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# CANADIAN PUBLIC HEALTH ASSOCIATION

## ANNUAL REPORT 2003

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AS PRESENTED TO THE  
CANADIAN PUBLIC HEALTH ASSOCIATION  
ANNUAL GENERAL MEETING  
15 JUNE 2004

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CHIEF EXECUTIVE OFFICER

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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, Honorary Treasurer, Honorary Legal Counsel and Honorary 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, Honorary Treasurer, Honorary Legal Counsel and Honorary 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 employees 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 one of the following Branches/Associations:

## CPHA Provincial/Territorial Branches/Associations (PTBAs)

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

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## AREAS OF INTEREST

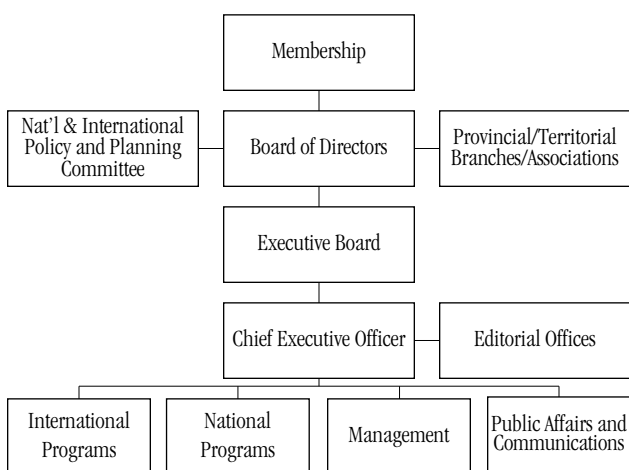
The following Areas of Interest are the current focus of activity for the Association, with future changes to be guided by Membership input:

- 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 assume responsibility for a specific Area of Interest. It is the Board of Directors' responsibility to determine the priority subject areas under each of the Areas of Interest. These are reviewed on a regular basis.

## ORGANIZATIONAL CHART



## CPHA NATIONAL OFFICE

The total CPHA staff is 92. Of this staff, 65 are located at the CPHA National Office in Ottawa and 27 are located overseas. The total budget for 2003 including National Office, national and international projects was \$12,423,243. The program activities managed by the National Office, with the exception of financial services, are reported in this document.

## CANADIAN JOURNAL OF PUBLIC HEALTH

In 2003, 206 manuscripts were received; 104 articles were published this year and 108 manuscripts were rejected.

Six regular issues of the CJPH have been published. There were no extra supplements this year. The January/February 2003 issue included a bilingual tumble insert entitled, "Immunization Initiatives" (Initiatives en immunisation) from CPHA's Canadian International Immunization Initiative program.

Prospects look bright for CJPH revenue in 2004. There are a number of supplements and inserts lined up for production beginning in late December, early January, which will be published on a first-come/first-served basis right through to the fall of 2004.

The staff of the CPHA Editorial Office would like to take this opportunity to pass along our heartfelt thanks to Gerald H. Dafoe for his many years as Managing Editor of the CJPH and CPHA Health Digest. Mr. Dafoe's guidance and support have made working at the Association easy and a pleasure, and he will be greatly missed! Thank you, Gerry, and all the best for everything the future holds in store.

## HEALTH RESOURCES CENTRE

The Health Resources Centre has made major changes to its catalogue and website to make it easier for customers to find what they need. The following titles are the most popular of our new permanent publications:

- Basic Epidemiology
- Collaborative Research University and Community Partnership
- Concepts of Epidemiology
- Communicating Public Health Information Effectively: A Guide for Practitioners
- Community-Based Medicine
- Community-Based Prevention Programs that Work
- Community-Based Public Health: A Partnership Model
- Dictionary of Epidemiology
- Environmental Health in Emergencies and Disasters
- Evidence-Based Public Health
- How Much Risk? A Guide to Understanding Environmental Health Hazards
- Immunize your Kids! Pamphlets
- International Classification of Diseases and Health Related Problems, Volumes 1, 2 & 3
- International Travel and Health
- Poverty, Inequality and Health: An International Perspective
- Public Health Management of Disasters: The Practice Guide
- Risk Communication and Public Health
- Social Determinants of Health
- State of the World's Vaccines and Immunization

- Summary Measures of Population Health
- Terrorism and Public Health – A Balanced Approach to Strengthening Systems and Protecting People
- World Report of Health
- Zoonoses and Communicable Diseases Common to Man and Animals, Volumes 1, 2 & 3

The Centre continues to work closely with the World Health Organization (WHO), Pan American Health Organization (PAHO), American Public Health Association (APHA) and Oxford University Press to promote and sell their respective publications and subscriptions. All this, along with aggressive marketing campaigns, has meant another busy year for the Centre staff.

In addition to regular activities, the Centre's staff promoted our resources at several conferences, including the Canadian Public Health Association, the National Aboriginal Health Organization, and the International Society for Sexually Transmitted Diseases Research Congress conferences. Promotional materials for delegate bags and unmanned booths were sent to the Canadian Nurses Association and the Ontario Public Health Association conferences, and the Canadian Conference on Counter-Terrorism and Public Health.

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#### **PLAIN LANGUAGE SERVICE (PLS)**

CPHA offers 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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#### **CANADA HEALTH DAY**

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.

#### **2003 – Making Healthy Choices!**

In 2003, over 65 organizations including hospitals, public health units, NGO's and the private sector participated in the celebration. CPHA sold and distributed over 1,375 biodegradable balloons, 236 t-shirts, 113 Mugs, 1,040 glitter pencils and 1,300 tattoos, and 575 stickers, 238 flying disc's among others. Each year we try to pick new and innovative items and ways to help promote Canada Health Day.

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#### **MEMBERSHIP AND CIRCULATION**

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

The following provides a brief overview of membership statistics:

<b>Total Number of Members* 1999 - 2003</b>					
<b>Province</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
NLPHA	33	30	32	33	30
NB/PEI	45	47	53	46	54
PHANS	45	44	45	53	62
ASPQ	89	82	85	87	104
OPHA	258	246	240	251	279
MPHA	55	56	61	58	49
SPHA	65	63	64	68	65
APHA	176	172	170	183	171
PHABC	122	115	119	119	121
NWT/Nunavut	26	27	33	46	30
YPHA					9
CPHA (Direct)†	627	587	597	770	902
<b>TOTAL</b>	<b>1640</b>	<b>1469</b>	<b>1499</b>	<b>1714</b>	<b>1876</b>
CSIH	275	248	245	260	241
CATCH	69	65	80	75	61

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

† Includes International Members

#### **CPHA Tabletop Membership Display**

A travelling tabletop display is available for all PTBAs and other conferences and workshops to display and distribute information about CPHA and membership opportunities. Utilizing component parts of the Health Resources Centre display, this tabletop display can be "customized" for whichever PTBA is using it.

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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 2003. A couple of these program activities are listed below.

#### **94th Annual Conference – A View to the Future May 10-13, 2003**

Five hundred and twenty people attended the conference in Calgary, Alberta, which focused on identifying challenges and strategies for public health in health care reform; understanding the synergy created by partnerships in innovative public health practice, administration, research and education; exploring the potential of new technologies for creating conditions for health; and facilitating dialogue, learning and networking among public health professionals. A total of 215 abstracts were submitted for consideration; 139 were accepted along with three CPHA programs. The conference program was then developed, providing 87 thematic oral sessions, 9 workshops/roundtable discussions, and

46 poster presentations. An exhibit program was also featured which consisted of 29 exhibits. Keynote speakers included Michael Bird, Ruben Nelson, The Honourable Michael Kirby and Carol Easley Allen. A number of pre-conference and special events were also offered prior to and during the conference. A special evening panel presentation on SARS was held which featured Stephen Corber, Arlene King, Harvey Skinner, Karen Grimsrud, Brent Friesen and James Talbot.

The social fun night took place at the Canada Olympic Park and was a huge success with 138 participants.

This year, Canada Health Day, May 12, took place during the conference. The theme for this year's campaign was "Making Healthy Choices". CPHA staff organized activities and prizes were awarded.

The conference was co-chaired by Ardene Vollman and Judy Bader.

