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# CANADIAN PUBLIC HEALTH ASSOCIATION

## ANNUAL REPORT 2001

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AS PRESENTED TO THE  
CANADIAN PUBLIC HEALTH ASSOCIATION  
ANNUAL GENERAL MEETING  
9 JULY 2002

GERALD H. DAFOE  
CHIEF EXECUTIVE OFFICER

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# INTRODUCTION

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## 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.

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## 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.

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## 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.

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## 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 (PTBA), 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.

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## 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.

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## 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
- Student/Retired
- Low Income
- International
- Corporate
- 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 (PTBAs)

- 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.

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## AREAS OF INTEREST

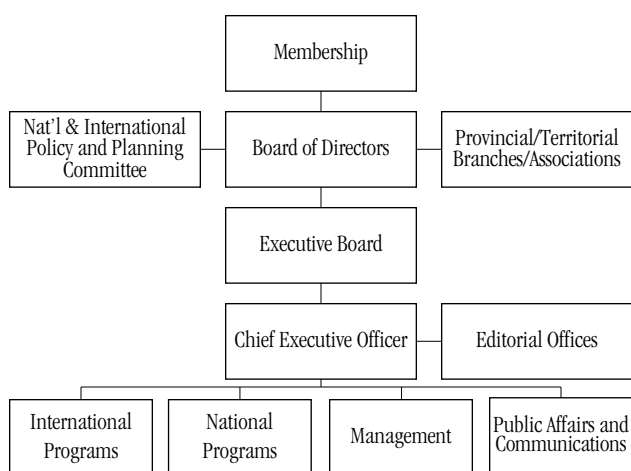
The following Areas of Interest are the current focus of activity for the Association in the coming years, with future changes to be guided by Membership input:

- **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 total CPHA staff is 88. Of this staff 60 are located at the CPHA National Office in Ottawa with 28 located overseas (26 staff are locally engaged). The total budget for 2001 including National Office, national and international projects was \$11,939,785. The program activities managed by the National Office, with the exception of financial services, are reported in this document.

### CANADA HEALTH DAY

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.

### 2001 – Building a Healthy Future/Bâtir un avenir en santé

In 2001, 102 health units and health facilities participated in the celebrations. CPHA sold and distributed over 529 posters, 1,625 buttons, 1,850 biodegradable balloons, 131 T-shirts, 1,050 cafeteria trayliners, 5,850 bookmarks and 81 baseball caps.

### CANADIAN JOURNAL OF PUBLIC HEALTH

In 2001, there were six regular issues of the CJPH, plus:

- an insert entitled: "Climate Change: Air Pollution and Your Health: Some Basic Answers to Some Big Questions", which was published in the May/June 2001, Volume 92, No.3 issue of the CJPH;
- an insert from the Achieving Cardiovascular Health in Canada partnership entitled: "Achieving Cardiovascular Health in Canada", which was published in the July/August 2001, Volume 92, No.4 issue of the CJPH;
- a bilingual insert entitled: "Polio Symposium: No Room for Complacency", which was published in the September/October 2001, Volume 92, No.5 issue of the CJPH.

This year has seen 170 manuscripts submitted. In 2001, the CJPH published 115 articles and rejected 46.

A qualitative research version of the Guidelines for Reviewers form was developed by Dr. Arden Robinson Vollman with constructive comments by Dr. Heather Maclean. This review form has been used since Spring 2001 and has been complimented by numerous reviewers and is very helpful for the Scientific Editor in evaluating qualitative research papers. Generic English and French versions have been put up on the CJPH web pages so that reviewers can access them as needed, as have the English and French of the quantitative research evaluation forms. All CJPH web pages have now been translated and are up in French on the CPHA website.

Mr. Doug Angus stepped down after his 3-year term as Scientific Editor ended in May 2001. He graciously bridged the gap between editors, staying on until the end of July 2001. Dr. Patricia Huston was appointed as the next Scientific Editor and took office in September 2001. CPHA thanks Mr. Angus for all his hard work and commitment to keeping the CJPH a vital and valuable resource for health professionals. He did a wonderful job. And we welcome Dr. Huston and look forward to working with her in keeping the CJPH the valued resource that it is and in exploring new possibilities for

the Journal.

Dr. Fernand Turcotte of Laval University, has announced his resignation from the honorary position of Associate Scientific Editor for French articles submitted to the Canadian Journal of Public Health. Dr. Turcotte has held this position for more than 20 years and has been an invaluable member of the CJPH Editorial Board. He has handled all aspects of the peer review and editing of French articles, and has filled in as interim Scientific Editor on the English side when the CJPH found itself "between Scientific Editors". For all his dedication to the Journal and to CPHA over the years, and for his enthusiasm and the generous devotion of so much of his time to the CJPH, CPHA extends its heartfelt thanks and wish him all the best of happiness and success in his future endeavours.

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### HEALTH RESOURCES CENTRE

2001 was a 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 16 titles to its catalogue of resources available for sale. Some of these titles include:

- Birth Control Options Flip Chart and Transparencies
- Children's Environmental Health: Reducing Risk in a Dangerous World
- Community-based Public Health: A Partnership Model
- Control of Communicable Diseases Manual, 17th edition
- Directory of Plain Language Health Information
- Don't Drink the Water, 5<sup>th</sup> edition
- The Healing Choice: You and a Career in Health
- Healthy Beginnings: Your Handbook for Pregnancy and Birth
- The Healthy Boomer - A no-nonsense midlife health guide for women and men
- Healthy Together: A Couple's Guide to Midlife Wellness
- Learning Modules for Defining and Measuring Community Health
- A New Generation: The Senior Citizens of Today
- Nicotine and Public Health
- Promoting Health Through Organizational Change
- Sex Sense: Canadian Contraception Guide
- Stop, Look and Listen: An Interactive Guide to Working with Communities (CD-ROM)

Centre staff also represented the Association at six 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 a busy year and a half for Centre staff.

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### 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:

<b>Total Number of Members* 1997 - 2001</b>					
<b>Province</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
NLPHA	33	34	33	30	32
NB/PEI	59	48	45	47	53
PHANS	51	43	45	44	45
ASPQ	92	90	89	82	85
OPHA	286	249	258	246	240
MPHA	39	41	55	56	61
SPHA	71	60	65	63	64
APHA	200	171	176	172	170
PHABC	127	116	122	115	119
NWT/Nunavut	25	26	26	27	33
CPHA (Direct)†	663	634	627	587	597
<b>TOTAL</b>	<b>1646</b>	<b>1512</b>	<b>1640</b>	<b>1469</b>	<b>1499</b>
CSIH	290	258	275	248	245
CATCH	75	66	69	65	80

\* 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.

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### PLAIN LANGUAGE SERVICE (PLS)

CPHA offers the services of plain language assessment, basic or technical revision, creating a new document, clear design, translation, PL/clear verbal communication training and workshops, to a wide variety of clients. These include Health Canada, Treasury Board, Foreign Affairs & International Trade, Mount Sinai Hospital, Hospital for Sick Children, Canadian Haemophilia Society, National Ovarian Cancer Association, VON, and several pharmaceutical companies.

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### 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 2001. A number of these program activities are listed below.

#### Invitational Polio Symposium

March 7-8, 2001

CPHA was asked by Aventis Pasteur to bring together experts on polio for a 1 1/2 day symposium. The Polio Symposium took place March 7-8, 2001 in Ottawa. This invitational symposium involved 50-75

participants. The goals of the conference were to describe the fight against polio in Canada and around the world, to discuss strategies for global eradication of polio and to determine how to deal with polio in a post-immunization era. Topics discussed included the history of polio, global successes and eradication, the scientific basis for cessation of polio immunization, and planning for future vaccine production and use. The Symposium received excellent media coverage at local and national levels. A report of the proceedings was featured as a special insert to the September-October 2001 issue of the Canadian Journal of Public Health.

