



CPHA Policy Department Activity Report 2010

Background

As a membership-based organization, CPHA responds to issues of concern to the public health community. These issues are often broad and varied, and are not associated with any single discipline. CPHA uses a combination of mechanisms and strategies to advance its advocacy mandate. These include endorsements; government relations; position and policy statements; reports and presentations; representations and coalitions; and watching briefs.

CPHA's Policy Department addressed a breadth of public health issues during 2010, while maintaining a focus on the priority areas identified through the 2008 membership survey and the issues identified during the 2010 Policy Forum. The "top 5" priority issues are (i) poverty/ health equity and the social determinants of health, (ii) public health leadership, (iii) public health access including infrastructure and human resources, (iv) chronic disease prevention, and (v) environmental health/sustainable development.

CPHA's Position and Policy Statement Development & Review Process

The position/policy development process is driven by CPHA members. The positions and policies proposed by CPHA members undergo an initial review by the CPHA Policy Review Group (PRG). The PRG makes recommendations to the CPHA Board of Directors on the suitability and relevance of the proposed position or policy to CPHA and whether or not the proposed measure should be adopted. Depending on the complexity of the issue, the PRG or Board may elect to strike a working group made up of experts in the field being examined. The working group is tasked to complete the analysis and evidence review and to draft the proposed position or policy statement for the PRG's review. For contentious or sensitive issues, the Board may elect to confer with CPHA membership before a final decision is taken on a proposed position or policy statement.

During 2010, the PRG approved the establishment of three working groups related to different aspects of psychoactive substances: tobacco and smoking; alcohol consumption; and illicit drugs.

Tobacco Working Group

The Tobacco Working Group (WG) was tasked to develop a draft CPHA policy/position paper on a comprehensive public health approach to tobacco smoking and control. Recommendations were to encompass new directions in tobacco control and measures to both discourage the demand for and reduce the supply of tobacco products. A final draft is currently in development and is expected to be tabled in the fall of 2011.

Alcohol Working Group

This Working Group's mandate is to develop a draft CPHA position statement on a public health approach to the consumption of alcohol. The final version is also expected to be tabled to the Board in the Fall of 2011.

Illicit Psychoactive Substances

In December 2010, CPHA applied to the Supreme Court of Canada seeking intervener status in the appeal case involving Insite, the supervised injection drug facility in Vancouver. CPHA was granted leave to intervene and appeared before the Court in May 2011. This became the focus of CPHA's work in this area in 2010/11.

Annual Policy Forum

The Policy Forum's objectives are to facilitate an exchange of ideas, promote discussion and solicit recommendations to CPHA's Policy Department regarding current and new public health policy issues. It provides CPHA members with an opportunity to get involved in policy development and advocacy by identifying important and emerging public health trends and issues and by providing input to guide future actions by the Association. Over 40 participants attended the 2010 forum. Feedback about the Policy Forum was very positive. Public health topic areas raised included:

- Alcohol as a public health issue
- Aboriginal health and well-being
- Occupational health and safety
- Equity, sustainable development and environmental health as fundamental principles of public health.

Activities in 2010 by priority area

CPHA continued to be engaged in and advocate for greater health equity and sound public health policies, programs and practice in Canada and globally. CPHA participated in several roundtables, gave presentations to government standing committees and collaborated with other organizations and groups involved in addressing health inequalities. Some highlights of the past twelve months' efforts:

Poverty/Health Equity/Social Determinants of Health

Dignity for All Campaign (on-going)

Dignity for All: The Campaign for a Poverty-Free Canada is a non-partisan, multi-partner coalition striving to secure strong federal leadership to eliminate poverty in Canada. This initiative was co-founded and is co-convened by Canada Without Poverty and Citizens for Public Justice. CPHA endorsed the Campaign and accepted the invitation to be a member of the Campaign Committee along with 14 other organizations. In mid-November the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA) released an all-party report calling on the federal government to commit to an action plan to reduce poverty in Canada. CPHA voiced its support for the report's recommendations and encouraged the government to move forward to address the issue of poverty as a determinant of health.

