

---

# **1998 CANADIAN PUBLIC HEALTH ASSOCIATION'S CEO'S REPORT**



---

**AS PRESENTED TO THE  
CANADIAN PUBLIC HEALTH ASSOCIATION  
BOARD OF DIRECTORS  
5 MARCH 1999**

**GERALD H. DAFOE  
CHIEF EXECUTIVE OFFICER**



---

# TABLE OF CONTENTS

<b>Introduction</b> . . . . .	<b>1</b>	<b>International Programs</b> . . . . .	<b>7</b>
History . . . . .	1	Canadian International Immunization Initiative . . . . .	7
Mission Statement . . . . .	1	Caribbean HIV/AIDS Project (CHAP) . . . . .	8
Goals . . . . .	1	Family Health Project . . . . .	8
Governance . . . . .	1	The Gift of Life . . . . .	9
Membership . . . . .	1	Health Promotion in Action . . . . .	10
Provincial/Territorial Branches/Associations . . . . .	1	Palestinian Public Health Association Project . . . . .	10
Areas of Interest . . . . .	2	Romanian Public Health and Health Management Association Project . . . . .	10
Organizational Chart . . . . .	2	Russian Public Health Association Project . . . . .	11
<b>CPHA National Office</b> . . . . .	<b>2</b>	Southern African AIDS Training Programme (SAT) . . . . .	11
Canada Health Day . . . . .	2	Strengthening of Public Health Associations (SOPHA) . . . . .	12
Canadian Journal of Public Health . . . . .	2	Romanian Adolescent Health, HIV/AIDS Prevention and Social Services Project . . . . .	12
Health Resources Centre . . . . .	3	<b>Advocacy and Liaison</b> . . . . .	<b>12</b>
Membership and Circulation . . . . .	3	Representation . . . . .	12
Conferences, Workshops and Symposia . . . . .	4	CPHA Strategic Ad Hoc Board Committees . . . . .	13
<b>National Programs</b> . . . . .	<b>5</b>	Federal Lobbying Activities . . . . .	13
Aboriginal Youth Choosing Health Careers . . . . .	5	<b>Briefs and Submissions</b> . . . . .	<b>14</b>
Canadian HIV/AIDS Clearinghouse . . . . .	5	Document Review . . . . .	14
Canadian HIV Resource Centre Network (CANNET) . . . . .	5	Committees . . . . .	14
Canadian Immunization Awareness Program . . . . .	6	Workshops/Meetings . . . . .	15
Mental Health Promotion Project . . . . .	6	Public Policy and Legislation Committee . . . . .	16
National Literacy and Health Program . . . . .	6	<b>Summary</b> . . . . .	<b>16</b>
Plain Language Service . . . . .	7		
Workplace Health . . . . .	7		

---

# 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 and a PTBA representative 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 and Labrador 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 22 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 1998 operating budget for National Office costs was \$1,318,540. The total budget including National Office, national and international projects was \$10,375,190. The total staff, including projects and National Office, is 54, excluding 15 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 1998

#### Your Future Your Health — Votre avenir, c'est votre santé

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 1998, 313 health units and health facilities participated in the celebrations. CPHA sold and distributed over 1,900 posters, 6,000 buttons, 7,000 biodegradable balloons, 275 T-shirts, 3,000 cafeteria trayliners and 93 baseball caps.

The theme for Canada Health Day 1999 will be, "Make where you are a healthy place to be! — Où que vous soyez, pensez santé!" In addition to the same range of promotional materials, we are developing three backgrounders that will support our theme, one each on the natural environment, workplace safety and safety at home.

---

### CANADIAN JOURNAL OF PUBLIC HEALTH

The Search Committee consisting of Joan Feather, Chair of the *CJPH* Editorial Board, John Hastings, CPHA President, and Gerry Dafoe, *CJPH* Managing Editor, reviewed the curricula vitae of individuals interested in the position of Honorary Scientific Editor and recommended to the Board of Directors that Mr. Doug Angus be appointed as Honorary Scientific Editor for a three (3) year term of office. The BOD accepted this recommendation and Doug Angus joined the Editorial Board in the position of Scientific Editor in May 1998.

In 1998, there were 6 regular issues of the *Journal* and one supplement entitled "Selected Papers from What on Earth? A National Symposium on Environmental Contaminants and the Implications for Child Health." There were 161 manuscripts received from authors in 1998 and 103 articles published.

Advertising companies were cutting back on their budgets this year and consequently, some of our four-colour advertising was cancelled

in the latter half of the year. We are working with our advertising agency representative to approach advertisers to advertise in given issues in which the theme is relevant to their areas of interest. We will continue to do this in 1999 with, for example, the March/April 1999 issue of the *CJPH* which is around the topic of youth smoking; we will contact companies in the business of smoking cessation products and encourage them to insert in this issue, and perhaps in this way, build ongoing advertising relationships with these companies.

### HEALTH RESOURCES CENTRE

1998 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 20 titles to its catalogue of resources available for sale. Some of these titles include:

- How Not to Smoke: A help book for women who want to quit smoking
- Asking to Listen: Resources for perinatal care providers
- Where Women Have no Doctor: A health guide for women
- Public Health Infrastructure in Canada: Summary document
- Papers Commissioned by the National Forum on Health: Five Volume SEt
- Sex May be Wasted on the Young
- Alzheimer Disease and Aggression
- Do I Need to See the Doctor?

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.

Aggressive marketing campaigns focussed at health professionals as well as the general public, coupled with the development and acquisition of exciting new publications has meant for an busy year for HRC staff and promises for increased activity in 1999.

### 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* 1994 - 1998					
Province	1994	1995	1996	1997	1998
NPHA	47	33	28	33	34
NB/PEI	54	69	59	59	48
PHANS	48	43	42	51	43
ASPQ	111	99	98	92	90
OPHA	374	315	280	286	249
MPHA	59	51	44	39	41
SPHA	100	81	79	71	60
APHA	236	195	184	200	171
PHABC	137	128	135	127	116
NWT	31	32	23	25	26
CPHA (Direct) †	526	575	673	663	634
TOTAL	1723	1621	1645	1646	1512

CSIH	325	310	278	290	258
CATCH	107	91	76	75	66

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

† Includes International Members

New Members* 1994 - 1998					
Province	1994	1995	1996	1997	1998
NPHA	3	6	3	4	4
NB/PEI	8	10	3	5	6
PHANS	3	8	3	11	10
ASPQ	9	8	6	8	17
OPHA	35	24	28	27	27
MPHA	5	6	6	5	8
SPHA	10	5	13	6	7
APHA	31	11	17	18	17
PHABC	6	13	20	10	9
NWT	2	4	4	3	5
CPHA (Direct) †	118	122	133	117	84
TOTAL	230	217	236	214	194

CSIH	44	57	28	37	37
CATCH	11	8	8	8	12

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

† Includes International Members

Non-Renewing Members* 1994 - 1998					
Province	1994	1995	1996	1997	1998
NPHA	8	9	8	3	3
NB/PEI	9	6	19	13	15
PHANS	12	5	9	8	18
ASPQ	12	17	21	15	19
OPHA	47	72	55	48	7
MPHA	6	5	16	7	6
SPHA	18	17	16	16	18
APHA	43	50	28	26	46
PHABC	17	20	16	28	20
NWT	4	10	5	1	6
CPHA (Direct) †	70	118	139	159	113
Total	176	329	332	325	271

CSIH	46	59	57	44	69
CATCH	14	15	19	11	21

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

† 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. In 1998, the display was used by the Newfoundland & Labrador Public Health Association, the Ontario Public Health Association and the Saskatchewan Public Health 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 through 1998. A number of these program activities are listed below.

