



**CANADIAN
PUBLIC HEALTH
ASSOCIATION** **ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE**

**The Voice of Public Health
La voix de la santé publique**

Canadian Public Health Association
2020 Annual General Meeting
Wednesday 27 May 2020 | 13:00-15:30 (ET)
Via Webinar

MINUTES

*Chair: Richard Musto
Parliamentarian: Lynn McIntyre
In attendance: 73 members*

1.0 Opening Remarks

The meeting was called to order at 13:07. Quorum was confirmed.

Richard Musto, Chair, welcomed delegates to the 2020 Annual General Meeting (AGM) of the Canadian Public Health Association (CPHA) with greetings in both official languages and acknowledged the traditional lands from which he was participating and where CPHA's office is located.

This is CPHA's first virtual AGM being held using the Zoom video conferencing platform. Participation was limited to members-in-good-standing. Members were instructed on how to ask a question, make a general comment, to move or second a motion and to vote on a motion that will appear on their screen.

The Chair introduced the CPHA Board Members:

- Benita Cohen, CPHA Chair-Elect, and Chair of the Nominating Committee;
- Katie-Sue Derejko;
- Monica Emode, Student Director;
- Caitlin Johnston;
- Donika Jones;
- Nancy Laliberté;
- Sume Ndumbe-Eyoh, Chair of the Awards Committee;
- Vamini Selvanandan; and
- Julie Stratton, Chair of the Finance Committee.

The Chair noted that the AGM is the opportunity for members to hear about the business of the Association and that it was encouraging to see how many members took the time to participate given the challenges posed by COVID-19. Appreciation was expressed for members' interest in and dedication to CPHA.

It was noted that while CPHA's Policy Forum will be held in the Autumn, members can always submit a proposed position or policy statement at any time, year-round. Member can visit the policy and advocacy section of CPHA's website where they will find information on the policy development process and guidelines for submission.

2.0 Adoption of the Minutes of the Annual General Meeting held 1 May 2019 in Ottawa, Ontario

Motion: *Sume Ndumbe-Eyoh/Marie Loyer*
That the minutes of the 1 May 2019 Annual General Meeting held in Ottawa be accepted as circulated. **.../CARRIED**

Pemba Muzumdar submitted a question asking if follow-up action has been taken on last year's AGM inquiry for opportunities for members to micro-volunteer who don't have the ability to make longer-term commitments.

CPHA is in the process of establishing a new platform for the membership management system that will be crucial for member engagement. The platform should be launched later

this year, following a testing phase, and members will see information circulated this summer. The platform has a tool that will be used to engage members in these smaller tasks.

3.0 Adoption of the 2019 Audited Financial Statements

Julie Stratton, Chair of the Finance Committee, presented the 2019 Audited Financial Statements. Both the Finance Committee and the Board of Directors reviewed these statements and recommended them for approval.

Members were reminded that revenue generation remains a challenge for CPHA as it is for many other voluntary membership-based Associations. As part of CPHA's strategic plan, our goal is to have a balanced budget over any three-year period, understanding that there may be fluctuation on a year-to-year basis. Unfortunately, the three-year budget cycle ending in 2019 was in a deficit position and, given the negative impact of COVID-19 on the Association, the next three-year cycle ending in 2020 is projected to be in a deficit position again.

Starting on page 12 of the meeting information package, the letter from the auditors to the Board of Directors details the terms of reference and specific conditions of their audit. CPHA again received a "clean" audit as indicated by the "Opinion" at the start of the letter. On page 14, the Statement of Financial Position shows a decrease of almost \$353,000 in assets, mostly related to a decrease in Cash. Liabilities also decreased by almost \$124,000 leaving net assets at \$298,718. On page 15, the Statement of Changes in Net Assets reflects the remaining assets; again \$298,718. On page 16, the Statement of Operations reflects the revenue decrease of \$1,304,519 and net expenses or a deficit of \$228,901 for the year. This represents a positive variance of \$108,168 from the original budget for 2019, or a decrease in the deficit of one third. On page 17, the Statement of Cash Flows shows the movement of cash through the year; it reflects the decrease in net revenue resulting in a decrease in the amount of cash available.

There were no new accounting policies in 2019 and the remainder of the notes provide a breakdown of what is on the financial statements. There was nothing in the notes to which the auditor needed to draw attention.

At the time of the 26 March 2020 Finance Committee meeting, it was determined that appropriate contingency plans were in place that would offset any potential losses related to COVID-19 and that the annual conference could be rescheduled. As such, at that time, it was decided there was no need to add a "subsequent event" note to the statements.

