



ANNUAL REPORT April 1, 2005 - March 31, 2006



Ontario Public Health Association



The Voice of Public Health Since 1949



OPHA ANNUAL REPORT

APRIL 1, 2005 -MARCH 31, 2006

ANNUAL REPORT CONTENTS

About OPHA	. 2
President's Report	3
Board of Directors	. 5
Committee Representation	7
Standing Committee Reports	9
Access, Equity & Social Justice	. 9
• Finance	24
Membership & Internal Communications	9
Public Relations & Advocacy	10
Workgroup Reports	11
Alcohol	11
Breastfeeding Promotion	12
Child and Youth Health	12
Environmental Health	12
Food Security	13
Public Health Alliance for LGBTTTIQQ Equity	14
Violence Prevention	14
Secretariat Report	15
Project Reports	17
The Alcohol Policy Network	17
The Association to Reduce Alcohol Promotion	
in Ontario	17
• Youth and Alcohol, Messages and Media (YAMM)	17
Heart Health Resource Centre	18
Injury Prevention Initiative	19
Nutrition Resource Centre	19
Ontario Chronic Disease Prevention Alliance	20
Public Health Core Competencies Initiative	21
Towards Evidence-Informed Practice (TEIP)	22
OPHA Staff	23
Financial Introduction	24
Financial Statements	25
Photo Gallery	39

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

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

OPHA PRESIDENT'S REPORT



Dr. Garry Aslanyan OPHA President

2005-2006 was a very busy and productive time for OPHA and for the Board of Directors. I'd like to begin my report by thanking those Board members whose terms ended in 2005: Cindy Scythes, Ian Johnson, Diane Bewick, Sandra Laclé and Ruth Schofield. Lisa Ashley had to resign in early 2006 due to increased responsibilities at her current job. Denise DePape assumed the responsibilities of the Chair of the Public Relations and Advocacy Committee.

I'd like to also welcome new members who came on board in January 2006: Monica Mitchell, Marg Hedley, Sue Starling, Bronwen Edgar, Theresa Schumilas, Christina Mills, and Camille Burnett. The Board was kept quite busy with its governance review. The Governance Task Force, chaired by Cindy Scythes, worked closely with the specialists from the Institute of Governance to roll out these important changes. In March the Board received the consultation report and will continue to work on implementing the governance renewal of OPHA in the coming year.

As you know, OPHA and its Board were very involved with the province's Operation Health Protection. With the help of facilitator Bill Staples, representatives from the OPHA Board and Constituent Societies came together and prepared two documents: "Enhancing our Capacity" was submitted to the Capacity Review Committee and "Integrating Knowledge into Practice" was submitted to the Agency Implementation Task Force. As well, then Vice-President Cindy Scythes and Interim Executive Director Connie Uetrecht presented OPHA's recommendations to the Capacity Review Committee in December, and Board member Nancy Wai and Connie Uetrecht presented our recommendations to the Agency Implementation Task Force Co-chairs in January.

OPHA also participated in prebudget roundtable discussions with the Minister of Finance in December, and called for continued commitment to enhance public health in order to implement the recommendations coming out under Operation Health Protection. As well, we called for increased commitment to healthy living and the prevention of chronic disease and injury through enhanced initiatives in workplaces and schools.

The 2005 annual conference, held for the first time in collaboration with the Association of Local Public Health Agencies (alPHa), was hugely successful. "Determining Health Through Public Health Action" took place in Toronto on November 22-23, 2005. Over 650 delegates and speakers attended from across Canada and beyond. Conference sub-themes included Determinants of Health: Developing an Action Plan for Public Health, Infectious Disease Prevention and Control, Child Health, Injury Prevention, Chronic Disease Prevention/ Healthy Living, and Reshaping Public Health.

Keynote speakers included: Dr. David Gordon, who offered the UK experience in tackling inequalities in health; Dr. John Frank, who looked at the provincial control and prevention of chronic disease in Ontario; Dr. David Butler-Jones, who contributed the national perspective on the regionalization of public health; and Paula Todd, who turned the focus to individuals with her look at Everyday Heroes.

President's Report From page 3

Thank you to the staff and volunteers at both OPHA and alPHa for their extraordinary contribution to the success of this event.

We were extremely proud of the impact of the excellent report School Buses, Air Pollution & Children's Health: Improving Children's Health & Local Air Quality by Reducing School Bus Emissions, that found exposures on board school buses can account for 25 to 30% of the daily exposure to air pollutants that children experience. This is extremely significant because tens of thousands of children, who are known to be particularly sensitive to the negative effects of air pollution, are transported by school buses in communities that commonly experience excessive levels of air pollution. OPHA continues to advocate at all levels of government about lessening children's exposure to these pollutants. Thank you to Kim Perrotta and all who worked on this important report.

OPHA is a strong and vibrant association, with active participation from its members and an engaged and proactive Board. OPHA's exceptional projects are recognized for their expertise across the province and throughout Canada.

I look forward, as OPHA President for the coming year, to working together with the members, volunteers, Board and staff of OPHA towards excellence in public health in Ontario.

Dr. Garry Aslanyan OPHA President



Above, from left: Interim Executive Driector Connie Uetrecht and Executive Assistant Nolly Baksh-Singh, at the OPHA office.

OPHA BOARD OF DIRECTORS 2005 - 2006

OFFICERS President Garry Aslanyan

Vice-President Cindy Scythes

Secretary/Treasurer Larry Stinson EX-OFFICO Association of Local Public Health Agencies (alPHa) Representative Dr. Joyce Sinton

MEMBERS-AT-LARGE

- Diane Bewick
- Kevin Churchill
- Liz Haugh
- Ian Johnson
- Sandra Laclé
- Bonnie Lynn Wright

STANDING COMMITTEE CHAIRS Access, Equity & Social Justice Committee Caroline Wai

Executive Committee Dr. Garry Aslanyan

Finance Committee Larry Stinson

Membership & Internal Communications Committee Brian MacKay

Public Relations & Advocacy Committee Lisa Ashley

Top row from left: Kevin Churchill, Carolyn Wai, Diane Bewick, Paul Callanan, Monica Mitchell, Nancy Wai

Bottom row from left: Brian MacKay, Carol Timmings, Larry Stinson, Cindy Scythes, Dr. Garry Aslanyan, Lisa Ashley, Dr. Ian Johnson, Dr. Robert Hawkins, Nancy Day



OPHA: The voice of public health since 1949.

OPHA BOARD OF DIRECTORS 2005 - 2006

A Constituent Society is a voluntary organization of community or public health professionals that:

- has objectives that are compatible with OPHA's
- is Ontario-based or the Ontario branch of a national organization.

There are currently ten Constituent Societies of OPHA.

Their representatives sit on the OPHA Board of Directors, and are elected by their respective societies.

