



## **The Voice of Public Health Since 1949**

**Annual Report**  
**April 1, 2004 - March 31, 2005**

# Table of Contents

About OPHA .....	3
President's Report .....	4
Board of Directors .....	6
Committee Representation .....	8
Standing Committee Reports .....	10
Access, Equity and Social Justice .....	10
Membership and Internal Communications .....	10
Public Relations and Advocacy .....	10
Ad-Hoc Committee Reports .....	11
Core Competencies Task Group .....	11
Updates: Resolutions and Position Papers .....	12
Workgroup Reports .....	14
Alcohol .....	14
Breastfeeding Promotion .....	15
Child Health .....	15
Environmental Health .....	15
Food Biotechnology .....	16
Food Security .....	16
Public Health Alliance for LGBTTTTIQQ Equity .....	17
Urban Health .....	17
Violence Prevention .....	17
OPHA Staff .....	19
Secretariat Report .....	20
Project Reports .....	22
The Alcohol Policy Network .....	22
The Association to Reduce Alcohol Promotion in Ontario .....	22
Environmental Health Program .....	23
Heart Health Resource Centre .....	24
Best Practices and Promising Practices in Chronic Disease Prevention Project.....	25
Nutrition Resource Centre .....	26
Ontario Chronic Disease Prevention Alliance .....	27
Financial Introduction .....	28
Financial Statements .....	30

## OPHA - The Voice of Public Health Since 1949

### Mission Statement

Founded in 1949, the Ontario Public Health Association (OPHA) is a voluntary, charitable, non-profit 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.

**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.**

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's Report



I am pleased to report on the activities of the Ontario Public Health Association for the period of April 1, 2004 – March 31, 2005. I would like to begin by thanking members of the Board of Directors whose terms ended in December 2004: Sallie Hunter, Julie Hill, Cathy Egan, David Bain, Ena DePeuter and OPHA's immediate past president, Peter Wiebe. I would like to welcome the new Board members: Brian MacKay, Bonnie Lynn Wright, Fran Gelder, and Robert Hawkins. The complete list of Board members is available on page 6, and committee representation is listed on pages 8 and 9.


In June of 2004, the Minister of Health and Long-Term Care announced a three-year action plan

called *Operation Health Protection*. The goal of this program is prevention from threats to health of Ontarians and promotion of a healthy Ontario. It was developed in response to recommendations from the final Report of the Expert Panel on SARS and Infectious Disease Control (Walker Panel) and the first Interim Campbell Report. Both of these reports examined the impact of the SARS crisis on Ontario's health care system. OPHA has been monitoring this process closely and provided relevant input including issuing press releases, sending advocacy letters, and attending public forums. Justice Campbell's second Interim Report (April, 2005) highlighted the importance of the work being carried out under Operation Health Protection and OPHA will continue its advocacy activities on behalf of its members. As the fiscal year came to a close, OPHA was asked to provide expertise and input to the province's Capacity Review, which began in early 2005.

The Board has continued to work on implementing the Association's Strategic Plan, developed in 2003. This year, emphasis has been placed on increasing and strengthening OPHA's linkages with various government departments on public health issues, enhancing the association's capacity for policy analysis and action, and increasing the media awareness of the OPHA's

work. Recognizing the need to make adjustments to the current Strategic Plan to reflect recent developments in public health, the Board began to update the Plan in early 2005. The Standing Committees of the Board, which include: Access, Equity and Social Justice; Membership and Internal Communications; Public Relations and Advocacy; and the Executive, are contributing to the implementation of the Strategic Plan. Finally, in an effort to enhance communications with the membership and to improve member services, OPHA implemented a section on the OPHA website ([www.opha.on.ca](http://www.opha.on.ca)) for members only where members can access all relevant documents, including the bi-monthly *OPHA News*.

Conference 2004 was a great success. This success would not have been possible without the support of an OPHA Constituent Society – the Public Health Research, Education and Development (PHRED) Programs. PHRED staff developed and implemented an exciting and dynamic program for the conference. I would like to acknowledge their exceptional support, which ensured success of the conference. Conference 2004 was also the first OPHA conference planned without a host health unit and I would like to commend the OPHA staff, the volunteers and



participating Board members for their extraordinary efforts to take on the myriad of tasks required to put on that conference.

In February 2005, Connie Uetrecht was appointed as the Interim Executive Director. Connie brings to this job strong public health experience and OPHA Board experience.

OPHA is a strong and vibrant association, with active participation from its members, an estimable and sagacious Board, and exceptional projects which are recognized for their expertise across the province. OPHA continues to grow in size and to gain a reputation for excellence in public health.

Looking forward, in January 2005 the Board set as one its priorities a governance review, which will carry us through to the next fiscal year.

As our environment continues to change, we are presented with opportunities to further our own professional goals in public health, 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.

In closing, I would like to thank all those organizations who have supported OPHA through the participation of their employees

on the Board of Directors or as a member of a committee. These organizations are demonstrating their commitment to public health in Ontario and, more importantly, to staff professional development by encouraging leadership training.

Dr. Garry Aslanyan  
OPHA President

## Board of Directors 2004-2005



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 **Absent:** Brian McKay, Kevin Churchill, Lisa Ashley, Brenda Stahl-Quinlan

### Officers

**Dr. Peter Wiebe**, President  
City of Hamilton - Public Health &  
Community Services Department

**Dr. Garry Aslanyan**, Vice-President  
Canadian International Development  
Agency (CIDA)

**Cindy Scythes**, Secretary/Treasurer  
York Region Health Services

### Ex-Officio

**Brian McKay**  
alPHA Representative

**Connie Uetrecht**, Past President  
(March 2004 to January 2005)  
Interim Executive Director  
(February 28, 2005 onward)

### Members-at-Large

**Diane Bewick**  
Middlesex-London Health Unit

**Kevin Churchill**  
County of Lambton Community Health  
Services Dept.

**Liz Haugh**  
Windsor-Essex County Health Unit

**Julie Hill**  
Region of Waterloo Public Health

**Ian Johnson**  
University of Toronto

**Cindy Scythes**  
York Region Health Services

**Larry Stinson**  
Peterborough County-City Health Unit

### Standing Committee Chairs

**Dr. Garry Aslanyan**  
Executive

**Caroline Wai**  
Toronto Public Health  
Access, Equity and Social Justice

**Cindy Scythes**  
Finance/Audit

**Sallie Hunter**  
Ottawa Public Health  
Membership and Internal Communica-  
tions

**Lisa Ashley**  
Ottawa Public Health  
Public Relations and Advocacy



## Constituent Society Representatives

ANDSOOHA - Public Health Nursing  
Management

**Carol Timmings**

Toronto Public Health

Association of Ontario Health Centres  
(AOHC)

**David Bain** (April - July 2004)

**France Gélinas**

(Sept. 2004 - March 2005)

Centre de santé communautaire de  
Sudbury

Association of Public Health  
Epidemiologists in Ontario (APHEO)

**Nancy Day**

Toronto Public Health

Association of Supervisors Public  
Health Inspectors of Ontario (ASPHI-O)

**Paul Callanan**

Peel Health Department

Canadian Institute of Public Health  
Inspectors, Ontario Branch (CIPHI-O)

**Cathy Egan**

(April - December 2004)

Region of Waterloo Public Health

Canadian Institute of Public Health  
Inspectors, Ontario Branch (CIPHI-O)

**Fran Gelder**

Simcoe County District Health Unit

Community Health Nurses Initiatives  
Group (RNAO)

**Ruth Schofield**

University of Western Ontario

McMaster University (June 2004)

Health Promotion Ontario: Public  
Health (HPO.ph)

**Ena DePeuter**

Thunder Bay District Health Unit

Ontario Society of Nutrition Profes-  
sionals in Public Health (OSNPPH)

**Nancy Wai**

County of Lambton Community Health  
Services

Ontario Association of Public Health  
Dentistry (OAPHD)

**Brenda Stahl-Quinlan**

Toronto Public Health

Public Health Research, Education and  
Development (PHRED) Programs

**Charlene Beynon**

Middlesex-London Health Unit





# Committee Representation

## Internal Committees

### Executive Committee

#### **Peter Wiebe, President**

Dr. Garry Aslanyan,  
Vice- President  
Cindy Scythes,  
Secretary/Treasurer  
Connie Uetrecht,  
Past-President (ex-officio)  
Carol Timmings, Constituent  
Societies Representative  
Larry Stinson, Members-at-  
Large Representative  
Sallie Hunter  
Lisa Ashley  
Caroline Wai

