



ONTARIO PUBLIC HEALTH ASSOCIATION ANNUAL REPORT 2012-2013



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REFLECTIONS ON 2012-13

Sue Makin, President



Last's year's Annual Report described a year of transition for OPHA; a year that saw a number of changes that advanced OPHA's commitment to our membership, improved our financial sustainability, and re-focused our attention on knowledge transfer, capacity building and advocacy. Those changes set the course for a busy and productive 2012-13. This year's Annual Report describes a gradually growing membership with increasing numbers of people following us our website and through social media.

It describes a variety of well attended knowledge transfer activities on a very broad range of public health issues. And, it describes a strong commitment to advancing public health at both the local and provincial level.

New this year, is a distinct section on the work of the Nutrition Resource Centre. NRC also experienced a significant transition that re-focused its attention on policy development, knowledge transfer and capacity building, and this year's NRC section describes the considerable work that has been accomplished in the wake of that transition.

I would also like to take this opportunity to draw your attention to OPHA's 2013-2016 Strategic Plan. While not part of this Annual Report, you can find it on the recently updated OPHA website. The new Strategic Plan was developed through extensive consultation with our individual members, Constituent Society members, the Board, and our many partners. I believe that it reflects a strong commitment to capacity development and advocacy that will continue to advance our relevance to both our membership and Ontario's public health sector.

I would like to thank Siu Mee Cheng, our Executive Director, all of the OPHA and NRC staff, the OPHA Board, our many work groups and all of our partners for their commitment to advancing public health in Ontario. Together, we have set a new standard for the notion of 'small but mighty'!

Sincerely,

A handwritten signature in cursive script that reads "Susan Makin".

Sue Makin
President

REFLECTIONS ON 2012-13

Larry Stinson, President Elect

As a membership-based organization, OPHA truly is the voice of public health. As individual members and as members of constituent societies, those who work in the field of public health have looked to OPHA as a vehicle to advocate for healthy public policy since its inception. This fiscal year was no exception as through Workgroups, the OPHA Board, and in partnerships with constituent societies and other agencies, the public health voice was heard.



OPHA has long been a leader in public health advocacy, but has recognized through the strategic planning process that success in the public policy realm today requires a different tact. The issues we face are more complex and require much broader engagement and the opportunities to influence decisions require a more strategic approach. As one member commented, “campaigns need to respond on a timely basis to evolving issues; the historical consultation approach resulting in a single letter to the Minister is no longer effective.” You will notice in the approved 2013-2016 Strategic Plan that Advocacy continues to be a strategic issue, with particular emphasis on engaging membership and focusing on membership-driven priorities. Capacity to tackle more issues and to tackle them well comes back to our membership. I strongly encourage you to seize the opportunity that OPHA provides and bring your expertise and energy to the Work Groups and Committees.

Our biggest impact in public health has always been and will continue to be achieved through changes in public policy. That is why I am extremely proud to be part of an organization that has achieved so much on this front and has committed to continue this focus into the future.

Larry Stinson

President-Elect

Advocacy Committee Chair

Board of Directors 2012-13

Board Members

<i>President</i>	Sue Makin
<i>President Elect</i>	Larry Stinson
<i>Secretary</i>	Julia Roitenberg
<i>Treasurer</i>	Tin Vo
<i>Member-At-Large</i>	John Garcia
<i>Member-At-Large</i>	Fran Scott
<i>Member-At-Large</i>	Deb Keen
<i>Member-At-Large</i>	Marty Mako
<i>Member-At-Large</i>	Kevin Churchill
<i>Member-At-Large</i>	Caitlyn Timmings
<i>Member-At-Large</i>	Susan Kniahnicki

Constituent Societies' Representatives

<i>ANDSOOHA</i>	Jo Ann Tober
<i>AOHC</i>	Bob Fletcher
<i>ASPHI-O</i>	Shawn Zentner
<i>CIPHI-O</i>	Cathy Egan
<i>CHNIG (RNAO)</i>	Karen Ellis
<i>HPO</i>	Ellen Wodchis
<i>OAPHD</i>	Pat Abbey

VISION, MISSION, VALUES



The Voice of Public Health Since 1949

The Ontario Public Health Association (OPHA) is a voluntary, non-profit association of individuals and constituent societies from various sectors and disciplines that have an interest in improving the health of the people of Ontario.

