



CANADIAN  
PUBLIC HEALTH  
ASSOCIATION

ASSOCIATION  
CANADIENNE DE  
SANTÉ PUBLIQUE

The Voice of Public Health  
La voix de la santé publique

Canadian Public Health Association  
**2019 Annual General Meeting**  
Wednesday 1 May 2019 | 07:00-08:00  
Room 205/207 The Shaw Centre  
55 Colonel By Drive  
Ottawa, Ontario

## MINUTES

*Chair: Richard Musto*

*Parliamentarian: Lynn McIntyre*

*In attendance: 27 members*

### 1.0 Opening Remarks

The meeting was called to order at 07:15.

Richard Musto, Chair, welcomed delegates to the 2019 Annual General Meeting (AGM) of the Canadian Public Health Association (CPHA) with greetings in both official languages and acknowledged that the meeting was being held on the traditional lands of the Algonquin Anishinaabeg people.

This meeting was webcast to CPHA members who were unable to be present and they will be able to ask questions via the chat box.

Quorum was confirmed and the meeting declared open.

The Chair introduced the CPHA Board Members and acknowledged the past CPHA Board Chairs/Presidents in attendance.

The AGM is the opportunity for members to hear about the business of the Association. Motions from the floor are required to accept several standard agenda items. The Rules of Order are included in the information package. Anyone who is a CPHA member can move or second a motion and can vote.

Lynn McIntyre agreed to be the official Parliamentarian for today's meeting.

While CPHA's Policy Forum was held on the previous day, a special session was scheduled for the following morning to help develop an advocacy agenda to support CPHA's new position statement on public health in the context of health services renewal. Members can always submit a proposed position or policy statement at any time, year-round. Visit the policy and advocacy section of the CPHA website for information on the policy development process and guidelines for submission.

### 2.0 Adoption of the Minutes of the Annual General Meeting held 29 May 2018 in Montreal, Quebec

**Motion:** *Sume Ndumbe-Eyoh/Cordell Neudorf*  
That the minutes of the 29 May 2018 Annual General Meeting held in Montreal, Quebec be accepted as circulated. *.../CARRIED*

### 3.0 Adoption of the 2018 Audited Financial Statements

Ingrid Tyler, Chair of the Finance Committee, presented the 2018 Audited Financial Statements. Both the Finance Committee and the Board of Directors have reviewed these statements and have recommended them for approval.

Revenue generation remains a challenge for CPHA as it is for many other voluntary membership-based Associations. As part of CPHA's strategic plan, the goal is to have a balanced budget over any three-year period understanding that there may be fluctuation on a year-to-year basis. While the three-year budget cycle ending in 2018 was in a surplus position, the next three-year cycle ending in 2019 is projected to be in a deficit position.

The letter from the auditors to the Board of Directors details the terms of reference and specific conditions of their audit. CPHA has once again received a "clean" audit as is indicated by the "Opinion". There were no changes and no adjustments. In the Statement of Financial Position, when comparing 2017 year-end results to those of 2018, the biggest asset fluctuations are in "Cash" and "Accounts Receivable" while the corresponding liability fluctuations are related to "Accounts Payable". These variations relate to the fact that CPHA hosted the Canadian Immunization Conference at the end of 2018 and not all expenses were cleared until early 2019. In the Statement of Changes in Net Assets, the unrestricted reserve was completely replenished in 2018 and a small unrestricted reserve of \$102,000 was realized. The Statement of Operations represents the revenue and expenses from key activity areas. The increase in national office revenue,

specifically revenue from projects and conferences, resulted in our surplus. The Statement of Cash Flows shows that CPHA is in a healthy position. The audit notes provide an explanation for different aspects of the audit.

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

There were no questions.

**Motion:** *Claire Betker/Lynn McIntyre*  
That the 2018 Audited Financial Statements of the Canadian Public Health Association be accepted. *.../CARRIED*

**4.0 Appointment of the CPHA Auditor for 2019**

In 2015, CPHA tendered for audit services and was provided very good prices from the firm of Ouseley Hanvey Clipsham Deep (OHCD) and we have been very pleased with the firm’s work. CPHA requested a quote for the next three years and received pricing that was still less than the quotes received from the other firms in the 2015 tendering process. As such, CPHA’s Finance Committee and Board of Directors recommend that the firm OHCD LLP be appointed as CPHA’s Auditor for 2019.

