



CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

ANOTHER YEAR OF BRINGING
**THE PUBLIC
HEALTH
PERSPECTIVE
TO CRITICAL
CANADIAN
ISSUES**

2017 ANNUAL REPORT

www.cpha.ca

AS LEGALIZATION OF CANNABIS GREW CLOSER, THE VOICE OF PUBLIC HEALTH WAS HEARD.

In November 2017, after close to two years of investigation, consultation, collaboration and development, the Canadian Public Health Association (CPHA) released its highly anticipated position statement—**A Public Health Approach to the Legalization, Regulation and Restriction of Access to Cannabis.**

While the legalization of cannabis has been almost constantly in the spotlight since the last federal election in 2015, the topic of cannabis and its impact on public health in Canada and the well-being of Canadians have firmly been on the radar at CPHA for many years.

Well over a decade ago, CPHA members from across Canada identified cannabis and other illegal psychoactive substances as key topics that required particular focus and the resources of the organization.

As governments and other public organizations continued to grapple with issues around drug use, it was felt that a credible, national voice for public health would be essential.

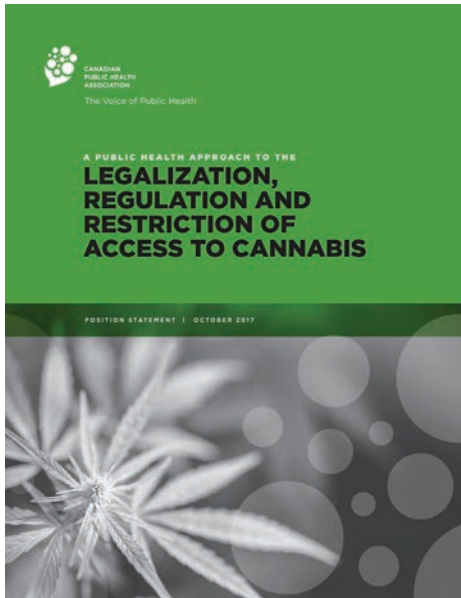
As the opinions of Canadians and their elected officials have evolved over the years on the topic of cannabis, the Canadian Public Health Association has been at the table regularly, helping to inform evidence-based public policy.

In 2014, CPHA published *A New Approach to Managing Illegal Psychoactive Substances in Canada*. It was one of a number of



CPHA initiatives over the years that have presented evidence-based alternatives to existing public policies on illegal psychoactive substances.

In numerous meetings, discussions and presentations, CPHA has consistently advocated for public policies on illegal psychoactive substances based on the public health principles of social justice, human rights, health equity and underlying factors that impact health.



Leading up to the 2017 release of *A Public Health Approach to the Legalization, Regulation and Restriction of Access to Cannabis*, CPHA followed a stringent process that involved gathering evidence, identifying key issues, consulting with hundreds of CPHA members and other interested stakeholders and, developing a discussion framework that formed the basis for the final position statement.



CPHA Executive Director Ian Culbert speaking in Ottawa at the House of Commons Standing Committee on Health.

All in all, it was a two-year undertaking by the Board of Directors, members, key stakeholders and staff.

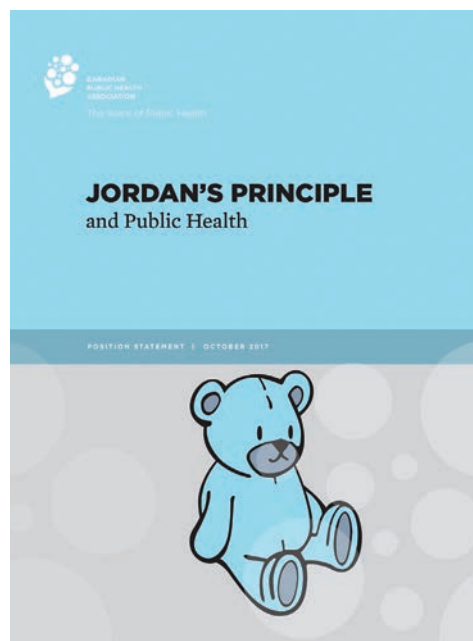
In an appearance before a House of Commons Health Committee in Ottawa weeks before the public release of the Position Statement, CPHA Executive Director Ian Culbert said, “It is our view that legal cannabis sales must be preceded by comprehensive, non-judgmental, non-stigmatizing health-promotion campaigns across Canada that have a clear and consistent message.”

