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CANADIAN
PUBLIC
HEALTH
ASSOCIATION
CHIEF
EXECUTIVE
OFFICER'S
REPORT

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INTRODUCTION

HISTORY

The Canadian Public Health Association (CPHA) is a national not-for-profit association incorporated in 1912. CPHA is composed of health professionals from over 25 health disciplines and is active in conducting and supporting health and social programs both nationally and internationally. CPHA stresses its partnership role by working with federal and provincial government departments and international agencies, non-governmental organizations and the private sector in conducting research and health services programs.

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.

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.

GOVERNANCE

CPHA is governed by a Board of Directors, which consists of the Officers of the Association, one representative from each Provincial/Territorial Branch/Association, and six Members-at-Large responsible for the Areas of Interest, as well as the Chief Executive Officer and Scientific Editor as ex-officio members. Between meetings of the Board of Directors, the business of CPHA is conducted by an Executive Board which consists of the Officers of the Association and the Chief Executive Officer and Scientific Editor as ex-officio members.

MEMBERSHIP OPPORTUNITIES

The membership is the strength and spirit of CPHA. Members give the Association credibility, direction and authority, as well as expertise and human resources, both nationally and internationally, that are unparalleled. In return, the Association provides members with an opportunity to speak out on broader public health issues, outside discipline boundaries.

Membership in CPHA is voluntary, not mandatory for any professional reason. The composition of members encompasses professionals in public health practice, professors and researchers in universities and colleges, government workers and individuals interested in issues that affect community and public health.

CATEGORIES OF MEMBERSHIP

Membership is open to any individual who subscribes to the objectives of the Association and is engaged or interested in community or public health activities. CPHA categories of membership are:

- Regular
- Low Income
- Corporate
- Student/Retired
- International
- Honorary Life

DIRECT MEMBERSHIP

Direct membership applies to an individual who chooses to be a member of CPHA.

CONJOINT MEMBERSHIP

Conjoint membership applies to an individual who chooses to be a member of CPHA and of one of the following Associations/Branches:

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.

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.

ORGANIZATIONAL CHART



CPHA NATIONAL OFFICE

The core personnel of the CPHA National Office is currently 21 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 overall 1997 operating budget for National Office activities was \$1,359,360. The overall budget including National Office, national and international projects was \$11,636,360. The total staff, including projects and National Office, is 55, excluding 16 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.

CANADA HEALTH DAY 1997

Focus on Community Health — *Priorité à la santé communautaire*

Every year hundreds of public health units, health care facilities and agencies participate in the celebration of Canada Health Day on May 12, Florence Nightingale's birthday. CPHA takes the lead in organizing the event, working in partnership with the Canadian Healthcare Association.

In 1997, 242 health units and health facilities participated in the celebrations. CPHA sold and distributed over 1,700 posters, 5,000 buttons, 5,500 biodegradable balloons, 275 T-shirts, 3,000 cafeteria trayliners and 134 baseball caps. The same range of promotional materials will be available for Canada Health Day 1998.

The theme for Canada Health Day 1998 will be, "Your Future, Your Health — *Votre avenir, c'est votre santé.*"

CANADIAN JOURNAL OF PUBLIC HEALTH

Dr. Richard Mathias has resigned his position as Scientific Editor of the Canadian Journal of Public Health and agreed to stay on until a replacement can be found. We thank Dr. Mathias for his valuable contribution to the Journal over the past two years, and wish him well in his future endeavours.

In 1997, six regular issues of the Journal were published. There were 178 manuscripts received from authors and 105 articles published.

There is interest in expanding the scope of the CJPH to include qualitative research articles. The Editorial Board is exploring options for the best way to introduce this type of research to the CJPH readership.

Advertising revenue in 1997 has improved over 1996 and looks strong for 1998, with a number of companies booking multiple insertions for full-page, four-colour advertising. Our advertising agency, McCormick & Associates Inc., have succeeded in attracting a number of new advertisers and continue to promote our Journal to companies in the health field.

HEALTH RESOURCES CENTRE

1997 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 30 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 (WHO) offices in Geneva and the Pan American Health Organization (PAHO) offices in Washington to promote their respective publications and subscriptions and move into broader areas of service.

In 1997, CPHA contracted with Renouf Publishing Inc., based in Ottawa, to be a sub-distributor of WHO and PAHO publications in an attempt to broaden the potential market for these publications. The year also saw the return for CPHA to the role of official distributor of Government of Canada publications. We launched our new role with the release and distribution of the important "Report of the Commission of Inquiry on the Blood System in Canada (Krever Commission)".

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:

Total Number of Members* 1995 - 1997			
Province	1995	1996	1997
NPHA	33	28	33
NB/PEI	69	59	59
PHANS	43	42	51
ASPQ	99	98	92
OPHA	315	280	286
MPHA	51	44	39
SPHA	81	79	71
APHA	195	184	200
PHABC	128	135	127
NWT	32	23	25
CPHA (Direct) †	575	673	663
TOTAL	1621	1645	1646
<hr/>			
CSIH	310	278	290
CATCH	91	76	75

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

† Includes International Members

CPHA Tabletop Membership Display

A travelling tabletop display is available for all PTBAs and other conferences and workshops to display and distribute information about CPHA and membership opportunities. Utilizing component parts of the Health Resources Centre display, this tabletop display can be "customized" for whichever PTBA is using it. To date, the display has been used by the NB/PEI Branch, the NWT Branch and SPHA.

Membership Recruitment Activities

CPHA continues to support membership recruitment activities undertaken by any PTBA when requested. We have also discussed ways of improving communications as well as joint recruitment activities with CSIH and CATCH. In 1997, CPHA conducted a recruitment campaign aimed at all medical officers of health across the country who were not current members of the Association.

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 1997 and more events are scheduled for 1998. A number of these program activities are listed below.

- **CPHA 88th Annual Conference**

Investing in Health: The Shaping of Public Policy
July 6 - 9, 1997 Halifax, Nova Scotia

Over 400 delegates and 28 exhibitors attended this conference in Halifax. Both the Ministers of Health and Agriculture from Nova Scotia attended the Awards Luncheon. There was wide representation from the health sector, and this helped to achieve the conference goal to analyze the impact of current public policies on health and well-being.

- **CPHA Second National Conference on Communicable Disease Control**

April 9 - 11, 1997 Toronto, Ontario

Topics included: Effective management of communicable diseases, the threat of emerging and re-emerging infectious diseases and antibiotic resistance were the main areas of discussion. Thirty-nine speakers, three pre-conference workshops and 28 posters (judged) were the offerings at this conference. Over 325 delegates attended; many felt that this type of conference should be offered every couple of years.

- **Intersectoral Action for Health - World Health Organization: A Cornerstone for Health-for-All in the Twenty-first Century**

April 20 - 23, 1997 Halifax, Nova Scotia

This WHO conference was managed by CPHA. About 75 international representatives attended this three-day conference. Among those in attendance at the Opening Ceremonies were: Dr. Kreisel, the Executive Director of the Health and Environment section of WHO; The Honourable David Dingwall, then-Minister of Health, Health Canada; Sir George Alleyne, WHO and PAHO; and Dr. John Hastings, President of CPHA. Dr. John Savage, the then-Premier of Nova Scotia, hosted the delegates at a dinner. The final report is being printed.

Events schedule for 1998:

- **Communicable Disease Control in Correctional Facilities**

March 1 - 3, 1998 Ottawa, Ontario

In collaboration with Correctional Service of Canada

Dr. Roy West has chaired an expert Committee as part of the planning process for this invitational conference. Among the speakers for this conference will be Dr. Norbert Gilmore, Dr. Perry Kendall, Dr. Ian Gemmill, Dr. Cate Hankins, Dr. Richard Mathias and Mr. Bill Rowe; Ole Ingstrup, the Commissioner of the Correctional Service will speak at the opening dinner. Dr. Liz Roberts has worked with the Regional Infectious Disease Coordinators in correctional facilities from across the country to provide case studies for the delegates. Mr. Ron de Burger has also worked on this program content and will chair a session.