### Access, Equity and Social Justice

#### **Caroline Wai (Chair)**

Jean Clipham  
Abebe Engdasaw  
Zerezghi Haile  
Gillian Kranias  
Nancy Lacasse  
Sharon Little  
Elba Martell  
Baldey Mutta

## Core Competencies

#### **Sandra Laclé (Co-chair)**

#### **Isabelle Michel (Co-chair)**

Lisa Ashley  
Jane Bellman (OSNPPH)  
Paul Callanan  
Nancy Day  
Catherine Egan  
Jill Faulkner (HPO,ph)  
Karen Hill (CPHA)  
Brian MacKay  
Isabelle Michel (PHRED)  
Brenda Perkins (MOHLTC,  
Public Health Branch)  
Ruth Schofield  
Brenda Stahl-Quinlan  
Carol Timmings  
Carla Troy (Health Canada)  
Connie Uetrecht

### Finance Committee

#### **Cindy Scythes (Chair)**

Arieh Waldman (staff support)

### Membership and Internal Communications Committee

#### **Sallie Hunter (Chair)**

Winston Miller  
Peter Wiebe  
Sophie Bart (staff support)  
Nolly Baksh-Singh (staff  
support)

## Nominations Committee

#### **Peter Wiebe (Chair)**

Dr. Garry Aslanyan  
Diane Bewick  
Paul Callanan  
Liz Haugh  
Connie Uetrecht  
Nolly Baksh-Singh (staff  
support)

## Public Relations and Advocacy Committee

#### **Lisa Ashley (Chair)**

Dr. Garry Aslanyan  
(Co-Chair, June 2004)  
Diane Bewick  
Kevin Churchill  
Liz Haugh  
Julie Hill  
Ian Johnson  
Cindy Scythes  
Larry Stinson  
Connie Uetrecht  
Sophie Bart (staff support)





## **Coordinating Councils for Projects**

### **Apolnet Coordinating Committee**

Liz Haugh

### **Nutrition Resource Group**

Cindy Scythes

### **Ontario Chronic Disease Prevention Alliance**

Carol Timmings

(Chair 2004-2005)

Tracy Howson (Manager)

## **External Committees**

### **Association of Local Public Health Agencies (alPHA)**

Peter Wiebe

### **Canadian Biotechnology Advisory Council (CBAC)**

Ellen Desjardins

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

Liz Haugh

### **Canadian Public Health Association (CPHA)**

Peter Wiebe

### **Children in Need of Treatment (CINOT)**

Peter Wiebe

Brenda Stahl-Quinlan

### **Children's Partnership for Children's Health & Environment (CPCHE)**

Susan Burkhardt

### **City of Toronto Leadership Committee on Physical Activity**

Peter Wiebe (interim)

### **Healthcare Provider Reference Panel**

Verna Mai (Carol Timmings)

### **Ontario Cancer Screening Prevention Council**

Connie Uetrecht

### **Ontario Council on Community Health Accreditation (OCCHA)**

Daina Mueller

### **Ontario Healthy Communities**

Maria Herrera

### **Ontario Healthy Schools Coalition**

Carol MacDougall

### **Ontario Tobacco Strategy**

Kevin Churchill (interim)

### **OPHEA's Active Healthy Schools Project - Advisory Committee**

Peter Wiebe (interim)

### **OPHEA Curriculum Advisory Council (OCAC)**

Elizabeth Dulmage

### **Ottawa Coalition for Public Health in the 21st Century**

Dr. Garry Aslanyan



## Standing Committee Reports

*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 one-year term.*

### Access, Equity and Social Justice

This Committee changed its name from Access and Equity to Access, Equity and Social Justice officially at the 2004 Annual General Meeting. We continued to apply the principles and values of OPHA, and, in particular, help OPHA seek “to promote equity, social justice, inclusivity and diversity”. During 2004 – 2005, our Committee continued to:

- advocate 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, including a letter to Dr. Sheela Basrur to move forward on the revision of the guidelines
- highlight the relationships between access, equity and social justice issues and health with those organizations with whom we have an association
- identify issues and raise awareness by working in collaboration with other organizations on access, equity and social justice issues (public, health units and OPHA partners)
- serve as an in-house resource to OPHA

*Respectfully submitted,*

Caroline Wai  
Chair, Access, Equity and Social Justice

### Membership and Internal Communications

As it has been eight years since the membership fees for OPHA have been raised, the committee brought forward a fee increase to the 2004 AGM. The membership gave its approval and the increase came into effect in January 2005.

Karen Johnson was awarded the **Dr. Louis Grant Award**. This award honours the vocation and life’s 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 sponsored this award.

Brian Hatton received the **Honorary Membership** award, which is conferred on any person who has made an outstanding contribution to public health in Ontario.

Dr. Mary Jane Ashley was awarded the **Life Membership** in recognition of her outstanding contribution to the Ontario Public Health Association.

One of the main member communication tools, OPHA News, was reduced to six issues per year and the President’s and Executive Director’s Reports are now being translated into French.

*Respectfully submitted,*

Sallie Hunter  
Chair, Membership and Internal Communications

### Public Relations and Advocacy

This committee had a busy year coordinating all position papers, resolutions and motions for the Annual General Meeting, following up on the implementation of approved resolutions, and acting as an in-house resource for advocacy issues.

In 2004, nine position papers and resolutions were approved by the membership. Advocacy issues addressed by OPHA in the form of letters and press releases included:

- OPHA’s call on provincial government for an immediate, well-resourced healthy weights strategy (press release, November, 2004)
- Letter to the Premier: First Ministers’ Health Summit (July, 2004)
- OPHA’s response to *Operation Health Protection* (July, 2004)
- OPHA applauds *Operation Health Protection* (press release, June, 2004)

- 2004 Ontario Budget: OPHA's response (press release, May, 2004)
- OPHA Supports Government Public Health Plan (press release, April, 2004)

The committee is currently updating processes for submission, review and evaluation of approved position papers, motions and resolutions.

*Respectfully submitted,*

Lisa Ashley  
Chair, Public Relations and  
Advocacy

## Ad-Hoc Committee Reports

### Core Competencies Task Group

The OPHA Core Competencies Project is a catalyst for strong partnership building and 2004 – 2005 was no exception. After the Board struck the OPHA Core Competencies Task Group in 2003 to define the core competencies - that is the skills, abilities and knowledge common to all public health professionals - OPHA learned that a set of draft core competencies were being developed at the national level. Rather than duplicate work, OPHA partnered with the Public Health Agency of Canada (PHAC) to provide leadership and to support the establishment of a set of pan-Canadian core competencies for public health professionals. OPHA continues to work closely with PHAC, which is both a funder and a partner, to validate the draft core competencies.

The OPHA Core Competencies Task Group, co-chaired by Isabelle Michele and Sandra Laclé, provided overall direction for the project. The Task Group developed funding proposals requesting matching funds from Ontario's Ministry of Health and Long-Term Care and the Public Health Agency of Canada. The Task Group organized and/or delivered a number of presentations

about core competencies to a variety of audiences including a very informative panel plenary presentation at the 2004 OPHA Annual Conference.

Between January and March 2005, the OPHA Core Competencies Project completed: a capacity mapping exercise of the OPHA Constituent Societies, a two-day retreat to identify elements for a companion document to the draft national technical core competencies report to further define the roles and proficiency level of public health workers; and a long term strategy, depicted as a logic model, to ensure a comprehensive, coordinated, and informed process for all involved in the development, implementation, and evaluation of public health core competencies at the provincial level.

*Respectfully submitted,*

Anne Lessio  
Manager, Core Competencies  
Initiative

# 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 three years and position papers every five years thereafter. This year, updates are available for the following resolutions and position papers:*

## **Balancing and Communicating Issues Related to Environmental Contaminants in Breastmilk**

This position paper was sponsored by the Environmental Health Workgroup and adopted by the OPHA membership in 2004. It is available online at [http://www.opha.on.ca/ppres/2004-01\\_pp.pdf](http://www.opha.on.ca/ppres/2004-01_pp.pdf)

In the past year, the resolution was forwarded to federal health authorities and more follow-up is required, specifically OPHA's endorsement of the World Alliance for Breastfeeding Action.