### **Canadian Conference on Counter-Terrorism and Public Health**

#### **October 29-November 1, 2003**

CPHA was asked by the Centre for Emergency Preparedness and Response (CEPR), Health Canada in 2001 to co-sponsor and help organize a national conference on counter-terrorism. The event took place in Toronto at the Westin Harbour Castle, October 29-November 1, 2003. The purpose of the conference was to provide a forum for the Canadian public health community to share research and best practices on emergency preparedness and responses to chemical, biological, radio-nuclear, and explosive (CBRNE) terrorism, including the psychosocial dimension of health emergencies and terrorist events. It was also to provide necessary networking opportunities for the Canadian first responder community (emergency and public health workers), F/P/T government officials and policy developers, industry representatives, safety and emergency experts and the CBRN scientific community. A total of 432 participants were in attendance. The conference featured experts from Canada and around the world. The Honourable Anne McLellan, Minister of Health, gave a brief presentation to luncheon delegates and the Honourable Wayne Easter, Solicitor General presented a keynote address on the Government of Canada and the fight against terrorism. Special panel presentations were offered addressing the needs of health professionals and police investigators, the role of the media and Canada's national counter-terrorism arrangements. An exhibition with 13 exhibits as well as a CEPR organized poster presentations were also featured.

The conference report will be published in the March/April 2004 issue of the Canadian Journal of Public Health.

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# **NATIONAL PROGRAMS**

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## **CANADIAN COALITION FOR INFLUENZA IMMUNIZATION**

Term: January 2003 – December 2003  
Partners: Canada's Association for the Fifty-Plus  
Canadian Association of Chain Drug Stores  
Canadian Diabetes Association  
Canadian Gerontological Nursing Association  
Canadian Nurses 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  
Heart and Stroke Foundation of Canada  
Sponsors: Health Canada, Aventis, Shire Biologics

The goal of the Canadian Coalition for Influenza Immunization (CCII) is to promote the benefits of influenza immunization for all ages. This is accomplished through promotion, public education, advocacy and media relations.

As preparations were underway to promote influenza immunization, including the usual action kit for health units, PSA radio ad, posters, pharmacist kits & stickers, and news releases, there was little warning that influenza season would start early and there would be unprecedented media attention. Public inquiries at all levels have tripled. [www.influenza.cpha.ca](http://www.influenza.cpha.ca) traffic is at an all-time high. Coalition member organizations have also experienced the increased demand for information as they continue to promote flu shots among their respective memberships via posters in mailings to members, ads and articles in journals and links to the Coalition's website. On January 16, 2004, the CCII will merge with the Canadian Immunization Awareness Program coalition for the purpose of promoting immunization throughout the lifespan. The new Coalition will provide a necessary forum for national organizations committed to preventing diseases. At the same time, the coalition will continue to provide a very credible source of information for health care professionals and the public.

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## **CANADIAN HEPATITIS C INFORMATION CENTRE**

Term: March 3, 2003 – March 31, 2004  
Partner: Health Canada

The Canadian Hepatitis C Information Centre provides information on hepatitis C prevention, care, and treatment to community-based organizations, health and education professionals, resource centres and others with hepatitis C information needs in Canada.

CPHA considers the prevention of hepatitis C to be integral to a health promotion approach by providing the most up-to-date information. To this end, CPHA supports the Hepatitis C Prevention, Support and Research Program in meeting its mandate, goals and objectives.

In March 2003, CPHA was contracted by Health Canada to establish the Canadian Hepatitis C Information Centre (CHCIC) which qualified for support under the Hepatitis C Prevention, Support & Research Program.

CPHA is committed to the implementation of a multi-service information centre (Internet, print, toll-free telephone access to staff) as a state-of-the-art health information service provider.

CHCIC acts as the central Canadian repository for HCV educational materials as well as the centre for collecting and circulating a comprehensive collection of HCV educational materials across Canada.

The core activities of the Centre are:

- Information and communication services,
- Distribution services
- Library services.

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### **CANADIAN HIV/AIDS INFORMATION CENTRE**

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

Established in 1989, the Canadian HIV/AIDS Information Centre (formerly the Canadian HIV/AIDS Clearinghouse), managed by the Canadian Public Health Association (CPHA), is the largest information centre on HIV/AIDS in Canada.

A recurring theme in our evaluation surveys has been the ongoing misconception that the Clearinghouse is only “the place you call for posters and pamphlets”. In keeping with broader information needs required from the HIV Information Service Initiative, the Clearinghouse staff has, in consultation with Health Canada, developed a broad range of “value-added” services to assist those infected or affected by HIV/AIDS and all Canadians with HIV/AIDS information needs. Our services include housing national archives, a lending library, references, referrals, resource development, HIV prevention programming assistance, liaison, a centralized programming database, and direct marketing.)

Through feedback from our clientele, we have found that the name “Clearinghouse” limited the perception of the services we offer. With the approval of Health Canada, the Clearinghouse changed its name to “Canadian HIV/AIDS Information Centre” effective April 1, 2003. The new name immediately highlights the broader range of services we offer as opposed to the one area of resource dissemination.

The mandate of the Canadian HIV/AIDS Information Centre is to provide information on HIV prevention, care, and treatment to community-based organizations, health and education professionals, resource centres and others with HIV and AIDS information needs in Canada.

The majority of clientele of the Information Centre are front-line workers employed in the area of HIV and AIDS and primarily HIV prevention. Therefore, the Centre has a specific mandate to support Canadian activities in the area of HIV prevention.

The Information Centre meets its mandate as outlined in the annual work plan through regular and routine daily and weekly activities. The core activities of the Centre are:

- Development & capacity building
- Distribution services
- Library services
- Information & communication services.

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### **CANADIAN IMMUNIZATION AWARENESS PROGRAM**

Term: January 2003 – December 2003  
Partners: Canadian Infectious Disease Society  
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  
Council of Chief Medical Officers of Health  
Health Canada  
Sponsors: Health Canada, Aventis, GlaxoSmithKline,  
Merck Frosst, Shire Biologics, Wyeth Canada

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. This is accomplished through promotion, public education, advocacy and media relations.

National Immunization Awareness Week (NIAW) in May each year provides a nation-wide focus on the importance of pediatric immunization. Efforts at the national level are designed to complement those at the provincial/territorial and local levels. Health units receive an action kit including promotional and educational resources that are also downloadable from [www.immunize.cpha.ca](http://www.immunize.cpha.ca). The CIAP website is a continually expanding centre of reputable Canadian-based information on immunization. An e-mail ‘news network’, managed by the Secretariat, provides media surveillance for health care providers across the country. Advocacy for a National Immunization Strategy continues by member organizations of the CIAP coalition, reinforced by recent reports from Dr. David Naylor and Senator Michael Kirby. On January 16, 2004, the CIAP coalition will merge with the Canadian Coalition for Influenza Immunization for the purpose of promoting immunization throughout the lifespan. Established program activities such as NIAW and influenza immunization in the fall will continue as before. New public education material and activities will be planned to promote adult immunization.

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### **GLOBAL RESEARCH NETWORK ON HIV PREVENTION IN DRUG-USING POPULATIONS SECRETARIAT (GRN)**

Term: Ongoing  
Partner: Health Canada

The GRN is an international forum for nations to share and make accessible science-based knowledge to gain a better understanding of preventing HIV transmission in drug-using populations. It was recommended that a global research network be established to facilitate the rapid communication of usable information among local, national and international researchers and organizations, policy makers and

practitioners. CPHA, in cooperation with Health Canada, provides Secretariat services to the Network.

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### **HIV/AIDS AFFILIATE TO THE CANADIAN HEALTH NETWORK**

Term: April 1, 2003 – March 31, 2004  
Partner: Health Canada

The Canadian Health Network (CHN) is a national, non-profit, bilingual web-based health information service. CHN's goal is to help Canadians find the information they are looking for on how to stay healthy and prevent disease. CHN has a broad selection of resources and information about AIDS and HIV. Topics include preventing HIV transmission, practising safer sex, and HIV/AIDS testing. There are also practical resources for people living with AIDS.

As the HIV/AIDS Affiliate to the Canadian Health Network, our role is to provide Canadians with access to HIV/AIDS e-health information sources which are credible and practical, in both official languages. We also respond to health information requests about HIV/AIDS from health intermediaries and Canadians.

Activities during 2003 have focussed on four major areas:

1. Work collaboratively with Health Canada, Regional Operating Centres, other CHN affiliates, and others to further develop CHN's resources and usefulness,
2. Build and sustain an audience for the CHN,
3. Develop, maintain, and improve the content and presentation of the collection of e-health information resources in our area of expertise, and
4. Monitor and evaluate our progress towards achieving our common goals.

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### **HIV/AIDS-RELATED SOCIAL MARKETING CAMPAIGN – THEME: STIGMA & DISCRIMINATION**

Term: September 2, 2003 – March 31, 2006  
Partner: Health Canada

This project will ensure that a national, bilingual HIV/AIDS social marketing campaign, which is targeted to the general public, is developed and implemented for the years 2003, 2004 and 2005.

The overall theme of this multi-year campaign can be generally defined as reducing societal stigma and discrimination against people living with or at risk of HIV/AIDS.