**Motion:** *Marie Loyer/Katie-Sue Derejko*  
That the firm of OHCD LLP be appointed as CPHA Auditors for 2019. *.../CARRIED*

**5.0 Annual Report to the AGM**

The Chair presented the CPHA 2018 Annual Report. Throughout the report, a variety of papers and other documents were referred to; these are all available on CPHA’s website.

In 2018, the work of the Indigenous Relations Advisory Committee continued and steady progress was made on a policy statement that will be finalized and approved by the Board of Directors later this year. The Committee is also exploring governance issues surrounding how to best incorporate Indigenous perspectives in all aspects of CPHA’s work.

2018 was another busy and productive year for the Association in regard to developing and communicating evidence-based policy alternatives. All of our work is aligned with our five-year Strategic Plan and its six interlinked strategic goals that help the Association maintain focus on issues that are relevant, important and timely and yet have an

impact on health equity, population health and the public health system.

In February 2018, we published our response to Health Canada’s consultations on the proposed approach to the regulation of cannabis. This is a topic that has occupied a great deal of the Association’s time over the past few years, but it has been a solid investment that has resulted in many of our recommendations making their way into the legislation and regulations. In advance of the legalization of cannabis in Canada, CPHA revitalized its “Pot & Driving” resources designed to facilitate conversations and raise awareness among young drivers and passengers on the harms associated with cannabis-impaired driving. The findings from 23 community consultations across Canada informed the development of a series of capacity-building tools and resources for professionals that are evidence-based and culturally appropriate. In collaboration with members of the Chief Public Health Officer’s Health Professionals Forum, we published “Cannabasics,” an information package for health and social service providers that includes fact sheets and links to key resources on cannabis. It provides a basic overview of common cannabis plants and products, methods of consumption as well as information to better understand consumption and harm reduction. Earlier this year, the Cannabasics resources were converted into a series of self-learning modules for public health professionals, regardless of their area of expertise, to contribute to a basic foundation of knowledge and language regarding cannabis.

In March, we published a position statement that presented the public health approach to nicotine-containing vaping devices. Some of our key recommendations were not integrated into the legislation and regulations, and we are seeing the unfortunate result in the spike in the number of young people who are needlessly becoming addicted to nicotine through the use of vaping devices.

In December, we launched a position statement on racism and public health in which we list specific actions the Association is making to address racism and oppression as well as providing recommendations for all levels of government as well as organizations involved in education, research, health and social services. Canada should be a country where every person has the ability to reach their full health potential regardless of their colour, religion, culture or ethnic origin. Steps are required by all levels of government, organizations and citizens to identify and take corrective action to eliminate racist behaviours. These actions are neither

simple nor easy, but they are essential if Canada is to become the inclusive nation that is embodied in its Constitution. To this end, CPHA will undertake the steps outlined in this document to eliminate racism within the Association and encourage the elimination of racism within Canada.

Significant effort was invested in the development of a background document and position statement on public health in the context of health services restructuring. This work was just approved by your Board of Directors this past Sunday and will be launched in the coming weeks once it has been translated and prepared for distribution. This position statement makes a series of recommendations for actions by various actors to strengthen public health services. We are genuinely concerned that the current wave of policies of fiscal constraint will further undermine the ability of public health systems across the country to protect and improve the health of Canadians. We cannot let the public or politicians forget Walkerton or SARS or the catastrophes that are averted because public health is at work, every day, for every Canadian. CPHA will continue to be the voice of public health as we advocate for the preservation and strengthening of public health services in Canada.

We were pleased to partner with the Canadian Medical Association to publish the *Lancet Countdown 2018 Report: Briefing for Canadian Policymakers* in November. The Briefing provides seven evidence-informed policy recommendations governments can adopt to immediately mitigate the impact of climate change.

