



PUBLIC HEALTH IS THE ULTIMATE RETURN ON INVESTMENT



CPHA  ACSP

CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

CANADIAN PUBLIC HEALTH ASSOCIATION
2013 Annual Report

Since 1910, the Canadian Public Health Association (CPHA) has been Canada's independent voice for public health. A membership-based, not-for-profit organization, CPHA speaks on issues of critical importance to the health and well-being of Canadians and people around the world.

The Association identifies and provides the best available public health expertise, works collaboratively, and mobilizes the broader public health community to effectively deliver on its core functions of:

- ✦ policy development and advocacy;
- ✦ knowledge exchange and networking; and
- ✦ strategic partnerships.

Specifically, CPHA exercises national leadership in policy development and advocacy by demonstrating the value of an evidence-based public health approach to policy that seeks to safeguard health while reducing health inequities. By convening flagship events, such as our annual conference, the Association supports meaningful knowledge exchange opportunities for researchers, policy-makers, educators, practitioners and students from a wide range of disciplines and sectors related to public health. We also nurture strategic partnerships that support the Association's mission, and we work with public and private sector partners to support a pan-societal approach to critical public health issues.

Some examples of our advocacy activities and convenor role include:

- 1912 Advocated for the creation of a national department of health
- 1944 Hosted the first national conference on establishing a publicly-funded health insurance plan
- 1959 Advocated for tobacco control
- 1986 Hosted the First International Conference on Health Promotion that led to the *Ottawa Charter for Health Promotion*
- 2003 Advocated for the creation of the Public Health Agency of Canada and the office of the Chief Public Health Officer
- 2011 Appeared as an intervenor at the Supreme Court of Canada in support of Vancouver's supervised injection facility
- 2013 Advocated for changes to Bill C-2, the *Respect for Communities Act*.

Membership

Membership in CPHA is voluntary. Our members include public health nurses, medical officers of health, dietitians, epidemiologists, administrators, researchers, academics, educators, students, ethicists, emergency response and management professionals, and public health officials at the federal, provincial/territorial and municipal levels. 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 frontline and at the national level.

CPHA's student and early-career professional members continue to be actively engaged in our annual conference, which features several events aimed at students involved in public health research, policy and practice. CPHA's Student Awards Program recognizes excellence in the next generation of population and public health researchers, policy-makers, practitioners, and academics.

2013 Board of Directors

CPHA is governed by a skills-based, volunteer Board of Directors that provides strategic leadership.

Chair

Lynn McIntyre, MD, MHSc, FRCPC

Chair-Elect

Ardene Robinson Vollman, PhD, RN

Chief Executive Officer

Debra Lynkowski, LLB (until February 6, 2013)

Executive Director

Ian Culbert, BA (from February 7, 2013)

Directors

Alycia Fridkin, MHSc

Paul Gully, MB, ChB, FRCPC

Joel Kettner, MD, MSc, FRCSC, FRCPC

Katie Lafferty, BSc, MBA

Richard Lessard, MD, MA, MPH, FRCP (until January 30, 2013)

Madonna MacDonald, RN, MSc.E (from April 23, 2013)

Mary Martin-Smith, RN, BScN, MSc(HP)

Isaac Sobol, MD, CCFP, MHSc

In 2013, the Board of Directors completed a review of CPHA's bylaws to ensure their compliance with the *Canada Not-For-Profit Corporations Act*. Members approved the new bylaws at the Annual General Meeting on June 10, 2013.

Honouring our leaders

Each year, CPHA honours individuals or organizations who provide outstanding service to their community and profession. In 2013, we were proud to bestow Honorary Awards on the following members and public health leaders:

R.D. Defries Award
Dr. Patricia Martens

Ron Draper Health Promotion Award
Ruth Fox

Certificate of Merit
Janet MacLachlan

CPHA-Amgen Award for Innovation in Family Health
Parenting in Peel Facebook Page, Region of Peel Public Health

Dr. John Hastings CPHA Student Award
Jessie-Lee McIsaac, University of Alberta

Knowledge exchange and networking

In 2013, the **Canadian Journal of Public Health** (CJPH) completed its transition to all-electronic publishing, finalized adoption of the PubMed indexing methodology, and contracted with JSTOR, a not-for-profit organization, to digitize the CJPH archive back to 1930. Dr. Gilles Paradis resigned as the Journal's Scientific Editor in February, and Dr. Robert Remis succeeded him as Interim Scientific Editor. In November, the Board of Directors ratified Louise Potvin, PhD as the new Scientific Editor, effective January 1, 2014.