The goal of the campaign is to develop, implement and evaluate a three-year social marketing campaign designed to reduce societal stigma and discrimination as it relates to HIV/AIDS, ultimately resulting in a decrease in the incidence of HIV infection in Canada.

While the target audience of this campaign is the Canadian general public, it is our intention that implementation of the campaign will, for the most part, be undertaken by our partner organizations (including community-based organizations, health intermediaries and educators). Further segmentation of the target audience (i.e., people living with or at risk of HIV/AIDS) will be undertaken at the discretion of the implementing organizations.

Stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. People with, or suspected of having, HIV may be turned away from health care services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. In some cases, they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder. The stigma attached to HIV/AIDS may extend into the next generation, placing an emotional burden on children who may also be trying to cope with the death of their parent(s) from AIDS.

With its focus on stigma and discrimination, the campaign will encourage people to break the silence and the barriers to effective HIV/AIDS prevention and care. Only by confronting stigma and discrimination will the fight against HIV/AIDS be won.

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### **NATIONAL LITERACY AND HEALTH PROGRAMS**

#### **Criteria for Best Practices and Evaluation Tools for Anti-bullying Programs**

Term: November 2002 – September 2004  
Partners: National Literacy Secretariat, Human Resources Development Canada, Justice Canada

In November 2002, the Canadian Public Health Association (CPHA), in collaboration with Justice Canada and the National Literacy Secretariat (NLS), undertook an initiative to identify criteria for best practices and develop evaluation tools for anti-bullying programs.

The project began with a discussion paper in Phase I entitled *Bullying, School Exclusion and Literacy*. The research involved national consultations with researchers and educators on the impact of expulsions and suspensions based on zero tolerance policies due to bullying. It also emphasized the need for interventions that involve individuals, family, peers, school and community in addressing the issues of bullying. The discussion paper concluded with recommendations to analyze school climate as a contributing factor to bullying, expulsions and suspensions.

The findings of the research were brought forward to Phase II of the project which focussed on identifying criteria for best practices and the development of evaluation tools for anti-bullying programs. A draft inventory of surveys was developed by administrators, teachers, parents. Students were pre-tested in October 2003 in five regionally diverse sites across Canada. An analysis of the responses will be provided to the schools to assist them in identifying the perceptions of school safety and the hot spots for bullying behaviour. The surveys will help educators identify the interventions needed to address the bullying issues. A post-test will be conducted in March 2004 to determine if the interventions have been effective. The pilot test will also allow CPHA an opportunity to gain feedback from educators on the usefulness of the surveys and their effectiveness in measuring bullying.

The final version of the surveys will be available as PDFs on CPHA's website in September 2004. It will be accompanied by a data management file that will allow educators to conduct surveys and analyze results independently.



The outcome of this initiative is a set of resources that will allow educators to assess the safety of their school climate and identify the rate and type of bullying that exists. As schools begin to develop their interventions, they can use the criteria for best practices to guide them when determining activities relevant to their needs. The long-term outcome is evidence-based research that will provide educators with a sustainable resource that is efficient, affordable and relevant to prevent bullying.

### **National Literacy and Health Research Project**

Term: January 2001 – December 2004  
Partner: University of Toronto's Centre for Health Promotion  
Sponsors: Social Sciences and Humanities Research Council (SSHRC)

The Canadian Public Health Association (CPHA) and the University of Toronto's Centre for Health Promotion are launching a three-year project to develop a national program for literacy and health research. The Social Sciences and Humanities Research Council (SSHRC) is providing funds for the project as a whole and the Institute of Population and Public Health (IPPH) of the Canadian Institutes for Health Research (CIHR) is providing funding for a workshop.

Literacy has now been recognized internationally as a key factor in determining health. However, the link between literacy and health has not been studied in detail. The Literacy and Health Research project proposes to:

- stimulate research on adult literacy and health in Canada
- increase Canadian capacity to do effective research on literacy and health
- promote cooperation between researchers and health practitioners
- expand opportunities for sharing knowledge and applying research findings
- encourage training of future researchers in literacy and health
- encourage researchers from different disciplines to work together
- explore ways of using research in policy development in literacy and health.

To meet these objectives, the project will undertake a variety of activities, including:

- hosting a national workshop on literacy and health research
- developing an inventory of researchers and research projects
- identifying the gaps in current knowledge and initiatives
- providing training opportunities for graduate and postdoctoral students
- submitting research proposals to funding agencies and organizations
- evaluating the proposed program of research
- developing a long-term plan to sustain research on literacy and health
- sharing knowledge about literacy and health research through:
  - a website and electronic newsletter
  - presentations at meetings and conferences.

A multi-disciplinary, multi-professional, multi-organizational advisory committee will help to guide the project. A key area of focus for the committee will be developing a national agenda for research on literacy and health.

A team of five experienced researchers from four universities across Canada will carry out the project. The principal researcher is Dr. Irving Rootman, who is a Professor in the Department of Public Health Sciences and former Director of the Centre for Health Promotion at the University of Toronto.

CPHA's role in the project includes:

- participating in the Advisory Committee,
- organizing the national workshop on literacy and health research,
- developing and maintaining an effective website, and
- lending the expertise of CPHA's National Literacy and Health Program and its 27 national partners to the research.

CPHA is looking forward to participating in this important project. The Literacy and Health Research project will contribute to program and policy making in Canada; it will also help to establish Canada's international leadership in research on literacy and health.

### **Policy Internship and Fellowships Pilot Project**

Term: September 2002 – June 2003  
Partner: Health Canada

Under the auspices of the Policy Internship and Fellowship Pilot of the Voluntary Sector Initiative, a fellow who is a senior policy analyst with Health Canada's Strategic Policy Directorate in the Major Projects Division, is working with CPHA to provide policy support in a number of public health areas.

### **Respecting the Air We Breathe**

Term: March 2003 – September 2004  
Partner: Health Canada

Second-hand tobacco smoke, is hazardous to human health. It contains over 4,000 chemicals of which 50 are known to cause cancer. More than 1,000 Canadians die each year from second-hand tobacco smoke-related illness.

Much is known about the serious health effects of second-hand smoke and in recent years considerable progress has been made to protect Canadians in public and work places. In spite of these advances, segments of the population remain unprotected from second-hand smoke in certain environments, such as children who live with parents who smoke and young adults who work in service industries.

Young adults have been identified as an emerging priority population for tobacco control in Canada. There is growing interest in targeting tobacco control efforts towards this population segment because:

- smoking rates are highest among Canada's young adults aged 20-24, with a prevalence of 31%,
- young people are an important target group for the tobacco industry,
- young adults are an understudied population group in terms of tobacco-related research, and
- occasional or "social" smoking appears to be on the rise in this age group.

*Respecting the Air We Breathe* is a national project to develop effective second-hand tobacco smoke messages that will target young adults. These

messages will educate young adults (aged 18-30, smokers and non-smokers) about how to exercise:

- their responsibility to protect co-workers, peers and household members from exposure to second-hand smoke, and
- their right to breathe smoke-free air.

Highlights of 2003 include the establishment of a National Advisory Committee and implementation of various project activities, including a literature review, “key informant” interviews, an expert meeting on audience analysis and segmentation, and compilation of an inventory of messages and resources targeted to young adults.

### **Second Canadian Conference on Literacy and Health**

Term: June 2003 – April 2005

Partner: National Literacy Secretariat

The Second Canadian Conference on Literacy and Health, *Staying the Course: Literacy and Health in the First Decade*, will take place October 17-19, 2004 in Ottawa. This project is organized through the National Literacy and Health Program (NLHP), sponsored by the National Literacy Secretariat. It will build upon the First Canadian Conference on Literacy and Health, held in 2000, which focussed Canadian attention on the issue of literacy and health.

We know that almost half of all Canadians have low literacy skills and that literacy affects health and access to health services. The goal of the conference is to provide a national forum to discuss contributions being made to improve the health of Canadians with low literacy skills. The conference objectives are to:

- raise awareness of links between literacy and health,
- identify how the Canadian context affects literacy and health,
- exchange and document best practices and research in literacy and health in Canada,
- identify policy issues involved in the linkage between literacy and health, and
- strengthen literacy and health networks and facilitate new cross-sectoral partnerships.

The conference will explore practice, policy and research in literacy and health within the context of health reform/the determinants of health, the federal Innovation Strategy and the impact of language and culture on access to health services.

Key activities in 2003 have included:

- establishing a Program Committee to develop the Scientific Program,
- engaging partners and identifying potential sponsors, and
- developing the Call for Abstracts and a national promotion strategy.