- **Communicable Disease Control in Correctional Facilities**

March 1 - 3, 1998 at the Government Conference Centre

*In collaboration with Correctional Service Canada*

Dr. Roy West chaired an expert Committee as part of the planning process for this invitational conference. This conference brought together front-line Health Services staff, regional infectious diseases coordinators and administrators and national headquarters representatives of Correctional Service Canada with experts in the areas of HIV/AIDS, hepatitis and tuberculosis. Among the conference speakers were Mr. Walter Pitman, Drs Bill and Jocelyn Rowe and Dr. Carolyn Pepler, Dr. Norbert Gilmore, Dr. Ian Gemmill, Dr. Cate Hankins, Dr. Richard Mathias, Dr. Donald Kilby, Dr. Fred Rotgers, Dr. Howard Njoo and Dr. Gary Garber; Mr. Ole Ingstrup, the Commissioner for Correctional Services spoke at the opening dinner, and Dr. Robert Climie wrapped up the conference. Mr. Ron de Burger chaired the conference. Dr. Elizabeth Roberts prepared case studies for small group work. A report has been published which offers a summary of the clinical presentations made by these guest speakers and highlights the main discussions of small group sessions; these sessions asked participants to place the clinical information within the context of their daily working lives. The report includes a set of comprehensive recommendations drawn from the conference discussions and is available at the CPHA office.

- **CPHA 89th Annual Conference**

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

June 7 - 10, 1998 in Montréal at the Queen Elizabeth Hotel

*Co-sponsored by the Association pour la santé publique du Québec*

The Conference was a dynamic forum, which fostered dialogue and discussion of developments in public health and the issues arising not only out of the health system reorganization, but also out of the developments occurring in the political, economic and social context of health. Four hundred and seventy-one registred delegates attended the annual conference in Montreal. Seven plenary sessions and 11 sub-plenaries were held. Fifteen workshops, 55 posters and 125 paper sessions were given. An innovative part of the conference was the Demonstration sessions: 7 videos or CD ROMS were highlighted.

Twenty exhibitors attended. Every year at its Annual Conference CPHA recognizes individuals and organizations for outstanding contribution in the field of public health and this year's recipients were Fernand Turcotte, R.D. Defries Award and Honorary Life Membership; Don P. McGuire, Honorary Life Membership; Réseau québécois de Villes et Villages en santé, Ron Draper Health Promotion Award; Réal Lacombe, Janssen-Ortho Inc. Award; and, Christine Colin, Certificate of Merit. The conference was an excellent opportunity for delegates from across the country and around the world to exchange ideas, highlight their experiences, learn new tools and processes, and refine common visions toward public health.

- **Adolescent & Adult Pertussis Workshop**

September 23, 1998 in Toronto

CPHA co-sponsored with Pasteur Mérieux Connaught to bring together experts from across the country for a one-day workshop on Pertussis. The main focus was on Acellular pertussis combination vaccines which are now routinely used in Canadian childhood immunization programs. Further advances in pertussis disease control such as a Td absorbed vaccine combined with acellular pertussis are expected soon. While these have the potential to significantly add to the armamentarium against pertussis, their cost-effectiveness will depend on what strategies are used and on the public health implications.

#### Agenda

- Welcome and Introduction, *Roy West, Pierre Lavigne*
- Epidemiology
  - Pertussis Update in Canada, *Theresa Tam*
  - Preliminary Results from SHUSS Study, *Linda Senzilet*
- Epidemiology of Adult & Adolescent, Pertussis in the US and Update on Adult Pertussis Vaccine Trials, *Michael Decker*
- Pertussis Vaccine Efficacy Update, *Patrick Olin*
- Canadian Adult Pertussis Trials, *Scott Halperin*
- Strategies for Control of Pertussis, *Gaston DeSerres*
- Morning Session Wrap-up, *Ron Gold*
- Discussion: Public Health Policy Issues, *Richard Schabas*
  - Adolescents
  - Parents
  - Healthy Adults
  - High Risk Groups
- Afternoon Session Wrap-up, *Richard Schabas*
- Closing Remarks, *Roy West*

---

# NATIONAL PROGRAMS

---

## ABORIGINAL YOUTH CHOOSING HEALTH CAREERS/GIVING YOUTH TOOLS

Term: March 1, 1998 - February 29, 2000

Partner: Human Resources Development Canada

The goal of this Aboriginal Youth Project is to produce multi-media products designed to encourage Aboriginal Youth to explore careers in the health field. All the national Aboriginal organizations agreed to continue their participation and they are as follows: Assembly of First Nations; Congress of Aboriginal Peoples; Inuit Tapirisat of Canada; Métis National Council; National Association of Friendship Centres; and Native Women's Association of Canada.

The Aboriginal Youth Committee has met twice, once in September and once in December, and project activities are well underway. The Committee has hired a video production company to develop the health careers promotion video for Aboriginal youth and the work on this video has begun. The Committee is extensively involved and they look forward to a video that is not only informative but motivational as well. The video will be completed and presented at the National Conference in June 1999. In addition, the Committee is in the process of hiring a contractor to develop a website which will also be available at the Conference in June.

---

## CANADIAN HIV/AIDS CLEARINGHOUSE

Term: June 30, 1998 to March 30, 2001

Partner: Health Canada

The mandate of the Canadian HIV/AIDS Clearinghouse is to provide information on HIV prevention care and support and to provide leadership in HIV prevention policy and program development within the public health community in Canada. The Clearinghouse's target audiences are the public health community, AIDS services organizations, schools, and other health resource centres.

The Clearinghouse distributes more than 500 titles on HIV/AIDS issues and offers reference and interlibrary loan services from its 16,000 item collection of HIV prevention documents.

1998 was a year of substantial change for the Clearinghouse. The funding agreement with Health Canada was renewed for the next three years. The sunset of the CPHA AIDS Program led to the integration of a policy and program development component at the Clearinghouse which is reflected in the Clearinghouse's new mandate.

### Highlights from 1998 include:

- Participation at the 12th World AIDS Conference in Geneva where the Clearinghouse organized and staffed the Canada booth. The former AIDS Program was instrumental in the planning of the Conference Official Symposium on HIV Prevention.
- Development of a workshop on partner notification at CPHA's conference in Montreal, along with the development of a training resource package.
- Facilitation and development of a workshop on how to search and

evaluate HIV prevention information on internet at the Canadian HIV/AIDS Skills Building Symposium in Toronto.

- Involvement in World AIDS Day. Letters were sent to all Canadian municipalities asking them to issue a proclamation for World AIDS Day. 108 municipalities responded positively to the request. The Clearinghouse set up an information table on December 1 on Parliament Hill to raise MPs' awareness of HIV/AIDS issues.
- Development of ten Frequently Asked Questions on HIV prevention for the Canadian Health Network. These FAQs will be posted on the Network's website.
- Translation of the very popular brochure Basic Facts about AIDS in four aboriginal languages. As well, Important news for pregnant women, a brochure which addresses the issue of HIV vertical transmission, is now available in Chinese, Somali, Inuktitut, Spanish and Cree.
- Development of a series of bibliographies on HIV prevention and women, injection drug use, Aboriginal people and youth.
- New version of the Clearinghouse's catalogue of publications for distribution, video catalogue and directory of Canadian HIV newsletters.
- Completion of Safe Space: HIV Prevention for Gay, Lesbian and Bisexual Youth, a project to develop a regionally sensitive best-practice model for reaching out to gay, lesbian and bisexual youth.
- Health Canada renewed the funding for the third phase of the Canadian HIV Resource Centre Network (CANNET) projects. 86 HIV resource centres across Canada are now members of the Network. In 1998, the Network completed a series of five workshops across Canada on how to manage an HIV resource centre. More workshops are planned for 1999-2000 as well as the implementation of a listserv for members.