### **National Symposium on Medication Packaging and Labelling** September 5-6, 2001

This two-day invitational event took place September 5-6, 2001 in Ottawa. The Symposium provided an opportunity for about 40 stakeholder representatives to work together and better understand the issues from a variety of perspectives while undertaking a common goal to improve medication packaging and labelling for seniors' safe and effective prescription drug use.

### **CPHA 92nd Annual Conference** **Creating Conditions for Health –** **Whose Commitment? Whose Responsibility?**

October 21-24, 2001

Four hundred and seventy-one people attended the conference in Saskatoon, which focused on intersectoral collaboration, the development of healthy public policy, the experiences of improving health in Aboriginal communities and building capacity in vulnerable communities. Over 68 thematic oral sessions were featured along with 12 workshops, 12 roundtable sessions, 40 poster presentations, exhibits and a book fair. Keynote speakers included Dr. Murray McQuigge as the Opening Keynote speaker on Sunday, Dr. Jeffrey Reading, Mr. Don Kossick on Monday, and a panel presentation with Mr. Steven Lewis and Dr. Nettie Wiebe moderated by Dr. David Butler-Jones on Tuesday. The conference closed with a presentation by Ms. Maude Barlow.

Social events included a pre-conference tour of Wanuskewin/White Buffalo Youth Centre and a sold-out cultural fun night. There were 23 exhibiting companies and various meetings including 2 pre-conference workshops. The conference was chaired by Mary Martin-Smith and Georgia Bell Woodard. Other than the snow, the general consensus from delegates was positive. A special evening session was held on Tuesday night with The Honourable Roy Romanow, Q.C., Commissioner for the Commission on the Future of Health Care in Canada, entitled: "Paddling Upstream: Who Has the Canoe?"

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# NATIONAL PROGRAMS

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## **AIR HEALTH EFFECTS PROJECT**

Term: December 2001 – March 31, 2002

Partner: Health Canada

With funding from Health Canada's Air Health Effects Division, CPHA has undertaken a project to develop consistent messages about the health impacts of air pollution as well as resource materials to educate the general public, at-risk groups and health professionals.

Air pollution has wide-ranging impacts on human health. Pollutants can damage lungs and breathing systems, irritate eyes, increase allergies and cause wheezing and shortness of breath. In Canada each year, about 16,000 premature deaths and many more hospital visits are associated with air pollution. Groups particularly at risk are the very young, the elderly and people suffering from chronic respiratory and heart diseases.

Enhanced participation by the health sector is critical to raise public awareness of these impacts and actions that may be taken to reduce their risk and improve the long-term health of Canadians. Health professionals have high credibility with the public and have been effective in promoting and supporting social change.

The project will include three streams of activity: 1) the development and testing of core messages; 2) the development and dissemination of resource materials and public awareness activities for Clean Air Day (to be held in June 2002) targeting the general public, several at-risk groups and health professionals; and 3) the design and implementation of a national pilot workshop for health professionals.

This program builds upon other environmental health program successes and lessons learned from a previous project: Supporting Public Awareness Initiatives on the Health Effects of Climate Change and Air Pollution. It is viewed as part of a broader CPHA public education and awareness strategy that will provide a consistent approach to air pollution with the purpose of engaging Canadians and their communities to reduce associated health risks and promote clean air.

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## **CANADIAN COALITION FOR INFLUENZA IMMUNIZATION**

Term: January 2000 – December 2001  
Partners: Canadian Association of Chain Drug Stores  
Canadian Association of Retired Persons  
Canadian Diabetes Association  
Canadian Gerontological Nursing Association  
Canadian Infectious Disease Society  
Canadian Lung Association  
Canadian Medical Association  
Canadian Paediatric Society  
Canadian Pharmacists Association  
College of Family Physicians of Canada  
Community and Hospital Infection Control Association  
Health Canada  
Heart and Stroke Foundation of Canada  
Sponsors: Aventis, Shire Biologics, Health Canada

The goal of the Canadian Coalition for Influenza Immunization (CCII) is to promote the benefits of influenza immunization for all ages.

The challenge of this ongoing national program has been to complement increasingly large provincial programs to promote influenza immunization. In response, a variety of tools have been developed for use by health care providers, all available on the website ([www.influenza.cpha.ca](http://www.influenza.cpha.ca)). These target different audiences, and allow health units to adapt national promotions to suit their local market. Reputable resources have been gleaned from other websites and either added or linked to the CCII website, making it one-stop-shopping for professionals and the public who are looking for information about influenza and its prevention. Coalition partners have been instrumental in delivering the message and resources to their respective memberships.

Health Canada supports this program because of its contribution to averting pandemic influenza. In addition to annual protection of the public, the proliferation of immunization clinics increasingly prepares and trains the delivery system in the event of a pandemic.

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## **CANADIAN HIV/AIDS CLEARINGHOUSE**

Term: April 1, 2001 – March 31, 2004  
Partner: Health Canada

The Canadian HIV/AIDS Clearinghouse is the largest information centre on HIV/AIDS in Canada. Funded under the Canadian Strategy on HIV/AIDS (CSHA), the mandate of the Clearinghouse is to provide information on HIV/AIDS prevention, care and support to health and education professionals, AIDS Service Organizations, health information resource centres, governments and others with HIV/AIDS information needs. The Clearinghouse has a specific focus to support Canadian activities in the area of HIV prevention.

### **Distribution Services**

*Bringing Canada's HIV/AIDS resources to you*

In 2000/2001, over 33,000 orders were processed, resulting in Clearinghouse staff distributing 557,000 pamphlets, posters, brochures, videos and manuals. The Clearinghouse's distribution collection currently includes 577 items. The Clearinghouse will once again provide

coordination and logistical support for Health Canada at the XIV International AIDS Conference in Barcelona Spain in July 2002. A CD-ROM will also be produced which will highlight resources developed by Canadian AIDS organizations.

### **Library Services**

*Your gateway to a wealth of information*

Clearinghouse staff have been working diligently to maintain and update the library collection of resources on HIV/AIDS. This work has included an extensive review and evaluation of the periodical collection and the development of a comprehensive Collection Development Policy. Library staff continue to improve the service available to its clientele through upgrades to the online catalogue of publications and ongoing training for all Clearinghouse staff. Quality reference services, customized bibliographies and interlibrary loans are the results and benefits of the improvements and upgrades.

### **HIV Prevention Program**

*Your partner in HIV prevention*

In order to keep up with the ever-changing challenges of HIV/AIDS, the Clearinghouse works closely with front-line partners to share information and develop resources supporting innovative HIV prevention initiatives.

The Clearinghouse's new website is more popular than ever averaging 23,000 hits per month. The address is: <[www.clearinghouse.cpha.ca](http://www.clearinghouse.cpha.ca)>.

The Clearinghouse's HIV Prevention ListServ continues to be a dynamic source of information and exchange across Canada. You can subscribe by sending an e-mail to [majordomo@cpha.ca](mailto:majordomo@cpha.ca) with the message "subscribe prevention".

The goal of this ListServ is to support front-line workers in their HIV prevention programming activities by providing the latest information as well as linking them with colleagues doing similar work across the country. The listserv can be a valuable tool for frontline HIV prevention workers to find out what their colleagues are doing across Canada and to connect with others with relevant information and resources.

A special project proposal was submitted to Health Canada to develop a national HIV prevention best practices tool kit. Innovative and dynamic, the tool kit will provide resources developed at the front-line of HIV prevention work in multiple formats. It will be completed by March 31<sup>st</sup>, 2002.

CHN – Canadian Health Network HIV/AIDS Affiliate Consortium  
The Clearinghouse is a partner in the Canadian Health Network (CHN), which provides Canadians with general health information via the internet. Working with the Canadian AIDS Society (CAS) and the Canadian AIDS Treatment Information Exchange (CATIE), CPHA leads the CHN's HIV/AIDS Affiliate.

