacists Association, College of Family Physicians of Canada, Conférence des Régies régionales de la santé et des services sociaux du Québec, Council of Chief Medical Officers of Health, Health Canada
Corporate Sponsors: Pasteur Mérieux Connaught, Merck Frosst, SmithKline Beecham, Biochem Vaccine, Berna Products

The Canadian Immunization Awareness Program's (CIAP) goal is to keep immunization rates high by reminding parents and health providers to ensure that infants and children are immunized "on-time, every time".

CIAP organizes the annual National Immunization Awareness Week (NIAW). This year, for the first time, all provinces and territories participated in the campaign to some degree. One province purchased radio and TV time for the CIAP advertisement. Many provinces distributed the CIAP kit to all health units. 120 municipalities and four p/t governments declared NIAW, and numerous Ministers launched the week at special events. Celebrity spokesperson Sharon, Lois & Bram were featured at the Ottawa launch at Mitel Corporation. Articles have appeared in publications for health providers and consumers, prompted by CIAP Coalition members. The display appeared at six major conferences. The web site is receiving a steady increase in visitors and the Secretariat staff regularly reply to orders for promotional supplies and other inquiries from parents and health providers.

In 2000, more articles and resources will be produced for health providers. The date for NIAW will switch to the spring because a fall campaign conflicts with the influenza/pneumococcol and Hep B immunization campaigns.

DESIGNING PRESCRIPTION MEDICATION PACKAGING AND LABELLING AS TOOLS TO ENHANCE LOW-LITERACY SENIORS' PERSONAL AUTONOMY AND WELL-BEING

Term: September 1, 1999 - August 31, 2001

Partner: National Literacy Secretariat

The Canadian Public Health Association has begun a new project to develop a medication package prototype for seniors in which the label is easy-to-read and the package is easy-to-use. Key components of the project will include the following steps:

- A review of the medication compliance literature to identify prescription medication packaging and labelling systems which have been tested and shown to enhance medication compliance;
- Interviews with stakeholders including seniors, physicians, pharmacists, nurses, home care providers, prescription and non-prescription drug manufacturers and drug packaging manufacturers to identify concerns, potential problems and solutions from a wide range of perspectives;
- Collection of samples of prescription medication packaging and labelling systems that have already been designed to increase compliance;
- Development of a prototype using the principles of plain language and clear design that will be focus tested among seniors and reviewed by pharmacists, packaging and prescription drug manufacturers; and
- Discussing what was learned during the first stages of the project at a two-day national symposium which will provide an opportunity for stakeholders to better understand the issues from each others' perspectives and work together to develop an action plan for the future.

The literature review is underway and a Project Steering Committee is being formed with representatives of health care providers, pharmacists and the packaging and pharmaceutical industries. Seniors and senior adult learners will also be represented to ensure that the realities they face are addressed throughout the project. The first Steering Committee meeting will take place in early 2000 with the finalization of the interview questionnaire and identification of the list of participants.

MENTAL HEALTH PROMOTION PROJECT

Term: Phase III: January 4 - March 31, 1999; Phase IV: August 3 - October 31, 1999

Partner: Health Canada, Mental Health Promotion Unit

During Phase III, a discussion paper for *Preparing a Consultation Process to Develop a National Action Plan for Mental Health Promotion in Canada* was developed. This identified the steps necessary to carry out a national consultation process and posed a series of questions that the partners would be required to address in designing such a process. The discussion paper was circulated to the partners for future reference.

Copies of the Mental Health Promotion Resource Directory continued to be distributed on request and a data base of over 750 contacts has been established, identifying individuals and organizations interested in Mental Health Promotion.

During Phase IV, a questionnaire was developed asking the individuals in the data base to identify their needs for information resources regarding Mental Health Promotion. The compilation of the responses will assist the partners to identify which resources to develop in the future that will be of most use and relevance to individuals working in their communities, regions, and provinces or territories.

LITERACY AND HEALTH CONFERENCE

Term: January 1999 - December 31, 2000

Partner: National Literacy Secretariat

The first Canadian conference on literacy and health, *Charting the Course for Literacy and Health in the New Millennium*, will be held May 28-30, 2000 in Ottawa. It is anticipated that 300-500 health providers, policy makers, researchers, government representatives, literacy providers, adult learners and representatives of pharmaceutical companies will attend.

Senator Joyce Fairbairn, P.C. has accepted to be the Keynote Speaker for the Opening Plenary. At the Welcome Reception, Senator Fairbairn will unveil a wall of health stories written by low literacy health consumers from across Canada and the United States.

The Scientific Review Committee will make its recommendations on the Scientific Program by the end of December. There will be approximately 46 workshops offered.

The National Literacy Secretariat, Human Resources Development Canada is the major supporter of the conference. Other conference sponsors include: Health Canada, Pfizer Canada, Pfizer Inc, and Canada's Research-Based Pharmaceutical Companies. Additional sponsorship is being sought.

The Weiler Award will be presented at the Award Luncheon on May 29th to an individual, group or organization who/which has made a substantial contribution to the literacy and health field in Canada.

The preliminary program will be printed in early January. As well as being mailed, it will also appear on the conference website, www.nlhp.cpha.ca.

PLAIN LANGUAGE SERVICE

Term: November 1998 - November 1999
Partner: National Literacy Secretariat

The Plain Language Service (PLS) celebrated two full years of operation in late October 1999. Since its inception in October 1997, the Service has provided plain language revisions and workshops to 40 clients in the not-for-profit, public and private sectors.

Revenue from the fees charged to clients has been strong enough to support a third year of operation, beginning in November 1999.

From November 1998 to November 1999, the PLS served 25 clients and offered 3 plain language/clear verbal communication workshops.

In early 1998, a promotional strategy for the PLS was developed and circulated to CPHA's senior management. The goal was to promote the service to national voluntary health associations (NVHAs), community and regional health centres, the insurance and pharmaceutical industries and the Canadian banking sector. To date, the service has completed 12 projects for 9 clients in the national voluntary health sector, 8 projects for 6 clients in community and regional health centres and 4 projects for pharmaceutical companies/umbrella organizations. No projects have been secured within the insurance or banking sectors.

The *Directory of Plain Language Health Information* was completed in October 1999 and delivered to the funder, the National Literacy Secretariat, in early November 1999. It is being sold by CPHA's Health Resources Centre and is available on the PLS web site: www.pls.cpha.ca.

As it moves into the year 2000, the PLS will assess the effectiveness of its promotional strategy and develop a new marketing plan, as needed. In addition, the Service hopes to secure larger contracts by targeting federal government departments.