The Clearinghouse will be celebrating its 10th anniversary in 1999. Challenges in the coming year include the migration to a new computer system, which will allow access from internet to the Clearinghouse database of 16,000 documents on HIV prevention; the redesign of the website; a customers satisfaction survey; and the launching of a 1-800 number.

---

## CANADIAN HIV RESOURCE CENTRE NETWORK (CANNET): PHASE III: STRENGTHENING AND SUPPORTING HIV RESOURCE CENTRES AND ORGANISATIONS

Term: December 1998 - December 2000

Partner: HIV/AIDS Prevention and Community Action Programs, Health Canada

The mission of CANNET is to facilitate information sharing and exchange among Canadian HIV resource centres. The activities that will be undertaken in Phase III are to organise a series of skills building workshops on how to manage an HIV resource centre and to update the manual on resource centre management.

---

## CANADIAN IMMUNIZATION AWARENESS PROGRAM

Term: November 1997- December 1998

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, Conférence des Régions régionales de la santé et des services sociaux du Québec, Health Canada

The Canadian Immunization Awareness Program (CIAP) launched the first-ever National Immunization Week (NIW) in October 1998 to raise public awareness on the need for on-time childhood immunization. Ms. Elinor Caplan, M.P., Parliamentary Secretary to the Minister of Health, spoke at the news conference and a cross-Canada media tour was organized with Dr. Ron Gold and Dr. Gilles Delage as the official spokespeople for CIAP.

Television, radio and print PSAs featuring popular children's entertainers, Sharon, Lois and Bram in the English version and Bibi in the French version, were developed and distributed to 575 radio stations, 90 television stations, 32 daily and 146 community newspapers. Over 10,000 bilingual action kits containing a cover letter introducing the CIAP and NIW, posters, the newly published CIAP information brochure, pamphlets on immunization produced by the Canadian Paediatric Society for the CIAP, and a Communities Activities List were sent to day cares, public health units, CLSCs and various communities. These resources have proven to be quite popular with requests being received on a daily basis.

The CIAP website was initiated in September 1998 and features a children's colouring book which can be downloaded.

A CIAP logo was designed and is now displayed on all promotional materials produced by the CIAP.

The CIAP participated in Health Canada's Laboratory Centre for Disease Control's National Immunization Conference in Calgary in December 1998. The program's booth was displayed at this conference as well as at the Canadian Paediatric Society's Conference in Hamilton in June 1998. It is anticipated that the booth will be displayed at many of the partners' annual conferences in 1999.

In addition to the partners noted above, the program has five sponsors: Pasteur Mérieux Connaught, Merck Frosst, SmithKline Beecham, Biochem Vaccine and Berna Products. Sponsorship criteria have been developed which will be reviewed annually and a strategy for approaching additional companies for support in 1999 will be prepared and implemented.

The Canadian Nursing Coalition for Immunization joined the CIAP in 1998 as an associate member.

The Canadian Immunization Awareness Week will be held October 24th to October 30th and will be the main project focus for the CIAP for 1999.

---

## MENTAL HEALTH PROMOTION PROJECT

Term: Phase I: January 1 - March 31, 1998; Phase II: June 30 - September 30, 1998

Partner: Health Canada, Mental Health Promotion Unit  
During 1998, the Canadian Public Health Association (CPHA) worked with the Mental Health Promotion Unit of Health Canada and the Canadian Mental Health Association (CMHA) on two phases of the Mental Health Promotion project. The overall goal of the project is to contribute to the development of a National Action Plan for the advancement of Mental Health Promotion in Canada.

Between January and March, CPHA carried out a project to document existing projects, activities and policies in the field of Mental Health Promotion. Individuals and organizations in the public health sector were asked to self-identify Mental Health Promotion initiatives. Nearly 400 pieces of information were contributed. Approximately 25% of these contacts were interviewed by telephone to gather more information.

During the next phase of the project, between June and September, this information was edited and compiled into a Mental Health Promotion Resource Directory. This document is available for general reference and has four purposes:

- To present a summary of the goals, principles and strategies encompassed by Mental Health Promotion concepts;
- To give examples of Mental Health Promotion initiatives in a variety of settings and life stages;
- To provide an inventory of information about existing projects and activities so that individuals can contact each other and learn about each other's activities; and
- To present a brief review of the factors that were identified during the project as enabling a Mental Health Promotion approach to be developed and implemented.

It is hoped that this document will help to increase understanding of Mental Health Promotion concepts and that the sharing of ideas and experiences will encourage the development and practice of Mental Health Promotion initiatives and enhance the network to advance Mental Health Promotion in Canada.

---

## NATIONAL LITERACY AND HEALTH PROGRAM

Term: September 1998 - December 2000

Partner: National Literacy Secretariat

CPHA's National Literacy and Health Program completed production of three major resources in 1998: *Creating Plain Language Forms for Seniors*, *Working with Low-literacy Seniors: Practical Strategies for Health Providers and Easy Does It!: A Health Communication Training Package*. Distribution of the first two resources began in 1998. Distribution of *Easy Does It!* will begin early in 1999.

CPHA's National Literacy and Health Program staff have now turned their attention to the planning of Canada's first national conference on literacy and health.



The conference, *Charting the Course for Literacy and Health in the New Millennium*, is scheduled for May 28-30, 2000 in Ottawa. It is anticipated that 300-500 health providers, policy-makers, health educators, health researchers, literacy workers and adult learners will meet together to map out ways to improve the health of low-literacy adults.

To date, the Ottawa Citadel (which will be a Crowne Plaza in 2000) has been booked for the conference. CPHA's Conference Department will oversee the conference logistics. Work has already begun on the development of promotional materials.

---

### **PLAIN LANGUAGE SERVICE**

Term: October 1997 - September 2000

Partner: National Literacy Secretariat

During its first full year of operation, which began October 1997, the Plain Language Service offered its expertise in plain language assessments, revisions and Clear Design to clients in both the non-profit health sector and private sector. In all, the number of clients billed during the 1998 calendar year was 23. The Canadian Hemophilia Society, the Canadian Dental Association and Health Canada (the PLS revised 10 Guidelines on Breast Cancer for the Breast Cancer Initiative and 6 information bulletins on consumer product safety for the Product Safety Bureau) were repeat clients throughout the year. The total amount billed by the PLS in 1998 was over \$70,000. This helps to ensure that a third year of operation will be feasible. Two contracts with pharmaceutical companies in late 1998 opened the door to future projects in that sector. Contacts with the life insurance and banking sectors were initiated and consolidated in the last half of 1998. These two sectors continue to be prime areas for expansion for 1999. A Plain Language Service Website was constructed in 1998. Work on the Directory of Plain Language Health Information for North America has proceeded well. The target date for distribution of the Directory is May 1999.

---

### **WORKPLACE HEALTH**

Term: March 1998 - December 1998

Partners: Conference Board of Canada

A literature review on the state of workplace health in Canada among government, NGO, labour and private sectors was completed in the summer of 1998. Surveys in each of these sectors aimed at identifying workplace health initiatives were completed in the fall of 1998. A draft final report on the survey's findings was reviewed by the project's Advisory Committee in December 1998. Currently, the Conference Board of Canada is incorporating the Committee's comments in the final report which is expected in February 1999.