The HIV/AIDS Affiliate is responsible for ensuring that information is made available through the Health Centre ([www.canadian-health-network.ca/1AIDS\\_HIV.html](http://www.canadian-health-network.ca/1AIDS_HIV.html)) for the general public and is accurate, current, comprehensive, timely, credible, relevant, well organized, and reliable.

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## **CANADIAN IMMUNIZATION AWARENESS PROGRAM**

Term: January 2001 – December 2001  
Partners: Canadian Institute of Child Health  
Canadian Medical Association  
Canadian Nurses Association  
Canadian Nursing Coalition for Immunization  
Canadian Paediatric Society  
Canadian Pharmacists Association  
College of Family Physicians of Canada  
Conférence des Régions régionales de la santé des services sociaux du Québec  
Council of Chief Medical Officers of Health  
Health Canada  
Sponsors: Aventis, GlaxoSmithKline, Merck Frosst, Shire Biologics, Wyeth-Ayerst

The goal of the Canadian Immunization Awareness Program (CIAP) is to help parents and health-care providers in Canada work together to make sure children get all the shots they need at the right times.

While the annual feature is National Immunization Awareness Week held in May, promotions continue year-round. The CIAP website ([www.immunize.cpha.ca](http://www.immunize.cpha.ca)) is becoming a clearinghouse of reputable information on immunization, available for anyone to download and use. Both educational and promotional resources are now distributed via the website; even posters and pamphlets can be downloaded and printed for local consumption. An e-mail 'news network', managed by the Secretariat, now keeps health care providers across the country informed of stories in the mainstream media. New posters and ads, with a tougher message about the importance of immunization, were also introduced in 2001.

The continual challenge of this ongoing program is to refute the myths and misinformation that circulate and re-circulate about immunization safety. In the next few years, as more vaccines are introduced, public trust in vaccines may be increasingly difficult to maintain. Coordinated efforts among non-government and government organizations are necessary.

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

Term: September 1, 1999 – March 31, 2002  
Partner: National Literacy Secretariat

Under the guidance of a multi-stakeholder advisory committee, this project evolved considerably during its two-year course. The main product is a set of Guidelines on the use of plain language terminology and good design in patient information materials related to prescription medications. The prime users will be pharmaceutical manufacturers, and it is anticipated that the Guidelines will become a reference document for the patient information section of the product monograph as required by Health Canada's Therapeutic Products Directorate, who approve drugs for the market. The project was part of CPHA's National Literacy and Health Program.

To date, the following activities have taken place:

- A literature review examining the state of current knowledge on the issues related to medication management, with an emphasis on the links between patient information and compliance.
- A multi-stakeholder consultation, including focus sessions with seniors and low-literacy Canadians, industry representatives, pharmacists, and health care providers such as physicians and nurses.
- Information gathering of existing patient information material; data on medication-related morbidity and mortality as well as literacy levels and their impact on health; package samples; and a review of similar initiatives in other countries.
- Development of a draft of the Guidelines, written by specialists under the supervision of project staff.
- A national Symposium was held on September 5-6, 2001 to review and endorse the Guidelines and discuss implementation.

The Guidelines were printed and distributed, and the electronic version is available on the website ([www.nlhp.cpha.ca](http://www.nlhp.cpha.ca)).

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## **HEALTH EFFECTS OF CLIMATE CHANGE PROGRAM - ROUNDTABLE ON HEALTH AND CLIMATE CHANGE**

Term: March 2000 – March 2001  
Partners: Health Canada  
Environment Canada  
Natural Resources Canada

The objective of the Roundtable was to raise the profile and inform policy-makers of the health issues associated with climate change. Participants heard from experts on such themes as the health impacts and costs of climate change, the health implications of reducing emissions, climate change scenarios, the role of the health sector, and collaborative and coordinated approaches to integrating health concerns into policy and programming.

In partnership with Health Canada, Environment Canada and Natural Resources Canada, CPHA organized a Roundtable on Health and Climate Change, held in Ottawa on September 17-19, 2000. The Roundtable was chaired by Dr. David Butler-Jones, CPHA President. Roundtable participants represented over forty organizations, providing a cross-section of representatives from medical institutions, health groups and associations, universities and research centres, environmental and labour non-governmental organizations, companies and industry associations, and government departments at the federal, provincial and municipal levels. A number of documents were produced by the Roundtable, including a roundtable background, summary proceedings, a strategic sectoral plan that synthesized the roundtable discussions and outlined a framework for collaborative action, and an insert to the May/June 2001 issue of the Canadian Journal of Public Health. These documents are available on-line on the CPHA website at [www.cpha.ca](http://www.cpha.ca).



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**NATIONAL LITERACY AND HEALTH PROGRAM:  
LEARNING MATERIALS ON VIOLENCE FOR YOUTH  
WITH LOW LITERACY**

Term: April 2001 – July 2002  
Partner: National Literacy Secretariat

In April 2001, the Canadian Public Health Association's (CPHA) National Literacy and Health Program (NLHP) received funding from the National Literacy Secretariat of Human Resources Development Canada to develop Learning Materials on Violence for Youth with Low Literacy.

There is extensive evidence that literacy is one of the major factors influencing health status in all populations. The Executive Summary of Health Canada's "Towards a Healthy Future: Second Report on the Health of Canadians" (1999) notes that "Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high literacy levels." Issues of youth violence, low literacy and its negative impact on health were identified at CPHA's first Canadian conference on literacy and health, held in Ottawa, May 2000, as needing further exploration and program development. These concerns were explored in a project undertaken by CPHA's National Literacy and Health Program, What the HEALTH! It was identified by CPHA, health profession experts and youth service workers, as an important issue that needed to be integrated into youth literacy programs.

Few, if any, such programs exist for youth with low literacy skills which focus on violence and its prevention. An objective of this project is to conduct qualitative research to investigate the relationship between literacy and violence in young people and identify strategies for attracting youth to literacy programs. The goal is to develop learning materials that may be integrated into adult basic education courses and other youth literacy programs across Canada. The resources developed will include popular education and non-traditional innovative teaching techniques that have been shown to be effective in working with young people of low literacy in Canada and internationally.

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**PUBLIC CONSULTATION ON  
XENOTRANSPLANTATION**

Term: May 1, 2000 – January 31, 2002  
Partner: Health Canada

There is a severe shortage of organs, cells and tissues for human-to-human transplantation. Animal-to-human transplantation (xenotransplantation) could potentially provide an almost unlimited source. The procedure, however, raises a number of issues.

In August 2000, Health Minister Allan Rock announced that CPHA is being funded to form a Public Advisory Group and conduct consultations with Canadians on the issue of xenotransplantation. Minister Rock said "the views of Canadians will help to guide the future development of government policy on xenotransplantation in Canada."

A website was developed (<http://www.xeno.cpha.ca>) to provide a wide range of information on xenotransplantation. Background information was distributed to over 4,000 organizations. The consultation was promoted

through the media and covered by most major newspapers as well as regional television and radio outlets.

From March to July 2000, viewpoints of Canadians were solicited through:

- a random, telephone survey of 1,500 Canadians
- forums of randomly selected citizens in six regions of the country
- a questionnaire mailed to 4,000 organizations
- a questionnaire posted on the project website.

A Public Advisory Group (PAG) has been working in partnership with CPHA in defining the consultation process. PAG members represent various perspectives including health care, animal welfare, faith, cultural, legal, risk management and consumers. PAG is responsible for developing recommendations on xenotransplantation based on input from Canadians. The report was delivered to the Minister of Health in December 2001 and posted on CPHA's website.

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**PUBLIC HEALTH CAPACITY PROJECT**

Term: September 1999 – February 2001  
Partners: Health Canada, Advisory Committee on Population Health (ACPH)

CPHA was contracted by the ACPH to 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 were 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, corefunctions, 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 development, and changes to priorities and activities.

CPHA submitted the final Technical Report and Highlights reports to the ACPH.

