

**CPHA  ACSP**

CANADIAN PUBLIC HEALTH ASSOCIATION  
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

CANADIAN PUBLIC HEALTH ASSOCIATION  
**2015 Annual Report**

## An opportunity for good

To be engaged in the work of public health provides us with a wonderful opportunity to contribute to improving the well-being of people all across our country and, indeed, around the world.

The practice of public health is dedicated to maintaining and improving the health of populations in ways that are based on the principles of social justice, attention to human rights and health equity, the use of evidence-informed policy and practice, and actions that address the underlying determinants of health.



Central to a public health approach are health promotion, health protection, community and population health assessment and surveillance, and the prevention of death, disease, injury and disability. It bases its initiatives on evidence of what works or shows promise of working. Public health requires an organized, comprehensive, and multi-sectoral effort.

As the only national, member-based association focused exclusively on public health, CPHA is recognized as an independent, evidence-informed advocacy organization that brings this public health approach to a wide range of important public policy issues.

It is thanks to the support from many of our members that we are able to accomplish so much. CPHA's membership is diverse and represents the broad range of public health professions, including students, trainees and retirees. Members volunteer their time and knowledge on numerous working groups and standing committees that serve to govern the Association and help to develop our policy alternatives and advocacy efforts.

The 2015 federal election resulted in dramatic changes to the political landscape that directly impact CPHA's ability to influence the development and implementation of healthy public policy at the national level. In December 2015, the Association's senior leadership met with the Honourable Dr. Jane Philpott and began the process of creating a meaningful and trusted relationship with the Minister of Health.

From the ecological determinants of health to drug policy reform, CPHA was front and centre on key issues of importance to Canadians in 2015. Advocacy activities in these areas will be ongoing as we continue to develop evidence-based policy alternatives on topics such as medical assistance in dying and early childhood education and care.

The definition and the practice of public health have evolved over time, and will continue to evolve to meet the changing health and well-being requirements of Canadians. As these demands grow, CPHA will continue to be the independent voice of public health, working to enhance the health of people in Canada and contributing to a healthier and more equitable world.

### 2015 Board of Directors

*Chair*  
Ardene Robinson Vollman, PhD, RN

*Chair-Elect*  
Suzanne Jackson, PhD, MSc, BSc

*Directors*  
Cheryl Armistead, BScN, MScN  
Annie Duchesne, MScPH  
Jacqueline Gahagan, PhD  
James Mintz, BA  
Ann Pederson, MSc  
Robert Schwartz, PhD  
Shannon Turner, BA, BSc, MSc  
Eric Young, MD, BSc, MHSc, CCFP, FRCPC

A handwritten signature in blue ink that reads "Ardene Robinson Vollman".

Ardene Robinson Vollman  
Chair

## A dynamic and engaged membership

Membership in CPHA is voluntary. Together, our members represent a wide range of disciplines and professions, encompassing the breadth and depth of the Association's work on issues of significance to public health's front line and at the national level. Our members are engaged in the development of evidence-informed policy alternatives and in advocating for their adoption by decision-makers. They support and mentor their colleagues and new practitioners, and share their collective knowledge within and across sectors. They are actively engaged in the governance of CPHA and in the various activities organized by the Association.

The Board of Directors are elected by CPHA members for a two-year term. Their complementary skills and professional backgrounds enable them to provide strategic leadership to the Association.

### Honouring our outstanding members

Each year, CPHA honours individuals who, or organizations that, provide outstanding service to their community and profession. In 2015, CPHA was proud to bestow Honorary Awards on the following members and public health leaders:

#### *R.D. Defries Award*

- ✦ Dr. Ronald Labonté

#### *Certificate of Merit*

- ✦ The Alex Community Health Centre
- ✦ Mr. James Chauvin

#### *R. Stirling Ferguson Award*

- ✦ Ms. Linda Strobl

#### *Dr. John Hastings Student Award*

- ✦ Ms. Lindsay P. Galway

#### *Population and Public Health Student Awards*

##### *PhD Level*

- ✦ Mr. Mustafa Andkhoie
- ✦ Ms. Sharon Yanicki

### Honorary Awards Committee

#### *Chair*

Shannon Turner, Board Member

#### *Members*

Annie Duchesne, Student Board Member  
Marie des Anges Loyer da Silva, Member-at-Large  
Marjorie MacDonald, PHABC Representative  
Ardene Robinson Vollman, Board Chair, *ex officio*  
Ian Culbert, Executive Director, *ex officio*