## **Building Environmental Health Capacity within Public Health**

This position paper was sponsored by the Environmental Health Workgroup and adopted by the OPHA membership in 2004. It is available online at [http://www.opha.on.ca/ppres/2004-02\\_res.pdf](http://www.opha.on.ca/ppres/2004-02_res.pdf)

In the past year, the actions/recommendations included in the implementation plan have been completed. The Workgroup has held meetings with Ministry of Health and Long-Term Care staff to seek funding for a needs assessment.

## **Outcomes**

- Provincial Public Health Agency Task Force report recommends building capacity re: environmental health research and expertise
- Public Health Branch of the Ministry of Health and Long-Term Care re-organization has identified the need for an Environmental Health unit

## **Childhood lead exposure and housing sources: Does a problem exist in Ontario?**

This position paper was sponsored by the Environmental Health Workgroup and adopted by the OPHA membership in 2004. It is available online at [http://www.opha.on.ca/ppres/2004-02\\_pp.pdf](http://www.opha.on.ca/ppres/2004-02_pp.pdf)

In the past year, the Workgroup has continued to advocate and identify opportunities to re-educate members and profile the issue.

## **Outcome**

Health Canada has indicated its standards for lead exposure are under review.

## **Health Risks of Cellular Telephones: the Myth and the Reality**

This position paper was sponsored by the Environmental Health Workgroup and adopted by the OPHA membership in 2003. It is available online at [http://www.opha.on.ca/ppres/2003-02\\_pp.pdf](http://www.opha.on.ca/ppres/2003-02_pp.pdf)

In the past year, the Workgroup has continued to monitor the issue and review and refer people to the position paper on the website.

## **Improving the Access and Quality of Public Health Services for Bisexuals**

This position paper was sponsored by the Public Health Alliance for Lesbian, Gay, Bisexual, Transsexual, Transgender, Two Spirit, Intersex, Queer and Questioning Equity and adopted by the OPHA membership in 2003. It is available online at [http://www.opha.on.ca/ppres/2003-04\\_pp.pdf](http://www.opha.on.ca/ppres/2003-04_pp.pdf)

In the past year, the Alliance has been working with the Access, Equity and Social Justice Standing Committee to advocate for bisexual issues in public health.

## **Outcomes**

Position paper published in the Journal of Bisexuality.

## **Promoting Healthy Communities: A Framework for Alcohol Policy and Public Health in Ontario**

This position paper was sponsored by the Alcohol Workgroup and adopted by the OPHA membership in 2003. It is available online at [http://www.ophya.on.ca/ppres/2003-03\\_pp.pdf](http://www.ophya.on.ca/ppres/2003-03_pp.pdf)

In the past year, the Workgroup has continued to monitor the environment re: alcohol policies and respond as needed. For example, the joint submission to the Beverage Alcohol System Review by provincial government was done in February 2005.

### **Outcome**

There is evidence that the joint submission influenced the final report and the government's response.

## **Trans Health Project**

This position paper was sponsored by the Public Health Alliance for Lesbian, Gay, Bisexual, Transexual, Transgender, Two Spirit, Intersex, Queer and Questioning Equity and adopted by the OPHA membership in 2003. It is available online at [http://www.ophya.on.ca/ppres/2003-06\\_pp.pdf](http://www.ophya.on.ca/ppres/2003-06_pp.pdf)

In the past year the Alliance has worked with workplaces through the Community Health Centres and Health Units and explored opportunities for further research.

### **Outcomes**

- Sex reassignment surgery (SRS) support is increasing
- Presented at conferences and workshops

## **Ethical Research and Evidence-Based Practice for Lesbians and Gay Men**

This position paper was sponsored by the Public Health Alliance for Lesbian, Gay, Bisexual, Transexual, Transgender, Two Spirit, Intersex, Queer and Questioning Equity and adopted by the OPHA membership in 2002. It is available online at [http://www.ophya.on.ca/ppres/2002-01\\_res.pdf](http://www.ophya.on.ca/ppres/2002-01_res.pdf)

In the past year the Workgroup has continued to work on collecting background information for this issue.

### **Outcomes**

Planning a Nurse Educator conference to be held 2006.

## **Non-Essential Use of Chemical Pesticides on Public and Private Lands**

This position paper was sponsored by the Environmental Health Workgroup and adopted by the OPHA membership in 2001. It is available online at [http://www.ophya.on.ca/ppres/2001-02\\_res.pdf](http://www.ophya.on.ca/ppres/2001-02_res.pdf)

In the past year the Workgroup has continued to support public health staff active on this issue, and continued to monitor and identify advocacy opportunities.

### **Outcome**

Use of position paper by various health departments in advocacy at municipal level.

## **Improving the Access to and Quality of Public Health Services for Lesbians and Gay Men**

This position paper was sponsored by the Public Health Alliance for Lesbian, Gay, Bisexual, Transexual, Transgender, Two Spirit, Intersex, Queer and Questioning Equity and adopted by the OPHA membership in 2000. It is available online at [http://www.ophya.on.ca/ppres/2000-01\\_pp.pdf](http://www.ophya.on.ca/ppres/2000-01_pp.pdf)

In the past year, the Alliance has been working with the Access, Equity and Social Justice Standing Committee advocating for inclusion in the mandatory programs. As well a manual was developed focusing on positive space for use by Community Health Centres and Health Units.

### **Outcomes**

- Bisexual and transsexual research completed with large dissemination of results
- Developed partnerships and collaborations to further implementation



## Workgroup Reports

*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 has a liaison to the OPHA Board of Directors via a Member-at-Large. 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 and formulate position papers and examine implications and actions for OPHA, in collaboration with the Board.*

### Alcohol

The Alcohol Workgroup has had a successful year. In monitoring the policy environment, there were signals that the provincial government was still considering examining the regulatory framework for alcohol and was indeed, contemplating major changes to the ways in which alcohol is sold, distributed and controlled. The OPHA sent a letter to all Ontario MPPs expressing our concerns; the letter was accompanied by the Centre for Addiction and Mental Health (CAMH) position paper, which lays out all the scientific arguments in favour of maintaining a retail alcohol monopoly in Ontario. With the assistance of the workgroup, OPHA was then successful in getting an opinion editorial on this topic published in the Toronto Star in January, 2005.

Further work on this issue included a unique partnership and a symposium. The partnership was

a collaborative venture, including OPHA, CAMH, MADD Canada, Association of Local Public Health Agencies (alPHA), Parent Action on Drugs, the Ontario Drug Awareness Partnership, Toronto Public Health, and Addictions Ontario (representing the entire addictions treatment sector), which resulted in a joint position statement and presentation to the Beverage Alcohol System Review Panel (BASR), in February, 2005. OPHA, CAMH and MADD presented to the panel and elaborated on the joint position paper, which had summarized the evidence related to potential health and social impacts of changes to alcohol sales and distribution in Ontario.

In March, in collaboration with CAMH, the workgroup mounted the second annual forum entitled, *Alcohol – No Ordinary Commodity II*. Presenters were from Sweden, Alberta, New York State, and Ontario. With an emphasis on policy, especially as it relates to

access to alcohol, the forum attracted about 100 people – public health professionals, researchers, provincial civil servants, scientists and some media. Follow-up to the forum has been featured in the Toronto Star, Rogers Cable, TV Ontario and coverage in smaller media outlets around the province.

On the federal front, OPHA presented to the House of Commons Standing Committee on Health, which was deliberating Bill C-206, an Act to amend current legislation in order to require warning labels on alcohol products. Despite having passed second reading in the House, the legislation was not supported by the Committee. However, the recommendation back to the House, which did pass, was that Health Canada develops a comprehensive approach to the prevention of Fetal Alcohol Spectrum Disorder. Ironically, such a comprehensive approach would likely include warning labels.

The remainder of the year was spent working on a communications strategy with respect to the issue of increasing access to alcohol, including a Q&A worksheet for health units and a response to the report of the Beverage Alcohol Review Panel.

*Respectfully submitted,*

Denise De Pape  
Chair, Alcohol Workgroup

## Breastfeeding Promotion

During this year, *The Breastfeeding Modules for Integration into Undergraduate Health Professional Curricula* was developed and disseminated by the workgroup to a broad range of professional schools, to inform and inspire new health professionals about the support and management of breastfeeding women. In November 2004, the position paper, *Balancing and Communicating Issues Related to Environmental Contaminants in Breastmilk* was endorsed by the OPHA membership. The paper gives a comprehensive overview of the prevailing benefit of breastfeeding despite a growing concern about environmental pollution.

