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# CANADIAN PUBLIC HEALTH ASSOCIATION

## ANNUAL REPORT 2000–2001

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AS PRESENTED TO THE  
CANADIAN PUBLIC HEALTH ASSOCIATION  
**ANNUAL GENERAL MEETING**  
23 OCTOBER 2001

GERALD H. DAFOE  
CHIEF EXECUTIVE OFFICER

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# TABLE OF CONTENTS

<b>Introduction.....</b>	<b>1</b>	<b>International Programs.....</b>	<b>9</b>
History .....	1	The Canadian International Immunization Initiative .....	9
Mission Statement .....	1	Caribbean HIV/AIDS Project .....	9
Goals.....	1	Continuing Medical Education and Renewal of	
Governance .....	1	Public Health in Kosovo.....	10
Membership .....	1	Health Promotion in Action Project.....	10
Provincial/Territorial Branches/Associations .....	1	HIV/AIDS and Young People in South Eastern Europe (Balkans) and	
Areas of Interest.....	2	HIV/AIDS and Young People and Strengthening Child Rights	
Organizational Chart.....	2	(Romania, Bulgaria and Moldova) .....	11
<b>CPHA National Office.....</b>	<b>2</b>	Malawi Family and Reproductive Health Project .....	11
Canada Health Day .....	2	Romanian Public Health and Health Management	
Canadian Journal of Public Health.....	2	Association Project .....	11
Health Resources Centre.....	3	Romanian Adolescent Health, HIV/AIDS Prevention	
Membership and Circulation .....	3	and Social Services Project .....	12
Plain Language Service .....	3	CPHA-RPHA Project .....	12
Conferences, Workshops and Symposia .....	4	Southern African AIDS Training Programme .....	12
<b>National Programs .....</b>	<b>5</b>	The Strengthening of Public Health Associations Program.....	13
Aboriginal Youth Choosing Health Careers .....	5	Zambia Family and Reproductive Health Project .....	13
Canadian HIV/AIDS Clearinghouse .....	5	Representation on International Programs and Projects .....	14
Canadian Immunization Awareness Program .....	6	<b>Advocacy and Liaison .....</b>	<b>14</b>
Canadian Coalition for Influenza Immunization.....	6	CPHA Board Strategic Directions & Activities.....	14
Designing Prescription Medication Packaging & Labelling .....	6	Other Federal Lobbying Activities .....	15
Health Effects of Climate Change Program .....	7	External Committees and Workshop/Meeting Representation .....	16
National Literacy and Health Program.....	7	<b>Briefs and Submissions .....</b>	<b>19</b>
Literacy and Health Conference .....	7	Document Review .....	19
Public Consultation on Xenotransplantation .....	8	Briefs.....	19
Public Health Capacity Project.....	8	Public Policy and Legislation Committee.....	19
Youth Literacy and Health.....	8	<b>Summary.....</b>	<b>20</b>

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# INTRODUCTION

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## 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.

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## MISSION STATEMENT

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

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

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## GOALS

CPHA achieves its Mission by:

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

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## 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.

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## 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.

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## 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
- Student/Retired
- Low Income
- International
- Corporate
- 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/Nunavut Branch, CPHA](#)
- [Ontario Public Health Association](#)
- [Public Health Association of Nova Scotia](#)
- [Saskatchewan Public Health Association, Inc.](#)

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## AREAS OF INTEREST

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

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

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

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## ORGANIZATIONAL CHART



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# CPHA NATIONAL OFFICE

The total CPHA staff is 88. Of this staff 60 are located at the CPHA National Office in Ottawa with 28 located overseas (26 staff are locally engaged). The total budget for 2000 including National Office, national and international projects was \$9,873,490. The program activities managed by the National Office, with the exception of financial services, are reported in this document.

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## CANADA HEALTH DAY

### 2000 – Healthy Beginnings: Child Health in the New Millennium

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 2000, 194 health units and health facilities participated in the celebrations. CPHA sold and distributed over 1,150 posters, 4,175 buttons, 4,450 biodegradable balloons, 280 T-shirts, 1,350 cafeteria trayliners, 11,800 bookmarks and 125 baseball caps.

### 2001 – Building a Healthy Future

In 2001, 102 health units and health facilities participated in the celebrations. CPHA sold and distributed over 529 posters, 1,625 buttons, 1,850 biodegradable balloons, 131 T-shirts, 1,050 cafeteria trayliners, 5,850 bookmarks and 81 baseball caps.

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## CANADIAN JOURNAL OF PUBLIC HEALTH

In 2000, the CJPH received 221 articles for consideration of publication and 33 of these have been through the peer review process and were accepted; 47 articles were rejected. We published 6 regular issues (100 articles), inserts in the January/February "The Midwifery Pilot Projects in Quebec", March/April "Building a Healthy Future" and November/December "Qualitative Research" issues, and a supplement to the July/August issue entitled "Hepatitis C: Canadian perspectives".

In 2001, there will be the six regular issues of the CJPH, plus:

- an insert entitled: "Climate Change: Air Pollution and Your Health: Some Basic Answers to Some Big Questions", which was published in the May/June 2001, Volume 92, No.3 issue of the CJPH;
- an insert from the Achieving Cardiovascular Health in Canada partnership entitled: "Achieving Cardiovascular Health in Canada", which was published in the July/August 2001, Volume 92, No.4 issue of the CJPH;
- a bilingual insert entitled: "Polio Symposium: No Room for Complacency", which was published in the September-October 2001, Volume 92, Nos.5 issue of the CJPH;
- an upcoming supplement on environmental health indicators (scheduled for publication in October 2001).

This year has seen 141 manuscripts submitted to date, and this figure will likely increase to approximately 200 by the end of December.

A qualitative research version of the Guidelines for Reviewers form has been developed by Ardene Vollman with constructive comments by Heather

Maclean. This review form has been used since spring 2001 and has been complimented by numerous reviewers and is very helpful for the Scientific Editor in evaluating qualitative research papers. Generic English and French versions have been put up on the CJPH website so that reviewers can access them as needed, as have the English and French of the quantitative research evaluation forms. All CJPH webpages have now been translated and are up in French on the CPHA website.

Doug Angus stepped down after his 3-year term as Scientific Editor ended in May 2001. He graciously bridged the gap between editors, staying on until the end of July 2001. Patricia Huston was appointed as the next Scientific Editor and took office in early September 2001. We thank Doug for all his hard work and commitment to keeping the CJPH a vital and valuable resource for health professionals. He did a wonderful job. And we welcome Pat and look forward to working with her in keeping the CJPH the valued resource that it is and in exploring new possibilities for the Journal.

### HEALTH RESOURCES CENTRE

2000–2001 were busy years 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 and a half, the Centre has added 15 titles to its catalogue of resources available for sale. Some of these titles include:

- Birth Control Options Flip Chart and Transparencies
- A Book for Midwives - A manual for traditional birth attendants and community midwives
- Control of Communicable Diseases Manual, 17th edition
- Directory of Plain Language Health Information
- Don't Drink the Water, 5<sup>th</sup> edition
- The Healing Choice: You and a Career in Health
- The Healthy Boomer - A no-nonsense midlife health guide for women and men
- Learning Modules for Defining and Measuring Community Health
- A New Generation: The Senior Citizens of Today
- Stop, Look and Listen: An Interactive Guide to Working with Communities (CD-ROM)
- Ma santé, je m'en OCCUPE!

Centre staff also represented the Association at six 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 a busy year and a half for HRC staff.

### 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* 1997 - 2001					
Province	1997	1998	1999	2000	2001**
NPHA	33	34	33	30	30
NB/PEI	59	48	45	47	53
PHANS	51	43	45	44	46
ASPQ	92	90	89	82	87
OPHA	286	249	258	246	246
MPHA	39	41	55	56	61
SPHA	71	60	65	63	62
APHA	200	171	176	172	171
PHABC	127	116	122	115	121
NWT/Nunavut	25	26	26	27	29
CPHA (Direct)†	663	634	627	587	679
<b>TOTAL</b>	<b>1646</b>	<b>1512</b>	<b>1640</b>	<b>1469</b>	<b>1585</b>
CSIH	290	258	275	248	247
CATCH	75	66	69	65	81

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

\*\* Until June, 2001

† 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.

### PLAIN LANGUAGE SERVICE (PLS)

The Plain Language Service (PLS) was initially supported by the National Literacy Secretariat (NLS) for a period of three years ending October 2000.

The third year of the NLS supported project was based on the PLS becoming self-supporting. Beginning in October 2000, the CPHA PLS entered its fourth year of operation.

CPHA continues to offer the services of plain language assessment, basic or technical revision, creating a new document, clear design, translation, PL/clear verbal communication training and workshops, to a wide variety of clients. These include Health Canada, Treasury Board, Foreign Affairs & International Trade, Mount Sinai Hospital, Hospital for Sick Children, Canadian Haemophilia Society, National Ovarian Cancer Association, VON, and several pharmaceutical companies.

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## **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 2000 and 2001. A number of these program activities are listed below.

### **Symposium on Post-conflict Health and Health Systems: Issues and Challenges**

March 19-21, 2000

This international symposium was organized by CPHA in collaboration with the Health Policy Unit of the London School of Hygiene and Tropical Medicine. The purpose of the meeting was to identify ways and means of making the health planning, policy and program development process effective, inclusive and appropriate to the needs of populations affected by conflict. It took place March 19-21, 2000 in Ottawa and the forty participants included representatives from countries emerging from conflict, North American and European NGO's, professional associations, academic institutions and several multilateral and bilateral donor agencies.