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# **INTERNATIONAL PROGRAMS**

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## **THE CANADIAN INTERNATIONAL IMMUNIZATION INITIATIVE (CIII) – TECHNICAL ASSISTANCE AND CANADIAN AWARENESS COMPONENTS**

Term: September 1998 – March 2003 (Phase I)  
December 2003 – March 2009 (Phase II)

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. The Initiative also endeavours to raise Canadian awareness and to encourage the commitment of Canadians in global immunization efforts.

CIDA's Contribution Agreement was extended from April 2003 to November 30, 2003 to allow the planning of CIII's second phase, in consultation with its partners. CIII's second phase (CIII-2) was approved by CIDA on December 4, 2003, to support and enhance partners' efforts in strengthening epidemiological surveillance systems, immunization safety and security, laboratory surveillance capacity for measles and rubella, and national capacity in social mobilization.

From January to December 2003, the main activities included:

- A total of 14 Canadian volunteers, financially supported by the Centers for Disease Control and Prevention (CDC) in Atlanta, completed three months assignment to strengthen polio eradication and measles elimination programs as well as data management capacity in Burundi, Cambodia, Egypt, Ethiopia, Pakistan, Rwanda, Senegal, Sudan and Tanzania.
- Two WHO short-term assignments were completed in October and November 2003 in support of immunization safety (Morocco) and vaccine quality (Geneva and Sweden).
- In the spring of 2003, the national magazines *Best Wishes* and *Mon Bébé*, which potentially reach over 340,000 parents with new children each year, published an advertisement and general information on the need for international immunization.
- The *Integrated Partnership-The Way Forward...* workshop was held in Gatineau, January 12 to 14, 2003 in collaboration with CIDA and the Center for Intercultural Learning of the Canadian Foreign Service Institute. The purpose was to provide a one - time debriefing opportunity to 27 CIII technical experts (of 39 invited) as well as to identify the lessons learned from their experiences.
- *The Challenge of Polio Eradication in Chad* was presented at the 10<sup>th</sup> Canadian Conference on International Health in Ottawa on October 27, 2003. Dr. José-Gaby Thsikuka, long-term Canadian consultant working with WHO in Chad, prepared the paper which was then presented by Mr. Adoum Djibrine, Chad Ministry of Health's representative.

- The Program Coordinator attended the WHO and UNICEF's *Global Measles Elimination Meeting* in Cape Town, South Africa, October 15-17, 2003, to further expand CIII/CPHA partnerships.

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### **HEALTHIER FUTURES: IMPROVING THE HEALTH OF ABORIGINAL AND RURAL WOMEN IN FORMOSA, ARGENTINA**

Term: December 2002 – October 2005  
 Partners: Canadian International Development Agency (CIDA),  
 Ministry of Health of Argentina,  
 Ministry of Human Development of the Province of Formosa

As in Canada, Argentina's rural and Aboriginal communities are at greater disadvantages than the urban populations when it comes to levels of poverty, access to health care and education. Of special concern is the Province of Formosa, where poverty is especially acute among its indigenous and rural communities. Women and children are particularly vulnerable: child and maternal mortality rates are considerably higher in Formosa than in the rest of the country.

The Healthier Futures Project, initiated in December 2002, is contributing to enhancing the capacity of the Ministry of Human Development of Formosa and the Ministry of Health of Argentina in responding effectively to the health needs of rural and Aboriginal women in Formosa. Three strategies will be employed to accomplish this:

1. Building government capacity in health planning, program development and service delivery,
2. Supporting community participation, and
3. Disseminating project initiatives and learnings across organizations, communities, and provinces in Argentina to ensure project sustainability.

This is a three-year project, funded by the Canadian International Development Agency, through the Canada-Southern Cone Technology Transfer Fund. Project activities focus on the transfer of Canadian models and expertise in women's and Aboriginal health to senior public health staff, health workers, and community representatives in Formosa.

#### 2003 Highlights:

- Meeting in Formosa to finalize work plan for the 2003/2004 fiscal year.
- Three-member Canadian mission to Formosa to present the Canadian Health Care System and Canadian approaches to Aboriginal and women's health.
- Two-member delegation to Formosa to facilitate workshop on Participatory Assessment.
- Four-member Argentinean delegation visited Winnipeg and Saskatoon to gain first-hand knowledge of approaches to rural and Aboriginal health, women's health and early childhood development; and to explore potential applications in their own work situations. Delegates were also able to network and establish links with Aboriginal representatives/communities.
- Two-member Canadian mission to Formosa to facilitate workshop on gender-based analysis and participatory evaluation.

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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, MOLDOVA, BULGARIA)**

Term: July 2001 – March 2004

Partner: UNICEF

CPHA is being contracted by UNICEF to identify and mobilize Canadian technical expertise to support efforts to strengthen regional and national responses to the HIV/AIDS situation in young people in the region.

Although the available HIV/AIDS statistics indicate that the overall prevalence is low, the situation is changing rapidly in the region. Widespread unemployment, economic insecurity and a radically changed social environment have created conditions for deteriorated health. Within countries, a lack of access to appropriate health services, including HIV voluntary, confidential counselling and testing, lack of access to relevant information, as well as widespread stigma and discrimination surrounding HIV/AIDS, combine to create an environment fertile for an HIV epidemic.

#### 2003 Highlights:

Over the last year, CPHA, in collaboration with UNICEF and its partners such as government agencies, AIDS committees and non-government organizations, provided technical assistance to strengthen the response to HIV/AIDS which focussed primarily on building capacity to address HIV/AIDS.

Train-the-trainer seminars on voluntary confidential counselling and testing were provided to health care providers and community-based workers using a one-week module developed for the region. In Macedonia, a train-the-trainer seminar was conducted for representatives of NGOs who provide pre- and post- test HIV counselling. In Serbia, the focus of technical assistance was on the prevention of mother to child transmission (PMTCT). In addition to the training on voluntary confidential counselling and testing for pregnant women, a training related to and actual implementation of a rapid assessment of PMTCT services in Serbia was also undertaken. A National Task Force on PMTCT was convened and their capacity enhanced with the support of CPHA technical assistance. Findings from the assessment will inform the National Task Force's recommendations to the Ministry of Health regarding appropriate PMTCT services and policies.

CPHA technical assistance also supported activities related to strengthening the HIV surveillance system in Bulgaria; assessing the situation related to youth in detention in Romania and working in partnership with the Romanian Ministry of Justice to develop appropriate HIV prevention programs; supporting the development of a framework for HIV/AIDS communication strategy in Moldova and Bulgaria; enhancing skills of NGOs in Moldova on qualitative research methods and data analysis on HIV/AIDS to facilitate a KAB survey among young people about HIV/AIDS and adolescent health; assisting in annual report writing and workplan development in all countries; and advising and supporting the development of global fund applications and implementation plans in Croatia and Bosnia and Herzegovina.

CPHA also hosted technical study tours to Canada for over twelve delegates from the region. These tours coincided with key Canadian conferences such

as the Alberta and Ottawa Harm Reduction Conference and the Canadian HIV/AIDS Skills Building Conference. While in Canada, site visits were also organized to the provincial and national HIV/AIDS laboratories, AIDS Service organizations, sexual health centres, palliative care centres, needle exchange programs, housing projects for the homeless, and provincial public health units.

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### **IMPLEMENTATION OF THE CAREC STRATEGIC PLAN FOR THE PREVENTION AND CONTROL OF THE HIV/AIDS EPIDEMIC IN THE CARIBBEAN 2002–2006**

Term: November 2002 – September 2006  
Partners: Caribbean Epidemiological Centre (CAREC), Pan American Health Organization (PAHO), Ontario HIV/AIDS Treatment Network (OHTN), Health Canada, Black Coalition for AIDS Prevention (Black Cap), Quality Management Program – Laboratory Services (QMPLS)

In November 2002, CPHA was awarded a contract by the Caribbean HIV/AIDS Centre and PAHO to provide technical expertise to CAREC's Special Program on Sexually Transmitted Infections (SPSTI) in the areas of: disease surveillance and epidemiological research; health promotion strategies for targeted populations; program planning and policy development; HIV/AIDS care and treatment; information delivery; and NGO capacity building.

To facilitate its responsiveness to CAREC's technical assistance requirements over the project period, CPHA convened several Canadian organizations to act as consortium members and key resources to the project. These organizations include OHTN, Health Canada, Black Cap, and QMPLS.

#### 2003 Highlights:

In 2003, CPHA organized and participated in workplanning meetings with consortium partners. The resulting workplan for 2003/2004 will continue to be used to guide CPHA technical assistance activities.

With regards to training, a two-part HIV sensitization-training seminar was delivered by two Canadian HIV clinical nurse specialists to a group of health care providers from the Caribbean. In addition to enhancing skills related to the biological and psychological impact of HIV, the training focussed on issues related to stigma and discrimination. CPHA also designed and co-facilitated a workshop which is part of a series of initiatives related to program management training for Caribbean national HIV/AIDS co-ordinators. Twenty-one HIV co-ordinators from each respective Ministry of Health participated in the workshop, which focussed on building effective partnerships across sectors.