Our Vision

The Ontario Public Health Association will be a dynamic and innovative force, enhancing and reshaping public health.

Our Mission

The mission of the OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario. OPHA achieves this mission by:

- Providing professional development opportunities and up-to-date information in community and public health issues
- Providing access to local, provincial, and multi-disciplinary community health networks
- Developing mechanisms to identify and analyze public-health issues from the variety of perspectives in its membership and in the broader community
- Creating and maintaining advocacy initiatives with a province-wide perspective
- Leading the development of expertise in public and community health through collaboration, consultation and partnerships

Our Values

OPHA seeks to be OPHA seeks to be a dynamic organization. We:

- Promote equity, social justice, inclusivity and diversity.
- Advance partnerships.
- Recognize public health as an integral part of a publicly funded health care system.
- Are committed to the highest ethical and professional standards.
- Operate with openness, responsibility and accountability.

2012-13 At A Glance...

- OPHA had 315 members
- OPHA hosted 5 “Mentoring Leadership” and 9 topic-focused webinars; attended by over 1,000
- More than 300 people attended OPHA workshops and events
- OPHA hosted a dynamic annual Fall Forum on eHealth Innovations in Public Health; more than 200 attended
- 12 editions of the OPHA EBulletin were released
- The Nutrition Resource Centre (NRC) facilitated 4 successful Nutrition Grand Round events
- The NRC listserv delivered daily news to over 3,000 subscribers
- OPHA broadened its social media outreach with 486 Twitter followers and 82 Facebook fans (by March 2013)

ADVOCACY

The first direction of the 2010-13 OPHA Strategic Plan was to “build internal capacity for advocacy to enhance OPHA's impact on external stakeholders”. During the last year of this Strategic Plan, OPHA worked extensively with its many Workgroups to strengthen its capacity and advance advocacy on a wide variety of public health issues.

- The **Built Environment Workgroup**, along with the Injury Prevention Network and Environment Health workgroup contributed to the development of letters to the Ministers of Health and Long-Term Care, Transportation, Municipal Affairs and Housing and Community and Social Services on the Coroner's Review on Pedestrian and Cycling deaths.
 - The Cycling and Driver Awareness subgroup made recommendations to update the Ontario Driver's Handbook and Driver Education Curriculum.
 - The Planning 101 subgroup completed their “*Healthy Communities - Principles in Land Use Planning*” project.



- The **Alcohol Prevention Workgroup** wrote to Dalton McGuinty to call for a provincial alcohol strategy and prepared fact sheets about alcohol availability, alcohol pricing, and alcohol marketing/advertising and promotion. The workgroup also explored partnership opportunities to coordinate efforts and move forward with a provincial alcohol strategy.
- The **Food Security Workgroup** focused on mapping its goals for the 2013-2014 fiscal year, which will include providing feedback and support for the Ontario Food and Nutrition Strategy (OFNS), supporting the use and dissemination of Nutritious Food Basket (NFB) data, updating its resolution paper to reflect the current status quo and raise awareness of food insecurity, and revisit and renew its position on food security.