### **Round Table Meeting on Communicable Diseases Within and Outside the Correctional Community**

March 27-28, 2000

Representatives of the Correctional Service of Canada and various public health agencies conducted a two-day round table meeting in Ottawa, March 27-28, 2000. The aim of the meeting was to discuss the relationship between correctional facilities and public health agencies, review examples of best practices and discuss a collaborative action plan to facilitate public health activities in correctional environments.

As a result of the meeting, a draft concept paper has been prepared which contains a framework for a sustained model of collaboration. A conference report is being prepared and will be distributed to attendees and other interested individuals.

### **Strange Bedfellows: Infection and Chronic Disease – An Invitational Symposium**

May 4-5, 2000

This symposium was held May 4-5, 2000 in Ottawa and included 50 participants. The objective of the meeting was to raise awareness, especially among public health decision-makers, about the scientific basis for currently emerging claims about associations between infections and chronic diseases. The symposium was intended to stimulate discussion and interchange and not necessarily achieve consensus on specific recommendations. A report summarizing the proceedings is posted on CPHA's website [www.cpha.ca](http://www.cpha.ca).

### **CPHA 91<sup>st</sup> Annual Conference/OPHA 51<sup>st</sup> Annual Conference Health for All in the Year 2000**

October 22-25, 2000

Seven hundred and seventeen people attended this joint OPHA/CPHA conference in Ottawa, which focused on health for Northern and Aboriginal peoples, equity and health, innovative approaches, communicable disease control, environmental health and international health.

The highlight of the conference was the Opening Plenary speaker, Dr. Terry Tafoya, who received a standing ovation. Other invited speakers included The Honourable Monique Bégin, Dr. Gerald Bonham, Dr. Michael Hayes,

Dr. John McKnight, Ms. Madeleine Dion Stout, and Dr. Terry Sullivan. There were various meetings that brought together specific interests: teachers of public health, public health physicians, and Aboriginal health issues. Tours were also offered for the City of Ottawa, Wabano Centre, Somerset West Community Health Centre and the Population and Public Health Branch. The conference was chaired by Dr. Geoff Dunkley.

### **Invitational Polio Symposium**

March 7-8, 2001

CPHA was asked by Aventis Pasteur to bring together experts on polio for a 1 1/2 day symposium. The Polio Symposium took place March 7-8, 2001 in Ottawa. This invitational symposium involved 75 participants. The goals of the conference were to describe the fight against polio in Canada and around the world, to discuss strategies for global eradication of polio and to determine how to deal with polio in a post-immunization era. Topics discussed included the history of polio, global successes and eradication, the scientific basis for cessation of polio immunization, and planning for future vaccine production and use. The Symposium received excellent media coverage by local and national levels. A report of the proceedings will be featured as a special insert to the September-October 2001 issue of the Canadian Journal of Public Health.

### **National Symposium on Medication Packaging and Labelling**

September 5-6, 2001

This two-day invitational event took place September 5-6, 2001 in Ottawa. The Symposium provided an opportunity for about 40 stakeholder representatives to work together and better understand the issues from a variety of perspectives while undertaking a common goal to improve medication packaging and labelling for seniors' safe and effective prescription drug use.

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# NATIONAL PROGRAMS

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## ABORIGINAL YOUTH CHOOSING HEALTH CAREERS/GIVING YOUTH TOOLS

Term: March 1, 1998 – March 31, 2000  
Partner: Human Resources Development Canada

The Aboriginal Youth Project continued to work in partnership with the six national Aboriginal organizations: the Assembly of First Nations, Congress of Aboriginal People, Inuit Tapirisat of Canada, Métis National Council, National Association of Friendship Centres and the Native Women's Association. Representatives of each organization participated in the Aboriginal Youth Committee, providing guidance for the project.

The purpose of the project was to produce resources to encourage Aboriginal youth to choose a health career.

The products are intended to be used by teachers, guidance counsellors, health professionals and community resource workers in settings such as career fairs, schools, Friendship Centres and employment centres.

The Aboriginal Youth Committee commissioned the production of a 21-minute video titled *The Healing Choice: You and a Career in Health*. The video highlights Aboriginal role models who have chosen to enter a health career. It is accompanied by a User Guide which provides examples of how the video can be used within a variety of settings. Pull-out sheets can be used as classroom resources, and suggestions for role playing and assignments can be adapted to reflect local resources.

In addition, a website, [www.choosehealth.org](http://www.choosehealth.org), was developed. The website is interactive, using portions of the video to motivate and inspire users to obtain more information. Hotlinks are provided to educational programs, as well as other sources of information about health careers. People using the products can share their suggestions for effective use of the resources. Distribution of the resource was made to a wide audience.

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## CANADIAN HIV/AIDS CLEARINGHOUSE

### Helping you make a difference

Term: April 1, 2001 – March 31, 2004  
Partner: Health Canada

The Canadian HIV/AIDS Clearinghouse is the largest information centre on HIV/AIDS in Canada. Funded under the Canadian Strategy on HIV/AIDS (CSHA), the mandate of the Clearinghouse is to provide information on HIV/AIDS prevention, care and support to health and education professionals, AIDS Service Organizations, health information resource centres, governments and others with HIV/AIDS information needs. The Clearinghouse has a specific focus to support Canadian activities in the area of HIV prevention.

### Distribution Services

*Bringing Canada's HIV/AIDS resources to you*

In 2000/2001, over 33,000 orders were processed, resulting in Clearinghouse staff distributing 557,000 pamphlets, posters, brochures, videos and manuals. The Clearinghouse's distribution collection currently includes 577 items. The Clearinghouse has exhibited at the 5th BC Aboriginal HIV/AIDS Conference (March 25-28) in Prince Rupert, BC, the

CANAC (Canadian Association of Nurses in AIDS Care) Conference (April 5-7) in Quebec City as well as the 1st Canadian Conference on Hepatitis C (May 1-4) in Montréal, Québec.

### Library Services

*Your gateway to a wealth of information*

Clearinghouse staff have been working diligently to maintain and update the library collection of resources on HIV/AIDS. This work has included an extensive review and evaluation of the periodical collection and the development of a comprehensive Collection Development Policy. Library staff continue to improve the service available to its clientele through upgrades to the online catalogue of publications and ongoing training for all Clearinghouse staff. Quality reference services, customized bibliographies and interlibrary loans are the results and benefits of the improvements and upgrades.

### HIV Prevention Program

*Your partner in HIV prevention*

In order to keep up with the ever-changing challenges of HIV/AIDS, the Clearinghouse works closely with front-line partners to share information and develop resources supporting innovative HIV prevention initiatives.

The Clearinghouse, in partnership with a national steering committee, developed a prototype for a national HIV prevention database. The database will contain program information on HIV prevention activities from across Canada. When launched, the database will help to facilitate communication and shared learning, and will ultimately help highlight accomplishments and identify prevention priorities to strengthen HIV prevention programming in Canada. A proposal for implementation of the database was submitted to Health Canada in June 2000.

The Clearinghouse launched its new website. The address is:

[www.clearinghouse.cpha.ca](http://www.clearinghouse.cpha.ca)

With the help of the first-ever Virtual Advisory Committee (VAC), the Clearinghouse launched Canada's first HIV Prevention ListServ. You can subscribe by sending an e-mail to [majordomo@cpha.ca](mailto:majordomo@cpha.ca) with the message "subscribe prevention".

The goal of this listserv is to support front-line workers in their HIV prevention programming activities by providing the latest information as well as linking them with colleagues doing similar work across the country. The listserv can be a valuable tool for frontline HIV prevention workers to find out what their colleagues are doing across Canada and to connect with others with relevant information and resources.

### CHN – Canadian Health Network HIV/AIDS Affiliate Consortium

The Clearinghouse is a partner in the Canadian Health Network (CHN), which provides Canadians with general health information via the internet. We have formed a consortium with the Canadian AIDS Society (CAS) and the Canadian AIDS Treatment Information Exchange (CATIE) to be the CHN's HIV/AIDS Affiliate.

The HIV/AIDS Affiliate is responsible for ensuring that information is made available through the Health Centre ([www.canadian-health-network.ca/1AIDS\\_HIV.html](http://www.canadian-health-network.ca/1AIDS_HIV.html)) for the general public and is accurate, current, comprehensive, timely, credible, relevant, well-organized, reliable.

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## **CANADIAN IMMUNIZATION AWARENESS PROGRAM**

- Term: January 2000 – December 2001
- Partners: Canadian Institute of Child Health, Canadian Medical Association, Canadian Nurses Association, Canadian Nursing Coalition for Immunization, Canadian Paediatric Society, Canadian Pharmacists Association, College of Family Physicians of Canada, Conférence des Régies régionales de la santé des services sociaux du Québec, Council of Chief Medical Officers of Health, Health Canada
- Sponsors: Aventis, GlaxoSmithKline, Merck Frosst, Shire Biologics, Wyeth-Ayerst

The goal of the Canadian Immunization Awareness Program (CIAP) is to help parents and health-care providers in Canada work together to make sure children get all the shots they need at the right times.

While the annual feature is National Immunization Awareness Week in May, promotions continue year round. The CIAP website ([www.immunize.cpha.ca](http://www.immunize.cpha.ca)) is becoming a clearinghouse of reputable information on immunization, available for anyone to download and use. Both educational and promotional resources are now distributed via the website; even posters and pamphlets can be downloaded and printed for local consumption. An e-mail 'news network', managed by the Secretariat, now keeps health care providers across the country informed of stories in the mainstream media. New posters and ads, with a tougher message about the importance of immunization, were also introduced in 2001.

The continual challenge of this ongoing program is to refute the myths and misinformation that circulate and re-circulate about immunization safety. In the next few years, as more vaccines are introduced, public trust in vaccines may be increasingly difficult to maintain. Coordinated efforts among non-government and government organizations are necessary.