CONSTITUENT SOCIETY REPRESENTATIVES

ANDSOOHA - Public Health Nursing Management Carol Timmings

Association of Ontario Health Centres (AOHC) Marg Hedley

Association of Public Health Epidemiologists in Ontario (APHEO) Nancy Day

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

Paul Callanan

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

Fran Gelder

Community Health Nurses Initiatives Group (RNAO) Ruth Schofield

Health Promotion Ontario: public health (HPO.ph) Kevin Churchill

Ontario Society of Nutrition Professionals in Public Health (OSNPPH)

Nancy Wai

Ontario Association of Public Health Dentistry - (OAPHD) Dr. Robert Hawkins

Public Health Research, Education and Development (PHRED) Programs

Charlene Beynon

OPHA COMMITTEE REPRESENTATION

INTERNAL COMMITTEES

Executive Committee

Access, Equity & Social Justice Committee

Annual Report Committee

Core Competencies Steering Committee

Finance Committee

Membership & Internal Communications Committee

Nominations Committee

Public Relations & Advocacy Committee

INTERNAL COMMITTEE MEMBERSHIP 2005-2006

Executive Committee

- Garry Aslanyan, President (Chair)
- Cindy Scythes, Vice-President
- Nancy Wai/Ruth Schofield, Constituent Societies' Representative
- Larry Stinson, Secretary/ Treasurer
- Brian MacKay, Lisa Ashley/ Caroline Wai Committees' Representatives
- Connie Uetrecht, Ex-Officio

Access, Equity & Social Justice Committee

- Caroline Wai (Chair)
- Jasvinder Chana
- Abebe Engdasaw
- Gillian Kranias
- Sharon Little
- Elba Martell
- Baldev Mutta
- Connie Uetrecht
- Haile Zerezghi

Annual Report Committee

- Nolly Baksh-Singh (OPHA staff)
- Nancy Day
- Susan Sperling (OPHA staff)
- Connie Uetrecht (OPHA staff)

Core Competencies Task Group

- Nancy Day (Co-chair)
- Carol Timmings (Co-chair)
- Lisa Ashley
- Jane Bellman
- Paul Callanan
- Catherine Egan
- Jill Faulkner

- Karen Hill
- Anne Lessio
- Brian MacKay
- Eliseo Martel
- Isabelle Michel
- Brenda Perkins
- Ruth Schofield
- Brenda Stahl-Quinlan
- Carla Troy
- Connie Uetrecht

Finance Committee

- Larry Stinson (Chair)
- Paul Callanan
- Donna Galasso (OPHA staff)
- Shirley Macpherosn
- Connie Uetrecht

Membership & Internal Communications Committee

- Brian MacKay (Chair)
- Garry Aslanyan
- Nolly Baksh-Singh (OPHA staff)
- Connie Uetrecht

Nominations Committee

- Garry Aslanyan (Chair)
- Nolly Baksh-Singh (OPHA staff)
- Diane Bewick
- Paul Callanan
- Liz Haugh

Public Relations & Advocacy Committee

- Lisa Ashley (Chair)
- Diane Bewick
- Kevin Churchill
- Liz Haugh
- Ian Johnson
- Cindy Scythes
- Larry Stinson
- Connie Uetrecht
- Bonnie LynnWright



EXTERNAL COMMITTEES

alPHa

Brian MacKay

Agency Implementation Task Force Reference Panel Connie Uetrecht Nancy Wai

Campaign 2000 Lorraine Telford

Canadian Coalition for Public Health in the 21st Century **Liz Haugh**

Canadian Partnership for Children's Health & Environment (CPCHE)

Susanne Burkhardt

Capacity Review Reference Panel Nancy Day Cindy Scythes Connie Uetrecht

Healthy Living Strategy Tracy Howson Larry Stinson

Ontario Chronic Disease Prevention Alliance **Connie Uetrecht**

Ontario Council on Community Health Accreditation (OCCHA) Daina Mueller Ontario Healthy Communities Theresa Schumilas

Ontario Healthy Schools Coalition Carol MacDougall

OHISC Standard Committee Alison Locker

Ontario Tobacco Steering Committee Connie Uetrecht

OPHA STANDING COMMITTEE REPORTS

Access, Equity & Social Justice

Finance Committee (see report on page 24)

Membership & Internal Communications Committee

Public Relations & Advocacy

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

Access, Equity & Social Justice

This Standing Committee applies the principles and values of OPHA, and, in particular, helps OPHA seek "to promote equity, social justice, inclusivity and diversity." During 2005 – 2006, our Committee:

- Began to explore the vision and the values of the Committee to guide future work.
- Implemented a recruitment workplan to seek more members from diverse health units and other health-related organizations.
- Continued to advocate for the revision of the "Equal

Access" Standard as well as inclusion of access and equity indicators for all Program Standards in the *Mandatory Health Programs and Services Guidelines* of the Ministry of Health and Long-Term Care.

- By working in collaboration with those organizations with whom we have an association, we continued to identify issues and raise awareness of the relationship between access, equity and social justice issues and health.
- Advocated for commitment to access and equity in the future governance structure of OPHA.
- Served as an in-house resource on access, equity and social justice issues to OPHA.

Respectfully submitted, Caroline Wai Chair, Access, Equity & Social Justice Committee

Membership & Internal Communications Committee

The Membership and Internal Communications Committee has had a very active year. We conducted an online Membership Survey to evaluate the effectiveness of our work, with particular emphasis on our advocacy and communication efforts. Specific questions were asked about how well we are achieving our goals and how well our message was getting out there, especially through the OPHA website and the OPHA News. We received a total of 222 reponses, including very helpful

written-in commentaries. The information is being utilized to revamp and improve our membership services to you.

One of the responsibilities of the Committee is to oversee the OPHA awards process. The following awards were given at the alPHa/OPHA Conference in November 2005:

• Dr. Louis Grant Award Tino Serapiglia received the Dr. Louis Grant Award for his work in policy and procedures in food premises inspection. This award honors the vocation and life's work of Dr. Louis Grant by supporting the education of an individual in a postgraduate endeavor through a one-time, \$1,000 scholarship. Sanofi Pasteur sponsors the Dr. Louis Grant award.

• OPHA Honorary Membership Award

Louise Picard, Director of the Sudbury PHRED program since 1998, received the Honorary Membership Award, which is conferred on a person who has made an outstanding contribution to public health in Ontario.

• OPHA Life Membership Award

Dr. Jack Lee, whose career in public health includes many "firsts" and contributions at all levels, received the Life Membership Award in recognition of his outstanding contribution to the Ontario Public Health Association.

OPHA Standing Committee Reports From page 9

OPHA News, which publishes six issues per year, and the President's and Executive Director's Reports, are now posted online under the Members section of the OPHA website.

At the end of the fiscal year OPHA had 806 individual members and 10 constituent society members.

Respectfully submitted, Brian MacKay Chair, Membership & Internal Communications Committee

Public Relations & Advocacy

The Public Relations and Advocacy Committee, which is comprised of the Members-at-Large of the Board, coordinated all position papers, resolutions and motions for the Annual General Meeting, followed up on the implementation of approved resolutions, and acted as an in-house resource for advocacy issues.

In 2005, six position papers and resolutions were approved by the membership, on topics including child and youth health, determinants of health, and poverty and oral health.

Advocacy issues addressed by OPHA in the form of letters and press releases included:

• OPHA supports the Sherbourne Health Centre's proposal for an Ontario Rainbow Health Resource Centre (March 22, 2006)

- OPHA lauds formation of Ontario Agency for Health Protection and Promotion (March 20, 2006)
- The OPHA Violence Prevention Workgroup requests that violence prevention be included within the scope of the MHPSG review, Letter to Minister Jim Watson (March 17, 2006)
- OPHA Responds to Proposed Review of the Provincial Liquor Licence Act (LLA) (February 23, 2006)
- Healthy Weights, Healthy Lives support letter (December 2, 2005)
- School Buses, Air Pollution and Children's Health: Improving Children's Health and Local Air Quality by Reducing School Bus Emissions Report (November 2005)
- Coalition of health organizations encourages inclusion in future alcohol related rules and regulations (November 24, 2005)
- Support for Student Nourishment Program Community Partners Program (November 4, 2005)
- OPHA is pleased to announce the release of CPCHE's Child Health and the Environment

 A Primer
 (September 15, 2005)
- OPHA supports the development of a provincial injury prevention strategy (August 15, 2005)
- OPHA approves of Minister Sorbara's support of

continued public ownership of the LCBO (July 19, 2005)

- Letter to the Editor: Fat is the new tobacco: Obesity fight top priority of new Ontario Minister (July, 2005)
- Interior Lead Dust Standards (June 14, 2005)
- Letter to Dr. Basrur regarding cuts to Child Health programs (June 1, 2005)
- Environmental Health Capacity (May 13, 2005)
- Children's Environmental Health (May 12, 2005)
- Letter to the Editor speaking against privatization (*The Liberal*, April 10, 2005)

Near the end of 2005-2006, Lisa Ashley resigned as Committee Chair, though she has remained an active member. Denise DePape, Chair of the Alcohol Workgroup, was appointed Chair for the remainder of the term.