- The **Chronic Disease Prevention Workgroup** sent letters to several provincial Ministers urging immediate action with respect to the group's recommendations to reduce childhood obesity. In response to the Healthy Kids Panel, the group formally submitted their “Strategic Actions to Address Childhood Obesity” report, which highlights critical actions to support the government's initiative to reduce childhood obesity throughout the province.
- The **Health Equity Workgroup** (HEWG) presented at the Ontario Municipal Social Services Association (OMSSA) Policy and Research conference, “*Human Services Integration in Practice: Realizing the Vision*”. The group's presentation focused on a joint OPHA/alPHA collaborative study on the Social Determinants of Health and the Public Health Unit Role 2010 Survey. The HEWG also provided input to the government on the Social Assistance Review Strategy.
- Recommendations from the **Reproductive Health Workgroup** encouraged Best Start to put together an advisory committee on preconception and perinatal obesity, which will include OPHA representation.
 - The Pre-Conception Task Group provided feedback to the Best Start on their website
 - The Supporting Normal Birth Task Group facilitated a presentation to the Provincial Council for Maternal and Child Health Maternal-Newborn Advisory Committee, highlighting the need for a provincial strategy to promote best practices in this area.
 - The Supporting Normal Birth Task Group also partnered with Best Start to create a vision document and key objectives for 2013.

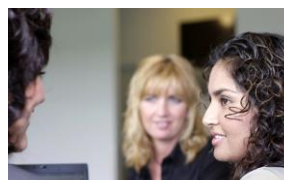
KNOWLEDGE TRANSFER & EXCHANGE



The 2010-13 Strategic Plan called on OPHA to enhance its leadership in public health consultation and knowledge exchange. In 2012-13, OPHA continued to advance its role as a knowledge exchange organization, and to strengthen its position as the voice of public health.

Workgroups & Networks

- The **Food Security Workgroup** collated existing data from Public Health Units across Ontario to complete provincial analysis from the Ontario Nutritious Food Basket Survey. The group aims to engage in information sharing by inviting guest speakers to present on issues or initiatives on food security, and organizing webinars on issues pertaining to food insecurity.
- The **Health Equity Workgroup**, in partnership with the MOHLTC, continued to develop performance indicators to measure the determinants of health within health units, and worked on a review of the Ontario Public Health Standards in relation to health equity. Representatives also spoke on a panel at the Ontario Municipal Social Services Association conference focusing on working to address the social determinants of health.
- The **Reproductive Health Workgroup** seized an opportunity to share feedback with the Best Start Resource Centre on revisions to the Health Before Pregnancy website and workbook.
 - The Pre-Conception Task Group facilitated a workshop called “*Preconception Health in Ontario: Perspectives from Practice, Current Evidence and an Opportunity for Networking*” and spoke at the Best Start conference in February 2013. The workshop focused on current practices and evidence in preconception health, and highlighted results from a recent environmental scan of preconception initiatives across Ontario



KNOWLEDGE TRANSFER & EXCHANGE

- The **Environmental Health Workgroup** worked with the Clean Air Partnership, Health Canada and Environment Canada and some of the GTA health units to address inconsistencies in the triggering of heat alerts by different agencies.
- The **Built Environment Workgroup** (BEWG) regularly provided comment on provincially significant land use policies and actively worked to share information with its members through listserv and a webinar series. The Workgroup also hosted a mini-series of four webinars on new research developments, and on ways to build relationships with engineers
 - The Public Health and Planning 101 subgroup worked towards creating a learning resource for public health staff that are new to planning and land use planners who are starting to work with public health staff.
 - The Public Health and Planning 101 Task Group: Knowledge Translation Subcommittee's *"Connecting Public Health and Planning Professionals: The Need for an Education Module"* abstract was accepted for TOPHC 2013 and the York Region Public Health Research Association's Knowledge Exchange Symposium.

OPHA Events

- OPHA successfully launched a series of *"Mentoring Leadership"* webinars to support the continued professional and career development amongst public and community health professionals. Five provincial public health leaders participated as Mentors, and shared their career journey, lessons learned, advice about professional and career development and insights on becoming a public health leader.
- OPHA hosted a very successful Fall Forum on *"eHealth Innovations in Public Health"*. Over 200 delegates gathered to explore the current state and vision for eHealth in Ontario's public health sector. The Forum provided a much-needed platform for advancing an eHealth agenda for public health in Ontario.
- OPHA, with the NRC, hosted the first annual joint Knowledge Exchange and Transfer event, *"Marketing Towards Children"*, providing a forum for provincial and federal thought leaders on this timely topic.