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## **CANADIAN COALITION FOR INFLUENZA IMMUNIZATION**

- Term: January 2000 – December 2001
- Partners: Canadian Association of Chain Drug Stores, Canadian Association of Retired Persons, Canadian Diabetes Association, Canadian Gerontological Nursing Association, Canadian Infectious Disease Society, Canadian Lung Association, Canadian Medical Association, Canadian Paediatric Society, Canadian Pharmacists Association, College of Family Physicians of Canada, Community and Hospital Infection Control Association, [Health Canada](http://www.healthcanada.ca), Heart and Stroke Foundation of Canada
- Sponsors: Aventis, Shire Biologics, Health Canada

The goal of the Canadian Coalition for Influenza Immunization (CCII) is to promote the benefits of influenza immunization for all ages.

The challenge of this ongoing national program has been to complement increasingly large provincial programs to promote influenza immunization. In response, a variety of tools have been developed for use by health care providers, all available on the website ([www.influenza.cpha.ca](http://www.influenza.cpha.ca)). These target different audiences, and allow health units to adapt national promotions to suit their local market. Reputable resources have been gleaned from other websites and either added or linked to the CCII website, making it one-stop-shopping for professionals and the public who are looking for information about influenza and its prevention. Coalition partners have been instrumental in delivering the message and resources to their respective memberships.

Health Canada supports this program because of its contribution to averting pandemic influenza. In addition to annual protection of the public, the proliferation of immunization clinics increasingly prepares and trains the delivery system in the event of a pandemic.

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## **DESIGNING PRESCRIPTION MEDICATION PACKAGING AND LABELLING AS TOOLS TO ENHANCE LOW-LITERACY SENIORS' PERSONAL AUTONOMY AND WELL-BEING**

- Term: September 1, 1999 – October 31, 2001
- Partner: National Literacy Secretariat

Under the guidance of a multi-stakeholder advisory committee, this project has evolved considerably during its two-year course. The main product will be a set of Guidelines on the use of plain language terminology and good design in patient information materials related to prescription medications. The prime users will be pharmaceutical manufacturers, and we anticipate that the Guidelines will become a reference document for the patient information section of the product monograph as required by Health Canada's Therapeutic Products Directorate, who approve drugs for the market. The project is part of CPHA's National Literacy and Health Program.

To date, the following activities have taken place:

- A literature review examining the state of current knowledge on the issues related to medication management, with an emphasis on the links between patient information and compliance.
- A multi-stakeholder consultation, including focus sessions with seniors and low-literacy Canadians, industry representatives, pharmacists, and health care providers such as physicians and nurses.
- Information gathering of existing patient information material; data on medication-related morbidity and mortality as well as literacy levels and their impact on health; package samples; and a review of similar initiatives in other countries.
- Development of a draft of the Guidelines, written by specialists under the supervision of project staff.
- Preparation for a national Symposium (September 5-6, 2001) to review and endorse the Guidelines and discuss implementation.

Following the Symposium, the Guidelines will be printed and distributed, and electronic versions will be available on the website ([www.nlhp.cpha.ca](http://www.nlhp.cpha.ca)).



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## **HEALTH EFFECTS OF CLIMATE CHANGE PROGRAM**

### **A) Supporting Public Awareness Initiatives on the Health Effects of Climate Change and Air Pollution**

Term: April 1999 – March 2000  
Partners: Health Canada, Environment Canada and Natural Resources Canada

CPHA recently released the survey report on the health effects of climate change and air pollution: *Supporting Public Awareness on the Health Effects of Climate Change and Air Pollution: A Survey Report*. The report examines almost two hundred organizations in Canada and highlights the most promising public awareness initiatives in the health, education, private and environment sectors.

Survey respondents and the general public now have the opportunity to download the full version of the report or browse a summary of the document on-line at <http://www.ccah.cpha.ca/survey.html>.

### **B) Roundtable on Health and Climate Change**

Term: March 2000 – March 2001  
Partners: Health Canada, Environment Canada and Natural Resources Canada

The objective of the Roundtable was to raise the profile and inform policy-makers of the health issues associated with climate change. Participants heard from experts on such themes as the health impacts and costs of climate change, the health implications of reducing emissions, climate change scenarios, the role of the health sector, and collaborative and coordinated approaches to integrating health concerns into policy and programming.

In partnership with Health Canada, Environment Canada and Natural Resources Canada, CPHA organized a Roundtable on Health and Climate Change, held in Ottawa on September 17-19, 2000. The Roundtable was chaired by Dr. David Butler-Jones, CPHA President. Roundtable participants represented over forty organizations, providing a cross-section of representatives from medical institutions, health groups and associations, universities and research centres, environmental and labour non-governmental organizations, companies and industry associations, and government departments at the federal, provincial and municipal levels. A number of documents were produced by the Roundtable, including a roundtable background, summary proceedings, a strategic sectoral plan that synthesized the roundtable discussions and outlined a framework for collaborative action, and an insert to the May/June 2001 issue of the Canadian Journal of Public Health. These documents are available on-line on the CPHA website at [www.cpha.ca](http://www.cpha.ca).

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## **NATIONAL LITERACY AND HEALTH PROGRAM: LEARNING MATERIALS ON VIOLENCE FOR YOUTH WITH LOW LITERACY**

Term: April 2001 – July 2002  
Partner: National Literacy Secretariat

In April 2001 Canadian Public Health Association's (CPHA) National Literacy and Health Program (NLHP) received funding from the National

Literary Secretariat of Human Resources Development Canada to develop Learning Materials on Violence for Youth with Low Literacy.

There is extensive evidence that literacy is one of the major factors influencing health status in all populations. The Executive Summary of Health Canada's "Towards a Healthy Future: Second Report on the Health of Canadians" (1999), notes that "Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high literacy levels". Issues of youth violence, low literacy and its negative impact on health were identified at CPHA's first Canadian conference on literacy and health held in Ottawa, May 2000, as needing further exploration and program development. These concerns were explored in a project undertaken by CPHA's National Literacy and Health Program, What the Health. It was identified by CPHA, health profession experts and youth service workers, as an important issue that needed to be integrated into youth literacy programs.

Few, if any, such programs exist for youth with low literacy skills which focus on violence and its prevention. An objective of this project is to conduct qualitative research to investigate the relationship between literacy and violence in young people and identify strategies for attracting youth to literacy programs. The goal is to develop learning materials that may be integrated into adult basic education courses and other youth literacy programs across Canada. The resources developed will include popular education and non-traditional innovative teaching techniques that have been shown to be effective in working with young people of low literacy in Canada and internationally.

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## **LITERACY AND HEALTH CONFERENCE**

Term: January 1999 – December 31, 2000  
Partner: National Literacy Secretariat

The first Canadian conference on literacy and health, "Charting the Course for Literacy and Health in the New Millennium" was held May 28-30, 2000 in Ottawa. In attendance were some 300 participants from both Canada and the United States.

The speakers at the Opening Plenary included Senator Joyce Fairbairn, P.C., Mrs. Dorothy Silver, Learner Spokesperson on the Board of Directors, Movement for Canadian Literacy, and Dr. John Hastings, Past President of CPHA. Senator Fairbairn and Mrs. Silver unveiled a wall of health stories written by low literacy health consumers from across Canada and the United States at the Welcome Reception.

Mr. George Maher of the Plain English Campaign in England moderated the Working and Closing Plenaries. The three theme chairs, Dr. Owen Hughes, a family physician and NLHP representative, Dr. Rima Rudd, Harvard School of Public Health and Mr. John Daniel O'Leary, President of Frontier College presented the five conference themes. These themes were explored in the 35 concurrent workshops and 2 sub-plenaries presented by education and health specialists from North America and England. This information was published in the *Captain's Log*, a set of conference proceedings.

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## **PUBLIC CONSULTATION ON XENOTRANSPLANTATION**

Term: May 1, 2000 – December 31, 2001  
Partner: Health Canada

There is a severe shortage of organs, cells and tissues for human-to-human transplantation. Animal-to-human transplantation (xenotransplantation) could potentially provide an almost unlimited source. The procedure, however, raises a number of issues.

In August 2000, Health Minister Allan Rock announced that CPHA is being funded to form a Public Advisory Group and conduct consultations with Canadians on the issue of xenotransplantation. Minister Rock said “the views of Canadians will help to guide the future development of government policy on xenotransplantation in Canada.”

A website was developed (<http://www.xeno.cpha.ca>) to provide a wide range of information on xenotransplantation. Background information was distributed to over 4,000 organizations. The consultation was promoted through the media and covered by most major newspapers as well as regional television and radio outlets.

From March to July 2000, viewpoints of Canadians were solicited through:

- a random, telephone survey of 1,500 Canadians
- forums of randomly selected citizens in six regions of the country
- a questionnaire mailed to 4,000 organizations
- a questionnaire posted on the project website.

A Public Advisory Group (PAG) has been working in partnership with CPHA in defining the consultation process. PAG members represent various perspectives including health care, animal welfare, faith, cultural, legal, risk management and consumers. PAG is responsible for developing recommendations on xenotransplantation based on input from Canadians. The report will be delivered to the Minister of Health by December 2001 and posted on CPHA's website.

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## **PUBLIC HEALTH CAPACITY PROJECT**

Term: September 1999 – February 2001  
Partners: Health Canada, Advisory Committee on Population Health (ACPH)

CPHA was contracted by the ACPH to assess the capacity of the current public health infrastructure to respond to ongoing, emerging and urgent health concerns of Canadians. The objectives of the project were to:

- Describe as concretely as possible each of the national, provincial/territorial, regional/district and local level components of the public health infrastructure (e.g., legislative and regulatory mandates, organization, reporting structures and accountability, funding, linkages, corefunctions, major programs, priority issues, etc.), acknowledging the commonalities and differences across regions and jurisdictions;

- Describe the degree to which each of the following public health functions is addressed within the public health infrastructure: population health assessment, health surveillance, health promotion, disease and injury prevention and health protection;
- Based on agreed-upon indicators, describe the capacity of the public health infrastructure development, and changes to priorities and activities.