Since the Finance Committee's meeting, however, COVID-19 has resulted in dramatic changes to the operational environment and staff are taking all necessary steps to safeguard the financial sustainability of the Association. 2020 will be a challenging year financially for CPHA. The Association has applied for the Canada Emergency Wage Subsidy and was approved for the first pay period. Staff will continue to apply as long as the Association qualifies and this additional revenue will help offset the loss of revenue from the three in-person conferences the Association had planned for this year.

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:

Ardene Robinson Vollman/Suzanne Jackson

That the 2019 Audited Financial Statements of the Canadian Public Health Association be accepted.

.../CARRIED

4.0 Appointment of the CPHA Auditor for 2020

In 2015, staff tendered for audit services and were provided very good prices from the firm of Ouseley Hanvey Clipsham Deep (OHCD LLP), and we have been very pleased with the firm's work. In 2019, staff 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 2020. It should be noted, however, that following best practice for audit services, staff will be tendering for audit services for 2021. There were no questions.

Motion:

That the firm of OHCD LLP be appointed as CPHA's Auditors for 2020.

Suzanne Jackson/Marie Loyer

.../CARRIED

5.0 Annual Report to the AGM

The Chair presented the CPHA 2019 Annual Report. Throughout the report, a variety of papers and documents were referred to; these are all available on CPHA's website.

The work of the Indigenous Relations Advisory Committee culminated in the release of a policy statement on Indigenous Relations and Reconciliation supporting the Association's commitment to truth and reconciliation. The purpose of the policy statement is to establish CPHA's goal for reconciliation to be meaningfully embedded in all of its activities; to establish clear principles by which this goal will be achieved; and to define and describe the Association's roles and responsibilities with respect to meaningful reconciliation.

In September 2019, the Board of Directors approved the establishment of a new Standing Committee of the Board – the Indigenous Advisory Council – that will meet in advance of each regularly scheduled Board of Directors' meeting to review relevant agenda items on which it wishes to provide advice. The members of the Council will include representatives from the three National Indigenous Organizations and four CPHA members-at-large. While there are some ongoing delays in having the National Indigenous Organizations identify their representatives, we hope that the Council will be operational this year.

The Association's commitment to climate action was evidenced in our position statement calling on the federal government to take leadership in the development and implementation of an effective, evidence-based climate action plan that will help achieve the emission reductions needed to keep global warming below 1.5°C. CPHA also released *The Lancet Countdown on Health and Climate Change: Policy Brief for Canada* in partnership with the Canadian Medical Association. The report highlights four key areas where Canada can make the biggest difference to reduce the ever-growing impact of climate change on health including per capita greenhouse gas emissions from health care, wildfires, transport sector, and climate change-related severe weather events. CPHA has continued its legal battle over greenhouse gas pollution pricing in Saskatchewan, Ontario and Alberta, 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 and have agreed to see this case through to the Supreme Court of Canada later in 2020.

After almost two years of development and consultation, CPHA released a background paper and position statement on *Public Health in the Context of Health System Renewal in Canada* that lists recommendations for all levels of government and local and regional health authorities with responsibilities for public health service delivery and public health professionals. These documents discuss the Association's concern that the reorganization of public health services is limiting or has eliminated public health programs and limited the roles and responsibilities of executives responsible for delivering these programs, thereby reducing the positive effects that

public health programming has had on society while limiting any further improvements. The Board of Directors is working with staff to develop a comprehensive advocacy strategy that will support the adoption of the recommendations in the position statement. This work will be tied to a report on the initial Canadian response to COVID-19 that will underscore the need for a greater federal involvement in funding and setting national standards for public health services.

At the time of the 2019 annual conference, an Open Letter was sent to Premier Doug Ford and Minister of Health Christine Elliott that was co-signed by over 425 public health professionals, researchers, policy-makers, academics, students and trainees from across Canada expressing concerns about the announced reorganization and budget cuts to public health services in Ontario.

Last year, with funding from the Lawson Foundation, CPHA launched a toolkit of resources targeted to a range of audiences to promote children's outdoor play. It includes infographics, research summaries, decision-making tools, a discussion document and promising practices. Also released was a position statement on *Children's Unstructured Play*. The statement provides contextual information and provides recommendations to promote unstructured play.

CPHA continues to receive funding from the Public Health Agency of Canada and Health Canada to undertake a number of subject-specific projects:

Normalizing Conversations is a new project and is a continuation of our work in substance use. The goal of this project is to build the knowledge and capacity of public health, public safety, allied stakeholders and communities to implement a public health approach to substance use.