Growing up Well- Priorities for a Healthy Future: CPHA's review of the 2009 Report by the Chief Public Health Officer on the State of Public Health in Canada (January 2010)

CPHA's review included recommendations calling for all levels of government to take action through policies, programs and inter-sectoral partnerships to support individuals, households and communities. Recommendations focused on fiscal measures such as government tax and transfer policies to redistribute income and support towards low-income families to reduce the present earnings inequities. Other measures to consider included expanding national child benefit support to lone-parent households and lower-income households and increasing access to day care and early childhood development programs.

The CPHA and the Social Determinants of Health: An Analysis of Policy Documents and Statements and Recommendations for Future Action (February 2010)

Prepared by Dennis Raphael and Azalyn Manzano (School of Health Policy and Management, York University), this report provides an overview of CPHA's advocacy efforts over the past 40 years related to SDH and provides a set of recommendations to guide CPHA's future actions on this issue. The report concludes that CPHA has been and continues to be a leader on this topic and recommends its continued active advocacy for the adoption of a determinants of health approach by all levels of government.

Declaration of endorsement on the release by the Health Council of Canada of its report *Stepping It Up: Moving the Focus from Health Care in Canada to a Healthier Canada* (December 2010)

In response to an invitation from the Health Council of Canada, CPHA prepared a "blog" about the Association's activities and promotion of a social determinants of health approach to making Canadians healthy.

Public Health Leadership/Public Health Infrastructure

CPHA Response to the 2010 Federal Budget (March 2010)

In its response to the 2010 Budget CPHA noted new initiatives such as the intention to develop a national injury prevention strategy, but also voiced its concern about the inadequate funding in support of the full and effective functioning of the country's public health system.

Presentation to the Standing Committee on Health on Enhancing the Public Health Human Resource and Infrastructure in Canada (May 2010)

CPHA's statement, presented by CPHA Board Chair Dr. Cordell Neudorf, included a briefing document with recommendations for the federal government for investments in expanding and improving the working conditions of a pan-Canadian public health workforce.

Presentation to the Standing Committee on Health's session on H1N1 Preparedness and Response (October 2010)

CPHA member, Dr. Isra Levy, Medical Officer of Health for Ottawa, provided a perspective and recommendations from the local level public health sector on pandemic planning and preparedness. In his oral presentation on behalf of the Association, Dr. Levy proposed three recommendations to improve Canada's pandemic response capacity for the Committee's consideration.

Presentation to the Standing Committee on Human Resources, Skills and Social Development and the Status of People with Disabilities on the Impact of Cancelling the Mandatory Long-Form Census (November 2010)

Over 370 organizations from across Canada, including CPHA, formally protested the government's decision to abolish the mandatory long-form census. Hundreds of print and broadcast articles, editorials, and features raised the awareness of Canadians not only on this specific issue, but on the role of data in building a healthy and prosperous Canada. CPHA Board Chair Dr. Cordell Neudorf and CEO Debra Lynkowski presented a brief explaining the negative impact of replacing the mandatory long-form census with a voluntary survey on the capacity of Canada's public health community to design and deliver effective and appropriate public health programs and services. Accurate and reliable census data are essential to assess the impact of policies and programs on the nation's health. CPHA made three recommendations for the federal government's consideration to mitigate the impact of the adoption of a voluntary census survey.

Chronic Disease Prevention

Collaboration for the Prevention of Childhood Obesity (on-going)

CPHA works closely with Chronic Disease Prevention Alliance of Canada (CDPAC) on the issue of obesity, with special attention to the marketing of non-alcoholic beverages and foods to children.

Endorsement of the Canadian Coalition for Action on Tobacco's letter to the Minister of Foreign Affairs (March 2010)

The letter drew the Minister's attention to the appointment of a tobacco industry official as Chair to the Board of International Development Research Centre, a Canadian government agency with responsibilities for international health. This situation contravenes the Framework Convention on Tobacco Control.

Endorsement of the Pan American Health Organization (PAHO) Policy Statement: Preventing Cardiovascular Disease in the Americas by Reducing Dietary Salt Intake Population-Wide (May 2010)

CPHA endorsed the PAHO policy statement and encouraged its members to be involved in education and advocacy activities to reduce sodium intake.