CPHA submitted the final Technical Report and Highlights reports to the ACPH.

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## **YOUTH LITERACY AND HEALTH – WHAT THE HEALTH**

Term: January 28, 1999 – April 28, 2000  
Partners: Health Canada, Frontier College

This project was completed in April 2000, and the resource, “What the Health”, was launched at the National Conference on Health & Literacy in May 2000.

‘What the Health’ is a curriculum that offers a number of stories on health issues, discussion questions, plain language health information and practical exercises that will assist youth enrolled in literacy classes and in other programs to develop critical life skills.

This product is popular within the schools and is available for purchase through CPHA's Health Resources Centre.

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# INTERNATIONAL PROGRAMS

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

Term: September 1998 – March 2003

Partners: 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 CIDA to identify and recruit Canadian technical consultants to assist the World Health Organization (WHO) and UNICEF to strengthen national childhood immunization systems for polio eradication, elimination of measles and to combat childhood diseases in developing countries and in Eastern and Central Europe. A partnership between CIDA, CPHA, UNICEF Canada, WHO, Rotarians in Canada, and other collaborating Canadian NGOs, the CIII renews Canada's internal commitment to one of the most cost-effective public health measures – childhood immunization.

CPHA is also coordinating a public information campaign in collaboration with UNICEF Canada, CIDA, and Rotary to provide information to Canadians about the importance of international immunization.

The main activities for 2000 and 2001 included:

- Over 26 short-term technical missions were completed in 19 countries to strengthen immunization systems, measles surveillance and control, vaccine production and regulation safety, vaccine management, and laboratory capacity. In polio-endemic countries, 18 3-month missions, focusing on acute flaccid paralysis surveillance and national immunization days, were also completed in India, Sudan, Pakistan, and the Democratic Republic of Congo, Gabon and Haiti.
- Media campaigns and advertisements were undertaken to raise Canadian awareness of progress in polio eradication, and of the importance of national and international immunization. Examples include:
  - A 3-year agreement with the quarterly national magazine *Best Wishes* and *Mon Bébé* which potentially reach over 340,000 parents with new children each year.
  - Production and distribution of 12,000 copies in March 2001 of *Immunization Initiatives*, a biannual newsletter distributed to decision-makers, stakeholders and Canadian organizations active in health issues.
  - Ongoing development of a public service announcement for TV to demonstrate the impressive progress made in polio eradication worldwide. A final product is expected by December 2001.
  - Establishing collaboration with the Canadian Immunization Awareness Program (CIAP) to disseminate information on the importance of international immunization in all provinces and territories during National Immunization Awareness Week (NIAW).
  - A polio symposium was held in March 2001 to address the final stages of the eradication effort with senior representatives of WHO, UNICEF, Centers for Disease Control, Atlanta and Rotary International.

Advocacy efforts resulted in an announcement of \$10,000,000 additional funds for polio eradication in central Africa by The Honourable Maria Minna, Minister for International Cooperation.

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## CARIBBEAN HIV/AIDS PROJECT

Term: September 1996 – December 2000

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

The Caribbean Epidemiology Centre (CAREC), through the Pan American Health Organization (PAHO), implemented 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 was supported through a contribution from the Canadian International Development Agency.

The project targeted member country Ministries of Health, as well as NGOs and community-based organizations (CBOs) that address the needs of women, youth and people living with HIV and AIDS (PLHIV). 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 in HIV/AIDS policy and program formulation;
- strengthening targeted healthy sexual behaviour interventions and promoting positive attitudes towards persons living with HIV/AIDS;
- strengthening national and regional diagnostic testing capabilities and community-based care and support for persons living with HIV/AIDS;
- 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 program.

CPHA is the technical partner to PAHO/CAREC for the project. CPHA identifies appropriate Canadian technical expertise and provides advice and guidance, particularly in the area of health promotion, HIV/AIDS counseling, care and support, disease surveillance, laboratory diagnostic and management quality assurance and quality control, strategic planning, project management and monitoring, institutional capacity building and sustainability, and the role of the media in HIV/AIDS.

During 2000/2001, CPHA identified and mobilized technical experts on the following missions:

1. review and production of training modules and the production of an accompanying video to trigger discussions to sensitize health care workers about HIV/AIDS issues and providing effective health services to those with HIV and AIDS;
2. to facilitate a Caribbean-based workshop to raise awareness and action on homosexual/bisexual issues around HIV and AIDS;
3. the production of a training process, module and accompanying guide to improve quality assurance/quality control of laboratory operations and management;
4. participation and facilitation of two workshops on NGO capacity building to respond better to HIV and AIDS; and,
5. preparation of a set of "success stories" from the project, based on the contribution made by Canadian technical reports.

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## CONTINUING MEDICAL EDUCATION AND RENEWAL OF PUBLIC HEALTH IN KOSOVO

Term: March 2000 – December 2001

Partners: Canadian International Development Agency (CIDA), Health Canada, Canadian Nurses Association (CNA), Society of Obstetricians and Gynaecologists of Canada (SOGC), Ontario Medical Association Quality Management Services – Laboratory Services, Department of Health and Social Welfare in Kosovo, United Nations Population Fund (UNFPA), Pristina University Hospital and Kosovo Institute of Public Health

The objectives of the project are to upgrade the skills of health professionals through education and to assist in the rehabilitation of the public health infrastructure. Our project is part of the funding allocated by the Government of Canada to reconstruction in the Balkans.

In addition to the continuing education activities, in which CPHA has the support of the Canadian Nurses Association (CNA), the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Ontario Quality Management Program for Laboratory Services, and the work with the Institute of Public Health in Pristina, CPHA is active in several new areas.

At the policy level, and with the support of the CNA, CPHA is providing the senior international nurse advisor to the Kosovo Department of Health and Social Welfare. In conjunction with an infection control specialist from Kingston General Hospital, a hospital architect from Mill and Ross of Kingston and a hospital planner from the RPG Group of Toronto, CPHA is developing a Master Plan for the hospital sector.

At the same time, and in response to the poor conditions and high infection rates in the 400-bed Maternity Unit of the Pristina University Hospital, these same partners are providing architectural, hospital design and project management services to a major CIDA-funded renovation of this facility. United Nations Population Fund (UNFPA) are a major partner in this initiative.

Finally, CPHA expects to have two information specialists in Kosovo working on a health information system framework for Kosovo and the installation of a pilot system. In this, CPHA is assisted by Dr. John Millar of the Canadian Institute for Health Information (CIHI).

### 2000 Highlights

- The project commenced activity in July 2000. Assessment missions were conducted in areas of nursing, health information and laboratory training as well as the urgent Maternity Unit upgrading at Pristina University Hospital. A local office was established and a Kosovar physician hired as our Liaison Officer.
- Microbiology Training was conducted at the Institute of Public Health and infection control training provided to hospital staff.
- A nursing advisor was placed in the DHSW.

### 2001 Highlights

- Redesign of Maternity Unit completed and construction well underway with completion planned for October.

- Design work for Prizren Hospital added to mandate and completed.
- A 12-week course for 17 Midwives/Nurses completed.
- Continuing Medical Education for OB/GYN specialists planned for September.
- Training in laboratory operations and management, including quality control and microbiology training provided.
- Hospital Master Plan completed and accepted by Department of Health and Social Welfare (DHSW).
- Senior policy advisor placed in DHSW.
- Health information system pilot project designed and implemented in one region. Comprehensive training provided with assistance of Health Canada epidemiologists.
- Field epidemiologist assistance provided in support of CHF outbreak.
- Kosovo Nurses Association established, elections completed and registration underway.

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## HEALTH PROMOTION IN ACTION PROJECT

Term: November 1998 – March 2002

Partners: Canadian International Development Agency (CIDA), National School of Public Health (ENSP) – Brazil, The Brazilian Association of Collective Health (ABRASCO)

This project links academics, researchers, and health professionals in Canada and Brazil to exchange knowledge and expertise in health promotion concepts, practices and strategies. Like many other countries, Brazil is taking a close look at how to integrate health promotion in its process of health care reform. At issue is not just the delivery of health care to previously under-served areas, but rather the implementation of health promotion strategies that will take on the larger context of poverty and the social determinants of health.

The aim of the Health Promotion in Action project is to support the incorporation of health promotion theory and practice at Brazil's National School of Public Health (ENSP). CPHA is the lead Canadian partner to ENSP and ABRASCO for the project. CPHA is responsible for identifying appropriate technical expertise in health promotion and coordinating the technical exchanges in Canada. ABRASCO, the Brazilian counterpart to CPHA, is responsible for the dissemination of the project's results and health promotion materials in Brazil.

2000/2001 Highlights: Collaborating closely with the ENSP and its Academic Health Centre, which provides primary health care services to the surrounding community, CPHA has identified a number of practical on-site visits to Canadian primary health services and academic institutions. To date, 9 groups of Brazilians have visited Canada and 4 groups of Canadians have gone to Brazil. CPHA members have contributed significant time and effort to assist and host Brazilian visits to Canada, and to participate in technical exchange missions to Brazil. The project's Technical Advisory Committee, comprised of 4 Brazilians and 4 Canadians, has met twice in Brazil to assess the progress of the project, recommend future steps and identify lessons learned to date. Several documents, including CPHA's "Focus on Health" and "Action Statement for Health Promotion in Canada", have been translated into Portuguese and will soon be distributed by ABRASCO.

