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# **1996 CANADIAN PUBLIC HEALTH ASSOCIATION'S EXECUTIVE DIRECTOR'S REPORT**

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**PRESENTED TO THE  
CANADIAN PUBLIC HEALTH ASSOCIATION  
BOARD OF DIRECTORS  
3 MARCH 1997**

**GERALD H. DAFOE  
EXECUTIVE DIRECTOR**



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# INTRODUCTION

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## OVERVIEW

- Incorporated in 1912
- National not-for-profit health association
- Represents over 25 health disciplines and the general public
- Governed by a 24-member Board of Directors
- Management board is an 8-member Executive Board

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## MISSION STATEMENT

The Canadian Public Health Association (CPHA) is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's Mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

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## GOALS

CPHA achieves its Mission by:

1. Acting in partnership with a range of disciplines including health, environment, agriculture, transportation, other health-oriented groups and individuals in developing and expressing a public health viewpoint on personal and community health issues;
2. Providing an effective liaison and partnership with CPHA's Provincial/Territorial Branches/Associations;
3. Providing an effective liaison and network both nationally and internationally in collaboration with various disciplines, agencies and organizations;
4. Encouraging and facilitating measures for disease prevention, health promotion and protection and healthy public policy;
5. Initiating, encouraging and participating in research directed at the fields of disease prevention, health promotion and protection and healthy public policy;
6. Designing, developing and implementing public health policies, programs and activities;
7. Facilitating the development of public health goals for Canada;
8. Identifying public health issues and advocating for policy change.
9. Identifying literacy as a major factor in achieving equitable access to health services.

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## CPHA PROVINCIAL/TERRITORIAL BRANCHES/ASSOCIATIONS

- Alberta Public Health Association
- Association pour la santé publique du Québec
- Public Health Association of British Columbia
- Manitoba Public Health Association
- New Brunswick/Prince Edward Island Branch, CPHA
- Newfoundland Public Health Association
- Northwest Territories Branch, CPHA
- Ontario Public Health Association
- Public Health Association of Nova Scotia
- Saskatchewan Public Health Association, Inc.

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## AREAS OF INTEREST\*

The following Areas of Interest were suggested to be the current focus of activity for the Association in the coming years, with future changes to be guided by Membership input:

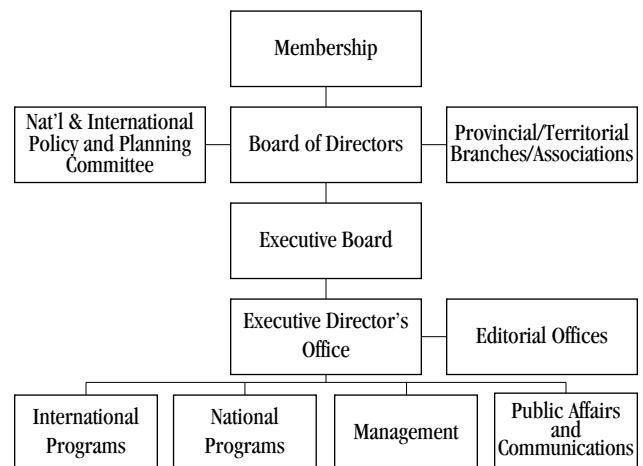
- **Disease Surveillance and Control:** epidemiology, communicable disease control (including STDs), non-communicable disease control (chronic disease), health statistics, demographic data
- **Health Promotion:** family and community health, sexual health, gerontology, health education, community development, healthful living and healthy public policy
- **Human and Ecosystem Health:** sustainable development, physical environment (water, air, land, work site, etc.), indoor pollution (sick building syndrome, etc.), occupational health
- **International Health:** sustainable development, strengthening primary health care, infrastructure development, health determinants
- **Equity and Social Justice:** Aboriginal health, multicultural health, populations at risk, economic development, housing, income, education, day care, public policy, income distribution
- **Administration of Health Services:** health reform, medicare, community and institutional services

Members-at-Large elected to the Board of Directors will assume responsibility for a specific Area of Interest. It will be the Board of Directors' responsibility to determine the priority subject areas under each of the Areas of Interest and these will be reviewed on a regular basis.

*\* effective January 1, 1995*

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## ORGANIZATIONAL CHART\*



*\* effective January 1, 1995*

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# CPHA NATIONAL OFFICE

The core personnel of the CPHA National Office is currently one part-time and 24 full-time staff members. This includes senior management, national programs coordination and CPHA staff responsible for the Association's finances, Conference Department, Editorial Offices, Membership and Health Resources Centre, as well as support staff and reception services.

The total staff, including projects and National Office, is 66, including 14 locally-engaged staff in the Harare, Zimbabwe office. The program activities managed by the National Office, with the exception of financial services, are reported in this document.

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## CANADA HEALTH DAY 1996

### A New Perspective on Health

For more than fifteen years, CPHA, in partnership with the Canadian Healthcare Association, has promoted activities nation-wide for Canada Health Day. Held each year on May 12, Canada Health Day commemorates the birth of public health pioneer, Florence Nightingale. Hundreds of public health units, health care facilities and agencies participate in the celebration by organizing events and activities. Canada Health Day provides an opportunity to showcase and promote health issues and health care, particularly at the local level.

For the 1996 celebrations, CPHA sold and distributed over 2,000 posters, 6,000 buttons, 7,500 biodegradable balloons, 200 t-shirts, 2,500 cafeteria trayliners and 100 baseball caps. The same range of promotional materials will be available for Canada Health Day 1997.

In 1997, CPHA will continue to manage this project and planning has already begun. Over 3,000 promotional packages have been distributed to health units, health care facilities and agencies and community health centres. The theme for 1997 is "Focus on Community Health".

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## CANADIAN JOURNAL OF PUBLIC HEALTH

In April 1996, Dr. Richard Mathias became Scientific Editor of the *Canadian Journal of Public Health*. He is on secondment to Health Canada from the University of British Columbia and will be in Ottawa until August 1997. The journal continues to be a biomedical journal but there is debate around criteria for accepting qualitative research papers.

Another change of staff was the appointment in August 1996 of Dr. William Osei as *CJPH* Book Review Editor, a volunteer position which Dr. Donald Wigle had held for 11 years. We thank Dr. Wigle for his long-term commitment in coordinating the review of publications submitted to the *CJPH*, and wish him well with his future endeavours. Dr. William Osei is Provincial Epidemiologist at the Saskatchewan Department of Health in Regina, Saskatchewan.

In 1996, six regular issues and two supplements of the Journal were published. There were 187 manuscripts received from authors and 128 articles published.

The two supplements were entitled, "HIV/AIDS in the Context of Culture: The Canadian Study on the Determinants of Ethnographically Specific Behaviours Related to HIV/AIDS", and "Canadian Conference on Dissemination Research: Strengthening Health Promotion and Disease Prevention." Both of these supplements have generated much interest and requests for copies.

Editorial office procedures in terms of peer review and correspondence with authors is going in the direction of increasing use of e-mail capabilities in order to save time and money. Peer reviewers are responding well to our system of initial contact, couriering of article for review, and telephone or e-mail follow-up in the case of late reviews. This has greatly reduced the time that authors have to wait for a decision on their papers.

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## HEALTH RESOURCES CENTRE

1996 was another busy year for the Health Resources Centre. In addition to the regular activities, Centre staff have attended numerous conferences to expand the audience of the publications offered for sale by the Centre.

During the past year, the Centre has added 22 titles to its catalogue of resources available for sale. Centre staff also represented the Association at four national conferences/workshops.

The Centre continues to work closely with the World Health Organization's (WHO) offices in Geneva and the Pan American Health Organization's (PAHO) offices in Washington to promote their respective publications and subscriptions and move into broader areas of service.

As the sole Canadian distributor of WHO and PAHO publications, the Association plays an integral role in making available crucial publications and periodicals to thousands of Canadian health professionals, students, educators and researchers, which would otherwise be either unavailable or difficult to obtain.

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## MEMBERSHIP AND CIRCULATION

This department is responsible for the maintenance of CPHA's records management activities, as members are tracked, enrolled and renewed. Subscriptions to the Canadian Journal of Public Health are also handled by this department.