A letter writing campaign targeted the Ministry of Health and Long-Term Care regarding the Healthy Babies, Healthy Children Program in Ontario. It identified budget limitations that some health units face and the effect of this on the visiting of breastfeeding women. As well, the sponsorship of key conferences by formula industries was the subject of a letter writing campaign with effective results.

The workgroup sent letters of concern about the lack of informed consent in a research study targeting at-risk infants who were vulnerable to the inherent risks of formula feeding. A letter was also written to the government agency responsible for Telehealth Ontario requesting that the current protocols for breastfeeding be updated. Letters

to the federal government have been written to address the lack of a national policy and resources to promote breastfeeding.

*Respectfully submitted,*

Lori Levere  
Chair, Breastfeeding Promotion  
Workgroup

## Child Health

In the past year, the membership of the Child Health Workgroup grew to approximately 30 from across the province and from various sectors such as Health Canada, Best Start, University of Toronto, and McMaster University.

The workgroup accomplished the following:

- received approval for the updated position paper, Public Health Responds to the Challenge to Reduce Poverty and Enhancing Resiliency in Children and Youth at the 2004 AGM
- collaborated with ANDSOOHA, Ontario Healthy Schools Coalition, RNAO/CHNIG in the writing of a child health discussion paper titled, *A Call for Action in Child Health*
- met with Dr. Sandra Bennett, Ministry of Health and Long-Term Care; Kathy Gallagher-Ross and Helga Loechel, Ministry of Children and Youth Services, and representatives from the ANDSOOHA, Nursing Secretariat, RNAO, and Ontario

Healthy Schools Coalition to discuss mechanisms to strengthen integration of child health in both ministries

- shared child health activities happening across the province

*Respectfully submitted,*

Ruth Schofield  
Chair, Child Health Workgroup

## Environmental Health

In follow-up to the development of an OPHA position on strengthening the environmental health capacity in Ontario, the workgroup advocated for an assessment of environmental health capacity in the province of Ontario, and continued to monitor the development of mandatory programs related to environmental health issues.

The workgroup continued a strong focus on issues pertaining to children's health and the environment. Position papers with resolutions were prepared on: housing and lead, fish consumption with respect to methylmercury, issues related to environmental contaminants in breastmilk and housing and lead exposure.

The workgroup continued to participate in the Canadian Partnership for Children's Health and the Environment. In the past year a strategic plan was finalized with these partners, and OPHA endorsed an extensive Child Health Primer.



Air quality issues continued to be a focus of the workgroup's advocacy. Over the past year, the workgroup actively responded to regulatory reforms proposed by the Ontario Ministry of the Environment for industrial sources in the province. The Ministry proposed two sets of regulatory packages; one directed at industry's contribution to regional air quality and one directed at industry's contribution to local air quality. The OPHA provided comments on both sets of proposals and participated in meetings convened by Ministry staff on these issues.

The workgroup continued to monitor and participate in regulatory changes and protocols regarding safe water. Activities included: comments on a wide variety of proposed policies and protocols around drinking water, source water protection, categories of small water systems and other environmental bill of rights postings.

*Respectfully submitted,*

Theresa Schumilas  
Chair, Environmental Health  
Workgroup

## **Food Biotechnology**

This year the Food Biotechnology Workgroup had 12 members, from public health nutrition, environmental health, epidemiology and the University of Toronto.

The workgroup continued to work on the adaptation of the eight food biotechnology factsheets, 8 *Areas*

*Relating to Food Biotechnology that are of Concern to Public Health*, for the OPHA website. This format, with links to other sites or more in-depth information, will serve as a learning tool for health professionals. The workgroup developed a promotional bookmark which specifies the eight issues and the website.

The workgroup represented OPHA on the federal Food Biotechnology Exploratory Committee, which finalized its work on the food biotechnology *Dialogue Tool*. The final report on this committee's work is available on the website of the Canadian Biotechnology Advisory Committee, [www.cbac-ccch.ca](http://www.cbac-ccch.ca)

*Respectfully submitted,*

Ellen Desjardins  
Chair, Food Biotechnology  
Workgroup

## **Food Security**

The Food Security Workgroup had another successful year continuing to meet by teleconference and included representatives from Public Health Nutrition, the Toronto Food Policy Council, FoodShare Toronto, the Sudbury Foodshed Project, Ryerson University and Development Gateway Foundation (Greater Ottawa Region).

During the year, FoodNet, [www.opha.on.ca/foodnet](http://www.opha.on.ca/foodnet), the website of the workgroup, expanded to include more information about community food security work in Ontario.

The workgroup wrote a letter to the Canadian Food Inspection Agency (CFIA) to state our opposition to proposed new legislation regarding plant breeders' rights and the right of farmers to save seeds. We also wrote a letter to the Premier of Ontario in June 2004, offering to help with allocation decisions regarding the newly announced provincial funding for the school nourishment program.

Consequently, OPHA was invited by the Ministry of Children and Youth Services (MCYS) to conduct a review of the provincial student nourishment program. An OPHA steering committee was formed to co-ordinate four brainstorming sessions throughout the province, a literature search, and a survey of key informants. At the end of October, OPHA submitted a 36-page report to the MCYS, authored by Jennifer Welsh, called *Sharing at the Table: Investing in Ontario's Children*. It ended with 14 detailed recommendations for the MCYS.

The workgroup also participated in two conferences: Ellen Desjardins and Wayne Roberts presented at the Community Food Security Conference in Milwaukee in October, 2004, and Debbie Field, Lynn Garrison, Kim McGibbon, Bridget King, Tammy Chegus and Jean-Charles le Vallee attended the 2nd National Food Security Conference in Winnipeg.

*Respectfully submitted,*

Ellen Desjardins  
Chair, Food Security Workgroup

## Public Health Alliance for LGBTTTTIQQ Equity

The Public Health Alliance for LGBTTTTIQQ Equity has continued with the implementation of resolutions from the three position papers: *Improving the Access and Quality of Public Health Services for Lesbians and Gay Men*; *Trans Health Project*; and *Improving the Access and Quality of Public Health Services for Bisexuals*.

The Education Subcommittee obtained \$8,000 in funding from the Canadian Rainbow Health Coalition. Three thousand dollars was used to hire a research assistant to identify themes of LGBT content, as they exist in nursing curriculum in the undergraduate programs of three Faculties of Nursing in Ontario. This process involved identifying resources and strengths and determining strategies to address gaps including a review of existing course materials, texts used and course outlines. Eventually the report and modules will be available on the Canadian Rainbow Health Coalition website, [www.rainbowhealth.ca](http://www.rainbowhealth.ca). The remaining \$5,000 will be spent on a conference. There will be Canada-wide call for nursing educators to come to University of Ontario/Institute of Technology for a one-day workshop in early 2006.

This year the group worked on the following projects:

- hosted a successful workshop, *Progress of the Pride Movement, Past, Present and Future*. We

discussed the history of the Pride movement in Canada and were inspired to continue the fight against oppression in our own communities

- published the position paper, *Improving the Access and Quality of Public Health Services for Bisexuals*, in the Spring 2005 issue of the Journal of Bisexuality
- wrote successful letters of support for Susan Gapka to receive the City of Toronto Pride Award. Congratulations to Susan!
- partnered with the Rainbow Health Network's Ontario Rainbow Partnership Project, which includes many of our implementation strategies around educating health professionals
- had members, Cheryl Dobinson, Susan Gapka, Rupert Raj, Eileen Edmonds and Judy Macdonnell present their research at several conferences including the Rainbow Health Coalition conference in 2004 and at the Health and Diversity Conference in Toronto in 2005
- wrote an article for publication on the experience of public health nurses supervising and participating in Community Based Participatory Action Research. The article has been translated into French for the *Canadian Journal of Public Health*

*Respectfully submitted,*

Jean Clipsham  
Chair, Public Health Alliance for LGBTTTTIQQ Equity Workgroup

## Urban Health

The members of the workgroup continued to approach and garner support from stakeholders on the key messages around health in cities as identified in the position paper, *Health in Cities; The Role for Public Health*, as adopted at the 2003 AGM. The work will now be focused on influencing the development and implementation of the Transformation Agenda and in the establishment of the Local Health Integration Networks (LHIN).