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**HIV/AIDS AND YOUNG PEOPLE IN SOUTH EASTERN EUROPE (BALKANS) AND HIV/AIDS AND YOUNG PEOPLE AND STRENGTHENING CHILD RIGHTS (ROMANIA, BULGARIA AND MOLDOVA)**

Term: July 2001 – March 2004

Partner: UNICEF

HIV/AIDS is an emerging important public health concern in south east and eastern Europe. The prevalence of HIV has tended to be low, with the exception of Romania, which has a tragic history of having the highest prevalence of HIV positive children in all of Europe. But the recent political, social and economic transition, and civil war in the Balkans, is changing this situation dramatically. The attitudes and behaviour of adolescents and young adults are very different from those of their parents: exposure to aggressive advertising and other influences from Western nations with respect to social norms and behaviours, insecurity about the future, and the emergence of a strong and powerful illegal black market contribute to making youth and young adults a vulnerable group.

Although general awareness about HIV and AIDS tends to be high, this knowledge is incomplete, incorrect and superficial. Most young people lack the skills to take healthy decisions concerning sexual behaviours. Compounding the problem is a tendency towards risk-taking and/or low self-esteem, coupled with an increase in the use of alcohol and drugs, along with unsafe sexual behaviour.

Simultaneously, while governments in this region may have the political will to do something, most have limited resources to respond effectively and adequately. The NGO community is active in HIV prevention and support for those living and affected by HIV and AIDS; but their capacity to respond is also limited and in many countries, their relationship with government is fragile.

CPHA is being contracted by UNICEF to identify and mobilize Canadian technical resources (human and material) in support of these two initiatives. Over the short term, this will include: identifying a Canadian as a coordinator for a rapid assessment and response study of the factors affecting HIV and AIDS in Bosnia & Herzegovina, Serbia & Montenegro, Macedonia, Albania and the UN-administered province of Kosovo; assisting in the review and development of national HIV/AIDS strategic plans in Romania, Bulgaria and Moldova; and the organization of a technical study tour to Canada by representatives from these countries, to meet with counterpart Canadian NGOs and ASOs as a means of improving their knowledge and skills with respect to HIV prevention and AIDS care and support strategies.

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**MALAWI FAMILY AND REPRODUCTIVE HEALTH PROJECT (PHASE II)**

Term: May 2000 – May 2005

Partners: Canadian International Development Agency (CIDA), United Nations Population Fund (UNFPA) Malawi

Building on the success of the first phase of the Family Health Project, Phase II aims to support the sexual and reproductive rights of all women, men and youth through an improved relationship between communities and health service providers in three selected districts of Malawi: Dedza, Nkhata Bay and Mchinji.

Key results expected are:

- Improved availability of services at local clinics through providing supplies and equipment, upgrading infrastructure and training staff;
- Improved quality of health services and consultation between communities and health care providers, through experiential learning for district and health centre staff;
- Increased utilization of services and community members' ownership of their own reproductive and sexual health, through capacity building of community structures such as village health committees and youth groups.

Highlights for 2000/2001: During 2000, institutional arrangements and management processes were established. Agreements were negotiated with project partners, staff was hired in Canada and Malawi, and the Baseline Assessment and the Project Implementation Plan were completed.

Activities are now well underway. Community meetings in Dedza, Mchinji and Nkhata Bay have introduced the project and raised awareness of reproductive health issues in the targeted villages. District health management teams have been assisted with work planning and sensitized to gender issues. Health care providers from community to district level attended training on all aspects of reproductive health care, especially the needs of youth. Religious leaders in Nkhata Bay participated in a very productive workshop on sexual and reproductive health issues for young people, and the other districts will follow suit. Supplies and equipment have been procured for the clinics, and plans made for improving transportation and communication services for health care providers. A partnership with the World Bank Institute is being cemented through the participation of several Malawian partners in a course on Reproductive Health and Health Sector Reform in Washington, D.C. in September.

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**ROMANIAN PUBLIC HEALTH AND HEALTH MANAGEMENT ASSOCIATION PROJECT (RPHHMA)**

Term: March 1997 – December 2000

Partners: Canadian International Development Agency (CIDA), Romanian Public Health and Health Management Association (RPHHMA)

Commenced in March 1997, the project's specific objectives were to improve the knowledge and skills of the Romanian Public Health and Health Management Association (RPHHMA) members about public health and health services management issues through professional training, to advocate for sound public health and health sector policy and programs, and to implement health sector evidence-based studies.

The RPHHMA 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 years, creating a climate of uncertainty and instability. Volunteerism within the RPHHMA's membership is good, but the Association is conscious of the need to stimulate volunteer input and support on a continual basis.

Highlights for 2000:

September 2000 marked the termination of direct support through CPHA to help reinforce the institutional capacity of the RPHHMA. Over the final six months of the project, the RPHHMA organized a training-of-trainers workshop on volunteerism, held its Annual Conference and General Meeting and the Country's 2nd Health Promotion Summer School. Two RPHHMA representatives participated at the World Rural Health Conference (Calgary: August 2000) and at the Triennial International Congress of the World Federation of Public Health Associations (Beijing, September 2000). A final project evaluation was carried out in December 2000, and remarked on the considerable contribution the RPHHMA made to the formulation of health policy and programs in Romania, as well as the important role it played in advancing the participation of civil society in health sector deliberations and consultations.

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

Term: January 1998 – June 2000

Partners: Canadian International Development Agency (CIDA), UNICEF/Romania

UNICEF/Romania, through a contribution from the Canadian International Development Agency, implemented a two-and-a-half-year project aimed at strengthening the national response to HIV/AIDS and, particularly, the country's HIV/AIDS prevention and control strategy for adolescents. The project pursued 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 also addressed sexual transmission of HIV/AIDS and adolescent health issues, areas which are not addressed effectively in Romania.

2000 Highlights:

- completed activities related to training Romanian epidemiologists in communicable disease surveillance, as a means to re-develop and strengthen the national HIV/AIDS surveillance system in Romania;
- established HIV/AIDS Resource Centre/Clearinghouse at the Romanian HIV/AIDS Society;
- participation by Romanian NGO representatives in CPHA skills-building workshop for HIV/AIDS Counselling;
- completion of development of workplan for next phase of project.

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

Term: March 1998 – July 2001

Partners: Canadian International Development Agency (CIDA), Russian Public Health Association (RPHA)

The project, with technical assistance from CPHA and its members, reinforced the ability of the RPHA to strengthen Russian civil society. Especially important was its role in contributing to the development of national policies and programs that have an impact on human health. As an example of the latter, in May 2001 the RPHA President secured

invitations for three Duma representatives to participate in a meeting held in Geneva related to tobacco control. The World Federation of Public Health Associations and WHO's Framework Convention for Tobacco Control organized the meeting. One of the Russian Duma delegates was Professor Gerimesenko, Chairman of the Committee responsible for drafting Russia's tobacco control legislation.

Upon returning to Russia, Professor Gerimesenko used some of the arguments and information from the Geneva meeting to promote the Russian draft tobacco control law. The law was subsequently adopted. The draft law had previously been overturned on at least three occasions. The project also made possible the translation into Russian of *Smoke and Mirrors*, a book giving the history of Canada's efforts in tobacco control. This translated book is being widely disseminated in Russia and has proven to be an important resource for tobacco control lobbyists.

There are now 44 RPHA chapters, of which 15 have been legally registered. The Association, in partnership with its chapters, has organized a number of regional conferences on issues such as alcohol, tobacco and the health of children. Among the publications produced by the RPHA are its Newsletter, Digest and various policy papers. Additionally, the Association's President has published papers outlining Russia's health in *The Lancet*, the *EUPHA Journal* and the New York *Financial Times*. All of these publications have helped to raise the profile of the RPHA. In addition to raising the profile of public health in Russia, the RPHA has also actively promoted public health issues in countries of the former Soviet Union and has been instrumental in the forming of a PHA in Ukraine.

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### **SOUTHERN AFRICAN AIDS TRAINING PROGRAMME (SAT), PHASE II**

Term: May 1996 – December 31, 2001

Partner: Canadian International Development Agency (CIDA)

The SAT Programme was established in 1990 as a Canadian HIV prevention project in the countries of the Southern African Development Community (SADC). Since then it has expanded to a holistic social approach to HIV and AIDS, and it has limited its geographic coverage to the countries of Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe. The current phase of the Programme (SAT II) will conclude on December 31, 2001. A proposal for a third phase to the project (SAT III) is currently under review by CIDA.

SAT is based on the premise that there are identifiable social characteristics that determine the susceptibility of a community to HIV epidemics and its vulnerability to the impact of AIDS. The profile of HIV and the impact of AIDS can be changed by selectively building the capacity of groups and organizations working for positive behaviour change, care and mutual support, community cohesion, and social justice. This process is called *increasing community HIV competence*.

In early 2000, CPHA welcomed the new SAT Director, Dr. Josef Decosas, who replaced the late Renée Sabatier.

The year 2001 brought in the Special Initiative for Children Affected by AIDS in Zimbabwe (ZICA). This is a new initiative within SAT II which has adopted the SAT approach of organizational capacity building of

community-based service providers to improve the ability of organizations working for children in Zimbabwe. The ZICA Project delivers services for:

- the prevention of HIV infection associated with sexual initiation;
- protection, care, and psychological and social support for children who are especially vulnerable to HIV infection;
- comprehensive care and support for children who are orphaned or who live in families severely affected by AIDS.

The third phase of the SAT Programme will build on the solid record of promoting gender equality, human rights, and child rights established in previous phases of SAT and will maintain its innovative edge by remaining responsive to needs and priorities identified at the community level. At the same time, it will continue to position itself within the framework of national AIDS plans and policies, and contribute its experience to national initiatives for the support of the community response to AIDS. The School Without Walls Programme remains the cornerstone of the SAT Programme and will increase its activity in institutional mentoring, site visits, apprenticeship exchanges and thematic networks throughout phase III.