The following provides a brief overview of membership statistics:

### Membership Statistics: Total Number of Members\* 1991 - 1996

Province	1991	1992	1993	1994	1995	1996
NPHA	71	50	55	47	33	28
NB/PEI	80	56	53	54	69	59
PHANS	98	54	59	48	43	42
ASPQ	149	115	113	111	99	98
OPHA	537	435	415	374	315	280
MPHA	105	75	63	59	51	44
SPHA	168	124	124	100	81	79
APHA	346	269	278	236	195	184
PHABC	230	168	151	137	128	135
NWT	36	40	36	31	32	23
CPHA (Direct)†	199	421	445	526	575	673
TOTAL	2019	1807 °	1792	1723	1621	1645
CSIH	492	425	370	325	310	278
CATCH	218	193	139	107	91	76

\* Includes non-current memberships that have lapsed in the last 90 days.

† Includes International Members

° A major overhaul of the Membership database was completed in 1992, resulting in the removal of a large number of inactive members.

### Membership Statistics: New Members\* 1991 - 1996

Province	1991	1992	1993	1994	1995	1996
NPHA	1	2	18	3	6	3
NB/PEI	3	5	9	8	10	3
PHANS	3	3	6	3	8	3
ASPQ	3	9	8	9	8	6
OPHA	9	45	41	35	24	28
MPHA	2	8	3	5	6	6
SPHA	2	12	6	10	5	13
APHA	1	24	22	31	11	17
PHABC	1	13	8	6	13	20
NWT	2	6	7	2	4	4
CPHA (Direct)†	9	37	88	118	122	133
TOTAL	36	164	216	230	217	236
CSIH	7	35	56	44	57	28
CATCH	4	16	15	11	8	8

\* Statistics may not be accurate because members joined as "new" after membership lapsed, change of surname or year joined left blank.

† Includes International Members

### CONFERENCES, WORKSHOPS AND SYMPOSIA

The Association's role in providing a forum through conferences, workshops and symposia for the purpose of addressing key health and social issues in Canada continued throughout 1996. A number of these program activities are listed below.

### Membership Statistics: Non-Renewing Members\* 1991 - 1996

Province	1991	1992	1993	1994	1995	1996
NPHA	13	9	13	8	9	8
NB/PEI	10	11	12	9	6	19
PHANS	9	12	12	12	5	9
ASPQ	13	14	8	12	17	21
OPHA	55	48	71	47	72	55
MPHA	9	7	17	6	5	16
SPHA	10	20	17	18	17	16
APHA	25	27	52	43	50	28
PHABC	25	27	52	17	20	16
NWT	4	9	9	4	10	5
CPHA (Direct)†	40	49	73	70	118	139
Total	173	184	263	176	329	332
CSIH	44	43	69	46	59	57
CATCH	21	22	25	14	15	19

\* Statistics may be inaccurate because of memberships that lapsed for longer than three months and then were renewed.

† Includes International Members

- International Tobacco Workshop: Tobacco as a Public Health Issue  
June 6 - 12, 1996 Ottawa
- CPHA 87th Annual Conference  
Health Promotion - 1986, 1996...and Counting  
July 2 - 5, 1996 Vancouver  
*A number of affiliated meetings were held in conjunction with the CPHA Annual Conference. These include: The Canadian Coalition on High Blood Pressure, the Canadian Association of Teachers of Community Health and the University of Toronto Alumni Breakfast and Invitational Address.*
- *CPHA and the Southern African AIDS Training Programme (SAT) sponsored a delegation of 72 people to attend the CPHA conference and the AIDS Satellite meeting.*
- HIV Prevention Works  
A satellite symposium of the International Conference on AIDS  
July 6 Vancouver  
*(Two Steering Group meetings were held in Ottawa, and one in Vancouver for the planning of this Symposium.)*
- CPHA Literacy and Health Program launch of "Plain•word™" game  
September 10 Ottawa
- Canada's International Immunization Program (CIIP2) NGO Roundtable Meeting  
October 23 - 25 Ottawa  
*This was a follow-up to "Lessons Learned" workshops held in May - one in Burkina Faso, and the other in Kampala.*
- The Aboriginal Health Program held 21 meetings throughout the year. These were for the Standards Committee, the Working Group and the Youth Committee. Most were held in Ottawa.

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# NATIONAL PROGRAMS

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## ABORIGINAL PROGRAM

Term: February 1995 - February 1997  
Partner: Human Resources Development Canada  
Staff: 2 full-time

The Aboriginal Program of the Canadian Public Health Association (CPHA) ran from February 1, 1995 and February 28, 1997. It was carried out in partnership with the national Aboriginal organizations (Assembly of First Nations, Congress of Aboriginal Peoples, Métis National Council, National Association of Friendship Centres, Native Women's Association of Canada and Pauktuutit), the professional associations of Aboriginal health workers (Aboriginal Nurses Association of Canada, National Indian and Inuit CHR Organization, Native Mental Health Association of Canada and the Society of Aboriginal Addictions Recovery) and Human Resources Development Canada (HRDC). Activities focused on two separate but inter-related projects, the Standards Project and the Youth Project.

The Standards Project explored the desirability and feasibility of establishing national occupational standards for Aboriginal health workers. The occupations under consideration were Community Health Representatives (CHRs), National Native Alcohol and Drug Abuse Program Workers (NNADAP) and other Addictions Workers and Mental Health Workers. Other workers who provide similar services to Aboriginal people in off-reserve settings and to Métis people were included in the research. Ms. Madeleine Dion Stout, Director of the Centre for Aboriginal Education, Research and Culture at Carleton University and Dr. Marilyn Mardiros, Associate Professor of the School of Nursing at the University of Ottawa worked as consultants for the Standards Committee to carry out the data collection and analysis in regard to these issues. The findings of the consultants and the deliberations of the Standards Committee have been prepared in a Final Report of the Standards Project. This was reviewed in depth and accepted at the Standards Committee meeting held on February 4 and 5, 1997. The Final Report will be distributed as widely as possible to Aboriginal health workers, Aboriginal leadership, health administrators, communities and organizations across the country and will serve as a tool to focus further discussion on occupational standards for Aboriginal health workers.

The outcome of the project has been the recognition that occupational standards for Aboriginal health workers are felt to be desirable by the majority of people participating in the project and that Aboriginal people must be involved in carrying out the development, implementation and maintenance of such standards themselves. The national Aboriginal organizations are undertaking further discussions to define how they wish to proceed. CPHA's role as facilitator and coordinator for this phase of the activities has been completed successfully.

The Youth Project, guided by a Committee composed of representatives of the six national Aboriginal organizations (Assembly of First Nations, Congress of Aboriginal Peoples, Inuit Tapirisat of Canada, Métis National Council, National Association of Friendship Centres and the Native Women's Association of Canada) has finalized a proposal for the development of electronic resources to promote

health careers to Aboriginal children and youth. The project is anticipated to take place over a two-year period and will involve hiring a Youth Project Coordinator with support staff. CPHA has been requested by the national Aboriginal organizations to coordinate the project.

The proposal describes how the Youth Committee will continue to work together in order to develop a Video and User's Guide, establish and maintain an Internet presence and explore the feasibility of developing a CD-ROM. All resources developed through the project will maintain an approach of "by youth, for youth". Aboriginal youth will play key roles in all aspects of the project, including providing input through focus groups and carrying out the technical aspects of producing the Video and establishing the Internet presence. The key element of all resources will be to provide information which is culturally relevant and meaningful in an interactive and entertaining manner. The Video and the Internet site will provide motivation as well as information and will encourage Aboriginal youth to consider a career in the health field as both personally feasible and desirable. A comprehensive marketing and distribution plan for the resources will be developed. If the research identifies the need to produce a CD-ROM, a proposal will be developed and funding explored for a future phase of activity.

Funding has not, as yet, been secured for the Youth Project. Several potential sources have been identified and CPHA will work with the Youth Committee to obtain funds for the project.