NUTRITION RESOURCE CENTRE

The **Nutrition Resource Centre (NRC)** has continued to strengthen capacity for Healthy Eating and Nutrition skills & knowledge amongst public health and community health professionals and health promotion partners.



In conjunction with its **new strategic plan**, the NRC focused on transitioning four previously funded programs (NutriSTEP, Colour It Up, Eat Smart! and Community Food Advisor) and developing its role of building capacity, supporting policy development, stakeholder engagement and building as a centre of excellence in evidence-based healthy eating and nutrition resources.



OPHA, in partnership NRC, hosted its first joint **Knowledge Exchange and Transfer** event, *“Marketing Towards Children”*. This well-attended (90 attendees) joint conference provided a forum for provincial and federal thought leaders on this timely topic and resulted in very positive feedback, setting the stage for future healthy eating and nutrition focused events.



A new venture for the NRC was the provision of knowledge and competency-based **webinars** on areas of interest to its clients and nutrition hot topics. Local experts presented on areas including Food Skills and Food Reclamation (average of 80 attendees per webinar).



The NRC delivered a **workshop** on *“Food Policy Levers for Local Public Health”*. This skills-development event highlighted the importance of local authorities for food policy, and defined a policy lever for food system intervention at the local level. 77 attendees were present and rated the program as high quality.

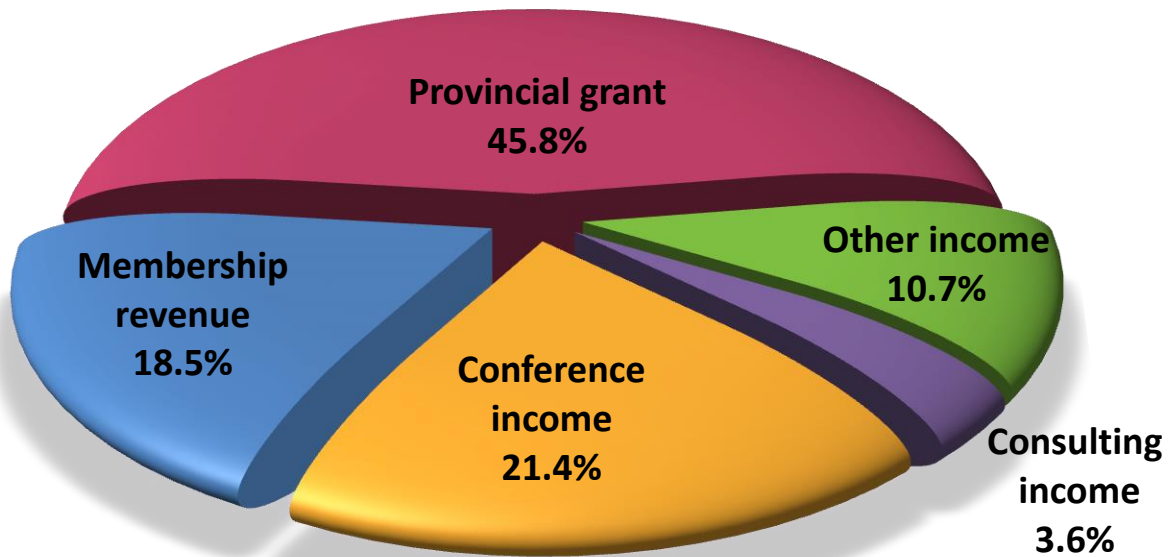


Through the NRC Advisory Committee and newly established Provincial Roundtable meetings, the NRC was able to formally expand its breadth of **stakeholder engagement** within the public, community and family health and community health sectors.