SAT continues to have a positive impact on communities within the SADC region. In order to share these experiences more widely, CPHA in cooperation with CIDA, plans to increase the visibility and results of SAT. One example is the recent invitation accepted by the UN Representative for AIDS in Africa, Stephen Lewis, to observe the efforts of Human Resources Trust (HRT), a SAT partner, in Lusaka, Zambia. The visit was a great success in terms of showcasing the work of HRT in mitigating the impact of HIV and AIDS in many Zambian communities.

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

- Term: April 1998 – September 2001
- Partners: Canadian International Development Agency (CIDA), National Public Health Associations in Burkina Faso, Cuba, Dominican Republic, Ethiopia, Niger, Peru, and Uganda

The Strengthening of Public Health Associations (SOPHA) Program supports non-governmental organizations in developing countries in the development of civil society, with focus on the health sector. The SOPHA Program strengthens the capacity of partner public health associations (PHAs) to participate in national health policy dialogue, promotes national and international leadership in public health, and facilitates technical exchanges between Canadian and overseas public health practitioners. The SOPHA Program promotes multi-disciplinary PHAs' role in formulating and implementing public health policy and supporting national primary health care programs. CPHA and partner PHAs influence human health through fostering leadership in the health sector, contributing to developing countries' plans of health, and by national health policy initiatives. Through the SOPHA Program, CPHA addresses key developmental themes including basic human needs, the development of civil society, institutional strengthening, capacity building, and national primary health care.

#### **2000/2001 Highlights:**

Over the past year, CPHA provided technical and financial support to public health association partners in Latin America and the Caribbean (Peru,

Haiti and Cuba), francophone West Africa (Burkina Faso and Niger), East and Southern Africa (Ethiopia, Uganda, Malawi and Mozambique) and in Pakistan, in support of their organizational capacity building and public health projects (tobacco control/smoking prevention among youth, malaria prevention, healthy cities/healthy communities, safety promotion and injury prevention, health and gender policy, and increasing accessibility to public health information to health care workers in rural areas). Technical support missions by volunteer CPHA members were carried out in Uganda, Ethiopia, Burkina Faso, Niger and Peru, while representatives from public health associations in Haiti, Cuba, Peru and Uganda made technical study tour visits to Canada. CPHA organized a workshop on Leadership in Public Health in cooperation with the World Federation of Public Health Associations that took place during the WFPHA's Triennial International Congress (Beijing, September 2000), at which representatives from all the partner public health associations participated.

This phase will conclude August 31, 2001. A proposal for a second five-year phase is currently under review by CIDA.

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### **ZAMBIA FAMILY AND REPRODUCTIVE HEALTH – PROJECT (PHASE II)**

- Term: April 2001 – April 2006
- Partners: Canadian International Development Agency (CIDA), Christian Medical Association of Zambia (CMAZ), Planned Parenthood of Zambia (PPAZ).

On April 10, 2001, CPHA signed a contribution agreement with the Canadian International Development Agency (CIDA) that launched the 5-year Family and Reproductive Health Project in Zambia. This project, which shares elements with the Family Reproductive Health Project in Malawi (launched last year), seeks to improve the access and quality of Reproductive Health (RH) information and services in Zambia, with an emphasis on assisting youth.

The purpose of the new Family and Reproductive Health Project in Zambia is to increase the utilization and improve the quality of reproductive health, family planning and safe motherhood services and strengthen the relationship between the community and health service providers in 2 urban, 10 peri-urban and 4 rural areas.

In this project, there is a special emphasis on improving the access and quality of Sexual and Reproductive Health information and services for youth in order to redress the number of high-risk pregnancies, abortions, HIV/AIDS and other STIs among teenagers.

CPHA staff Margaret Hilson and Elizabeth Smith visited partners in Zambia for Project Implementation Planning mission April 23 – May 11.

Project activities will commence upon approval of the Project Implementation Plan (PIP) by CIDA. The PIP is now being prepared by CPHA with input from our partners.

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## 2000/2001 CPHA VOLUNTEER REPRESENTATION ON INTERNATIONAL PROGRAMS AND PROJECTS

In addition to the above International Program/Project activities, CPHA wishes to acknowledge the valuable contribution of those members who have volunteered their time and expertise to represent CPHA at a number of international committees, meetings and workshops:

- Health Promotion in Action (Brazil) CIDA, Lessons Learned meeting (Brazil), May 2000  
*Nancy Kotani, Marcia Hills and Normand Trempe*
- Institutional Assessment/Evaluation (Ethiopia), June 2000  
*Anne Weiler and Gordon Trueblood*
- Ministry of Health/Romania Training (data analysis and reporting for HIV/AIDS epidemiological data), UNICEF Romania, June 2000  
*Chris Archibald and Ping Yan*
- Presentation at ABRASCO Conference (Brazil), August 2000  
*Marcia Hills and Jennifer Mullet*
- Health Promotion in Action (Brazil), Workshop on Community Health Centres at ENSP (Brazil), August 2000  
*Sherryl Smith, Keith McNair and Rishia Burke*
- World Federation of Public Health Associations Congress, Beijing, China, September 2000  
*Nancy Kotani and Brian Bell*
- Health Promotion in Action (Brazil), Workshop on Environmental Health at ENSP (Brazil), November 2000  
*Fred Ruf and Don Houston*
- Technical Assistance, Strategic Planning Workshop/informal organizational and project assessment (Burkina Faso), November 2000  
*Odette Laplante*
- Health Promotion in Action (Brazil), Technical Advisory Committee meeting (Brazil), December 2000  
*David Butler-Jones, Marcia Hills and Nancy Kotani*
- Institutional Assessment/Evaluation (Uganda), December 2000  
*Sonya Corkum and Isaac Sobol*
- Final Project Evaluation, Romanian Public Health Association, December 2000  
*Ron de Burger*
- Technical assistance, Global Youth Tobacco Survey Workshop (Burkina Faso), February 2001  
*Geneviève Baron and Faisca Richer*
- Institutional Assessment/Evaluation (Niger), May 2001  
*Colin Lee*
- “Smoke and Mirrors” launch (Russia), May 2001  
*Rob Cunningham and Bertha Mo*
- Canadian Ethiopian Health Workers Association Meeting, August 2001  
*Gordon Trueblood*

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## ADVOCACY AND LIAISON, AND REPRESENTATION ON EXTERNAL COMMITTEES AND WORKSHOPS/MEETINGS

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. CPHA members represent the association on numerous external committees and workshops/meetings.

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 in 2000-2001.

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## 2000/2001 CPHA BOARD OF DIRECTORS STRATEGIC DIRECTIONS AND ACTIVITIES

In 2000 the Board of Directors continued to focus much of its energy on positioning public health within the ongoing discussions on health system reform.

At the March 2000 Board of Directors’ meeting, the Board determined that CPHA needed to speak out quickly on the ongoing debate regarding health care funding to underscore that funding and the issue of privatization had effectively hijacked critical public debate in Canada about what is really at stake. What is needed is a commitment on the part of all Canadians to focus on the creation of a sustainable health system that meets the demands of the 21st century, that maintains the vision and values of medicare, that balances services and delivery of a continuum of services within medicare while taking into account the broader determinants of health. A paper entitled “An Ounce of Prevention: Strengthening the Balance in Health Care Reform” was developed and approved by the Board of Directors in April 2000. The paper was published in May 2000 and forwarded to the Prime Minister, all Federal/Provincial/Territorial Ministers and Deputy Ministers of Health. This paper along with other background documentation was provided to both the Standing Senate Committee on Social Affairs, Science and Technology (examining the state of the health care system in Canada) (Kirby Commission) and the Commission on the Future of Health Care in Canada (Romanow



Commission). CPHA's President, CEO and Associate CEO met with Mr. Romanow in June 2001.

Also at the 2000 March Board of Directors' meeting, it was agreed that CPHA would partner with the Provincial and Territorial Public Health Associations and Branches by providing some support for the hosting of regional roundtables to discuss the place of public and community health in today's health system debate. This process provided an opportunity to articulate practical strategies and a vision of public health for the future at provincial, territorial and national levels. Results were synthesized and consolidated into a single internal working document entitled "A Vision for Public Health in 2015: Opportunities, Challenges and Strategies". The Board of Directors determined that a national, shorter, public version of this report should be developed, resulting in the paper entitled "The Future of Public Health: A CPHA Board of Directors' Discussion Paper" which was published in the autumn 2001 *CPHA Health Digest*. The final paper will be presented to the membership at the October 2001 Annual General Meeting.

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## **OTHER FEDERAL LOBBYING ACTIVITIES**

Other significant lobbying activities in 2000/2001 included:

### **International Trade Agreements**

CPHA has been actively involved in the issue of international trade agreements for the past four years and our main concern continues to be the protection of human and environmental health in negotiating the reform of the World Trade Organization (WTO) and other trade measures. Working with CPHA members, CPHA has supported initiatives and research in the area of globalization and health. In July 2001, CPHA wrote to the Prime Minister urging that the G-8 summit address the concern that trade agreements are contributing to economic and governance practices with high negative social, health and environmental impacts and urging the inclusion of specific actions to ensure that WTO agreements do not conflict with multilateral agreements on health, environment, labour and human rights agreements.

CPHA also requested that Canada strongly advocate for debt-forgiveness.