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## CPHA AIDS PROGRAM

Term: April 1993 - March 1998  
Partner: Health Canada  
Staff: 6 full-time (Clearinghouse), 4 full-time (Program)  
1 part-time (Clearinghouse), 2 part-time (Program)

In Phase II of the National AIDS Strategy (1993-1998) the emphasis is on:

- enhancing partnerships
- recognizing HIV disease as a chronic and progressive condition
- promoting health for people living with HIV/AIDS
- encouraging supportive social environments
- promoting and sustaining healthy behaviour.

The AIDS Program is in its 11th year of operation in providing support to AIDS educators and policy makers across Canada. Several features of its current workplan include the completion and distribution of the International HIV Prevention Symposium Report, the development and distribution of a poster which highlights the consensus achieved in Vancouver (July 1996) at the Symposium, follow-up activity on the resolutions passed at the Vancouver AGM and advocacy regarding the continuation and renewal of the National AIDS Strategy. The Program is continuing its support to the public health community by providing articles to medical officers of health to place in community newspapers. Two articles, "AIDS Update: Are You or Your Family Still at Risk" and "What to Tell Your Kids About HIV/AIDS", have been sent out and two more will be sent before the end of March 1997.

Among new educational products in development are a brochure on HIV counselling and testing for at risk pregnant women, and an AIDS in the Workplace Policy brochure. The Program, in conjunction

with the Public Affairs and Communications Program sent out World AIDS Day Proclamations for December 1, 1996, 148 municipalities used the proclamations.

The Program represented CPHA at the October 29, 1996, House of Commons Standing Committee on Health Hearings on Substance Use and Abuse and a roundtable discussion with the Standing Committee on the subjects of poverty and discrimination as they pertain to HIV/AIDS prevention and treatment, care and support.

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### **CHILD HEALTH PROGRAM**

Phase I Term: November 1993 - June 1995

Phase II Term: April 1996-July 1996

Partner: Health Canada

Staff: 2 part-time

The Child Health Record project, with funding from the Family and Child Health Unit, Population Health Directorate, Health Canada, has developed a national Child Health Record that is easy to use, readily available, accessible, portable and held by the parent. The first phase of the project included a literature review; interviews with key informants; and, two sets of focus tests with parents and health professionals, one on the concept and one on a draft Child Health Record. The research indicated a perceived need and significant support for the development of a national, parent-held child health record that would be a resource for parents. This support was consistent among parents within "at risk" groups. A project report outlining these findings was submitted to Health Canada in June, 1995.

In the Fall of 1996, the Child Health Record Working Group, chaired by Ms. Marianne Stewart, finalized the text of the Child Health Record. Three potential designs for the Record were focus tested with parent and provider groups across the country. The final design uses bear illustrations to compliment the text. The Child Health Record was translated into six languages other than English. These include French, Spanish, Chinese, Vietnamese, Arabic and Inuktitut.

CPHA is approaching key potential private sector organizations for funding support. In addition to these corporations, parent and provider groups are being approached for support and as potential distributors of the record. It is anticipated that a national distribution plan may include private sector sponsorship, parent and provider group distribution and/or cost-recovery sale by CPHA's Health Resources Centre.

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### **NATIONAL IMMUNIZATION AWARENESS PROGRAM**

Term: Ongoing

Partners: Canadian Paediatric Society, Canadian Medical Association, Health Canada

The Canadian Public Health Association (CPHA), in partnership with the Canadian Paediatric Society (CPS), the Canadian Medical Association (CMA) and Health Canada, launched the National Immunization Awareness Program at a news conference in Toronto on December 9, 1996. This launch coincided with the Canadian National Immunization Conference, co-organized by Health Canada's Laboratory Centre for Disease Control and the Canadian Paediatric Society.

CPHA developed this Program acting on a Board of Directors priority direction established in 1995. A CPHA Working Group chaired by Dr. Roy West has been responsible for development of the Program. Financing of the Program is being supported by the private sector along with in-kind contributions from the partners.

The communications goals of this program are specifically:

1. To reach national immunization targets by promoting the benefits of immunization.
2. To reinforce knowledge levels about and promote the importance of immunization issues.
3. To support the achievements of national immunization on time target coverage rates.

The first stage of this program features a promotional campaign with the English slogan, "Immunize Your Kids! Boost Their Chances at Health" and the French "Les enfants, on les fait vacciner; Leur santé, c'est une priorité". Popular Canadian children's entertainers—Sharon, Lois & Bram for the English campaign, and Suzanne Pinel (Marie Soleil) for the French—are featured on colourful posters as well as in radio and print public service announcements (PSAs).

The posters have been distributed to health professionals across the country through the Canadian Medical Association Journal, the CPS News of the Canadian Paediatric Society and Health Canada's *Measles Update*. CPHA has sent copies to all public health units across Canada, and has included an order form in the *Canadian Journal of Public Health*. For information on ordering posters, contact CPHA Communications Officer, Margot Geduld at tel. (613) 725-3769 extension 123, fax (613) 725-9826.

The radio public service announcements have been distributed to over 400 radio stations across Canada. Responses are currently being collected and they are extremely positive. The print public service announcements are being sent out shortly to all daily and community newspapers in Canada, to Canadian magazines and to a selection of association publications.

CPHA will be contacting Canadian corporations to encourage their involvement in this campaign by including the Program identity in their marketing, point of purchase and advertising activities, such as flyers and product packaging.

The Program will also be assisting the Canadian Paediatric Society in the promotion of its book, *Your Child's Best Shot: A Parent's Guide to Vaccination*, which will be launched in March 1997, and is offering assistance in the promotion of their series of brochures entitled "Getting Your Shots". These CPS documents are important information tool as part of the overall Program.

A booth displaying material from the campaign was also launched at the Canadian National Immunization Conference. It will be exhibited at all CPHA and Program partner events.

The Program has a number of other projects planned such as a television public service announcement featuring the entertainers Sharon, Lois & Bram and Suzanne Pinel (Marie Soleil), and the creation of a "National Immunization Week".

The Program has been developed with private sector support from Pasteur Mérieux Connaught Canada, Merck Frosst Canada Inc. and IAF BioVac Inc.

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## NATIONAL LITERACY AND HEALTH PROGRAM

Term: January 1994 to December 1996  
Partner: National Literacy Secretariat  
Staff: 2 full-time

In 1996 the National Literacy and Health Program (NLHP) extended its partnership of twenty-two national health associations to twenty-four. The Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Nonprescription Drug Manufacturers Association of Canada (NDMA) became official members of the NLHP partnership in the latter quarter of 1996.

Following the successful response to the NLHP's plain language game, (plain•word)<sup>TM</sup>, which was market tested among health professionals in twenty sites across Canada, CPHA launched the game during International Literacy Week (September 8-15) at a reception in Ottawa with Senator Joyce Fairbairn, Minister with special responsibility for Literacy as the guest speaker. NLHP partners were present with displays which featured their literacy and health activities over the past three years. The Honourable Judy Erola, President of the Pharmaceutical Manufacturers Association of Canada, which is one of the NLHP partners, Mr. John Daniel O'Leary, President of Frontier College, Mr. James Page, Secretary General of the National Literacy Secretariat (NLS) and Mr. Mark Giberson, communications consultant with the Giberson Group played an exhibition game of (plain•word)<sup>TM</sup>. (plain•word)<sup>TM</sup> is currently in production and will be sold through CPHA's Health Resources Center.

The Canadian Medical Association (CMA), one of the NLHP partners, published an article in their journal (CMAJ) on plain language, informed consent and professional liability, written by the NLHP Program Coordinator. The article makes the argument, based on current case law in Canada, that physicians can reduce the risk of their professional liability by using plain language in their practices. The article sparked much interest among physicians. The NLHP also contacted the Canadian Medical Protective Association which insures physicians with the objective of exploring the possibility of providing plain language and professional liability seminars to physicians across Canada.

The NLHP began production on its web page during the fall of 1996. The NLHP web page provides a description of the program, its partners and activities. It also provides plain language and clear verbal communication information, readability research resources and a list of program resources to order. Plain Facts, the NLHP quarterly newsletter, is also electronically available on the web page. The NLHP expects the web page to be fully operational on CPHA's web site in the spring of 1997.