#### *Honorary Life Membership*

- ✦ Dr. William Osei
- ✦ Dr. Eric Young

#### *Ron Draper Health Promotion Award*

- ✦ Dr. Jane Buxton
- ✦ Dr. Jacqueline Gahagan

#### *National Public Health Hero Award*

- ✦ Ms. Libby Davies, MP

#### *Masters Level*

- ✦ Ms. Catherine Dickson
- ✦ Ms. Heather Palis

### Nominating Committee

#### *Chair*

Suzanne Jackson, Board Chair-elect

#### *Members*

Lilianne Bertrand, Member-at-Large  
Claire Betker, Member-at-Large  
Annie Duchesne, Student Board Member  
Jacqueline Gahagan, Board Member  
Maura Ricketts, Member-at-Large  
Ardene Robinson Vollman, Board Chair, *ex officio*  
Ian Culbert, Executive Director, *ex officio*

### Nomination Committee

The Nominating Committee supports Board sustainability through succession and the implementation of a nominating process by which Board members are elected by the membership. The Nominating Committee makes a strategic contribution to the work of the Board and the Association by ensuring that candidates are individuals who can contribute significantly to achieving the goals of CPHA. In 2015, a roster of seven candidates competed for four positions on the Board of Directors. The sole nominee for the position of Student Director was elected by acclamation.

## The voice for public health in Canada

CPHA advocates for the improvement and maintenance of personal and community health through the development of policy alternatives based on the best available qualitative and quantitative evidence. As a membership-based organization, CPHA responds to issues of concern to the Canadian public and public health community. These issues are often broad and varied, and are not associated with any single discipline; there are a variety of opportunities and venues for stakeholders interested in CPHA's public health positions and policies. CPHA engages a broad range of researchers and practitioners to ensure the integrity and relevance of all of its position statements, policies, and advocacy activities.

**Public Policy Committee**

*Chair*  
Ardene Robinson Vollman, Board Chair, *ex officio*

*Members*  
Suzanne Jackson, Board Chair-elect, *ex officio*  
Eric Young, Board Member  
Jim Mintz, Board Member  
Miranda Kelly, Member-at-Large  
Lynn McIntyre, Member-at-Large  
Ian Culbert, Executive Director, *ex officio*

### 2015 federal election

CPHA recognizes the importance of a federal election and the opportunity it provides to assess the platforms of all the political parties and question the candidates on how they address, or do not address, public health issues. CPHA designed a *Campaign 2015* website to share relevant public health information related to the election on the following topics that are aligned with CPHA priorities:

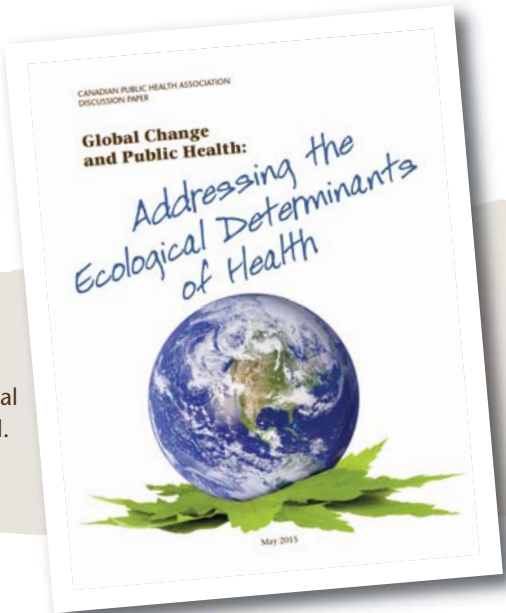
- ✦ Basic income guarantee
- ✦ Early childhood education and care
- ✦ Psychoactive substances
- ✦ Violence against Aboriginal women
- ✦ Health and the environment

After the Liberal government was sworn in, CPHA carefully reviewed the mandate letter for the Minister of Health and other federal ministers to determine the most effective points of interaction to advance our advocacy initiatives. This was necessary preparatory work for CPHA's first official meeting with Minister of Health Honourable Dr. Jane Philpott in December 2015, which we hope was the first of many encounters.