- **CPHA 89th Annual Conference**

**Best Practices in Public Health: An Essential Contribution,
A Promising and Exciting Future**

June 7 - 10, 1998 Montréal, Québec

The theme, goals and objectives for this conference were outlined at the October 1997 Board meeting by Dr. Françoise Bouchard. The Call for Abstracts was subsequently mailed out to the CPHA

membership, and various other mailing lists and handed out at a number of conferences. More than 260 Abstracts were received at the office. (It was necessary to extend the deadline for receipt of abstracts because of the ice storm and power outages that affected the Montreal, Ottawa, Kingston and Montérégie areas - where the greatest response was expected). The Scientific Committee is now in the process of reviewing these abstracts - this is a greater number than was received for the Nova Scotia conference in 1997).

- **1999 Conference**

Winnipeg, Manitoba

Conference staff have also received submissions from a number of venues in Winnipeg. Site inspections have been carried out with Ms. Helen Wythe, President of the Manitoba Public Health Association.

- **2000 Conference**

Ontario

The year 2000 conference will be held in Ontario. CPHA has solicited proposals from the cities of Ottawa and Toronto, and has held discussions with the Ontario Public Health Association about various options.

NATIONAL PROGRAMS

ABORIGINAL YOUTH CHOOSING HEALTH CAREERS—GIVING YOUTH TOOLS

Term: February 1998 - January 2000

Partner: Human Resources Development Canada

The Canadian Public Health Association (CPHA) started an Aboriginal Youth Project early in February 1998. This project arose from the work carried out previously through the Aboriginal Program and reflects the principles and approaches that were identified by the national Aboriginal organizations at that time. The goal of the project is: To increase the number of Aboriginal youth pursuing a career in health by promoting a career in the health field as an attractive, feasible and attainable goal for Aboriginal youth from all cultures and backgrounds.

The project will be carried out in partnership with the national Aboriginal organizations, whose representatives will form a Youth Committee to provide guidance to the project. The approach of the project will be "by youth, for youth" and will provide information in a motivational, interactive and fun manner. Information will be based on Aboriginal perspectives and concepts of health, promoting a holistic approach, demonstrating a balance between traditional healing practices and western medicine, promoting equal gender opportunity and strengthening linkages between youth and their communities.

Electronic resources will be produced so that as many Aboriginal youth as possible will have access and will be reached in all geographic locations. Project activities will include the following:

- Year 1
 - Production of a video and user's guide
 - Research and development of an Internet site
- Year 2
 - Development and implementation of a marketing plan for the distribution of the video and user's guide
 - Launching and maintenance of the Internet site
 - Research into the feasibility of producing a CD ROM

CPHA will again play the role of project administrator and facilitator, bringing the partners together to share their ideas and develop common solutions.

CANADIAN IMMUNIZATION AWARENESS PROGRAM

Term: Ongoing

Partners: Canadian Medical Association
Canadian Nurses Association
Canadian Pharmacists Association
Canadian Paediatric Society
College of Family Physicians of Canada
Council of Chief Medical Officers of Health for Canada
Health Canada

The Canadian Immunization Awareness Program (CIAP) has four new partners: the Canadian Nurses Association, the Canadian Pharmacists Association, the College of Family Physicians of Canada and the Council of Chief Medical Officers of Health for Canada. It also has two new sponsors: Biochem Vaccine Inc. and Berna Products Inc. along with existing sponsors: Pasteur Mérieux Connaught and Merck Frosst Canada Limited.

The CIAP recently identified two priority projects for 1998: two immunization videos for the Parent Channel, Canada's only national in-hospital television network dedicated to parenting; and a National Immunization Week featuring special activities to promote on-time immunization in Canada.

Health Canada has financed the videos which are currently in production while the CPHA Secretariat to the CIAP is currently seeking corporate sponsorship for a National Immunization Week.

In February 1998, two television PSAs—one in English, the other in French—will be produced. The English PSA will feature popular children's entertainers, Sharon, Lois and Bram while the French will feature Bibi, a popular Quebec children's puppeteer. The PSAs will be filmed in Toronto.

The CIAP adopted a Protocol of Understanding for its Coalition as well as approved Sponsorship Criteria in January 1998 which will serve as critical guidelines for all CIAP activities and projects in the future.

The CIAP is currently developing an information pamphlet on the program as well as a logo for all its promotional materials which will be used in its 1998 National Immunization Week.

The CIAP will also participate in Health Canada's Laboratory Centre for Disease Control's National Immunization Conference in Calgary in December 1998 by featuring a workshop on the CIAP with a selection of CIAP Coalition members for a panel. The workshop will be aimed at potential sponsors for the CIAP and will focus on the benefits, from a marketing perspective, of becoming a CIAP corporate sponsor.

CPHA AIDS PROGRAM

Term: 1993 - 1998

Partner: Health Canada

The CPHA AIDS Program is now in its 12th year. It provides support to public health professionals, AIDS educators, policy makers and program managers by developing HIV/AIDS educational materials, public policy positions, skill development and communications. Through its National AIDS Clearinghouse it distributes prevention material across Canada and supports many national and regional conferences and workshops each year.

In 1997, the Program concentrated much of its energy on working with other national stakeholders and Health Canada to ensure the renewal of the National AIDS Strategy for a third 5-year phase. The advocacy was proven successful when the Minister of Health, Hon. Allan Rock, formally announced Phase III of the National AIDS Strategy on December 1, 1997. The new Strategy will be for 5 years at an annual allocation of 42.2 million dollars per year, the same level of funding as during Phase II.

In anticipation of the renewal of the Strategy, the Program produced a 5-year strategic plan to guide its work from 1998 to 2003. A workplan for 1998 - 1999 will be developed from it pending guidance from Health Canada as to the criteria for the submission of funding proposals. During the deliberations about the renewal of the Strategy, a commitment was made by Health Canada that multi-year

proposals would be allowed; that is a significant change from previous years when only single-year submissions were allowed for core support. The focus of the Program will be to support the public health community in Canada in its HIV prevention work and to continue to take the lead in providing AIDS education awareness information to the public and to the school system. The Association has constantly advocated for comprehensive health education with a strong sexual health component. The Program will continue to work with public health and education officials to ensure that all Canadian children have access to such programs.

The epidemic is changing and the Program will place more emphasis on addressing the needs of Aboriginals, injection drug users, women and youth. Collaboration with other partners will enhance its reach where others have primary responsibility.

MENTAL HEALTH PROMOTION

Term: January 5 - March 31, 1998

Partner: Health Canada

The Canadian Public Health Association (CPHA) is working in partnership with the Mental Health Promotion Unit of Health Canada and the Canadian Mental Health Association (CMHA) on a project to Document Existing Projects, Activities and Policies in the Field of Mental Health Promotion.

The objectives of the project are to:

1. Document existing projects, activities and policies in Mental Health Promotion in cooperation with the Canadian Mental Health Association,
2. Raise awareness of Mental Health Promotion in Canada by stimulating discussion and self-identification as a Mental Health Promotion project or activity, and
3. Enhance the existing network of individuals and organizations that are involved in or interested in Mental Health Promotion by providing a forum for the sharing of information.

The methodology of collecting information will include:

- distributing a brief description of what is encapsulated in the meaning of Mental Health Promotion, together with examples, as widely as possible including the CPHA membership, the PTBAs, public health organizations, public health decision-making bodies and other health professionals,
- inviting individuals and organizations to contribute information describing projects and activities that they are aware of or are involved in, and which they identify as falling within the field of Mental Health Promotion; they will be asked to provide an outline of their project goals and objectives and describe how the principles of Mental Health Promotion are being implemented,
- distributing this request through the *CPHA Health Digest*, by direct mailing and through the Internet sites of CPHA and of other interested organizations, and
- following up with personal telephone calls to obtain additional details and clarification.

CMHA is carrying out activities that are complementary to CPHA's project and will be identifying other target groups for interview and data collection. All of the data that are contributed will be collated

within an information grid that is being used by both associations. At the completion of the project, a report will be compiled reflecting the findings of both associations. This will be submitted to Health Canada for distribution nationally and internationally.