PUBLIC HEALTH INFRASTRUCTURE PROJECT

Term: September 1999 - December 2000
Partners: Health Canada, Advisory Committee on Population Health Association

CPHA will assess the capacity of the current public health infrastructure to respond to ongoing, emerging and urgent health concerns of Canadians. The objectives of the project are to:

- describe as concretely as possible each of the national, provincial/territorial, regional/district and local level components of the public health infrastructure (e.g. legislative and regulatory mandates, organization, reporting structures and accountability, funding, linkages, core functions, major programs, priority issues, etc.), acknowledging the commonalities and differences across regions and jurisdictions;
- describe the degree to which each of the following public health functions is addressed within the public health infrastructure: population health assessment; health surveillance; health

- promotion; disease and injury prevention; and health protection;
- based on agreed-upon indicators, describe the capacity of the public health infrastructure to respond to selected: 1) on-going; 2) urgent and 3) emerging issues; and
- assess the overall capacity of public health in Canada to adequately fulfill its mandate, and, in consultation with the Sub-Committee, make recommendations for further research, infrastructure development, and changes to priorities and activities.

CPHA is currently preparing the survey methodology in consultation with its partners in this project. It is expected that this project will provide both descriptive and quantitative data on the current public health infrastructure in Canada.

RESOURCE MAPPING PROJECT ON IMMUNIZATION IN CANADA

Term: April 1, 1999 - September 30, 1999
Partner: Canadian Health Network (CHN)

This six-month project involved a sample of national, provincial/territorial, regional and local organizations that develop and/or use informational resources related to immunization (infant, child, adolescent, adult, travel) across the lifespan. A standardized Canadian Health Network (CHN) survey was conducted by telephone interview. The results of the telephone interviews were tabulated and analyzed. With the advice of an Expert Panel, recommendations were made to the CHN for the development of the immunization page on its internet-based health information network (i.e., Associate and Affiliate partners).

SUPPORTING PUBLIC AWARENESS INITIATIVES ON THE HEALTH EFFECTS OF CLIMATE CHANGE AND AIR POLLUTION

Term: April 1999 - March 2000
Partners: College of Family Physicians of Canada, Canadian Nurses Association, Canadian School Boards' Association, Friends of the Earth, and TransAlta Corporation.

The project involves the administration of a survey to determine the extent of public awareness initiatives in Canada which make the link between human health, climate change and air pollution. The survey will determine what is already being done to educate Canadians about the impact of climate change and air pollution on health. The results of the survey will guide CPHA in developing a national strategy that will inform future work in creating, supporting and strengthening public outreach initiatives on these issues.

In 1999, the following outcomes were achieved:

- The completion of the survey and development of an information base of current public awareness on the health effects of climate change and air pollution.
- The launching of a web site with selected information and resources on these issues.

During the next phase of the project, a national strategy paper will be produced. The strategy will reflect the collective expertise, energy and commitment of stakeholder organizations across Canada to reach the general public and primary and secondary school students. It will target areas where resources and efforts can be most cost-effectively directed, such as critical needs and gaps, successful initiatives that can be built on or replicated, or areas where linkages and partnerships can be effectively nurtured and resources leveraged.

YOUTH, LITERACY AND HEALTH

Term: January 28, 1999 - April 28, 2000

Partners: Health Canada, Frontier College

CPHA's National Literacy and Health Program is in the focus-testing phase of this project, the development of a health curriculum for youth entitled *What the HEALTH!*

The curriculum has been developed with the active participation of youth currently enrolled in literacy programs offered by Frontier College, a national literacy organization, street youth, youth in school, health professionals and literacy practitioners.

What the HEALTH! offers a collection of stories on health issues, discussion questions, plain language health information which addresses their concerns, and practical exercises which will help them develop critical life skills.

Focus testing by youth has been overwhelmingly positive. One former street youth commented "if we had done stuff like this when I was still in school, I think it would have made a big difference in my life. You've got to get this into the schools."

Health providers and literacy practitioners have also congratulated CPHA on the quality of *What the HEALTH!* They maintain that the suggestions made during the review process will only strengthen an already excellent resource.

What the HEALTH! will be launched on May 28, 2000 at CPHA's National Conference on Literacy and Health.

INTERNATIONAL PROGRAMS

THE CANADIAN INTERNATIONAL IMMUNIZATION INITIATIVE - TECHNICAL COOPERATION AND CANADIAN AWARENESS COMPONENTS

Term: September 1998 to March 2003

Partners: Canadian International Development Agency (CIDA), The World Health Organization (WHO), UNICEF - New York, Rotary Clubs in Canada, The Canadian UNICEF Committee

CPHA has been contracted by the Government of Canada to identify and recruit Canadian technical consultants to assist the World Health Organization (WHO) and UNICEF. These consultants will strengthen national childhood immunization systems to work towards polio eradication, the elimination of measles and the combatting of childhood diseases in developing countries and in Eastern and Central Europe. A partnership between the CIDA, CPHA, UNICEF Canada, WHO, Rotarians in Canada, and other collaborating Canadian NGOs, the CIII renews Canada's international commitment to one of the most cost-effective public health measures – childhood immunization.

Building on the many lessons learned from CPHA's experience working at the forefront of strengthening immunization programmes in developing countries, CPHA is reaching out to its membership and the Canadian public health community in general and identifying expertise to fulfill short-term assignments with WHO and UNICEF. These assignments will be directed towards specific assistance in areas of disease surveillance, programme planning and delivery, human resource development, vaccine management, and laboratory strengthening. In addition to the technical assistance component, CPHA is also coordinating a public information campaign. In collaboration with UNICEF Canada, CIDA, and Rotary, CPHA will be providing information to Canadians about the importance of international immunization.

While there were some contract negotiations early in 1999, this was the first full year of implementation. This year's activities included:

- support to over 20 technical missions relating to childhood immunization, including issues such as measles eradication, disease surveillance, media training for EPI managers, vitamin A supplementation, and adverse events following immunization;
- collaboration with the Canadian Immunization Awareness Program to include information on the importance of international immunization with their information kits and National Immunization Awareness Week;
- partnership with UNICEF in the launch of the Progress of Nations; and,
- support to Rotary Canada to ensure that local Rotary Clubs have up to date comprehensive information regarding international immunization.

CARIBBEAN HIV/AIDS PROJECT

Term: September 1996 - December 2000
Partner: Pan American Health Organization (PAHO)/
Caribbean Epidemiology Centre (CAREC)

As of January 1998, a total of 12,000 AIDS cases had been reported in the Caribbean region. While this number may appear quite small, given the number of unreported cases and the region's small population, the Caribbean is believed to suffer from the second highest per capita rate of infection in the world. There is considerable inter-country variation in HIV and AIDS incidence rates, and the annual incidence rate continues to grow steadily. The number of new AIDS cases has doubled every four to five years. The age distribution of reported AIDS cases indicates that 74% are in the 20-44 year age group. Although males tend to be more affected by AIDS, the male-female ratio of reported AIDS cases has decreased over the past several years. Pediatric AIDS cases have increased considerably. Projections for the year 2000 estimate 200,000 HIV cases and 28,000 AIDS cases in the Caribbean region.