---

# **INTERNATIONAL PROGRAMS**

---

## **CANADIAN INTERNATIONAL IMMUNIZATION INITIATIVE - TECHNICAL COOPERATION AND CANADIAN AWARENESS COMPONENTS**

Term: September 1998 to March 2004

Partners: The Canadian International Development Agency (CIDA)

The World Health Organization (WHO)

UNICEF - New York

Rotary Clubs in Canada

The Canadian UNICEF Committee

CPHA has been contracted by the Government of Canada to identify and recruit Canadian technical consultants to assist the World Health Organization (WHO) and UNICEF. For the next five years these consultants will strengthen national childhood immunization systems to work towards polio eradication, the elimination of measles and the combating of childhood diseases in developing countries and in Eastern and Central Europe. A partnership between the CIDA, CPHA, UNICEF Canada, WHO, Rotarians in Canada, and other collaborating Canadian NGOs, the CIII renews Canada's international commitment to one of the most cost-effective public health measures - childhood immunization.

Building on the many lessons learned from CPHA's experience working at the forefront of strengthening immunization programmes in developing countries, CPHA will be reaching out to its membership and the Canadian public health community in general to identify expertise to fulfill short-term assignments with WHO and UNICEF. These assignments will be directed towards specific assistance in areas of disease surveillance, programme planning and delivery, human resource development, vaccine management, and laboratory strengthening. In addition to the technical assistance component, CPHA is also coordinating a public information campaign. In collaboration with UNICEF Canada, CIDA, and Rotary, CPHA will be providing information to Canadians about the importance of international immunization.

In late 1998 the contract was signed for the CPHA's components of the Canadian International Immunization Initiative. In the course of the three months remaining in the year:

- staff was recruited;
- initial committee meetings for the recruitment and selection of technical assistance were convened;
- initial committee meetings for the Canadian awareness campaign were convened;
- recruitment for long-term WHO epidemiologist positions was undertaken;
- recruitment for short-term technical assistance positions was undertaken; and,
- an information dissemination campaign was launched.

---

## **CARIBBEAN HIV/AIDS PROJECT (CHAP)**

Term: October 1996 - September 2000

Partner: Pan American Health Organization  
(PAHO)/Caribbean Epidemiology Centre (CAREC)

The Caribbean Epidemiology Centre (CAREC), through the Pan American Health Organization (PAHO), is implementing a four-year project (1996 - 2000) to reduce the spread of HIV/AIDS, STD and TB and minimize the impact on the health and well-being of individuals and communities in the 12 CARICOM member countries. This regional project is supported through a contribution from the Canadian International Development Agency.

The project will target member country Ministries of Health as well as NGOs and community-based organizations (CBOs) which address the needs of women, youth and people living with HIV and AIDS (PHA). In response to Caribbean-specific needs, CAREC has identified five primary project elements:

- strengthening of national AIDS programs and promoting the active participation of NGOs and CBOs;
- strengthening targeted healthy sexual behaviour interventions and promoting positive attitudes towards PHAs;
- Strengthening national and regional diagnostic testing capabilities and community-based care and support for PHAs;
- strengthening HIV/AIDS and TB surveillance at national and regional levels; and,
- strengthening the institutional capacity within CAREC to manage, monitor and evaluate a regional HIV/AIDS project.

The Canadian Public Health Association (CPHA) is the technical partner to PAHO/CAREC for the project. CPHA identifies appropriate Canadian technical expertise and provides advice and guidance for each of the project's components, particularly in the area of health information production and dissemination, health promotion, HIV/AIDS counseling, care and support, skills-building, disease surveillance, working with NGOs and CBOs, strategic planning, project management and monitoring and institutional capacity building and sustainability.

During the past year several Canadians provided voluntary technical assistance to CAREC and its regional partners on a variety of issues. Dr. Robert Bastien of the Department of Public Health/Montréal acted as a facilitator at a workshop in May 1998 in Trinidad on Behaviour Change Interventions for Safe Sex; Dr. Harry Richardson, Director of the Laboratory Proficiency Testing Program/Toronto, assisted CAREC in finalizing quality assurance standards for laboratory management; Robyn Salter-Goldie, social worker at the Toronto Sick Children's Hospital, participated in a workshop on Issues Relating to Maternal-Child Transmission of HIV/AIDS, with particular reference to psychosocial issues for families living with HIV/AIDS; and James Bain, CPHA MIS Officer, created a computer-based program management information system and trained CAREC staff in its use and operation.

Several CAREC staff made technical missions to Canada, and met with the representatives of many Canadian agencies and institutions (Dr. Carol Major and Dr. Rick Galli, HIV/AIDS, Ontario Public Health Laboratories; Dr. Alex Adrien, McGill University; Dr. John Farley and staff, Bureau of HIV/AIDS-LCDC/Health Canada; JoAnn Ackery and Brian Parris, City of Toronto Department of Public Health; Ron de Burger, Norah Hammell, Danielle Chagnon and staff, CPHA AIDS Program; Danielle Gorshner, Sexual Health Clinic, Ottawa-Carleton Department of Health). Dr. Bilali Camara, Project Director, was a panelist at the symposium on Canada's Contribution to HIV/AIDS Prevention, organized by CPHA at the Canadian Conference on International Health in November 1998.

---

## **FAMILY HEALTH PROJECT**

Term: March 1996 - March 31, 1999 (3 years)

Partners: United Nations Population Fund (UNFPA) Malawi  
Planned Parenthood Association of Zambia  
University Teaching Hospital (UTH), University of  
Zambia (PPAZ)

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 Family Health Project seeks to strengthen community-based responses to population issues in Malawi and Zambia through support to community organizations and networks of organizations to effectively implement population and reproductive health programs.

In Malawi, the Family Health Project works with the United Nations Population Fund (UNFPA) and their local partner, the National Family Planning Council of Malawi (NFPCM). The objectives have been: 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.

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 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 Zambia women); and to enhance UTH's teaching capacity for both in-hospital and community training courses.

#### **1998 Highlights:**

- In the spring of 1998, a two-week Project Review Mission was conducted by CIDA and CPHA to assess performance and achievements to date at the output level of the Family Health Project. The Mission found that the Project had made good progress towards achieving its planned outputs; in some cases goals already had been exceeded, and it is expected that by the end of the project all outputs will have been attained. The Mission also identified additional activities which could be supported through savings achieved within the project budget.
- As part of the project's training and capacity-building strategy, Family Health Project partners from Malawi and Zambia travelled to Canada in June to attend the CPHA Annual Conference, participate in the two-day pre-Conference training workshop on Partner Notification Skills for HIV/AIDS, and meet with Canadian-based reproductive health and family planning programmers.
- The Canadian High Commissioner for Zambia attended the official opening of the renovated PPAZ Lusaka clinic in August. This new, centrally located clinic offers expanded services in reproductive health, including programs for adolescents. Additional funding has been provided to support the installation of an incinerator at the Lusaka clinic, and to develop the laboratory services offered by the Kitwe clinic.
- For the University Teaching Hospital, the arrival of procured supplies and equipment has strengthened the reproductive health training of various health trainees and will significantly enhance the screening and management of cervical cancer in Zambia. A very special piece of equipment supplied to UTH through the Family Health Project is a colposcope to facilitate the diagnosis and treatment of cervical cancer. Cervical cancer is the number one cancer among Zambian women and only radical treatment has been available. In March, the project supported the attendance of the UTH cytologist/laboratory technician to the Regional Meeting on Cervical Cancer Prevention and Control for East and Southern Africa held in Kenya.
- In Malawi, internal budget savings provided for the implementation of several additional training activities, additional Information, Education, Communication (IEC) materials production, and local procurement of clinic supplies.
- Ongoing networking and advocacy for reproductive health has included:
  - CPHA participation in a panel discussion on Safe Motherhood organized by the Canadian Association of Parliamentarians for Population and Development (CAPPD) on World Health Day;
  - a presentation on adolescent reproductive health to the 1st Anniversary Workshop of CAPPD;
  - in April CPHA was invited to be a member of the Non-Governmental Organization Advisory Committee to UNFPA. This

Committee is composed of a select worldwide membership of approximately 30 representations for the NGO community prominent in population and development work;

- on the invitation of UNFPA, CPHA participated in the Round Table on Partnership with the Civil Society to Implement the Programme of Action, ICPD, held in Dhaka, Bangladesh in July;
- in September, CPHA organized the Canadian launch of the 1998 UNFPA Report, *State of World Population: The New Generations*.