This project is part of an initiative to gather information and raise awareness about Mental Health Promotion. The collection and sharing of stories about projects and activities that are taking place will assist in strengthening the network of those individuals and organizations interested in the advancement of Mental Health Promotion in Canada.

NATIONAL LITERACY AND HEALTH PROGRAM

The National Literacy and Health Program (NLHP) has grown from two to six staff since September 1997, and is currently managing four separate projects:

Plain Language and Clear Verbal Communications Training Package & Senior's Guide

Training Package

Term: January 1997 - December 1998

Partner: National Literacy Secretariat

Senior's Guide

Term: October 1997 - March 1998

Partner: Division of Aging & Seniors, Health Canada

The NLHP is making very steady progress with the development of Easy Does It!, its plain language and clear verbal communication training package. This resource will be ready for promotion and distribution in Spring 1998 along with a Senior's Guide, funded by Health Canada's Population Health Fund. The guide complements Easy Does It! because it addresses the specific communication needs of seniors. Several NLHP partners will accredit the package as a professional development course for their members.

NLHP partners have provided an impressive contact list for the promotion and distribution of the training package. Hundreds of health professionals from across Canada have completed questionnaires designed to help the NLHP develop an effective distribution strategy. Many respondents have expressed a willingness to bring this resource to the attention of health professionals in their provinces.

The bilingual and health-specific CD-ROM version of the NLHP's plain language game, (plain•word)TM, will be ready for production in early spring. The CD-ROM is one component of the Easy Does It! training package. The general vocabulary (plain•word)TM list (1,650 English words) will be available on the CD-ROM as well.

Plain Language Service

Term: October 1997 - September 2000

Partner: National Literacy Secretariat

As a result of a successful funding application approved in the fall of 1997, the National Literacy Secretariat is supporting a 3-year consolidation and expansion of the Plain Words for Health Writing Service, which provides plain language editing services for health

materials. Two new staff have been hired. A directory of plain language health information will be produced. As well, the Plain Language Service manager is poised to promote the service to the national voluntary health sector and to targeted groups in the private sector (such as drug and insurance companies and banks). Some recent clients of the Plain Words for Health Writing Service include the Health Protection Branch of Health Canada, the Society of Obstetricians and Gynaecologists of Canada, the New Brunswick Department of Health and Community Services and the Community Care Access Centre of Ottawa-Carleton.

Plain Language Forms for Seniors

Term: January - June 1998

Partner: Division of Aging & Seniors, Health Canada

Another successful proposal from the NLHP involves Health Canada's Population Health Fund. The NLHP will work collaboratively with seniors groups, the banking and insurance industries and the government and health sectors to revise into plain language a series of forms seniors are typically required to fill out when they apply for banking and health services as well as insurance and pension benefits. This 6-month project was approved in December 1997 and will run from January to June, 1998. A project coordinator and an assistant to the coordinator have been hired.

INTERNATIONAL PROGRAMS

CARIBBEAN HIV/AIDS PROJECT

Term: October 1, 1996 – September 30, 2000

Partner: Pan American Health Organization

The goal of this project is to reduce the incidence of HIV/AIDS and STDs in the Caribbean region, through the implementation of disease prevention and protection strategies. The project will serve to strengthen the institutional capacities of the Caribbean Epidemiological Centre (CAREC) and national laboratories, health centres and NGOs in the Caribbean, that are involved in providing health and social services relating to HIV/AIDS. CPHA is providing technical advice, experts and services to CAREC.

Over the past year, CPHA assisted CAREC in developing the project's Inception Report and financial and narrative reporting frameworks for CIDA, and in creating a computer-based HIV/AIDS/STD management information system, which is designed to strengthen CAREC's resource allocation, activity planning and project management capabilities. CPHA also identified and engaged the services of Canadian technical advisors in three areas: HIV/AIDS/TB screening and testing procedures; laboratory operations and management quality assurance/quality control; and improving the capacity of nurses and health workers to care for and work with people with HIV and AIDS. CPHA also organized a two-week technical study tour by CAREC staff, to meet with Canadian experts in the field of hospital-based laboratory services, HIV/AIDS/STD surveillance and testing, and laboratory proficiency. CPHA has also been identifying

and sending to CAREC articles and technical documents related to HIV/AIDS strategies and programs in other countries, as well as information and advice on partner notification and the utilization of the mass media in HIV/AIDS prevention.

FAMILY HEALTH PROJECT

Term: March 1996 - December 12, 1998 (2.75 years)

Partners: UNFPA Malawi

Planned Parenthood Association of Zambia

University Teaching Hospital, University of Zambia

The Family Health Project was initiated in March 1996 as part of Canada's response to the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) held in Cairo.

Consistent with the ICPD approach to population and reproductive health, and with support from the Canadian International Development Agency, the goal of the Family Health Project is: To strengthen community-based responses to population issues in Malawi and Zambia.

The objective of the Family Health Project is:

To strengthen the capacity of community organizations and networks of organizations to effectively implement population and reproductive health programs.

Although originally envisaged as a short 15-month, procurement-oriented activity, since the signing of the Contributions Agreement the Family Health Project has undergone an iterative process of design and development in close consultation with CIDA. The project staff consists of: Project Coordinator, Administrative Assistant, part-time Financial Officer, and part-time consultant in Zambia.

In order to realize a more sustainable impact the project has adopted a more balanced approach between the procurement of supplies and an emphasis on the training of health service providers, refurbishment of selected health facilities, and the provision of information and services specially targeted at the reproductive health of adolescents. The original budget, goal and objective of the Family Health Project remain the same, however, the completion date has been extended by 18 months to December 12, 1998 (total project duration of 33 months or 2.75 years). The Family Health Project is working with three overseas partners — UNFPA Malawi, Planned Parenthood Association of Zambia, and the University Teaching Hospital, University of Zambia.

Working with the United Nations Population Fund (UNFPA) and their local partner the National Family Welfare Council of Malawi, the focus of the Family Health Project in Malawi is: to assist with the renovation of five health facilities; to provide supplies, including contraceptives, and equipment for these health facilities; to support reproductive health/family health training for health personnel in a variety of sectors; and to strengthen STD treatment in five selected district hospitals. Renovation of the health facilities is progressing well. Much of the non-expendable equipment has been ordered and is expected to arrive this fall. Training activities are on schedule.

In Zambia, support to the Planned Parenthood Association of Zambia (PPAZ) aims to: enhance the quality of services through infrastructure and training support for two family planning centres (Lusaka and Kitwe) and outreach sites; develop new programs and campaigns for adolescent reproductive health; widen contraceptive choice; improve laboratory capacity; and broaden and strengthen the delivery and quality of reproductive health services overall. The newly renovated Lusaka clinic is expected to be opened with the participation of the Canadian High Commissioner in February 1998. An adolescent services needs assessment has been undertaken and other training activities are progressing well. Supplies and equipment have been ordered with delivery anticipated early in the new year.

The University Teaching Hospital (UTH) of the University of Zambia is CPHA's second partner in Zambia. The focus of the UTH partnership is: to support the training of service providers in selected sites for the introduction of emergency contraceptive methods; to strengthen the capacity of UTH to enable students to participate more fully in providing reproductive health services; to improve the screening and management of cervical cancer (which is the number one cancer among Zambian women); and to enhance UTH's teaching capacity for both in-hospital and community training courses. Three courses in emergency contraceptive methods were successfully conducted this summer. Supplies and equipment are on order for delivery early in the new year.

The past year has been a busy time for the management of the Family Health Project. Highlights include:

- design, development and approval of three partner proposals for field activities, and disbursement of over \$1.9 million Cdn to the project field partners;
- recruitment and hiring of new Project Coordinator;
- finalizing procurement lists and entering into a contracting arrangement with UNFPA for Procurement Services;
- analysis and feedback on partner reports (both financial and narrative);
- field monitoring visits to Zambia and Malawi by the Project Coordinator and CPHA's Assistant Executive Director for International Programs;
- meetings with CIDA staff and submission of three quarterly financial reports, an Inception Report (June 12, 1997) and Semi-Annual Narrative Report (January 23, 1998)
- ongoing networking and advocacy for reproductive health.