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

Respectfully submitted, Denise DePape, Chair, Public Relations & Advocacy Committee

OPHA WORKGROUP REPORTS

Alcohol Workgroup

Breastfeeding Promotion Workgroup

Child and Youth Health Workgroup

Environmental Health Workgroup

Food Security Workgroup

Public Health Alliance for LGBTTTIQQ Equity

Violence Prevention Workgroup

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 Workgroup

Partnership in Advocacy was the theme for the Alcohol Workgroup in 2005-2006.

In July 2005, alcohol sale privatization was rejected by Finance Minister Greg Sorbara in response to the Beverage Alcohol System Review (BASR) report. OPHA worked with alPHa, Mothers Against Drunk Driving (MADD), the Centre for Addiction and Mental Health (CAMH) and Addictions Ontario on this initiative, and there is evidence that our collective efforts and joint position paper had some influence on the strong theme of social responsibility in the BASR report.

Throughout the review period, OPHA reminded health units to voice opinions and concerns around privatization. A Q&A on the issue of privatization was posted on the Apolnet website and listserv to keep members informed.

Through the Alcohol Workgroup, OPHA supported a provincial injury prevention strategy. OPHA has subsequently been invited to a stakeholder committee convened by the Ministry of Health Promotion to conduct background work on a provincial strategy.

Early in 2006, OPHA again collaborated with MADD, CAMH, Addictions Ontario and alPHa in a letter to Premier McGuinty to emphasize the connection between alcohol and both chronic disease and injuries.

The Workgroup provided input into the government's review of the Liquor Licence Act (LLA), focusing on issues such as:

- enforcement of the Act,
- expansion of access,
- youth access, and
- health representation on the LLA Review Board.

In November 2005, at the first national substance abuse conference (Health Canada and the Canadian Centre for Substance Abuse), the Workgroup participated in a panel presentation "Effective Collaboration for Effective Advocacy."

Our third annual OPHA/CAMH symposium on the theme of "Alcohol: No Ordinary Commodity" was held in March 2006 and focused on alcohol promotion and risky drinking. Sixty representatives from academia, health, industry, regulatory organizations, as well as local, provincial and federal governments attended.

Respectfully submitted, Denise DePape Chair, Alcohol Workgroup

OPHA Workgroup Reports From page 11

Breastfeeding Promotion Workgroup

The Breastfeeding Promotion Workgroup has 20 active members, representing communities across the province. We benefit from the participation of lactation consultants, health promotion specialists, public health nutritionists and public health nurses.

In January 2006 a letter was written to the Registered Nurses' Association of Ontario (RNAO) indicating that OPHA supports the resolution presented and unanimously passed at the RNAO Annual General Meeting regarding lobbying the provincial government to include the Baby-FriendlyTM Initiative (BFI) as a provincial health promotion strategy, and to commit to supporting its implementation.

Our Workgroup continues to address violations of the International Code of Marketing of Breastmilk Substitutes, often referred to as *The Code*. An example is a letter sent to the Hospital for Sick Children (HSC) in March 2006 expressing concern regarding Nestle sponsorship of an educational event about food allergies.

In order to support and enhance the practice of health professionals who work with breastfeeding women, our Workgroup has developed communication strategies to enable us to contribute to the accuracy of information provided on the website of the Canadian Paediatric Society and the breastfeeding protocols of Telehealth Ontario.

The original Breastfeeding Position Paper, written in 1993, is currently being revised to reflect the recommendation of exclusive breastfeeding to six months, and new evidence which supports our practice.

Respectfully submitted, Jennifer Gresham-Hutcheson Chair, Breastfeeding Promotion Workgroup

Child and Youth Health Workgroup

The Child Health Workgroup officially became the Child and Youth Health Workgroup to reflect our commitment to children's issues and needs beyond the "early years."

Our diverse group of interested members from across Ontario met monthly via teleconference to determine the best strategies to address two priorities:

- Integration of services for children and youth across ministries.
- Child poverty action, specifically stopping the clawback.

An excellent paper and resolution were presented and accepted at

the Annual General Meeting regarding the need and strategies for Strengthening Inter-Ministerial Integration on Child and Youth Health.

This paper and resolution have been used to shape the direction of our communication with the various involved ministries and our work over this year.

Campaign 2000 continues to provide an excellent partnership to focus, direct, and coordinate efforts to reduce child poverty rates across Ontario. Many advocacy opportunities have been taken over the year.

Respectfully submitted, Lorraine Telford, Chair, Child and Youth Health Workgroup

Environmental Health Workgroup

The Environmental Health Workgroup has continued to focus on issues around children's health and the environment. OPHA is a partner in the Canadian Partnership for Children's Health and the Environment (CPCHE), and through CPCHE, the Workgroup reviewed "Child Health and the Environment – A Primer" which was released in August 2005, and "Playing It Safe: Service Provider Strategies to Reduce Environmental Risks to Preconception, Prenatal and Child Health", a joint effort with Best Start, which was released in the winter of 2006.

OPHA Workgroup Reports From page 12

The Workgroup worked with Kim Perrotta, former Manager of OPHA's Environmental Health Program, to release the report, "School Buses, Air Pollution and Children's Health: Improving Children's Health: Improving Children's Health and Local Air Quality by Reducing School Bus Emissions" in November 2005. This report examined the health impacts associated with childhood exposures to air pollution on board school buses and assessed various methods for reducing those exposures.

The media coverage for this report was very good, and an article on the report's findings was published in the Ontario Medical Review, which is sent to all Ontario physicians. The Workgroup is advocating that the provincial and federal governments establish and fund Healthy School Bus programs directed at improving children's health and local air quality.

The Workgroup followed up on previous position papers, including meeting with the Ontario Ministry of Health and Long-Term Care on building capacity in environmental health.

The Workgroup, in partnership with the Association of Supervisors of Public Health Inspectors (Ontario) (ASPHIO), is continuing to monitor and participate in the regulatory changes related to clean water, particularly the proposed <u>Clean</u> <u>Water Act</u>. The small drinking water systems regulation was also reviewed.

Respectfully submitted, Louise Aubin, Chair, Environmental Health Workgroup

Food Security Workgroup

The Food Security Workgroup (FSWG) sat on the planning committee of the 3rd Annual National Food Security Assembly, held in Waterloo from September 30 to October 2, 2005. At the Assembly, the FSWG hosted a poster display, including business cards promoting the FoodNet website (www.opha.on.ca/ foodnet) and the FSWG position paper.

FSWG members participated in workshops at the Assembly, and each workshop recommended three actions for Food Secure Canada to undertake in its first year. On the last day, the 230 delegates from across Canada prioritized the recommended actions in the Action Agenda, also known as "The Waterloo Manifesto." Subsequent to the Assembly, the FSWG joined Food Secure Canada-Sécurité Alimentaire Canada.

In November, 2005, the FSWG sent a letter to the Honourable Mary Anne Chambers, Minister of Children and Youth Services, to encourage her Ministry to allocate a portion of funds from the provincial student nourishment program to community partnerships and their community developer staff positions. The recently completed Ontario Child Nutrition Program Evaluation Project, funded by the Trillium Foundation, identified Best Practices of student nutrition programs that needed additional support. Best Practices, such as creating local partnerships and developing local plans for sustainability, are key roles of our Community Development workers.