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 and CIDA have recently begun negotiations to further develop reproductive health initiatives in Malawi and Zambia. In January 1999, CPHA will carry out a Project Development Mission to the region in preparation for submitting a proposal on this new work.

---

#### **THE GIFT OF LIFE**

Term: November 1998 - September 1999

Partner: The Canadian International Development Agency

This project involves the research and development stages of a video that will tell the story of Canada's role in immunizing the children of the world. Canada is recognized internationally as a leading player in the effort to protect the world's children against the major communicable diseases but unfortunately few Canadians are aware of the role their country has played through the contributions of governments, NGOs and the private sector.

The video will chronicle the before and after story of immunization, showing through images and narration the devastating consequences of these disabling and killing diseases, and the gift of life and health offered by immunization. Immunization has been called one of the most cost-effective health care interventions available to humanity and this video will demonstrate its power. The story line will follow the progress of the World Health Organization/UNICEF initiative to provide immunization protection to millions of children. In the mid-1980s, only 25 percent of the world's children were immunized against the six major communicable diseases, but due in large measure to the efforts of the Expanded Program on Immunization, by the year 1990, 80 percent of the world's children had received immunization protection. This, however, was an average count and there are still two million children who die every year from vaccine-preventable disease. The video will tell this story of accomplishment and remaining challenge, featuring the contribution of Canada.

In late 1998, CPHA signed the contract for the Gift of Life script development with the Communications Branch of the Canadian International Development Agency. A call for proposals was sent out to several communications consultants for a script-writing contract and from this effort, Ms. Sylvia Spring, Making Waves Productions, was selected to work with CPHA on this project. Ms. Spring is the writer and producer of the award-winning video on CPHA's Southern Africa AIDS Training Programme video. It is planned that Ms. Spring will travel to Uganda early in 1999 to meet with several partners who worked with Canada's International Immunization Program.

---

## HEALTH PROMOTION IN ACTION

Term: November 1998 to March 2002

Partner: The Canadian International Development Agency (CIDA); The National School of Public Health - Brazil; The Brazilian Association of Public Health

The Health Promotion in Action Project will provide Canadian expertise in health promotion and disease prevention to public health professionals, workers, students, and community leaders in Brazil. This is an area of health action which has been pioneered by Canada, accepted and promoted by the World Health Organization, and which has gained credence in many countries of the world as a dynamic approach to improving human health, both at individual and community levels.

The project will operate at two distinct levels. The first will be to strengthen the capacity of the National School of Public Health's community health centre staff to incorporate the principles of health promotion/disease prevention into their practices and collaboration with the community. To date, the education and training of health personnel has not focused on these principles. In order for this to happen, the School will support the development of strategies to meet community-identified health priorities as well as teaching strategies for in-service education programs and in the basic post-graduate public health degree program. At the second level, a "lessons learned" process will be built into the health centre's activities which will advance the knowledge of the "how to" of health promotion/disease prevention for the Master and Doctorate level post-graduate programs.

In late 1998 the contract for the Health Promotion in Action Project was signed and staff recruitment was undertaken. It is anticipated that in the early months of 1999, staff will travel to Rio de Janeiro for a project inception mission and the first technical exchange will take place.

---

## PALESTINIAN PUBLIC HEALTH ASSOCIATION PROJECT

Term: April 1994 - June 1998

Partner: Palestinian Public Health Association

Over the four-year project, the Palestinian Public Health Association (PPHA) exceeded the anticipated targets for this project. Among the accomplishments are:

- the establishment of the first independent, national, not-for-profit, non-partisan, voluntary membership association representing the concerns of public health workers and professionals and community members in the West Bank and Gaza;
- the strengthening of its relationship with and impact upon the Palestinian Ministry of Health, as evidenced by the influence it had upon the Ministry of Health to establish a Department of Women's Health, which, in turn, requested the Association to act as a technical consultant to improve public awareness around breast cancer and reproductive health;
- the sensitization of the communities and public health professionals on a variety of important public health and health sector issues, including national health insurance, communicable disease prevention and control, HIV/AIDS, road safety for children,

environmental health and women's health;

- the Association also demonstrated leadership in building and strengthening links with public health communities in other countries of the region (participation in an annual meeting of the Israeli Public Health Association and instrumental in the creation of the Jordanian Public Health Association).

As a result of CPHA's experience with the PPHA and its knowledge of the public health situation in the region, the Department of Foreign Affairs engaged CPHA on several occasions over the past three years as a technical advisor to the Canadian delegation for the Refugee Working Group's Technical Working Group on Public Health and Palestinian Refugees (January 1994 and January 1997), as well as at meetings of the Task Force for the Regional Collaborative Initiative being spearheaded by the Italian Government. CPHA also assisted DFAIT and IDRC in drafting the terms of reference and in the consultant selection process for the joint Italian-Canadian study on mechanisms for improving access to hospital services for Palestinian refugees in Lebanon.

---

## ROMANIAN PUBLIC HEALTH AND HEALTH MANAGEMENT ASSOCIATION PROJECT

Term: March 1997 - March 2000

Partner: Romanian Public Health and Health Management Association (RPHHMA)

Commenced in March 1997, the project's specific objectives include improving the knowledge and skills of RPHHMA members about public health and health services management issues through professional training, advocating for sound public health and health sector policy and programs, and implementing health studies.

The Romanian Public Health and Health Management Association exists within a difficult economic and social context. Growth of the Romanian economy is stagnant, major structural reforms are being planned and implemented in publicly funded social services, and the anticipated benefits of a market economy are not materializing for the vast majority of Romanians. Within the Ministry of Health, the Minister of Health has changed eleven times over the past two-year period, creating a climate of uncertainty and instability.

Despite these challenges, the RPHHMA has achieved much over the past year. It has organized several important regional seminars on a variety of public health issues, most dealing with health sector reform and its impact on access to health services and on the medical profession. It has also provided advice on how to establish a non-governmental association and management training to new health sector organizations, such as the Romanian Alzheimers Society and Romanian Cancer Society. The RPHHMA has also seen success in its advocacy activities. For example, it collaborated with other organizations and associations in advocating for tougher tobacco control legislation, which resulted in new legislation before the Romanian Parliament designed to eliminate tobacco product advertising.

---

## **CPHA-RPHA PROJECT, PHASE 2: STRENGTHENING AND EXPANSION OF RUSSIAN PUBLIC HEALTH ASSOCIATION**

Term: March 1998 to March 2001

Partners: Russian Public Health Association (RPHA)

The Russian Public Health Association (RPHA) Project, Phase 2 is made possible by a contribution from the Canadian International Development Agency. The project's first phase (1994 - 1997) saw the establishment of the Russian Public Health Association, a national multi-disciplinary, multi-sectoral organization for the promotion of public health in Russia. The current project is a continuation and expansion of activities carried out during the first phase.