CPHA, in partnership with USAID, advised on and supported the development of indicators for the SPSTI's performance monitoring plan. CPHA is also facilitating and co-ordinating the implementation of SPSTI's workplace assessment. The purpose of the workplace assessment is to assess SPSTI's work environment in order to improve the delivery of results outlined in CAREC-SPSTI's strategic plan.

In addition, dialogue between OHTN, CPHA and CAREC-SPSTI was initiated in 2003 with regard to assessing the feasibility of and implementing a pilot HIV/AIDS Clinical Management Information System in one or several Caribbean countries.

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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

The Malawi FARH Project, with support from CIDA, 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; and
- 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.

Grounded in a strong partnership with UNFPA, the project is being implemented in three districts, through the Ministry of Health and Population's Reproductive Health Unit (RHU) with the support of District Health Management Teams.

#### 2003 Highlights:

The procurement and distribution of essential drugs, supplies and equipment to clinics in the three project districts is well underway. Disinfecting supplies and a selection of drugs and equipment to promote maternal health and safe delivery are regularly delivered to health clinics. Bicycles and motorcycles were provided to target health centres to improve their capacity to supervise community-based service providers. In coordination with other Malawi donors, the project is training staff to effectively manage transport, communications, drugs and supplies. The renovation of three health centres is underway and near completion.

Health service providers at local and district levels have been trained in a variety of clinical skills, including obstetric life-saving skills, infection prevention, and the provision of youth-friendly reproductive health services. Traditional Birth Attendants have participated in refresher training. The project has trained 78 new Community-Based Distribution Agents (CBDAs) of contraceptives. As a result we have seen access to family planning and condoms at the community level increase by more than five times in the project catchment areas since 2001.

The project is training health centre advisory committees, and bringing health workers and community members together to solve problems and address governance issues in the health centres. This has resulted in improved relationships between health care providers and clients, and increased use of the facilities.

The project is also working to revive the community structures which deal with local health issues, and build their capacity to identify and address barriers to reproductive health including access to services, especially for young people. This is being done through the training of village health committees and youth groups. Trained groups have carried out successful public education on safe motherhood, family planning, the prevention of STIs and HIV, adolescent reproductive health, and socio-cultural values and practices with negative reproductive health repercussions.

The Malawi National Project Officer and a partner from the Ministry of Health and Population were sponsored to attend the 2003 CPHA conference, where they made a presentation about their work and they took part in a study tour on working with youth on sexual and reproductive health. A technical mission by a CPHA volunteer to Malawi was sponsored to assist the development and installation of a monitoring database for project indicators.

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

Term: March 2002 – June 2007

Partner: Canadian International Development Agency (CIDA)

CIDA, in partnership with the Canadian Public Health Association (CPHA), is currently supporting the third phase to the Southern African AIDS Training (SAT) Programme. Headquartered in Harare, Zimbabwe, it has country offices in Tanzania, Zambia, Mozambique and Malawi. The purpose of the project is to strengthen the ability of communities to respond to HIV and AIDS by building the capacity of community-based organizations. SAT has assisted in developing the organizational capacity of a significant number of partner organizations at their earliest stages of development, enabling them to gain a foothold and grow. Since 1990, SAT has worked with hundreds of NGOs throughout the SADC region, providing excellent opportunities for exchanges of knowledge, methodologies, and information through the innovative *School Without Walls* (SWW) mechanism. SWW is a powerful tool for south-to-south lesson sharing and skills training, where SAT partners learn from and support each other in an empowering network.

Gender inequality is one of the main social factors driving the HIV and AIDS epidemics, and shaping the unequal impact of HIV and AIDS on women and men. SAT continues to support organizations to advocate for gender equality; to increasingly link gender equality with issues of HIV and AIDS, human rights and child rights; and to mainstream gender issues at the community level. SAT also has a proud history of responding to the needs of children affected by HIV and AIDS. The work of SAT partners has included prevention of HIV infection through peer education, support to orphans and other vulnerable children, advocacy for child protection and children's rights, and services for the prevention and treatment of child sexual abuse.

#### 2003 Highlights:

The Final Report for SAT II was submitted to CIDA, closing another five years of programming. Highlights included an increase in the number of SAT partners who contributed in the efforts to strengthen the three thematic areas of Prevention of HIV and STIs, mitigation of the impact of AIDS on the most vulnerable, and advocacy for social change. Based on partner response and the positive results from the pilot project, Zimbabwe Initiative

for Children Affected by AIDS (ZICA), project-wide programming for Children Affected by AIDS (CABA) was developed and incorporated. The accumulated lessons learned over five years of SAT Phase II have been invaluable for building and strengthening programming for Phase III.

CPHA, in collaboration with CIDA and SAT partners in the field, have over the course of the year made great strides and are currently in the process of transitioning SAT from a solely CIDA-funded project to an independent, regional, and indigenous AIDS NGO. The beginning of 2004 will see the Southern African AIDS Training Programme become known as the Southern African AIDS Trust (SAT) as it officially becomes registered as a Trust in Zimbabwe. CIDA will continue to fund Phase III to its completion, with CPHA continuing in its role of implementing the project. In May 2003, SAT held the inaugural Regional Advisory Meeting, which proved very successful in terms of raising SAT's profile and consulting on strategic issues, including SAT transition. Programme staffing grew to accommodate administrative restructuring in preparation for transition. SAT also produced five new publications for its partners, including a new pamphlet and updated CD-ROM to go along with the modified and updated website to facilitate information transfer and communication with partners.

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### **STRENGTHENING OF ESSENTIAL PUBLIC HEALTH FUNCTIONS (BALKANS)**

Term: December 2001 – March 2004

Partner: Canadian International Development Agency (CIDA)

The CIDA funding of the project in the Balkans, to increase the capacity of local institutions to respond to public health issues on a local, national and regional basis, is a component of the \$170 million program the Government of Canada has approved towards reconstruction in the Balkans. Our project is part of the approximately \$10 million allocated to a series of health initiatives.

The project seeks to reinforce the capacity of the Institutes of Public Health to provide training and deliver effective programs in the fields of health promotion, epidemiological surveillance and monitoring, program analysis and management. The project also supports regional cooperation in public health through meetings designed to define public health issues and responses on a regional basis.

Support to health sector professional associations is being provided to nascent public health associations in the region as well as nursing and Ob/Gyn associations in Kosovo.

Finally, the project supports activities in Kosovo designed to complement and complete those which were part of the previous Kosovo Continuing Education project. Specifically, additional training in maternity nursing, Ob/Gyn continuing medical education, infection control and microbiological laboratory services is being conducted.

#### 2003 Highlights:

2003 started with the establishment of a regional coordinator office in Belgrade, which has served to accelerate project activities and develop much closer working relationships with our Balkan partners.

The Global Youth Tobacco Survey has been implemented in Serbia and Montenegro and Bosnia-Herzegovina (both entities) and is underway in Kosovo. This was the first for the GYTS in the Balkans. Training included data analysis and report writing workshops. In Serbia, work continued with input into a National Tobacco Strategy, assistance with the development of the first Public Health Strategic Framework and the establishment of a Public Health Association. The Patronage (home visiting) nurses project was designed to improve their capacity to deliver health promotion and disease prevention services. As part of this project, a study team consisting of the lead nurse and physician visited Canada for two weeks. Belgrade was also the site for the first Public Health Resource Centre.

In the area of HIV/AIDS, a rapid assessment of surveillance systems in Bosnia-Herzegovina was conducted as a prelude to further training and the establishment of a national surveillance centre. A study tour from the Institute of Public Health (IPH) Montenegro came to Ottawa, and visited the National HIV/AIDS laboratory, Health Canada, Ottawa Sexual Health Center and the Division of Community Acquired Infections, Health Canada. A study tour from IPH Pristina in Kosovo visited the National HIV/AIDS Laboratory at Health Canada in preparation for an upcoming mission related to training on HIV/AIDS diagnostics. Finally, a train-the-trainer workshop on voluntary HIV testing and counselling for health care providers as it relates to pregnant women was conducted in Serbia.

Elsewhere, a rapid assessment of laboratory management and operations capacity in Montenegro was conducted as a prelude to the introduction of a quality assurance/quality control process. This followed a study tour to Canada by the head of the IPH Montenegro and the Laboratories Director. Knowledge and skills building for family medicine interns and nurses in Bosnia & Herzegovina in the areas of health promotion and HIV prevention/AIDS care and support has also been provided in conjunction with the Queen's Family Medicine Project.