In Malawi and Zambia the Family Health Project continues to play an important part of Canada's commitment to the ICPD. At the 1994 conference in Cairo, countries agreed that \$17 billion annually would be put towards implementing the ICPD Programme of Action and helping provide families with reproductive health until the year 2000. Canada's commitment towards the \$17 billion target is \$150 million annually.

CPHA has made effective and strategic use of the \$3 million made available by CIDA as follow-up to ICPD, however, much remains to be done. CPHA has the capacity to help Canada meet its commitments made at Cairo. If additional funds become available, the Family Health Project hopes to expand its activities in 1998 to further, and

more sustainably, address the burden of reproductive ill-health in Africa and elsewhere.

STRENGTHENING OF PUBLIC HEALTH ASSOCIATIONS PROGRAM

Term: Block Funding - April 1995-March 1998
Bilateral Funding - Palestine-1994-June 1998
Bilateral Funding - Romania-1997-2000

Partners: Canadian International Development Agency and Public Health Associations in Burkina Faso, Costa Rica, Dominican Republic, Ethiopia, Peru, Niger, Palestine, Romania, Tanzania, and Uganda

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 non-governmental organizations 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 3-year program grant from the Partnership Branch of the Canadian International Development Agency (CIDA). In addition to this, projects in 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.

Palestinian Public Health Association

The PPHA is in the final months of project activity. A project evaluation was conducted in late January and a submission made to CIDA for a second phase project. The evaluation indicated a number of major achievements in a very difficult political situation and recommended to CIDA that the project be renewed. CPHA has been retained by the Department of Foreign Affairs (through IDRC) to participate in discussions on refugee health issues and to recommend to the Department actions to be considered in the Peace Negotiation agenda.

Romanian Public Health and Health Management Association

The RPHHMA has just started its Second Phase project. A new Executive Director has been hired in Romania. The RPHHMA has demonstrated leadership in the determination of health policies in the reform process. Its reputation is sound and it has become the "intellectual home" for many of the new generation of young public health workers in the country. At the time of preparing this report, the RPHHMA was in the process of identifying its project activities for the first year of the new project.

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.

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 significant 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 to 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 took place in October 1997 and was 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.

SOUTHERN AFRICAN AIDS TRAINING PROGRAMME, PHASE II

Term: 1996-2001

Partner: Canadian International Development Agency
The Canadian Public Health Association's Southern African AIDS Training (SAT) Programme, funded by the Canadian International Development Agency (CIDA) since 1991, is now in its second 5-year phase and working in the world's most heavily AIDS-affected region. This \$24 million dollar programme covers eleven countries (Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, the Republic of South Africa, Swaziland, Tanzania, Zambia and Zimbabwe), assisting over 100 community partners to reduce HIV transmission and impacts, and to challenge gender and human/child rights abuses which heighten vulnerability to infection.

The SAT Programme's regional field office in Zimbabwe, moved in November to a new downtown location at Madeleine Court, 3 Luck Street, Kopje, Harare, with more space for its complement of 20 staff and the incorporation of a regional resource centre. There are now

SAT offices staffed by a Country Liaison Officer in Malawi, Mozambique, Tanzania and Zambia.

The consulting firm, E.T. Jackson & Associates, engaged by CIDA to conduct an evaluation of its Basic Human Needs (BHN) sector programming, recently reviewed the SAT Programme with visits to a number of partner projects. The November 1997 draft evaluation report called SAT "the largest community-based response to the HIV/AIDS pandemic and internationally recognized as one of the best community-based projects in the world." The final report, assessing over 20 CIDA BHN sector projects around the world, is expected soon.

CIDA project officers, Jennifer Thomson and Sylvia Barrow from the Hull office, Stuart Lane from the Canadian High Commission in Zimbabwe, and Margaret Hilson from CPHA, visited the SAT Programme in November. Unfortunately, the Zambia portion of visits to SAT partners was interrupted by an attempted coup d'état in the capital, Lusaka. Another recent visitor to SAT partner projects was Dr. Gro Harlem Brundtland, World Health Organization Director General designate.

At CIDA's request, SAT Programme staff participated in the "AIDS in Africa Conference" held in Abidjan, Ivory Coast, last December, and jointly mounted a conference display booth in collaboration with other CIDA-funded AIDS projects in Africa. SAT Programme staff have had several meetings to discuss collaboration on training activities with another CIDA-funded AIDS programme in the region being implemented by the Universities of Manitoba, Canada, and Nairobi, Kenya.

The Zimbabwe National AIDS Control Programme has invited the SAT Programme to work with partner organizations to help strengthen HIV counselling delivery in the country. Counselling and capacity-building around vertical HIV transmission and family issues is particularly required. This will involve collaboration with clinical and NGO counsellors and with researchers, including the CIDA-funded Zvitambo study. Zvitambo is a major clinical trial involving 14,000 mothers, paired with their newborn infants, to study the efficacy of high-dose Vitamin A supplementation in preventing vertical transmission through breastfeeding. HIV seroprevalence among antenatal mothers in Zimbabwe is greater than 30% in most places, with some particularly hard-hit centres reaching levels well over 50%. Approximately one third of infants born to HIV positive mothers are infected and a further 10% contract HIV through breastfeeding. The need for counselling and for low-cost interventions to prevent vertical transmission is great.

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 1997:

COMMITTEES

- Advisory Committee for the Preparation of a Report of Human Health and the Canadian Environment
Mr. Fred Ruf
- Canadian Coalition for High Blood Pressure Prevention and Control
Dr. George Fodor
- Canadian Coalition on Medication Use and Seniors
Ms. Katbryn 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
- Drugs Programme Senior Advisory Committee on Management (DPSACM)
Dr. Linda Strand
- Environment Canada's Strategic Options Process — Issue 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
- National Advisory Committee on Immunization (NACI)
Dr. John Carsley
- 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
Mr. Robert Burr
- 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

WORKSHOPS/MEETINGS

- ITCH '98
Ms. Arlene Galloway-Ford
- Seminar on the Implications for Canadian Policy of the International Court of Justice Opinion on the Legality of the Use of or Threatened Use of Nuclear Weapons, March 6-7, 1997
Dr. Konia Trouton
- Planning Committee Meeting for Conference on Antibiotic Resistance, April 7, 1997
Ms. Katbryn Tregunna
- 1997 Ross Conference - Child and Youth Health Care in the 21st Century, April 10-13, 1997
Ms. Linda Smith
- Joint Food and Drugs/Medical Devices Directorates Project Consultation Workshop on Functional Foods/Neutraceuticals, April 30-May 2, 1997
Dr. Irene Strychar
- Case-Control Study of Bladder Cancer and Chlorination By-Products in Treated Water, May 1-2, 1997
Dr. Ernest Mastromatteo
- Acid Rain Workshop, May 23-24, 1997
Mr. Fred Ruf
- Partners in Action - A National Recreation Round Table Focusing on Intersectoral Collaboration, May 29-31, 1997
Ms. Peggy Edwards
- Consultation Meeting to Discuss Children, Adolescents and Heart Health: Focus on Their Future (comments only), June 6-8, 1997
Dr. Geoffrey Dunkley
- PAHO 1997 Training Program in International Health Meeting, June 9, 1997
Ms. Katbryn Tregunna
- Towards Our Vision for Change Workshop, June 17, 1997
Ms. Katbryn Tregunna
- Stakeholder Workshop for the Development of an Efficient Disinfectants Regulatory Programme, June 25-27, 1997
Corresponding only
- Workshop on the Development of an Efficient Regulatory Framework for Sanitizers and Hard Surface Disinfectants, June 25-27, 1997
Corresponding only
- Chlorofluorocarbon (CFC) Based Metered Dose Inhalers Workshop, July 7-8, 1997
Corresponding only
- Meeting to Review "Knowledge is the Best Medicine Health Education Program", July 25, 1997
Ms. Freda Paltiel
- Meeting on Infertility Prevention in Canada, August 15, 1997
Dr. Lynn McIntyre
- Centres of Excellence for Children's Well-Being Meeting, August 19, 1997
Mr. Robert Burr

- National Conference on Pharmacare, Nov. 5-6, 1997
Mr. Robert Burr
- The Air Children Breathe Meeting, Nov. 19-20, 1997
Mr. Fred Ruf
- Steering Committee Meeting of the National Strategy to Reduce Tobacco Use in Canada, Nov. 24-25, 1997
Mr. Robert Burr
- National Ambient Air Quality Objectives: Stakeholder Consultation Workshop, Dec. 1-2, 1997
Mr. Fred Ruf
- National Tuberculosis Consensus Conference, Dec. 3-5, 1997
Dr. Mark Vooght
- Therapeutic Products Programme Meeting, Dec. 9-10, 1997
Mr. Robert Burr
Mr. Gerald H. Dajoe
- Roundtable on Social Spending Cuts: Impact on Immigrants and Refugees, Dec. 12, 1997
Ms. Lavada Pinder

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.