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# INTERNATIONAL PROGRAMS

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

Term: September 1998 – 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 CIDA to identify and recruit Canadian technical consultants to assist the World Health Organization (WHO) and UNICEF to strengthen national childhood immunization systems for polio eradication, elimination of measles and to combat childhood diseases in developing countries and in Eastern and Central Europe. A partnership between CIDA, CPHA, UNICEF Canada, WHO, Rotarians in Canada, and other collaborating Canadian NGOs, the CIH renews Canada's internal commitment to one of the most cost-effective public health measures – childhood immunization.

CPHA is also coordinating a public information campaign in collaboration with UNICEF Canada, CIDA, and Rotary to provide information to Canadians about the importance of international immunization.

The main activities for 2001 included:

- Over 26 short-term technical missions were completed in 19 countries to strengthen immunization systems, measles surveillance and control, vaccine production and regulation safety, vaccine management, and laboratory capacity. Eighteen 3-month missions, focusing on acute flaccid paralysis surveillance and national immunization days, were completed in the following polio-endemic countries: India, Sudan, Pakistan, and the Democratic Republic of Congo, Gabon and Haiti.
- Media campaigns and advertisements were undertaken to raise Canadian awareness of progress in polio eradication, and of the importance of national and international immunization. Examples include:
  - A 3-year agreement with the quarterly national magazine *Best Wishes* and *Mon Bébé* which potentially reach over 340,000 parents with new children each year.
  - Production and distribution of 12,000 copies in March 2001 of *Immunization Initiatives*, an annual newsletter distributed to decision-makers, stakeholders and Canadian organizations active in health issues.
  - Ongoing development of a public service announcement for TV to demonstrate the impressive progress made in polio eradication worldwide. A final product is expected by December 2001.
  - Establishing collaboration with the Canadian Immunization Awareness Program (CIAP) to disseminate information on the importance of international immunization in all provinces and territories during National Immunization Awareness Week (NIAW).

- A polio symposium was held in March 2001 to address the final stages of the eradication effort with senior representatives of WHO, UNICEF, Centers for Disease Control, Atlanta and Rotary International. Advocacy efforts resulted in an announcement of \$10,000,000 additional funds for polio eradication in central Africa by The Honourable Maria Minna, Minister for International Cooperation.

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## CONTINUING MEDICAL EDUCATION AND RENEWAL OF PUBLIC HEALTH IN KOSOVO

Term: March 2000 – December 2001  
Partners: Canadian International Development Agency  
Health Canada  
Canadian Nurses Association  
Society of Obstetricians and Gynaecologists of Canada  
Ontario Medical Association  
Quality Management Services – Laboratory Services  
Department of Health and Social Welfare in Kosovo  
United Nations Population Fund (UNFPA)  
Pristina University Hospital  
Kosovo Institute of Public Health

The CIDA funding of the project in Kosovo, to upgrade the skills of health professionals through continuing education and to assist in the rehabilitation of the public health infrastructure, is a component of the \$170 million program the Government of Canada has approved towards reconstruction in the Balkans. Our project is part of the \$7 million allocated to a series of health initiatives.

In addition to the continuing education activities, in which CPHA has the support of the Canadian Nurses Association (CNA), the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Ontario Quality Management Program for Laboratory Services, and the work with the Institute of Public Health in Pristina, CPHA is active in several new areas.

At the policy level, and with the support of the CNA, CPHA is providing the senior international nurse advisor to the Kosovo Department of Health and Social Welfare. In conjunction with an infection control specialist from Kingston General Hospital, a hospital architect from Mill and Ross of Kingston and a hospital planner from the RPG Group of Toronto, CPHA is developing a Master Plan for the hospital sector.

At the same time, and in response to the poor conditions and high infection rates in the 400-bed Maternity Unit of the Pristina University Hospital, these same partners are providing architectural, hospital design and project management services to a major CIDA-funded renovation of this facility. United Nations Population Fund (UNFPA) are a major partner in this initiative.

Finally, CPHA expects to have two information specialists in Kosovo working on a health information system framework for Kosovo and the installation of a pilot system. In this, CPHA is assisted by Dr. John Millar of the Canadian Institute for Health Information (CIHI).

## 2001 Highlights

- Redesign of Maternity Unit completed and construction well underway with completion planned for early 2002.
- Design work for Prizren Hospital added to mandate and completed. Construction will commence in early 2002.
- A 12-week course for 17 Midwives/Nurses completed
- SOGC conducted a visit in October which included Continuing Medical Education for OB/GYN specialists.
- Training in laboratory operations and management, including quality control and microbiology training provided. Post September 11<sup>th</sup>, additional support provided in preparing for bioterrorism response.
- Hospital Master Plan completed and accepted by Department of Health and Social Welfare (DHSW). The plan has also been enthusiastically accepted by the new Hospital Director.
- Senior nursing policy advisor placed in DHSW.
- Health information system pilot project designed and implemented in one region. Comprehensive training provided with assistance of Health Canada epidemiologists.
- Field epidemiologist assistance provided in support of CHF outbreak.
- Kosovo Nurses Association established, elections completed and registration underway. Formation and first meetings of the Kosovo Public Health Association supported.
- Follow-on project for Balkan Region approved in December 2001 to include a one-year extension and phase-out of Kosovo-specific activities as part of an exit strategy.

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## HEALTH PROMOTION IN ACTION PROJECT

Term: November 1998 – March 2002

Partners: Canadian International Development Agency  
National School of Public Health – Brazil  
The Brazilian Association of Collective Health

This project links academics, researchers, and health professionals in Canada and Brazil to exchange knowledge and expertise in health promotion concepts, practices and strategies. Like many other countries, Brazil is taking a close look at how to integrate health promotion in its process of health care reform. At issue is not just the delivery of health care to previously under-served areas, but rather the implementation of health promotion strategies that will take on the larger context of poverty and the social determinants of health.

The aim of the Health Promotion in Action project is to support the incorporation of health promotion theory and practice at Brazil's National School of Public Health (ENSP). CPHA is the lead Canadian partner to ENSP and the Brazilian Association of Collective Health (ABRASCO) for the project. CPHA is responsible for identifying appropriate technical expertise in health promotion and coordinating the technical exchanges in Canada. ABRASCO, the Brazilian counterpart to CPHA, is responsible for the dissemination of project results and health promotion materials in Brazil.

2001 Highlights: CPHA members have contributed significant time and effort to assist and host Brazilian visits to Canada, and to participate in technical exchange missions to Brazil. To date, 10 Brazilian delegations have visited Canada on technical exchange missions and 5 Canadian delegations have gone to Brazil. In 2001, the project sponsored presentations at two Canadian conferences and at the International Union

for Health Promotion Education Conference. The project's Technical Advisory Committee, comprised of 4 Brazilians and 4 Canadians, has met twice in Brazil to assess the progress of the project, recommend future steps and identify lessons learned to date. Eight Canadian documents, including CPHA's "Focus on Health" and "Action Statement for Health Promotion in Canada", have been translated into Portuguese and printed for distribution by ABRASCO. In addition, a Brazilian video on local development and public health has been translated into English and disseminated in Canada.

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## HIV/AIDS AND YOUNG PEOPLE IN SOUTH EASTERN EUROPE (BALKANS) AND HIV/AIDS AND YOUNG PEOPLE AND STRENGTHENING CHILD RIGHTS (ROMANIA, BULGARIA AND MOLDOVA)

Term: July 2001 – March 2004

Partner: UNICEF

HIV/AIDS is an emerging important public health concern in south east and eastern Europe. The prevalence of HIV has tended to be low, with the exception of Romania, which has a tragic history of having the highest prevalence of HIV-positive children in all of Europe. But the recent political, social and economic transition, and civil war in the Balkans, is changing this situation dramatically. The attitudes and behaviour of adolescents and young adults are very different from those of their parents: exposure to aggressive advertising and other influences from Western nations with respect to social norms and behaviours, insecurity about the future, and the emergence of a strong and powerful illegal black market contribute to making youth and young adults a vulnerable group.