### **HIV/AIDS**

#### **• CPHA HIV/AIDS Prevention Policy**

At the October 2000 Board of Directors' meeting, a motion was passed that: "CPHA take a leadership role with its partners in HIV policy and programming with a particular emphasis on: 1) prevention and promotion; 2) needs of disadvantaged populations; 3) globalization; and 4) research funding to support a public health perspective." As a follow up to this motion and to the CPHA "Survey of Canadian HIV/AIDS Prevention Policy and Program Priorities" completed June 2000, Jocelyne Maurice, former CPHA Board of Directors' member, attended the first Annual Canadian Strategy on HIV/AIDS Direction Setting Meeting, October 29-November 1, 2000 hosted by Health Canada. This meeting provided an opportunity for CPHA to make clear its interest and to discuss the need for public health policy with potential partners. Discussions are ongoing with the HIV/AIDS Division of Health Canada regarding what role CPHA could play in a nationally coordinated and locally implemented prevention strategy and in the area of policy development.

#### **• HIV & Immigration**

Earlier in 2001, the Ministry of Immigration announced tentative plans to ban all immigrants testing positive for HIV. This announcement came after 2 years of study by the Ministry which included cross-country public focus group sessions, public opinion polls and consultations with the Ministry of Health. The HIV/AIDS community, public health officials and policy makers began a letter campaign to both ministries urging them not to move ahead with this new policy, which in effect, reversed Canada's position, seen worldwide as both compassionate and leading edge. CPHA wrote letters to the federal Minister of Immigration and the Minister of Health encouraging them to reverse this decision as both bad public health policy and discriminatory. In the summer 2001, the Ministry reversed its decision in part, saying it would continue to test all immigrants for HIV but not automatically disallow entry to Canada. CPHA issued a press release affirming the decision not to prevent immigrants entry to Canada but restating that testing, counselling and providing access to education, care and support were the most effective means to combat HIV/AIDS.

#### **• UNGASS**

In May 2001, the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) reviewed the draft Global Declaration on HIV/AIDS. CPHA participated in a year's worth of activity leading up to the special session, which included posting a position statement on the draft Declaration to the UNAIDS website, the ICAD (Inter-Agency Coalition for AIDS and Development) website as well as participating at a national discussion round table held in Ottawa with government officials and other NGOs from across Canada.

### **Gun Control**

Since passing the 1995 Resolution supporting gun control legislation, CPHA has been active on this issue on an on-going basis. As a member of the Coalition for Gun Control, CPHA reiterated its support for the legislation in October 2000. This action was prompted by an announcement from the Canadian Police Association (CPA) that they were considering withdrawing their support for the legislation. A vote on their decision was postponed until March 21, 2001 at which time the CPA reaffirmed their support for the new gun control legislation. On March 20, 2001, CPHA wrote a letter to the Honourable Anne McLellan, Minister of Justice and Attorney General of Canada expressing continued support for the Firearms Act. In the letter, CPHA commended the Minister on her efforts to streamline the process and improve the efficiency of firearms control. This letter was copied to the Members of the Legislative Assembly and a general press release was sent out.

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

HEAL is a coalition of 29 national health and consumer organizations dedicated to protecting and strengthening Canada's health care system. HEAL was formed in 1991 and CPHA is one of the seven founding organizations.

CPHA continued its participation as a member of HEAL which focuses its efforts on a government relations/lobbying program highlighting the importance of health issues on the government agenda, and more specifically, on federal financing of health and health care. HEAL welcomed the September 2000 announcement of new federal investments to support the agreements by First Ministers on Health System Renewal and

on Early Childhood Development. Under contract to Health Canada, HEAL had a paper entitled “Mechanisms for Health Care Financing: A Discussion Paper” (March 2001) commissioned as a background paper. Recommendations for enhancing the federal government’s financial commitment to the health system were submitted August 2001 to the Standing Committee on Finance as input to the federal government’s next budget.

### **National Children’s Alliance**

CPHA is a member of the National Children’s Alliance (NCA). NCA is a group of more than thirty national organizations with an interest in the well-being of children, youth and their families in Canada. It was founded in 1996 to promote the development of a National Children’s Agenda by federal and provincial governments. CPHA reviews, endorses, publicizes and supports NCA activities on an ongoing basis. The Association participated in the recent national NCA Workshops that addressed the direction and recommendations of the National Children’s Agenda. In the spring of 2000, the NCA held forums across the country to build consensus on the policies and practices essential to a children’s agenda. The Saskatchewan Public Health Association and the Newfoundland and Labrador Public Health Association hosted the forums in their respective provinces. In September 2000, new federal funding was announced for Early Childhood Development and the NCA is treating this initiative as a first building block in the implementation of the National Children’s Agenda. Lobbying activities continue for increased funding and for the continued concrete commitment of the Federal/Provincial/Territorial process for the Agenda.

CPHA is represented and partners with a large number of diverse groups throughout the year on specific issues. The following are coalitions on which CPHA is listed as an organizational member:

- Canadian Association of Physicians for the Environment
- Canadian Coalition for Enhancing Preventive Practices of Health Professionals
- Canadian Coalition for Green Healthcare
- Canadian Coalition for the Rights of Children
- Canadian Council for International Cooperation
- Canadian Immunization Awareness Program
- Canadian Network for Asthma Care
- Coalition of National Voluntary Organizations
- Coalition for the Prevention of Developmental Disabilities
- Health Action Lobby (HEAL)
- Health Charities Council of Canada
- Mines Action Canada
- National Information Program on Antibiotics Coalition
- National Literacy and Health Partners
- National Voluntary Health Agencies
- Network for the Advancement of Health Services Research
- National Children’s Alliance
- Partners in Health Coalition for Influenza Immunization

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### **EXTERNAL COMMITTEES AND WORKSHOP/ MEETING REPRESENTATION**

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 following provides a brief overview of the range of activities in 2000-2001:

#### **COMMITTEES**

- Advisory Committee for the Sentinel Health Unit Surveillance System (SHUSS)  
*Ms. Jane Underwood*
- Advisory Council, International Institute on Social Policy  
*Mr. Gerry Dajoe*
- Advisory Group for a Program to Promote Reproductive Health and Sexual Well-Being in Canada  
*Dr. Mary Gordon*
- Advisory Group Reviewing the Recommendations from the Working Group on HIV/AIDS  
*Dr. Catherine Donovan*
- Breastfeeding Committee for Canada  
*Ms. Joanne Gilmore*
- Canadian Coalition for High Blood Pressure Prevention and Control  
*Dr. George Fodor*
- Canadian Coalition for the Rights of Children  
*Ms. Norma Freeman*
- Canadian Coalition on Enhancing Preventive Practices of Health Professionals  
*Dr. Paula Stewart and Dr. David Butler-Jones*
- Canadian Committee on Anti-Microbial Resistance (CCAR)  
*Mr. Bradley Colpitts*
- Canadian Network for Asthma Care  
*Ms. Sonya Corkum*
- Canadian Strategy for Cancer Control Development Committee  
*Dr. Carol Smillie*
- CEPA New Substances Notification Regulations  
*Mr. Fred Ruf*
- Committee for Advice on Tropical Medicine and Travel (CATMAT)  
*Dr. Raphael Saginur*
- Committee on Voluntary Labelling of Foods Obtained or Not Obtained Through Genetic Engineering  
*Dr. Hélène Delisle*
- Consumer Chemical Harmonization (CCH) Task Force  
*Mr. Fred Ruf*
- Correctional Service Canada Health Care Advisory Committee  
*Dr. Ian Gemmill*
- Corresponding Director, Canadian Association of Physicians for the Environment (CAPE)  
*Dr. Trevor Hancock*
- Culturally Appropriate Best Practices for Healthy Aging Working Group  
*Mr. Andrew Aitkens*
- Expert Review Panel for Breast Screening Initiative  
*Ms. Carol Smillie*
- Healthy Eating is in Store for You Advisory Committee  
*Ms. Sari Simkins & Ms. Mary-Jo Makarchuk*

