

OPIHA

Ontario Public Health Association

l'Association pour la santé publique de l'Ontario

Established/Établi 1949

The **Voice** of

Public Health

since **1949**

Annual Report

April 1st, 2003 - March 31st, 2004

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APPENDIX I: Auditor’s Report

About OPHA

OPHA - The Voice of Public Health Since 1949

Founded in 1949, the Ontario Public Health Association (OPHA) is a voluntary, charitable association. OPHA is an organization of individuals and Constituent Societies from various sectors and disciplines that have an interest in improving the health of the people of Ontario.

Mission Statement

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.

Our mission is achieved by providing education opportunities and up-to-date information in community and public health, access to local, provincial and multi-disciplinary community health networks, mechanisms to seek and discuss issues and views of members, issue identification and advocacy with a province-wide perspective, and expertise and consultation in public and community health.

Vision

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

The following broad elements make up this vision statement:

- A strong association leading public health reform in Ontario
- Well resourced, with increased policy analysis capacity
- Strong links with other health organizations
- Increased advocacy
- Highly respected, opinions regularly sought out

OPHA Values

OPHA seeks to:

- Be an independent voice for public health
- Encourage a broad concept of health
- Promote equity, social justice, inclusivity and diversity
- Foster active and mutually rewarding partnerships
- Promote volunteerism and value volunteer contributions
- Facilitate recognition of public health as an integral part of a publicly funded Canadian health system
- Be responsible and accountable in the conduct of its organizational affairs and conduct itself with integrity in accordance with ethical and professional standards

President & Executive Director's Report



Dr. Peter Wiebe
OPHA President

I am pleased to report on the activities of the OPHA for the period of April 1, 2003 – March 31, 2004. I would like to begin by thanking members of the Board of Directors whose terms ended in December, 2003: Elba and Eliseo Martell, Baldev Mutta, Peggy Schultz and Tino Serapiglia, and welcoming the new Board members: Charlene Beynon, Kevin Churchill, Cathy Egan, Larry Stinson, Brenda Stahl-Quinlan and Caroline Wai. The complete list of Board members is available on page 6, and internal committee representation is listed on page 7.

The OPHA has also been joined by a new Constituent Society, the Public Health Research, Education and Development (PHRED) Program. Originally known as the Teaching Health Unit Program, the province's five PHRED Programs are unique to Ontario. The overall mission of the program is to contribute to health promotion, health protection and the prevention of health problems among the residents of Ontario by facilitating the

integration of research, education, policy and public health practice. Charlene Beynon represents the PHRED Program on the OPHA Board of Directors, and is also the Chair of the Conference Program Committee. PHRED Program staff have also been highly active in the planning of the 2004 OPHA Conference, and have taken on the huge task of developing the conference program.

Throughout this year, public health in Ontario has undergone many of its own changes. A new provincial government was elected, and Hon. George Smitherman was appointed Minister of Health and Long-Term Care. Dr. Sheela Basrur was appointed the new Chief Medical Officer of Health and Assistant Deputy Minister of the Public Health Division. The Campbell Commission report, "SARS and Public Health in Ontario", and the report of the Expert Panel on SARS and Infectious Disease Control, "For the Public's Health: A Plan of Action", were released and both called for major reform to Ontario's public health infrastructure and emergency-response. In response, the Ministry launched Operation Health Protection, its 3-year action plan to revitalize the public health system, and established a new Health Protection and Promotion Agency. These changes all served to increase the focus on public health in the eyes of the media and the general public, which can only lead to continued commitment by the government to support our efforts to promote, protect and enhance the health of the public.

The Board has continued to work at implementing the Association's Strategic Plan, developed in 2002. This year, emphasis has been placed on increasing and strengthening OPHA's linkages with various ministries on public health issues, enhancing the association's capacity for policy analysis and action, and increasing the media awareness of the OPHA. The Standing Committees of the Board have been restructured to reflect this emphasis, and are now called the Access & Equity, Membership & Internal Communications and Public Relations & Advocacy Committees. The Core Competencies Task Group was established, responsible for defining core competencies for public health which will guide public health education, research and practice in Ontario. Since its inception, the Task Group has been very busy conducting a multi-stakeholder consultation, completing a literature review,

developing tools for disseminating information about the project, and securing funds for additional work in this area. See the Task Group report starting on page 8 for more details. Finally, in an effort to streamline communications with the membership and enhance members services, the Board decided to implement, within the coming year, a section on the OPHA website (www.opha.on.ca) for members only, and a listserv for OPHA members. OPHA's member publications, *HealthBeat* and the *OPHA News*, were combined into *OPHA News* which comes out bi-monthly.

In the fall of 2003, David C. MacKinnon took over from his predecessor, Jack Lee, as Executive Director. David stayed on as Executive Director until his retirement in April of 2004. In December 2003, after many years at the Queen St. East location, the OPHA moved to it's newer, larger home in Lawrence Square, at 700 Lawrence Ave West, Suite 310, in Toronto. This location will allow the association to continue to grow, will enable existing projects to hire new staff as needed and for new projects, that fit with the Associations' mandate, to be integrated within our structure.

The OPHA works through projects, workgroups, coalitions and alliances to achieve this mandate. The OPHA projects are: Alcohol Policy Network, Association to Reduce Alcohol Promotion in Ontario, Environmental Health Program, Heart Health Resource Centre, Nutrition Resource Centre and the Provincial Partners for Seniors and Veterans: Falls Prevention Campaign (see project reports starting on page 21). Workgroups supported by the Association are the Alcohol; Breastfeeding Promotion; Child Health; Environmental Health; Food Biotechnology; Food Security; Public Health Alliance for Lesbian, Gay, Bisexual, Transexual, Transgender, Two Spirit, Intersex, Queer and Questioning Equity; Urban Health; and Violence Prevention workgroups (see workgroup reports starting on page 13). Finally, the OPHA supports the Ontario Healthy Schools Coalition and the Ontario Chronic Disease Prevention Alliance. The list of additional external Committees on which OPHA is represented is listed on page 7.

As our environment continues to change, we are presented with opportunities to further our own personal goals, as well as the goals of the Association. I look forward, as OPHA President for the coming year, to working together with the members, volunteers, Board and staff of OPHA to achieve these goals.



Dr. Peter Wiebe
OPHA President.

Board of Directors

Officers

Peter Wiebe, *President*

Garry Aslanyan, *Vice-President*

Ex-Officio

Jack Lee, Executive Director
(March 31 - November 16, 2003)

David C MacKinnon, Executive Director
(November 16, 2003 - April 8, 2004)

Brian MacKay, *Association of Local Public Health Agencies*

Connie Uetrecht, *Past President*

Members-at-Large

Diane Bewick Kevin Churchill

Liz Haugh Julie Hill

Ian Johnson Cindy Scythes

Larry Stinson

Standing Committee Chairs

Garry Aslanyan & Lisa Ashley, *Public Relations & Advocacy Committee*

Sallie Hunter, *Membership & Internal Communications Committee*

Caroline Wai, *Access & Equity Committee*

Constituent Society Representatives

David Bain, *Association of Ontario Health Centres*

Charlene Beynon, *Public Health Research, Education and Development (PHRED) Programs*

Paul Callanan, *Association of Supervisors of Public Health Inspectors of Ontario*

Nancy Day, *Association of Public Health Epidemiologists in Ontario*

Ena DePeuter, *Health Promotion Ontario: public health*

Cathy Egan, *Canadian Institute of Public Health Inspectors, Ontario Branch*

Ruth Schofield, *Community Health Nurses Initiatives Group (RNAO)*

Brenda Stahl-Quinlan, *Ontario Association of Public Health Dentistry*

Carol Timmings, *ANDSOOHA - Public Health Nursing Management*

Nancy Wai, *Ontario Society of Nutrition Professionals in Public Health*



From left to right

Back row: Sallie Hunter, Ena DePeuter, Nancy Day, Carol Timmings, Ian Johnson, Peter Wiebe, Larry Stinson

Middle row: Ruth Schofield, Charlene Beynon, Cindy Scythes, Cathy Egan, Connie Uetrecht, Julie Hill, Garry Aslanyan

Front row: Paul Callanan, Nancy Wai, Caroline Wai, Diane Bewick, Liz Haugh

Committee Representation

Internal Committees

Committee	Chairperson (s)	Members
Access & Equity	Caroline Wai	David Bain, Jasvinder Chana, Jean Clipsham, Abebe Engdasaw, Dionne Grant, Zerezghi Haile, Maria Herrera, Gillian Kranias, Nancy Lacasse, Sharon Little, Elba Martell, Baldev Mutta
Core Competencies	Sandra Laclé	Lisa Ashley, David Bain, Sophie Bart, Jane Bellman, Isabelle Michel, Paul Callanan, Nancy Day, Cathy Egan, Jill Faulkner, Brian MacKay, Eliseo Martel, Brenda Perkins, Ruth Schofield, Brenda Stahl-Quinlan, Carol Timmings, Carla Troy, Connie Uetrecht, Peter Wiebe
Executive	Peter Wiebe	Lisa Ashley, Garry Aslanyan, Paul Callanan, Sallie Hunter, Larry Stinson, Cindy Scythes, Connie Uetrecht
Finance	Cindy Scythes	David MacKinnon, Arieh Waldman
Membership & Internal Communications	Sallie Hunter	Sophie Bart, Winston Miller, Peter Wiebe
Nominations	Peter Wiebe	Garry Aslanyan, Diane Bewick, Paul Callanan, Liz Haugh, Connie Uetrecht
Public Relations & Advocacy	Garry Aslanyan Lisa Ashley	Sophie Bart, Diane Bewick, Liz Haugh, Julie Hill, Ian Johnson, Kevin Churchill, Cindy Scythes, Larry Stinson, Connie Uetrecht