Endorsement of the NASAC Low Risk Drinking Guidelines (May 2010)

CPHA endorsed the Low-Risk Drinking Guidelines (LRDG) published by the National Alcohol Strategy Advisory Committee (NASAC), the first ever evidence-based, peer reviewed national guidelines that provide appropriate recommendations for all Canadians to minimize risks from their own drinking and an effective guide for health care practitioners to screen, counsel and refer patients dealing with alcohol consumption issues.

Renewal of Federal Tobacco Control Strategy (November 2010)

CPHA encouraged the Government of Canada to take note of the new US strategy for tobacco control, and congratulated the Minister of Health when a decision was taken in April 2011 to extend by one-year the current Federal Tobacco Control Strategy. CPHA reiterated its interest to provide input over the next several months through a consultative process for the definition of a new multi-year strategy.

Environmental Health/Sustainable Development

CPHA Position Statement: Call for a Ban on the Mining, Transformation and Export of Chrysotile Asbestos (April 2010)

CPHA Board of Directors approved the call for ban on the mining, transformation and export of chrysotile asbestos Position Statement and for CPHA to call once again on the Government of Canada to support the listing of chrysotile asbestos under the Rotterdam Convention, and to ban the mining, transformation and export of chrysotile asbestos. Following the approval of the CPHA position on chrysotile asbestos by the CPHA Board of Directors in June 2010, CPHA sent letters to several federal Ministers, expressing the Association's point of view and recommendations for action. CPHA also released a joint press release on the issue with the Canadian Medical Association and the National Specialty Society for Community Medicine calling on the federal and Québec governments to stop mining asbestos and to ban its use and export. CPHA's position statement was used by other organizations, including the Association pour la santé Publique du Québec and NSSCM as a model for their own position statements and advocacy on this issue. The Vancouver Province, one of BC's daily newspapers published on July 15, 2010 an op-ed about CPHA's position on the asbestos issue under Dr. Neudorf's signature. The Canadian Journal of Public Health published two editorials on the topic, both of which received media coverage.

Other Public Health Issues

Communicable disease prevention and protection - Canada's HIV Vaccine Initiative: CPHA endorsed a letter signed by several Canadian AIDS organizations addressed to the Minister of Health and to the Gates Foundation calling for the portion of funds originally designated to cover the cost of a new vaccine production facility in Canada to be returned to the Federal Initiative to Address HIV/AIDS and to enhance support for new HIV prevention technologies.

Harm Reduction and Infectious Disease Prevention among vulnerable populations: In December 2010 CPHA endorsed and co-signed the open letter addressed to the leaders of all federal political parties in association with the Urban Health Research Initiative and the BC Centre for Excellence in HIV/AIDS and a call to public health community members to voice their opposition to the minimum sentencing provisions of Bill S-10 (An Act to amend the Controlled Drugs and Substances Act).

Global Fund to Fight HIV/AIDS, TB and Malaria (March 2010)

CPHA endorsed the Stop TB Canada's letter to the Minister of Finance urging the Government of Canada to support the Global Fund to Fight HIV & AIDS, TB and Malaria and to contribute its fair share at 5% of the estimated need, which could mean increasing our commitment to \$300 million per year.

Presentation to the Standing Committee on Health on the Root Causes of the Elevated Rates of Tuberculosis Infection in First Nations and Inuit Communities (April 2010)

CPHA member Elaine Randell, RN and Communicable Disease Consultant, Dept. of Health & Social Services/Nunavut (CPHA member) appeared as a witness and provided a brief historical perspective on how the epidemic has affected First Nations and Inuit communities. Her statement highlighted the social determinants of health such as crowded and inadequate housing, poor nutritional status, and lack of continuity of health care providers as the root cause of continued high rates amongst the Inuit.

Injury prevention - Built Environment: Design of stair case guards & railings & grab bars:

In February 2010, CPHA CEO Debra Lynkowski made a presentation before the Canadian Commission on Building and Fire Codes (CCBFC) on a proposed building code amendment regarding children's safety and climbability of guards and railings. One of the key issues addressed by CPHA was the concern that the proposed amendment to the current building code was developed without adequate input from injury prevention and public health stakeholders, and that the design changes being proposed in the amendment could present potential harm for young children. The amendment did not go forward.