In the spring of 1996, the NLHP took a bold and enterprising step to sell several of its most popular resources as a means to recover costs and save money to channel back into the NLHP. All of the NLHP resources are sold through CPHA's Health Resources Centre. The School Package, which is a resource for educators teaching students in health professional programs in colleges and universities how they can communicate more effectively with their patients, was the most popular NLHP resource sold in 1996. *Face to Face*, a video guide to clear verbal communication for health professionals, ran a close second to the School Package.

The NLHP has also set up a Plain Language Service which offers plain language and clear design revisions for health documents. So far, the service has had two clients: the Heart and Stroke Foundation of Manitoba and CPHA's AIDS Program. Health Canada's Seniors' Directorate has also indicated it will be using the NLHP Plain Language Service for some of its materials in 1997.

Over the next two years (1997-98), the NLHP is charged with the task of developing a Plain Language and Clear Verbal Communication Training Package, for the production of which it received funds from the NLS in March 1996. The package will be a comprehensive guide which can be used in a classroom setting or in distance education programs for health professionals to teach clear communication skills. It will come complete with the *Face to Face* video and a health version of (plain•word)<sup>TM</sup>.

The NLHP is also exploring the possibility with Health Canada of producing a Seniors' Guide as a separate, yet complimentary resource which would accompany the Plain Language and Clear Verbal Communication Training Package (italics).

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## PERSPECTIVES ON HEALTH PROMOTION PROJECT

Term: June 1994 to March 31, 1997  
Partner: Health Canada  
Staff: 2 part-time

At the 1996 CPHA Annual Conference, the Action Statement for Health Promotion in Canada was launched. This is the culmination of the *Perspectives on Health Promotion* project's two-year consensus-building process. The five key components of the Perspectives project include a Key Informant Survey and Document Review (Fall 1994/Winter 1995), a *Perspectives on Health Promotion* Symposium (April 1995), 12 Regional Consensus-Building Consultations (Fall 1995), National Consensus-Building Workshop activities (July 1996) and an ongoing Communications Strategy.

There was an initial printing of 5,000 copies of the Action Statement for Health Promotion in Canada. It has been widely disseminated among key contacts in the health and health-determining sectors and was sent to key provincial, territorial and federal government representatives and groups. CPHA's Health Resources Centre has distributed on a cost-recovery basis over 2,000 copies of the statement since its launch and the Action Statement is now in its second printing. As well, it has been published in the *Canadian Journal of Public Health* and can be found on the CPHA Internet web-site ([www.cpha.ca](http://www.cpha.ca)).

CPHA staff presented the Action Statement at the November 1996 meetings of the Centres for Health Promotion and the meeting of the Provincial and Territorial Directors of Health Promotion. Discussions at both of these meetings concerned future activities related to the priority areas of the statement.

The Perspectives Working Committee, chaired by Peggy Edwards, met in mid-December to discuss follow-up action as described in the Action Statement. At the invitation of Dr. Irv Rootman, Director of the Centre for Health Promotion Research at the University of Toronto, the Centre's Evaluation Unit has been approached to develop, in consultation with the Perspectives Working Committee, a monitoring and reporting system of progress on the Action Statement's priority areas.



CPHA is currently exploring ways to support future activities related to the work of the Perspectives project, to ensure that the Action Statement for Health Promotion can be translated into action.

Health Canada has approved the extension (time only) of the Perspectives project. The project will continue to the end of this fiscal year (March 31, 1997).

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### **SMOKING CESSATION PROGRAM FOR WOMEN ON LOW INCOME - AN EVALUATION**

Term: January 1995 - March 1996  
Partner: Health Canada  
Staff: 2 full-time

The CPHA's Smoking Cessation Program for Women on Low Income was a fifteen-month project funded by Health Canada. The project evaluated the effectiveness of an innovative smoking cessation program called *Stop Smoking: A Program for Women* in six French sites and five English sites across Canada. The project also assessed the potential of the program for national use.

An expert Program Working Group advised and guided the project. The Working Group included representatives from CPHA, the program co-authors, Health Canada, and the Addiction Research Foundation. CPHA's Provincial/Territorial Branches/Associations (PTBAs) were involved in consultations around the identification of sites in selected provinces.

The results of the evaluation lend strong support to the overall effectiveness of the program. The majority of program participants stopped or reduced their smoking, experienced enhanced self esteem, increased their sense of personal control, and acquired new tools to enable them to maintain the changes they had made in their lives. The evaluation also suggested areas in which program design and delivery could be improved. In particular, the program requires strengthening with respect to recruitment, cultural relevance of language, and stronger support for the stages of change women move through as they stop smoking.

An impact evaluation report, a final report, and a draft national implementation plan were submitted to Health Canada on March 29, 1996.

CPHA applied for and received funding from Health Canada to extend the contract to July 31, 1996. A proposal to develop a video to accompany the resource was also approved.

The Stop Smoking program has been revised based on the evaluation results. National implementation included consultation with PTBAs; creation of provincial networks; press releases, direct mail, and public service announcements; media kits; and media relations appearances.

The revised program was successfully launched nationally at the Association's Annual Conference in July 1996. Copies of the Facilitator's Guide and Video are available through CPHA's Health Resources Centre.

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# **INTERNATIONAL PROGRAMS**

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### **CANADA'S INTERNATIONAL IMMUNIZATION PROGRAM - PHASE 2**

Term: November 1991-March 1997  
Partner: Canadian International Development Agency (CIDA)  
Staff: 11 full-time and 3 part-time

CIIP2 has provided support to immunization programs in 28 countries through 60 projects implemented by 29 partner organizations.

The Final Program Evaluation by the external evaluation consultant, Goss Gilroy Inc., and Centre hospitalier de l'Université Laval has been completed and the findings have been very positive. One of the recommendations of the report stated that "Based on the findings and conclusions outlined above, the external evaluators recommend that some form of follow-on programming or CIIP3 be supported by CIDA. The projects have evolved into effective means for strengthening PHC systems and improving the sustainability of immunization coverage during the life of the program. There is considerable evidence that the progress made by the better CIIP2 projects to date will be deepened and made more sustainable if the program were to support them during another phase."

Two thematic evaluations were completed by outside consultants and are supplementary to the Program's overall evaluation. One was on the evaluation of the impact of partnership for capacity building and the other, an evaluation of gender equity in CIIP2. Reports from these evaluations are available at CPHA.

There were two international workshops on Lessons Learned held in both East and West Africa. The purpose of these workshops was to collect lessons learned from project partners in achieving sustainable immunization coverage through the strengthening of primary health care systems. As a result of these workshops CIIP2 has prepared a monograph entitled *Helping Children Beat the Odds: Lessons Learned from Canada's International Immunization Program* which will be of benefit in years to come for our partners and others doing programming in developing countries. This book was launched on February 6, 1997 during International Development Week. Copies are available in English and French for members of the Board of Directors.

The work on the following three commissioned research studies is completed:

- "Impact of Cost Recovery Mechanisms on Equity of Access to Primary Health Care Services",
- "Community Participation and Socialization Mobilization in PHC", and
- "Measuring Effective NGO/Government Collaboration (Africa)".

CIIP2 is approaching the end of its five-year mandate with CIDA. The Program, which was scheduled to close on March 31, 1997, has been extended for three months in order to provide some of the projects more opportunity to complete their work and close the projects in an orderly fashion. The Final Evaluations for all CIIP2

projects have been completed or are nearing completion.

CIDA has informed CPHA that the Program will not be continued in its present form. CPHA is continuing to be involved in discussions with CIDA on new opportunities for primary health care strengthening. In the context of Overseas Development Assistance (ODA) reductions, CIDA is facing real financial constraints in expanding its health programming. However, the new CIDA Health Strategy and high level political support for this type of Program is a positive entry point into the Bilateral Programs Branch of CIDA.

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### **CARIBBEAN EPIDEMIOLOGY CENTRE (CAREC)**

CPHA, in cooperation with the Pan American Health Organization (PAHO) and the Caribbean Epidemiological Centre (CAREC), a regional centre in the Caribbean, will provide technical assistance to the AIDS Control Unit of CAREC. This will take place over three years and will include in-Canada laboratory training and equipment procurement as well as specific training in the area of behaviour change studies, capacity building for NGO HIV/AIDS organizations, informational linkages to CPHA's National AIDS Clearinghouse, and collaboration with CAREC in the management, planning and evaluation of project activities.