The **Canadian Immunization Resource Centre** (also known as CANVax) is an online database of curated resources to support immunization program planning and promotional activities to improve vaccine acceptance and uptake in Canada.

The **Preventing Youth Dating Violence** project is evaluating 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.

Through community engagement and the development of capacity-building tools, the **STBBI Prevention Products and Tools** project seeks to increase the capacity of frontline health and social service providers to offer sexually transmitted and blood-borne related services that are safe, inclusive and devoid of stigma.

It is vital to CPHA's mission and advocacy efforts to work in mutually beneficial partnerships with a variety of groups and coalitions. CPHA continues to provide secretariat services for the Canadian Coalition for Public Health in the 21st Century, Immunize Canada and the Public Health Physicians of Canada. CPHA also maintains our relationship with the provincial and territorial public health associations through the Canadian Network of Public Health Associations.

Under the leadership of Dr. Louise Potvin, Editor-in-Chief, and a dedicated volunteer Editorial Board, the *Canadian Journal of Public Health* published six issues in 2019, including a special section on "Why Public Health Matters Today."

Public Health 2019 delivered an excellent scientific program in Ottawa with 735 delegates registered for the accredited three-day conference. CPHA had planned to host three in-person conferences this year – Public Health 2020, the 2020 Tobacco and Vaping Control Forum and the 2020 Canadian Immunization Conference. Given the evolving COVID-19 pandemic, all of these events will be virtual conferences instead of in-person events. This will be an exciting new

endeavour for CPHA as we work out the technological and logistical challenges of virtual events, but it is hoped that our members and the broader public health community will embrace the online format.

CPHA's dynamic and engaged membership, which includes many of you participating in today's meeting, have demonstrated their commitment in so many ways in 2019. 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, acknowledged the traditional lands from which she was participating and presented the report of the Nominating Committee. Members of the 2019 Nominating Committee included:

- Georgia Carstensen
- Nancy Laliberté
- William Osei
- Manasi Parikh

Richard Musto and the Executive Director also served *ex officio*. The Nominating Committee implements the process by which Board members are elected by the membership and it offers advice to the Board on ongoing processes and possible appointments. As a result of the 2019 elections, the following three Board members were acclaimed for a second two-year term starting 1 January 2020:

- Katie-Sue Derejko from the Northwest Territories
- Donika Jones from Ontario
- Vamini Selvanandan from Alberta

Additionally, Monica Emode from British Columbia was elected as Student Director. Ingrid Tyler ended her term on the Board at the end of 2019 and we recognize her dedication and contributions.

The formal Call for Nominations for the 2020 election will be circulated to all members in June with a closing date of 3 September. Elections will take place in October and November. While 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.

Members are encouraged to consider this call; if you feel it is a fit for yourself or a colleague, feel free to contact a member of the Nominating Committee or the Board by sending an email to nominations@cpha.ca. We welcome the opportunity to talk to you personally about standing for election or nominating a colleague.

6.0 Question and Discussion Period

Alycia Fridkin was excited to hear about the Indigenous Advisory Council and asked what issues are they advising on, if it is only Indigenous issues, and what issues will CPHA be addressing.

The intent is it will guide CPHA in all our business. Advisory Council members will receive the Board agenda before each meeting and will provide input or propose additional agenda items.

Suzanne Jackson asked, in addition to changes being made to communications and conferences due to COVID-19, what changes are being made to CPHA's policy agenda.

That is part of the review in developing the new Strategic Plan. The Public Policy Committee is working on a report to look at the initial public health response to COVID-19 in Canada, specifically in three areas: 1) traditional emergency response and infectious disease control;

2) the social determinants of health that have been exacerbated by the pandemic; and
3) action that speaks to the need for federal legislation, regulation and financing to establish a federal role in supporting Public Health services. Included on the regular schedule of policy issues is a draft position statement on population mental wellness, and updates to our 10-year old policies on tobacco (and vaping) control, and on alcohol. There is strong interest by the Board to take action on our statement on Racism and Public Health.

S. Jackson expressed concern about the consequences of the approaches that have been taken on some of the policies that have been affected by the lockdown. With climate change as an example, people have been slowly increasing actions such as eliminating single use plastic bags which has taken back step due to health and safety concerns. It was asked if CPHA can look at the consequences of COVID-19 on our policies.

That can be part of the second component of the post-COVID-19 review. There have been numerous requests to add CPHA's name to advocacy issues. We are looking at all those issues to ensure our report takes a more holistic approach.