*Respectfully submitted,*

Maria Herrera  
Chair, Urban Health Workgroup

## Violence Prevention

The Violence Prevention Workgroup has had a very exciting year with the following highlights of our activities:

- Partnerships/Research - we continued to enjoy working with other OPHA workgroups and community partners on issues of violence prevention. Workgroup members continue to be involved in a number of advisory committees such as the Best Practices for the Prevention of Elder Abuse, the GIS Community Advisory Group at St. Michael's Hospital (Toronto), and the Ontario Woman's Directorate Violence Prevention Advisory Committee.

- Prevention of the Physical Punishment of Children - the workgroup continued to work on advocating for the prevention of the physical punishment of children (OPHA Resolutions 2003 and 2004). Copies of the *Joint Statement on Physical Punishment of Children and Youth* (Durrant, Ensom, et. al., 2004) were sent to all health units in Ontario. The OPHA sent letters to all Medical Officers of Health in Ontario, the Association of Local Public Health Agencies (ALPHA), the Minister of Justice and the Canadian Public Health Association (CPHA) advocating for the endorsement of the *Joint Statement* as well as for the repeal of Section 43 of the Criminal Code.
- Routine Universal Comprehensive workgroup member, the Honourable Marion Boyd in conjunction with the Middlesex-London Health Unit, continued to coordinate the RUCS protocol throughout many communities in Ontario. The number of communities who are utilizing RUCS continues to grow.
- Sharing of Information and Initiatives - sharing information and initiatives is of major importance to our workgroup. We continued to discuss at each meeting topics such as Shaken Baby Syndrome, abuse of older adults, children, and youth. This year workgroup members shared with each other a variety of violence prevention resources ranging from pamphlets, posters, and magnets to pens and pencils. The creativity and variety of resources were astounding!
- Advocacy Plan - advocating for the inclusion of violence prevention in the next Mandatory Health Programs and Services Guidelines continued to be a top priority for the Workgroup.

*Respectfully submitted,*

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

# OPHA Staff



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, Paula Neves, Arie Waldman

## Ontario Public Health Association

Connie Uetrecht, *Interim Executive Director*

Nolly Baksh-Singh, *Executive Assistant*

Arie Waldman, *Manager, Finance & Administration*

Sophie Bart, *Coordinator, Communications & Volunteer Resources*

## Alcohol Policy Network

Benjamin Rempel, *Alcohol Projects Manager*

Dorothy Birtalan, *Website and Database Administrator*

## Association to Reduce Alcohol Promotion in Ontario

Benjamin Rempel, *Alcohol Projects Manager*

## Environmental Health Program

Kim Perrotta, *Air Quality Coordinator*

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

## Heart Health Resource Centre

Anne Lessio, *Manager*

Karima Kassam, *Program Coordinator*

Lisa Mitchell, *Program Coordinator*

Angella Kalloo, *Project Assistant*

## Nutrition Resource Centre

Colleen Logue, *Manager*

Sarah O'Brien, *Program Coordinator*

Rebecca Truscott, *Program Coordinator (January 2005)*

Andrea Kirkham, *Program Coordinator*

Kathleen Orth, *Project Assistant*

## Ontario Chronic Disease Prevention Alliance

Tracy Howson, *Manager*



## Secretariat Report



Amidst many changes in 2004-05, Ontario Public Health Association continued to prosper and be acknowledged as an important voice in public health.

Confirmation of OPHA as the home of the Ontario Chronic Disease Prevention Alliance (OCDPA) and Tracy Howson, Project Manager was established with start-up funding from Health Canada, special project funding from the Ministry of Health and Long-Term Care (MOHLTC) and a commitment from MOHLTC to fund the Alliance in 2005-06. The Ontario Stroke Strategy enabled OPHA to expand the functions of both the Nutrition Resource Centre (NRC) and the Heart Health Resource Centre (HHRC). The NRC was able to add the *Take 5! 5-10 A Day, Your Way* program, staff,

and other supports, while the HHRC added the Best Practices in Stroke Prevention project.


Further developments in the OPHA Board project, *Core Competency for Public Health Workforce*, was made possible by the dedication of HHRC Manager, Anne Lessio, and a core group of OPHA members, in particular, Isabelle Michelle, Nancy Day and Carol Timmings. With the extra support from Anne Lessio, funding was obtained from the MOHLTC and Public Health Agency of Canada (PHAC) for two very important projects: the development of a core competency logic model to identify the long term outcomes of the core competency project and a workshop of key stakeholders to identify the components of a paper being developed by Public Health Research, Education and Development Programs (PHRED) that will make the technical presentation of core competencies more relevant to public health practitioners. In addition, at the request of the MOHLTC, OPHA undertook a capacity mapping initiative with OPHA's Constituent Societies, which provided a profile of public health professions and their challenges.

The Alcohol Projects underwent a transition due to leadership changes in that portfolio. Paula Neves, long time project manager, left OPHA to take a new post to utilize the learnings from her PhD

program. We thank Paula for her dedication to alcohol policy. We were pleased to have Ben Rempel appointed as project manager. Despite these changes, both alcohol projects – Alcohol Policy Network (APN) and Association to Reduce Alcohol Promotion in Ontario (ARAPO) -accomplished a great deal throughout the fiscal year including presentations to Swedish and Japanese delegates on Ontario's current status on alcohol policy, advocacy regarding alcohol advertising, and a one-day forum on alcohol policy.

The Environmental Health Workgroup received funding for two projects, Children's Environmental Health and air quality that were supported by grants from the Laidlaw Foundation and the Gordon Foundation respectively. Suzanne Burkhardt and Kim Perrotta were the staff involved with these exciting projects.

OPHA also continued to work with the Ministry of Health and Long-Term Care to carry out a federally funded blood safety project, and a project to enable Ontario to increase the sample size of the Statistics Canada Nutrition Survey. As well, the Secretariat function was performed for the Ontario Healthy Schools Coalition (OHSC) and the Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario (ANDSOOHA).



OPHA hosted its annual conference and AGM without a co-host health unit. The PHRED program formed the Program Committee and Sophie Bart, OPHA's volunteer coordinator, worked with our event planner to organize the many volunteers to deliver an excellent conference with over 600 registrants. Nolly Baksh-Singh and OPHA project staff provided valuable assistance in making the conference a success.

To accommodate the new project staff, six additional workstations were added at the new office at 700 Lawrence Avenue West for a total of 21 workstations/offices. An additional server and computer upgrades have increased OPHA's capabilities to meet the demands of a web-based society.

*Respectfully submitted,*

Connie Uetrecht  
Interim Executive Director

# Project Reports

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

## Alcohol Projects

### The Alcohol Policy Network

Alcohol Policy Network



The Alcohol Policy Network (APN) is a provincial network of individuals and organizations working to improve the health of Ontarians. APN facilitates the development of policies and education that prevent problems associated with alcohol use, and enhance the health, safety and well-being of individuals and communities across Ontario.

### The Association to Reduce Alcohol Promotion in Ontario



The Association to Reduce Alcohol Promotion in Ontario (ARAPO) is a provincial network made up of members who share the goal of promoting public health and safety by reducing the impact of alcohol advertising, promotion, and sponsorship through education, policy, and community action. During the past year, the Alcohol Projects delivered numerous presentations to groups ranging

from professionals to youth to international delegates on the topic of alcohol advertising and its effects on youth consumption, as well as, current issues in the alcohol policy field.

Media such as The Toronto Star, Saturday Night Magazine, NOW Magazine, CBC Marketplace, Rogers Cable, Kingston News Group, and others have utilized information from the OPHA alcohol projects in feature articles about alcohol.

The alcohol projects piloted a peer-education based program this year entitled the *Booze Buzz Project*. Outcomes included students delivering presentations to their peers, a professional PowerPoint presentation, an extensive manual on how to recruit young volunteers, and a facilitator's kit.

An alcohol forum was co-sponsored by the alcohol projects with the Centre for Addiction and Mental Health (CAMH) and consisted of international speakers and local scientists discussing current alcohol policy issues and presenting findings. This forum held in March was attended by 90 health professionals who found the information and discussion very useful in their work.

Five teleconference/workshop sessions were delivered to health professionals: *Alcohol Advertising in Ontario*; *Impaired Driving 101*; *Alcohol Policy 101*; *Alcohol and Injuries*; and *Safer Bar Policies*.