The government's pledge to re-establish the position of Chief Science Officer presented an additional opportunity for CPHA to engage the government in the health in all policies approach and advocate for the Chief Science Officer to have an understanding of the health landscape and the role of science in his/her work.

### Ecological determinants of health

Canada and the world are at a tipping point where changes to our ecology are not reversible. Actions must be taken to ameliorate the adverse public health impacts. To support these changes, CPHA is spearheading a national dialogue that must lead to the development of a public health response to the ecosystem changes driving the determinants of health. Launched in May 2015, CPHA's discussion paper, *Global Change and Public Health: Addressing the Ecological Determinants of Health* is key to this discussion in that it provides the clear context of the implications of environmental change and a series of recommendations for the way forward. CPHA is committed to advancing this work with national and international partners, based on the recommendations in the discussion document and the debate at the conference, well into the future.



### Drug policy reform

In CPHA's 2014 discussion paper, *A New Approach to Managing Illegal Psychoactive Substances*, we contend that Canada needs a public health approach to managing illegal psychoactive substances that de-emphasizes criminalization and stigma in favour of evidence-based strategies to reduce harm. CPHA argues



that Canada's current drug policies based on prohibition have failed to prevent the use of illegal psychoactive substances. Instead, they have caused serious harm, often for the most vulnerable Canadians.

Throughout 2015, CPHA continued to advocate for a new approach to managing illegal psychoactive substances in Canada that is grounded in principles of public health, human rights and health equity. In addition to bringing the public health perspective to Canada's input on the UN General Assembly Special Session on Drugs to advocating for the license renewal for InSite (Vancouver's supervised injection facility), the Association is actively engaged in supporting a public health approach to cannabis policy reform in Canada.



### **Developmental policy work**

CPHA is constantly assessing the public health implications of emerging issues and work progressed at various stages on a number of different issues, including:

- ✦ Early childhood education and care;
- ✦ Poverty reduction through a basic income guarantee;
- ✦ Affordable housing;
- ✦ Medical assistance in dying; and
- ✦ Vaccine hesitancy.

## **Convening partners to identify solutions**

CPHA works with various partners and stakeholders to support the development and dissemination of public health initiatives and evidence-based policy alternatives. This work is accomplished through both bilateral (one-on-one) and multilateral (networks) relationships with like-minded, traditional and non-traditional partner organizations.

### **Public Health 2015**

CPHA welcomed over 800 delegates to its annual conference, Public Health 2015, in May 2015 in Vancouver, BC. The three-day program was a success, bringing the public health community together to share research and discuss evidence-based solutions. Delegates heard presenters share a wealth of expertise, research and experience, with this year's program including over 30 panel and workshop sessions, 200 oral and 40 poster presentations. With an overwhelming response to the Call for Abstracts – close to 500 submitted – the quality of research was exceptional. World Café presentations were also added to this year's program and the new, interactive format allowed delegates to engage with presenters in discussion-based learning. Special thanks go to Dr. Marjorie MacDonald who acted as our Scientific Chair and helped ensure the excellent quality of scientific presentations.

### **Canadian Journal of Public Health**

In 2015, the *Canadian Journal of Public Health* restructured its Editorial Board. Following the example of other major public health journals, the new CJPH editorial board is actively involved in the Journal's direction, content management, and daily operations. The diversity of the new editorial board members ensures comprehensive coverage of all fields of public health, entry into a number of pertinent networks and better alignment of the Journal's content with developments in our field.

### **Children's outdoor play**

Community-based interventions and policy initiatives are necessary to address the barriers for outdoor play. As part of a suite of initiatives supported by the Lawson Foundation's Outdoor Play Strategy, CPHA and its partners, Saskatchewan *in motion* and Ottawa Public Health, are developing a risky play policy toolkit, in collaboration with various stakeholders. The aim is to increase children's access to active, independent, unstructured outdoor play by addressing risk concerns and their influence on insurance liability and tort law. The resulting toolkit should be applicable to urban and rural communities.