Almost 1,000 delegates gathered at the Ottawa Convention Centre from June 9-12 for **CPHA's 2013 Annual Conference** to focus on linking evidence, policy and practice to move public health forward. With four days of energizing speakers, workshops and presentations, the Conference left delegates feeling revitalized, challenged and inspired. A highlight of the Conference was the multitude of networking opportunities for public health professionals, researchers, policy-makers, academics and students to share knowledge, ideas, and innovations.

CPHA's 2013 **Membership Policy and Advocacy Survey** found majority support for new CPHA initiatives on built environments, socio-economic inequalities, mental health, and housing and homelessness. Survey participants also expressed overwhelming support (86%) for development of a public health policy primer for the 2015 federal election.

Telling the public health story through **member and stakeholder communications** is essential to the Association's success. From weekly and monthly e-newsletters, to social media, to the quarterly *CPHA Health Digest*, the Association is in constant communication with members, external stakeholders, and traditional media. Media activity in 2013 addressed public health approaches to a wide range of issues from psychoactive substances to overweight and obesity.

A new way to tell our story

For generations, public health professionals have known that their particular corner of the health system delivers a powerful return on investment (ROI), achieving consistent, breakthrough results that are a real but underappreciated cornerstone of any modern economy.

2013 was the year when the Canadian Public Health Association began telling its story in language that would resonate with economists, policy-makers, and the wider public.

As long ago as the 1850s, when Dr. John Snow disabled a pump handle on London's Broad Street to curb a raging cholera outbreak, the public health community has known that nothing succeeds if public health fails. Yet for years, for many CPHA members, it has been an article of faith (and a reflection of hard-earned experience) that their best achievements are the toughest to document: it is notoriously difficult to measure the return on investment on an injury averted, an outbreak contained, or a chronic disease cluster prevented.



Public Health: A Return on Investment is a short, bilingual video produced in 2013 by CPHA, the Canadian Coalition for Public Health in the 21st Century (CCPH21), and the Canadian Network of Public Health Associations. It points to the ROI of specific public health investments, including child booster seats, water fluoridation, and safer workplaces. The video has received more than 8,500 views on YouTube.

In 2013, leaders in the Canadian public health community recognized that it was not good enough to talk about how difficult it was to measure the economic value of sound public health practices. CPHA built most of its work on the understanding that the resources to deliver effective front-line programming would depend on our community's ability to measure and articulate the value of that work.

That is why most of the achievements and milestones in this annual report connect back, one way or another, to a focus on the ROI of public health. It is not that CPHA members' activities are any different, only that we've learned to tell a different story about the work we are already doing. This report captures highlights of a busy and transformative year, and points the way to the priorities that will shape public health practice in Canada, in 2014 and beyond.

Public health on the frontlines: Addressing the social determinants of health

The social determinants of health (SDH) provide a powerful framework for articulating the ROI of public health, by focusing broad public health principles that affect human needs as basic as clean air and water, safe food, affordable housing, and steady employment. From Parliament Hill to the frontlines of public health practice, 2013 was a year for CPHA and its members to put forward practical public health solutions to build stronger, more resilient communities.

Budget 2013

While CPHA identified several positive features in the 2013 federal budget, the real story was told in the 2013-2014 Estimates that were tabled in February.

The government's emphasis on creating jobs and rebuilding public infrastructure boded well for public health, particularly in Northern and remote communities in need of capital dollars for housing, water supply, and sanitation systems. CPHA was pleased to see a \$120-million, five-year investment in the Homelessness Partnering Strategy, as well as renewed support for the federal Affordable Housing Initiative.

However, the operating budgets contained in the Estimates indicated cuts of \$200.6 million for Health Canada, \$68 million for the Public Health Agency of Canada (PHAC), and \$45 million for the Canadian Institutes of Health Research (CIHR) between 2012 and 2015. CPHA called on the government to apply a health lens to its budget decisions, to sustain Canada's capacity to protect the public's health in good economic times and bad.

Stories from the Frontline: Addressing the social determinants of health

Stories from the Frontline is a CPHA website and online atlas that showcase efforts of communities to address the social determinants of health, within and beyond the public health sector. The site, funded by AstraZeneca Canada, invites organizations to "be the storyteller" and share the steps they have taken to transform their communities by focusing on key social determinants. In 2013, CPHA launched the site, compiled and posted an initial 12 community stories and introduced a GIS-based atlas platform to show the geographic scope of the work. As of December 2013, there had been about 1500 page views of the various stories.