Coordinating Councils for Projects

Projects

Apolnet Coordinating Committee
Nutrition Resource Group
Ontario Chronic Disease Prevention Alliance

Representation

Liz Haugh
Cindy Scythes
Carol Timmings, Tracy Howson

External Committees

Committee

Association of Local Public Health Agencies
Canadian Biotechnology Advisory Council
Canadian Coalition for Public Health in the 21st Century
Canadian Public Health Association
Centre for Health Promotion
Children in Need of Treatment
Children's Partnership for Children's Health & Environment
City of Toronto Leadership Committee on Physical Activity
Healthcare Provider Reference Panel
Mandatory Program Measurement Workgroup
Mandatory Program Steering Committee
Ontario Cancer Screening Prevention Council
Ontario Council on Community Health Accreditation
Ontario Healthy Communities
Ontario Healthy Schools Coalition
Ontario Tobacco Strategy
OPHEA's Active Healthy Schools Project- Advisory Committee
OPHEA Curriculum Advisory Council (OCAC)
Ottawa Coalition for Public Health in the 21st Century

Representative

Peter Wiebe
Ellen Desjardins
Liz Haugh
Peter Wiebe
Connie Uetrecht, Maria Herrera
Peter Wiebe, Brenda Stahl-Quinlan
Susanne Burkhardt
Peter Wiebe (interim)
Verna Mai (Carol Timmings)
Louise Picard
Connie Uetrecht, Peter Wiebe
Connie Uetrecht
Daina Mueller
Maria Herrera
Carol MacDougall
Kevin Churchill (interim)
Peter Wiebe (interim)
Elizabeth Dulmage
Garry Aslanyan

Standing Committee Reports

Access & Equity

This year saw another evolution of the OPHA Access and Equity Standing Committee as the committee undertook a review of its name, purpose and mandate. The new name proposed for the committee is the OPHA Access, Equity and Social Justice (AESJ) Standing Committee and we have approved new terms of reference, and a 2004 – 2005 workplan.

Standing Committees provide a basis for applying the principles and values of OPHA across the whole organization. The Chairs of each Committee sit on the Board of Directors. Each Chair is nominated by the Membership and is elected for a 1-year term.

Our committee will continue to apply the principles and values of OPHA, and in particular, will address the value statement “OPHA seeks to promote equity, social justice, inclusivity and diversity”. The AESJ Standing Committee’s purpose is to provide leadership in reducing disparities in health by improving access, equity and social justice for Ontario’s residents. We will do this by:

- Implementing the actions of the Access, Equity, and Social Justice Policies of OPHA
- Highlighting the relationships between Access, Equity and Social Justice issues and Health with those organizations with whom we have an association
- Identifying issues and raising awareness by working in collaboration with other organizations on access, equity and social justice issues (public, health units, and OPHA partners)
- Serving as an in-house resource to OPHA

AESJ also nominated a new Chair, Caroline Wai. Many thanks to Elba Martell and Baldev Mutta, who guided the committee during a transition year. During the 2004 – 2005 year, we are planning to:

- Implement education sessions;
- Continue advocacy efforts for the revision of the “Equal Access” standard in the Mandatory Health Programs and Service Guidelines of the Ministry of Health and Long Term Care; and
- Build capacity for members to promote access, equity and social justice to public and community health programs and services.

We would like to thank Sophie Bart, and the OPHA staff and members for their ongoing commitment to support access, equity and social justice.

Respectfully submitted,

Caroline Wai
Chair, Access and Equity Standing Committee

Core Competencies Task Group

In March, 2003, the OPHA Board of Directors identified a need to define the core competencies that are unique to official public health for Ontario. This consensus set of core competencies will outline skills, knowledge and attitudes necessary for professionals working in public health units in Ontario. They will enable a more effective public health workforce and build public health capacity to respond to emerging communicable disease threats and to manage chronic diseases and other health promotion issues. A consensus set of unique core competencies for public health professionals based in official public health units is a first step to help individuals, employers, discipline groups and educators to develop a modified list of competencies specific to their needs.

OPHA established a Core Competencies Task Group (the Task Group) that reports directly to the OPHA Board.

The Task Group is responsible to define core competencies for public health to guide public health education, research and practice in Ontario. Membership on the committee includes representatives of the OPHA constituency and consists of representatives from:

- Each of OPHA's Constituent Societies
- The OPHA Board
- The Association of Local Public Health Agencies
- The Ministry of Health and Long-Term Care
- Health Canada
- The education sector
- The Canadian Public Health Association

There has been tremendous interest in this project both at provincial and national levels. Public health stakeholders believe that it is essential that core public health competencies be identified for a multitude of reasons, and that educational opportunities for public health professionals be developed to support the core competencies.

Activities

The Task Group recognized that defining core competencies requires consensus about core functions or services for official public health agencies. The Task Group met four times since its inception, in the fall, 2003, to begin the process of defining core functions and core competencies for public health. Meetings were held at the OPHA office in Toronto and at the OPHA annual conference in Windsor. Members who were unable to attend in person joined the meetings by teleconference.

From January to March, 2004 the following activities were completed:

- A literature review
- 2-day meeting of Core Competency Task Group and consultations with invited guests, Feb 5-6, 2004;
- Development of a communications strategy;
- Production of initial dissemination tools: the project website (www.opha.on.ca/corecompetencies), displays and flyers;
- Development of a draft management plan

The Task Group will continue to meet and work towards securing funding to engage in consultation with stakeholders and work towards the goal of developing core competencies for public health in Ontario.

Respectfully submitted,

Connie Uetrecht,
Chair, Core Competencies Task Group.

Membership & Internal Communications

Membership

The Ontario Public Health Association is an organization of individuals and Constituent Societies from various sectors and disciplines that have an interest in improving the health of the people of Ontario. At present there are more than 600 individual members representing public health units, community health centres, universities and colleges, and other allied health organizations from across the province.

It has been almost eight years since the membership fees to OPHA have been raised. Eight years of inflation and cost of living has forced the Committee to review the fees. A revision to the fees will be brought forward at the Annual General Meeting in November, and if approved, be effective starting in 2005.

Standing Committee Reports *continued*

Roles & Responsibilities

The Membership & Internal Communications Committee is responsible for Association communications to existing and new members. Activities include, but are not limited to, the following:

- Identifying and promoting the benefits of OPHA membership;
- Acting as an advocate for members to the Board of Directors on issues such as the fee structure, representation and communication, raising awareness of the impact of OPHA issues upon the general membership and helping to ensure that Board decisions are communicated to the membership; and
- Acting as the Nomination Committee for the OPHA annual awards (Dr. Louis Grant, Life Membership and Honorary Membership awards).

The Committee will also take actions to raise awareness, change public attitudes and actions to support public health issues, including:

- Developing and implementing an organizational communication plan in conjunction with the Public Relations and Advocacy Committee;
- Broadening and increasing Association membership, including agency memberships, practitioners not affiliated with Constituent Societies, new graduates and people new to public health; and
- Marketing the benefits of staff involvement in OPHA workgroups to public health managers and Medical Officers of Health.

Communications

OPHA communicates with its members and ensures that their interests are identified and reflected in various ways, through its publications and more recently through its website.

OPHA News is a bi-monthly publication, which provides an update on what is happening in public health today; an events and training calendar of professional development opportunities and networking prospects; and a profile of the accomplishments of OPHA workgroups and projects. It is also a vehicle to discuss the Association positions, as advocacy is a key element in our success

www.opha.on.ca - our website is a living growing document that reflects our mission 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. The website will be further developed to include a members-only section and listserv.

OPHA Awards

Every year OPHA presents a number of awards to individuals in public and community health in Ontario. Selecting and recommending candidates for these awards continues to be an annual Membership and Communications Committee activity. In 2003

- Ahalya Mahendra was awarded the **Dr. Louis Grant** Award. This award honours the vocation and life work of Dr. Louis Grant by supporting the education of an individual in a postgraduate endeavour through a one-time, \$1,000 scholarship. Aventis Pasteur sponsors this award.
- Gerry Dafoe received the **Honorary Membership** award, which is conferred on any person who has made an outstanding contribution to public health in Ontario.

Respectfully submitted,

Sallie Hunter,
Chair, Membership & Internal Communications Committee

Public Relations & Advocacy

Another busy year for the Public Relations & Advocacy Committee of the OPHA! The Committee continued to support OPHA's Board and its membership in advocating for a wide range of public health issues in Ontario.

Committee Membership

Sandra Laclé and Peggy Schultz completed their terms on the OPHA Board of Directors and the Committee. Garry Aslanyan also stepped down as Chair. We would like to thank Sandra, Peggy and Garry for their dedicated and thoughtful work on the Committee.

Policy Development

Position papers and resolutions were a large part of the policy development work of this Committee. At the 2003 Annual General Meeting (AGM) the membership adopted the following motions, resolutions and position papers from the floor on the following topics: Health in the cities, health risks of cellular telephones, a framework for alcohol policy, coal-fired power plants, improving the access and quality of public health services for bisexuals, violence prevention, and the trans health project. Short reports on each resolution and position paper are included separately in this Annual Report.

The follow-up activities were implemented in response to the resolutions and the position paper, including:

- Lobbying government officials;
- Preparing briefs and resource documents;
- Conducting educational workshops;
- Forming and/or empowering issue-specific workgroups

Seven position papers and resolutions have been submitted this year for consideration at the 2004 AGM. This continued increased interest in public health issues means that OPHA continues to act as a vehicle for public and community health professionals to speak out and be heard on issues that affect our province.