## **Engaging health professionals to decrease stigma and discrimination and improve STBBI prevention**

Through the development of capacity-building resources for health and social service providers, this project aims to enhance the prevention of STBBIs and reduce associated stigma and discrimination. CPHA has consulted with a broad range of experts to identify the primary drivers of STBBI-related stigma as well as the most effective means of confronting stigma within health and social service settings. Based on these consultations with service providers, policy-makers and researchers, CPHA has been working with various partners to develop a suite of capacity-building resources that target the individual attitudes, values and practices, as well as the organizational policies and procedures that may contribute to STBBI-related stigma.

## **Creating a Certified Public Health Professional Designation**

In an effort to gauge the level of support for a national, voluntary certification for public health professionals in Canada, CPHA undertook a three-year project exploring the need for and value of a certification program. With the support of the Public Health Agency of Canada (the Agency), CPHA has sought to understand the barriers and facilitators of such a certification program, and to establish recommendations for the design of a certification framework that is compatible with the public health environment in Canada. The initiative's final report concludes that a voluntary certification program will have individual and organizational benefits beyond the direct validation of public health professionals' competencies. CPHA will be working with the Agency to determine a course for future action.

## **Canadian Coalition for Public Health in the 21<sup>st</sup> Century**

Formed in May 2003, CCPH21 is a national network of 24 non-profit organizations, professional associations, health charities and research organizations that share the common goal to improve and sustain the health of Canadians.

CCPH21 advocates for public policy to ensure that adequate public health functions are in place and

information is made available to protect and promote health, and prevent disease and injury. CCPH21 aims to help all stakeholders work together for the future of public health by generating ideas and potential policy directions for discussion among both the public and decision-makers.



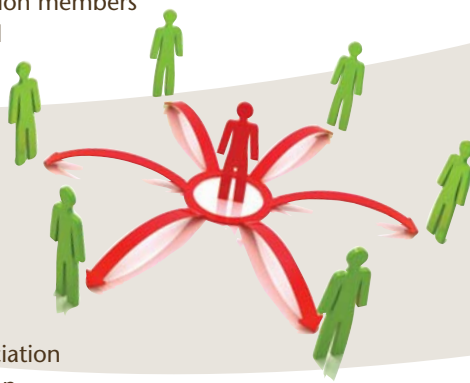
## **Canadian Network of Public Health Associations**

The purpose of the CNPHA is to promote collaboration and joint action on important pan-Canadian public health issues and public health sector capacity building by:

- ✦ creating a forum for information sharing, discussion and mutual support;
- ✦ providing links to other organizations;
- ✦ identifying issues of common interest;
- ✦ identifying potential coordinated action in policy and advocacy;
- ✦ identifying potential joint work and project collaboration;
- ✦ developing directions for new policy development on pan-Canadian public health issues; and
- ✦ identifying opportunities to increase value for all association members and to promote joint membership in provincial/territorial associations and the national association.

The membership of the Network is comprised of independent organizations and includes:

- ✦ Alberta Public Health Association
- ✦ Association pour la santé publique du Québec
- ✦ Canadian Public Health Association
- ✦ Manitoba Public Health Association
- ✦ Newfoundland and Labrador Public Health Association
- ✦ New Brunswick/Prince Edward Island Public Health Association
- ✦ Northwest Territories & Nunavut Public Health Association
- ✦ Ontario Public Health Association
- ✦ Public Health Association of British Columbia
- ✦ Public Health Association of Nova Scotia
- ✦ Saskatchewan Public Health Association



## Core financial activities

The Association understands resilience and organizational agility are fundamental to how it conducts business and establishes appropriate business practices to support a flourishing business model. The sustainability of the Association goes beyond finances and CPHA must ensure that the necessary infrastructure is in place for it to accomplish its mission.

While the 2015 fiscal year ended with a planned deficit of \$266,953, slightly less than the budgeted deficit of \$279,781, the restricted reserve (\$425,000) remains intact. The Board of Directors and senior management have taken proactive steps to significantly reduce both operational and infrastructure costs in order to preserve and protect the Association's sustainability. The complete 2015 financial statements, audited by BDO Canada LLP, are available at [www.cpha.ca](http://www.cpha.ca). Below are the Association's Statement of Financial Position and the Statement of Operations for the fiscal year ending December 31, 2015.