In Kosovo, training of maternity nurses and obstetricians/gynecologists has continued in cooperation with the Canadian Nurses Association and the Society of Obstetricians and Gynaecologists of Canada. Training has included follow-up training and mentoring for nurse candidates from previous 20-week courses, leadership and management training for senior nurses in the renovated maternity units of Pristina and Prizren, and ALARM (Advances in Labor and Risk Management) training for the Ob/Gyn staff at all Kosovar hospitals. Training has also continued in the area of laboratory operations, microbiology, quality assurance and laboratory accreditation, with the assistance of the Quality Management Program-Laboratory Services of Ontario. Finally the infection control training program has continued under the direction of Kingston General Hospital. Support to the nurses and ob/gyn associations has continued.

In Albania, evaluation of primary health care, training in public health management and field epidemiology training are being conducted in cooperation with the University of Montreal. A number of students from Kosovo are participating in certain aspects of this training.

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

Term: October 2001 – September 2006

Partners: Canadian International Development Agency (CIDA), National Public Health Associations in Burkina Faso, Cuba, Ethiopia, Haiti, Malawi, Mozambique, 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. For the 2001–2006 period, the Program will address three common program themes: globalization, tobacco and health, and essential public health functions.

### **2003 Highlights:**

The SOPHA Program was quite active in 2003. Two of the program's nine partners – the public health associations (PHAs) of Ethiopia and Uganda – “graduated” from the program during the year, following nearly a decade of support to each. In October 2003, CPHA President Dr. Christina Mills travelled to Ethiopia to receive an award from that country's PHA for “tremendous support” from CPHA since 1993. Meanwhile, program support continued to seven other partners in Africa and Latin America, with important results in areas such as health promotion, malaria prevention, health reform policy, and tobacco control. The Review and Evaluation Committee met in April 2003 to review progress in the program and consider strategies of enhancing sustainability of partner PHAs. A representative of a former SOPHA partner PHA in Tanzania spoke to the group about how CPHA helped them to build their capacity and continue their work after “graduating” in 1998.

During the year 2003, the SOPHA Program supported five technical assistance missions by Canadian public health experts, in support of the PHAs of Burkina Faso, Ethiopia, Haiti, Malawi, and Mozambique. There were also three study tours by PHA partners to Canada, involving representatives of the PHAs of Burkina Faso, Haiti, Malawi, Mozambique, Niger and Peru. These missions included participation by three SOPHA delegates in CPHA's 94<sup>th</sup> Annual Conference in Calgary, and subsequent travel to Ontario and Quebec. A Mozambican delegate also participated in a WHO Workshop on Trade in Health Services, held in Ottawa in July 2003 and organized by CPHA. Three Francophone delegates attended the 7<sup>th</sup> *Journées Annuelles de Santé Publique* (JASP) in Montreal in December 2003, organized by the Association pour la santé publique du Québec and the Quebec Public Health Institute. Several of the SOPHA

partners have participated in the Global Youth Tobacco Survey (GYTS) implemented by the U.S. Centers for Disease Control (CDC) and World Health Organization (WHO), and played a role in encouraging their respective governments to adopt the Framework Convention on Tobacco Control (FCTC) at the World Health Assembly in May 2003. Later in the year (September 2003), SOPHA partners from Cuba and Haiti sent delegates to a training workshop in Mexico to prepare for repetition of the GYTS in 2004. In June 2003, the SOPHA program and its partner in Burkina Faso collaborated with the World Bank Institute (WBI) to conduct a high-level national workshop on Population, Reproductive Health, and Health Sector Reform.

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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)

The Zambia Family and Reproductive Health Project (ZFRHP) project aims to improve the accessibility, utilization and quality of integrated reproductive health services in under-served communities in Zambia. Because of the high rates of HIV, pregnancy and maternal mortality among young people, the project includes a special emphasis on improving the availability of sexual health information and services to meet the needs of youth.

CPHA is working in close partnership with two well-respected Zambian NGOs (Planned Parenthood Association of Zambia and the Churches Health Association of Zambia) to strengthen their capacity to manage and deliver reproductive health services in 16 selected communities (8 rural, 2 urban, and 6 peri-urban).

The project has identified community needs through a baseline community needs assessment and is developing strategies in each community to

respond to these needs. Community reproductive health committees have been established to support the work of community volunteers, identify community initiatives, and to serve as a link with the health clinics.

### **2003 Highlights:**

Community-based distributors of contraceptives have been taught to provide education and counselling on family planning (FP) and STI prevention, increasing the availability of condoms and other contraceptives in hard-to-reach communities. To help strengthen the quality of FP clinical services, health clinic staff at each site were trained on family planning, logistics management, and gender and health.

Various strategies have been employed to promote safe motherhood. In rural districts, traditional birth attendants were trained to support antenatal and post-natal education and care, to screen high-risk pregnancies, and to assist home deliveries where necessary. Health service providers received instruction on issues such as post-abortion care and MTCT, and reproductive health equipment has been procured for four rural church health institutions. Plans are underway to promote low-cost solutions for providing transport for obstetric emergencies – such as donkey-carts and bicycle trailers.

Because youth are a particular focus for the project, health clinic and hospital staff have been trained in providing youth-friendly reproductive health services. They are also in the process of upgrading their facilities to provide designated youth-friendly areas where these services can be offered away from the prying eyes of their community. Peer educators have developed skills and knowledge to offer information and support to youth using a variety of participatory and engaging methodologies.

One project partner from PPAZ made a presentation on strategies for working with young people at the CPHA annual conference, and then participated in a study tour on youth sexual and reproductive health in Calgary. The project also sponsored a CPHA volunteer for a technical mission to Zambia to assist with the development of a monitoring strategy and database.

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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 fulfil 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 brief reports are included from time to time in issues of the *CPHA Health Digest*. The following provides a brief overview of the Association's advocacy activities in 2003.

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## CPHA BOARD OF DIRECTORS STRATEGIC DIRECTIONS AND ACTIVITIES

In 2003, the Board of Directors continued to focus its energy on positioning public health within the ongoing discussions on health system reform. Current events (e.g., SARS, West Nile virus) highlighted the problem of capacity within the public health system itself and CPHA had occasion to advocate many times on this issue.

### Working For You Toolkit

The Working for You Toolkit was developed by the Communications Strategy Working Group. It includes an overview to provide context for the stories and messages, a list of resource materials and evidence-based background information. The toolkit is for all public health advocates to help them introduce audiences to the essential role public health plays in the lives of Canadians and their communities. It contains five slideshow presentations, and advocacy material on how to use and customize the kit for the intended audience. The toolkit is available on-line at [www.cpha.ca/toolkit](http://www.cpha.ca/toolkit).

### Elections Primer 2003

With a number of provincial and municipal elections taking place in 2003, the Elections Primer resource was updated. It includes such topics as Public Health capacity (leadership, healthy living, immunization, injury prevention, disease prevention, genetically modified foods), literacy and education, environmental health, HIV/AIDS, and peace, security and Public Health. The Primer also stressed the continued need to hold politicians

accountable for protecting our publicly funded health care system so resoundingly supported by Canadians in response to the Romanow Commission. The Primer will be updated in 2004 for the federal election.

### Public Health in the Public Interest

During the SARS outbreak and afterwards, CPHA advocated increased funding to repair the fractured infrastructure of public health in Canada. Dr. David Butler-Jones and CPHA's Chief Executive Officer, Mr. Gerry Dafeo, were members of the National Advisory Committee on SARS and Public Health as chaired by Dr. David Naylor. The Committee's recognition that Canada's public health systems require hundreds of millions of dollars for repairs is consistent with what CPHA has heard from its own constituents. CPHA advocated for increased funding in capacity for emergency preparedness in light of the emerging communicable diseases such as SARS and West Nile virus. CPHA led the writing of a joint letter from eight health-centered organizations to the Naylor Committee and issued a press release after the Naylor report was released expressing support for the recommendations, and urging a focus on immunization as a way in which governments could take immediate action on the recommendations.

CPHA continued its advocacy through letters to the Federal, Provincial and Territorial Ministers of Health prior to their joint conference held September 2-4, 2003 and through other correspondence to governments. In addition, CPHA made presentations to some key Parliamentary Committees in 2003. In presentations to the National Advisory Committee on SARS and Public Health (July 2003), the Standing Committee on Finance (September 2003) and the Senate Committee on Social Affairs, Science and Technology – the Kirby Committee (October 2003), CPHA continued to stress the key messages of public health as defined in the work of the Romanow Working Group and the Communications Strategy Working Group.