The Caribbean Epidemiology Centre (CAREC), through the Pan American Health Organization (PAHO), is implementing a four-year project (1996 - 2000) to reduce the spread of HIV/AIDS, STD and TB and minimize the impact on the health and well-being of individuals and communities in the 12 CARICOM member countries. This regional project is supported through a contribution from the Canadian International Development Agency.

The project targets member country Ministries of Health, as well as NGOs and community-based organizations (CBOs), that address the needs of women, youth and people living with HIV and AIDS (PHA). In response to Caribbean-specific needs, CAREC has identified five primary project elements:

- strengthening of national AIDS programs and promoting the active participation of NGOs and CBOs in HIV/AIDS policy and program formulation;
- strengthening targeted healthy sexual behaviour interventions and promoting positive attitudes towards persons living with HIV/AIDS;
- strengthening national and regional diagnostic testing capabilities and community-based care and support for persons living with HIV/AIDS;
- strengthening HIV/AIDS and TB surveillance at national and regional levels; and,
- strengthening the institutional capacity within CAREC to manage, monitor and evaluate a regional HIV/AIDS program.

CPHA is the technical partner to PAHO/CAREC for the project. CPHA identifies appropriate Canadian technical expertise and provides advice and guidance, particularly in the area of health promotion, HIV/AIDS counselling, care and support, disease surveillance, laboratory diagnostic and management quality assurance and quality control, strategic planning, project management and monitoring, institutional capacity building and sustainability, and the role of the media in HIV/AIDS. In 1999, the project saw a substantive and successful mid-term review which refocused the efforts of CAREC for the remaining project. In addition to this, CPHA provided technical

assistance regarding:

- the development of a regional program for laboratory quality assurance and quality control;
- strategies for behaviour modification to reduce sexually transmitted infections;
- epidemiological surveillance modelling and the implications for the HIV/AIDS pandemic in the Caribbean;
- the development of NGO responses to HIV/AIDS and these organizations' integration into national HIV/AIDS strategies.

FAMILY HEALTH PROJECT

Term: March 1996 - March 1999
Partners: Canadian International Development Agency (CIDA), United Nations Population Fund (UNFPA) Malawi, Planned Parenthood Association of Zambia (PPAZ), and the University Teaching Hospital (UTH) of Zambia.

March 1999 saw the successful completion of the Family Health Project with all objectives of this reproductive health project achieved or surpassed. The Family Health Project was initiated in March 1996 as part of Canada's response to the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD). In Malawi and Zambia, the Family Health Project made an important contribution to Canada's commitment to the ICPD. With its network of field partners and knowledge of the issues, the Project demonstrated an effective and strategic use of the \$3 million made available by CIDA as part of this commitment.

In the final stage of the project, additional funds, achieved through savings in procurement and management, and through interest earnings, were directed towards the purchase and installation of three generators at three different hospital sites in Malawi. These generators will allow for continued provision of services, an especially important factor in obstetrical emergencies. In Zambia, additional funds were applied by PPAZ towards the acquisition of an incinerator, additional lab supplies and equipment, and refrigerators for the centres in both Lusaka and Kitwe. With extra funding, the University Teaching Hospital in Zambia supported the upgrading of their cytology laboratory, enhanced their Mother's Shelter, established a library/resource centre in the Department of Obstetrics and Gynaecology, and provided a reliable supply of sterile delivery kits to student midwives.

Early in 1999, CPHA carried out a project development mission in Malawi and Zambia to explore the development of further reproductive health endeavours in these two countries. The CPHA team worked intensely with national reproductive health authorities, district health service providers, and met with community volunteers and other donor agencies to determine the most appropriate approach and design for new CIDA-CPHA projects. At the close of 1999, the proposals are nearing completion and discussions continue with CIDA on these future reproductive health endeavours.

THE GIFT OF LIFE

Term: November 1998 - September 1999
Partner: Canadian International Development Agency (CIDA)

This project involves the research and development stages of a video that will tell the story of Canada's role in immunizing the children of the world. Canada is recognized internationally as a leading player in the effort to protect the world's children against the major communicable diseases; unfortunately few Canadians are aware of the role their country has played through the contributions of governments, NGOs and the private sector.

The script for the video will chronicle the before and after story of immunization, showing through images and narration the devastating consequences of these disabling and killing diseases, and the gift of life and health offered by immunization. Immunization has been called one of the most cost-effective health care interventions available to humanity and this video will demonstrate its power. The story line will follow the progress of the World Health Organization (WHO)/UNICEF initiative to provide immunization protection to millions of children. In the mid-1980s, only 25 percent of the world's children were immunized against the six major communicable diseases, but due in large measure to the efforts of the Expanded Program on Immunization, by the year 1990, 80 percent of the world's children had received immunization protection. This, however, was an average count and there are still two million children who die every year from vaccine-preventable disease. The video will tell this story of accomplishment and remaining challenge, featuring the contribution of Canada.

In late 1998, CPHA signed the contract for the Gift of Life script development with the Communications Branch of the Canadian International Development Agency. In early 1999, Ms. Silver Spring, Making Waves Productions (writer and producer of the award-winning video on CPHA's Southern Africa AIDS Training Programme video) met with members of CPHA involved in international immunization and travelled to Uganda to meet with former partners of Canada's International Immunization Program. These included representatives from the Ministry of Health, the Society of the Red Cross/Red Crescent, Canadian Physicians for Aid and Relief, Christian Children's Fund, Uganda National Association for Nurses and Midwives, and Uganda Community Based Health Care Association. Upon her return, Ms. Spring collaborated with CPHA staff to develop a draft script for future development.

HEALTH PROMOTION IN ACTION

Term: November 1998 - March 2002
Partner: Canadian International Development Agency (CIDA); The National School of Public Health - Brazil (ENSP); The Brazilian Association of Graduate Studies in Collective Health (ABRASCO)

This project focuses on the integration of health promotion principles and strategies into the post graduate teaching programme and the ENSP. Collaborating closely with the ENSP and its Academic Health Centre which provides primary health services to the surrounding community, CPHA has identified a number of practical on-site visits to Canadian primary health services and academic institutions. To date 5 groups of Brazilians have visited Canada and 2 groups of Canadians have gone to Brazil. CPHA members have contributed significant time and effort to assist and host the Brazilian visits to Canada. The first Project Technical Advisory Committee meeting (3 Brazilians, 3 Canadians) took place in December to assess the progress of the project, recommend future steps, and identify lessons learned to date. For the second year of the project, it is expected that there will be fewer numbers of people involved but greater in-depth exchanges. In addition, Canadians may be invited to participate in 2-week seminar courses at the University as well as at the community level.