Respectfully submitted,

Lisa Ashley
Chair, Public Relations & Advocacy Committee

Updates: Resolutions and Position Papers

Position papers and resolutions are reviewed the year after they are adopted by the membership, to determine whether the documents should remain as active OPHA policy statements or should be archived. Resolutions are then reviewed every 3 years and position papers every 5 years thereafter. This year, updates are available only for the following 2 policy statements (policy statements that were scheduled to be but were not reviewed this year will be reviewed in 2005):

Public Health and Violence Prevention: Maintaining the Momentum

This position paper was sponsored by the Violence Prevention Workgroup and adopted by the OPHA membership in 1999. It is available online at www.opha.on.ca/ppres/1999-01_pp.pdf.

This document has been superseded by a more recent policy statement entitled **Public Health and Violence Prevention: Maintaining the Momentum**, which was adopted by the membership at the 2003 Annual General Meeting (see www.opha.on.ca/ppres/2003-05_pp.pdf). As such, the 1999 document has been archived.

Trans Health Project

This position paper was sponsored by the Public Health Alliance for LGBTTTIQ Equity and adopted by the OPHA membership in 2003. It is available online at www.opha.on.ca/ppres/2003-06_pp.pdf.

This document has been reviewed by the workgroup and has been resubmitted for consideration at the 2004 Annual General Meeting.

Workgroup Reports

Alcohol

Since the establishment of the Alcohol Workgroup in 2002, our objectives have been to:

- Seek opportunities for OPHA to participate in advocacy and policy work with respect to alcohol, at provincial and federal levels ;
- Make recommendations to the OPHA Board with respect to alcohol;
- Inform the Public Health field about alcohol-related issues; and
- Keep alcohol use and its impact on health on the public agenda by working through/with OPHA, particularly the Alcohol Policy Network (APN) and the Association to Reduce Alcohol Promotion in Ontario (ARAPO), two projects that are managed by OPHA.

The major initiative of the Workgroup for 2003-2004 was an outstanding one-day workshop in Toronto, co-hosted with APN, ARAPO, and the Alcohol Policy and Research Group of the Centre for Addiction and Mental Health. Held on February 27, 2004 the workshop was entitled *Alcohol – No Ordinary Commodity*, named after a book recently released by the W.H.O., which is a call to action in favour of evidence-based alcohol policy. The lead-in to the workshop was actually the keynote presentation at the OPHA annual conference in November 2003 on alcohol-related burden of disease by Dr. Juergen Rehm of the W.H.O. and CAMH, who is one of the principal authors of the book.

In the spirit of the book, the workshop presentations delivered by internationally-recognized experts acted as a segue into a facilitated discussion to identify priorities and next steps for collaboration on alcohol policy in Ontario. A unique feature of the workshop was a live web-cast presentation on alcohol advertising and youth by Dr. David Jernigan from Washington, D.C. (the US Centre on Alcohol, Marketing and Youth) and another by Dr. Jim Grieshaber-Otto from B.C. on the impact of international trade agreements on alcohol policy. Some people even participated in the workshop through the web!

One result of the workshop was the establishment of a group that will continue the collaboration. The first priority issue was to advocate to the new provincial government against the potential privatization of the LCBO. Based on a position paper by CAMH, OPHA expressed its concerns in letters to the government, and the Workgroup, with the assistance of alPHa, then facilitated momentum on this advocacy issue by various public health units. Since the Ontario government has not completely backed away from privatization (either by divestment of stores to the private sector or establishment of an “income trust” approach), this issue remains a concern. The current focus of the Workgroup is development of a “campaign” which might include information packages to MPPs. To this end, we are negotiating to work with The Health Communication Unit at the Centre for Health Promotion at the University of Toronto.

A highlight of the year, in terms of recognition of the value of our efforts, was the involvement of the Workgroup, and the two alcohol projects at OPHA, in a visit from the Swedish minister of health, who had asked specifically to be briefed on the alcohol policy work of OPHA. Working with Toronto Public Health, Parent Action on Drugs and students from a local high school, we were able to provide an intensive half day of highlights for the Swedish delegation on “Public Health Initiatives Targeting Alcohol and Youth”.

Workgroups are the main way for members and other interested volunteers to engage in specific advocacy issues within the context of the mission and goals of OPHA.

Each workgroup is represented on the OPHA Board of Directors. The Board approves funds and other resources to assist workgroups as part of its annual budget approval process.

Workgroups generate interest in and address specific community and public health issues. As well, workgroup members research, formulate position papers and examine implications and actions for OPHA, in collaboration with the Board.

Workgroup Reports *continued*

The other issue we are monitoring for action is the negotiations surrounding alcohol and international trade. If alcohol is treated in such negotiations as simply a commodity like wheat and beef, serious negative impacts concerning governments' ability to exercise social policy control mechanisms, may result. To date, OPHA and CAMH are among very few voices signaling concerns to federal trade negotiators about this serious health issue.

Respectfully submitted,

Denise De Pape
Chair, Alcohol Workgroup

Breastfeeding Promotion

Much of the work of the OPHA breastfeeding promotion workgroup in 2003-2004 has focused on maintaining or increasing the profile of breastfeeding with health promotion partners in the field of child health. Because the research is becoming stronger with respect to the association of child brain development and breastfeeding, there is evidence for these types of initiatives. It is important that the public receives information from non partisan and credible sources and the workgroup has been engaged in related activities.

The letter writing campaign focused on this goal. A letter was written to Health Canada to express the persistent need for health promotion materials to be produced by Health Canada about breastfeeding. Previously Health Canada had produced many resources in the form of pamphlets, posters, and community advocacy materials such as logos promoting the initiation and duration of breastfeeding. Of late though these materials have become unattainable and out of print. Many health units in Ontario rely heavily on these materials to do health promotion about breastfeeding because of limited budgets. The work group is requesting a restoration of these material from Health Canada.

The work group undertook to respond by letter about an advertising campaign by an infant formula producer. This misleading advertising was based on faulty research claiming that the formulation of the formula product included brain building components. The group undertook to let the parenting magazine where this advertising was shown know that such advertising was in violation of the WHO code on the marketing of infant formula and that it was based on faulty and inconclusive research. Advocacy of this sort is ongoing and very necessary since the public are vulnerable to advertising messages and assume it is evidence based.

The Healthy Babies Healthy Children program currently is funded so that mothers receive one visit from a Public Health nurse in the post partum phase. Breastfeeding may not be served by these restrictions on service. Therefore, the workgroup wanted to address this problem with the Ontario government. A letter was written to advise the government of the long term benefits of breastfeeding and the associated cost savings if increased service to help breastfeeding mothers could be increased. The population based, short and long term cost savings associated with increased breastfeeding rates are notable and the work group will continue to deliver this message to governments.

There is an increasing tendency for the health messages regarding breastfeeding to compete with the messages regarding the contamination of breast milk with environmental contaminants. Because of this the work group has been involved in the writing of a position paper to address this topic. The workgroup has worked in collaboration with the environmental workgroup to produce this needed paper. The thrust of the position paper is to uphold the position that breastfeeding is still the best infant feeding method despite the issue of pollutants in breast milk in the majority of cases and the health benefits outweigh and counteract the negative effects of pollutants of breast milk.

The work group is representative of many health units across Ontario and continues to grow in representative members. This allows for relevant and mutual issues to be discussed and the group will continue to address the promotion of breastfeeding in the province of Ontario.

Respectfully submitted,

Lori Levere
Chair, Breastfeeding Promotion Workgroup

Child Health

The purpose of the child health workgroup is to advocate for health issues related to children from birth to 12 years and their families in Ontario. In the past year we held teleconferences on a quarterly basis. The membership is approximately 28 from across the province and across the various sectors such as Health Canada, Best Start, University of Toronto, and University of Western Ontario.

The workgroup accomplished the following:

- Work in progress of the Position Paper to “*Public Health Responds to the Challenge to Reduce Poverty and Enhancing Resiliency in Children and Youth*” for approval at the 2004 AGM
- Reviewed the Position Statement on Poverty and Children’s Oral Health prepared by the Ontario Association of Public Health Dentistry
- Prepared a discussion paper for a meeting with Dr. Bountrogianni with the Ministry of Children and Youth Services. A meeting has been requested.
- Advocated for Healthy Babies Healthy Children funding with such partners as the Ontario College of Family Physicians, RNAO, ANDSOOHA.
- Disseminated new information from the Environmental Workgroup about the association of lead and child health among members of the child health workgroup

With the reorganization of the child health programs resulting in the joint accountability of the Ministry of Children and Youth Services and the Public Health Division a number implications have emerged for the Healthy Babies, Healthy Children, Early Childhood Development projects and the Family & Child Health programs in public health. During this systemic reorganization of child health services, the serious concern for child poverty continues as well growing information about the association of lead and child health. These key issues in child health will be the focus for the coming year.

Respectfully Submitted

Ruth Schofield

Chair, Child Health Workgroup

Environmental Health

The Environmental Health Workgroup is organized into a series of issue areas, with a “lead” for each. Formalized in 2002, this structure has allowed the group to undertake advocacy work on a number of different issues with minimal resources. A summary of activities undertaken over the year are itemized below.

The workgroup works closely with the funded OPHA Environmental Health Program. Four Workgroup members sit on the Environmental Health Program Advisory Committee and the Environmental Health Manager is an active participant on the Workgroup.