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### **FAMILY HEALTH PROJECT**

Term: April 1996 - December 1998

Partner: Canadian International Development Agency (CIDA)

In September 1994, the International Conference on Population and Development (ICPD) was held in Cairo. The ICPD's Programme of Action, based on the principles of human development and gender equity, champions reproductive rights and reproductive health for all. It calls for universal access to a full range of high quality reproductive health services, including family planning and sexual health, through the primary health care system by the year 2015.

As part of Canada's response to the ICPD's Programme of Action, CIDA approached CPHA to develop a program to assist in strengthening the capacity of population and reproductive health programs at the community level in selected countries in Southern Africa.

The parameters of the project, called the Family Health Project, are to provide technical and financial assistance to local or national organizations and provide reproductive health materials and supplies.

### **Participating Countries**

Malawi was selected as the initial country for the implementation of the Family Health Project, with Zambia a potential second country.

In 1994 the Government of Malawi adopted a National Population Policy, which liberalized family planning guidelines. This policy provides a framework for the Government of Malawi and the National Family Welfare Council of Malawi (NFWCM) to work with the United Nations Population Fund (UNFPA) to examine the status and needs in the population field and produce a strategic plan for the period 1997 to 2001.

At this time, the indigenous NGO sector is not a major player in the delivery of health services in Malawi. The UNFPA, however, is actively working with the Malawian Government in both the development and

implementation of family planning and population interventions. Therefore, CPHA has entered into a partnership arrangement with UNFPA for the implementation of the Family Health Project in Malawi, and on January 27, a Memorandum of Agreement was signed by CPHA with UNFPA.

The Project began in Malawi, in February, with the following objectives:

- a) to assist with the renovation (limited construction and provision of essential medical equipment) of five health facilities to enable them to provide reproductive health and family health services;
- b) to provide expendable supplies, including contraceptives, and non-expendable equipment for the health facilities being renovated;
- c) to support reproductive health/family health training for up to 490 workers in the following sectors:
  - family planning service providers
  - adolescent reproductive health officers
  - community-based contraceptive distribution managers
  - medical staff concerning STD diagnosis and treatment
  - traditional birth attendants in the identification of obstetric complications; and
- d) to strengthen STD treatment services in five selected district hospitals.

With regard to the development of the project in Zambia, CPHA is currently working with the Planned Parenthood Association of Zambia in developing a project proposal. It is anticipated that the Zambian proposal will be finalized by February 1997, and a decision will be taken with regard to CPHA's support during the early spring of 1997.

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### **INTERSECTORAL ACTION FOR HEALTH**

The Intersectoral Action for Health (IAH) project forms an integral component of WHO's Renewal of the Health For All strategy. The IAH will look at global, national and local experiences in intersectoral collaboration and draw lessons which will guide the Organization into the next century.

CPHA was asked to coordinate the Canadian support to this component of the Renewal process by Health Canada, CIDA and the International Development Research Centre (IDRC). Canadian support has been applied to the Global Review, the preparation of an overview of the Canadian experience in intersectoral collaboration, the organization of an international workshop to be held in Halifax in April 1997, and the preparation and production of the final report.

At the time of preparing this report, the CPHA Task Force has almost completed the Canadian overview. This Task Force was chaired by Ms. Nancy Kotani.

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### **STRENGTHENING OF PUBLIC HEALTH ASSOCIATIONS (SOPHA)**

Term: 1995-1998

Partner: Canadian International Development Agency (CIDA)

Staff: 3 full-time staff

The Strengthening of Public Health Associations Program (SOPHA) provides financial support and technical assistance to partner national public health associations in developing countries. The Program's goal is to promote and assist the contribution of NGOs to

the strengthening of primary health care (PHC) and healthy democratic societies in developing countries. Its principal objective is to increase the capacity of national public health associations in developing countries to: respond to public health issues locally, nationally and internationally, influence the development of healthy public policy; and, plan and implement project activities in support of national PHC goals.

Several countries in the SOPHA Program are funded through a three-year program grant from the Partnership Branch of the Canadian International Development Agency (CIDA). In addition to this, projects in Russia, Romania, and Palestine are funded individually by CIDA's bilateral programs. Lastly, CPHA also maintains technical assistance linkages with several partner Associations with whom no formal project activities are taking place.

#### **Russian Public Health Association**

Through recent project activities, the Russian Public Health Association (RPHA) has emerged as an important national health resource with increased public and professional awareness on health issues and links to the international health community. In 1996 the Association organized activities on issues such as Alcohol Disease in Russia, Violence as a Public Health Issue, Social Medicine and Biomedical Ethics, and prepared Health Policy Reports on Smoking or Health in Russia, and Iodine Deficient Disease in Russia. By demonstrating its representation in a majority of Republics, the RPHA has also established itself, in accordance with Russian legislation, as a registered "all-Russia" association. An RPHA second-stage proposal has been submitted to CIDA for consideration.

#### **Palestinian Public Health Association**

Despite the continuation of travel restrictions imposed by the Israeli authorities on Palestinians living in the West Bank and Gaza and mounting political tension, the Palestinian Public Health Association (PPHA) has continued to implement successful project activities. The PPHA has demonstrated a continuing interest in and commitment to providing training, especially in project planning and implementation, for its members and partner Associations. The Association recently convened its first Scientific Conference (Towards Building a Comprehensive Health Care System in Palestine) and concluded an agreement with the Palestinian Ministry of Health to organize a series of seminars on Health and Family Planning. In October, CIDA approved a no-cost time extension which revised the completion date of this project to September 30, 1997.

#### **Romanian Public Health and Health Management Association**

In December, CIDA approved a three-year Phase II of CPHA's work with the Romanian Public Health and Health Management Association. This project is designed to contribute to the process of democratization in Romania through the involvement of the health sector of Romanian civil society in the development of national health policies and programs.

#### **Association burkinabe de santé publique**

Since its establishment six years ago, the Association burkinabe de santé publique (ABSP) has sought to promote public health by contributing to the effective and rational organization of health

services and activities through research; providing technical and professional support to other NGOs and Associations working within the health sector; and, providing and sharing information and training to various groups in order to improve their health status through better knowledge, attitudes and behaviour. Recently, the ABSP developed and implemented a pilot project for Information/Education/Communication in Family Planning and organized the 1st Forum for NGOs Involved in Reproductive Health and Family Planning.

#### **Sociedad Chilena de Salubridad**

The SOPHA Program recently entered into an agreement with the Sociedad Chilena de Salubridad (SOCHISAL) with the objective of revitalizing the Association following Chile's return to democracy. This project is designed to support this Association's efforts to reemerge on the national stage as the public's voice on health policy. Furthermore, because of the significant reform taking place in the Chilean health system, with a much increased role for private insurance companies, SOCHISAL hopes to act as a catalyst for analysis of these reforms and their impact on public health.

#### **Asociación Costarricense de Salud Pública**

Acting in its capacity as the regional representative for the World Federation of Public Health Associations, the project of the Asociación Costarricense de Salud Pública serves to increase the linkages between public health associations in the Americas. Through a modest newsletter and the development of sister Associations' profiles, this organization is highlighting the sharing of information.

#### **Asociación para la Promoción de la Salud Pública**

Carrying out activities in the Dominican Republic at both the local and national levels, the Asociación para la Promoción de la Salud Pública (ASAP) continues to implement an innovative approach toward fostering healthy public policy. Through health education programs aimed at both rural and urban workers, the Association gains support from the grassroots and credibility to lobby for changes in national health policy. While the focus of ASAP's training courses is occupational health and safety, facilitators weave healthy communities, HIV/AIDS, and sustainable development into the foras.

#### **Ethiopian Public Health Association**

This Association continues to demonstrate that significant results are possible in a country undergoing change. The Ethiopian Public Health Association has seen major successes in influencing health policy at the highest governmental levels on issues of maternal child health, occupational health and safety, professional credentials, food and nutrition policy, and the Expanded Program of Immunization. The Association has also received Federal endorsement of the *Ethiopian Journal of Health Development*, and the Government now subscribes this journal to all health posts in the country.