ABRASCO, the Brazilian counterpart to CPHA, will be actively involved in the dissemination of project lessons learned as well as other health promotion materials prepared, adapted or translated into Portuguese.

ROMANIAN PUBLIC HEALTH AND HEALTH MANAGEMENT ASSOCIATION PROJECT (RPHHMA)

Term: March 1997 - June 2000
Partners: Canadian International Development Agency (CIDA), Romanian Public Health and Health Management Association (RPHHMA)

Commenced in March 1997, the project's specific objectives are to improve the knowledge and skills of RPHHMA members about public health and health services management issues through professional training, to advocate for sound public health and health sector policy and programs, and to implement health sector evidence-based studies.

The Romanian Public Health and Health Management Association exists within a difficult economic and social context. Growth of the Romanian economy is stagnant, major structural reforms are being planned and implemented in publicly funded social services, and the anticipated benefits of a market economy are not materializing for the vast majority of Romanians. Within the Ministry of Health, the Minister of Health has changed eleven times over the past two-year, creating a climate of uncertainty and instability. Volunteerism within the RPHHMA's membership is good, but the Association is conscious of the need to stimulate volunteer input and support on a continual basis.

Highlights during 1999: the RPHHMA carried out several very important events that will likely have a pronounced impact on enhancing the organizational credibility of the Association both within Romania and internationally. It continues to organize quarterly public health seminars, which are the only fora within the country for health professionals where they can discuss and debate priority health sector issues, such as health care reform, effective strategies for health promotion and disease prevention. In March, two CPHA members volunteered to act as facilitators for a successful workshop on how to improve volunteerism within the RPHHMA. The workshop participants, including representatives of several other Romanian NGOs interested in this topic, identified several obstacles to promoting civil volunteerism, and organized an informal work group to develop and implement strategies at the local level to strengthen volunteer input to the NGO sector. In July, the RPHHMA organized the country's first Health Promotion Summer School, modelled on Ontario's annual event. Again, a CPHA member acted as a facilitator at one of the Summer School's two courses, on action for tobacco control and smoking prevention and cessation among women and youth. The workshop elicited much interest, and the RPHHMA struck a working group to determine future actions by the Association, including the development of a collaborative project with CPHA on this issue. In October, the RPHHMA organized an international conference on Resolving Inconsistencies and Contradictions in Existing Health Legislation as a means for the Effective Application of the Health System Reform Process. The recommendations from this event will be presented to the Romanian Ministries of Health and Finance, and a summary of the Conference's debates, conclusions and recommendations will be published in early 2000 for distribution throughout Eastern and Central Europe.

Highlights for 2000: June 2000 marks the termination of direct support through CPHA to help reinforce the institutional capacity of the RPHHMA. Over the last six months of the project, the RPHHMA will organize a training-of-trainers workshop on volunteerism, hold its Annual Conference and General Meeting and the country's 2nd Health Promotion Summer School, and prepare a technical document of alternative strategies for delivering primary health services. It will also develop with CPHA a project on Tobacco, Smoking and Youth, to be submitted to CIDA for funding consideration.

ROMANIAN ADOLESCENT HEALTH, HIV/AIDS PREVENTION AND SOCIAL SERVICES PROJECT

Term: January 1998 - June 2000

Partners: Canadian International Development Agency (CIDA), UNICEF/Romania

UNICEF/Romania, through a contribution from the Canadian International Development Agency, is implementing a two-and-a-half-year project aimed at strengthening the national response to HIV/AIDS and, particularly, the country's HIV/AIDS prevention and control strategy for adolescents. The project will pursue a comprehensive strategy to address the critical inter-related areas of national planning and coordination, HIV/AIDS awareness raising, information, education and communication (IEC) strategies, youth-friendly support services, NGO and government capacity building, and social services to families having children with HIV and AIDS. The project will also address sexual transmission of HIV/AIDS and adolescent health issues, areas which are not addressed effectively in Romania.

1999 Highlights:

- through technical assistance from CPHA, the Romanian National Strategy for HIV/AIDS was completed in October 1999, and the stage set for the formation and launching of an inter-ministerial HIV/AIDS Commission, which would include representation from Romanian NGOs active in HIV/AIDS;
- CPHA organized in May 1999 a technical mission by representatives of the Romanian Ministry of Justice's Health Department, to examine HIV/AIDS prevention and control strategies within Canada's prison system. This was an unexpected and welcome development through the project, which resulted in the sharing of information and the establishment of linkages between the Romanian Ministry of Justice and Corrections Canada on this important issue;
- CPHA provided technical assistance to UNICEF/Romania and several Romanian NGOs to carry out a feasibility study for the operation of a national HIV/AIDS Resource Centre/Clearinghouse and the development of a proposal for funding such an initiative;
- CIDA agreed to extend the project to June 2000, in order to complete all anticipated results;
- CIDA encouraged UNICEF, in cooperation with CPHA, to develop a two-year (2000 - 2002) Phase 2 project proposal to build upon the achievements of the present project as a means of reinforcing HIV/AIDS prevention and control in Romania, and to expand the geographic scope of the project to include the neighbouring country of Moldova.

2000 Highlights:

- completion of activities related to training Romanian epidemiologists in communicable disease surveillance, as a means to re-develop and strengthen the national HIV/AIDS surveillance system in Romania;
- establishment of HIV/AIDS Resource Centre/Clearinghouse at the Romanian HIV/AIDS Society;
- organize a seminar in Romania on HIV/AIDS Legal Issues, in cooperation with the Canadian HIV/AIDS Legal Network;

- participation by Romanian NGO representatives, and perhaps Moldovan representatives, in CPHA skills-building workshop for HIV/AIDS Counselling;
- completion of development of workplan for next phase of project.

CPHA-RPHA PROJECT, PHASE 2: STRENGTHENING AND EXPANSION OF RUSSIAN PUBLIC HEALTH ASSOCIATION

Term: March 1998 - March 2001

Partners: Canadian International Development Agency (CIDA), Russian Public Health Association (RPHA)

The Russian Public Health Association (RPHA) Project, Phase 2 is made possible by a contribution from the Canadian International Development Agency. The project's first phase (1994 - 1997) saw the establishment of the Russian Public Health Association, a national multi-disciplinary, multi-sectoral organization for the promotion of public health in Russia. The current project is a continuation and expansion of activities carried out during the first phase.

The aim of the second phase proposal is to reinforce the contribution of RPHA to strengthening Russian civil society, especially its role in contributing to the development of national policies and programs which have an impact on human health.

Nine regional chapters are currently working on achieving full independent status. To date, the regional office in Karelia has been legally incorporated and registered with local administrative authorities and a separate bank account has been opened for it. Internet and email links have been established for regional chapters which enable a more efficient exchange of information between the regions and RPHA head office. Two issues of the RPHA Newsletter have been published with input made possible by these electronic linkages.