CPHA has also entered the legal battle over greenhouse gas pollution pricing in Saskatchewan and Ontario supporting the federal government's right and responsibility to put a price on greenhouse gas pollution. Lawyers from Gowling WLG's Environmental Law Group are representing CPHA on a *pro bono* basis in both the Saskatchewan and the Ontario interventions and have agreed to see this case through to the Supreme Court of Canada if necessary. While their legal services are being provided free of charge, CPHA is still responsible for direct expenses and will be turning to our members again for their financial support.

CPHA continues to receive funding from the Public Health Agency of Canada and Health Canada to undertake a number of projects, including a new initiative to deliver and evaluate an existing comprehensive sexuality education curriculum that has shown promise for preventing youth dating

violence in school and community settings. The project will increase youth's understanding of issues related to healthy relationships, gender equity and consent.

The Canadian Vaccination Evidence Resource and Exchange Centre is an online database of curated resources to support immunization program planning and promotional activities to improve vaccine acceptance and uptake in Canada. Launched in December 2018, it is the first online, centralized resource of its kind in Canada.

CPHA's work in the area of children's unstructured play continued in 2018 with the development of a series of evidence-based infographics, research summaries, and practical tools that define key terms, address widespread myths, explain the health benefits, summarize current laws, and respond to frequently asked questions about kids' play. This culminated in a position statement on unstructured children's play that was released in early 2019 that has received positive response.

Building on the success of the inaugural year of the Public Health Mentorship Program, CPHA re-launched the program in 2018. With the enlistment of 40 volunteer mentors, we were able to match all of the applicants. The program helps foster professional development and academic opportunities among CPHA members by establishing connections between students and early career professionals and more established public health professionals.

As of 1 January 2018, Springer became the publisher for the *Canadian Journal of Public Health*. This new collaboration allows for streamlined publication processes and for the Journal to disseminate its content to a wider international audience. Under the leadership of Dr. Louise Potvin, Editor-in-Chief and a dedicated volunteer Editorial Board, the *Journal* published six issues in 2018 including special sections on "Substance Use," "Epidemiology and Biostatistics," and "Qualitative Research."

Public Health 2018 delivered an excellent scientific program a year ago in Montreal, Quebec. The Call for Submissions resulted in a record-setting 579 submissions and close to 900 delegates registered for the accredited three-day conference.

Finally, we closed out the year by hosting the 2018 Canadian Immunization Conference that brought to Ottawa over 850 delegates who discussed current trends in immunization, learned about the latest

developments in the field, and established new or renewed existing professional relationships.

CPHA's dynamic and engaged membership demonstrated their commitment in so many ways in 2018. These contributions are invaluable and allow the Association to do so much of its work.

### **Nominating Committee Report**

Benita Cohen, Chair of the Nominating Committee, presented the report of the Nominating Committee. Members of the 2018 Nominating Committee included:

- Richard Musto,
- Liliane Bertrand,
- Georgia Carstensen
- Manasi Parikh, and
- Nancy Laliberté

Suzanne Jackson and Ian Culbert also served *ex officio*.

The Nominating Committee implements the process by which Board members are elected by the membership and it also offers advice to the Board on ongoing processes and possible appointments. Since the last AGM, the Board composition has changed. As of 1 January 2019, the following people began their two-year terms on CPHA's Board of Directors:

- Caitlin Johnston from British Columbia,
- Sume Ndumbe-Eyoh from Ontario, and
- Julie Stratton from Ontario

Additionally, Nancy Laliberté was re-elected for a second two-year term.

The dedication and contributions of those Board members who left the Board at the end of 2018 was recognized:

- Suzanne Jackson, outgoing Chair, and
- Josephine Etowa

The formal Call for Nominations for the 2019 election will be circulated to all members in June with a closing date of 5 September. Elections will take place in October and November. CPHA's 2019 Election is for three Director positions and one Student Director. While we are seeking candidates who collectively possess a mix of knowledge, experience and expertise, we are particularly seeking Directors from a variety of public health disciplines and roles who can bring experience in the distinct needs of diverse populations and communities, finance and business, or communications and membership engagement. As

always, we are interested in increasing geographic diversity on the Board as well.

Members are encouraged to consider this call and if they feel it is a fit for themselves or a colleague to feel free to approach a member of the Nominating Committee or the Board. Any Board member will welcome the opportunity to talk with a member personally about standing for election or nominating a colleague. We want and need your expertise.