Water Quality

This area continues to be a focus of the Environmental Workgroup since the events in Walkerton. This year, the group reinforced the position taken by the Association of Public Health Inspectors in Ontario (ASPHIO) regarding the government’s white paper on watershed-based source protection planning and advocated for inclusion of Public Health expertise related to source protection issues.

Air Quality

In the past year, the Workgroup has updated the resolution on the Phase-out of Coal-Fired Power Plants, initiated research on school bus emissions, promoted technologies and fuels that can be used to reduce emissions from vehicles, advocated for a sustainable electricity sector in Ontario, promoted the need for action on climate change, and submitted comments on several regulatory initiatives related to off-road diesel, heavy fuel oil, and refineries.

Food Safety

The workgroup is developing a renewed focus on food safety issues. With a new issue area lead in position, the

Workgroup Reports *continued*

workgroup has held a series of discussions with the Food Security Workgroup with regards to joint activities. A position paper on Fish Consumption with Respect to Methyl Mercury has been developed in partnership with the Food Security Workgroup and both groups are excited about future collaboration around food safety issues.

Children's Health

In the fall of 2003, the OPHA joined the Canadian Partnership for Children's Health and the Environment (CPCHE). Since February 2004, the OPHA has been housing a part-time Children's Environmental Health Policy Coordinator position for the CPCHE. While this staff person is primarily working to support the work of the partnership, she is also receiving direction and advice from the Environmental Health Program Advisory Committee, and actively participating in the Environmental Health Workgroup. Plans are underway for modifications to the OPHA website to enhance networking and communication on children's environmental health issues.

The Workgroup has also been developing policy papers on children's exposures to lead in household dust and, in collaboration with the OPHA Breastfeeding Promotion Workgroup, on communicating issues related to environmental contaminants in breastmilk.

Pesticides

The Workgroup has completed the implementation plan which accompanied the position paper and resolution on the non-essential use of pesticides endorsed last year. The group continues to advocate OPHA's position in this regard as opportunities arise.

Other Advocacy

The Workgroup has also responded to several policy initiatives that have cross-cutting public health implications. It has participated in the preparation of comments on the proposed Canada Health Protection Act with a particular emphasis on the potential impact for children's environmental health. It has prepared comments on the recent land use planning reform proposed for Ontario. And it has sent a letter to the Ministry of Health and Long-term Care encouraging it to build greater environmental health capacity within the public health sector in Ontario.

Respectfully submitted

Theresa Schumilas
Chair, Environmental Health Workgroup

Food Biotechnology

The Food Biotechnology Workgroup in 2003-04 consisted of 12 members: 10 from public health (nutrition, environmental health and epidemiology) and 2 from the University of Toronto. They had 10 meetings by teleconference.

The workgroup continued to work on the recommendations in their position paper, *Protecting our Food Supply: Public Health Implications of Food Biotechnology*.

In keeping with OPHA objectives, the workgroup attempted to "advocate, mediate and enable" as follows:

(a) Advocate

In September, the workgroup submitted an official response to the *Revision of Health Canada's Guidelines for the Safety Assessment of Novel Foods, July 2003*.

Ellen Desjardins presented on the public health concerns of food biotechnology at the *International Conference of Dietetics* in Chicago in the spring of 2004.

(b) Mediate

OPHA has continued its representation on the national, multi-sector "Exploratory Committee" on food biotechnology, to achieve 2 main goals: 1) enhance communication around this politically-charged area, and 2) to inform federal policy. The Exploratory Committee was coordinated by Industry Canada, and has done its work through teleconferences and face-to-face meetings in Ottawa. Representatives from consumer groups, public health, the food industry, environmentalists, farmers, food biotechnology industry and the faith community developed a *Dialogue Tool*, a rainbow-coloured spectrum and a facilitation manual. It was pilot tested during the

fall of 2003 and spring of 2004 with specific population groups, including deputy ministers in Ottawa. The *Dialogue Tool* is posted on the CBAC (Canadian Biotechnology Advisory Committee) website, www.cbac-cccb.ca.

(c) Enable

The major project of the work group in 2003 was to develop the Food Biotechnology learning tool on the OPHA website. To help educate public health professionals about issues of food biotechnology, the workgroup had prepared a set of Questions & Answers for each of 8 key issues. With the help of Sophie Bart, work group members have been editing and re-working this material with hotlinks and definitions, so that public health participants can learn on-line at their own rate, time and level. They aim to have the website learning tool operational by the end of the next fiscal year, so that evaluation work can begin.

Respectfully submitted,

Ellen Desjardins,
Chair, Food Biotechnology & Food Security Workgroups

Food Security

The Food Security Workgroup continued its work through 7 teleconferences, with a core group of 13 members from across the province. These members include representatives from public health nutrition, the Toronto Food Policy Council, FoodShare Toronto, the Sudbury Foodshed Project, Carleton University and Ryerson University. A larger “interest” group was kept informed through the OPHA Foodnet listserv, managed by Sophie Bart.

Ground-breaking community food security (CFS) work continued to be achieved in many health units, in the form of regional or city-wide networks, food policy organizations, coalitions, forums, Food Box programs, directories of community programs, food charters (notably in Sudbury), Buy Local campaigns, urban agriculture, farmers markets, school food programs, multicultural food and community cooking programs, prenatal and infant nutrition programs, collection of Nutritious Food Basket data and anti-hunger advocacy. With the help of Sophie Bart, work group members have been documenting this work as part of the Foodnet section of the OPHA website.

Further progress was made towards the recommendations in the work group’s position paper, *A Systemic Approach to Community Food Security: A Role for Public Health*. The paper was distributed to Medical Officers of Health in British Columbia, in preparation for a conference on food systems issues in public health (Oct. 2003). The position paper also led to our involvement in co-authoring an article entitled *Evidence-based Strategies to Build Community Food Security*. This article was accepted for publication in the *Journal of the American Dietetic Association* in the fall of 2004.

Advocacy work took the form of making food insecurity a provincial election issue (fall, 2003). A press release for local use and briefing notes for MOHs were prepared by work group members. These were issued to MOHs and public health nutritionists/dietitians through alPHA and the NRC – showing how useful partnership can be.

The press release highlighted two key points:

- a) with current social assistance rates and minimum wage, it is impossible for most low-income families to afford sufficient healthy food, and
- b) poor nutrition leads to increased risk for chronic and infectious disease, as well as disease-related conditions such as low birth weight. The briefing notes provided evidence-based information and rationale for the use of MOHs or other spokespeople wanting to make the poverty-health connection.

Work group members presented at 2 conferences:

1. OPHA Conference, fall 2003: Kayla Glynn led a workshop on how public health can work with community partners – such as business people, farmers and environmentalists.

Workgroup Reports *continued*

2. International Conference of Dietetics in Chicago in the spring, 2004: Ellen Desjardins, Vida Stevens and Wayne Roberts presented on *A Systems Approach to Community Food Security: Canadian Perspectives*.

The “systemic” approach to community food security fits with the paradigm that healthy people result from healthy communities supported by sustainable, just and healthy food supply.

Respectfully submitted,

Ellen Desjardins,
Chair, Food Biotechnology & Food Security Workgroups

Public Health Alliance for Lesbian, Gay, Bisexual, Transexual, Transgender, Two Spirit, Intersex, Queer and Questioning (LGBTTTIQQ) Equity

This past year was extremely busy for the Public Health Alliance as we completed two community-based, participatory action research projects on equity and access to health care for bisexuals and for transsexuals. Based on the research we supervised the writing of two position papers and developed resolutions and implementation strategies. The two papers: “Improving the Access and Quality of Public Health Services for Bisexuals” and the “Trans Health Project” were accepted and the resolutions adopted by OPHA at the Annual General Meeting in November 2003.

In order to continue to fulfil our mission statement: *The Public Health Alliance advocates, creates partnerships, ensures the implementation of recommendations and develops other relevant initiatives to form a world where sexual and gender diversities are appreciated and celebrated* our workgroup has

- Worked with EGALÉ to advocate for reinstatement of sex reassignment surgery to be covered by provincial health insurance plans.
- Promoted awareness of issues relevant to bisexuals and the trans community, e.g. Trans Awareness Week and Celebrate Bisexuality Day.
- Created partnerships with Access, Equity and Social Justice standing committee and the Violence Prevention workgroup.
- Developed a work plan to implement the resolutions related to sexual and gender diversity previously adopted by OPHA.
- Developed partnerships with nurse educators to impact on curriculum and teaching of nursing.
- Presented research at local, national and international conferences to disseminate the position papers. This has resulted in partnerships, such as with EGALÉ and has positioned our workgroup to impact on national research strategies.
- Presented a train-the-trainer session for health units and CHC’s on bi and trans sensitivity.

Our work plan for the coming year involves:

- Publishing the research
- Partnering with the Access, Equity and Social Justice Committee to develop Mandatory Program Guidelines that support access and equity for persons with diverse gender and sexual identities.
- Developing workplace strategies so that workplaces can be “positive spaces”.
- Continuing to influence the education of health professionals around equal access for LGBTTTIQQ communities.
- Supporting EGALÉ and the trans community around access to sex reassignment surgery.

We would like to thank Sophie Bart and OPHA staff and board for their ongoing support for our work.

Respectfully submitted,

Jean Clipsham
Chair, Public Health Alliance for LGBTTTIQQ Equity

Urban Health Workgroup

The work group's position paper "*Health in Cities; The Role for Public Health*" was adopted at the OPHA 2003 Annual General Meeting. As part of the follow-up, this paper was disseminated to various stakeholders across the province. Members continue to approach and garner support from stakeholders on the key messages around health in cities as identified in the paper.