The aim of the second phase proposal is to reinforce the contribution of RPHA to strengthening Russian civil society, especially its role in contributing to the development of national policies and programs which have an impact on human health. A recent conference organized by the CPHA illustrates its efforts in this area. In response to the ongoing problems of excessive alcohol consumption and lack of control over alcohol production, in early December 1998 the RPHA organized the *Conference on Quality and Safety of Alcoholic Products*. Participants included representatives of the State Duma, the State Alcohol Control Commission, representatives of various regional NGOs, as well as representatives of the Alcohol Association and the media. At its conclusion, a series of recommendations that arose from the Conference were presented to the Russian Government.

Tobacco as a public health issue is another prime area of RPHA concern. The Association is currently developing a separate project with CPHA which is funded by the International Development Research Centre (IDRC) and links with the WHO Tobacco-Free Children and Youth initiative. As well, CIDA has just agreed to provide the RPHA with funding to translate the Canadian book *Smoke and Mirrors* into Russian.

The CPHA and RPHA will continue to work closely to ensure that the project achieves its goals of contributing to the increased health of Russian society and reinforcing the institutional capacities of the RPHA.

---

## **SOUTHERN AFRICAN AIDS TRAINING PROGRAMME, PHASE II**

Term: May 1997 - April 2002

Partner: Canadian International Development Agency

Southern Africa is the worst AIDS-affected region in the world, with Zimbabwe thought to be the most heavily affected country, closely followed by Botswana, Namibia, Zambia and Malawi. South Africa has the world's fastest growing epidemic, with over three million already infected.

SAT partner organizations, already working to capacity, are under increasing pressure. In Zimbabwe alone over a million are expected to die of AIDS by the year 2005, leaving between 400,000 - 700,000 orphans.

In response, SAT is focusing its capacity-development activities around three community processes:

- Continued community-based HIV prevention through participatory education and condom promotion;
- Community-centred HIV counselling, with prevention and support emphases, and incorporating gender and human rights approaches;
- Community advocacy linking gender and human rights awareness training to key HIV/AIDS legal and policy issues.

SAT is contributing to strengthening these processes through activities such as:

- Continued development, promotion of and training in community-based peer education methodologies;
- Work with PLWHA support organizations, including national surveys of PLWHA support groups to assess their number, strength and activities;
- Work with HIV counselling organizations to design and implement national surveys to assess the current state of HIV counselling practice, perceptions and outcomes of the HIV counselling process, barriers to improved HIV counselling and means of sustaining the counselling effort;
- Development of national HIV counselling networks, to support counsellors and the quality, outcomes and sustainability of the counselling process.

Important SAT events over the recent period include an AIDS "Round Table" Seminar held in Zambia in July for 75 participants from 40 government, UN, and donor agencies, and partner organizations. The Round Table was addressed by the Zambian Minister of Health, Dr. Nkandu Luo, and opened by the Canadian High Commissioner, Ms. Dilys Buckley-Jones.

In August/September the CIDA Vice President for Africa Branch, Emile Gavreau, and the Director General for Southern Africa, Art Saper, visited the SAT Programme in Mozambique and Zimbabwe. The itinerary in Zimbabwe included home visits to AIDS patients, discussions with PLWHAs, and a seminar on the links between AIDS and key civil society issues such as gender equity in land reform, the campaign to end gender violence, and women's rights and human rights protection in constitutional reform.

In addition to a SAT contribution to the AIDS Symposium at the annual Canadian Conference on International Health in November, SAT made presentations in December to the CIDA African Branch Management Group meeting, chaired by the Vice-President, and on World AIDS Day to the CIDA President's Forum.

SAT staff also participated in a UNAIDS technical resource network meeting on 'best practices' in AIDS community mobilisation held in South Africa in November, where most of the Southern African 'best practice' projects cited were SAT partner projects.

In late 1998 a Zimbabwean SAT partner organization, the Women and AIDS Support Network, received the first Jonathan Mann AIDS and Human Rights Advocacy Award, for work funded by SAT.

Preparations are underway for a visit in February 1999 to Tanzania, including SAT and partner organizations, by their Excellencies the Governor General, the Right Honourable Roméo LeBlanc and Madame Diane Sawyer LeBlanc.

---

## **STRENGTHENING OF PUBLIC HEALTH ASSOCIATIONS PROGRAM**

Term: April 1998 - March 2001

Partners: The Canadian International Development Agency  
Public Health Associations in Dominican Republic,  
Peru, Burkina Faso, Niger, Ethiopia, and Uganda

The Strengthening of Public Health Associations Program is predicated on supporting non-governmental organizations' contribution to the development of civil society, specifically in the health sector. Through this program the Canadian Public Health Association strengthens partner public health associations' capacity to participate in national health policy dialogue, facilitates technical exchange through partnerships and collaborative activities between Canadian and overseas public health workers, and promotes leadership in public health. By involving multi-disciplinary public health associations in the development of healthy public policy and the strengthening of national primary health care programs, this program is affecting human health through national health policy initiatives, contributing to developing countries' national plans of health, and fostering the development of leadership in the health sector. Thus, through this strategy CPHA is addressing several key developmental themes including basic human needs, the development of civil society, institutional strengthening/capacity building, as well as strengthening national primary health care. Upon completion of the 1995-1998 program, a new proposal was developed and a new three-year contract was signed. Based on this agreement, contracts were developed with partner public health associations in Dominican Republic, Peru, Burkina Faso, Niger, Ethiopia, and Uganda. Through this institutional strengthening initiative, these associations are addressing public health issues deemed to be key in each of their respective contexts. These include healthy communities (Peru and the Dominican Republic), reproductive health (Burkina Faso), malaria control (Niger), gender issues in public health (Ethiopia), and public safety (Uganda).

---

## **ROMANIAN ADOLESCENT HEALTH, HIV/AIDS PREVENTION AND SOCIAL SERVICES PROJECT**

Term: January 1998 - December 1999

Partner: UNICEF/Romania

UNICEF/Romania, through a contribution from the Canadian International Development Agency, is implementing a two-year project (1998 - 1999) aimed at strengthening the national response to HIV/AIDS and, particularly, the country's HIV/AIDS prevention and control strategy for adolescents.

The project will pursue a comprehensive strategy to address the critical inter-related areas of national planning and coordination, HIV/AIDS awareness raising, information, education and communication (IEC) strategies, youth-friendly support services, NGO and government capacity building, and social services to families having children with HIV and AIDS. The project will also

address sexual transmission of HIV/AIDS and adolescent health issues, areas which are not addressed effectively in Romania.

The Canadian Public Health Association was selected by UNICEF/Romania as its Canadian partner, to provide technical expertise and advice to the project. Canadian technical assistance will focus on assessing and making recommendations for strengthening the district level and national HIV/AIDS monitoring and surveillance system, assisting in the elaboration of a situational assessment and response analysis on HIV/AIDS, the development of a National AIDS Strategy and the establishment of a National AIDS Commission (to include NGOs), HIV/AIDS counselling and support services, and IEC strategies and materials. In addition to providing technical advice and services, CPHA will identify Canadian technical experts to participate in workshops and consultancies in Romania, and will organize study tours for Romanians to Canada.

### **1998 Highlights:**

- technical assistance on formulation of National HIV/AIDS Strategy: Ron de Burger (February and October 1998)
- technical assistance on development of national HIV/AIDS surveillance system: Dr. Chris Archibald, Chief, Division of HIV/AIDS Epidemiology, Bureau of HIV/AIDS/Health Canada (May and October 1998) and Dr. Lee Lior, Epidemiologist, Bureau of HIV/AIDS/Health Canada (October 1998)
- participation in CPHA skills-building workshop on Partner Notification, June 1998 by three Romanians
- sponsorship of Dr. Maria Georgescu, Executive Director of the Romanian AIDS Society, to participate as a panelist at the HIV Prevention Symposium, Geneva, June 1998
- technical study tour by three Romanian NGO representatives to Canada, November 1998.