As part of our work with the Ontario Collaborative Group on Healthy Eating and Physical Activity, the FSWG wrote a letter on December 2, 2005 to the Honourable Jim Watson, Minister of Health Promotion, emphasizing that the province needs a comprehensive, multisectoral strategy that promotes both physical activity and healthy eating. To be successful, this strategy must address the environmental, social, and cultural factors that are driving the obesity epidemic.

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

Respectfully submitted, Tracy Woloshyn Chair, Food Security Workgroup **OPHA** Workgroup Reports From page 13

Public Health Alliance for LGBTTTIQQ Equity

The Public Health Alliance for Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-Spirit, Intersex, Queer and Questioning Equity (PHA) Workgroup has continued to work on the implementation strategies arising from the three Position Papers that have been adopted by the Ontario Public Health Association (OPHA).

In 2005 - 2006, PHA focussed on advocating that all Public Health Units and Community Health Centres work to incorporate antihomophobic and anti-heterosexist provision of care and workplace support for LGBTTTIQQ people. These activities included developing a training manual for health units and CHCs in Ontario. The "A Positive Space is a Healthy Place" manual is available on the OPHA website and includes background information about why health units and CHCs need to be positive spaces, tools to assist staff and agencies in assessing their sensitivity and inclusivity, and teaching strategies to be used for staff. This training manual was presented at The Canadian Rainbow Health Network national conference in November 2005 and at our Workgroup's annual workshop in March 2006.

PHA has also advocated that the nursing profession work to develop LGBTTTIQQ cultural competency. In collaboration with CHNIG, the Rainbow Health Network Professional Partnership Project and the Centre for Health and Equity in Society, resolutions regarding developing a position statement on LGBT cultural competency and a best practice strategy were adopted at the Registered Nurses' Association of Ontario AGM.

Respectfully submitted, Jean Clipsham Chair, Public Health Alliance for LGBTTTIQQ Equity

Violence Prevention Workgroup

The OPHA Violence Prevention Workgroup continues to be very busy with over 50 members from across the Province from health units, hospitals, universities, the Ministry of Health Promotion and organizations involved in violence prevention initiatives locally, provincially and federally. The Workgroup meets bimonthly through teleconferences and meetings held in Halton Region.

We worked closely with the Canadian Public Health Association (CPHA) to co-host the first town hall meeting of the National Violence Prevention Strategy at the CPHA Conference in Ottawa on September 19, 2005. The World Health Organization (WHO) document, *Preventing violence: A guide to implementing the recommendations of the world report on violence and health,* (Butchart et. al, 2004) is providing the framework for the strategy. Over 75 people attended the town hall meeting, including the Honourable Dr. Carolyn Bennett, then Minister of State for Public Health. A Foundational Committee with over 30 members was formed and with the financial assistance of the Public Health Agency of Canada (PHAC), two teleconference meetings have occurred to develop the Terms of Reference. Membership to the Foundational Committee is inclusive and open.

We continue to move forward with the resolutions that followed the 2003 OPHA position paper, *Public Health and Violence Prevention: Maintaining the Momentum* and the 2004 OPHA resolution focusing on the prevention of physical punishment of children. Advocating for the inclusion of violence prevention in the next *Mandatory Health Program and Services Guidelines* continues to be a top priority of the Workgroup along with the need for ongoing, sustainable funding.

Our Workgroup was asked to participate in a variety of research and violence prevention initiatives by various organizations, including the Ontario Woman's Directorate (the Family, Friends and Neighbours Project), Seniors Secretariat, Geomatics Research at St. Michael's Hospital and McMaster University.

Respectfully submitted

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

OPHA SECRETARIAT REPORT



Connie Uetrecht Interim Executive Director

2005-2006 was a year of growth for the Ontario Public Health Association. The administrative team expanded to include a Communications and Public Relations Officer position, filled initially by Lise Smedmor and then by Susan Sperling. The focus of the new position is to strengthen our communication with our members, enhance our advocacy initiatives and provide communication expertise for our annual conference.

The team was also regenerated with the addition of Finance and Administration Officer Donna Galasso, who oversaw the implementation of a new Windows-based accounting system and spent much of the year establishing solid financial management practices. As well, we enhanced our information technology initiatives with the addition of Dorothy Birtalan as our Web Editor and IT Support Officer.

Our project base expanded this year. Along with the ongoing Nutrition Resource Centre (NRC), Heart Health Resource Centre (HHRC), the Alcohol Policy Network and the Association for the Reduction of Alcohol Promotion in Ontario (APN/ARAPO), which are all part of the Ontario Health Promotion Resource System, we carried out the following projects:

- Ontario Chronic Disease Prevention Alliance (OCDPA)
 Fumder: Ministry of Health Promotion (MHP)-Stroke and Public Health Agency of Canada (PHAC)
- Towards Evidence Informed Practice Project (TIEP) (Year Two)
 Funder: MHP-Stroke
- Public Health Core Competency Initiative (PHCCI)
 Funders: Ministry of Health and Long-Term Care (MOHLTC) and PHAC
- Youth and Alcohol, Messages and Media Campaign (YAMM)
 Funder: Health Canada
- Blood Safety (Year Two)
 Funder: Health Canada
- Injury Prevention
 Funder: MHP

- Healthy Eating & Active Living Addendum to the NRC Funder: MHP
- Multicultural Food Guide
 Funder: MHP-Stroke
- Healthy Schools
 Funder: MHP

Our core staff worked extra hard to provide administrative support to, and hire and manage staff, for these new and renewed projects. The mid-year formation of the new Ministry of Health Promotion led to contract and funding delays, putting extra pressure on staff at the end of the fiscal year. Many of these projects also developed and submitted plans for the next fiscal year.

The following staff were hired and/or seconded to undertake new assignments at OPHA:

- Colleen Logue was seconded to MOHLTC/MHP to support Healthy Schools
- Marie Traynor became
 Acting Manager of the NRC
- Sarah Evason returned from Maternity/Family leave
- Neera Chaudhary was hired as TAKE Five Coordinator at the NRC
- Anne Lessio moved from the HHRC to manage the PHCCI
- Karima Kassam moved into the management role at the HHRC
- Eleanor Sam and Alicia Tyson were hired as HHRC coordinators
- Cindy Russell moved from the HHRC portfolio to the PHCCI

Secretariat Report From page 15

- Ann-Marie Kungl was hired as policy analyst for the OCDPA, and Giselle Sicchia was hired as program assistant.
- Dayna Albert and Rebecca Fortin were hired for TEIP and ARAPO
- Joe Rock was hired to manage Injury Prevention and coordinate YAMM
- Kathleen Kras was hired as program assistant.

From September to mid-December 2005, Margaret Ancobiah, from the National Health Service in Great Britain, joined OPHA and CDPAC as an intern. During her internship, she worked on projects and visited organizations to learn more the health system in Ontario and Canada.

OPHA said goodbye to Rebecca Truscott, Andrea Kirkham and Lise Smedmor as they took new positions elsewhere.

The following staff continued in their roles at OPHA, adding stability to the organization: Tracy Howson, Ben Rempel, Nolly Baksh-Singh, Kathleen Orth, Angella Kalloo.

OPHA ended a very successful – and hectic – year and we look forward to a great 2006-2007.

Sincerely Connie Uetrecht Interim Executive Director



Interim Executive Director Connie Uetrecht addresses a delegation from Shanghai, China, December 2005.

From left: Ann-Marie Kungl and Connie Uetrecht at CDPAC display, CPHA Conference May 28-31, 2006, Vancouver, BC.





From left: Tracy Howson and Connie Uetrecht, December 2005.