### **6.0 Question and Discussion Period**

Cordell Neudorf commended the Board and staff for the volume and quality of the work accomplished, particularly the local relevance of the work and speaking to timely issues. He challenges himself and all members to make an effort to get one or two others to become a member. CPHA's work speaks directly to front line local public health and the public health workforce needs to support it. CPHA is a fantastic organization to belong to and to work with.

Ardene Robinson Vollman, submitted a question online, asking what CPHA is doing to generate revenue.

*NGOs face an on-going challenge, membership-based organizations in particular as baby boomers are retiring and millennials are not joining at the same rate. A millennial's perception of value-added memberships is different; it is about what membership can do for them and how it can develop and advance their career. There is a tendency that if students are not employed in public health, they don't maintain their membership. Several interventions to increase membership have been tried without success. Instead, a different approach has been adopted to attract people to join because of the important work we do, by developing meaningful and relevant policy statements that they want to support. For example, CPHA's intervenor status in the court challenges in Saskatchewan and Ontario. Although legal counsel is providing pro bono services, CPHA has to pay incidentals and we have had to go out to members for financial support. Our event management team does a great job with our conference. We have hosted the Canadian Immunization Conference three times, and we have just contracted with the Heart and Stroke Foundation to manage two events this year. We continue to explore other options. We are pinning our hopes on the Public Health Legacy Fund to be launched later this year. The goal is to raise \$3 million as an endowment fund, to never touch the principle investment and to have the interest as an on-going source of revenue. There is*

*optimism as we are seeing investors looking to organizations that do more upstream work.*

Joel Kettner echoed the comments from C. Neudorf and shares the same opinion of the quality of CPHA's work and how it has changed over the years – it is more targeted, more practical, less theoretical and has more impact. In the annual report, there is some description of impact, and he asked if there is a more systematic way of measuring the impact of our statements and activities, then reporting back to the membership. Understanding that this could add to workload, he offered to participate. It's time to try something more innovative such as free one-year memberships and free conference registration for public health students with the strategy of exposing them to the Association. Reach out to philanthropists with the kind of money we need and might be interested in donating, but they have to get something in return. A session at the conference can be organized in their name, or to fund a research grant and to have some input into a topic. He thanked staff and Board, B. Cohen in particular for stepping forward as the next Chair; your work is much appreciated.

*When the Board developed the current 5-year strategic plan, it built in strategic actions and key performance indicators. Twice annually, the Executive Director reports to the Board against the indicators. It is fairly high level and although not included in the annual report, can be made available on our website if there is interest. It is challenging to determine the real impact of the Association's work. For example, CPHA's 2016 discussion paper on the Public Health Approach to Managing Illegal Psychoactive Substances has been cited many times because it was seen as credible and evidence-based, but it is difficult to identify the impact of these citations. A free student membership is something we could discuss with the Student Director. For a short time, one university purchased discounted memberships for its students, but less than a quarter of these memberships were activated. Part of the fundraising plan is to identify key philanthropists who are considering upstream solutions and may be attracted to CPHA's work. We are starting with our membership because if we can't demonstrate that the public health community supports us, it is difficult to make the case to outside donors. We welcome suggestions from members on how we can be more transparent about our accountability.*

Meg Sears, Chair of Prevent Cancer Now, expressed an interest in working together. On the broader issues, the products put out by CPHA are impressive,

in particular, the strong and clear stance on climate change. Impact can be really hard to measure. Try not to get hung up on metrics because some of the biggest impacts may not show up on the metrics. There are a lot of people who are glad there is a clear voice for upstream action and who will be cheering us on. The impact we want to measure is change and that's a really hard thing to achieve. These are very difficult times and a clear voice is needed from an organization such as CPHA. Thank you for all your hard work.

Pemma Muzumdar, submitted a question online, asking which committees and working groups need the most volunteer help for volunteer work and what kind of work is there, particularly for members who have limited time, but high desire to help. As a suggestion, if there was a list for members of what was urgently needed on a quarterly basis, someone may be able to select short-term, manageable task rather than the long-term commitment to sit on a committee.