In April, CPHA wrote a letter to the CCBFC supporting the proposed building code change for the addition of grab bars in bathrooms as a safety and accessibility measure to mitigate the risk of fall related injuries in bathrooms for all Canadians.

In September, the NRC President approved the appointment of Dr. Louis Francescutti, a CPHA member with expertise on injury prevention, to the CCBFC for a five-year term.

Bill C-391 Gun Control and the Long Gun Registry: In April 2010, CPHA joined 27 other health organizations from across the country, through the Coalition for Gun Control, releasing to all federal Members of Parliament an open letter encouraging them to not support Bill C-391, a Private Member's Bill that would abolish the rifle and long-gun registry. This action was followed up in September with an email blast sent to CPHA members encouraging them to contact their MP to encourage them to follow the advice of the Standing Committee on Public Safety and National Security and vote to end Bill C-391.

Food safety - Natural Health Products being marketed in food format: CPHA wrote to the Federal Minister of Health in support of the request made by the Dietitians of Canada to stop the proliferation of over 1500 Natural Health Products being sold in food format in the market place.

Policy on Discretionary Fortification of Foods with Vitamins and Minerals: CPHA supported the efforts of Dietitians of Canada urging the Government of Canada to change the proposed new policy regarding discretionary fortification of food. As a result of CPHA and the Dietitians of Canada's advocacy, Health Canada suspended its plans to move towards implementation of that policy.

Endorsements

CPHA endorsed several externally-requested public health related items:

- (i) The Vienna Convention – calling for an evidence-based approach to illicit drug use rather than a law enforcement approach;
- (ii) Support for the ongoing efforts of Safe Kids Canada to ensure the passage of *Bill C-36: An Act respecting the safety of consumer products*. The proposed Act will replace the 1969 Hazardous Product act and introduce new safety legislation that suppliers will have to meet as well as new tools for Health Canada to better protect the health and safety of Canadians.
- (iii) Letter to International Mesothelioma Interest Group (IMIG) in support of Vancouver's bid to host the 11th International Conference of IMIG in 2012. The IMIG conference has in recent years fostered discussions about asbestos. Hosting the Conference in Canada would help raise media attention and public awareness on the issues related to asbestos.

CPHA's Collaborative Relationships: Mobilizing Stakeholders

Canadian Coalition for Public Health in the 21st Century (CCPH21): CPHA continued to take a lead role in the work of the CCPH21. The Coalition developed a series of new "Fast Facts" and a three-year strategic plan. It also released the document "Safeguarding the Public's Health as a means to Promote Economic Growth and Prosperity" in response to the 2010 Federal budget. The Coalition's action plan included updating and launching following the announcement of the 2011 federal election of a revamped federal election primer (information package) to provide CPHA members and the public health community in Canada with information about the platforms of the federal parties on public health and advice to engage federal election candidates and the federal parties on public health issues. The Coalition also engaged a consulting firm through CPHA to assess the nature and terminology used in past communications to the federal government and to advise on how to be more effective in its future communications to advocate for public health issues, and in particular the renewal of an Health Accord that incorporates public health.

Collaborations in Advocacy: This informal group consists of the Canadian Medical Association, the National Specialty Society for Community Medicine (NSSCM), the College of Family Physicians of Canada and CPHA. It focuses on issues that relate to the interconnection between physicians both in primary health care and public health. In 2010, the group advocated to PHAC for improved and user-friendly pH1N1 communications and resource tools to front line physicians that would help them in dealing with patients who are at risk of infection or are infected. The product was specifically targeted to office-based clinicians.

Representations on Committees

CPHA staff and members represented the Association on several committees, task forces and working groups, including the Chronic Disease Prevention Alliance of Canada (CDPAC), the Health Action Lobby (HEAL), the Canadian Council for Action on Tobacco (CCAT), Stop TB Canada, and the National Treatment Strategy/Correctional Services Canada, among others.

Collaboration with the Public Health Agency of Canada

Through the Interchange Canada Program, CPHA entered an agreement with the Public Health Agency of Canada for the secondment of one of its staff as a Senior Policy Advisor within the CPHA Policy Department. This arrangement has assisted CPHA to develop its policy advocacy capacity and find a way to make it self-sustainable. The arrangement will extend into a second year.