We are now focused on developing an advocacy strategy around "Health in Cities" and the Ministry of Health and Long Term Care's Health Transformation Agenda. Key urban health messages will be developed and disseminated so that the messages could be considered during the development and implementation of the Transformation Agenda and in the establishment of the Local Health Integration Networks (LHIN).

We wish to thank OPHA staff specially Sophie Bart for their invaluable assistance throughout the year.

Respectfully submitted,

Maria Herrera
Chair, Urban Health Workgroup

Violence Prevention

The OPHA Violence Prevention Workgroup continues to be very busy working collaboratively on many violence prevention issues and initiatives. The position paper, "*Public Health and Violence Prevention- Maintaining the Momentum*" and the resolutions which were adopted at the OPHA Annual General Meeting in 2003 have provided a solid foundation for our work in violence prevention. One of our priorities continues to be to advocate for violence prevention as part of the next Mandatory Program Guidelines. We have drafted an advocacy plan and continue to implement it.

Past OPHA President Connie Uetrecht and President Peter Weibe brought a resolution to the Canadian Public Health Association (CPHA) in June 2004 which was adopted at their Annual General Meeting. The adoption of the Resolution will help to facilitate a partnership regarding the promotion of a national public health strategy on violence prevention. The CPHA also endorsed the World Health Assembly Resolution 49.25, "Preventing violence: a public health priority" and the World Health Organization's "World Campaign for Violence Prevention".

The workgroup continues to work collaboratively with partners on Resolution 4 regarding the physical punishment of children. It is a great strength within the group that information and initiatives are shared.

The workgroup is involved in a number of initiatives which are highlighted below.

Routine Universal Comprehensive Screening Protocol (RUCS)

The Honourable Marion Boyd is leading the coordination and implementation of the RUCS protocol as a member of our group in conjunction with the Middlesex-London Health Unit. Currently over 14 health units across the province are implementing RUCS. The community development and educational components of the RUCS Protocol have enhanced communities with partners working together. The research and evaluation components will enhance the work carried out in each community and provide the opportunity to apply the findings provincially.

Partnerships and Research

Members of the workgroup have been requested to be involved in research activities and workgroups. We appreciate the ongoing support and partnership of the Centre for Research in Women's Health at the University of Toronto.

Web Page

The workgroup continues to update the webpage to provide information to health units and the public.

Respectfully submitted,

Lori Snyder-MacGregor and Angela Loconte
Co-chairs, Violence Prevention Workgroup

OPHA Staff

Alcohol Policy Network

Paula Neves, *Manager*

Ben Rempel, *Alcohol Projects Consultant*

Dorothy Birtalan, *Web Development & Administration Consultant*

Association to Reduce Alcohol Promotion in Ontario

Ben Rempel, *Alcohol Projects Consultant*

Environmental Health Program

Kim Perrotta, *Environmental Health Manager*

Susanne Burkhardt, *Children's Environmental Health Policy Coordinator*

Falls Prevention Project

Fiona Knight, *Program Management Consultant*

Heart Health Resource Centre

Anne Lessio, *Manager*

Karima Kassam, *Coordinator*

Lisa Mitchell, *Coordinator*

Angella Kalloo, *Project Assistant*

Nutrition Resource Centre

Colleen Logue, *Manager*

Sarah O'Brien, *Provincial Programs Coordinator*

Kathleen Orth, *Project Assistant*

Ontario Chronic Disease Prevention Alliance

Tracy Howson, *Manager*

Ontario Public Health Association

Jack Lee & David MacKinnon, *Executive Directors (past)*

Arieh Waldman, *Manager, Finance & Administration*

Nolly Baksh-Singh, *Executive Assistant*

Sophie Bart, *Coordinator, Communications & Volunteer Resources*



From left to right

Back row: Ben Rempel, Tracy Howson, Dorothy Birtalan, Lisa Mitchell, Colleen Logue, Sophie Bart

Front row: Anne Lessio, Nolly Baksh-Singh, Angella Kalloo, Karima Kassam, Kathleen Orth, Sarah O'Brien

Absent: Fiona Knight, Jack Lee, David MacKinnon, Paula Neves, Arieh Waldman

Project Reports

Alcohol Policy Network

The Alcohol Policy Network (APN) is an Ontario-wide network of people and organizations with a mission to facilitate the development of policies that 1) prevent problems associated with alcohol use, and 2) enhance the health, safety and well-being of individuals and communities across Ontario. APN has been a project of OPHA since 1995. It has an annual budget of \$127,500, and this year received \$39,000 in year-end funding.

OPHA's long-term projects provide timely, credible and relevant support to public and community health practitioners across Ontario.

We were excited to bring on two new staff members this fiscal year. Ben Rempel is the Alcohol Projects Consultant and Dorothy Birtalan is the Web Development Consultant.

Over the past fiscal year, the Alcohol Policy Network:

- Completed 14 consultations related to alcohol policy and the dissemination of the Low-Risk Drinking Guidelines (LRDGs)
- Distributed hundreds of copies of past research and position papers, including *Report on the Links between Alcohol and Cancer*, *A Legal Review of Alcohol Delivery Services in Ontario*, *Promoting Healthy Communities: A Framework for Alcohol Policy and Public Health in Ontario*, and the special edition of *Contemporary Drug Problems on Alcohol Policy and Injury Prevention*.
- Transferred 27 Action Packs on our website, containing resources on selected alcohol policy issues, to a new Information Pack format. These attracted 6 074 hits.
- Expanded our online sample alcohol policy collection to 195 individual policies and three international databases. These attracted 2 820 hits.
- Updated in Fall 2003, we published 200, and distributed 150 copies of each of the *Directory of Substance Abuse and Injury Prevention Contacts in Public Health* and *Directory of Potential Sources of Funding for Injury & Substance Abuse Prevention Projects in Ontario*. Online, these respectively attracted 1 872 and 1 332 hits.
- Continued to update and maintain a comprehensive 700-page website (APOLNET) devoted to alcohol policy issues. The latter attracted over 4.4 million hits and over 184 000 visits. A massive reorganization of the site was started to promote easier navigation.
- Increased the APOLNET listserv membership to 455 members. Each received 22 editions of *Alcohol in the News*, 2 policy briefing notes, and 5 issues of *Alcohol Research Update*. Nine external moderators were recruited to post comprehensive information summaries.
- Had displays / led workshops at three provincial conferences.
- Co-hosted a full-day training and planning event with other alcohol groups, fostering closer working relationships with these partners, including the Association to Reduce Alcohol Promotion in Ontario Advisory Committee, the OPHA Alcohol Work Group, the Centre for Addiction and Mental Health Alcohol Policy and Research Group, and Toronto Public Health.
- Entered into partnership agreement with the Centre for Addiction and Mental Health and the Association of Local Public Health Agencies on Low-Risk Drinking Guidelines (LRDG) campaign. We assumed technical responsibility for the LRDG website.
- Responded to 121 email information requests and an estimated 275 phone information requests promptly and efficiently.

Project Reports *continued*

- Actively participated in the Ontario Health Promotion Resource System and the Alcohol and Other Drugs Cluster.
- Organized 4 teleconferences offering information and assistance on policy development in municipal, campus, workplace and school settings, attracting 174 registrants.

Respectfully Submitted,

Paula Neves
Alcohol Projects Manager

Association to Reduce Alcohol Promotion in Ontario (ARAPO)

The Association to Reduce Alcohol Promotion in Ontario (ARAPO) joined the OPHA family in January 2003. The ARAPO project has been in existence since 1990 and was founded by the Black Creek Anti-Drug FOCUS Community Group.

Philosophy

The Association to Reduce Alcohol Promotion in Ontario (ARAPO) is a provincial group of people concerned about the influence of alcohol promotion on society's attitudes and choices surrounding alcohol use. ARAPO is committed to raising awareness about the impact of alcohol advertising, while encouraging alcohol manufacturers, advertisers, and broadcasters to comply with advertising guidelines. ARAPO adopts a health promotion approach to uphold public health and safety by reducing the impact of alcohol promotion through education, policy and community action, and other strategies.

People and organizations who often use ARAPO's services are Public Health Units, Public Health Nurses, Elementary and Secondary Schools across Ontario, Impaired Driving Awareness groups, Event Organizers, Social Workers, Recreation Centres, and others.

Recent Changes

In September 2003, Kari Sutoski left the ARAPO project. In November 2003, Ben Rempel was hired as an Alcohol Projects Consultant, in both the ARAPO and APN projects.

A summary of programming activities for the fiscal year of April 1, 2003 to March 31, 2004 is provided below:

Workshops, Training, Displays

ARAPO presented 7 youth workshops at elementary and secondary schools reaching an estimated 215 students.

In February 2004, ARAPO co-hosted a full-day training and planning event with other alcohol groups, fostering closer working relationships between those in attendance.

ARAPO partnered with 'Alcohol and Other Drug' groups of the Ontario Health Promotion Resource System to deliver several presentations on assorted topics including an orientation to the substance abuse prevention field and current alcohol advertising issues.

Hosting the "Are You Under the Influence of the Illusion?" interactive display continues to be a popular resource, particularly with secondary school students. Over 12 visits to high schools, conferences, workshops and community events were carried out reaching more than 600 students and health professionals.

Resource Materials

ARAPO produces the ARAPO ADS UP! newsletter, which provides up-to-date information on programming initiatives and alcohol advertising issues. It serves as a beneficial communication tool for our partners across the province. ARAPO published and distributed 3 issues for inclusion on the Alcohol Policy Network's web site, APOLNET.