Although general awareness about HIV and AIDS tends to be high, this knowledge is incomplete, incorrect and superficial. Most young people lack the skills to take healthy decisions concerning sexual behaviours. Compounding the problem is a tendency towards risk-taking and/or low self-esteem, coupled with an increase in the use of alcohol and drugs, along with unsafe sexual behaviour.

Simultaneously, while governments in this region may have the political will to do something, most have limited resources to respond effectively and adequately. The NGO community is active in HIV prevention and support for those living and affected by HIV and AIDS; but their capacity to respond is also limited and in many countries, their relationship with government is fragile.

CPHA is being contracted by UNICEF to identify and mobilize Canadian technical resources (human and material) in support of these two initiatives. Over the summer months of 2001, CPHA provided direct technical assistance to the UNICEF offices in the Balkans, Romania and Moldova to prepare the detailed Program Work Plans for CIDA. CPHA also recruited and engaged on UNICEF's behalf a Canadian as a coordinator for a rapid assessment and response study of the factors affecting HIV and AIDS in Bosnia & Herzegovina, Serbia & Montenegro, Macedonia, Albania and the UN-administered province of Kosovo. CPHA also assisted in the review and development of national HIV/AIDS strategic plans in Romania, Bulgaria and Moldova; and the organization of a technical study tour to Canada by representatives from six AIDS Service Organizations and two Ministries of Health from these countries, to meet with counterpart

Canadian NGOs and ASOs as a means of improving their knowledge and skills with respect to HIV prevention and AIDS care and support strategies.

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### **MALAWI FAMILY AND REPRODUCTIVE HEALTH PROJECT (PHASE II)**

Term: May 2000 – May 2005

Partners: Canadian International Development Agency  
United Nations Population Fund (UNFPA) Malawi

Building on the success of the first phase of the Family Health Project, Phase II aims to support the sexual and reproductive rights of all women, men and youth through an improved relationship between communities and health service providers in three selected districts of Malawi: Dedza, Nkhata Bay and Mchinji. Key results expected are:

- Improved availability of services at local clinics through providing supplies and equipment, upgrading infrastructure and training staff;
- Improved quality of health services and consultation between communities and health care providers, through experiential learning for district and health centre staff;
- Increased utilization of services and community members' ownership of their own reproductive and sexual health, through capacity building of community structures such as village health committees and youth groups.

During 2001, project activities commenced on the ground. Community meetings in Dedza, Mchinji and Nkhata Bay have introduced the project and raised awareness of reproductive health issues in the targeted villages. District health management teams have been assisted with work planning and sensitized to gender issues. Health care providers from community to district level attended training on all aspects of reproductive health care, especially the needs of youth. Religious leaders in Nkhata Bay participated in a very productive workshop on sexual and reproductive health issues for young people, and the other districts will follow suit. Supplies and equipment have been procured for the clinics, and plans made for improving transportation and communication services for health care providers. A partnership with the World Bank Institute was cemented through the participation of the Project Coordinator and several Malawian partners in a course on Reproductive Health and Health Sector Reform in Washington, DC last September.

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### **CPHA-RPHA PROJECT, PHASE II: STRENGTHENING AND EXPANSION OF RUSSIAN PUBLIC HEALTH ASSOCIATION**

Term: March 1998 – July 2001

Partners: Canadian International Development Agency  
Russian Public Health Association

The Russian Public Health Association (RPHA) Project, Phase II 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.

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### **SOUTHERN AFRICAN AIDS TRAINING PROGRAMME, PHASE II**

Term: May 1996 – March 31, 2002

Partner: Canadian International Development Agency

The SAT Programme was established in 1990 as a Canadian HIV prevention project in the countries of the Southern African Development Community (SADC). Since then it has expanded to a holistic social approach to HIV and AIDS, and it has limited its geographic coverage to the countries of Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe. The current phase of the Programme (SAT II) which is being funded by CIDA with a five-year budget of CAD 28.8M, is currently in its closing stages. A proposal for a third phase to the project (SAT III) has been submitted and is to be reviewed by the Treasury Board of Canada January 31, 2002.

SAT is based on the premise that there are identifiable social characteristics that determine the susceptibility of a community to HIV epidemics and its vulnerability to the impact of AIDS. The profile of HIV and the impact of AIDS can be changed by selectively building the capacity of groups and organisations working for positive behaviour change, care and mutual support, community cohesion, and social justice. This process is called *increasing community HIV competence*.

The year 2001 brought in the Special Initiative for Children Affected by AIDS in Zimbabwe (ZICA). This is a new initiative within SAT II which has adopted the SAT approach of organisational capacity building of community-based service providers to improve the ability of organisations working for children in Zimbabwe.

The third phase of the SAT Programme will build on the solid record of promoting gender equality, human rights, and child rights established in previous phases of SAT and will maintain its innovative edge by remaining responsive to needs and priorities identified at the community level. At the same time, it will continue to position itself within the framework of national AIDS plans and policies, and contribute its experience to national initiatives for the support of the community response to AIDS. The School Without Walls Programme remains the cornerstone of the SAT Programme and will increase its activity in institutional mentoring, site visits, apprenticeship exchanges and thematic networks throughout phase III.

SAT continues to have a positive impact on communities within the SADC region. In order to share these experiences more widely, CPHA in cooperation with CIDA, plans to increase the visibility and results of SAT both regionally in Africa and nationally in Canada.

The Canadian Public Health Association convened a meeting on September 4-5, 2001 of clinical and health specialists delivering AIDS projects for the Canadian International Development Agency (CIDA). The SAT Programme participated and was instrumental in the development of a Consensus Paper that is currently being widely circulated for comment. This paper will be used as resource material to formulate a CPHA position paper to be presented at the 2002 AGM in Yellowknife.

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### **STRENGTHENING OF ESSENTIAL PUBLIC HEALTH FUNCTIONS (BALKANS)**

Term: December 1, 2001 – September 30, 2003  
Partner: Canadian International Development Agency

This project will contribute to an improvement in health in Southeast Europe (the “Balkans”) by supporting and facilitating local, national and regional responses to public health issues. The project will be implemented in Bosnia & Herzegovina, the Federal Republic of Yugoslavia (including the UN-administered province of Kosovo), and Albania.

The regional initiative builds upon the accomplishments and success of the Continuing Education and Reinforcement of Public Health in Kosovo project. The project has three primary objectives:

- To contribute to an improvement in the quality of and access to essential public health services in a selection of Balkan countries;
- To support the participation of civil society organizations in dialogue around health issues, policy and programs; and,
- To encourage regional consultation and action on important public health issues.

The project will seek to reinforce the institutional capacity of the Institutes of Public Health to provide training and deliver effective programs in the fields of health promotion, health information systems, and essential public health functions. It will also support the implementation of activities in Kosovo begun through the initial project for the institutional strengthening of the UN-administered province’s Institute of Public Health, training programs for maternity nurses and physicians and hospital infections control, and through the Department of Health and Social Welfare, support to the hospital master planning process and nursing supervision.

Through support for the creation and nurturing of the organizational development and role of non-governmental health sector professional associations, the project will contribute to promoting the active participation of the non-governmental sector in discussions and consultations about health issues, policy and programs. Finally, this project will seek to promote regional consultations for the purpose of discussing responses to important public health issues, such as the prevention and control of communicable disease.

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### **THE STRENGTHENING OF PUBLIC HEALTH ASSOCIATIONS PROGRAM**

Term: October 2001 – September 2006  
Partners: Canadian International Development Agency  
National Public Health Associations in Burkina Faso, Cuba, Ethiopia, Haiti, Malawi, Mozambique, 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. For the 2001-2006 period, the Program will address three common program themes: globalization, tobacco and health, and essential public health functions.