---

## **ADVOCACY AND LIAISON**

### **REPRESENTATION ON EXTERNAL COMMITTEES, TASK FORCES AND WORKSHOPS/MEETINGS**

Through the dedication of its membership, CPHA continues to be represented on numerous external committees, task forces and workshops which provide valuable input to and help shape the future of Canada's health care system.

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 1998. The following provides a brief overview of the Association's advocacy activities in 1998.

---

## **CPHA STRATEGIC AD HOC BOARD COMMITTEES**

### **CPHA Committee on Child Health**

In 1997 CPHA addressed the question of the Association's advocacy capacity relative to Board priorities, the external environment and internal capabilities. Key issues identified included economic security, support for children and families, health system restructuring and the environment. 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. In March 1998, the Board of Directors discussed 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. The Board approved the membership and terms of reference for a Committee on Child Health. Specifically, the Committee will advise CPHA with respect to an advocacy plan of action for specific public policies that produce social and economic conditions favourable for child health.

### **Health Reform Strategic Working Group**

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. At the March 1998 Board of Directors' meeting, discussion focused on a review of health report cards that were underway or planned. The focus for CPHA's continued work in this area will be on reviewing various health report cards and ensuring that meaningful information is clearly communicated to the public health community and the public.

---

## **FEDERAL LOBBYING ACTIVITIES**

Major lobby activities in 1998 included:

### **Health Action Lobby (HEAL)**

CPHA continued its participation as a member of the Health Action Lobby (HEAL) which has focused its efforts on a government relations/lobbying program highlighting the importance of health issues on the government agenda and more specifically, on the discussion around federal financing of health and care.

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 Minister of Health, Allan Rock and Minister of Finance, Paul Martin. Leading up to the 1999 budget, HEAL presented to the House of Commons Standing Committee on Finance.

CPHA's membership in the following two coalitions kept us well informed on several important issues and linked us directly to important discussions and forums where CPHA could have some input.

### **Coalition of National Voluntary Organizations (NVO)**

CPHA is a member of the NVO which is a not-for-profit umbrella organization of 130 national voluntary organizations. NVO promotes volunteerism and enhances the profile of the Canadian voluntary and charitable sector. The NVO provides a forum for information exchange and consensus development and plays a key advocacy role on matters of common interest to its members. In 1998, NVO focused its lobbying in three areas of significance to CPHA: the Joint Working Group dealing with discussions concerning the "New Relationship between National Voluntary Organizations Working in Health and Health Canada", consultations and a subsequent submission to the Panel on Accountability and Governance in the Voluntary Sector and a submission to the Standing Committee on Finance regarding the 1999 budget.

### **National Voluntary Health Agencies (NVHA)**

The NVHA is a network of 28 national voluntary health charities promoting \* the sharing of information, \*the development and maintenance of relationships with federal government departments, \* liaison with other networks and \* orientation to major issues of common concern. In 1998 the NVHA played a major role in the development of the concept of the Canadian Institutes of Health Research (CIHR) and participated directly on the CIHR Steering Committee.

### **Multilateral Agreement on Investment**

In 1997 CPHA undertook a special initiative on the proposed Multilateral Agreement on Investment (MAI). In 1998 the concern over the MAI continued as the Association focused on the broader issue of inclusion of health, social and environmental clauses in international trade agreements. This is seen as a long-term issue and one on which the Association will be lobbying on a regular basis over the next few years.

---

# BRIEFS AND SUBMISSIONS 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 1998 with the support and involvement of CPHA members.

### Reviews Completed in 1998

1. *Bromate in Drinking Water*, Health Canada, Federal-Provincial Subcommittee on Drinking Water. Available for public comment. February to June 1998.
2. Request to answer questions specific to concerns about embryo research in the ongoing consultations on Bill C-47, Human Reproductive and Genetic Technologies Act, Health Canada. February 1998.
3. *Canada's Physical Activity Guide to Healthy Active Living*, Active Living Coalition for Older Adults (ALCOA). February 1998.
4. Active Living Coalition for Older Adults (ALCOA), Project PACE. Questionnaire on documents: *PACE-Can-Summary of Key Concepts and Special Considerations For Working With Older Adult Patients*. March 1998.
5. Request to comment on the CWWA brief to the Parliamentary Committee on Bill C-14, Drinking Water Materials Safety Act, Canadian Water and Wastewater Association. April 1998.
6. CEPA Working Group on Air Quality Objectives and Guidelines, National Ambient Air Quality Objectives Stakeholders, *Ozone Science Assessment Document*, Environment Canada. April 1998.
7. Final report sent with a request for an answer to three questions as a follow up to the Workshop on Continuing Education In Health Promotion, Canadian Coalition on Enhancing Preventive Practices of Health Professionals. September 1998.
8. Nutrition Labelling - Identification of Core Information, Health Canada. September 1998.
9. Review of Discussion Papers on the Federal Health Protection Legislation entitled *Shared Responsibilities, Shared Vision and Health Protection for the 21st Century*, Health Canada. Consultation process ongoing.
10. Review of Bill C-32, Brief and Presentation to the House of Commons Standing Committee on Environment and Sustainable Development. September 17, 1998.
11. *Public Health Policy Implications of Global Carbon Emissions Trading*, Research Proposal, Centre for Trade Policy and Law for Health Canada. December 1998.

### Surveys Completed in 1998

1. The Canadian Centre for Activity and Ageing and Health Canada, National Survey of Progress-to-Date, Move Through the Years: A Blueprint for Action. Part I, March 1998; Part II, August 1998.

## Briefs

1. Review of Bill C-32, Brief and Presentation to the House of Commons Standing Committee on Environment and Sustainable Development. September 17, 1998.

The following provides a brief overview of the range of activities in 1998:

---

## COMMITTEES

- Action for Health Protection Renewal Action Group  
*Mr. Fred Ruf*
- Advisory Committee to Develop Program and Practice Standards for the Provision of Postpartum Community Services for VON Canada  
*Ms. Pamela Cormillot*
- Advisory Committee on Management for the Therapeutic Products Programme  
*Dr. Linda Strand*
- 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)  
*Ms. Jane Underwood*
- Canadian Association of Physicians for the Environment (CAPE)  
*Dr. Trevor Hancock, Corresponding Director*
- Canadian Coalition for High Blood Pressure Prevention and Control  
*Dr. George Fodor*
- CEPA New Substances Notification Regulations - Biotechnology  
*Dr. Penny Chan*
- CEPA Priority Substances List II  
*Dr. M. Dubé*
- Canadian Coalition on Enhancing Preventive Practices of Health Professionals  
*Dr. David Butler-Jones*
- 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 Strategic Options Process Issues Tables  
*Dr. M. Dubé and Mr. John Oudyk*
- Expert Working Group on Reference Services in Canada  
*Mr. Ron de Burger*
- Information Technology Issues in Community Health (ITCH) Steering Committee  
*Ms. Arlene Galloway Ford*
- Joint Core Advisory Committee on Particulate Matter and Ozone  
*Mr. Fred Ruf*
- National Advisory Committee on Immunization (NACI)  
*Dr. John Carsley*
- National Consultations in the Development of Canada-Wide Standards on Particulate Matter and Ground-Level Ozone  
*Mr. Fred Ruf*
- National Discussion Group on Homelessness  
*Dr. Christina Mills*