Several publications were produced including: four 'how to' guides entitled, *Let's Take Action on Alcohol Problems*; the annual *Contacts in Public Health* directory; the biweekly resource entitled *Alcohol in the News*; a quarterly resource titled *Alcohol Research Quarterly*; a research document entitled, *Alcohol Promotion and the Marketing Industry: Trends and tactics for Public Health*; and the *ARAPO ADS UP! Newsletter*.

The Alcohol Projects sit on eight external health and safety committees and three internal alcohol-specific committees attending approximately 30 meetings per year.

*Respectfully submitted,*

Ben Rempel,  
Manager, Alcohol Policy Network



## Environmental Health Program

The third year of the Environmental Health Program is the last of a 3-year program funded by the Walter and Duncan Gordon Foundation. In this year, we continued our health promotion work on air quality and climate change by:

- Convening two meetings of public health staff to discuss the two air quality proposals announced by the Minister of the Environment in June 2004:
  - One on emission caps for the industrial sector intended to improve regional air quality (i.e. smog); and
  - One on air standards, dispersion models and the regulatory framework intended to protect communities from the localized impacts of air emissions from industrial facilities.
- Preparing comments on the Ministry's air quality proposals and encourages public health units to do the same
- Doing a formal presentation on the proposed local air quality framework at the Ministry's stakeholder consultation meeting
- Encouraging the Ministry to convene a series of meetings with the public health sector on the local air quality framework and participating in those meetings

- Participating in a meeting with the Minister of the Environment on both air quality proposals
- Doing interviews on air quality issues that were covered by The Globe and Mail in February 2005 and The Sault Star in March 2005
- Preparing an opinion editorial piece on climate change and air quality for The Toronto Star in June 2004 in response to remarks made during the federal election
- Preparing a position paper on climate change and human health that was adopted by the OPHA membership in November 2004.

We continued our research and policy work on air quality issues related to mobile sources as well. We received the first draft of a consultant's report on emissions associated with Ontario's school buses and the technologies that can be used to reduce those emissions, and began preparation of a health-based policy report on school buses, which includes a review of exposure studies conducted on school buses. We hope to release both reports in the fall of 2005.

We also continued to support the work of the Environmental Health Workgroup by:

- Preparing a resolution on the need to build environmental health capacity in the public health sector

- Preparing a letter to the Chief Medical Officer of Health on the same topic
- Providing direction and advice to the Children's Environmental Health Policy Analyst
- Representing the OPHA at meetings of the Canadian Partnership for Children's Health and the Environment (CPCHE)
- Reviewing policy papers prepared by OPHA members on lead and household dust, mercury in fish, and breast milk and toxic contaminants.

*Respectfully submitted,*

Kim Perrotta,  
Manager, Environmental Health

## Heart Health Resource Centre



Heart Health Resource Centre  
Centre de ressources - Coeur en santé  
ONTARIO PUBLIC HEALTH ASSOCIATION  
L'ASSOCIATION POUR LA SANTÉ PUBLIQUE DE L'ONTARIO

The Heart Health Resource Centre (HHRC) provided a strategic mix of products and services to meet its mandate of “increasing the capacity of public health and their community partnerships in comprehensive community-based programming for the Ontario Heart Health Program – Taking Action for Healthy Living (OHHP: TAHL).”

The highlights of the HHRC services provided during the year included:

- Providing over 30 days of individualized coaching support to a number of OHHP:TAHL Coordinators to complete and revise their plans for the Ministry the Ministry of Health and Long-Term Care. This tended to be a Coordinator's first exposure to the HHRC Coaching Service and after experiencing the support available the service was accessed regularly by OHHP:TAHL Coordinators on a wide range of topics
- Providing 11 on-site consultations with the OHHP:TAHL Community Partnerships addressing topics ranging from sustainability to program planning
- Partnering with the Ontario Prevention Clearinghouse (OPC) and the Ontario

Healthy Communities Coalition (OHCC) to deliver a workshop, *Strengthening Community Partnerships*. The interest in building and strengthening partnerships was so high that a second, more focused, one-day training session occurred in the Southwest region. Two newsletters captured the learnings, sharing and insights experienced at both workshops

- Revising the *Orientation to Heart Health Manual* to include information about chronic disease prevention and delivering two interactive workshops based on this resource to newcomers aimed at heart health
- Playing an active brokering role with other members of the Ontario Health Promotion Resource System (OHPRS) to strategize methods of meeting the needs of the OHHP:TAHL Coordinators throughout the system in a coordinated manner
- Participating in the Ontario Heart Health Network (OHHN) Strategic Planning process, finalized in May, by being part of the OHHN Executive Committee and the OHHN Strategic Planning Committee. Recruiting a consultant to guide the strategic planning process for the OHHN and co-organizing and supporting the OHHN Strategic Planning Retreat where a number of stakeholders

gathered to provide insights and direction for the OHHN

- Acting in a Secretariat function for the OHHN, including the support and participation in the delivery of the OHHN meetings
- Planning for a new website to be launched in 2005/06 by creating a new structure for the site along with new relevant content and updating all features and elements on the website. Updating the active website with new materials and links, including all resources that were used at the latest training events
- Communicating with Coordinators through the bi-monthly mail outs, and electronic updates

As the field continues to move towards chronic disease prevention, the HHRC will continue to evolve to ensure that it provides timely, relevant and current information and support to the OHHP:TAHL Coordinators and communities.

*Respectfully submitted,*

Anne Lessio  
Manager, Heart Health Resource Centre

## Best Practices and Promising Practices in Chronic Disease Prevention Project

Building on previous work done by the HHRC in the area of Best and Promising Practices for community-based population wide interventions, the Centre obtained funding in January 2005 to launch the Dissemination of Best Practices and Promising Practices in Chronic Disease Prevention Project. The main aim of the HHRC Dissemination of Best Practices/ Promising Practices Project is to maximize the uptake and implementation of identified Best Practices / Promising Practices (BP/PPs) in stroke prevention in five pilot communities through a comprehensive and intensive dissemination strategy. To maximize the impact of the project across the province, the learnings from the five pilot communities about selecting and implementing the BP/PPs will be shared with the community partnerships of the Ontario Heart Health Program (OHHP) and the Ontario Stroke Centres (Regional and District) through newsletters, emails, website etc. A second, but equally important, purpose of the project is to share the learnings from the HHRC's dissemination experience – the successes and the challenges - with other resource centres in the province's Ontario Health Promotion Resource System (OHPRS). And finally, a third aim of the project is to support and

build linkages between the clinical and community-based health services.

Between January 1 - March 31, 2005 the following activities occurred in this project:

- A Project Advisory Committee was established to guide the project
- A contract writer was hired to develop a user-friendly template to document all the Best and Promising Practices identified by the University of Waterloo addressing the risk factors of stroke. A compendium summarizing the 85 interventions identified as Best or Promising Practices (BP/PP) by the University of Waterloo in Stroke Prevention, Diabetes Prevention and Heart Health was created
- An on-line Best and Promising Practices Toolkit was launched featuring a searchable database of the BP/PPs along with informative background information about the criteria and processes used to identify the practices. The Toolkit is available at [www.hhrc.net](http://www.hhrc.net)
- Three part-time staff members were hired to implement the project activities
- Partnerships from the Ontario Heart Health Program: Taking Action for Healthy Living

(OHHP: TAHL) and the local Stroke Centres were invited to submit a proposal to participate in the project. Through an explicit and transparent review process, the Project Advisory Committee selected five pilot communities to participate in the project

*Respectfully submitted,*

Anne Lessio  
Manager, Best Practices and Promising Practices in Chronic Disease Prevention Project

## Nutrition Resource Centre



The Nutrition Resource Centre (NRC) works to support nutrition programming efforts throughout Ontario. 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.

Highlights during the year included:

- Continued to maintain and enhance our communication tools: the website at [www.nutritionrc.ca](http://www.nutritionrc.ca), the NRC Digest newsletter and Contact-NRC, our electronic broadcast mailing service now with over 800 subscribers
- Posted almost daily news articles to Contact-NRC, which usually included links to nutrition stories that were “making the news”.
- Continued to develop and maintain links with partners and other key organizations in the nutrition and health promotion field including information sharing and collaboration with the provincial Nutrition Resource Group (NRG).
- Maintained close ties with the Ontario Society of Nutrition Professionals in Public Health

(OSNPPH) and Dietitians Working in Health Centres, a Dietitians of Canada Network.