Conferences on topics of public health interest have been organized by RPHA in Arkhangelsk, Tomsk, and St. Petersburg. The topics have included the health of school children and the necessity of preventing alcohol abuse. RPHA efforts in the area of tobacco control continue. A national tobacco survey has been carried out as part of the WHO Tobacco-Free Children and Youth initiative. As a result of additional funding from CIDA the contract with RPHA has just been amended to allow the hiring of an additional, full-time, bilingual project officer and the translation of *Smoke and Mirrors*, a Canadian book on tobacco control, into Russian.

The CPHA and RPHA will continue to work closely to ensure that the project achieves its goals of contributing to the increased health of Russian society and reinforcing the institutional capacities of the RPHA.

SOUTHERN AFRICAN AIDS TRAINING PROGRAMME, PHASE II

Term: May 1996 - May 2001

Partner: Canadian International Development Agency (CIDA)

Four-fifths of all AIDS deaths have occurred in sub-Saharan Africa, which is inhabited by only one-tenth of the world's population. The multiple repercussions of these deaths are reaching crisis levels in many countries, where declining life expectancy, overburdened health care systems, increasing orphanhood, and unprecedented losses to business pose an enormous threat to development.

Since 1990, the Southern African AIDS Training (SAT) Programme has been working to support community-based responses to the HIV/AIDS epidemic in eleven Southern African countries. The SAT Programme provides financial, project management and training support to over 120 community organizations working at the front-line of the epidemic. This capacity development work is focused in three broad areas: HIV prevention, AIDS mitigation (counselling, care and support), and gender and human/child rights advocacy; and through the very successful School Without Walls SAT Programme initiative, experienced SAT partners continue to train and mentor less experienced ones, and pass on tested methods and systems.

1999 was a productive year for the SAT Programme with a number of partners significantly advancing their work. For example, many partner groups have gained the recognition of other organizations who are inviting them to give talks and provide a persons living with HIV/AIDS (PLWHA) perspective to training programmes. Youth programming has grown, and calls are increasingly being made, especially by the youth themselves, to involve them in all stages of planning and implementation of programmes directed at youth. Increasing demand for gender advocacy programmes on HIV issues at the community level in Zimbabwe, Tanzania and Zambia has led to the decentralization of gender advocacy/HIV/AIDS cross-networking programmes from the urban main centres to communities at district level in these countries.

However, 1999 was also a year of great sadness for the Programme, with the sudden death in February of the Programme Director, Ms. Renée Sabatier. Renée had been with the Canadian Public Health Association since 1989 and had lived and worked for the past eight years in Harare as the Director of the SAT Programme. Creativity, commitment and compassion were the hallmarks of Renée's work, and her vision and legacy will continue through the SAT Programme's endeavours. Dedicated field staff successfully maintained and developed the Programme's work through this difficult time. With the new year, Dr. Josef Decosas will be joining CPHA as the new SAT Programme Director. Dr. Decosas brings many years of experience in international AIDS work, and is a long-time supporter of the SAT Programme. A CIDA mid-term evaluation of the Programme will be conducted in 2000, and this year will also see the preparations for the next stage of the SAT Programme.

THE STRENGTHENING OF PUBLIC HEALTH ASSOCIATIONS PROGRAM (SOPHA)

Term: April 1998 - March 2001
Partners: Canadian International Development Agency (CIDA), National Public Health Associations in Burkina Faso, Cuba, Dominican Republic, Ethiopia, Niger, Peru, and Uganda

The Strengthening of Public Health Associations (SOPHA) Program supports non-governmental organizations in developing countries in the development of civil society, with focus on the health sector. The SOPHA Program strengthens the capacity of partner public health associations (PHAs) to participate in national health policy dialogue, promotes national and international leadership in public health, and facilitates technical exchanges between Canadian and overseas public health practitioners. The SOPHA Program promotes multi-disciplinary PHAs' role in formulating and implementing public health policy and supporting national primary health care programs. CPHA and partner PHAs influence human health through fostering leadership in the health sector, contributing to developing countries' plans of health, and by national health policy initiatives. Through the SOPHA Program, CPHA addresses key developmental themes including basic human needs, the development of civil society, institutional strengthening, capacity building, and national primary health care.

1999 Highlights

Partner PHAs continued to implement project activities addressing public health issues relevant to their local needs. They include reproductive health in Burkina Faso, healthy communities in the Dominican Republic and Peru, gender issues and public health in Ethiopia, malaria prevention and control in Niger and safety promotion/injury prevention in Uganda. Several missions were carried out during this period, including a study tour in Canada by representatives from the Ethiopian Public Health Association, technical assistance missions to Uganda, Niger, and Peru by CPHA members and Canadian public health practitioners, field visits to Uganda, the Dominican Republic, and Peru as well as inception missions to Cuba and Haiti by CPHA staff. As of December 1, 1999 CPHA and the Cuban Society of Public Health are undertaking a project to improve the access of Cuban public health practitioners to up-dated technical and scientific documents through a computer-based network. Also, this project will foster technical exchanges and collaborative activities between Canadian and Cuban public health workers.

ADVOCACY AND LIAISON, AND REPRESENTATION ON EXTERNAL COMMITTEES AND WORKSHOPS/MEETINGS

The role of the Canadian Public Health Association in advocacy is extensive. We fulfill this responsibility to our members and the general public by taking positions on critical health issues through the development of position papers and resolutions. These are processed through the CPHA Public Policy and Legislation Committee, distributed to the full membership and voted upon by the members at the time of the Annual General Meeting. CPHA members represent the association on numerous external committees and workshops/meetings.

Editorials in the *Canadian Journal of Public Health* address national and international health and social issues, while conferences provide a forum for both members and the public to debate major health topics. Through representation on external committees and task forces, the Association's views are presented and contribute to the decision-making process relevant to public health issues.

Another of the Association's major activities is representation through lobbying and presentations to Parliamentary Committees. To keep the membership informed of CPHA's activities in the area of advocacy, a feature entitled "CPHA in Action" is included in issues of the *CPHA Health Digest*. The following provides a brief overview of the Association's advocacy activities in 1999.

1999 CPHA BOARD OF DIRECTORS STRATEGIC DIRECTIONS AND ACTIVITIES

At the March 1999 Board of Directors' meeting, two strategic areas were identified as requiring immediate action. The first is the CPHA Health Reform Strategy that focused on issues related to the place of public health in health reform. The second is the CPHA Health Research Strategy that focused among other issues on development of the proposed Canadian Institutes of Health Research (CIHR). Some highlights are noted below.