OPHA PROJECT REPORTS

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

Alcohol Projects

Alcohol Policy Network (APN) Association to Reduce Alcohol Promotion in Ontario (ARAPO) Youth and Alcohol, Messages and Media (YAMM)

Heart Health Resource Centre

Injury Prevention Initiative

Nutrition Resource Centre

Eat Smart! Program Community Food Advisor (CFA) Program Healthy Eating/Active Living TAKE Five...five to ten a day your way! Program

Ontario Chronic Disease Prevention Alliance

Public Health Core Competencies Initiative

Towards Evidence-Informed Practice (TEIP)

Alcohol Projects

The Alcohol Policy Network (APN)

The Alcohol Policy Network (APN) is a provincial network of individuals and organizations working to facilitate 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.

Key deliverables this past fiscal year included *Priorities 2006: Developments in Alcohol Policy Since 1996,* a publication about major initiatives in alcohol policy over the last decade. The French translation of two *Let's Take Action on Alcohol Problems* guides was completed. As well, the increasingly popular *Alcohol: No Ordinary Commodity* annual forum took place, focusing on Alcohol Advertising and Public Health.

A complete redesign of the APOLNET website was successfully launched in June. The new site includes the Upcoming Events database, which was also rebuilt to facilitate contributions from the AOD community across Ontario, and the Key Contacts database, with over 660 registered members. The APOLNET listserv, housed on the website, provides a forum for information sharing, networking and discussion and has grown to over 560.

Association to Reduce Alcohol Promotion in Ontario (ARAPO)

The Association to Reduce Alcohol Promotion in Ontario (ARAPO) is a provincial network 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. Key initiatives for ARAPO in 2005-2006 were the release of a research review describing the effectiveness of alcohol promotion policies. Information from the review was presented at the OPHA-alPHa conference and at a full-day forum. Two individuals were also awarded the first annual ARAPO Recognition Award.

Youth and Alcohol, Messages and Media (YAMM)

The Youth and Alcohol, Messages and Media (YAMM) Campaign is a two-staged, bilingual provincial campaign to reduce problematic alcohol use among Ontario's youth, ages 15 to 18, by increasing knowledge of effective strategies to reduce risk and increase safety among youth, parents, and health professionals. This campaign is funded by Health Canada and is to run from October 2004 to March 2007. Key deliverables in 2005-2006 included preliminary planning and work toward:

- production of Public Service Announcements (PSAs) in English and French for radio and TV;
- development, launch and maintenance of a bilingual website for youth, parents and health professionals;
- creation of public information resources for communities;
- engagement of a dynamic partnership of youth, substance abuse prevention specialists, researchers, marketers and broadcasters;
- development of an evaluation component and summary report to measure the impact of the campaign.

Respectfully submitted, Benjamin Rempel Manager, Alcohol Projects

Heart Health Resource Centre

The Heart Health Resource Centre's mandate, "to increase the capacity of public health and their community partnerships in comprehensive community-based programming to address heart health and chronic disease prevention" was achieved in 2005 – 2006 through a comprehensive mix of products and services.

Through the HHRC's Coaching and Consultation Service, the heart health coalitions obtained:

- 19 on-site consultations on 10 different siteselected topics.
- Approximately 50 days of service from the Consultation and Coaching Programs combined.
- Targeted support specifically for new heart health coordinators through the coaching program.

The HHRC also provided a variety of training events this year, ranging from large two-day central training to on-line webinars. The events included:

- Two-day training session on *Best Practices 101* was held in May 2005
- Regional workshop held on Creating Active Environments in October 2005.
- Webinar held in March 2006 on Surviving Community Capacity Building: Outwit, Outlast, Outplay in Your Community.

While Training and Consultation are the Centre's main activities, we provided a number of other supports in 2005/06:

- A survey was undertaken to assess the French Language Service Supports needed by the Ontario Heart Health Program-Taking Action For Healthy Living (OHHP-TAFHL).
- The HHRC networking role was expanded to support two Strategic Planning Working Groups, the Continuation Working Group and the Communication Working Group.
- Three newsletters were created to support the dissemination of new information on Best Practices, active environments and sustain community health promotion initiatives.
- HHRC participated in the first meeting of the Ontario Health Promotion Resource System (OHPRS) review, spearheaded by the Ministry of Health Promotion (MHP).
- Coordinator's "checklist" was created collaboratively with the OHHN and MHP.

Respectively submitted, Anne Lessio, Manager, Heart Health Resource Centre

Injury Prevention Initiative

At the request of the Ministry of Health and Long-Term Care, OPHA began managing the Injury Prevention Resource Centre contract with SMARTRISK in November 2005. This agreement has offered OPHA the opportunity to work to strengthen its support to injury practitioners by working closely with SMARTRISK and linking the Injury Prevention Resource Centre with the Alcohol Policy Network and Workgroup, the Violence Prevention Workgroup, other injury organizations and the injury prevention community at large. OPHA's role was to establish an Advisory Committee to the Injury Resource Centre and to explore the need for a provincial injury prevention network. Additional support to the Violence Prevention Workgroup also resulted from this contract. It was exciting to be able to begin building towards a provincial injury prevention strategy, which is anticipated in 2006.

Respectfully submitted, Joe Rock Manager, Injury Prevention Initiative

Nutrition Resource Centre

The Nutrition Resource Centre (NRC) works to support community nutrition programming throughout Ontario by disseminating information related to community nutrition practice, supporting provincial nutrition programs, and developing and distributing healthy eating resources to community nutrition practitioners.

In 2005-06, in additon to the core budget for the NRC, which included a staffing complement of 4.0 FTEs, the NRC received funding for specific projects related to the development of the Ministry of Health Promotion's Healthy Eating and Active Living Action Plan.

Activity Highlights:

- Ongoing maintenance and enhancement to our communication tools: the web site at <u>www.nutritionrc.ca</u>, the NRC Digest newsletter and Contact-NRC, our electronic broadcast mailing service with over 1000 subscribers.
- Maintained close links with partners and other key organizations in the nutrition and health promotion fields, including information sharing and collaboration with the provincial Nutrition Resource Group (NRG), and the Ontario Society of Nutrition Professionals in Public Health (OSNPPH).

Actively participated on advisory committees and provincial organizations, including: the Ontario Public Health Association (OPHA), the Ontario Collaborative Group for Healthy Eating and Physical Activity (OCGHEPA), the Ontario Physical and Health Education Association (Ophea), and Canadian Living Foundation - Breakfast for Learning Nutrition Education Committee.

Provincial Program Highlights:

Eat Smart! Program

- The Eat Smart! (ES!) Program continued in restaurants, as well as school and workplace cafeterias. Twenty-five health units implemented the Eat Smart! program in 2005 with 862 restaurants qualifying for the award.
- Twenty-one health units implemented the workplace cafeteria component with 71 workplaces qualifying. In 24 health unit regions, 120 school cafeterias qualified for the award.
- A strategic planning process began in winter 2005. A draft logic model was developed alongside a three-year plan for Eat Smart! which included actions and priorities for both long-term and short-term planning
- Updated nutrition standards for restaurants were developed and will be

implemented across the province by January 1, 2007.

An ES! School Cafeteria Program launch kit, including information and materials to support the promotion of the program (e.g., posters, contest ideas and prizes) to students and staff were offered to health units for distribution to their local ES! award-winning school cafeterias.

Community Food Advisor Program

- The Community Food Advisor (CFA) Program supported 17 sites. In 2005, there were over 300 active CFAs and 16 in training. They completed 870 health promotion activities, reaching almost 40,000 people and contributed over 13,000 volunteer hours.
- A new CFA Display was completed and available for sites to borrow.

TAKE Five...five to ten a day your way Program

 Training workshops for community nutrition/health promotion practitioners were conducted in Sudbury, Kingston and London.
 Priorities for supporting the implementation of the program were identified by workshop participants. The NRC has been working towards the development of a comprehensive website to support the implementation, evaluation and sustainability of the TAKE Five program.

Other Projects

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.