ARAPO hosts the Alcohol Advertising Action Pack on APOLNET, where current information such as links to research, resource materials, and organizations are added on a regular basis.

ARAPO also looks for other opportunities to raise awareness and educate communities regarding alcohol-advertising issues by preparing articles for a variety of newsletters or bulletins. In August 2003, an article on alcohol advertising was featured in the Ontario Health Promotion E-Bulletin, a weekly newsletter for Ontarians interested in health promotion.

ARAPO produces and distributes current and relevant research papers. Topics include *Alcohol Advertising: A Legal Primer* by Solomon and Hovius; *Review of Alcohol Delivery Services in Ontario* by Chamberlain et. al; and *Under the Influence? The Impact of Alcohol Advertising on Youth* by McKenzie.

ARAPO distributes *Under the Influence? Educator's Kit* (for students in grades 7-10). This is a kit for educators such as teachers, youth group facilitators or health promoters focusing on the issues of alcohol advertising and media literacy in an educational and interactive way.

ARAPO designs and distributes promotional materials including *Are You Being Played?* youth postcards, *Under the Influence?* brochures, *Under the Influence?* posters, and *Parent Media Resource* calendars.

Participation on Committees & Coalitions.

In addition to ARAPO committee meetings, ARAPO continues to actively participate in the Alcohol Policy Network coordinating committee meetings, the Alcohol and Other Drugs group Meetings, the Ontario Health Promotion Resource System meetings, and the Ontario Drug Awareness Partnership meetings.

Respectfully Submitted,

Ben Rempel
Alcohol Projects Consultant

Environmental Health Program

In January 2004, the Air Quality Program begun in June 2002, was renamed the Environmental Health Program to reflect the broadening of our program focus. While we continue to do research, policy analysis and health promotion on air quality, we have also expanded our focus to include children's environmental health issues.

In the fall of 2003, the OPHA joined the Canadian Partnership for Children's Health and the Environment (CPCHE) in the hopes of increasing our ability to effectively promote the protection of children from toxic substances that can be found in outdoor air, indoor environments, food, water and consumer products. As Manager of the Environmental Health Program, I represent the OPHA on CPCHE. The OPHA is currently housing the Children's Environmental Health Policy Coordinator position for CPCHE; a position that has been filled by Susanne Burkhardt.

Air Quality Focus

On the air quality side, we have built upon the work reflected in our report, "Beyond Coal: Power, Public Health and the Environment", by continuing to promote a sustainable electricity sector in Ontario. Last year, we:

- Sent a letter to the Premier Elect encouraging him to stand by his party's commitment to phase-out coal-fired power plants;
- Submitted comments to the Ontario Energy Board to encourage policies that allow utilities to "profit" from effective energy efficiency programs; and
- Submitted a letter to the Minister of Energy encouraging him to meet Ontario's electricity needs by aggressively promoting energy efficiency and renewable energies; and

Project Reports *continued*

- Submitted an updated resolution on the phase-out of coal-fired power plants to the OPHA annual meeting.

We have also continued to do research, policy analysis and health promotion work on the voluntary actions and regulatory initiatives needed to reduce air pollution from the transportation sector. Last year, we:

- Published and distributed our report on municipal fuel purchasing policies, “Fuelling Clean Air”;
- Prepared two fact sheets with Environment Canada on the fuels and technologies that can be used to reduce air pollution from diesel-fuelled transit buses;
- Did two presentations on the fuels and technologies that can be used to reduce emissions from diesel-fuelled buses at the annual conferences of the Canadian Urban Transit Association (CUTA) and the OPHA;
- Conducted a literature review on air emissions from, and exposures on-board, school buses;
- Secured \$60,000 in funding to conduct a study on the ways to reduce emissions from, and exposures on-board, Ontario’s school buses; and
- Prepared comments on the national standards proposed for off-road diesel fuel by the federal government.

We have also provided comments on regulatory initiatives and policy papers related to air pollution from the industrial, commercial and residential sectors:

- We submitted comments to Environment Canada on a proposal to establish national standards for heavy fuel oils used by industry and light fuel oils used for heating homes and offices; and
- We submitted comments to the Canadian Council of Ministers of the Environment (CCME) on a process to establish regulations for air emissions from petroleum refineries across Canada.

Last year, we received \$60,000 in base funding from the Walter & Duncan Gordon Foundation and \$73,000 in project-specific funding from the Laidlaw Foundation and Environment Canada.

Children’s Environmental Health Focus

In February 2004, the OPHA received funding from the Laidlaw Foundation to house the part-time Children’s Environmental Health Policy Coordinator position created for CPCHE. This position, filled by Susanne Burkhardt, was designed primarily to support the CPCHE partnership to develop and implement a coordinated policy strategy, and to coordinate the partnership’s response to policy initiatives related to children’s environmental health issues. In this position, there has also been some potential to support the OPHA’s work on children’s environmental health issues. For example, this position was used to complete the OPHA’s response to the proposed Canada Health Protection Act.

Respectfully submitted by

Kim Perrotta
Environmental Health Manager

Heart Health Resource Centre

The Heart Health Resource Centre was established at the Ontario Public Health Association in 1993 with a mandate to “enhance the capacity of the public health agencies and their community partners to provide comprehensive community-based heart health programming”. Since then, it has been responding to the evolving and changing needs of the province’s heart health communities, and since 1998, to the Ontario Heart Health Program (OHHP).

This fiscal year, 2003 – 2004, marked the first year of Phase II of the OHHP and with it a number of significant

events. The official name of the OHHP changed to reflect the transition to a broader chronic disease focus: the Ontario Heart Health Program: *Taking Action for Healthy Living* (OHHP:TAFHL). The HHRC participated in developing the guidelines for the OHHP:TAFHL submission packages and the program's reporting forms. The HHRC also supported communities in preparing their submissions to the Ministry of Health and Long Term Care (MOHLTC) through a variety of supports including community teleconferences with the MOHLTC, on-site consultations and year-end workshop to review the submission logic models. This year, the HHRC also provided a biannual conference along with its regular slate of services and products.

There were staffing changes at the HHRC over this year: the Manager was on secondment with Health Canada and an interim Manager guided the Centre through the OHHP's transition. Also, the Program Coordinator role was modified so that it was shared between two people rather than one full time staff. The staffing complement at the HHRC continues to be 3 FTE but it is now shared among 4 people.

Ontario Heart Health Network (OHHN)

In its role as the secretariat for the OHHN, the HHRC participated in the OHHN Executive and all three of the OHHN OHHP Phase II transition committees (Human Resources, Governance, and Planning and Reporting). The HHRC also provided logistical support for the two OHHN meetings held this year, as well as maintained the OHHN membership list and regularly updated the OHHN website section.

The HHRC ensured regular and timely communication of the Phase II developments through monthly electronic updates posted to the listserv.

Consultation Service and Coaching Program

This year, the HHRC provided 24 on-site consultations to the OHHP community partnerships mainly in the area of strategic and program planning. To meet the demand from the OHHP communities, four new consultants were recruited and trained. Each consultation was evaluated both by the community partnership and by the HHRC consultant and the evaluation results consistently showed a high satisfaction of the service by the users.

The HHRC provided its highest level of coaching support ever requested within one year — 30 days – most of which occurred in the latter half of the year. Again to meet the demand the HHRC added another two coaches to the roster.

Training

The HHRC provided a wide variety of training events this year. The biggest event, the biannual OHHN/HHRC Conference: Celebrating and Building our Communities, was a three-day event in Ottawa in November 2003.

Two new central training events were developed and offered this year. Both addressed the priority issue for the OHHP:TAFHL communities – preparing their submissions for the MOHLTC. The first workshop, Faces of the Cube: Phase II Heart Health Planning provided step-by-step guidance for community-based program planning and suggested interventions addressing current issues such as obesity. The second workshop focused on the logic models required for the Phase II submissions.

A shortened version of the Orientation to Heart Health Workshop was repeated eight times by phone during this fiscal year. And finally the HHRC co-hosted two regional workshops, one in the Southwest addressing Evaluation and one in the Central West addressing project logic models.

Information Sharing and Resource Development / Dissemination

The HHRC continues to facilitate communication both to and between the heart health communities through a number of different activities including the website, the listsev, the newsletter, telephone support and bimonthly mail-out packages.

The HHRC produced two new resources this year, the first being the proceedings of the biannual OHHN/HHRC conference: Celebrating and Building Our Communities, November 2003. The proceedings were presented as a @heart newsletter because the HHRC's newsletter is readily recognized in the province and distributed widely among the partnerships of the heart health communities.

Project Reports *continued*

The second resource produced this year links theory to practice and is entitled "The Use of Theory in Health Promotion: What it can (and cannot) tell us - examples from OHHP". The resource was written in plain language to permit newcomers to the field better understand the theory and to equip them to think through the key concepts being discussed at conferences.

The HHRC continued to support electronic communications both through the listserv, which has grown to over 200 members, and through the website which was regularly updated and expanded.

Other Projects

The HHRC continued to support work in the area of best practices in community-based programming. Through grants from Health Canada and the MOHLTC, and in partnership with the University of Waterloo, the HHRC directed the collection of best and promising practices for stroke prevention, heart health and the prevention of type II diabetes. In total close to 100 best and promising practices have been collected through a two-pronged methodology combining literature review with an international key informant scan. Disseminating the best practices will be the focus of the upcoming year.