In the months since its release *A Public Health Approach to the Legalization, Regulation and Restriction of Access to Cannabis* has received widespread distribution to provincial and territorial governments, Ministers of Health and health care organizations.



Coming Out in Support of Jordan's Principle and First Nations Children

In October 2017, the Canadian Public Health Association published a position statement and strongly put its support behind Jordan's Principle, inspired by the tragic story of Jordan River Anderson, an Indigenous boy from the Norway House Cree Nation. Jordan was born with a rare disorder; his care was delayed while government agencies tried to come to an agreement over who had financial responsibility for the specialized care he required. Jordan passed away in hospital at age five. CPHA called on the federal, provincial and territorial governments to fully implement the Principle and address inter-jurisdictional disputes related to the provision of health, social and support services to First Nations children.



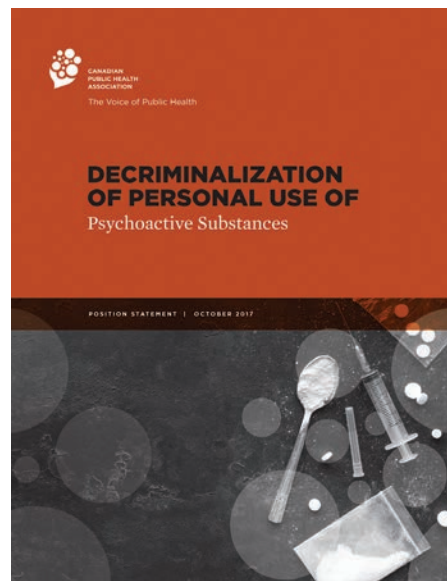
New Relationships with Indigenous Communities

Throughout 2017, a working group of members led a series of consultations and key stakeholder interviews that led to the development of an options paper suggesting possible courses of action for CPHA to establish new relationships with Indigenous communities. In May 2017, the Board of Directors adopted the working group's recommendations that included the establishment of an Indigenous Relations Advisory Committee with a mandate to define a long-term goal and to establish guiding principles for engagement with Indigenous communities. The Board also agreed that the provision of high-quality, recognized cultural competency training to staff and volunteers was a first step in its commitment to Indigenous cultural safety and humility.



Making a Case for the Decriminalization of Personal Use of Psychoactive Substances

In November 2017, the Canadian Public Health Association called on the federal government to work with provinces and territories to continue to evolve policies regarding the continued criminalization of those who use small amounts of illegal psychoactive substances. CPHA's position came about after years of study showing that criminalization is ineffective and that other countries are experiencing better outcomes with policies that embrace public health principles.



Canada's Public Health Community Came Ashore in Halifax

In June 2017, close to 900 attendees arrived in Halifax as part of Canada's largest annual conference for public health professionals, academics, researchers, policy-makers and students. Public Health 2017 was three days packed full of workshops, symposia, presentations and special sessions.

Dr. Theresa Tam, Chief Public Health Officer of Canada, hosted a special lunchtime session on Primary Prevention and Canada's Opioid Crisis. Public Health 2017 also included a special evening public forum on a public health approach to promoting community safety and the presentation of the 2017 honorary awards.

Bringing Public Health Issues to the Table

Every year, CPHA invites members from across the country to submit ideas on emerging public health issues that deserve deeper examination and action.

Based on a review and capacity, Board and committee members select the issues that most urgently need the attention and change that CPHA is known for delivering. Since CPHA is a not-for-profit organization, there are invariably more issues than capacity to address them.