Healthy Eating and Active Living

In preparation for the release of Ontario's Action Plan for Healthy Eating and Active Living, the NRC was involved in compiling information to support the promotion and expansion of the Eat Smart! program in workplaces and recreation centres and for the development of resources to assist families, caregivers and professionals to support healthy eating and physical activity among preschoolers and young, school-aged children.

Respectfully submitted, Mary Ellen Prange, Coordinating Manager, NRC Communications

Ontario Chronic Disease Prevention Alliance

The Ontario Chronic Disease Prevention Alliance (OCDPA), formed in 2003, is a collaboration of organizations working together to focus on chronic disease prevention and healthy living in a comprehensive manner.

The OCDPA is currently made up of 11 core partners and affiliate members. Core partners include the Canadian Cancer Society (Ontario Division), Canadian Diabetes Association, Cancer Care Ontario, Centre for Addiction and Mental Health, Heart and Stroke Foundation of Ontario, Ontario Prevention Clearinghouse, Osteoporosis Canada, the Arthritis Society, the Kidney Foundation of Canada, the Lung Association, and the Ontario Public Health Association (OPHA).

The working groups for the year included: Strategic Planning, Advocacy, Milestones, Communications, Evaluation, and Knowledge Exchange. These groups met throughout the year and contributed significantly to the overall progress of the Alliance.

Both the Ministry of Health Promotion and the Public Health Agency of Canada provided funding for the year. The funds were used to hire secretariat support for the OCDPA and carry out a number of projects. The projects include:

- Pre-conference planning symposium – November 2005
- Creation of the Chronic Disease Prevention System Plan entitled *"Thinking like a system: The way forward to prevent chronic disease in Ontario"*
- Preliminary phase of the chronic disease prevention initiatives database for Ontario

Respectfully submitted, Maria Grant Manager, Ontario Chronic Disease Prevention Alliance

Public Health Core Competencies Initiative

The OPHA Public Health Core Competencies Initiative (PHCCI) gathered significant momentum and energy in 2005-2006. Funded jointly by the Public Health Agency of Canada and the Ministry of Health and Long-Term Care, a small staff team was created at the OPHA designated specifically to support the PHCCI. Guided by the diverse and broad Task Group, ably co-chaired by Nancy Day and Carol Timmings, the PHCCI undertook a number of initiatives as indicated below, with the main activity being a unique consultation protocol to solicit field input towards the 62 draft core competencies.

Communications:

- Communications Subcommittee of the Task Group established.
- The positioning statement adopted: Shape It. Teach It. Practice It.
- Multiple ommuniqués about the PHCCI distributed electronically.

Education and Training:

- An Education Subcommittee of the Task Group established.
- An innovative online audiovisual learning tool with five modules describing the draft core competencies along with their applications and implications (available at www.opha.on.ca).
- Joint presentations with PHAC, PHRED and others at CPHA and OPHA Conferences.
- Day-long consultation by Nancy Day with the Algoma Public Health Unit.

Ontario Consultation About Draft Core Competencies:

The Cynefin Centre, an international network that focuses on the application of complexity sscience to management and organizational practice, was retained to undertake the OPHA consultation.

The consultation process was organized into a series of stages, such that each successive stage built incrementally upon the results from the preceding step.

• Step 1 and Step 2: (Dec. 8 to 15) Project Kick-off

and Consultation Question Design.

- Step 3: (January 16) ATV Workshop Process
- Step 4: (January 17 to 31) Narrative Web Capture Process
- Step 5: (Feb. 2 and 3) Patterning Exercises in the Intervention Design Workshop
- Step 6: (Feb. 4 to April 7) Report Preparation.

Just under 500 public health professionals from all staffing levels and all disciplines were engaged in the consultation process. The Ontario Consultation yielded a very rich collection of field insights and real-life perspectives by Ontario public health practitioners to the core competencies. The presentation of the results was rather unique and as such somewhat difficult to interpret and apply. The key information from the report includes an **Overall Implementation Score** for each of the 62 draft core competencies statements and specific comments about each of the draft statements.

An independent evaluation concluded that the Cynefin approach was particularly strong in describing the context of the public health system in which the competencies would be implemented. This rich, contextual description was unlikely to have been unearthed through a more traditional approach, and certainly not in

such a participant-directed manner.

Final Recommendations from OPHA regarding the draft Core Competencies

Informed by our consultation as well as the PHRED document, PHAC Public Health Human Resources Strategy and other documents, a small group developed recommendations to advance the OPHA PHCCI. These were presented to the funders at a joint meeting in late spring.

Respectively submitted, Anne Lessio Manager, Public Health Core Competencies Initiative

Towards-Evidence Informed Practice (TEIP)

The primary purpose of the Towards Evidence-Informed Practice (TEIP) project, formerly known as Best Practices and Promising Practices in Chronic Disease Prevention Project, was to maximize the uptake and implementation of evidence including the identified Best Practices / Promising Practices (BP/PPs) in stroke prevention in five pilot communities across Ontario.

Interestingly, the project's main outcome to date has been to create conditions strengthening the linkages and collaboration between the members of the Ontario Heart Health Program and the Ontario Stroke Strategy. The results from the TEIP evaluation demonstrate that by working on this project, the stroke and heart health coordinators have improved collaboration, increased personal knowledge and skill in the area of evaluation and evidence, and have a better understanding of their respective 'language'.

During 2005/06, the TEIP team was very busy supporting the five pilot communities in the Phase I: Assessment Phase of the project. This consisted of:

- Developing criteria to assess the community-based primary prevention programming based on the criteria used to identify Best/ Promising Practices at the University of Waterloo. These criteria were further illustrated by developing an Assessment Guide for assigning a rating level of 0through 4 with the purpose of identifying areas for enhancement to assist in future program planning and refinement. Four distinct tools were created: Program Survey, Program Assessment Worksheet and Program Consensus Worksheet and Final Consensus Report
- Assessing in total 21 programs and organizing 21

consensus meetings. Participants at the consensus meetings discussed each of the ratings for each of the 19 criteria and agreed upon a consensus rating. They also established suggestions for enhancement for each of the 19 criteria for each of the 21 programs.

 Summarizing and distributing a summary report of each program to the community partnerships along with a digital recording of their consensus meetings

While these are the main highlights of the project, TEIP embarked on a number of other activities, e.g. holding a workshop about evaluation and logic models in February 2006. All tools and reports are available at <u>www.teip/</u> <u>hhrc.net</u>.

Respectively submitted, Anne Lessio, Manager, Towards Evidence-Informed Practice (TEIP)

OPHA SECRETARIAT AND PROJECT STAFF 2005-2006

Ontario Public Health Association Interim Executive Director Connie Uetrecht **Executive** Assistant Nolly Baksh-Singh Communications and Public **Relations** Officer Lise Smedmor/ Susan Sperling Finance and Administration Officer Donna Galasso Web Editor/IT Support Dorothy Birtalan Office Assistant Nick Ivalls

Alcohol Projects Alcohol Projects Manager Benjamin Rempel

Alcohol Policy Network (APN) Manager Benjamin Rempel Coordinator, Youth and Alcohol, Messages and Media (YAMM) Joe Rock Website and Database Administrator Dorothy Birtalan

Khalilah Bruzual, Project Assistant, TEIP





Joe Rock, Coordinator, Youth and Alcohol, Messages and Media

Association to Reduce Alcohol Promotion in Ontario (ARAPO) ARAPO Coordinator Rebecca Fortin

Heart Health Resource Centre (HHRC) Actng Manager Karima Kassam Program Coordinators Eleanor Sam Alicia Tyson Project Assistant Angella Kalloo

Towards Evidence-Informed Practice (TEIP) Manager Anne Lessio Program Coordinator Dayna Albert Project Assistant Khalilah Bruzual

Susan Sperling, Communications and Public Relations Officer





Donna Galasso, Finance and Administration Officer

Injury Prevention Initiative Manager Joe Rock

Nutrition Resource Centre (NRC) Actng Manager Marie Traynor Program Coordinator Sarah Evason (CFA) Andrea Kirkham (Eat Smart!) Rebecca Truscott/ Neera Chaudhary (TAKE Five) Project Assistant Kathleen Orth

Ontario Chronic Disease Prevention Alliance (OCDPA) Manager Tracy Howson Policy Analyst Ann-Marie Kungl Administrative Assistant Giselle Sicchia

Public Health Core Competencies Initiative (PHCCI) Manager Anne Lessio Program Coordinator Cindy Russell Program Assistant Kathleen Kras

OPHA: The voice of public health since 1949.