CPHA Health Reform Strategy

CPHA continues its work in the area of funding and support for the public health structure through its work with the Health Action Lobby on the federal budget. A Motion on the Canada Health and Social Transfer was passed in 1999 by the CPHA membership. CPHA working with National Voluntary Organizations (NVO), presented information and analysis regarding the significant health components of the 1999-2000 federal budget to the CPHA Board of Directors.

Canadian Institutes of Health Research (CIHR)

CPHA has taken an active role in discussions concerning the development of CIHR. CPHA Board member, Dr. Harvey Skinner, has taken the lead on this issue and Dr. David Butler-Jones, CPHA

President, has also been actively involved. In June 1999, CPHA members voted to support CIHR and an Institute of Public Health Research. CPHA advocated this position with the federal Minister of Health and with CIHR's Interim Governing Council with respect to research in the areas of population health, public and community health, health services and epidemiology. CPHA also participated in ongoing discussions and lobbying as a member of the Network for the Advancement of Health Services Research and the National Voluntary Health Agencies. In early January 2000, CPHA nominated five CPHA members to be considered for the Governing Council of the new CIHR as well as supporting a slate of institutes developed by a group of multidisciplinary academics, administrators, health service providers and public health professionals that included CPHA representatives.

OTHER FEDERAL LOBBYING ACTIVITIES

Other significant lobbying activities in 1999 included:

Health Action Lobby (HEAL)

HEAL is a coalition of 30 national health and consumer organizations dedicated to protecting and strengthening Canada's health care system. The Health Action Lobby (HEAL) was formed in 1991 and CPHA is one of the seven founding organizations.

CPHA continued its participation as a member of HEAL which has focused its efforts on a government relations/lobbying program highlighting the importance of health issues on the government agenda and more specifically, on the discussion around federal financing of health and health care with the presentation to the Commons Standing Committee on Finance, entitled "Health, Productivity and Prosperity for Canadians: HEAL Pre-budget Submission 2000/2001". The brief outlined several recommendations including calls for the federal government to work with health stakeholders, non-governmental organizations and the public, to develop a strategic vision for a seamless continuum of health care services, to address the challenges of funding for insured services, to support the transition to community-based services and to provide long-term and sustainable funding for Canada's publicly funded health care system.

International Trade Agreements

Since 1997, CPHA has been involved in lobbying on the issues of the MAI, World Trade Organization (WTO) and other international trade agreements and related issues. 1999 was no exception with quite a bit of activity on this front. February 10, 1999, CPHA wrote to the Prime Minister of Canada and the Federal Minister of Finance expressing concern regarding the impact of international financial transactions and currency speculation on the economic and social well-being of Canadians and the international community. CPHA supported a private member's motion, M-239 as amended, that read "That, in the opinion of this House, the government should show leadership and promote the implementation of a tax aimed at discouraging speculation on fluctuations in the exchange rate." April 8, 1999, following the CPHA Board of Directors' meeting, CPHA wrote to the Prime Minister of Canada, the Finance Minister, the Minister of Foreign Affairs and the Minister for International Cooperation and Minister for CIDA supporting the Government's announcement of a

debt relief strategy to help the poorest countries. CPHA expressed concern about the impact of debt on the world's poorest nations and the health and well-being of their populations. At the 1999 Annual General Meeting in June, the membership passed Resolution No. 5 that also addressed the issue of international debt relief, congratulating the Canadian Government but also urging same to go further to ensure that debt relief is not linked to structural adjustment conditions and to extend the relief to 50 of the poorest countries instead of the 12 under the current policy. November 24, 1999, CPHA wrote to the Federal Minister of International Trade, with copies to the Prime Minister, Minister of Finance, Minister of Health, Minister of Foreign Affairs and Minister of Environment concerning the Seattle Trade Summit, once again expressing concern that world trade agreements and any current trade and investment liberalization pose a number of direct and indirect health threats. A detailed brief entitled, *Brief to the World Trade Organization: World Trade and Population Health*, prepared by Dr. Ronald Labonte on behalf of the Canadian Public Health Association and the International Union for Health Promotion and Education, dated November 8, 1999, was forwarded along with the letter.

Presentation to the Standing Committee on Environment and Sustainable Development

In October 1999, CPHA developed a brief on *A Public Health Approach to Pesticide Use in Canada* which was presented to the Standing Committee on November 16, 1999 in regard to their review of pesticides. Mr. Fred Ruf and Dr. Nicole Bruinsma worked with CPHA staff to prepare the brief and speaking notes. CPHA made five recommendations on how to approach the use of pesticides in Canada, The Precautionary Principle, Public Education and Outreach, Alternatives to Chemical Pesticide Use, The Pest Management Regulatory Agency (PMRA) and Maximum Residue Limits. CPHA emphasized the need to practice the precautionary principle and that more research is needed in the area of pesticide alternatives, as well as in the area of policy and public education programs development.

National Children's Alliance

CPHA is a member of the National Children's Alliance (NCA). NCA is a group of more than two dozen national organizations who care about and advocate for children, youth and their families in Canada. It was founded in 1996 to promote the development of a national children's agenda by the federal and provincial governments.

In 1999, while NCA representatives continued to lobby federal Cabinet, MPs from all parties and federal officials on children's issues, the major focus of the NCA was to address and promote the National Children's Agenda (Agenda), which was introduced in May 1999. The Agenda is a federal, provincial and territorial public commitment to Canada's children, youth and their families (also addressed in 1999 Throne Speech). Its goal is "children who are healthy, safe and secure, successful at learning and socially engaged and responsible". The NCA coordinated community response, in the way of community consultations, as well as through lobbying of local, provincial/territorial and national governments to urge the move to action.

In 1999, CPHA participated in NCA meetings and endorsed the

Alliance's materials, including media events and press releases. CPHA published an article on the Agenda in the *CPHA Health Digest* (Summer 1999).

CPHA is represented and partners with a large number of diverse groups throughout the year on specific issues. The following are coalitions on which CPHA is listed as an organizational member:

- Canadian Association of Physicians for the Environment
- Canadian Coalition for Enhancing Preventive Practices of Health Professionals
- Canadian Coalition for High Blood Pressure Prevention and Control
- Canadian Coalition for the Rights of Children
- Canadian Council for International Cooperation
- Canadian Immunization Awareness Program
- Canadian Network for Asthma Care
- Coalition of National Voluntary Organizations
- Coalition for the Prevention of Developmental Disabilities
- Health Action Lobby (HEAL)
- Mines Action Canada
- National Children's Alliance
- National Information Program on Antibiotics Coalition
- National Literacy and Health Partners
- National Voluntary Health Agencies
- Network for the Advancement of Health Services Research
- Partners in Health Coalition for Influenza Immunization

EXTERNAL COMMITTEES AND WORKSHOP/MEETING REPRESENTATION

Through the dedication of its membership, CPHA continues to be represented on numerous external committees, task forces and workshops which provide valuable input to and help shape the future of Canada's health care system.