CPHA STRATEGIC WORKING GROUP ACTION

In 1997 CPHA addressed the question of the Association's advocacy capacity relative to Board priorities, the external environment and internal capabilities. In May the Association released the Board of Directors Discussion Paper "Health Impacts of Social and Economic Conditions: Implications for Public Policy" to a multi-sectoral audience of national and provincial/territorial government leaders, the public health community and national health and social service organizations. Accompanying the paper for CPHA members was a healthy public policy election primer outlining key issues and

questions for political candidates on economic security, support for children and families, and health system restructuring. Prior to the release, the CPHA Healthy Public Policy Strategic Working Group initiated an advocacy capacity-building process that during the year included a consultative meeting with representatives of key national NGOs with extensive experience in social and economic policy analysis and advocacy; two workshops at the 1997 CPHA Annual Conference; and development of a CPHA strategic advocacy action plan.

The CPHA Ad Hoc Committee on Advocacy met on the occasion of the CPHA Annual Conference and submitted a report calling for the strengthening of CPHA advocacy capability through formation of a dedicated unit. With respect to health services restructuring, the CPHA Health Reform Strategic Working Group presented a report at the October 1997 Board of Directors meeting laying out a blueprint for a National Report Card on Health. In March 1998, the Board of Directors plan to further advance the advocacy agenda with a session to evaluate CPHA advocacy capabilities, marshal resources and establish directions in the light of Association priorities and with a focus on the Association's highest priority, child health in the context of social and economic conditions and policies.

FEDERAL LOBBYING ACTIVITIES

CPHA participated in the Health Action Lobby (HEAL) government relations/lobbying program highlighting the importance of health issues on the government agenda.

The HEAL lobbying position this year called for:

- strengthening of the federal role in health and health care;
- stable and adequate cash transfers to the provinces for health and health care;
- a public debate, to include the public, NGOs, health care organizations and governments on the appropriate mix of public and private financing; and
- clarification of the continuum of care to include the full range of medically necessary services and health promotion and disease prevention activities under the umbrella of the Canada Health Act.

In addition to ongoing departmental consultations, HEAL met this year with Ministers of Health David Dingwall and Allan Rock; Minister of Finance Paul Martin; and Deputy Minister of Finance Scott Clarke. Leading up to the 1998 budget, HEAL presented to the House of Commons Standing Committee on Finance.

Renewal of National AIDS Strategy - Phase III

CPHA was one of the National Stakeholders in HIV / AIDS which carried out successful, strong, persistent advocacy for the renewal of the National Strategy during 1997. The Liberal Party of Canada made an election promise during the Spring federal election and when re-elected followed through with a broad-based consultative process which culminated in an announcement by Hon. Allan Rock on December 1, 1997 that the Strategy was renewed for five years at \$42.2 million per year. Stakeholders worked closely with Government to establish priorities and an allocation process. Because

of the extensive consultations, Health Canada has had to make arrangements to provide bridge funding for the first three months of the 1998-1999 fiscal year as all arrangements and funding decisions would not be completed in time for April 1, 1998.

Canadian Institute for Health Information

CPHA participated in a review of the Canadian Institute for Health Information, undertaken by Price Waterhouse, focusing on the mandate, Board and funding.

National Population Health Institute

Following release of the final report of the National Forum on Health, CPHA wrote Prime Minister Jean Chrétien and Health Minister David Dingwall, welcoming the recommendation for a Population Health Institute and offering Association support and input.

Multilateral Agreement on Investment

CPHA undertook a special initiative on the proposed Multilateral Agreement on Investment (MAI). The Association developed a summary of public health concerns over potential adverse impacts of the MAI on the health and well-being of Canadians as well as the process to date and forwarded this position to Prime Minister Chrétien, other cabinet ministers, parliamentary committees, opposition parties and a network of social and health organizations active on the MAI issue.

PUBLIC POLICY AND LEGISLATION COMMITTEE

The following Resolutions and Motions were approved by the membership at the Canadian Public Health Association (CPHA) Annual General Meeting (AGM) held in Halifax in July 1997.

Resolutions

1. Position Paper on Homelessness and Health (carried)
2. Homelessness and Health (carried as amended at the AGM)
3. Development of an FAS/FAE Action Plan (carried)
4. Warning Labels Related to Fetal Alcohol Syndrome (referred to the Board of Directors)
5. Aboriginal Membership Drive and Conference (carried as amended at the AGM)
6. Financial Support for CPHA AIDS Program (carried)
7. Criteria for Home Collection HIV Test Kits (carried)
8. HIV Reportability (carried)
9. HIV Infected Persons Unwilling or Unable to Change Behaviour (carried)
10. Female-Controlled HIV Prevention (carried)
11. Epidemiology of HIV Among Women (carried)
12. Aboriginal Peoples and HIV Epidemic (carried as amended at the AGM)
13. Home Collection HIV Tests and Reportability (carried)
14. HIV/AIDS and Injection Drug Use (carried)
15. Safe Housing, Water, Sanitation (carried)
16. Promoting Health in an Era of Global Free Trade (carried as amended)

Motions

1. Canadian Ski Area Safety (carried as amended)
 2. Public Health Workers' Statement on Climate Change (carried)
- For more details regarding these Resolutions and Motions and follow-up action on all 1997 Resolutions and Motions, please refer to the 1997 Public Policy and Legislation Committee report which will be available at the 1998 Annual General Meeting to be held in Montréal, Québec in June 1998.

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 1997 with the support and involvement of CPHA members.

Reviews Completed in 1997

1. Health Canada, Drugs Directorate, Comparative Claims Related to Therapeutic Aspects of Drugs. January 1997.
2. National Crime Prevention Council Secretariat, Preventing Crime by Investing in Families: Promoting Positive Outcomes in Teens Twelve to Eighteen. February 1997.
3. Canadian Intramural Recreation Association, Health in Perspective Program: a smoking prevention and cessation program for adolescent females. March 1997.
4. Laboratory Centre for Disease Control, Bureau of Cardio-Respiratory Diseases and Diabetes, Recommendations for Non-Pharmacologic Prevention and Control of Hypertension. March 1997.
5. Health Canada, Division of Nosocomial and Occupational Infections, Infection Control Guidelines for Preventing the Spread of Vancomycin-Resistant Enterococci in Canada. March 1997.
6. Environment Canada, draft update of Canada's National Action Plan for the Environmental Control of Ozone Depleting Substances and their Halocarbon Alternatives. April 1997.
7. Environment Canada, draft scientific justification for Short Chain Chlorinated Paraffins. May 1997.
8. Canadian Council of Ministers of the Environment, Draft Policy for the Management of Toxic Substances. June 1997.
9. Health Canada, Product Safety Bureau, Strategy for Reducing Lead in Children's and Other Consumer Products. August 1997.
10. Health Canada, Environmental Health Directorate, Aluminum in Drinking Water: Document for Public Comment. Prepared by the Federal-Provincial Subcommittee on Drinking Water. Published in *CPHA Health Digest* for membership review.