CPHA continued to stress the following messages:

1. A strengthened public health system can confidently serve the public interest and protect Canadians by preventing infectious and chronic disease;
2. Population-based public health supports the health care system that focuses on individual patients;
3. Prevention and protection based on population health approaches work;
4. The federal government must recognize that public health is a good investment and that we need significant resources both to strengthen the pan-Canadian public health infrastructure now, and to sustain it for future generations;
5. Immediate pan-Canadian leadership is required on planning, funding, legislative reform, human resources, research, information and communications systems.

### The Canadian Coalition for Public Health in the 21st Century

In May 2003, following the Forum on the Future of Public Health in Canada which took place on the eve of the 94<sup>th</sup> Annual Conference of the Canadian Public Health Association and was convened by Dr. John Frank, Scientific Director of the Institute of Population and Public Health of the Canadian Institutes of Health Research, a diverse group of organizations from a range of sectors reached a consensus that Canada must strengthen its public health infrastructure now. In response, these organizations created the Canadian Coalition for Public Health in the 21<sup>st</sup> Century with CPHA taking the lead role as secretariat. The Coalition, whose members are



national organizations with links across the country, will draw on its wealth of expertise to create synergy around public health issues. By generating ideas and potential policy directions for discussion among both the public and decision-makers, the Coalition aims to help all stakeholders work together for the future of public health. The Coalition completed an on-line survey regarding the work of the Senate Committee on Social Affairs, Science and Technology (the Kirby Committee). The survey results were sent to the Kirby Committee on October 17, 2003. The Coalition also presented to the Kirby Committee and issued several press releases on behalf of its members. The Coalition continues to expand and will continue its work in 2004.

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## **OTHER FEDERAL LOBBYING ACTIVITIES**

Other significant lobbying activities in 2003 included:

### **Child Health**

In February 2003, CPHA wrote to the Minister of Finance, John Manley, asking that Budget 2003 continue the National Child Benefit supplement as part of the Canada Child Tax Benefit for low-income families. In June, the Minister responded that Budget 2003 will continue with the National Child Benefit and increase it significantly over the next five years. Budget 2003 will also provide a Child Disability Benefit to families caring for children with severe disabilities. CPHA continues to advocate programs that will improve the health of all Canadians. In May 2003 CPHA wrote in support of the proposed Well-Being Measurement Act, which would set up a process for reporting to Canadians on a comprehensive set of indicators (not just economic) that will indicate the well-being of Canadians. As a member of the National Children's Alliance, CPHA supported three letters to federal cabinet ministers concerning: 1) the underfunding of national voluntary sector organizations; 2) support for the Canadian Learning Institute; and 3) support for the Integrated Pan-Canadian Healthy Living Strategy.

### **Tobacco Issues**

CPHA continued its support of tobacco control measures in 2003. CPHA's Global Health Programs have also collaborated on the tobacco theme (in Russia and the Balkans) through the CPHA Tobacco Working Group, formed in late 2002. The Working Group is composed of several Canadian tobacco experts who advise CPHA in its international work on tobacco control. A meeting of the working group was held in May 2003, shortly after members of the WHO adopted a landmark treaty known as the Framework Convention on Tobacco Control (FCTC). The Treaty calls for a common set of government actions around the world aimed at regulating the sale, promotion, and use of tobacco products in order to limit the dramatically negative health effects and consequent societal costs caused by such products. On February 10, 2004, CPHA was added to the list of

organizations worldwide that have signed in support of the Framework Convention on Tobacco Control (FCTC) and continues to work with numerous partners on tobacco issues.

CPHA, through its Strengthening of Public Health Associations (SOPHA) program, has continued to assist with various aspects of the Global Youth Tobacco Survey (GYTS), an initiative of the WHO and other agencies, managed by the U.S. Centers for Disease Control (CDC). The CDC was preparing for a repeat of the survey in 2004 in countries where it took place in 2001, in order to begin some longitudinal comparisons. In early August, the international coalition responsible for the GYTS, which includes CPHA, issued a press release about the findings of the study concerning gender differences. The notable fact about the study was the *lack* of significant gender differences in smoking prevalence and attitudes of girls and boys in many countries around the world. This was an alarming finding of the GYTS, since it shows increasing smoking by girls, eventually leading to increasing rates of heart and lung diseases and cancer around the world. As the sole Canadian participating agency in the GYTS, CPHA was contacted by Canadian journalists about the survey. Several articles subsequently appeared in newspapers such as the *National Post*, the *Montreal Gazette*, and the *Vancouver Sun*.

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
- Coalition of Health Professionals for Preventative Practice
- Canadian Coalition for Green Healthcare
- Canadian Coalition for the Rights of Children
- Canadian Coalition for Immunization Awareness & Promotion
- Canadian Network for Asthma Care
- Chronic Disease Prevention Alliance of Canada
- Coalition for Gun Control
- Coalition of National Voluntary Organizations
- Coalition for Public Health in the 21st Century
- Health Action Lobby (HEAL)
- Health Charities Council of Canada
- Mines Action Canada
- National Information Program on Antibiotics Coalition
- National Literacy and Health Partners
- National Children's Alliance
- Network of Organizations Interested in Issues of Smoking and Tobacco Control
- Stop TB /Halte à la tuberculose Canada
- United Nations Association in Canada

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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 2003:

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## COMMITTEES

- 2003 Nursing Leadership Conference Advisory Committee  
*Mary Martin-Smith*
- Advisory Council, International Institute on Social Policy  
*Gerry Dafoe*
- Advisory Group Reviewing the Recommendations from the Working Group on HIV/AIDS  
*Catherine Donovan*
- Benzene CWS Multi-Stakeholder Advisory Group  
*Fred Ruf*
- Breastfeeding Committee for Canada  
*Joanne Gilmore*
- Canadian Coalition for High Blood Pressure Prevention and Control  
*George Fodor*
- Canadian Coalition for Immunization Awareness & Promotion  
*Roy West*
- Canadian Coalition for Influenza Immunization (CCII)  
*Bonnie Henry*
- Canadian Coordinating Committee on Anti-Microbial Resistance (CCCAR)  
*Paul Hasselback*
- Canadian Network for Asthma Care (CNAC)  
*Ron de Burger*
- Canadian Strategy for Cancer Control Development Committee  
*Carol Smillie*
- Coalition of Health Professions for Preventive Practices  
*Paula Stewart*
- Committee for Advice on Tropical Medicine and Travel (CATMAT)  
*Raphael Saginur*
- Committee on Voluntary Labelling of Foods Obtained or Not Obtained Through Genetic Engineering  
*Hélène Delisle*
- Correctional Service Canada Health Care Advisory Committee  
*Fred Ruf*
- Corresponding Director, Canadian Association of Physicians for the Environment (CAPE)  
*Trevor Hancock*
- Culturally Appropriate Best Practices for Healthy Aging Working Group  
*Andrew Aitkens*
- Expert Advisory Committee on Xenograft Regulation (EAC-XR)  
*Bryce Larke*
- Expert Review Panel for Breast Screening Initiative  
*Carol Smillie*
- Health Products and Food Public Advisory Committee  
*Richard Davies*
- Health & Well-being and Climate Change Technical Program Committee (HWCC-TPC)  
*David Swann*
- Healthy Eating in Store for You Advisory Committee (HESY)  
*Sari Simkins*
- Joint Core Advisory Committee on Particulate Matter (PM) and Ozone  
*Timothy Lambert, Fred Ruf*
- Mercury CWS Multi-Stakeholder Advisory Group  
*Timothy Lambert*
- National Advisory Committee for the Research Studies to Determine the Needs of Refugee Mothers During Pregnancy and Childbearing  
*Jane Simpson*
- National Advisory Committee on Cessation  
*Janet Nevala*
- National Advisory Committee on Immunization (NACI) (National Immunization Strategy)  
*John Carsley*
- National Advisory Committee on Severe Acute Respiratory Syndrome (SARS) and Public Health  
*Gerry Dafoe*
- National Children's Alliance  
*Perpetua Quigley*
- National Consultations in the Development of Canada-Wide Standards on Particulate Matter and Ground-Level Ozone  
*Fred Ruf, Timothy Lambert*
- National Information Program on Antibiotics (NIPA) Coalition  
*Paul Hasselback*
- National Pollutant Release Inventory (NPRI) Work Group  
*Fred Ruf*
- National Working Group on Homelessness  
*Bonnie Dinning*
- Network on Healthy Eating  
*Irene Strychar*
- Primary Health Care Expert Working Group (EWG)  
*David Butler-Jones*
- Programme Planning Committee of the 6th Canadian National Immunization Conference  
*Ian Gemmill*
- Skills Enhancement for Health Surveillance Advisory Committee  
*Catherine Donovan*
- Steering Committee – Canadian Perinatal Surveillance System (CPSS)  
*Nonie Fraser-Lee, Cathy Kimak*
- Steering Committee to Develop a Pilot Outbreak Response Training Workshop For Frontline Public Health Professionals  
*Ian Johnson*
- Steering Committee to Oversee Non-Human Use of Antimicrobials Policy Development  
*Paul Hasselback*
- Steering Committee to Oversee Raw Foods of Animal Origin Policy Development  
*Richard Davies*
- STOP TB - Halte à la Tuberculose - Canada  
*Judy Mill*
- Task Force on Chlorinated Disinfection By-Products in Drinking Water  
*Fred Ruf*
- Therapeutic Products Program – Advisory Committee on Management  
*John Blatherwick*