The following provides a brief overview of the range of activities in 1999:

Committees

- Action for Health Protection Renewal Action Group
Mr. Fred Ruf
- Advisory Committee on Management for the Therapeutic Products Programme
Dr. Linda Strand, Dr. John Blatherwick
- Advisory Committee for the Preparation of a Report of Human Health and the Canadian Environment
Mr. Fred Ruf
- Advisory Committee for the Sentinel Health Unit Surveillance System (SHUSS)
Ms. Jane Underwood
- Advisory Group Reviewing the Recommendations from the Working Group on HIV/AIDS (nomination)
Dr. Catherine Donovan
- Breastfeeding Committee for Canada
Ms. Joanne Gilmore
- Canadian Association of Physicians for the Environment (CAPE)
Dr. Trevor Hancock, Corresponding Director

- Canadian Coalition on Enhancing Preventive Practices of Health Professionals
Dr. David Butler-Jones, Dr. Paula Stewart
- Canadian Coalition for High Blood Pressure Prevention and Control
Dr. George Fodor
- Canadian Coalition for the Rights of Children
Ms. Norma Freeman
- Canadian Coordinating Committee on Anti-Microbial Resistance (CCCAR)
Mr. Bradley Colpitts
- Canadian Ethno-Cultural Council Advisory Committee on the Use and Misuse of Drugs - A Cross-Cultural Education Model
Ms. Nancy Foreman
- Canadian Network for Asthma Care
Ms. Sonya Corkum
- CEPA New Substances Notification Regulations - Biotechnology
Dr. Penny Chan, Mr. Fred Ruf
- CEPA Priority Substances List II
Dr. M. Dubé
- Canadian Strategy for Cancer Control Committee
Ms. Carol Smillie
- Committee for Advice on Tropical Medicine and Travel (CATMAT)
Dr. Raphael Saginur
- Consumer Chemical Harmonization (CCH) Task Force
Mr. Fred Ruf
- Drugs Programme Senior Advisory Committee on Management (DPSACM)
Dr. Linda Strand
- Environment Canada Strategic Options Process Issues Tables
Dr. M. Dubé, Mr. John Oudyk
- Expert Advisory Committee on Blood Regulation
Mr. Fred Ruf (nomination)
- Expert Advisory Committee on Xenograft Regulation
Dr. Bryce Larke
- Expert Committee on Resources Centre - Chile
Ms. Jocelyne Chaperon Beck
- Expert Review Panel for Breast Screening Initiative
Ms. Carol Smillie
- Information Technology Issues in Community Health (ITCH) Steering Committee
Ms. Shannon Turner, Ms. Sylvia Robinson
- Joint Core Advisory Committee on Particulate Matter and Ozone
Mr. Fred Ruf
- "Left Out": Perspectives on Social Exclusion and Social Isolation in Low-Income Populations
Ms. Elaine Johnston
- National Advisory Committee on Immunization (NACI)
Dr. John Carsley
- National Children's Alliance
Ms. Norma Freeman
- National Consultations in the Development of Canada-Wide Standards on Particulate Matter and Ground-Level Ozone
Mr. Fred Ruf
- National Discussion Group on Homelessness
Dr. Liz Roberts

- National Foodborne, Waterborne and Enteric Disease Surveillance Technical Steering Committee
Mr. Al Raven
 - National Information Program on Antibiotics (NIPA) Coalition
Dr. Paul Hasselback
 - National Nursing Week Steering Committee - "Challenge Yourself - Get Active"
Ms. Norma Freeman
 - National Organizing Committee for Removing Barriers II: Keeping Canadian Values in Health Care Initiative
Ms. Heather Pattullo
 - National Safe Spaces Advisory Committee
Mr. Neil Burke
 - National Tobacco Control Strategy Committee
Dr. Mary-Jane Ashley
 - National Women and HIV/AIDS Conference Advisory Committee
Mr. Neil Burke
 - National Working Group on Immunization Registries
Dr. Catherine Whiting
 - 1999 Nursing Leadership Conference Advisory Committee
Ms. Louise Hanvey, Ms. Mary Martin Smith
 - PACE-CAN Advisory Committee (Provider-Based Assessment for Counseling on Exercise and Nutrition Adapted for Canadians)
Ms. Lee Stones
 - Planned Parenthood Sexuality Education Best Practices Sourcebook Project
Ms. Julie Levesque, Mr. Neil Burke
 - Steering Committee - Canadian Perinatal Surveillance System (CPSS)
Ms. Marianne Stewart
 - Steering Committee to Oversee Non-Human Use of Antimicrobials Policy Development
Dr. Paul Hasselback
 - Steering Committee to Oversee Raw Foods of Animal Origin Policy Development
Mr. Richard Davies
 - Task Force on Chlorinated Disinfection By-Products
Mr. Fred Ruf
 - Task Force on Public Health and the Blood System in Canada
Dr. Perry Kendall
- Workshops/Meetings**
- Canadian Association of Physicians for the Environment (CAPE) Annual General Meeting, Jan. 16, 1999
Ms. Deborah Gordon-El-Bibbety
 - Consultation on Surveillance, Feb. 3, 1999
Ms. Jane Underwood
 - National Training Initiative in Adolescent Health (NTIAH) National Planning Committee Meeting, Feb. 5, 1999
Dr. Cindy Hunt
 - Roundtable on Home Care Development, Feb. 10, 1999
Ms. Hope Beanlands
 - Consultation to Address Interim Changes to the Creutzfeldt-Jacob Disease (CJD) Policy as it Relates to Blood Regulation, Feb. 12 and April 21, 1999
Dr. Ian Gemmill
 - Homecare Sector Study Information Meeting, Feb. 21-22, 1999
Ms. Hope Beanlands
 - Research/STD National Goals Implementation Strategy Conference, Feb. 25-26, 1999
Dr. Mary Gordon
 - Canadian Coalition for the Rights of Children Meeting, Feb. 26, 1999
Ms. Norma Freeman
 - Roundtable on Understanding the Public: Private Interface in the Funding of Health Care in Canada, March 22, 1999
Dr. Robert Spasoff
 - National Forum on Closing the Care Gap, March 26-28, 1999
Ms. Hope Beanlands
 - Canadian Health Network Information Session, March 30, 1999
Ms. Norma Freeman
 - National Consensus Meeting on an Integrated National Health Surveillance Network, March 31, 1999
Ms. Jane Underwood, Mr. Fred Ruf
 - Consultation Workshop on Direct-to-Consumer Advertising for prescription Drugs, April 14-16, 1999
Dr. Linda Strand
 - Child Health Roundtable, April 23, 1999
Ms. Norma Freeman
 - National Health Organizations Meeting, April 26, 1999
Ms. Norma Freeman
 - Technical Briefing to Initiate the Open Consultation Phase of the Nutrition Labeling Policy Review, April 29, 1999
Ms. Debra Huron
 - National Consensus Conference on Population Health Indicators, May 4, 1999
Ms. Heather Pattullo
 - National Varicella Consensus Conference, May 5-7, 1999
Dr. Ian Gemmill
 - National Forum on Older Adults Active Living, May 13-16, 1999
Ms. Lee Stones
 - Forum on Fetal Alcohol Syndrome, May 25, 1999
Ms. Norma Freeman
 - Towards Credible and Effective Environmental Voluntary Initiatives: Lessons Learned Conference, June 14-15, 1999
Ms. Caryn Wolfe
 - Roundtable on a National Children's Agenda, June 29, 1999
Ms. Sonya Corkum
 - Public Advisory Group on Blood Regulation Videoconference, July 15, 1999
Dr. Ian Gemmill
 - Good Bears Buckle Up - Ottawa Launch, Sept. 19, 1999
Ms. Norma Freeman
 - Canada Wide Standards (CWS) for Benzene Multi-Stakeholder Consultation Meeting, Sept. 27-28, 1999
Mr. Tim Lambert
 - Canadian Alliance on Mental Illness and Mental Health Workshop, Sept. 29, 1999
Dr. Liz Roberts
 - Influenza 2000 Leadership Conference, Oct. 23, 1999
Dr. Eleni Galanis