Surveys Completed in 1997

1. Storgaard & Associates, Stakeholder's Survey of Canada's Guide to Healthy Physical Activity. July 1997.
2. Price Waterhouse, External Review of the Canadian Institute for Health Information. May 1997.

SUMMARY

The Association continues to be stable and extremely active in developing new programs, activities and policy issues while exercising a solid cost containment program for its operations. The *Journal* remained stable realizing a profit for 1997 and making a contribution to the Association's activities. The Health Resources Centre continued to grow in 1997 and has realized its best surplus in the past 10 years. Membership revenue is down slightly from the projected budget and efforts continue to be undertaken to increase membership. A slight decrease in membership is occurring in the conjoint membership category while there is an increase in direct CPHA membership. With regards to the two main contributing factors to the Association's financial picture, investment income is close to the target for 1997 as presented to the Executive Board in October 1997 while the contribution to overhead is down considerably from the 1997 budget. This is due to the delay in signing contracts for projects/programs into 1998. While costs for National Office were contained and some actually reduced from the planned 1997 budget, the decrease in expected contribution to overhead will result in a small deficit for 1997.

Two key programs the Association is focusing on are the renewal of block funding for the Strengthening of Public Health Associations (SOPHA) which is entering its fourth phase, and for the CPHA National AIDS Program and National AIDS Clearinghouse Project which are entering their third phase. The submission to CIDA has been made for SOPHA and the submission to Health Canada will be made for the AIDS Programs in March 1998.

Like all NGOs, CPHA is experiencing constraints to its operation due to reduced funding.

The financial climate for non-governmental organizations is also changing in other ways. For example, the Ontario provincial government has downloaded the responsibility for collecting business tax to the municipalities resulting in the full business tax being collected from charitable organizations as of January 1st, 1998. Heritage Canada has advised the Association that they are cancelling special permits that were allowed for non-profit associations like CPHA to mail their *Journal*. While we are in the process of negotiating a delay in this special permit cancellation, in the long run it will likely result in increased costs to mail the *CJPH*.

To address the changed financial environment, the Association continues in 1998 to follow a rigid spending constraint program while also negotiating new funding for programs and activities with government and the private sector. We are encouraged to report that of the 17 new initiatives presented to the Board of Directors in the Fall of 1997, 16 of these initiatives have been or will be signed by the end of March 1998. Our efforts will continue to ensure an increase in projects which result in contribution to overhead to assist with the day-to-day operation of the Association. If CPHA continues to reduce and control expenditures and the action noted above is taken, the Association will be in a position to handle its present financial constraint period and stabilize its financial position.

APPENDIX

CPHA FINANCIAL OVERVIEW AND 1997 SUPPLEMENTARY FINANCIAL INFORMATION TO THE AUDITED STATEMENT

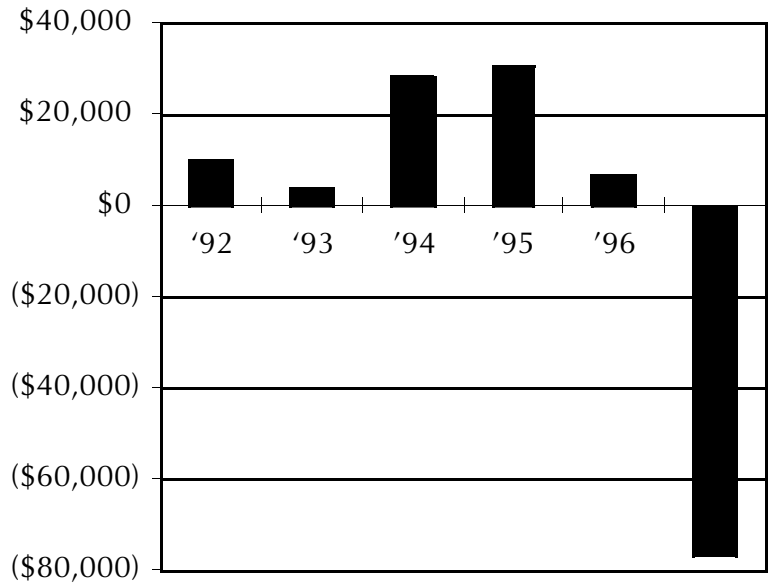
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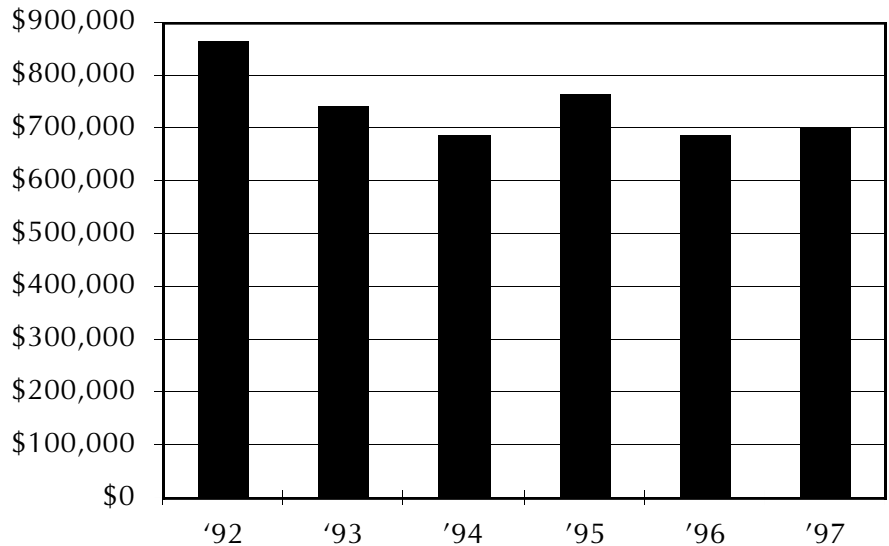
CPHA FINANCIAL REVIEW PROCESS

- Four times a year, the CPHA Executive Board is presented with detailed Financial Statements (unaudited). These presentations are made by the Association's Honourary Treasurer, Mr. Gordon Wells, who is a volunteer and appointed by the CPHA Board of Directors. This presentation includes:
 - The balance sheet and departmental income statements for three departments (CPHA National Office, World Health Organization/Health Resources Centre and the Canadian Journal of Public Health) and a schedule of expenses for the National Office which includes Boards, Committees and Divisional expenses. These departmental statements provide the Executive Board with revenues and expenses on a line-by-line basis for all operational activities of each department. The presentation is on an item basis presented in a format of actual, revenues and expenses to budget and the variances.
 - Included with this presentation are statements that provide information on projects and conferences detailing the length of the project, the period of overhead contribution and the contribution to date.
 - In the Fall of each year, the Association's Budget is presented to the Executive Board for their review and approval for the following year.
 - In October or November of each year, the Honourary Treasurer presents to the Board of Directors the detailed Financial Statements, the Statement of Project and Conference Summary and the Budget.
 - Annually, the Association's books are audited by an external licensed auditing firm that is appointed each year at the time of the Annual General Meeting by the membership. The CPHA Audited Financial Statements are presented to the members attending the AGM for their approval.
 - On a monthly basis, all Financial Statements relating to the Association's operation and activities are reviewed by CPHA's Honourary Treasurer, Controller, Chief Executive Officer and Assistant Executive Director, Management.
- Projects that CPHA is managing through contractual arrangements with funding agencies such as government departments are audited at their discretion by either departmental auditors or the Auditing Bureau of the Federal Government.