Addressing the ecological determinants of health

Since 2012, a CPHA working group has been in place to update the association's landmark 1992 position paper, *Human and Ecosystem Health: Canadian Perspectives, Canadian Action*. When it is complete, the update will reflect the evolution of the ecosystem health perspective and factor in recent evidence on the connections between the ecological and social determinants of health. It will contain recommendations to all levels of government, and the public health community to mitigate risks to human health due to the declining health of our ecosystems.

Bridging the gap on mental health

In 2013, members identified an interest in addressing the various ways in which mental health is inadequately addressed as a public health problem in Canada: access to mental health services for marginalized populations, food security and income stability for people with mental health issues, and substance use and mental health as they affect adolescents. CPHA began exploring several options for mental health advocacy projects that would begin in 2014 and continue beyond.

Protecting and promoting the health of Canadians

In 2013, CPHA was active on a variety of fronts to protect public safety at the level of individuals, neighbourhoods, and communities.

Supervised injection sites and the federal *Respect for Communities Act*

On October 18, the Canadian government introduced Bill C-2, the *Respect for Communities Act*. The bill was a response to the September 2011 Supreme Court ruling that allowed Vancouver's supervised injection facility, Insite, to continue operations under an exemption from the *Controlled Drugs and Substances Act*. The Court ruled unanimously that closing Insite would discriminate against its clients on the basis of disability.

CPHA asked to appear as a witness when Bill C-2 is considered by the Commons Standing Committee on Public Safety and National Security. The association is recommending that the legislation be withdrawn, on the basis that it would:

- ✦ Impede the development of supervised injection facilities where they are needed
- ✦ Prevent Insite's continuing operation as Canada's only supervised injection site
- ✦ Run counter to the spirit of the Supreme Court ruling.



In 2013, CPHA was engaged as the organizing secretariat for the 2014 Canadian Immunization Conference, December 2-4, 2014 in Ottawa. The biennial conference is an important opportunity for public health practitioners, researchers, immunization policy and program planners, and vaccine manufacturers to share their latest knowledge and highlight the need for robust, effective vaccination programs. Collaborators include the PHAC Centre for Immunization and Respiratory Infectious Diseases, the Canadian Association for Immunization Research and Evaluation, and the Canadian Paediatric Society.

A public health approach to illegal psychoactive substances

CPHA's discussion paper on *Public Health Approaches to Illegal Psychoactive Substances* will complete a trilogy that began with previous papers on tobacco and alcohol, released in early 2012. In light of the growing need for innovative, community-based solutions, a CPHA working group held a public webinar in May and presented a summary of draft recommendations at the Association's annual conference in June, to bring together a public health voice on the issue. The final version of the paper will be launched at the Association's 2014 conference.

Antimicrobial use in animal agriculture

CPHA began development of a statement of concern on antimicrobial use in animal agriculture and the implications for public health. The Association reviewed the positions put forward by Infection Prevention and Control Canada and the Ontario Medical Association in calling on federal and provincial governments to prohibit unregulated use of antibiotics in livestock as the starting point for developing a policy position of its own.

Searching for evidence on e-cigarettes

In 2013, CPHA completed a policy brief on e-cigarettes. The nicotine-containing products are prohibited in Canada, but easily obtained in the United States and online, while the flavoured-only versions are generally available in Canada. The World Health Organization believes e-cigarettes could undermine hard-fought gains in tobacco control, influencing children to take up smoking later in life. Proponents of e-cigarettes identify them as a possible smoking cessation aid. CPHA supports existing controls on e-cigarette sales until more reliable evidence is available on their health impacts and social implications.

The public health workforce of the future

Like every other profession and discipline in Canada, public health faces continual, turbulent change in public needs and expectations, combined with rapid turnover in personnel as the baby boom generation begins to retire. CPHA is actively involved in sustaining the public health workforce that will be at the centre of the profession's success for decades to come.

A certified public health professional designation for Canada

With funding from the Public Health Agency of Canada (PHAC), CPHA is undertaking a three-year project to pilot test a national certification program for public health professionals. After preliminary consultations with members reinforced the value of a formal certification, CPHA formed an expert reference group to guide the project, with representation from the various public health occupations, organizations, and regions across Canada.