- National Foodborne, Waterborne and Enteric Disease Surveillance Technical Steering Committee  
*Mr. Al Raven*
- National Information Program on Antibiotics (NIPA) Coalition  
*Dr. Paul Hasselback*
- National Voluntary Organizations Consultations  
*Ms. Janet MacLachlan*
- National Working Group on Immunization Registries  
*Dr. Catherine Whiting*
- 1999 Nursing Leadership Conference Advisory Committee  
*Ms. Louise Hanvey*  
*Ms. Mary Martin Smith*
- PACE-CAN Advisory Committee (Provider-Based Assessment for Counseling on Exercise and Nutrition Adapted for Canadians)  
*Ms. Lee Stones*
- 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*
- Steering Committee to Oversee Raw Foods of Animal Origin Policy Development  
*Mr. Richard Davies*
- Task Force on Chlorinated Disinfection By-Products  
*Mr. Fred Ruf*
- Task Force on Public Health and the Blood System in Canada  
*Dr. Perry Kendall*
- Vitality Program  
*Ms. Verna Wilson*
- Presentation: Qualitative Analysis in Process Evaluation for Health Workshop, Feb. 25-27, 1998  
*Dr. Heather Maclean*
- Public Education Component of the Tobacco Control Initiative, Feb. 27, 1998  
*Ms. Mary Jane Ashley*
- National Conference on Home Care, March 8-10, 1998  
*Ms. Donna Meigber-Stewart and Ms. Hope Beanlands*
- Consultation Meeting to Review Policies Concerning the Addition of Vitamins and Minerals to Foods, March 27, 1998  
*Dr. Irene Strychar*
- Workshop on Continuing Education to Support Health Promotion Practice by Health Professionals, March 30, 31, 1998  
*Dr. Paula Stewart*
- Active Living Coalition for Older Adults (ALCOA) 1998 Active Aging Conference and AGM, April 2-5, 1998  
*Ms. Lee Stones*
- National Consultation Workshop on Health Information Needs, April 15, 1998  
*Dr. Robert Spasoff*
- Workshop on Public Involvement in Working with the Health Protection Branch, Health Canada, May 27, 1998  
*Mr. Fred Ruf*
- National Strategy Development Meeting on Professional and Public Education Initiatives in the Area of Breast Cancer, May 30, 31, 1998  
*Ms. Deborah Gordon-El-Bibbety*
- WHO Active Living Meeting, Sept. 14, 1998  
*Ms. Peggy Edwards*
- David Suzuki Foundation "Taking our Breath Away" launch, Oct. 6, 1998  
*Mr. Fred Ruf*
- Hepatitis C: Prevention and Control - A Public Health Consensus Conference, Oct. 14-16, 1998  
*Dr. John Blatherwick*
- Canadian Medical Association Futures Forum, Oct. 20, 1998  
*Ms. Deborah Gordon-El-Bibbety*
- Consultation on the Legislation and Revised Risk Management Framework, Oct. 28, 29, 1998  
*Mr. Fred Ruf*
- Stakeholder Workshop on the Development of an Efficient Regulatory Framework for Sanitizers and Hard Surface Disinfectants, Nov. 9, 10, 1998  
*Mr. Fred Ruf*
- 1998 National Recreation Roundtable, Nov. 24-26, 1998  
*Ms. Sonya Corkum*
- ALCOA PACE-CAN Advisory Committee Meeting, Dec. 11, 1998  
*Ms. Verna Wilson*

---

#### **WORKSHOPS/MEETINGS**

- Spatial Public Health Information Exchange (SPHINX) Meeting, Jan. 14, 15, 1998  
*Dr. Ardene Vollman & Dr. Lamont Sweet*
- National Approaches to Pharmacare Conference, Jan. 18-20, 1998  
*Dr. Linda Strand*
- Roundtable to Set Priorities and Plan Future Activities Related to the Abuse of Seniors, Feb. 3, 1998  
*Ms. Lee Stones*
- National Conference on Health Info-Structure, Feb. 8-10, 1998  
*Ms. Sheilab Sommer*
- Canadian Consensus Conference on Preventing Pneumococcal Disease, Feb. 16-18, 1998  
*Dr. Barbara Kawa*
- National Consultation on Methadone Maintenance Treatment, Feb. 19, 20, 1998  
*Dr. David Korn*
- Presentation: National Environment Scan: Hospital Postpartum Length of Stay and Community Support, Feb. 23, 1998  
*Ms. Louise Hanvey*

---

## PUBLIC POLICY AND LEGISLATION COMMITTEE

The following Motion was approved by the membership at the Canadian Public Health Association (CPHA) Annual General Meeting (AGM) held in Montreal in June 1998.

### Motion

#### 1. Sexual Exploitation of Children and Youth

For more details regarding this Motion, please refer to the 1998 Public Policy and Legislation Committee report which will be available at the 1999 Annual General Meeting to be held in Winnipeg, Manitoba in June 1999.

---

## SUMMARY

The Association continues to move forward, reinforcing its stable financial position with an ever-increasing number of new programs and activities. This combined with a solid cost-containment program for its national office operation has seen the Association establish its financial position with a projection of a near balanced budget for 1999. This will complete a three-year revitalization program following the conclusion in 1996 of a number of major programs and activities.

A number of in-house activities have contributed significantly to CPHA's operations. The Health Resources Centre (HRC) is projecting a surplus for 1998 which will be the highest surplus the HRC has realized since it was established some 15 years ago. The Centre has been expanded to ensure continued development of its catalogue and plans are underway to initiate on-line commerce on CPHA's website in 1999. The continual building of the HRC will ensure that it will make increased contributions to CPHA's operations in 1999 and beyond.

The *Canadian Journal of Public Health* will also be targeted for inclusion the on-line commerce strategy being developed in the HRC and this should enhance the ability of the Association to increase subscription for the *Journal*. It has maintained its financial stability for its fourth year in a row and will once again contribute a modest surplus to the Association's finances.

Membership in 1998 is down slightly from a year ago. The decrease is evenly spread throughout all membership categories with the main membership base of CPHA ranging between 1,600 - 1,700 annual paid-up members. All associations are experiencing similar difficulties in membership. Our membership base seems to fluctuate less than other associations, however our numbers are small and the differences are quite noticeable. We hope that aggressive new membership drives with the Canadian Society for International Health and the Canadian Association of Teachers of Community Health as well as with the Provincial/Territorial Branch/Associations will be successful in 1999 and we are also examining cost containment or reduction in costs for processing membership renewals and new memberships through the website to include on-line commerce (with on-line membership applications).

There are two main contributing factors to the Association's financial picture: investment income which in 1998 should meet the projections and the contribution to overhead which should also meet the projected budget for 1998. Both these factors are assisting the Association in ensuring a stabilised base.

The Association negotiated a new lease arrangement at its offices on Carling Avenue in Ottawa which resulted in a reduced rent cost to the CPHA and will provide a saving to the Association's operational costs over the next five years.

The major breakthrough for CPHA in 1998 was the increase in number of contracts and agreements signed for programs and projects. We entered 1998 negotiating 17 new initiatives (a number of them described in this report) as well as 6 ongoing programs and projects. We signed agreements for 14 programs in 1998 and have already signed 4 new projects early in 1999. An update on these new initiatives and agreements signed in 1999 will be presented to the Board of Directors at the March meeting with a further update being provided to the membership at the 1999 Annual General Meeting.

The Association continues to be deeply involved in its advocacy work through representation by its members on task forces, committees and workshops as well as through review of briefs and legislations. These representatives' efforts along with a strong Board of Directors and strong committees ensure that the Association's credibility and profile remain high in the health system not only in Canada but internationally. We would like to express our appreciation to these many individuals for their commitment and the amount of time they give to support this Association in achieving its mission to advocate for the improvement and maintenance of personal and community health both in Canada and abroad.