- Hepatitis C Conference Steering Committee  
*Dr. Richard Mathias*
  - Information Technology Issues in Community Health (ITCH) Steering Committee  
*Ms. Shannon Turner & Ms. Sylvia Robinson*
  - Joint Core Advisory Committee on Particulate Matter (PM) and Ozone  
*Mr. Fred Ruf and Dr. Timothy Lambert (after 11/2000)*
  - “Left Out:” Perspectives on social exclusion and social isolation in low-income populations advisory committee  
*Ms. Elaine Johnston*
  - National Advisory Committee for Training in Medication Management for Informal Caregivers of Seniors in the Home Project  
*Mr. Andrew Aitkens*
  - National Advisory Committee on Immunization (NACI)  
*Dr. John Carsley*
  - National Children’s Alliance  
*Ms. Norma Freeman*
  - National Foodborne, Waterborne and Enteric Disease Surveillance Technical Steering Committee  
*Mr. Al Raven*
  - National Information Program on Antibiotics (NIPA) Coalition  
*Dr. Paul Hasselback*
  - National Nursing Week Steering Committee  
*Ms. Norma Freeman*
  - National Organizing Committee for Removing Barriers II: Keeping Canadian Values in Health Care Initiative  
*Ms. Heather Pattullo*
  - National Pollutant Release Inventory Work Group  
*Mr. Fred Ruf*
  - National Tobacco Control Strategy Committee  
*Ms. Mary-Jane Ashley*
  - National Training Initiative in Adolescent Health (NTIAH) National Planning Committee  
*Dr. Cindy Hunt*
  - National Voluntary Organizations Consultations  
*Ms. Janet MacLachlan*
  - National Working Group on Homelessness  
*Dr. Elizabeth Roberts and Ms. Bonnie Dinning*
  - PACE-CAN Advisory Committee (Provider-Based Assessment for Counseling on Exercise and Nutrition Adapted for Canadians)  
*Ms. Lee Stones*
  - Planning Committee of the 5th National Immunization Conference  
*Dr. Ian Gemmill*
  - Primary Health Care Expert Working Group (EWG)  
*Dr. David Butler-Jones*
  - Sexuality Education Best Practices Sourcebook Project Advisory Committee  
*Ms. Julie Levesque and Ms. Lynn Sacchetti*
  - Skills Enhancement for Health Surveillance Advisory Committee  
*Dr. Catherine Donovan*
  - Steering Committee - Canadian Perinatal Surveillance System (CPSS)  
*Ms. Marianne Stewart and Ms. Nonie Fraser-Lee*
  - Steering Committee for the 2001 National Roundtable on Active Schools  
*Mr. Yves Goudreau*
  - Steering Committee to Oversee Non-Human Use of Antimicrobials Policy Development  
*Dr. Paul Hasselback*
  - Task Force on Chlorinated Disinfection By-Products in Drinking Water  
*Mr. Fred Ruf*
  - Therapeutic Products Program - Advisory Committee on Management  
*Dr. John Blatherwick*
- WORKSHOPS/MEETINGS**
- Workshop on Implementation of Privacy Principles, February 1-2, 2001  
*Dr. Robert Spasoff and Andrew Aitkens*
  - Partnership with the Voluntary Sector Website Launch, February 2, 2001  
*Ms. Mary Appleton*
  - Our Pathway to a Culture of Peace: United National Convention on the Rights of the Child and Public Education, February 22-24, 2001  
*Dr. Marjorie MacDonald*
  - Provincial, Territorial and Local Pandemic Influenza Contingency Planning Meeting, January 27-28, 2000  
*Dr. Barbara Yaffe*
  - Network 2000 - A National Roundtable for Children & Youth and Physical Activity, March 10-12, 2000  
*Mr. Yves Goudreau*
  - Regional Focus Group Meeting on Skills Enhancement for Health Surveillance, March 20, 2000  
*Ms. Jane Underwood*
  - Regional Focus Group Meeting on Skills Enhancement for Health Surveillance, March 23, 2000  
*Dr. Catherine Donovan*
  - Bioterrorism and Public Health Meeting, March 27-28, 2000  
*Dr. Ian Gemmill*
  - Towards an Integrated Approach to Workplace Health – A National Roundtable, April 6, 2000  
*Dr. Joan Eakin*
  - Joint National Statement on Shaken Baby Syndrome Meeting, April 11, 2000  
*Ms. Norma Freeman*
  - Symposium on Advocacy for Childhood Immunization, Canberra, Australia, April 2000  
*Mr. Ian Stein*
  - Our Children, Our Health: Towards a Federal Agenda on Children’s Environmental Health Workshop, May 8-9, 2000  
*Ms. Norma Freeman & Mr. Kerry Rhodes*
  - CEC Symposium on North American Children’s Health and the Environment, May 10, 2000  
*Ms. Norma Freeman*
  - “The Determinants of Health: Caught Between Sex and Gender” Workshop, May 24, 2000  
*Ms. Norma Freeman*
  - MotherNet Project Steering Committee Meeting, May 26, 2000  
*Ms. Kate Feightner*
  - Discussion Group on Homelessness, May 29, 2000  
*Ms. Bonnie Dinning*

- Cardio Cerebrovascular Research Advisory Committee Meeting on Canadian Cholesterol Guidelines, May 30, 2000  
*Dr. Edward Ragan*
- Canadian Institute of Health Research (CIHR) Launch Press Conference, June 7, 2000  
*Ms. Norma Freeman*
- Institute of Population Health Launch, June 28-30, 2000  
*Mr. Doug Angus*
- Phase 5 Research to Plan for Future CIHI Health Reports - Review Report: Health Care in Canada: A First Annual Report, July 11, 2000  
*Dr. Robert Spasoff*
- Conference call regarding variant Creutzfeldt-Jacob Disease, July 13, 2000  
*Dr. Barbara Yaffe*
- New Strategy to Improve the Health of Canadian Workers News Conference, August 31, 2000  
*Dr. Robert Cushman*
- The Business Case for Active Living at Work – News Conference, September 1, 2000  
*Dr. Robert Cushman*
- 42nd Directing Council of PAHO, Washington, D.C., September 2000  
*Mr. Ian Stein*
- Social and Economic Determinants of Health Lecture, October 6, 2000  
*Ms. Norma Freeman*
- Canadian Strategy on HIV/AIDS (CSHA) Direction - Setting Meeting, October 29-November 1, 2000  
*Ms. Jocelyne Maurice*
- Vaccine Safety: A Canadian Strategy Meeting, November 1-3, 2000  
*Dr. Ian Gemmill*
- Global Symposium on Health and Welfare Systems Development in the 21st Century, Kobe, Japan, November 1-3, 2000  
*Mr. Gerry Dajoe*
- Seminar on Information & Informed Choice Issues in the Use of Complementary and Alternative Health Care with Respect to Practitioners, Users, and the Health System, November 20, 2000  
*Dr. Edward Ragan*
- Canadian Blood Services Stakeholders' Meeting, November 28, 2000  
*Ms. Janet MacLachlan*
- 2nd Annual NGO Forum, Canadian Institute for Health Information and Statistics Canada, March 21, 2001  
*Ms. Norma Freeman*
- Strategic Planning Workshop on Black and Caribbean Canadian Health Promotion and Population Project Report, March 23-24, 2001  
*Mr. Abebe Engdasaw*
- Project on the Regulation of Genetically Modified Food - Workshop, April 10, 2001  
*Dr. Irene Strychar*
- Consensus Policy Statement Meeting on Obesity, April 22-23, 2001  
*Dr. Hélène Delisle*
- Increasing Wellness in Canadians: The Role of Health Charities, 4th Canadian Health Charities Roundtable, April 27-29, 2001  
*Mr. Gerry Dajoe*
- CIDA's Draft Action Plan on Health and Nutrition, public consultation workshop, May 3, 2001  
*Ms. Helena Monteiro*
- Environmental Indicators - Measuring Progress Towards a More Sustainable Economy, NRTEE, May 25, 2001  
*Mr. Fred Ruf*
- Meeting on Tobacco Control, Canadian Council for Tobacco Control, June 15, 2001  
*Ms. Janet MacLachlan*
- 1st Annual Ottawa Stakeholder Discussion and Reception, Canada's Research-Based Pharmaceutical Companies (Rx&D), June 27, 2001  
*Mr. Andrew Aitkens*
- First Annual Climate Change and Health and Well-being National Policy and Planning Conference, September 5-7, 2001  
*Dr. David Swann*
- Conference call Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS), February 3, 2000  
*Ms. Cynthia Smith*

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# BRIEFS AND SUBMISSIONS 2000-2001

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## DOCUMENT REVIEW

Over the course of a year, the Canadian Public Health Association is asked to review a number of government documents and to complete surveys for non-governmental and government bodies. The following is a list of reviews and surveys completed in 2000-2001 with the support and involvement of CPHA members.

### Reviews Completed in 2000-2001

1. Federal/Provincial/Territorial Committee on Injection Drug Use, *Reducing the Harm Associated with Injection Drug Use*. April 2001
2. Environment Canada, *Reducing the Level of Sulphur in Canadian On-road Diesel Fuel*. June 2001
3. Statistics Canada, *Briefing Document: The Canadian Community Health Survey, Mental Health and Well-being*. July 2001

### Surveys/Questionnaires Completed in 2000-2001

1. Environment Canada, National Pollutant Release Inventory (NPRI). February 2001
2. Canadian Centre for Philanthropy, Civil Society in Canada. April 2001

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## BRIEFS

*An Overview of Substance Abuse Policy Issues – A Public Health Perspective*, Submitted to the Special Senate Committee on Illegal Drugs, October 2000.

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## PUBLIC POLICY AND LEGISLATION COMMITTEE (PPLC)

The following Resolutions and Motions were approved by the membership at the Canadian Public Health Association (CPHA) Annual General Meeting (AGM) held in Ottawa in October 2000.

### Resolutions

1. Position Paper on Gambling Expansion in Canada: An Emerging Public Health Issue
2. Reducing Poverty and its Negative Effects on Health
3. Gas Flaring
4. Travelling in the Back of a Pickup Truck
5. To Create an Aboriginal Health "Area of Interest"
6. Canadian Official Development Assistance
7. Increasing the Portion of Official Development Assistance to Provide Basic Human Needs
8. The Need for a National Approach to Intensive Livestock Operation Regulation

### Motions

1. Amending the Agreement between the International Atomic Energy Agency and the World Health Organization (Res WHA12-40, 28.5.59)
2. Bill S-20 (Youth Tobacco Protection Act)
3. Comprehensive Approaches to School-based Health Promotion

### Position Paper

1. Gambling Expansion in Canada: An Emerging Public Health Issue

For more details regarding the Resolutions, Motions, and Position Paper please contact the CPHA National Office or refer to the 2000/2001 Public Policy and Legislation Committee report which will be available at the 2001 Annual General Meeting to be held in Saskatoon, Saskatchewan in October 2001.

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# SUMMARY

The Association continues to be very active in terms of program activities, committee activities and policies. They are reported in detail within this report. Following the presentation of the report to the AGM, it will be posted on CPHA's website.

The Association continues to maintain its financial stability through increasingly active national and international programs. This has resulted in the CPHA meeting its projected modest surplus for 2000. In addition to the national/international projects, the CPHA Health Resources Centre continues to expand and makes a substantial contribution to the Association's operational budget. As well, the *Canadian Journal of Public Health (CJPH)* remains financially self-sustaining primarily through the increased publication of special subject inserts and supplements to the *CJPH*.

Because of the multi-disciplinary membership, the Association has many requests to be represented on task forces and committees as well as representation to major national and international conferences. In the year 2000/2001, the Association was represented on 46 external committees and members participated in 41 workshops and meetings. This representation has been noted in this report and the Association is grateful to those individuals who continue to commit their time and skills in representing the Association.