#### **Association nigérienne pour la santé publique**

For the first time, the SOPHA Program has recently initiated project activities with the Association nigérienne pour la santé publique (ANSP). This young Association's project will focus on institutional strengthening, a public health awareness and education campaign,

and the implementation of a community-based malaria bednet distribution and treatment project.

### **Asociación Peruana de Salud Pública**

This energetic, young Association has continued to demonstrate its ability to work toward ambitious objectives and numerous activities. During the past four months alone, the Asociación Peruana de Salud Pública has convened thirteen training workshops, published three bulletins, hosted the second National Congress on Public Health, and broadened its organizational support. Furthermore, through these activities, the Association has expanded its network of regional branches and increased its national membership.

### **Tanzanian Public Health Association**

The Tanzanian Public Health Association (TPHA) has recently taken on a leadership role in international partnerships of Public Health Associations. Dr. Wen Kilama, TPHA Past President, has been elected as the President of the World Federation of Public Health Associations (WFPHA) and the TPHA been quite active in preparation for the Eighth Triennial Congress of the WFPHA. This event is scheduled for November 1997 and is the first time this event has taken place in Africa. CPHA has recently supported this Association's efforts to implement refined long-term planning by providing assistance to a strategic planning exercise.

### **Uganda National Association of Community and Occupational Health**

The Uganda National Association of Community and Occupational Health has resolved to carry out a country-wide review of the "national understanding and performance" of primary health care. This undertaking is designed to develop a national consensus on the issue. By coordinating its district activities, annual scientific conference, and publications on this same theme, this Association plans to be in a more informed position to comment on appropriate recommendations. UNACOH continues to be committed to building a broad community membership to support its ongoing activities, and has demonstrated some notable achievements in this area.

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## **SOUTHERN AFRICAN AIDS TRAINING PROGRAMME (SAT)**

- Term: Phase I 1990-96 & Phase II 1996-2001  
Partner: Canadian International Development Agency (CIDA)  
Staff: 2 full-time in Ottawa; 12 full-time in Harare, Zimbabwe

The second five-year phase of the Southern African AIDS Training (SAT) Programme began in July 1996, with financial support from the Canadian International Development Agency (CIDA). The SAT Programme covers ten countries: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia and Zimbabwe, and may extend some activities to include the Republic of South Africa. The southern African region is widely regarded as the most economically and politically progressive in Sub-Saharan Africa but, together with Uganda, it is also the most heavily affected by HIV/AIDS.

SAT is a complex partnership programme contributing financial assistance, training and field support, or a combination of both. SAT's partnerships are so structured that stronger, more experienced or specialized partners mentor, coach and train newer partners through the 'School Without Walls'. During its first phase SAT formed contractual partnerships with over 120 organizations working in AIDS prevention, care and advocacy in extremely poor communities. More than 80 additional organizations and programmes were linked to SAT through its School Without Walls training. In the second phase, SAT will increase its partnerships to 150 or more.

The SAT Phase I Final Report (1990-96) is now available on request to the Board and members of the Association. It details the effective, wide-ranging and sustainable development of the programme. SAT's first phase results included sustained reductions of over 50% in levels of sexually transmitted infections (with concomitant reductions in HIV transmission) in vulnerable communities in several countries. These results were obtained through the systematic application of community peer action methods. These included the distribution of over 50 million condoms in the last three years at costs comparing favourably with HIV prevention programmes anywhere in the world.

Other results include establishing the region's first women's drop-in crisis and counselling centres for HIV and reproductive health; battered women's shelters and outreach programmes; and gender violence outreach programmes. SAT-supported projects have begun to integrate education on such related health issues as cervical cancer into women's health outreach and into youth reproductive health programmes. Some SAT partners have successfully advocated the use of the female condom in government programmes and at reduced cost. Others have piloted the incorporation of primary and pre-primary HIV/AIDS education methods into government programmes.

In the second five-year phase, the SAT Programme will help to increase the effectiveness of its partners' prevention and care programmes through peer action activities and other tested methods. The quality of home care support programmes is a priority, as is the deepening of gender analysis of HIV/AIDS. SAT is working with its partners to develop practical gender strategies for community-based AIDS organizations to use in tackling the extreme vulnerability of young people, particularly women, to HIV.

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# EXTERNAL COMMITTEE, TASK FORCE AND WORKSHOP/MEETING REPRESENTATION

Through the dedication of its membership, CPHA continues to be represented on a number of external committees, meetings and workshops which help shape the future of Canada's health care system.

The following provides a brief overview of the range of activities in 1996:

## External Committees

- Advisory Committee for the Preparation of a Report of Human Health and the Canadian Environment  
*Mr. Fred Ruf*
- Advisory Committee for the Sentinel Health Unit Surveillance System (SHUSS)
- Canadian Association for the Advancement of Women and Sport and Physical Activity  
*Ms. Amy Bell*
- Canadian Coalition for High Blood Pressure Prevention and Control  
*Dr. George Fodor*
- Canadian Coalition on Medication Use and Seniors  
*Ms. Kathryn Tregunna*
- CEPA New Substances Notification Regulations - Biotechnology  
*Dr. Penny Chan*
- CEPA Priority Substances List II  
*Dr. M. Dubé*
- Committee for Advice on Tropical Medicine and Travel (CATMAT)  
*Dr. Raphael Saginur*
- Core Group to Update Family-Centered Maternity and Newborn Care: National Guidelines  
*Ms. Glenda Clarke*
- Drugs Programme Senior Advisory Committee on Management (DPSACM)  
*Dr. Linda Strand*
- Environment Canada Strategic Options Process Issues Tables  
*Dr. M. Dubé*  
*Mr. John Oudyk*
- Expert Review Panel for Breast Screening Initiative  
*Ms. Carol Smillie*
- Expert Working Group on Reference Services in Canada  
*Mr. Ron de Burger*
- 1997 Health Promotion Summer School Planning Committee
- Home Support National Meals Network  
*Ms. Amy Bell*
- Standing Committee on Health  
*Ms. Marianne Stewart*  
*Ms. Kathryn Tregunna*
- Standing Senate Committee on Legal and Constitutional Affairs Regarding Bill C-68  
*Dr. Carol Pim*  
*Mr. Robert Burr*

- Steering Committee - Canadian Perinatal Surveillance System (CPSS)  
*Ms. Marianne Stewart*
- Steering Committee for the Health Intelligence Network  
*Ms. Sharon Martin*
- Steering Committee of the National Strategy to Reduce Tobacco Use  
*Ms. Marilyn Keddy*
- Steering Committee Overseeing the Development of a Commissioned Paper on Health Promotion in Canada  
*Ms. Peggy Edwards*
- Task Force on Public Health and the Blood System in Canada  
*Dr. Perry Kendall*
- Vitality Program  
*Ms. Verna Wilson*

## Meetings and Workshops

- Meeting regarding atmospheric change and the impacts on health  
*Dr. Trevor Hancock*
- Roundtable on Injury Prevention and Seniors, Feb. 15, 1996  
*Ms. Kathryn Tregunna*
- National Meeting on Sexually Transmitted Diseases, Feb. 21, 22, 1996  
*Dr. Ian Gemmill*
- Core Group for the Family-Centered Maternity and Newborn Care National Guidelines Meeting, March 15, 1996  
*Ms. Laurie Reid*
- Meeting in Regard to the Development of a Framework for Sexual and Reproductive Health, March 26, 1996  
*Ms. Kathryn Tregunna*
- One-Day Roundtable - Voluntary Sector Organizations, April 3, 1996  
*Ms. Kathryn Tregunna*
- Meeting with Foreign Affairs Regarding Landmines, April 4, 1996  
*Ms. Debbie Grisdale*
- Child and Family Canada Meeting, April 17, 1996  
*Ms. Kathryn Tregunna*
- National Forum on Health Dialogue: Seeking Solutions to Health and Health Care, April 19-21, 1996  
*Dr. Rick Edwards*
- National Foodborne, Waterborne, and Enteric Disease Surveillance Technical Steering Committee Meeting, June 3, 4, 1996  
*Mr. Ron de Burger*