Pemma Muzumdar asked what issues are being prioritized in CPHA's advocacy response to COVID-19.

Sume Ndumbe-Eyoh posted on the Chat window a link to CPHA's website detailing activities related to COVID-19 over the past 12-14 weeks. It can be accessed as a button on CPHA's main web page.

Lynn McIntyre commented that most important for CPHA is financial sustainability. What is the way forward for continued financial diversification; the impact of going virtual for the Conference; and the likelihood of travel to Halifax for next year's conference?

At this point, every effort is being put into filling the revenue gap and limiting expenses. The financial impact of converting the conferences to virtual events is unknown. There will be fewer expenses, but determining the price point for registration and whether or not the format will be embraced by the public health community are unknown. We don't know if the prospect of a mass gathering in Halifax will be feasible next April. Convention centres are having to change their position on event cancellations. On our initial approach to the convention centre and hotel in Winnipeg, they would not let us out of the contract without paying a substantial penalty and insisted we had to rebook in 2020. In a subsequent conversation, they are more open to rebooking in 2022. But we don't know what the response from the public health community will be.

Two questions were submitted in chat related to the impact of COVID-19 on older adults: one from Irving Rootman asking if CPHA is considering an initiative on the role of public health in relation to older adults; and from Marie Loyer asking what role CPHA anticipates playing regarding the current long-term care tragedy in Canada.

This should be a call for action for CPHA, the public health community and the broader society and will likely be included in the report on the impact of COVID-19. It is anticipated that organizations with a mandate to address this issue will be doing work in this area and that there will be opportunities for CPHA to support their work and add our voice. While CPHA will seek to collaborate on this important issue, it is not an issue on which we would take a leadership role.

Following a comment from the Chair that this links to the guaranteed income issue, L. McIntyre noted that health professionals have been mobilizing in many sectors and there is momentum with the Canada Emergency Response Benefit (CERB) as a platform to advocate for guaranteed income. It is asked that everyone who is engaged in the issue watches what is going on and add their voice.

I. Rootman has been writing a book on health promotion in older adults. It's currently under review by Canadian Scholars and likely published next year. It has a chapter by Pegeen Walsh on the role of public health and health promotion in older adults. This is a good issue to collaborate on, perhaps with the Canadian Association of Gerontology.

M. Loyer added with the opinion that we may have to consider opening the *Canada Health Act* and including the role of public health. There are many deficiencies that led to the tragedy and a national perspective is needed to address them.

P. Muzumdar has a motion to propose that CPHA inform or report back to members as to how the health equity and racial equity lens is being applied to CPHA policy and advocacy activities.

One of our current strategic goals is to establish a health equity impact assessment specifically for our policy statements but it can be applied to all of our work. It has been completed this year and will start being applied to all CPHA's work moving forward starting with the population mental wellness paper. A Board work group has been established to examine our 2019 position statement on Racism and Public Health to look at establishing a similar framework on how to implement that in CPHA's operations and policy work. Members will then start to see reports as part of the final published position statements and in annual reports to the Board and to the membership.

CPHA's Parliamentarian, Lynn McIntyre, was asked to comment on the propriety of motion.

This is a Q&A session and motions are usually not seen in this forum. Given that there has been a report on the work of CPHA in this area, it can be recorded in the minutes for this meeting that there was interest in seeing a report on how this has been implemented. The restriction of a motion is that it can't compel the Board to use any resources that would take away from CPHA's current work. Once in the minutes, there will be a requirement to account for action taken at the next AGM.

P. Muzumdar expressed satisfaction that her requested action be in the minutes. As a member, she wants to be able to more easily see how the racial equity lens is applied to CPHA's work.

A. Fridkin expressed support for this approach and thanked P. Muzumdar for raising the issue. It is not for lack of confidence in the Board and CPHA, but rather accountability and how the racial equity lens is being applied. It is encouraging to see so many women of colour on the Board and is a sign of how CPHA is making itself more relevant to a diversity of members. It's important to have the wider conversation as to how the racial equity lens is being applied to all our work and to policy and advocacy. The call for racial equity data was significant and she is able to leverage this work in other areas of her works. It makes her proud to be part of the Association. Continuing to foster on-going dialogue and including members is significant.

7.0 Closing Remarks and Date of Next Meeting

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

The next Annual General Meeting will take place on Tuesday 27 April 2021 in Halifax, Nova Scotia (conditions permitting).

There were no further questions or discussion and the meeting was adjourned at 14:28.