Respectfully submitted,

Anne Lessio
Manager, HHRC

Nutrition Resource Centre

The Nutrition Resource Centre (NRC) works to support nutrition programming efforts throughout Ontario. The NRC continues to operate with a mandate of increasing the level of coordinated provincial support for nutrition programming, resource development and dissemination and information sharing with and among nutrition practitioners across the province. The NRC provides information and updates related to community nutrition; supports a number of province-wide nutrition programs; and develops and disseminates healthy eating resources and tools; In 2003-04, the budget was \$300,000 and included a staffing complement of 3.0 FTEs.

Highlights of 2003-04 fiscal year:

- Ongoing work to maintain and enhance our communication tools such as the website – www.nutritionrc.ca and **NRC Digest** – a newsletter that provides regular updates on NRC projects and developments as well as the work of various partners
- The electronic broadcast mailing service, **Contact-NRC**, continued to grow in popularity and reached over 650 subscribers
- Some of the popularity of **Contact-NRC** can be attributed to the the (almost) daily news postings; postings usually include with links to nutrition stories that are "making the news"; this service continues to grow in popularity
- The NRC continued working to develop and maintain links with partners and other key organizations in the nutrition and health promotion field. This work included information sharing and collaboration with members of the provincial Nutrition Resource Group. The Nutrition Resource Group is a forum for sharing provincial strategies, identifying gaps and potential solutions. The Nutrition Resource Group (NRG) meets 3 times a year and consists of representatives from relevant provincial organizations and nutrition promotion programs.
- The NRC actively participates on a number of advisory and provincial committees with groups such as Cancer Care Ontario, the Ontario Physical and Health Education Association and the Dairy Farmers of Canada (Ontario). The NRC also continued to maintain close contacts with the Ontario Society of

Nutrition Professionals in Public Health (OSNPPH) and the Dietitians Working in Health Centres network of Dietitians of Canada. These networks continue to provide valuable connections and input from the perspective of practitioners in the field.

The NRC also received some project funding this year through the Ontario Stroke Strategy. These funds were directed to specific initiatives:

- **Healthy Eating for Healthy Aging Workshops** - further work to promote healthy eating for the senior population. Building on a *Healthy Eating For Healthy Aging* education kit developed by the NRC last year, this project focused on directly providing seniors with information on healthy eating and further identifying barriers at the community level. 11 pilot sites participated in this initiative – six Community Health Centres, five Public Health Units and one Community Agency. The workshops reached almost 1000 seniors and offered an opportunity to dialogue about local barriers to healthy eating that make healthy eating more difficult. The final report will be released in October, 2004.
- **Take 5! 5-10 A Day, Your Way Transition Work** - The Nutrition Resource Centre received funding to support some transition work for the *Take 5! 5-10 A Day, Your Way* from Cancer Care Ontario. Full transition of the program is expected in 2004-05 and broad provincial implementation will follow.

Provincial Program Supports:

- The NRC continued to offer ongoing support, services and products related to the implementation of province-wide nutrition programs – The Eat Smart programs (restaurant, school and worksite), the Community Food Advisor Program, Food Steps and The Healthy Eating Manual.
- The **Eat Smart** program is being implemented by 32 health units
- Consultations concerning possible revision to the Nutrition Standards for the Eat Smart programs were held with public health staff in March and April 2004. Further work continued with The Alder Group to conduct consultations with consumers and restaurant operators across Ontario.
- The **Eat Smart** program adopted a new province-wide 100% smoke free standard – all Eat Smart! restaurants across the province will be 100% smoke-free (with no DSRs) by the end of 2004
- The **Community Food Advisor Program (CFA)** continues to be supported by 18 sites
- In 2003, there were 388 CFAs in 18 areas of Ontario. CFAs completed 896 health promotion activities, reaching over 44,000 people. In addition, CFAs contributed over 14,000 volunteer hours
- A number of key elements of the CFA program were revised this year including the Site Training Program and Volunteer Resource Binder; a CFA Site Resource Package was also developed consisting of program and volunteer management components to assist local sites
- The **Healthy Eating Manual** underwent a content review in 2003-04; further strategic direction for the manual is still being determined and should be released in Fall, 2004
- The **Food Steps** program continues to be used in many health units as a worksite program; the materials were made available electronically on www.nutritionrc.ca - a major undertaking as the original files were not available for use; a content review is planned for the upcoming 2004-05 fiscal year

Respectfully submitted,

Colleen Logue

Manager Nutrition Resource Centre

Project Reports *continued*

Ontario Chronic Disease Prevention Alliance

The Chronic Disease Prevention Ad Hoc Group which first met in February 2003, evolved into The Ontario Chronic Disease Prevention Alliance (OCDPA) in the fall of 2003. In December OCDPA received notification of seed funding from Health Canada for secretariat support. A manager was hired in January 2004.

The nine organizations which make up the core OCDPA partners include: Canadian Cancer Society, Canadian Diabetes Society, Cancer Care Ontario, Centre for Addiction and Mental Health, Osteoporosis Society of Canada, The Heart and Stroke Foundation, The Lung Association, Ontario Prevention Clearinghouse, and Ontario Public Health Association.

OCDPA accomplishments from April to December 2003 include development of; a background document for public distribution, a Powerpoint presentation for members use to showcase evidence on chronic disease prevention, and a document on collaboration organized by systems and risk factors. The nine core partners signed memorandums of agreements in the fall of 2003. Jack Lee on behalf of the Alliance provided a joint presentation on chronic disease prevention at OPHA Conference in November 2003 with a member from Chronic Disease Prevention Alliance and a local Heart Health Coordinator.

The OCDPA have continued to meet regularly and gain new affiliated members. In March 2004 the OCDPA began the process of developing a planning document.

Respectfully submitted

Tracy Howson
Manager, Ontario Chronic Disease Prevention Alliance

The Provincial Partners for Seniors and Veterans: Falls Prevention Campaign

The Provincial Partners for Seniors and Veterans: Falls Prevention Campaign wrapped up it's pilot phase. Based on the research and information gathered through the pilot year, a poster, slogan and logo were developed, and a public awareness campaign was launched through radio and tv public service announcements to over 350 media outlets in twelve sites across Ontario. These tools are available from the Resources section of the OPHA website at www.opha.on.ca/resources.

Respectfully submitted by

Fiona Knight
Project Consultant

ONTARIO PUBLIC HEALTH ASSOCIATION

REPORT AND FINANCIAL STATEMENTS

MARCH 31, 2004

AUDITORS' REPORT

To the Members of
Ontario Public Health Association.

We have audited the statement of financial position of Ontario Public Health Association as at March 31, 2004 and the statements of revenues and expenses and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly in all material respects, the financial position of Ontario Public Health Association as at March 31, 2004 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

(signed) Gilmore & Company LLP

Toronto, Ontario,
June 9, 2004.

Chartered Accountants.

ONTARIO PUBLIC HEALTH ASSOCIATION

STATEMENT OF FINANCIAL POSITION

MARCH 31, 2004

(with comparative figures for 2003)

	2004	2003
ASSETS		
Current		
Cash	\$192,205	\$292,450
Temporary investments	300,143	550,000
Accounts receivable	256,074	67,853
Prepaid expenses and deposits	36,567	5,766
	784,989	916,069
Property, plant and equipment (Note 3)	45,133	55,367
	830,122	971,436
LIABILITIES		
Current		
Accounts payable and accrued liabilities	189,288	280,622
Deferred membership revenue (Note 2)	14,043	19,468
Deferred project revenue (Note 2)	261,721	266,121
Funds held in trust	282,828	238,282
Capital asset fund (Note 2)	-	9,420
Future rental charges fund	-	9,971
	747,880	823,884
NET ASSETS	\$82,242	\$147,552
NET ASSETS REPRESENTED BY DEFICIT		
Balance, beginning of year	\$147,552	\$257,499
Surplus (deficit) for the year	(65,310)	(109,947)
Balance, end of year	\$82,242	\$147,552

ONTARIO PUBLIC HEALTH ASSOCIATION

STATEMENT OF REVENUES AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2004

(with comparative figures for 2003)

	2004	2003
Revenues		
Core (Schedule A)	\$165,655	\$186,641
Workgroup (Schedule B)	11,550	6,000
Projects (Schedule C)	2,234,603	2,436,495
	2,411,808	2,629,136
Expenses		
Core (Schedule A)	226,806	206,116
Workgroup (Schedule B)	28,165	22,464
Projects (Schedule C)	2,222,147	2,510,503
	2,477,118	2,739,083
Surplus (deficit)	(\$65,310)	(\$109,947)

ONTARIO PUBLIC HEALTH ASSOCIATION

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2004

(with comparative figures for 2003)

	2004	2003
<u>Cash provided by (applied to):</u>		
<u>Operating activities</u>		
Surplus (deficit)	(\$65,310)	(\$109,947)
Adjustments for:		
Amortization	23,783	22,618
Amortization of capital asset fund	(9,420)	(4,710)
	(50,947)	(92,039)
Net changes to working capital balances		
Accounts receivable	(188,221)	(38,186)
Prepaid expenses and deposits	(30,801)	(1,040)
Accounts payable and accrued liabilities	(91,334)	78,802
Deferred membership revenue	(5,425)	1,153
Deferred project revenue	(4,400)	(241,879)
Deferred salary	-	(27,268)
Funds held in trust	44,546	(99,058)
Future rental charges fund	(9,971)	5,411
	(336,553)	(414,104)
<u>Investing activity</u>		
Purchase of property, plant and equipment	(13,549)	(33,470)
Increase (decrease) in cash and cash equivalents during the year	(350,102)	(447,574)
Cash and cash equivalents, beginning of year	842,450	1,290,024
Cash and cash equivalents, end of year (Note 6)	\$492,348	\$842,450

ONTARIO PUBLIC HEALTH ASSOCIATION

SCHEDULE OF CORE REVENUE AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2004