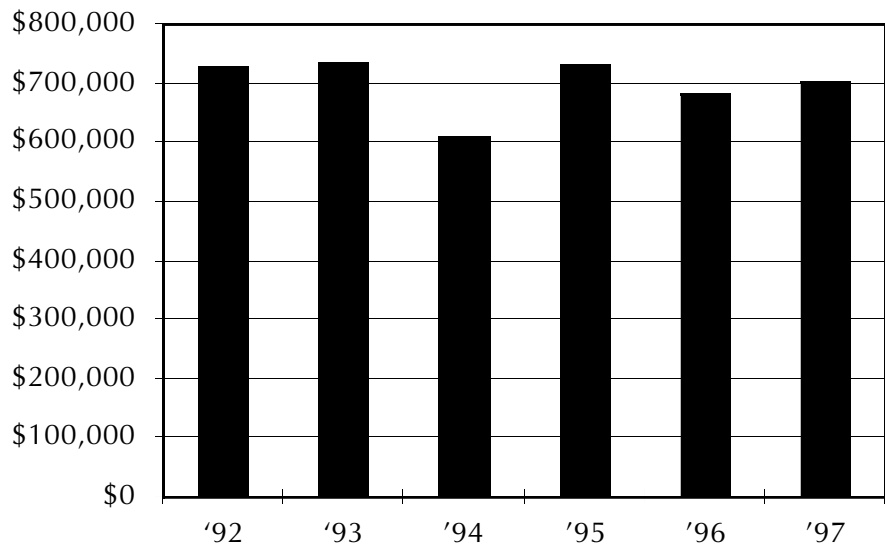
CPHA NET INCOME 1992-97



CPHA REVENUE: 1992-97 (Exclusive of Projects & Conferences)



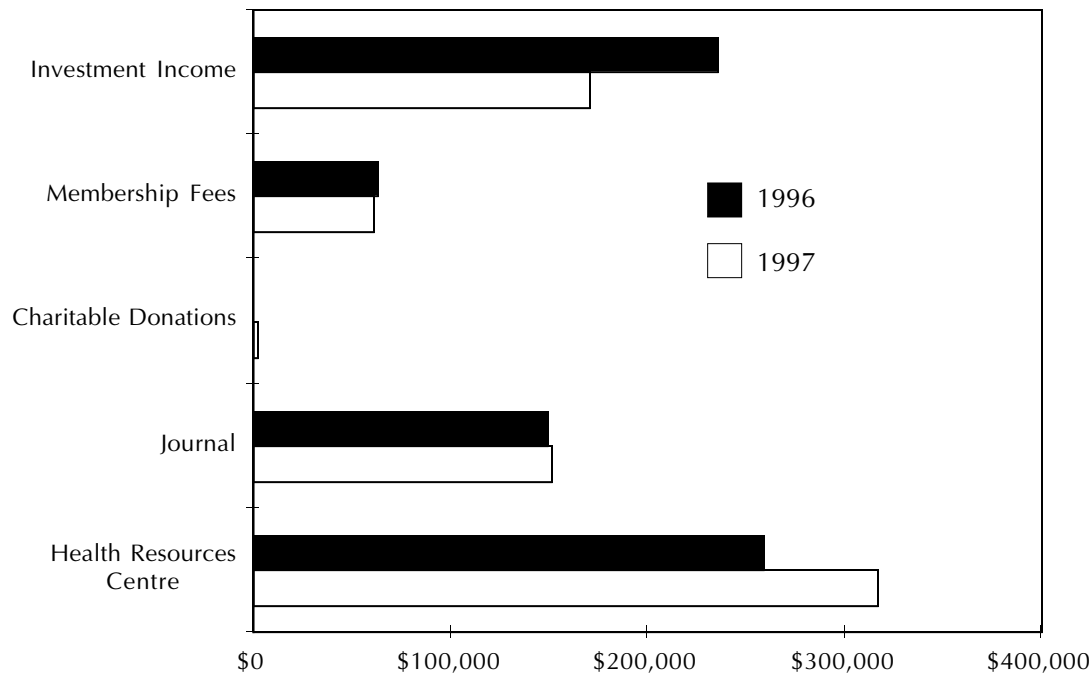
CPHA EXPENSES: 1992-97 (Exclusive of Projects)



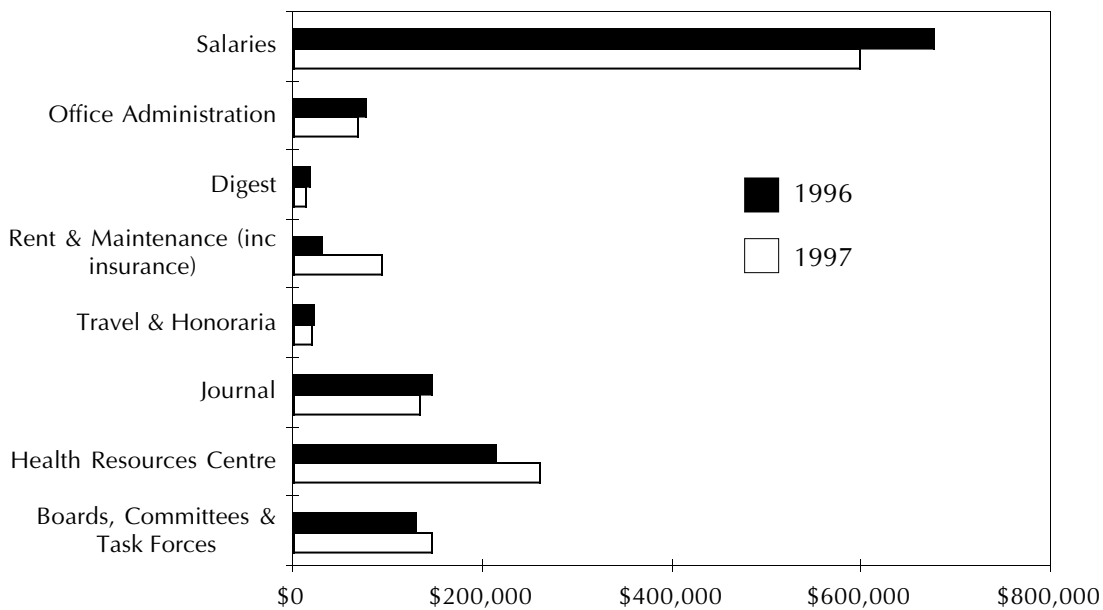
CPHA ACTUAL 1997 REVENUES

(Exclusive of Projects)

Total Revenues = \$701,571



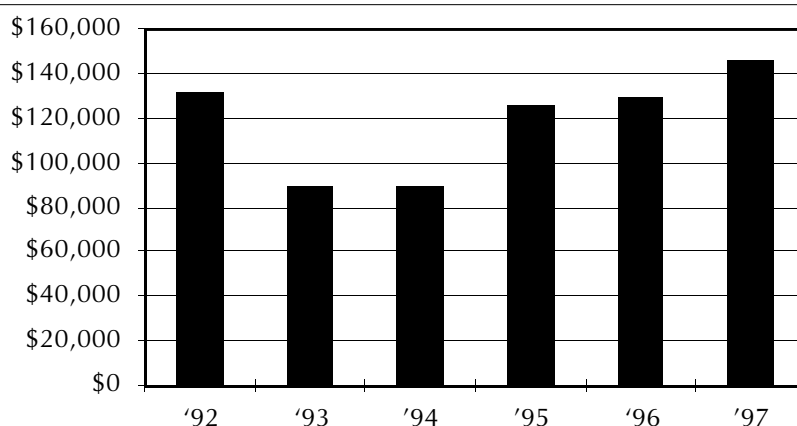
CPHA ACTUAL 1997 EXPENSES (Exclusive of Projects)



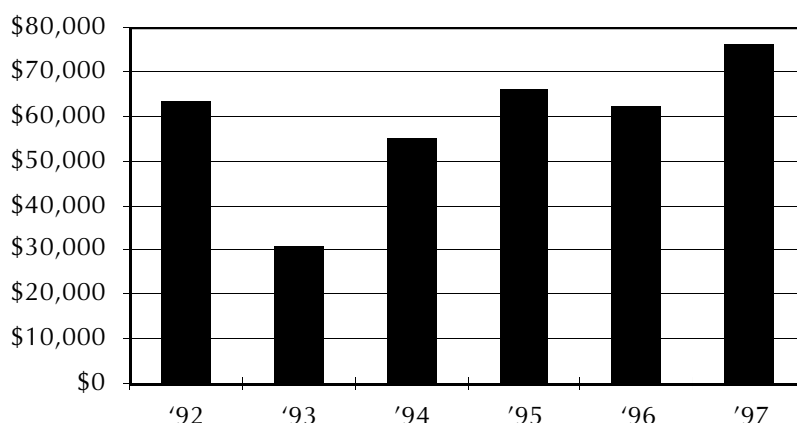
Total Expenses \$1,324,023
 — **Less Contribution to Overhead** \$545,767
 = **Expenses After Contribution** \$778,256

Note: Figures presented indicate the 1997 statistics.