- Participated on advisory and provincial committees and as a collaborator with groups such as: the Ontario Public Health Association (OPHA); the Ontario Collaborative Group for Healthy Eating (OCGHE); the Ontario Physical and Health Education Association (OPHEA); Breakfast for Learning Foundation; and Dairy Farmers of Canada (Ontario)

Provincial Program support highlights:

- The Eat Smart (ES!) Program continued in restaurants, as well as school and workplace cafeterias. Twenty-nine health units reported 825 restaurants qualified for the award in 2004. Twenty health units were able to implement the workplace cafeteria component with 66 work places qualifying. In 21 health unit regions, 86 school cafeterias qualified for the award
- Plans were put in place for an overall program strategic planning process and promotion materials geared specifically for schools.
- The Community Food Advisor Program (CFA) continued to be supported by 18 sites. In 2004, there were 288 active CFAs and 49 in training. They completed 924 health promotion activities,

reached 46,331 people and contributed 15,961 volunteer hours.

- A second CFA highlight was the launch of the program’s web site for use by the volunteers and their sponsors, which houses all the resources, and tools for the program.
- The NRC conducted three *Take 5! 5-10 A Day, Your Way* training/program orientation workshops in seven geographic locations, to 67 participants who represented five different sectors.
- The Food Steps program continued to be used across the province by a variety of health care agencies. An advisory committee oversaw a content and format review of this self-help, stage-based, correspondence nutrition program
- The Healthy Eating for Healthy Aging consumer resources were translated and are now available in the following languages: English, French, Chinese (Simplified), Chinese (Traditional), Portuguese, Spanish and Vietnamese

*Respectfully submitted,*

Marie Traynor  
Acting Manager, Nutrition Resource  
Centre on behalf of Colleen Logue,  
Manager, Nutrition Resource Centre



## Ontario Chronic Disease Prevention Alliance

The Ontario Chronic Disease Prevention Alliance (OCDPA) receives secretariat support from OPHA.

The nine organizations that 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 during the year included: development of Core Member Terms of Reference, 18-month action plans, six working groups and development of foundation documents. The Alliance continues to meet regularly, with more frequent working group meetings. The working groups included: Strategic Planning, Advocacy, Milestone, Communications, Evaluations, and Knowledge Exchange.

Funding received from the Public Health Agency of Canada (PHAC) and the Ministry of Health and Long Term Care (MOHLTC) have

made it possible to undertake a number of projects. The projects have included the development of the following documents.

- Chronic Disease in Canada: Determinants, Risk Factors and Prevention Priorities
- Informing Directions for Chronic Disease Prevention and Management in Ontario
- Government Relations Report

*Respectfully submitted,*

Tracy Howson  
Manager, Ontario Chronic Disease Prevention Alliance

## Financial Introduction

The Association's audited financial statement for the year ending March 31, 2005 is presented in this section.

During the fiscal year ending March 31, 2005, the OPHA Board of Directors appointed a Secretary/Treasurer, and subsequently the by-laws were amended by a vote of the members to permanently add the position of Treasurer to the Board of Directors. The Treasurer's role is to ensure that OPHA funds are handled with due care, spent appropriately and that all OPHA assets are in full compliance with current legislation.

Gilmore & Company LLP audits the association's financial statements annually in accordance with Canadian generally accepted accounting principles. For the year ended March 31, 2005 in their opinion, the financial statements present fairly in all material respects the association's financial position.

*Respectfully submitted,*

Cindy A. Scythes  
Secretary/Treasurer





## CHARTERED ACCOUNTANTS

1200 Sheppard Ave East Telephone: (416) 494 8466  
Suite 514, Toronto Facsimile: (416) 494 0330  
Ontario M2K 2S5 Email: [gandc@gilmoreandco.com](mailto:gandc@gilmoreandco.com)

### 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, 2005 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, 2005 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Toronto, Ontario,  
October 22, 2005.

Chartered Accountants.



# Financial Statements

## ONTARIO PUBLIC HEALTH ASSOCIATION STATEMENT OF FINANCIAL POSITION

**MARCH 31, 2005**

(with comparative figures for 2004)

	<b>2005</b>	<b>2004</b>
<b>ASSETS</b>		
Current		
Cash	\$922,389	\$192,205
Temporary Investments	1,429,321	300,143
Accounts Receivable	128,108	256,074
Prepaid Expenses and Deposits	4,864	36,567
	2,484,682	784,989
Property, plant and equipment (Note 3)	93,618	45,133
	2,578,300	830,122
<b>LIABILITIES</b>		
Current		
Accounts payable and accrued liabilities	558,703	189,288
Deferred membership revenue (Note 2)	9,829	14,043
Deferred project revenue (Note 2)	1,684,979	261,721
Funds held in trust (Note 7)	-	282,828
Property, plant and equipment fund (Note 2)	66,325	-
	2,319,836	747,880
<b>NET ASSETS</b>	<b>\$258,464</b>	<b>\$82,242</b>
<b>NET ASSETS REPRESENTED BY SURPLUS</b>		
Balance, beginning of year	\$82,242	\$147,522
Contributed surplus (Note 7)	67,816	-
<b>Surplus (deficit) for the year</b>	<b>108,406</b>	<b>(65,310)</b>
<b>Balance, end of year</b>	<b>\$258,464</b>	<b>\$82,242</b>

**ONTARIO PUBLIC HEALTH ASSOCIATION**  
**STATEMENT OF REVENUES AND EXPENSES**  
**FOR THE YEAR ENDED MARCH 31, 2005**  
(with comparative figures for 2004)

	<b>2005</b>	<b>2004</b>
<b>REVENUES</b>		
Core (Schedule A)	\$353,343	\$165,655
Workgroup (Schedule B)	3,871	11,550
Projects (Schedule C)	2,349,626	2,234,603
	<b>2,706,840</b>	<b>2,411,808</b>
<b>EXPENSES</b>		
Core (Schedule A)	276,116	226,806
Workgroup (Schedule B)	14,023	28,165
Projects (Schedule C)	2,308,295	2,222,147
	<b>2,598,434</b>	<b>2,477,118</b>
<b>SURPLUS (deficit)</b>	<b>\$108,406</b>	<b>(\$65,310)</b>

**ONTARIO PUBLIC HEALTH ASSOCIATION**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED MARCH 31, 2005**  
(with comparative figures for 2004)

	<b>2005</b>	<b>2004</b>
<b>Cash provided by (applied to):</b>		
<b>Operating activities</b>		
Surplus (deficit)	\$108,406	(\$65,310)
Adjustments for:		
Amortization	34,421	23,783
Amortization of capital asset fund	(16,581)	(9,420)
	126,246	(50,947)
Net changes to working capital balances		
Accounts receivable	127,966	(188,221)
Prepaid expenses and deposits	31,703	(30,801)
Accounts payable and accrued liabilities	369,415	(91,334)
Deferred membership revenue	(4,214)	(5,425)
Deferred project revenue	1,423,258	(4,400)
Funds held in trust	(282,828)	44,546
Future rental charges fund	-	(9,971)
	1,791,546	(336,553)
<b>Financing activity</b>		
Contributed surplus	67,816	-
<b>Investing activities</b>		
Property, plant and equipment fund	82,907	-
Purchase of property, plant and equipment	(82,907)	(13,549)
	-	(13,549)
<b>Increase (decrease) in cash and cash equivalents during the year</b>	<b>1,859,362</b>	<b>(350,102)</b>
Cash and cash equivalents, beginning of year	492,348	842,450
<b>Cash and cash equivalents, end of year (Note 6)</b>	<b>\$2,351,710</b>	<b>\$492,348</b>

**ONTARIO PUBLIC HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**MARCH 31, 2005**

**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) Property, Plant and Equipment Fund**

Property, Plant and Equipment Fund represents funds received by the Association to cover the costs incurred to acquire capital assets. The Property, Plant and Equipment 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.