#### **2001 Highlights:**

An external evaluation of the SOPHA Program was completed in the summer of 2001. The report was very positive about the value of the program and recommended an increase in funding by CIDA. The new phase of the SOPHA Program began on October 1, 2001, following signature of a five-year agreement with CIDA. In November, three representatives of francophone partner associations from Burkina Faso, Haiti, and Niger came to Canada to visit CPHA and to attend the *Journées Annuelles de Santé Publique* (JASP) in Montreal, the annual conference of the Association pour la santé publique du Québec and the Quebec Institute for Public Health. The three delegates were particularly interested in Canadian strategies for tobacco control, which is a growing public health issue in their countries. Several other associations which are part of the SOPHA program are also working on tobacco control, and CPHA has been helping them to link to international initiatives such as the Global Youth Tobacco Survey (GYTS) implemented by the Centers for Disease Control (CDC) and WHO. A “graduate” of the SOPHA Program, the Costa Rican Public Health Association, is expected to assist in GYTS training for colleagues in Haiti and Cuba in February 2002. The Program Coordinator carried out a monitoring mission to Mozambique and Malawi in December, and will visit Cuba, Haiti, and Peru in February/March. A CPHA member is expected to participate in a technical mission to Peru.

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## ZAMBIA FAMILY AND REPRODUCTIVE HEALTH PROJECT (PHASE II)

Term: April 2001 – April 2006  
Partners: Canadian International Development Agency  
Christian Medical Association of Zambia  
Planned Parenthood of Zambia

Human development indicators in Zambia have seen a rapid and steady decline since the mid-1980s. UNFPA reports that in the year 2000, over 84% of the population was living below the US\$1/day poverty line and that 80% of the country's poorest households were headed by women.

Pervasive poverty and declining life expectancy have led Zambia to the edge of a social crisis. Death from opportunistic infections as a result of HIV/AIDS has decimated the country's most productive age group (25-45 years). In 1998, the HIV prevalence rate was 19.7% nationally, with prevalence rates of over 28% in urban areas and 13.6% in rural areas (15-49 year old age group).

Traditional health indicators also point to a deteriorating health care system that no longer can support the urgent health needs of the population. Zambia continues to have one of the highest maternal mortality rates in Sub-Saharan Africa at 649/100,000 live births. Low levels of female education, physical immaturity of mothers at first pregnancy, inadequate access to ante and post-natal care, and the reliance on untrained birth attendants in rural areas are often cited as reasons. However problems of access to quality reproductive health care services at the community level are key. "To provide Zambians with equity of access to cost-effective, quality health care as close to the family as possible" is the goal of Zambia's attempts to reform the health care system.

The Zambia Family Reproductive Health project (2001-2006), launched in April 2001, is supporting government efforts to improve integrated reproductive health care. The purpose of the project is to increase the utilisation and improve the quality of reproductive health (RH), family planning (FP) and safe motherhood (SM) services and strengthen the relationship between the community and health service providers in 2 urban, 10 peri-urban and 4 rural areas of Zambia.

With financial support from the Canadian International Development Agency (CIDA), CPHA is supporting two local partners: Planned Parenthood Association of Zambia (PPAZ) and the Churches Medical Association of Zambia (CMAZ). Planned activities include:

- training staff and volunteers to update skills and services with respect to RH, FP and SM, particularly with a focus on youth;
- procuring and distributing essential drugs, supplies and equipment;
- capacity building with communities to understand and address their RH issues and strengthen local community-based health structures; and
- support to improve organisational, health and managerial skills, including project planning, monitoring and evaluation.

Where possible, the project will encourage capacity building through mentoring and experiential learning in an effort to change attitudes and behaviour around service delivery and community consultation and involvement.

2002 will mark the start of formal project activities beginning with baseline assessments and community consultations in April 2002.

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## 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 2001.

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### CPHA BOARD OF DIRECTORS STRATEGIC DIRECTIONS AND ACTIVITIES

In 2001, the CPHA Board of Directors continued to build on work undertaken in 2000 that included the publication of the Board of Directors paper entitled *An Ounce of Prevention: Strengthening the Balance in Health Care Reform*, and the work of the Board and the Provincial and Territorial Public Health Branches and Associations (PTBAs) on the vision for public health in 2015, opportunities, challenges and strategies.

#### Discussion Paper Presented to Membership

During 2001, CPHA's work included providing material to both the Standing Senate Committee on Social Affairs, Science and Technology (examining the state of the health care system in Canada) (Kirby Commission) and the Commission on the Future of Health Care in Canada (Romanow Commission). In June 2001, CPHA's President, CEO and Associate CEO met with Mr. Romanow. Based on the 2000 Roundtable Discussions held by CPHA and the PTBAs, a Board of Directors Discussion Paper entitled *The Future of Public Health in Canada* was published in the Autumn 2001 *CPHA Health Digest* and presented to the October 23, 2001 CPHA Annual General Meeting in Saskatoon.

### **CPHA Submission to Romanow Commission**

This work culminated in the presentation on October 22, 2001, of a written submission to the Commission on the Future of Health Care in Canada entitled *Creating Conditions for Health*. In a speech to the delegates on October 23, 2001 at the CPHA Annual Conference, Mr. Romanow challenged the membership to assist in conferring a mandate for change by sharing their experiences with him, and with the public. It was a welcome opportunity for individual members to express their viewpoint and to share their experiences directly with the Commissioner who also answered questions from the floor. A press release regarding Mr. Romanow's speech and the CPHA submission was issued on October 24, 2001. *Creating Conditions for Health* is on the CPHA website at [www.cpha.ca](http://www.cpha.ca).

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### **OTHER FEDERAL LOBBYING ACTIVITIES**

Other significant lobbying activities in 2001 included:

#### **International Trade Agreements**

CPHA has been actively involved in the issue of international trade agreements for the past four years and our main concern continues to be the protection of human and environmental health in negotiating the reform of the World Trade Organization (WTO) and other trade measures. Working with CPHA members, CPHA has supported initiatives and research in the area of globalization and health. In July 2001, CPHA wrote to the Prime Minister urging that the G-8 summit address the concern that trade agreements are contributing to economic and governance practices with high negative social, health and environmental impacts and urging the inclusion of specific actions to ensure that WTO agreements do not conflict with multilateral agreements on health, environment, labour and human rights. CPHA also requested that Canada strongly advocate for debt-forgiveness. Letters from the office of the Prime Minister and from the office of the Minister for International Cooperation were received detailing Canada's response to date.

### **HIV/AIDS**

#### **• HIV & Immigration**

Early in 2001, the Ministry of Immigration announced tentative plans to ban all immigrants testing positive for HIV. This announcement came after 2 years of study by the Ministry which included cross-country public focus group sessions, public opinion polls and consultations with the Ministry of Health. The HIV/AIDS community, public health officials and policy makers began a letter campaign to both ministries urging them not to move ahead with this new policy, which in effect, reversed Canada's position, seen worldwide as both compassionate and leading edge. CPHA wrote letters to the federal Minister of Immigration and the Minister of Health encouraging them to reverse this decision as both bad public health policy and discriminatory. In the summer 2001, the Ministry reversed its decision in part, saying it would continue to test all immigrants for HIV but not automatically disallow entry to Canada. CPHA issued a press release affirming the decision not to prevent immigrant entry to Canada but restating that testing, counselling and providing access to education, care and support were the most effective means to combat HIV/AIDS.

#### **• UNGASS**

In May 2001, the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) reviewed the draft Global Declaration on HIV/AIDS. CPHA participated in a year's worth of activity leading up to the special session, which included posting a position statement on the draft Declaration to the UNAIDS website, the ICAD (Inter-Agency Coalition for AIDS and Development) website as well as participating at a national discussion round table held in Ottawa with government officials and other NGOs from across Canada.