(with comparative figures for 2003)

SCHEDULE A

	2004	2004
Revenue		
Membership revenue	\$41,994	\$38,458
Provincial grants	100,000	100,000
Interest income	10,479	32,832
Sundry income	13,182	15,351
	165,655	186,641
Expenses		
Membership materials, mailings and campaign	8,728	5,148
Healthbeat production and mailings	6,329	7,757
OPHA News production and mailings	8,366	6,082
AGM materials and mailings	6,305	4,943
Membership expenses	29,728	23,930
Administration expenses standing committee	5,225	1,985
Advocacy and lobbying	26,617	781
Bank charges	2,841	2,573
Benefits	27,731	26,936
Board expenses	31,140	39,830
Equipment costs	24,744	30,768
External membership fees	959	46
Insurance	5,072	2,881
Legal and audit	16,753	9,791
Outside services	-	2,716
Postage	1,828	1,643
Public relations and special events	337	10,074
Resolutions and bylaws	299	1,645
Rent	63,574	70,442
Salaries	343,660	312,163
Staff travel, recruiting and training	1,833	2,261
Stationery, copying and printing	4,217	2,860
Telephone	12,515	13,107
	599,073	556,432
Recovery of expenses from projects (Schedule D)	(372,267)	(350,316)
	226,806	206,116
SURPLUS (DEFICIT)	(\$61,151)	(\$19,475)

Unaudited - See Accountants' Comments on Additional Information

ONTARIO PUBLIC HEALTH ASSOCIATION

SCHEDULE OF WORKGROUP REVENUES AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2004

(with comparative figures for 2003)

SCHEDULE B

	Revenue	Expenses	Deficit
Food Biotechnology	\$ -	\$1,336	(\$1,336)
Violence Prevention	1,000	1,411	(411)
Healthy Schools	-	2,150	(2,150)
Breast-feeding promotion	-	2,398	(2,398)
Food Security	-	1,738	(1,738)
Alcohol Workgroup	-	1,059	(1,059)
Healthy Environment	-	1,223	(1,223)
Healthy Children	-	904	(904)
Public Health Alliance	10,550	13,753	(3,203)
Urban Health	-	2,193	(2,193)
TOTALS MARCH 31, 2004	\$11,550	\$28,165	(\$16,615)
TOTALS FOR THE YEAR ENDED MARCH 31, 2003	\$6,000	\$22,464	(\$16,464)

Unaudited - See Accountants' Comments on Additional Information

ONTARIO PUBLIC HEALTH ASSOCIATION

SCHEDULE OF PROJECTS REVENUES AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2004

(with comparative figures for 2003)

SCHEDULE C

	Revenue	Expenses	Surplus (Deficit)
Air Quality Project	\$61,200	\$60,806	\$394
Alcohol Policy Network	136,500	136,635	(135)
Annual conference	180,088	167,301	12,787
APN - Special Project	589	589	-
ARAPO Project	55,500	55,572	(72)
Blood Safety Project	217,267	217,091	176
Children's Environmental Health	-	126	(126)
Core Competencies (OPHA)	23,260	24,667	(1,407)
Diabetes Prevention Project	208,759	208,955	(196)
Healthy Weights	256	-	256
Heart Health Resource Centre	400,429	400,159	270
Heart Health Special Projects	42,258	42,141	117
Heart Smart Cooking Program	5,907	5,907	-
NRC Stroke Strategy	88,000	87,764	236
Nutrition Resource Project	350,000	350,011	(11)
Ontario Chronic Disease Alliance	22,638	22,916	(278)
OPHEA Project	10,000	10,000	-
Ottawa Project	10,000	10,393	(393)
PHRED Program Funds	50,354	50,354	-
Public Health Program Funds Program	250,494	250,107	387
School Bus Project	9,000	8,832	168
Seniors Fall Prevention Project	92,600	92,317	283
Senior Veggies Project	19,504	19,504	-
TOTALS MARCH 31, 2004	\$2,234,603	\$2,222,147	\$12,456
TOTALS FOR THE YEAR ENDED MARCH 31, 2003	\$2,436,495	\$2,510,503	(\$74,008)

Unaudited - See Accountants' Comments on Additional Information

ONTARIO PUBLIC HEALTH ASSOCIATION

SCHEDULE OF EXPENSES RECOVERABLE FROM PROJECTS

FOR THE YEAR ENDED MARCH 31, 2004

(with comparative figures for 2003)

SCHEDULE D

Air Quality Project	\$4,700
Alcohol Policy Network	25,400
ANDSOOHA	4,200
Annual Conference	29,000
ARAPD	7,100
Blood Safety Project	14,000
Core Competencies (OPHA)	8,380
Diabetes	52,500
Falls In Seniors	21,100
Heart Health Resource Centre	87,228
Ontario Chronic Resource Centre	5,000
NRC - Stroke Strategy	17,720
Nutrition Resource Centre	60,663
OPHEA Projects	1,000
Public Health Program	14,773
Senior Veggies Project	19,503

TOTAL MARCH 31, 2004 **\$372,267**

TOTAL FOR THE YEAR ENDED MARCH 31, 2003 **\$350,316**

Unaudited - See Accountants' Comments on Additional Information

ACCOUNTANTS' COMMENTS ON ADDITIONAL INFORMATION

In connection with our examination of the financial statements of Ontario Public Health Association for the year ended March 31, 2004, we have reviewed the additional information presented on the attached Schedules of Core Revenue and Expenses, Workgroup Revenues and Expenses, Projects Revenues and Expenses and Expenses Recoverable from Projects, which have been taken from the accounting records of the association, but which is not, in our opinion, necessary for a fair presentation of its financial position on the results of its operations.

Our examination of the financial statements was intended primarily for the purpose of formulating an opinion on the basic financial statements taken as a whole and was not to enable us to express an opinion on the fairness of all the details of information in the following schedules.

(signed) Gilmore & Company LLP

Toronto, Ontario,
June 9, 2004.

Chartered Accountants.

ONTARIO PUBLIC HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2004

1. Purpose of Association

The mission of the Ontario Public Health Association 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. For Canadian income tax purposes, the association is qualified as a not-for-profit organization, which is exempt from income tax under the Income Tax Act.

2. Summary of significant accounting policies

a) Property, plant and equipment

Property, plant and equipment are recorded at cost. Amortization is provided over 5 years using the straight line basis.

b) Capital Asset Fund

Capital Asset Fund represents funds received by the Association to cover the costs incurred to acquire capital assets. The Capital Asset Fund is amortized concurrently with the amortization of the capital assets acquired.

c) Revenue recognition

i) Membership revenue

Membership revenue is recognized over the membership term.

ONTARIO PUBLIC HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - Page 2

MARCH 31, 2004

2. Summary of significant accounting policies (continued)

ii) Project revenue

Project revenues are deferred or accrued to match project expenses incurred. The following project revenues have been deferred:

	<u>2004</u>	<u>2003</u>
Heart Health	\$40,000	\$ -
Nutrition Resource	40,000	-
Senior Falls Prevention	-	22,000
Women's Health Council	-	(19,000)
Ontario Chronic Disease Prevention	(10,000)	-
Public Health Funds Program	-	3,000
Senior Veggies Project	86,721	-
Diabetes Project	(75,000)	10,000
Air Quality Project	13,000	(1,000)
Healthy Weights Project	-	(25,000)
NRC Stroke Strategy	(2,000)	86,000
Blood Safety Project	17,000	118,000
Public Health Evaluation	-	72,121
APN	30,000	-
ARAPO	30,000	-
Children's Env. Health	38,000	-
Ottawa Project	3,000	-
School Bus Project	51,000	-
	<u>\$261,721</u>	<u>\$266,121</u>

d) Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires the board to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from the board's best estimates, as additional information becomes available in the future.

ONTARIO PUBLIC HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - Page 3

MARCH 31, 2004

2. Summary of significant accounting policies (continued)

e) Investment

The investment is carried at the lower of cost and market value and the current year investment matures on April 16, 2004 and earns interest at a rate of 2.40% per annum.

	2004	2003
Guaranteed Investment Certificate	\$300,143	\$550,000

3. Property, plant and equipment

	2004		2003	
	Cost	Accumulated Amortization	Net Carrying Value	Net Carrying Value
Office equipment	\$194,079	\$155,784	\$38,295	\$55,367
Leasehold improvements	8,548	1,710	6,838	-
	\$202,627	\$157,494	\$45,133	\$55,367

4. Lease obligation

The Association has entered into a lease obligation until October 31, 2013 for the rental of 4,054 square feet of office space. The minimum annual lease payments over the lease term are \$38,513 per annum for basic rent, years 1-10 (\$9.50 per square foot), plus operating costs.

5. Financial instruments

The fair value of cash, accounts receivable, accounts payable and accrued liabilities is approximately equal to their carrying value due to their short-term maturity date.

Unless otherwise noted, it is the board's opinion that the Association is not exposed to significant interest rate, currency or credit risks arising from its financial instruments.

ONTARIO PUBLIC HEALTH ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - Page 4

MARCH 31, 2004

6. Cash flow information

Cash and cash equivalents consist of cash on hand, balances with banks and guaranteed investment certificate. Cash and cash equivalents included in the cash flow statement comprise the following balance sheet amounts:

	2004	2003
Cash on hand and balances with bank	\$192,205	\$292,450
Guaranteed investment certificate	300,143	550,000
	<u>\$492,348</u>	<u>\$842,450</u>

OPIHA

Ontario Public Health Association

l'Association pour la santé publique de l'Ontario

Established/Établi 1949

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