**ii) Project revenue**

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

**ONTARIO PUBLIC HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**MARCH 31, 2005**

	<b>2005</b>	<b>2004</b>
Nutrition Stats Canada	\$1,393,000	\$ -
PHRED	13,098	-
Healthy Schools	1,223	-
Heart Health	52,036	40,000
Nutrition Resource	244	40,000
HHRC Best Practices	1,235	-
Ontario Chronic Disease Alliance	17,112	(10,000)
Senior Veggies Project	10,761	86,721
Diabetes Project	-	(75,000)
Air Quality Project	22,943	13,000
Core Competencies (OPHA)	2,530	-
NRC Stroke Strategy	-	(2,000)
Blood Safety Project	16,014	17,000
Public Health Program	83,000	-
ARAPO and APN	33,895	60,000
Children's Env. Health	4,876	38,000
Ottawa Project	-	3,000
School Bus Project	21,850	51,000
Canadian Food Advisory 2003	11,162	-
	<b>\$1,684,979</b>	<b>\$261,721</b>

**2. Summary of significant accounting policies** *(continued)*

**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**  
**MARCH 31, 2005**

**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 26, 2005 and earns interest at a rate of 2.550% per annum.

	2005	2004
<b>Guaranteed Investment Certificate</b>	\$1,429,321	\$300,143

**3. Property, plant and equipment**

2005				2004
	Cost	Accumulated Amortization	Net Carrying Value	Net Carrying Value
Office equipment	\$276,985	\$188,328	\$88,657	\$38,295
Leasehold improvements	8,548	3,587	4,961	6,838
	<b>\$285,533</b>	<b>\$191,915</b>	<b>\$93,618</b>	<b>\$45,133</b>

**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**  
**MARCH 31, 2005**

**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:

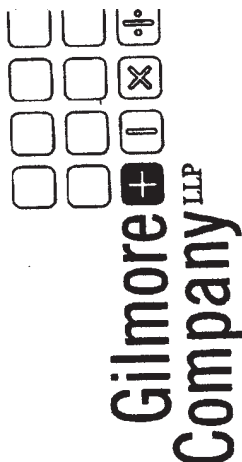
	2005	2004
Cash on hand and balances with bank	\$922,389	\$192,205
Guaranteed investment certificate	1,429,321	300,143
	<b>\$2,351,710</b>	<b>\$492,348</b>

**7. Contributed surplus**

During the fiscal year, the association contacted the Ministry of Health and informed them that the association has recorded liabilities due back to the Ministry for unspent project funding (funds held in Trust). The Ministry of Health has indicated to the Board of Directors that no liability is due back from the association to the Ministry of Health for unspent project funding, as such, the Board has elected to transfer this liability to surplus as at March 31, 2005.

In addition, the Board of Directors are unaware of any additional outstanding liabilities associated with any non-Ministry of Health funded projects.





## CHARTERED ACCOUNTANTS

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### ACCOUNTANTS' COMMENTS ON ADDITIONAL INFORMATION

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In connection with our examination of the financial statements of Ontario Public Health Association for the year ended March 31, 2005, 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.

Toronto, Ontario,  
October 22, 2005.

*Gilmore & Company LLP*  
Chartered Accountants.

**ONTARIO PUBLIC HEALTH ASSOCIATION**  
**SCHEDULE OF CORE REVENUE AND EXPENSES**  
**FOR THE YEAR ENDED MARCH 31, 2005**  
(with comparative figures for 2004)

		<b>SCHEDULE A</b>
	<b>2005</b>	<b>2004</b>
<b>REVENUE</b>		
Membership revenue	\$28,402	\$41,994
Provincial grants	250,000	100,000
Interest income	33,968	10,479
Sundry income	40,973	13,182
	353,343	165,655
<b>EXPENSES</b>		
Membership materials, mailings and campaign	7,502	8,728
Healthbeat production and mailings	2,836	6,329
OPHA News production and mailings	10,735	8,366
AGM materials and mailings	6,184	6,305
Membership expenses	27,257	29,728
Administration expenses standing committee	1,683	5,225
Advocacy	3,628	26,617
Bank charges	6,323	2,841
Benefits	11,977	27,731
Board expenses	51,149	31,140
Equipment costs	31,816	24,744
External membership fees	3,917	959
Insurance	7,017	5,072
Legal and audit	97,024	16,753
Outside services	9,720	-
Postage	3,871	1,828
Public relations and special events	495	337
Resolutions and bylaws	-	299
Rent	107,791	63,574
Salaries	278,459	343,660
Staff travel, recruiting and training	12,578	1,833
Stationery, copying and printing	13,346	4,217
Telephone	13,835	12,515
	681,886	599,073
Recovery of expenses from projects (Schedule D)	(405,770)	(372,267)
	276,116	226,806
<b>SURPLUS (DEFICIT)</b>	<b>\$77,227</b>	<b>(\$61,151)</b>

**ONTARIO PUBLIC HEALTH ASSOCIATION**  
**SCHEDULE OF WORKGROUP REVENUES AND EXPENSES**  
**FOR THE YEAR ENDED MARCH 31, 2005**  
(with comparative figures for 2004)

			<b>SCHEDULE B</b>
	<b>Revenue</b>	<b>Expenses</b>	<b>Deficit</b>
Food Biotechnology	\$ -	\$988	(\$988)
Violence Prevention	1,375	1,313	62
Breast-feeding promotion	1,006	3,099	(2,093)
Food Security	-	1,646	(1,646)
Alcohol Workgroup	-	2,396	(2,396)
Healthy Environment	-	803	(803)
Healthy Children	-	128	(128)
Public Health Alliance	1,490	3,204	(1,714)
Urban Health	-	446	(446)
<b>TOTALS MARCH 31, 2005</b>	<b>\$3,871</b>	<b>\$14,023</b>	<b>(\$10,152)</b>
<b>TOTALS FOR THE YEAR ENDED MARCH 31, 2004</b>	<b>\$11,550</b>	<b>\$28,165</b>	<b>(\$16,615)</b>

Unaudited - See Accountants' Comments on Additional Information

**ONTARIO PUBLIC HEALTH ASSOCIATION**  
**SCHEDULE OF PROJECTS REVENUE AND EXPENSES**  
**FOR THE YEAR ENDED MARCH 31, 2005**  
**(with comparative figures for 2004)**

			<b>SCHEDULE C</b>
	<b>Revenue</b>	<b>Expenses</b>	<b>Surplus (Deficit)</b>
Air Quality Project	\$50,057	\$50,057	\$ -
Alcohol Policy Network	132,333	132,333	-
Annual Conference	226,040	184,848	41,192
ARAPO Project	48,023	48,023	-
Blood Safety Project	119,963	120,312	(349)
Children's Environmental Health	33,124	33,124	-
Core Competencies (OPHA)	38,789	38,789	-
Eat Smart Veggies	94,633	95,028	(395)
Heart Health Resource Centre	400,048	400,048	-
Heart Smart Cooking Program	2,110	1,729	381
Healthy Schools	3,829	3,829	-
HHRC Best Practices	219,865	219,865	-
Nutrition Resource Project	705,472	705,472	-
Ontario Chronic Disease Alliance	163,558	163,558	-
Ottawa Project	3,000	3,168	(168)
PHRED Program Funds	607	607	-
Public Health Program Funds Program	3,066	2,250	816
School Bus Project	29,149	29,149	-
Seniors Fall Prevention Project	-	146	(146)
Senior Veggies Project	75,960	75,960	-
<b>TOTALS MARCH 31, 2005</b>	<b>\$2,349,646</b>	<b>\$2,308,295</b>	<b>\$41,331</b>
<b>TOTALS FOR THE YEAR ENDED MARCH 31, 2004</b>	<b>\$2,234,603</b>	<b>\$2,222,147</b>	<b>\$12,456</b>

Unaudited - See Accountants' Comments on Additional Information

**ONTARIO PUBLIC HEALTH ASSOCIATION**  
**SCHEDULE OF EXPENSES RECOVERABLE FROM PROJECTS**  
**FOR THE YEAR ENDED MARCH 31, 2005**  
(with comparative figures for 2004)

	<b>SCHEDULE D</b>
Air Quality Project	\$5,800
Alcohol Policy Network/ARAPO	51,426
ANDSOOHA	4,200
Blood Safety Project	5,350
HHRC Best Practices	41,400
School Bus Project	10,000
Heart Health Resource Centre	88,330
Ontario Chronic Disease Alliance	100,430
Ottawa Project	1,410
Nutrition Resource Centre	73,534
Eat Smart Veggies	16,770
Children's Environmental Health	2,800
Core Competencies (OPHA)	4,320
<b>TOTAL MARCH 31, 2005</b>	<b>\$405,770</b>
<b>TOTAL FOR THE YEAR ENDED</b>	
<b>MARCH 31, 2004</b>	<b>\$372,267</b>

Unaudited - See Accountants' Comments on Additional Information



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