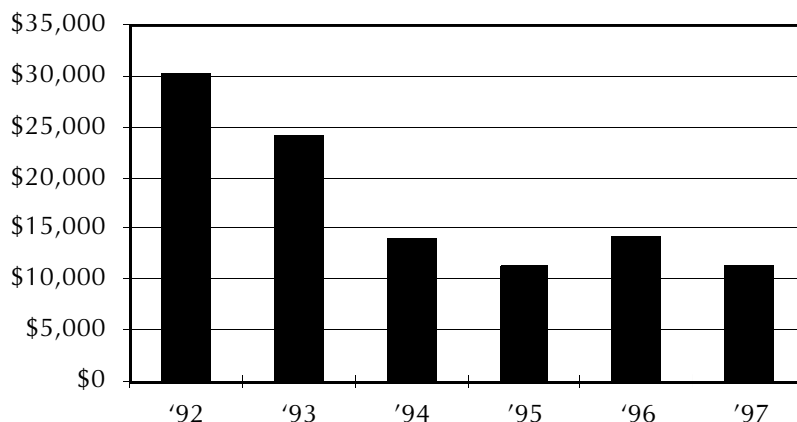
**TOTAL BOARDS &
COMMITTEES
EXPENSES:
1992-1997**



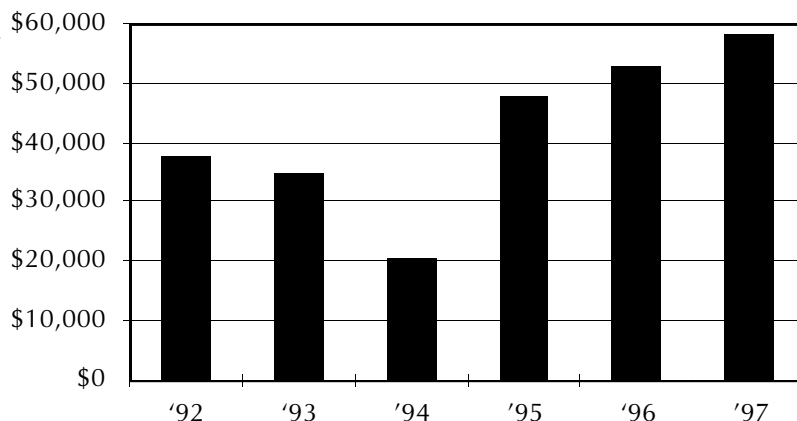
**BOARD OF
DIRECTORS'
EXPENSES
1992-1997**



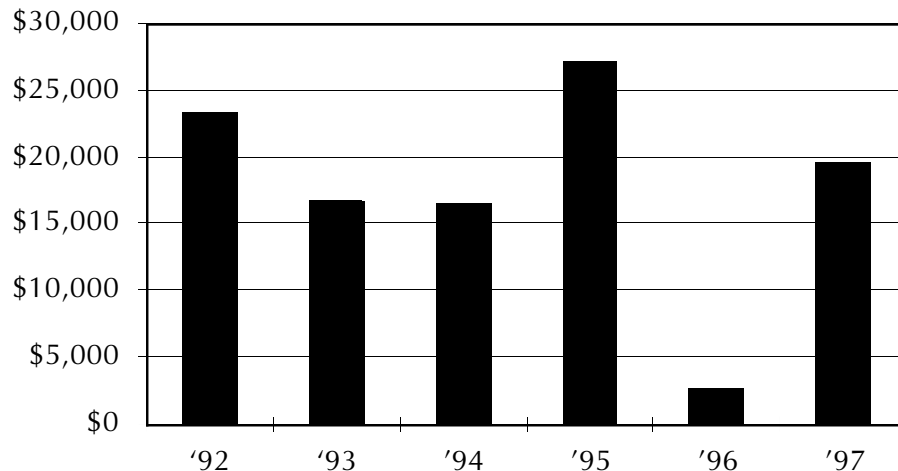
**EXECUTIVE BOARD
EXPENSES:
1992-1997**



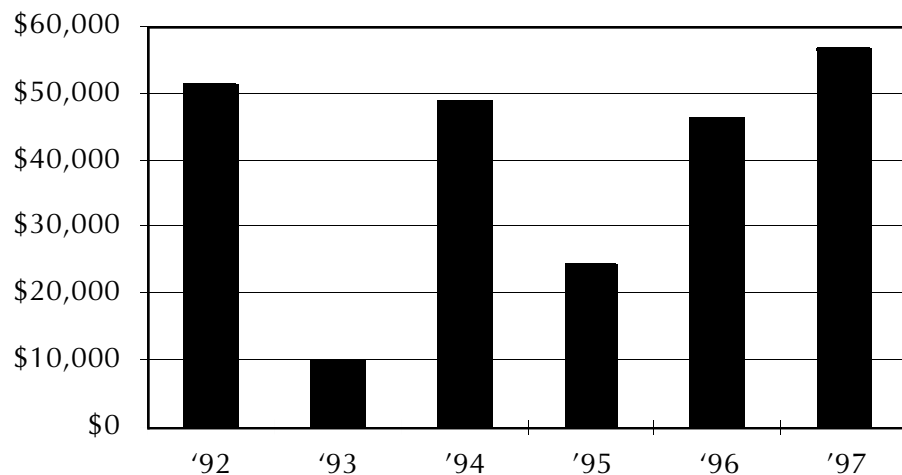
**COMMITTEES, TASK
FORCE & BOARD
DEVELOPMENT
PROJECTS
EXPENSES:
1992-1997**



**CANADIAN
JOURNAL OF
PUBLIC HEALTH
NET INCOME:
1992-1997**



**HEALTH
RESOURCES
CENTRE
NET INCOME:
1992-1997**



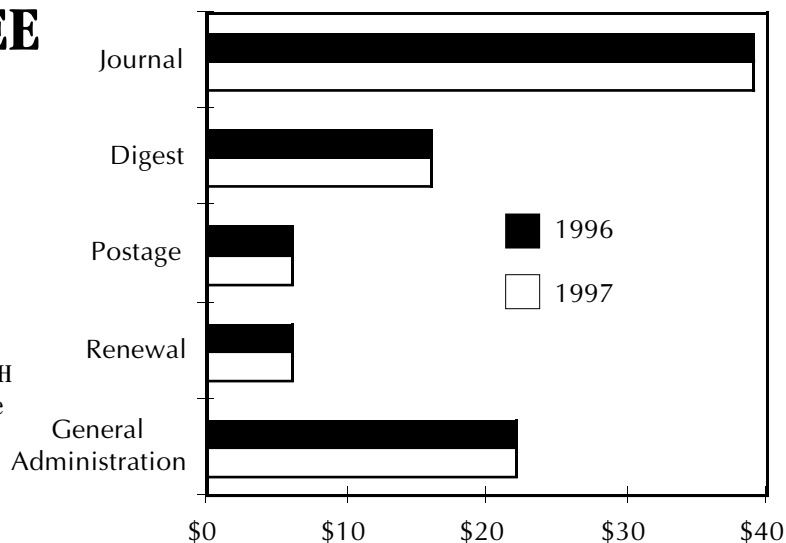
1997 MEMBERSHIP FEE

1996 Total National Fee: \$89

1997 Total National Fee: \$89

1998 Total National Fee: \$98

CPHA's Board of Directors sets the national portion of the direct membership fee annually. The different conjoint fees noted on the membership forms for CPHA's Provincial/Territorial Branch/Associations, as well as for CSIH and CATCH, are independently established by their respective boards. Monthly, CPHA returns to the Provincial/Territorial Branch Associations their portion of their membership fees. This diagram indicates the portion which CPHA retains and identifies how the membership fee is allocated.



Note: Figures and percentages presented indicate the 1997 statistics.