The NRC listserv, including daily “Nutrition News in Brief”, reached 3,330 subscribers – an increase of 1,330 (60%) from the previous year.

2012-13 FINANCIAL UPDATE

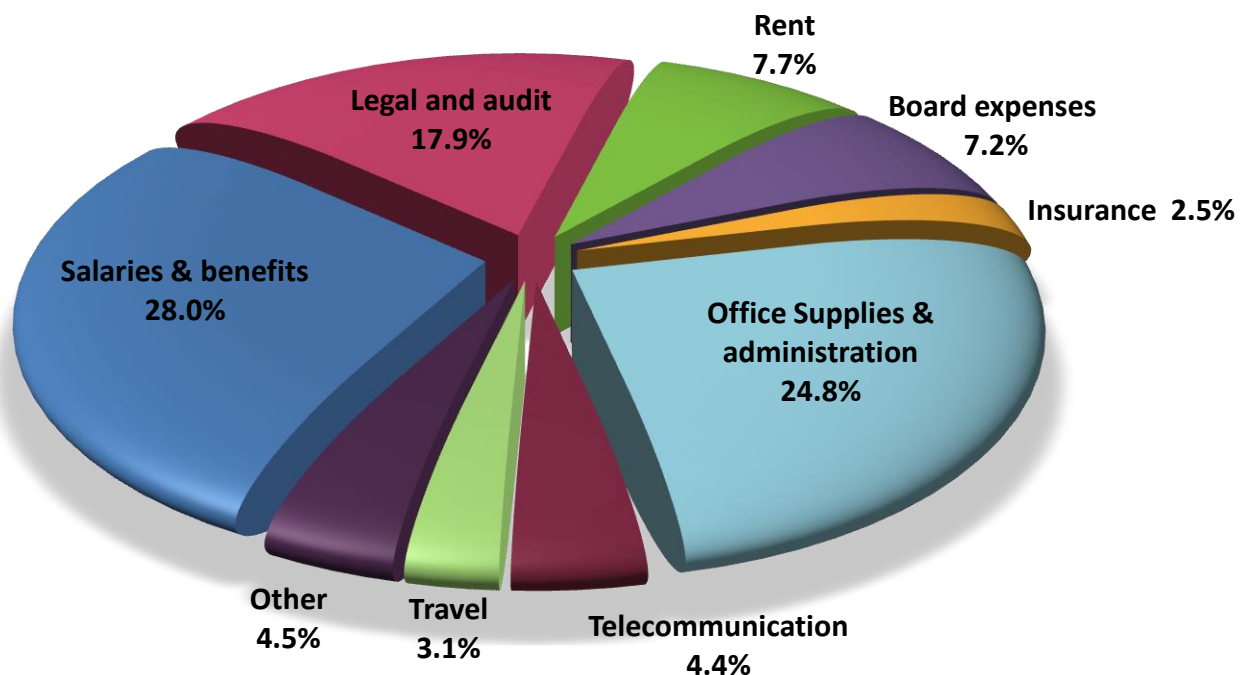
OPHA Revenue Analysis for the Year Ended March 31, 2013



Revenue Stream	Amount (\$)	Percentage
Membership revenue	60,614	18.5%
Provincial grant	150,000	45.8%
Other income	35,019	10.7%
Consulting income	11,880	3.6%
Conference income	70,316	21.4%
Total	327,829	100.0%

2012-13 FINANCIAL UPDATE

OPHA Expense Analysis for Year Ended March 31, 2013



Expense	Amount (\$)	Percentage
Salaries and benefits	81,693	28.0%
Legal and audit	52,152	17.9%
Rent	22,534	7.7%
Board expenses	21,138	7.2%
Insurance	7,157	2.5%
Office Supplies and administration	72,553	24.8%
Telecommunication	12,850	4.4%
Travel	8,920	3.1%
Other	13,029	4.5%
Total	292,026	100.0%



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