- Science Advisory Board Drug Review Process Workshop, Nov. 3-4, 1999
Dr. Linda Strand
- HIV/AIDS/STD Joint National Meeting, Nov. 17-20, 1999
Dr. Mary Gordon
- National Child Day - Launch, Nov. 22, 1999
Ms. Norma Freeman
- Action for Health Protection Legislation Renewal Action Group Meeting, Nov. 22, 1999 and ongoing consultation, Dec. 1999
Mr. Fred Ruf
- Active Living Coalition for Older Adults (ALCOA) Summit Meeting, Dec. 3-5, 1999
Ms. Anne Skuba

BRIEFS AND SUBMISSIONS 1999

DOCUMENT REVIEW

Over the course of a year, the Canadian Public Health Association is asked to review a number of government documents and to complete surveys for non-governmental and government bodies. The following is a list of reviews and surveys completed in 1999 with the support and involvement of CPHA members.

Reviews Completed in 1999

1. *Getting Street Smart: Re-Imaging Adolescent Health Care for Street Youth*, Final Report to Health Canada, Canadian Paediatric Society, January 1999.
2. *Proposal for Discussion: a revised regulatory framework for disinfectants and sanitizer products*, Therapeutic Products Programme, Health Canada, March 1999.
3. *Drug Review Process in Health Canada*, Science Advisory Board (Roberta Bondar, Chair), March 1999.
4. Preliminary Draft Standard: Environmental Assessment, Draft 14, CSA International, October 1999.

Surveys/Questionnaires Completed in 1999

1. Health Canada, Health Promotion and Programs Branch, *HIV/AIDS Prevention: National Professional Organizations and HIV/AIDS Prevention: Key Informant Questionnaire for Professionals Working in HIV Prevention*. March 1999.
2. Health Canada, Science Advisory Board, *Drug Review Process in Health Canada*. March 1999.
3. Canadian Blood Services, consultation process to develop an organizational model and service delivery system, May 1999.
4. Canadian Council on Social Development for Canadian Health Network, *Determinants of Health, Resource Mapping*, July 1999.
5. Canadian Centre on Substance Abuse for Health Canada, *Best Practices and Situational Analysis Regarding Fetal Alcohol Syndrome/Fetal Alcohol Effects and Other Substance Use During Pregnancy*. September 1999.

BRIEFS

A Public Health Approach to Pesticide Use in Canada, was submitted to the House of Commons Standing Committee on Environment and Sustainable Development, October 1999. CPHA appeared before the Committee on November 16, 1999.

Brief to the World Trade Organization: World Trade and Population Health, was prepared by Dr. Ronald Labonte on behalf of the Canadian Public Health Association and the International Union for Health Promotion and Education, dated November 8, 1999 and forwarded to the Prime Minister, Federal Minister of International Trade, Minister of Finance, Minister of Health, Minister of Foreign Affairs and Minister of Environment.

PUBLIC POLICY AND LEGISLATION COMMITTEE (PPLC)

The following Resolutions and Motions were approved by the membership at the Canadian Public Health Association (CPHA) Annual General Meeting (AGM) held in Winnipeg in June 1999.

Resolutions

1. Heart Health Promotion
2. Funding for Varicella Vaccine
3. Use of Antimicrobial Soaps
4. Precautionary Principle
5. International Debt Relief
6. Video Lottery Terminals

Motions

1. Children's Environmental Health
2. Canada Health and Social Transfer (CHST)
3. Canadian Institutes for Health Research (CIHR)

For more details regarding the Resolutions and Motions, please contact the CPHA National Office or refer to the 1999 Public Policy and Legislation Committee report which will be available at the 2000 Annual General Meeting to be held in Ottawa, Ontario in October 2000.

SUMMARY

The Association realized one of its most active years in 1999 in terms of programs, activities, committee representation and health policy. These areas are reported in detail within the report and a further verbal and written report will be provided to the Board at the March meeting.

The Association's year-end audit will not be finalized until later in March, however there is every indication that CPHA will better its year-end projected deficit figure. The Health Resources Centre has realized a good year financially. The activities around the Canadian Journal of Public Health have escalated dramatically, including 1 supplement in 1999, entitled "Canadian Conference on Shared Responsibility and Health Impact Assessment: Advancing the Population Health Agenda," and 1 insert, entitled "CAPITALizing on Science: Report of a Workshop on Climate Change, Science and Health." This increase in publishing activities for the Journal will continue in the year 2000 with inserts in 2 upcoming issues and a supplement scheduled for the summer. Membership continues to maintain a stable base, however plans are underway with the membership committee to implement a more active recruitment strategy for the year 2000, which we believe will be successful.

The CEO's report to the Board will be published on the website and we will be developing a more concise Annual Report for 1999 that will be forwarded to all CPHA members in May or June 2000. This will ensure that the Membership receives the CEO's report to the Board of Directors (as occurs when the annual conference is held in June), and an update will be provided at CPHA's 2000 Annual General Meeting in October.

The Association continues to be deeply involved in advocacy work through representation by its members on task forces, committees and workshops as well as through review of briefs and legislations. Representatives' efforts along with a strong Board of Directors and strong committees ensure that the Association's credibility and profile remain high in the health system, not only in Canada but internationally. We would like to express our appreciation to these many individuals for their commitment and the amount of time they give to support this Association in achieving its mission to advocate for the improvement and maintenance of personal and community health both in Canada and abroad.