#### **Climate Change**

The final report of the National Roundtable on Health and Climate Change, entitled *Strategic Plan on Health and Climate Change: A Framework for Collaborative Action*, was released in March 2001. A key recommendation from the Roundtable was to urge governments to come together to place a high priority on the implementation of measures that will reduce greenhouse gas emissions in Canada, thereby improving the health of Canadians. In June 2001, CPHA sent a copy of the report to the Right Honourable Jean Chrétien, Prime Minister, with a letter expressing the Association's concern that climate change could have significant and adverse impacts on the health of Canadians. CPHA also expressed the hope that the Government would continue to provide leadership when it comes to support for the ratification of the Kyoto Climate Treaty. The Honourable Allan Rock, Minister of Health, responded in a letter to CPHA that Canada continues to be supportive of the Kyoto Protocol and that they are working closely with the provincial and territorial governments. The Minister commended CPHA for its leadership role in the area of public health.

#### **Gun Control**

Since passing the 1995 Resolution supporting gun control legislation, CPHA has been active on this issue on an ongoing basis. As a member of the Coalition for Gun Control, CPHA reiterated its support for the legislation in October 2000. This action was prompted by an announcement from the Canadian Police Association (CPA) that they were considering withdrawing their support for the legislation. A vote on their decision was postponed until March 21, 2001 at which time the CPA reaffirmed their support for the new gun control legislation. On March 20, 2001, CPHA wrote a letter to the Honourable Anne McLellan, Minister of Justice and Attorney General of Canada expressing continued support for the Firearms Act. In the letter, CPHA commended the Minister on her efforts to streamline the process and improve the efficiency of firearms control. This letter was copied to the Members of the Legislative Assembly and a general press release was sent out. CPHA was one of the signatories on a September 22, 2001 letter from the Coalition for Gun Control to the Honourable Allan Rock, Minister of Health, asking the Minister to continue to support the *Firearms Act* as an important public health and safety initiative. The letter also asked the Minister to consider supporting the establishment of an Advisory Council on Firearms Injury Prevention to provide input on issues related to the development and evaluation of effective prevention programs and research.

#### **Health Action Lobby (HEAL)**

HEAL is a coalition of 29 national health and consumer organizations dedicated to protecting and strengthening Canada's health care system. HEAL was formed in 1991 and CPHA is one of the seven founding organizations.

CPHA continued its participation as a member of HEAL which focuses its efforts on a government relations/lobbying program highlighting the importance of health issues on the government agenda, and more specifically, on federal financing of health and health care. Under contract to Health Canada, HEAL had a paper entitled “Mechanisms for Health Care Financing: A Discussion Paper” (March 2001) commissioned as a background paper. Recommendations for enhancing the federal government’s financial commitment to the health system were submitted August 2001 to the Standing Committee on Finance as input to the federal government’s next budget.

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 Green Healthcare
- 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)
- Health Charities Council of Canada
- Mines Action Canada
- National Information Program on Antibiotics Coalition
- National Literacy and Health Partners
- Network for the Advancement of Health Services Research
- National Children’s Alliance
- Partners in Health Coalition for Influenza Immunization
- Stop TB /Halte à la tuberculose Canada

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## **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 2001:

### **COMMITTEES**

- Advisory Committee for the Sentinel Health Unit Surveillance System (SHUSS)  
*Ms. Jane Underwood*
- Advisory Council, International Institute on Social Policy  
*Mr. Gerry Dajoe*
- Advisory Group for a Program to Promote Reproductive Health and Sexual Well-Being in Canada  
*Dr. Mary Gordon*
- Advisory Group Reviewing the Recommendations from the Working Group on HIV/AIDS  
*Dr. Catherine Donovan*

- Breastfeeding Committee for Canada  
*Ms. Joanne Gilmore*
- Canadian Coalition for High Blood Pressure Prevention and Control  
*Dr. George Fodor*
- Canadian Coalition for the Rights of Children  
*Ms. Norma Freeman*
- Canadian Coalition on Enhancing Preventive Practices of Health Professionals  
*Dr. Paula Stewart*
- Canadian Coordinating Committee on Anti-Microbial Resistance (CCCAR)  
*Mr. Bradley Colpitts*
- Canadian Network for Asthma Care  
*Ms. Sonya Corkum*
- Canadian Strategy for Cancer Control Development Committee  
*Dr. Carol Smillie*
- CEPA New Substances Notification Regulations  
*Mr. Fred Ruf*
- Committee for Advice on Tropical Medicine and Travel (CATMAT)  
*Dr. Raphael Saginur*
- Committee on Voluntary Labelling of Foods Obtained or Not Obtained Through Genetic Engineering  
*Dr. Hélène Delisle*
- Consumer Chemical Harmonization (CCH) Task Force  
*Mr. Fred Ruf*
- Correctional Service Canada Health Care Advisory Committee  
*Dr. Ian Gemmill*
- Corresponding Director, Canadian Association of Physicians for the Environment (CAPE)  
*Dr. Trevor Hancock*
- Culturally Appropriate Best Practices for Healthy Aging Working Group  
*Mr. Andrew Aitkens*
- Expert Advisory Committee on Xenograft Regulation (EAC-XR)  
*Dr. Bryce Larke*
- Expert Review Panel for Breast Screening Initiative  
*Dr. Carol Smillie*
- Health Products and Food Public Advisory Committee  
*Mr. Richard Davies*
- Health & Well-being and Climate Change Technical Program Committee (HWCC-TPC)  
*Dr. David Swann*
- Healthy Eating is in Store for You Advisory Committee (HESY)  
*Ms. Sari Simkins & Ms. Mary-Jo Makarchuk*
- Hepatitis C Conference Steering Committee  
*Dr. Richard Mathias*
- Information Technology Issues in Community Health (ITCH 2000)  
*Ms. Shannon Turner and Ms. Sylvia Robinson*
- Joint Core Advisory Committee on Particulate Matter (PM) and Ozone  
*Dr. Timothy Lambert*
- “Left Out:” Perspectives on social exclusion and social isolation in low-income populations advisory committee  
*Ms. Elaine Johnston*
- National Advisory Committee for Training in Medication Management for Informal Caregivers of Seniors in the Home Project  
*Mr. Andrew Aitkens*
- National Advisory Committee on Immunization (NACI)  
*Dr. John Carsley*