FINANCE REPORT

INTRODUCTION

OPHA has experienced tremendous growth, in both the scope and amount of activity, over the past few years. The financial management of the organization has had to change to meet new demands imposed by the increased numbers and complexity of projects, workgroups and committees.

As approved at the 2005 Annual General Meeting, a Finance Committee was established for OPHA, chaired by the Treasurer. The Committee included the Chair, Larry Stinson, Board Representative Paul Callanan, an accounting expert, Shirley Macpherson, and non-voting members, Interim Executive Director Connie Uetrecht, and Financial Officer Donna Galasso. The committee assumed oversight responsibility for the organization's financial management and reported to the Board and Executive Committee on its activities and progress.

The audited financial statement for the fiscal year ending March 31, 2006 is included in this report. The auditor, Gilmore and Company, has applied generally accepted accounting principles and deems the statement to be a fair representation of the association's financial position. Although the financial statement includes explanatory notes, there is one item that warrants additional clarification. The most notable feature of this statement is the amount of the surplus achieved. It is important to note that the reasons for this surplus are not typical and should not be anticipated in future years.

The two main reasons for the surplus are increased project revenues without corresponding expenses; and income from the annual conference. The amount of project revenues for this fiscal year almost doubled from the previous year. This provided increased funding to the core budget for OPHA through administration fees. Due to delays in obtaining approved contracts and receiving funding, staff, who were needed to provide administrative support, could not be hired. Although this provided a surplus for OPHA, it also put excessive demands on existing staff and delayed implementation of key activities outlined in the OPHA strategic plan.

In 2005, OPHA co-hosted its annual conference with alPHa. For many reasons, this conference achieved considerable success – success that cannot be anticipated on an annual basis. The success also came at a cost of considerable investment of OPHA staff time, which once again was redirected from other key activities. Both the increased project activities and successful conference were of great value to OPHA membership and public health in general, and initiatives that should be part of OPHA work. The surplus acquired will further contribute to the strategic directions of OPHA. The fact that the surplus was considerably more than anticipated, however, should not be perceived as the organization having more financial resources than was needed.

OPHA has an opportunity to play a critical role in the advancement of public health in Ontario. The credibility of the organization, including its financial management, is critical to success. The Finance Committee, through the Board, is committed to ensuring this credibility is maintained.

Respectfully submitted, Larry Stinson, Treasurer

REPORT AND FINANCIAL STATEMENTS

MARCH 31, 2006

OPHA: The Voice of Public Health Since 1949

CHARTERED ACCOUNTANTS

1200 Sheppard Ave East Suite 514, Toronto Ontario M2K 2S5 Telephone: (416) 494 8466 Facsimile: (416) 494 0330 Email: 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, 2006 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, 2006 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

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Chartered Accountants.

Toronto, Ontario, July 10, 2006.

STATEMENT OF FINANCIAL POSITION

MARCH 31, 2006

(with comparative figures for 2005)

	2006	2005
ASSETS		
Current		
Cash	\$420,316	\$922,389
Temporary investments (Note 3)	502,675	1,429,321
Accounts receivable	167,534	128,108
Prepaid expenses and deposits	10,576	4,864
	1,101,101	2,484,682
Property, plant and equipment (Note 4)	90,634	93,618
	1,191,735	2,578,300
LIABILITIES		
Current		
Accounts payable and accrued liabilities	323,280	558,703
Deferred membership revenue	17,766	9,829
Deferred revenue (Note 5)	350,902	1,684,979
Property, plant and equipment fund (Note 2)	53,060	66,325
	745,008	2,319,836
NET ASSETS	\$446,727	\$258,464
NET ASSETS REPRESENTED BY SURPLUS		
Balance, beginning of year	\$258,464	\$82,242
Contributed surplus (Note 9)		67,816
Surplus for the year	188,263	108,406
Balance, end of year	\$446,727	\$258,464

STATEMENT OF REVENUES AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2006

(with comparative figures for 2005)

	2006	2005
_		
Revenues		
Core (Schedule A)	\$207,451	\$353,343
Workgroup (Schedule B)	3,866	3,871
Projects (Schedule C)	4,312,103	2,349,626
	4,523,420	2,706,840
Expenses		
Core (Schedule A)	55,944	276,116
Workgroup (Schedule B)	9,619	14,023
Projects (Schedule C)	4,269,594	2,308,295
	4,335,157	2,598,434
Surplus	\$188,263	\$108,406

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2006

(with comparative figures for 2005)

	2006	2005
sh provided by (applied to):		
Operating activities		
Surplus (deficit)	\$188,263	\$108,40
Adjustments for:		¥100,40
Amortization	21,343	34,42
Amortization of capital asset fund	(13,265)	(16,58
Not abangon to working conital balances	196,341	126,24
Net changes to working capital balances Accounts receivable	100,000	
Prepaid expenses and deposits	(39,426)	127,96
Accounts payable and accrued liabilities	(5,712)	31,70
Deferred membership revenue	(240,423)	369,41
Deferred project revenue	7,937	(4,21
Funds held in trust	(1,334,005)	1,423,25
	•	(282,82
	(1,415,288)	1,791,54
Financing acitivty		
Contributed surplus		67,81
Investing activities		
Property, plant and equipment purchase	(18,359)	-
Property, plant and equipment fund	•	82,90
Purchase of property, plant and equipment		(82,90
	(18,359)	-
rease (decrease) in cash and cash equivalents during the year	(1,433,647)	1,859,36
h and cash equivalents, beginning of year	2,351,710	492,34
sh and cash equivalents, end of year (Note 8)	\$918,063	\$2,351,71

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2006

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 on specific acquired property, plant and equipment. The Property, Plant and Equipment Fund is amortized concurrently with the amortization of the property, plant and equipment acquired.

c) Revenue recognition

i) Core revenue

Core revenue is recognized when services have been provided and is derived from the following three main sources.

Projects

The Association recognizes revenue from projects, noted as "Recovery of expenses from projects". The revenue is recognized during the term of a project and is calculated as a percentage of gross receipts received. The percentage received is negotiated on a project by project basis.

Membership revenue

Membership revenue is recognized over the period of membership benefit for all active members and is realized only when the membership fee has been received.

Provincial grant

Provincial grant revenue is recognized over the fiscal year.

ii) Project revenue

Project revenue is recognized to match project expenses incurred and is realized when a project has been approved to commence.

NOTES TO FINANCIAL STATEMENTS - Page 2

MARCH 31, 2006

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.

e) Temporary investments

Temporary investments are carried at the lower of cost and market value.

3. Temporary investments

The current year investment matures on January 19, 2007 and earns interest at a rate of 2.750% per annum.