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## WORKSHOPS/MEETINGS

- NVO Consultations regarding the discussion paper on governance and accountability in the voluntary sector  
*Janet MacLachlan*
- West Nile Virus Regulatory Consultative Workshop, January 9, 2003  
*Ian Gemmill*
- Moving Forward: A National Workshop on Cessation, January 14-15, 2003  
*Christina Mills*
- Feasibility Study on holding a 2nd Canadian Conference on Hepatitis C, January 23, 2003  
*Ian Culbert*
- The Challenges in Our Relations with CIDA – CCIC’s Leadership Forum, January 24, 2003  
*Gerry Dafoe*
- F/P/T Consultation Reference Group on Healthy Living (CRG), January 30, 2003  
*Deborah Gordon-El-Bibbety*
- CIHR III Institute of Infection and Immunity Partnership Forum, January 31 - February 1, 2003  
*Bryce Larke*
- Department of Finance Secured Reading Prior to the Presentation of Budget 2003 by the Minister of Finance, February 18, 2003  
*Deborah Gordon-El-Bibbety*
- Public Health Research Infrastructure Workshop, March 3-4, 2003  
*Christina Mills*
- Stop TB Canada, World TB Day 2003 Conference, March 23-24, 2003  
*Judy Mill*
- Children’s Rights In Canadian Foreign Policy, April 4, 2003  
*Louise Cormier*
- Healthy Environments for Children: Taking Action Through Public Policy in Celebration of World Health Day 2003, April 7, 2003  
*Karen Hill*
- Chronic Disease Prevention Alliance of Canada National Stakeholders Meeting, April 9, 2003  
*Deborah Gordon-El-Bibbety*
- Mental Health Support Network of Canada, April 10, 2003  
*Karen Hill*
- Trade Agreements and Threats to Canada’s Health Care System, April 28, 2003  
*Christina Mills*
- Envisioning Solutions: Creative Partnerships for the Future of Health Care in Canada, April 30, 2003  
*Jean-Paul Fortin*
- National SARS Meeting, April 30, 2003  
*David Butler-Jones*  
*Gerry Dafoe, Deborah Gordon-El-Bibbety*
- 3rd World Congress & Exhibition: Child and Youth Health 2003, May 11-14, 2003  
*Perpetua Quigley*
- Release of Proposed Renewal of Canada’s Drug Strategy and Cannabis Reform, May 27, 2003  
*Karen Hill*
- 2003 National Health Organizations Meeting, June 2, 2003  
*Janet MacLachlan*
- CCME Electric Power Generation Mercury Advisory Group Teleconference, June 9, 2003  
*Timothy Lambert*
- Healthy Living Symposium, June 16-17, 2003  
*Connie Utrecht*
- Skills Enhancement for Health Surveillance: “Think Tank” Meeting, June 17, 2003  
*Janet MacLachlan*
- Stakeholder Meeting on Discretionary Fortification of Food, June 23, 2003  
*Irene Strychar*
- Invitational Workshop on Performance Indicators, June 26, 2003  
*Karen Hill*
- Expert Roundtable Discussion on Child Labour and Other International Child Protection Issues, June 27, 2003  
*Perpetua Quigley*
- Minister’s Special Briefing on Medical Marijuana, July 9, 2003  
*Karen Hill*
- Investing in Canada’s Future: CIHR’s Blueprint for Health Research and Innovation, July 14, 2003  
*Janet MacLachlan*
- Translating Vision into Action: The Creation of a Partners Forum on Social Accountability, July 16, 2003  
*Doug Angus*
- Post-market Surveillance of Bioengineered Pharmaceuticals, August 7, 2003  
*Mary Appleton*
- Discussion on Policy Research, September 11, 2003  
*Karen Hill*
- Developing a National Injury Prevention Strategy, September 22, 2003  
*Christina Mills*
- Mercury CWS Multi-Stakeholder Advisory Group, October 3, 2003  
*Timothy Lambert*
- National Immunization Strategy Task Group, October 27-28, 2003  
*Ian Gemmill*
- Towards Working Together for Aboriginal Children in Canada, October 29, 2003  
*Perpetua Quigley*
- Invitation Policy Synthesis - CHSRF, November 17, 2003  
*Karen Hill*
- Canadian Injury Prevention and Safety Promotion Conference, November 25, 2003  
*Christina Mills*
- “Keeping the Promise – the Role of Monitoring in the Advocacy of the National Children’s Alliance” Workshop, November 27-28, 2003  
*Perpetua Quigley*
- National Climate Change and Health Assessment Adaptive Capacity Workshop, November 27-28, 2003  
*Penny Sutcliffe*
- Toronto Thematic Consultation of Advertising of Health Products, November 27-28, 2003  
*Mary-Jo Makarchuk*
- NGO Emergency Communications Network, November 28, 2003  
*Judy Redpath*
- Canadian College of Health Services Executives, December 4, 2003  
*Elinor Wilson*

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# BRIEFS AND SUBMISSIONS 2003

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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, surveys and briefs completed in 2003 with the support and involvement of CPHA members.

### Reviews/Surveys Completed

1. Review of the Health Canada Report of the Advisory Committee on Animal Use of Antimicrobials
2. Report of the Canadian Council of Ministers of the Environment, Water Quality Task Group
3. Networking Infrastructure for Community Health Nursing Researchers and Decision-Makers

### Briefs/Submissions/Presentations

1. Brief to the Standing Committee on Finance – Public Health in the Public Interest
2. Brief to the National Advisory Committee on SARS and Public Health
3. Brief to the Senate Committee on Social Affairs, Science and Technology

### Public Policy and Legislation Committee (PPLC)

The following Resolutions and Motions were presented to the membership at the Canadian Public Health Association Annual General Meeting (AGM) held in Calgary, Alberta, May 12, 2003. Draft Resolution No. 1 was referred to the CPHA Board of Directors. All other Resolutions and Motions were approved by the membership.

### Resolutions

1. Draft Resolution No. 1, Support for a Public Health Approach to Psychoactive Drugs (*Referred to the CPHA Board*)
2. Suicide Prevention
3. Call for Bike Helmet Legislation
4. Call for Booster Seat Legislation
5. Call for National Injury Prevention Strategy

### Motions

1. National Immunization Strategy
2. Falls Among Seniors as a Priority Public Health Issue
3. Appreciation to all in Public Health and Partner Agencies Involved in Controlling the Epidemic of Severe Acute Respiratory Syndrome.
4. Environmental Tobacco Smoke and Future CPHA Conferences

For details regarding the Resolutions and Motions, please refer to the 2003 Public Policy and Legislation Committee report which will be available at the 2004 Annual General Meeting to be held in St. John's, Newfoundland and Labrador in June 2004. Information on these and previous resolutions and motions is available on the CPHA website ([www.cpha.ca](http://www.cpha.ca)) under the Policy and Advocacy section, or by contacting the CPHA National Office.

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# SUMMARY

The year 2003 was very busy for the Association. Program activities, committee representation and policies are reported in detail in this report and will be provided to the members attending the Annual General Meeting in 2004. Following the presentation of the report to the AGM, it will be posted on CPHA's website.

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 2003, the Association was represented on 44 external committees and members participated in 25 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.

The Association continued to maintain its financial stability for 2003 and ended the year with a modest surplus. We believe that 2004 will continue to be a growth phase for CPHA with many new programs and activities being negotiated early in the new year. We continue to focus on increasing CPHA's alternative sources of revenue other than contracts and these are once again being successful. These sources of revenue are derived from the *Canadian Journal of Public Health* (CJPH) and the publishing of special subject inserts and supplements to the *CJPH*, a continued building of the CPHA Health Resources Centre, an increasingly active Conference Department, and a focus on building the membership of the Association.

A significant change occurred at the end of 2003 that may well provide both significant challenges and opportunities for CPHA. The Federal Government's intention to create a Federal Agency for Public Health will certainly impact on CPHA's mandate and program activities. As well, the retirement of Gerry Dafoe after 30 years as Chief Executive Officer of the Association is a significant event in the organization's long and proud history.