- National Children's Alliance  
*Ms. Norma Freeman*
  - 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  
*Ms. Norma Freeman*
  - National Pollutant Release Inventory (NPRI) Work Group  
*Mr. Fred Ruf*
  - National Voluntary Organizations Consultations  
*Ms. Janet MacLachlan*
  - National Working Group on Homelessness  
*Ms. Bonnie Dinning*
  - Planning Committee of the 5th National Immunization Conference  
*Dr. Ian Gemmill*
  - Primary Health Care Expert Working Group (EWG)  
*Dr. David Butler-Jones*
  - Sexuality Education Best Practices Sourcebook Project Advisory Committee  
*Ms. Julie Levesque and Ms. Lin Sacchetti*
  - Skills Enhancement for Health Surveillance Advisory Committee  
*Dr. Catherine Donovan*
  - Steering Committee - Canadian Perinatal Surveillance System (CPSS)  
*Ms. Nonie Fraser-Lee*
  - Steering Committee for the 2001 National Roundtable on Active Schools  
*Mr. Yves Goudreau*
  - 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*
  - STOP TB - Halte à la Tuberculose - Canada  
*Ms. Judy Mill*
  - Strategic Options Process Issue Table for Trichloroethylene & Tetrachloroethylene, Sectoral Approach: Solvent Degreasing and Creosote, PAHs, Chromium & Arsenic Compounds, Sectoral Approach: Wood Preservation  
*Dr. Max Dubé*
  - Strategic Options Process Issue Tables for Tetrachloroethylene in the Dry Cleaning Sector, Refractory Ceramic Fibres, Benzene, PAHs - Steel Sector  
*Dr. John Oudyk*
  - Task Force on Chlorinated Disinfection By-Products in Drinking Water  
*Mr. Fred Ruf*
  - Therapeutic Products Program - Advisory Committee on Management  
*Dr. John Blatherwick*
- WORKSHOPS/MEETINGS**
- Technical assistance, Global Youth Tobacco Survey Workshop (Burkina Faso), February 2001  
*Ms. Geneviève Baron and Ms. Faisca Richer*
  - Workshop on Implementation of Privacy Principles  
February 1-2, 2001  
*Dr. Robert Spasoff and Mr. Andrew Aitkens*
  - Partnership with the Voluntary Sector Website Launch  
February 2, 2001  
*Ms. Mary Appleton*
  - Our Pathway to a Culture of Peace: United National Convention on the Rights of the Child and Public Education  
February 22-24, 2001  
*Dr. Marjorie MacDonald*
  - 2nd Annual NGO Forum, Canadian Institute for Health Information and Statistics Canada  
March 21, 2001  
*Ms. Norma Freeman*
  - Strategic Planning Workshop on Black and Caribbean Canadian Health Promotion and Population Project Report  
March 23-24, 2001  
*Mr. Abebe Engdasaw*
  - National Pollutant Release Inventory (NPRI) Work Group  
March 30, 2001  
*Mr. Fred Ruf*
  - Project on the Regulation of Genetically Modified Food – Workshop  
April 10, 2001  
*Dr. Irene Strychar*
  - Primary Health Care Expert Working Group (EWG)  
April 11, 2001  
*Dr. David Butler-Jones*
  - Consensus Policy Statement Meeting on Obesity  
April 22-23, 2001  
*Dr. Hélène Delisle*
  - Increasing Wellness in Canadians: The Role of Health Charities, 4th Canadian Health Charities Roundtable  
April 27-29, 2001  
*Mr. Gerry Dajoe*
  - Institutional Assessment/Evaluation (Niger)  
May 2001  
*Dr. Colin Lee*
  - “Smoke and Mirrors” launch (Russia)  
May 2001  
*Mr. Rob Cunningham and Ms. Bertha Mo*
  - SOPHA Project /Evaluation (Niger)  
May 2001  
*Dr. Colin Lee*
  - Environmental Indicators – Measuring Progress Towards a More Sustainable Economy, NRTEE (National Roundtable on the Environment and the Economy)  
May 25, 2001  
*Mr. Fred Ruf*
  - Stakeholders Meeting - Nutrition Labelling Education  
June 11, 2001  
*Dr. Irene Strychar*
  - Meeting on Tobacco Control, Canadian Council for Tobacco Control  
June 15, 2001  
*Ms. Janet MacLachlan*
  - 1st Annual Ottawa Stakeholder Discussion and Reception, Canada's Research-Based Pharmaceutical Companies (Rx&D)  
June 27, 2001  
*Mr. Andrew Aitkens*

- Health Promotion in Action (Brazil) CIDA, International Union for Health Promotion Education Conference  
July 2001  
*Dr. Marcia Hills*
- SOPHA Project /Evaluation (Peru)  
August 2001  
*Mr. Chris Rosene*
- Canadian Ethiopian Health Workers Association Meeting  
August 2001  
*Dr. Gordon Trueblood*
- First Annual Climate Change and Health and Well-being National Policy and Planning Conference  
September 5-7, 2001  
*Dr. David Swann*
- Second Meeting: Exploring a National Awareness Campaign on the Non-physical Disciplining of Children and Youth  
September 26, 2001  
*Ms. Perpetua Quigley*
- Stakeholder Consultation on the Framework Convention on Tobacco Control (FCTC)  
October 3-4, 2001  
*Ms. Janet Nevala*
- Project Development Mission (Argentina)  
November 2001  
*Mrs. Sue Hicks and Dr. Gary Beazley*
- National Stakeholder Meeting Regarding the Safe Kids Canada Children's Rural Safety Program  
November 7, 2001  
*Dr. Ardene Robinson Vollman*
- Healthy Aging and Health Practices Panel Diabetes Workshop  
November 28-30, 2001  
*Ms. Lee Stones*
- Evaluation at ENSP (Brazil)  
December 2001  
*Mr. Larry Hershfield and Mr. Brian Hyndman*
- Bioterrorism and Public Health: Investigation and Control  
December 12-13, 2001  
*Mr. Gerry Dafoe*

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## BRIEFS AND SUBMISSIONS

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### 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 2001 with the support and involvement of CPHA members.

### Reviews Completed in 2001

1. Federal/Provincial/Territorial Committee on Injection Drug Use, *Reducing the Harm Associated with Injection Drug Use*. April 2001
2. Environment Canada, *Reducing the Level of Sulphur in Canadian On-road Diesel Fuel*. June 2001
3. Statistics Canada, *Briefing Document: The Canadian Community Health Survey, Mental Health and Well-being*. July 2001
4. Canadian Coalition for Green Healthcare, *Mercury Thermometers and Your Family's Health* (educational Booklet). August 2001

### Surveys/Questionnaires Completed in 2001

1. Environment Canada, National Pollutant Release Inventory (NPRI). February 2001
2. Canadian Centre for Philanthropy, Civil Society in Canada. April 2001
3. Leverage, *First Annual Survey of Association Internet Usage*. September 2001
4. Cullbridge Marketing and Communications, Inventory of Canadian Public Engagement Programs that Focus on Reducing Emissions that lead to Smog. November 2001
5. The College of Family Physicians of Canada, The Role of the Family Physician in Home Care. November 2001

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## **PUBLIC POLICY AND LEGISLATION COMMITTEE (PPLC)**

The following Resolutions and Motions were presented to the membership at the Canadian Public Health Association Annual General Meeting (AGM) held in Saskatoon, Saskatchewan on October 23, 2001. Resolution No. 4 and Motion No. 1 were referred to the CPHA Board of Directors. All other Resolutions and Motions were approved by the membership.

### **Resolutions**

1. Action on Climate Change and Health
2. Injury Prevention and Control
3. Smokeless Tobacco
4. Scald Burns from Tap Water (*Referred to the CPHA Board of Directors*)
5. Microbicide Development
6. Extending the Principles of The Canada Health Act to Health Promotion and Disease Prevention Services

### **Motions**

1. Health Before Wealth (Referred to the CPHA Board of Directors)
2. The Introduction of Anti-Retroviral Therapies (ART) in Response to AIDS in Developing Countries
3. Resolution on Peace and Security
4. Access to Health Information and Services for Print-Disabled Canadians

For details regarding the Resolutions and Motions, please refer to the 2001 Public Policy and Legislation Committee report which will be available at the 2002 Annual General Meeting to be held in Yellowknife, Northwest Territories in July 2002. Information is available on the CPHA website <[www.cpha.ca](http://www.cpha.ca)> under the Policy and Advocacy section, or by contacting the CPHA National Office.

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## **SUMMARY**

The Association continues to be very active in terms of program activities, committee activities and policies. They are reported in detail within this report. Following the presentation of the report to the AGM, it will be posted on CPHA's website.

The Association continues to maintain its financial stability through increasingly active national and international programs. This is becoming more challenging for not only CPHA but all NGOs who rely on strong partnerships with various government departments. Government priorities shift from time to time and while some meet the mission and objectives of CPHA activities, others are not within our scope. We are focusing on developing CPHA alternative sources of revenue other than contracts. These sources of revenue are derived from the *Canadian Journal of Public Health (CJPH)* and the publishing of special subject inserts and supplements to the *CJPH*, a continued building of the CPHA Health Resources Centre, an increasingly active Conference Department and a focus on building the membership of the Association.

Because of the multi-disciplinary membership, the Association has many requests to be represented on task forces and committees as well as representation to major national and international conferences. In the year 2001, the Association was represented on 45 external committees and members participated in 29 workshops and meetings. This representation has been noted in this report and the Association is grateful to those individuals who continue to commit their time and skills in representing the Association.