	2006	2005
Guaranteed Investment Certificate	\$502,675	\$1,429,321

4. Property, plant and equipment

	2006		2005	
		Accumulated Amortization	Net Carrying Value	Net Carrying Value
Office equipment	\$295,344	\$207,961	\$87,383	\$88,657
Leasehold improvements	8,548	5,297	3,251	4,961
	\$303,892	\$213,258	\$90,634	\$93,618

NOTES TO FINANCIAL STATEMENTS - Page 3

MARCH 31, 2006

5. Deferred revenue

Revenues from projects, work groups, coalitions and networks are deferred or accrued to match expenses incurred. The following revenues have been deferred (accrued):

	2006	2005
Nutrition Stats Canada	\$.	\$1,393,000
PHRED	15,098	13,098
Healthy Schools	30,837	1,223
Heart Health	24,340	52,036
Nutrition Resource	49,250	244
HHRC Best Practices (TEIP)	4,800	1,235
Ontario Chronic Disease Alliance	20,463	17,112
Senior Veggies Project		10,761
Air Quality Project		22,943
Core Competencies (OPHA)	2,530	2,530
Blood Safety Project	9,822	16,014
Public Health Program		83,000
ARAPO and APN	3,520	33,895
Children's Env. Health	-	4,876
Environmental Scan	178,000	•
School Bus Project	-	21,850
Community Food Advisory 2003	11,162	11,162
Healthy School Coalition	1,080	
	\$350,902	\$1,684,979

6. 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 plus operating costs.

7. Financial instruments

The fair value of cash, temporary investments 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. OPHA Annual Report April 1, 2005 - March 31, 2006 - Report and Financial Statements. Page 32

NOTES TO FINANCIAL STATEMENTS - Page 4

MARCH 31, 2006

8. 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:

2006	2005
\$420,316 502.675	\$922,389 1,429,321
\$922,991	\$2,351,710
	\$420,316 502,675

9. Contributed surplus

In the prior 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 fuding, 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.

OPHA: The Voice of Public Health Since 1949

CHARTERED ACCOUNTANTS

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

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, 2006, 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, July 10, 2006.

Lilwore & Conyonny cet

Chartered Accountants.

SCHEDULE OF CORE REVENUE AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2006

(with comparative figures for 2005)

SCHEDULE A

	2006	2005
Revenue		
Membership revenue	\$28,297	\$28,402
Provincial grants	150,000	250,000
Interest income	18,611	33,968
Sundry income	10,543	40,973
	207,451	353,343
Expenses		
Membership materials, mailings and campaign	11,361	7,502
Healthbeat production and mailings	150	2,836
OPHA News production and mailings	13,684	10,735
AGM materials and mailings	7,132	6,184
Membership expenses	32,327	27,257
Administration expenses standing committee	2,078	1,683
Advocacy	2,607	3,628
Bank charges	3,358	6,323
Benefits	11,243	11,977
Board expenses	62,398	51,149
Board goverance review	12,055	01,110
Equipment costs	25,039	31,816
External membership fees	4,266	3,917
Insurance	10,866	7,017
Legal and audit	36,003	97,024
Outside services	217	9,720
Postage	9,691	3,871
Public relations and special events	1,800	495
Rent	115,217	107,791
Salaries	284,519	278,459
Staff travel, recruiting and training	8,380	12,578
Stationery, copying and printing	14,486	13,346
Telephone	18,636	13,835
	655,186	681,886
Recovery of expenses from projects (Schedule D)	(599,242)	(405,770
	55,944	276,116
SURPLUS	\$151,507	\$77,227

Unaudited - See Accountants' Comments on Additional Information

SCHEDULE OF WORKGROUP REVENUES AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2006

(with comparative figures for 2005)

SCHEDULE B

	Revenue	Expenses	Surplus (Deficit)
Food Biotechnology	\$.	\$565	(\$565)
Violence Prevention	1,250	545	705
Breast-feeding promotion	75	1,025	(950)
Food Security		605	(605)
Alcohol Workgroup		1,109	(1,109)
Enviromental Health	-	1,962	(1,962)
Child and Youth Health		461	(461)
Public Health Alliance	2,541	3,347	(806)
TOTALS MARCH 31, 2006	\$3,866	\$9,619	(\$5,753)
TOTALS FOR THE YEAR ENDED MARCH 31, 2005	\$3,871	\$14,023	(\$10,152)

Unaudited - See Accountants' Comments on Additional Information OPHA Annual Report April 1, 2005 - March 31, 2006 - Report and Financial Statements. Page 36

SCHEDULE OF PROJECTS REVENUES AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2006

(with comparative figures for 2005)

SCHEDULE C

	Revenue	Expenses	Surplus (Deficit)
Alcohol Policy Network	\$174,000	\$174,147	(\$147)
Annual conference	340,280	301,854	38,426
Blood Safety Project	106,192	106,192	•
Core Competencies (OPHA)	271,514	271,514	-
Environmental Scan	18,250	18,248	2
Heart Health Resource Centre	399,759	399,759	•
Healthy Schools	95,386	95,303	83
HHRC Best Practices (TEIP)	361,509	361,485	24
Injury Prevention	836,956	836,796	160
Miscellaneous projects	4,261	722	3,539
NRC Stroke Strategy	17,000	17,016	(16)
Nutrition Resource Project	654,489	654,258	231
Nutrition Healthy Eating / Active Living	400,000	399,912	88
Ontario Chronic Disease Alliance	350,203	350,084	119
Yamm Health Canada	282,304	282,304	
TOTALS MARCH 31, 2006	\$4,312,103	\$4,269,594	\$42,509
TOTALS FOR THE YEAR ENDED MARCH 31, 2005	\$2,349,626	\$2,308,295	\$41,331

Unaudited - See Accountants' Comments on Additional Information OPHA Annual Report April 1, 2005 - March 31, 2006 - Report and Financial Statements. Page 37

SCHEDULE OF EXPENSES RECOVERABLE FROM PROJECTS

FOR THE YEAR ENDED MARCH 31, 2006

(with comparative figures for 2005)

SCHEDULE D

\$599,242

Healthy Schools	\$6,250
Alcohol Policy Network/ARAPO	31,320
ANDSOOHA	2,400
Blood Safety Project	10,000
HHRC Best Practices (TEID)	46,950
Public Health Program	83,000
Heart Health Resource Centre	72,000
Ontario Chronic Disease Alliance	53,389
NRC - Heal	62,055
Nutrition Resource Centre	118,036
Injury Prevention	27,523
Yamm Health Canada	36,819
Core Competencies (OPHA)	49,500

TOTAL MARCH 31, 2006		

TOTAL FOR THE YEAR ENDED MARCH 31, 2005	\$405,770
TUTAL FOR THE YEAR ENDED MARGH 31, 2005	\$405,770



Below: Karima Kassam and Dorothy Birtalan





Above, from left: Angella Kalloo, Nolly Baksh-Singh, Anne Lessio and Dayna Albert, at the OPHA office

OPHA office staff, from left: Karima Kassam, Marie Traynor, Joe Rock, Connie Uetrecht, Nolly Baksh-Singh, Dorothy Birtalan, Dayna Albert, Ben Rempel, Kathleen Orth, Nick Ivals.



Above, from left: Giselle Sicchia, Tracy Howson, and Ann-Marie Kungl

Below: Connie Uetrecht



OPHA: The voice of public health since 1949.



Above, from left: Margaret Ancobiah, Eleanor Sam, Alicia Tyson, Joe Rock, Dayna Albert, Rebecca Fortin, Karima Kassam, Tracy Howson, Anne Lessio. Sitting: Dorothy Birtalan. December 2005.



Above, back row from left: Angella Kalloo, Kathleen Orth, Alicia Tyson, Eleanor Sam, Donna Galasso, Nolly Baksh-Singh, Kathleen Kras, Joe Rock, Marie Traynor, Connie Uetrecht, Ben Rempel Middle row from left: Dayna Albert, Giselle Sicchia, Cindy Russell, Rebecca Fortin, Karima Kassam, Anne Lessio, Ann-Marie Kungl, Tracy Howson Front row from left: Andrea Kirkham, Khalileh Bruzual, Dorothy Birtalan.







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