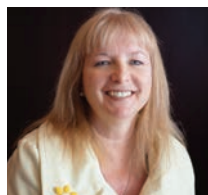
In the future, the Canadian Public Health Association is committed to enhancing its capacity to address more emerging public health issues by reaching out for the support of forward-thinking supporters of public health.

Outstanding Contributions to Public Health in Canada

As part of Public Health 2017, the Canadian Public Health Association honoured these very deserving individuals for exceptional service to their community and profession.



R.D. Defries Award
Trevor Hancock



Honorary Life Membership Award
Shannon Turner



National Public Health Hero Award
The Honourable Terry Lake, DVM



R. Stirling Ferguson Award
Nancy Edwards



Dr. John Hastings Student Award
Safyer McKenzie-Sampson

Canadian Public Health Association 2017 Board of Directors

CHAIR	Suzanne Jackson, PhD, MSc, BSc
CHAIR-ELECT	Richard Musto, MD, FRCPC
DIRECTORS	Benita Cohen, RN, MSc, PhD
	Annie Duchesne, MScPH
	Josephine Etowa, PhD, RN, RM, FWACN
	Nancy Laliberté, MPH
	Manasi Parikh (Student Director)
	Ann Pederson, MSc
	Julie Stratton, BSc, MHSc
	Ingrid Tyler, MD, CCFP, MHSc, MEd, FRCPC

Supporters of Public Health in Canada

PUBLIC HEALTH CHAMPIONS	Merck Canada Inc. Sanofi Pasteur Limited
FRIENDS OF PUBLIC HEALTH	Canadian Agency for Drugs and Technologies in Health Seqirus/Novartis University of Alberta School of Public Health
PUBLIC HEALTH PATHFINDERS	Schulich Interfaculty Program in Public Health, Western University of Waterloo Faculty of Applied Health Science, School of Public Health and Health Systems
PUBLIC HEALTH SUPPORTERS	Economical Select™ Innovative Medicines Canada
COLLABORATORS	Assembly of First Nations Canadian Alliance for Regional Risk Factor Surveillance Canadian Institute for Health Information Canadian Institutes of Health Research Inuit Tapiriit Kanatami Métis National Council National Collaborating Centres for Public Health Pan American Health Organization Public Health Agency of Canada Public Health Association of Nova Scotia Public Health Physicians of Canada

Financial Results

For the fiscal year ending December 31, 2017. Audited financial statements are available at www.cpha.ca.

Statement of Financial Position

CURRENT ASSETS	2017	2016	2015
Cash and cash equivalents	\$518,371	\$716,364	\$1,043,094
Accounts receivable	324,264	107,438	96,883
Inventory	30,976	25,748	27,740
Prepaid expenses	45,070	45,524	37,755
	918,681	895,074	1,205,472
Long-term Investments	211,448	204,495	204,495
	\$1,130,129	\$1,099,569	\$1,409,967
CURRENT LIABILITIES			
Accounts payable and accrued liabilities	\$143,729	\$184,117	\$111,036
Deferred revenue	622,082	401,151	808,146
	765,811	585,268	919,182
NET ASSETS			
Internally restricted for contingencies and extraordinary services	425,000	425,000	425,000
Unrestricted	(60,682)	89,301	65,785
	364,318	514,301	490,785
	\$1,130,129	\$1,099,569	\$1,409,967

Statement of Operations

REVENUE	2017	2016	2015
Projects and conferences	\$2,190,673	\$1,945,098	\$1,639,015
National Office	396,868	743,572	380,887
Journal	171,259	159,284	166,845
Publication sales	68,855	97,247	78,888
Investment income	18,154	14,800	15,594
	\$2,845,809	\$2,960,001	\$2,281,229
EXPENSES			
Projects and conferences	\$2,190,673	\$1,945,098	\$1,639,015
National Office	590,882	783,443	685,878
Journal	155,276	146,408	153,808
Publication	58,961	61,536	69,481
	\$2,995,792	\$2,936,485	\$2,548,182
Excess (deficiency) of revenues over expenses	(\$149,983)	\$23,516	(\$266,953)