- National Roundtable on Primary Health Care, June 17, 18, 1996  
*Mr. Ron de Burger*
- Consultation Workshop on Direct-to-Consumer Advertising, June 18, 19, 1996  
*Dr. Linda Strand*
- Towards a Smog Plan for Ontario - Stakeholder Consultation Workshop, June 19, 20, 1996  
*Dr. Ernest Mastromatteo*
- Consultation Workshop on Comparative Advertising, June 20, 21, 1996  
*Dr. Linda Strand*
- Evaluation of the Action Plan on Health and the Environment - Technical Discussion Group, July 30, 1996  
*Ms. Kathryn Tregunna*
- Canadian Community Epidemiology Network on Drug Use (CCENDU), Aug. 1, 1996  
*Dr. Christiane Poulin*
- Seminar on the Future Scenarios in the Relationships and Roles of Government and the NGO Sector, Sept. 26, 1996  
*Ms. Kathryn Tregunna*
- Crime Prevention: Money Well Spent Seminar, Sept. 30, 1996  
*Ms. Dianne Kinnon*
- Consultation Meeting on the Ozone-Depleting Substances and Their Alternatives, Oct. 16, 1996  
*Ms. Konia Trouton*
- OECD/Canada Final Dissemination Conference on Integrated Services for Children/Youth at Risk and their Families, Oct. 21-25, 1996  
*Ms. Sonya Corkum*
- Telephone Interview Regarding Community Development and Seniors, Nov. 1996  
*Ms. Lee Stones*
- Consensus Conference on Infected Health Care Workers: Risk for Transmission of Bloodborne Pathogens, Nov. 19, 20, 1996  
*Dr. Ian Gemmill*
- First Nations Academy of Science and Health Studies Workshop, Dec. 9, 1996  
*Dr. Brian Brodie*

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## ADVOCACY AND LIAISON

The role of the Canadian Public Health Association in advocacy is extensive. We fulfill this responsibility to our members and the general public by taking positions on critical health issues through the development of position papers and resolutions. These are processed through the CPHA Public Policy and Legislation Committee, distributed to the full membership and voted upon by the members at the time of the Annual General Meeting.

Editorials in the *Canadian Journal of Public Health* address national and international health and social issues while conferences provide a forum for both members and the public to debate major health topics. Through representation on external committees and task forces, the Association's views are presented and contribute to the decision-making process relevant to public health issues.

Another of the Association's major activities is representation through lobbying and presentations to Parliamentary Committees. To keep the membership informed of CPHA's activities in the area of advocacy, a feature entitled "CPHA in Action" is included in issues of the *CPHA Health Digest*.

The following provides a brief overview of the Association's advocacy activities over the past year.

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### CPHA BOARD PAPERS

In May 1995, CPHA's Executive Board approved the recommendations of the National and International Policy and Planning Committee which included the development of two important resources: a Board Issue Paper entitled "Focus on Health: Public Health in Health Services Restructuring" and a Board Discussion Paper entitled "Health Impacts of Social and Economic Conditions: Implications for Public Policy" is different from an Issue Paper in that an Issue Paper is a Board statement on a specific issue, while a Discussion Paper is the starting point of a larger process—the Board provides information to be discussed and debated, leading to future action based on a common understanding.

Working Groups were formed to oversee the development of these two resources. The Board Issues Paper "Focus on Health: Public Health in Health Services Restructuring" was released in February 1996 and was included as a special insert in the *Canadian Journal of Public Health*. The Board Discussion Paper "Health Impacts of Social and Economic Conditions: Implications for Public Policy" was approved with suggested amendments by the CPHA Board of Directors in October 1996 and will be released early in 1997.

At the October 1996 Board of Directors' meeting, the CPHA also recommended the establishment of two Strategic Working Groups to continue lobbying and advocacy work related to the Focus on Health Paper and to implement a strategic plan related to the Health Impacts of Social and Economic Conditions paper. These groups will work closely with the provincial and territorial branches and associations to develop appropriate actions at local, regional and national levels.

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### PUBLIC POLICY AND LEGISLATION COMMITTEE

The following Resolutions were approved by the membership at the Canadian Public Health Association (CPHA) Annual General Meeting (AGM) held in Vancouver in July 1996:

## Resolutions

1. Discussion Paper on the Health Impact of Unemployment (carried as amended at the AGM)
2. The Health Impact of Unemployment (carried as amended at the AGM)
3. Safe Syringe Use (defeated)
4. Partner Notification in HIV/AIDS (carried)
5. Development of a Comprehensive Health Investment Framework (carried as amended at the AGM)
6. Two CPHA Board Papers and the *Perspectives on Health Promotion* Project (carried)
7. National Tobacco Demand Reduction Strategy (carried as amended at the AGM)
8. Increased Number of Low Level Overflights (carried)
9. The Abolition of Nuclear Weapons (carried as amended at the AGM)
10. Environmental Tobacco Smoke (carried)
11. HIV and Pregnancy (carried)

For more details regarding these resolutions and follow-up action on all 1996 Resolutions, please refer to the 1996 Public Policy and Legislation Committee report which will be available at the 1997 Annual General Meeting to be held in Halifax, Nova Scotia in July 1997.

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## BRIEFS AND SUBMISSIONS 1996

In 1996, the Canadian Public Health Association (CPHA), through the participating CPHA Board members and the general membership, prepared four briefs for submission to the federal government.

A CPHA brief was submitted in April 1996 to the International Review Panel Examining the Performance of the Medical Research Council (MRC), followed by a presentation in May 1996. This brief, entitled "Public Health Research: Needing a Greater Presence within the Medical Research Council", outlines the role of public health in the broader health system and then describes the public health perspective of the MRC within the framework of the International Review Panel's mandate. A summary of the public health perspective was provided in the concluding section. The brief clearly stated that public health research must become a more visible and better-funded component of MRC's health services research. Public health research must be valued as a significant contributor to the delivery of health services and the improvement of health outcomes. It was also noted that the support of quality, population-based public health research in Canada will help to address the challenges facing communities and health systems in Canada and will strengthen Canada's position as a world leader in public health research. CPHA urged the Medical Research Council to support the development of this important public health resource.

In May 1996, CPHA made a submission to the Drugs Directorate, Health Canada, entitled "Drug Advertising to Consumers: Creation of an Independent, Self-Regulatory Review Agency—A Consumer and Public Health Perspective". CPHA did not submit a proposal to manage or administer this review, rather, the intent of the submission was to urge the development of a drug advertising review process that is consumer focused, ensuring accountability to the public, and addressing consumers' information needs to ensure the protection

and promotion of the public's health. CPHA also urged Health Canada to add two additional criteria to its selection process when evaluating the proposals for an independent, self-regulatory drug advertising review agency: 1) the meaningful involvement of consumers in the review process, both as members of the decision-making body and as general public involvement in the audit and compliance processes; and 2) the full representation of the public health perspective, skills and knowledge on the decision-making body of the review agency.

CPHA submitted a brief entitled "An Overview of Substance Abuse Policy Issues – A Public Health Perspective" to the Standing Committee on Health Review of Policies on the Misuse and Abuse of Substances in August 1996 and presented the brief to the Committee in October 1996. The brief noted that with the sunsetting of Canada's Drug Strategy, it is crucial that the federal government have clear policies and programs in place to deal with the issues related to the misuse and abuse of substances, including both legal and illegal drugs such as alcohol, tobacco, solvents, prescription drugs, cannabis, heroin, and LSD. To address the issues outlined under each of these substances, CPHA highlighted that policies, resources and programs are needed which encompass health promotion, disease prevention, health protection, and healthy public policy. CPHA urged the federal government to continue its commitment to a drug strategy, by ensuring that appropriate and sufficient policies and resources are available to address the broad range of issues.

CPHA participated in a meeting of the Sub-Committee on HIV/AIDS of the Standing Committee on Health related to the Study on Poverty and Discrimination Related to HIV/AIDS in November 1996. The CPHA representatives focused on the need to reduce inequities in health as a means to prevent the primary transmission of HIV, to reduce the harm of HIV infection, and to prevent the conditions that put people at risk for HIV infection. The surge of HIV infection which is now occurring in the injection drug using community across Canada was highlighted. It was also stressed that prevention efforts must continue and evolve to have an impact on each successive generation.