*Participation on a Standing Committees is a long-term commitment and involvement is very structured. Working Groups are a good opportunity for members to get involved, but take the greatest amount of staff resources to manage. The Executive Director is committed to providing members with volunteer opportunities through micro-volunteering, or creating small tasks that when pulled together to contribute to a larger project. There are new tools and technology that we can utilize.*

Claire Betker, Scientific Director for the National Collaborating Centre for Determinants of Health, but speaking today as the President of the Canadian Nurses Association, understands how staff work very hard on similar topics. They take time and resources. She and the Executive Director have discussed partnership opportunities. There may be opportunities to explore aligning agendas and working collaboratively towards a collective impact. There is a bit of a ground swell where we can have an impact that will be stronger if we work together. She commended CPHA for their work.

*The Executive Director accepted the offer with appreciation and committed to reaching out to CNA. There are two collaborating groups to draw attention to: The Canadian Network of Public Health Associations, bringing together the provincial, territorial and national public health associations on a quarterly basis to discuss what is going on, how to support each other and ways to work together. Second is the Canadian Coalition for Public Health in the 21<sup>st</sup> Century made up*

*mostly of health professional organizations. The Coalition's original mandate of which was to advocate for increased public health capacity and draw attention to public health human resources and public health leadership, but the focus of which has segued to social determinants of health issues.*

Janina Krabbe, PhD student from UBC and a new member of CPHA, is very impressed with the CPHA reports and the hard work that has gone into them and asked if there is a connection to be made with the reports and the Legacy Fund, something specific that links them to the campaign that members can be using.

*Not yet, but it's a great idea and is something that can be further explored.*

Drona Rasali, Director of Population Health Surveillance and Epidemiology at the Provincial Health Services Authority in British Columbia, commented that CPHA has been doing wonderful work and it has been expanding. CPHA is taking on a broad role and should not do everything alone. Now is the time to open up horizons of partnerships with other organizations. An event like the Canadian Immunization Conference (CIC) doesn't fit right and takes a lot of resources. It should be given to a body that specializes in immunization. CPHA should work as an umbrella organization to cover several other areas and have disciplinary branches. There is an acute need for an association for public health epidemiology and this should be considered as a way to expand. CPHA's work with governance at different levels, especially federal, is commended. CPHA is doing a tremendous job. Our strength is the disciplinary work.

*The Chair acknowledged the comments from the floor about the amazing work our staff can produce with their small numbers and limited resources. One of the ways to build our budget is managing conferences like the CIC which contributes funds to the bottom line. It's a balancing act to make sure there is an appropriate return on investment in staff time and staff do that that very well. The suggestions are helpful, thank you.*

J. Kettner gave the opinion that sometimes we think too narrowly about who should join CPHA, i.e., those within our own public health domain. Many people come to our conferences who are not members, but are very interested in public health. A suggested approach is to identify people in other disciplines and ask them how we can adapt or alter some of the things we do or who we bring in under the umbrella.

Our programs at these meetings could be organized to accommodate some of their interests, such as the American Public Health Association annual meeting that is broader and has numerous sections, but all under the umbrella of public health. Referencing the previous comment about the difficulty of long-term outcome evaluation in public health, to determine cause and effect of these outcomes in terms of what did we contribute, something more proximal or intermediate could be to survey CPHA members. Find out why they continue to be a member; if they have read our policy documents; if yes, what did they think of it. We need to know this, especially from our target audience, which is not always our membership and to conduct it in a systematic way. Also, how well do we ask people why they haven't joined? This may tell us something about our impact, and may help to solve some of our problems. Put the results in the next annual report.

#### **7.0 Closing Remarks and Date of Next Meeting**

In closing, the Chair offered thanks to our members, many of whom support CPHA financially and volunteer their time and expertise for committees and working groups, in particular, appreciate the effort contributed by our Board members. Thanks were also extended to our collaborators and partners and corporate sponsors. Thanks and gratitude were extended to CPHA staff for their amazing work.

The next Annual General Meeting will take place on Tuesday 28 April 2020 in Winnipeg, Manitoba.

There were no further questions or discussion and the meeting was called to a close at 08:27.