Core competencies for HIV prevention

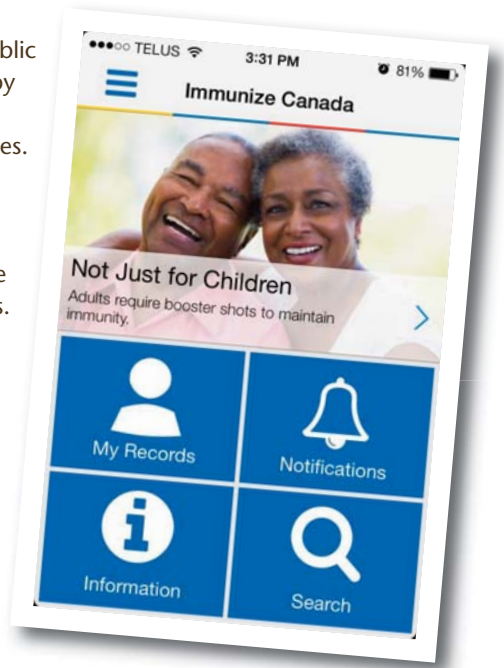
CPHA completed community consultations on a set of core public health competencies for HIV prevention. The project, funded by PHAC, addresses the determinants of health that increase vulnerability to HIV infection and related communicable diseases.

ImmunizeCA

CPHA, Immunize Canada, and the Ottawa Hospital Research Institute (OHRI) began a collaboration to develop a free mobile immunization vaccine tracking application (app) for Canadians. This mobile application is the first pan-Canadian immunization application to be developed. Regardless of their province or territory, Canadians will be able to keep track of their own and their families' immunizations.

Advocacy that works: Building broader partnerships

CPHA is Canada's independent voice for public health, so reasoned, evidence-based advocacy is either a component or an outcome of every task the Association undertakes. Decades of experience show that public health advocacy is most effective when it involves strategic partnerships and coalitions with the communities that benefit from a strong public health system.



It is an effort that depends on the day-in, day-out effort of dozens of CPHA member-volunteers who bring the public health perspective to over 25 external committees and coalitions. CPHA also engaged in discussions with provincial and territorial public health associations through the Canadian Network of Public Health Associations, and hosted secretariats for the Canadian Coalition for Public Health in the 21st Century and the Public Health Physicians of Canada.

A solid foundation: Renewing and sustaining the Association

With its 2012 restructuring complete, CPHA entered the second year of a three-year business plan that called for CPHA to benefit from its growing strategic agility and financial stability. The Association made solid progress in its 10-year effort, initiated in 2008, to significantly reduce its reliance on government funding by 2017. The Board and senior management sought and secured a more diverse range of funding, built a varied mix of partnerships, intensified member recruitment and retention, and strengthened many of the Association's ongoing activities. In strengthening its foundation, the Association is in a position to make real progress on its strategic goals for public health in Canada:

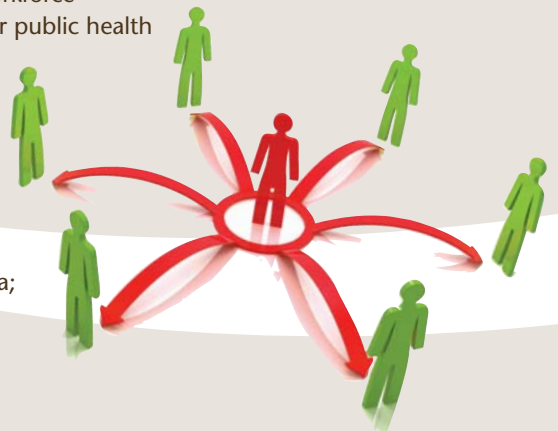
- ✦ Stakeholders across the continuum are mobilized in support of public health;
- ✦ Effective public health policy is being developed and implemented through an efficient public health structure at each level of government; and
- ✦ The system is supported by sufficient, appropriately-skilled public health practitioners.

The Association's current objectives act as the building blocks for the attainment of long-term outcomes:

- ✦ To achieve sustainability and financial resiliency through continued diversification and growth of funding sources
- ✦ To increase CPHA's relevance to the public health workforce
- ✦ To better position CPHA as the independent voice for public health
- ✦ To enhance and promote CPHA's convener role on public health issues
- ✦ To enhance CPHA's capacity in support of healthy public policies (through policy analysis, communications and advocacy)

In accomplishing these goals, CPHA fulfills its role to:

- ✦ Be the independent voice for public health in Canada;
- ✦ Play a leadership role in public health; and
- ✦ Promote a public health approach to addressing population health issues.