These submissions will soon be available on CPHA's web site at: [www.cpha.ca](http://www.cpha.ca).

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## DOCUMENT REVIEW

Over the course of a year, the Canadian Public Health Association is asked to review a number of government documents and to complete surveys for non-governmental and government bodies. The following is a list of reviews and surveys completed in 1996 with the support and involvement of CPHA members.

### Reviews Completed in 1996

1. Health Canada, Tobacco Control: A Blueprint to Protect the Health of Canadians. January, 1996.
2. Institute of Health Promotion Research, University of British Columbia study, Health Impact Assessment. February, 1996.
3. Health Canada, Drugs Directorate proposed policy, Pharmaceutical Advertising Advisory Board (PAAB) and Drugs Directorate Roles and Consultation Related to Advertising Review. February, 1996.
4. Canadian Coordinating Office for Health Technology Assessment proposal, Drug Evaluation Priorities. February, 1996.

5. Canadian Society for Exercise Physiology and the Fitness Program, Health Canada, Guide to Healthy Physical Activity. February, 1996.
6. Health Canada consultation package, Possible Federal Legislation on Drinking Water Treatment Devices, Treatment Additives and Water System Components. March, 1996.
7. Canadian Paediatric Society Statement, Periconceptional Use of Folic Acid for Reduction of the Risk of Neural Tube Defects. March, 1996.
8. College of Family Physicians of Canada Green Paper, Managing Change: The Family Medicine Group Practice Model. March, 1996.
9. Health Canada, Drugs Directorate draft policy, Indications for Use – Multi-ingredient Low Dilution Homeopathic Preparations. March, 1996.
10. Active Living Canada draft document, Toward an Active Canada: A Call to Action for the Advancement of Active Living. March, 1996.
11. Canadian Mental Health Association document, Joining Forces: An Agenda for Collaborative Action Between Formal and Informal Service Providers. March, 1996.
12. CEPA Review: The Government Response, Environmental Protection Legislation Designed for the Future – A Renewed CEPA (a proposal). March, 1996.
13. Health Canada, Drugs Directorate's Report, From Prescription to Nonprescription Status in Canada: A Review of the Switch Process. June, 1996.
14. Health Canada, Healthy Living and Environments Division, Framework for Sexual and Reproductive Health. June, 1996.
15. Health Canada, Drugs Directorate Consultation Paper and Option Paper on Expanded Claims and Daily Limits for Vitamins and Minerals in Nonprescription Drug Products. July, 1996.
16. National Advisory Council on Aging, The NACA Position on Determining Priorities in Health Care: The Seniors' Perspective. August, 1996.
17. Tri-Council Working Group on Ethics document, Code of Conduct for Research Involving Humans. August, 1996.
18. Canadian Council on Health Services Accreditation, Proposed Standards for Associations: A Client-Centred Approach. September, 1996.
19. Canadian Medical Association, Safe and Timely Return to Function/Return to Work After an Illness or an Injury. September, 1996.
20. Health Canada, Drugs Directorate, ICH Draft Guideline-M2 Multi-Disciplinary, Electronic Standards for the Transfer of Regulatory Information. September, 1996.
21. Health Canada (Minister Dingwall), Final Report of the Discussion Group on Embryo Research, Research on Human Embryos in Canada, September, 1996.
22. LCDC, Bureau of Infectious Diseases, National Advisory Committee on Immunization's draft document, Guidelines for Childhood Immunization Practices. September, 1996.
23. Government of Canada (Minister Dingwall), New Reproductive and Genetic Technologies—Setting Boundaries, Enhancing Health. October, 1996.
24. Health Canada, Drugs Directorate, ICH Draft Consensus Guideline, Testing for Carcinogenicity of Pharmaceuticals. October, 1996.
25. Health Canada, Canadian Perinatal Surveillance System—Progress Report. October, 1996.
26. Royal College of Physicians and Surgeons of Canada, CanMEDS 2000 Project Report, Skills for the new millennium: report of the societal needs working group. October, 1996.
27. Canadian Council on Smoking and Health, The Centre for Tobacco Control—A Strategic Business Plan (proposed). October, 1996.

#### **Surveys Completed in 1996**

28. Storgaard & Associates, Phone Interview regarding Canadian Society for Exercise Physiology (CSEP) and Fitness Program, Health Canada joint project to develop Canada's Guide to Healthy Physical Activity. February, 1996.
29. Children's Mental Health and Youth Unit, Health Canada, Survey of non Governmental Organizations' Positions on the Mental Health of Children and Youth. March, 1996.
30. Bureau of Cardio-Respiratory Diseases and Diabetes, LCDC, Questionnaire –External Consultation. May, 1996.

If you would like more information about any of these reviews or surveys, please contact Kathryn Tregunna, Director of Policy and Program Development, National Programs, CPHA.



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# SUMMARY

The Association's 1996 year-end audit will be completed in March 1997. The Statements for the Twelve-Month Period ended December 31, 1996 (unaudited), Statement of Project and Conference Summary for the Twelve-Month Period ended December 31, 1996 (unaudited) and Financial Statements for the Twelve-Month Period ended December 31, 1996 (audited) will be forwarded to the Executive Board for their Spring meeting. There is every indication that the Association will be on target for a small surplus for 1996, as was presented to the Board of Directors in October in conjunction with the projected year-end figures presented for comparison to the 1997 CPHA Budget.

The Journal continues to be stable, making a small contribution to the Association and its operations. The Health Resources Center has increased its activities considerably in 1996 and we believe it will continue to grow in 1997 and provide the members with resources as well as support other activities of the Association. The Membership increased in 1996 from 1995. While the numbers are not large, this is a positive trend given the state of financial constraints in the country today and we believe that the implementation of the Membership strategy throughout this year, in cooperation with the PTBAs will see an even greater increase in membership by the end of the year.

The three new initiatives that the Board was informed about in January: Heritage Canada: Cross-Cultural Training Resources for Health Care Providers and Students — A Needs Assessment; Health Canada: A Review of Evaluated Mental Health Promotion Projects in Canada; Health Canada: Development of a Seniors Guide regarding plain language and clear verbal communication were presented to the Executive Board at the January 31, 1997 meeting. Discussions are still underway with these funders with indication at this time that all three will likely receive approval, but will not be funded until the new fiscal year.

The Aboriginal Health Project referred to in the Executive Director's Report had two components. The one component, focusing on the Standards Project, is finished in February and maybe revisited by the Aboriginal Groups and CPHA in the new fiscal year for another phase. The Youth Project proposal is being developed with CPHA and the National Aboriginal Organizations coordinating this

project and will be submitted in March and possibly funded in the new fiscal year.

Internationally, the Romanian Public Health Project has entered a second phase with the contract being signed in February. This project will cover a two-year period. We have received strong indications that the Russian Public Health Association Project will be extended for a second phase in April of this year.

The Caribbean project in cooperation with the Pan American Public Health Association (PAHO) and the Caribbean Epidemiological Centre (CAREC), a regional centre in the Caribbean, is underway and will continue for over three years. More detail on this project is provided in the Executive Director's Report to the Board.

Canada's International Immunization Program (CIIP) is completing its second phase in March of 1997. The CPHA President and senior staff have met with the President and Minister of CIDA on this program. They are encouraging the Association to work more closely with the Africa Desk at CIDA in that they are undertaking more specific activities in health related to the new CIDA health policy. Many of the programs are complementary to CPHA's international health activities.

At this time, we have an additional extension to CIIP until June, with funding that will enable CPHA to keep a limited number of staff in place. There will need to be a downsizing of the program and if alternative projects are not identified by the end of June in the bilateral area, these staff will have to be let go. The Association has been working closely with the staff in an attempt to ensure that other employment is available with other NGOs or government departments. We anticipated that this may happen in 1997 and the Association's budget has been based on the completion of this project in 1997.

We are facing the sunset of some projects in 1997 and this information is provided in this report. At the same time, however, new initiatives are underway which should be realized early in the new fiscal year. We are in the same position as other NGOs, with the need for continued diversity in project/program activities and the development of strong partnerships with the private sector who have a similar commitment to the mission and objectives of the Association.