### Finance Committee

#### Chair

Robert Schwartz, Board Member

#### Members

Cheryl Armistead, Board Member

Luis Caceres, Member-at-Large

John Charalampopoulos, Chartered Accountant

Beverly Milligan, Chartered Accountant

Nancy Quattrocchi, Member-at-Large

Ardene Robinson Vollman, Board Chair, *ex officio*

Ian Culbert, Executive Director, *ex officio*

### Statement of Financial Position

<b>Assets</b>	<b>2015</b>	<b>2014</b>
Current		
Cash and cash equivalents	\$ 905,836	\$ 430,221
Accounts receivable	96,883	199,330
Inventory	27,740	41,465
Prepaid expenses	37,755	43,404
	<u>1,068,214</u>	<u>714,420</u>
Investments	341,753	536,032
Tangible capital assets	—	—
	<u>\$ 1,409,967</u>	<u>\$ 1,250,452</u>
<b>Liabilities and Net Assets</b>		
Current		
Accounts payable and accrued liabilities	\$ 111,036	\$ 223,650
Deferred revenues	808,146	269,064
	<u>919,182</u>	<u>492,714</u>
<b>Net Assets</b>		
Internally restricted for contingencies and extraordinary services	425,000	425,000
Unrestricted	65,785	332,738
	<u>490,785</u>	<u>757,738</u>
	<u>\$ 1,409,967</u>	<u>\$ 1,250,452</u>

### Statement of Operations

<b>Revenue</b>	<b>2015</b>	<b>2014</b>
Projects and Conferences	\$ 1,639,015	\$ 2,041,143
National Office	380,887	\$762,303
Journal	166,845	\$149,971
Publication Sales	78,888	\$80,176
Investment Income	15,594	\$18,690
	<u>2,281,229</u>	<u>\$3,052,283</u>
<b>Expenses</b>		
Projects and Conferences	\$ 1,639,015	\$2,041,143
National Office	685,878	\$665,115
Journal	153,808	\$138,537
Publication	69,481	\$62,322
	<u>2,548,182</u>	<u>2,907,117</u>
<b>Excess (deficiency) of revenues over expenses</b>	<u><b>(\$ 266,953)</b></u>	<u><b>\$ 145,166</b></u>

## Our Corporate Partners

CPHA gratefully acknowledges the following corporate supporters for their outstanding contributions to public health in Canada:

### Legacy Benefactor

- ✦ Vancouver Coast Health

### Friends of Public Health

- ✦ Provincial Health Services Authority
- ✦ BC Centre for Disease Control

### Public Health Pathfinders

- ✦ Merck Canada Inc.
- ✦ Pfizer Canada
- ✦ Schulich Interfaculty Program in Public Health, Western University
- ✦ University of Waterloo School of Public Health and Health Systems
- ✦ University of Alberta School of Public Health

### Public Health Supporters

- ✦ Doctors of BC
- ✦ GSK
- ✦ Canada's Research-Based Pharmaceutical Companies



## Our Collaborators

CPHA was proud to host Public Health 2015 in collaboration with:

- ✦ Canadian Institute for Health Information;
- ✦ Canadian Institutes of Health Research;
- ✦ First Nations Health Authority;
- ✦ National Collaborating Centres for Public Health;
- ✦ Pan American Health Organization;
- ✦ Public Health Association of British Columbia; and
- ✦ Public Health Physicians of Canada.



Founded in 1910, CPHA is the independent voice for public health in Canada with links to the national and international communities. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about healthy public policy and to guide initiatives to help safeguard the personal and community health of Canadians and people around the world.

CPHA is a national, not-for-profit, voluntary membership-based association. CPHA's members believe in universal and equitable access to the basic conditions that are necessary to achieve health for all. Our members comprise a range of health disciplines and professional backgrounds, which enable the Association to act as a powerful and reputable voice to undertake evidence-informed advocacy.

### Our Vision

A healthy and just world

### Our Mission

CPHA's mission is to enhance the health of people in Canada and to contribute to a healthier and more equitable world.

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