Core Financial Activities

This year realized a surplus of \$281,062, which is significantly more than the budgeted surplus of \$3,021. 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 2013 financial statements, audited by BDO Canada LLP, are available upon request from the Executive Director's office. Below are the Association's Statement of Financial Position and the Statement of Operations for the fiscal year ending December 31, 2013.

Statement of Financial Position

	2013	2012
Assets		
Current		
Cash and cash equivalents	\$ 375,709	\$ 1,131,247
Accounts receivable	77,161	187,439
Inventory	35,322	20,852
Prepaid expenses	65,883	69,195
	<u>554,075</u>	<u>1,408,733</u>
Investments	817,363	204,495
Tangible capital assets	<u>–</u>	<u>–</u>
	<u>\$1,371,438</u>	<u>\$ 1,613,228</u>
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	\$ 135,892	\$ 338,120
Deferred revenues	622,974	943,598
	<u>758,866</u>	<u>1,281,718</u>
Net Assets		
Internally restricted for contingencies and extraordinary services	400,000	331,510
Unrestricted	212,572	–
	<u>\$1,371,438</u>	<u>\$ 1,613,228</u>

Statement of Operations

	2013	2012
Revenues		
Projects and Conferences	\$ 2,442,455	\$ 2,657,995
National Office	730,004	755,514
Journal	213,446	136,509
Publication Sales	105,376	140,152
Investment income	18,766	43,644
	<u>3,510,047</u>	<u>3,733,814</u>
Expenses		
Projects and Conferences	2,442,455	2,657,995
National Office	601,532	1,096,940
Journal	120,439	145,568
Publication	64,559	124,784
Knowledge Centre	–	40,454
	<u>3,228,985</u>	<u>4,065,741</u>
Excess (deficiency) from operations	281,062	(331,927)
Loss on sale of investments	–	(22,203)
Excess (deficiency) of revenues over expenses	<u>\$ 281,062</u>	<u>\$ (354,130)</u>

Our Sponsors

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

Presenting Partners

- ✦ AstraZeneca Canada Inc.
- ✦ Lysol (Reckitt Benckiser (Canada) Inc.)
- ✦ Pfizer Canada

Legacy Benefactors

- ✦ Amgen Canada Inc.
- ✦ GlaxoSmithKline

Public Health Pathfinders

- ✦ Dalla Lana School of Public Health, University of Toronto
- ✦ Health Council of Canada
- ✦ Merck Canada Inc.
- ✦ Novartis Pharmaceuticals Canada Inc.
- ✦ Schulich Interfaculty Program in Public Health, Western University
- ✦ University of Waterloo School of Public Health and Health Systems

Public Health Supporters

- ✦ Bullfrog Power
- ✦ Canada's Research-Based Pharmaceutical Companies (Rx&D)
- ✦ Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health
- ✦ Canadian Institutes of Health Research – Institute of Cancer Research
- ✦ Canadian Institutes of Health Research – Institute of Gender and Health
- ✦ Canadian Institutes of Health Research – Institute of Health Services and Policy Research
- ✦ Canadian Institutes of Health Research – Institute of Infection and Immunity
- ✦ Canadian Institutes of Health Research – Institute of Nutrition, Metabolism and Diabetes
- ✦ Canadian Institutes of Health Research – Institute of Population and Public Health

Our Collaborators

CPHA was proud to host its 2013 Annual Conference in collaboration with:

- ✦ Canadian Institute for Health Information – Canadian Population Health Initiative;
- ✦ Canadian Institutes of Health Research – Institute of Population and Public Health;
- ✦ National Collaborating Centres for Public Health;
- ✦ Ontario Public Health Association; and
- ✦ Public Health Physicians of Canada.



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- ✦ Public Health Physicians of Canada.



Founded in 1910, the Canadian Public Health Association is the independent voice for public health in Canada, with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about public health system reform, and to guide initiatives to help safeguard the personal and community health of Canadians and people around the world. With a diverse membership representing more than 25 professions, a track record of success, a collaborative approach, and national reach, CPHA is Canada's Public Health Leader.

Canadian Public Health Association

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