

**Annual Report**  
**April 1, 2006 – March 31, 2007**



&opha

**OPHA and its collaborative partners continue to  
work with communities across Ontario to promote  
and protect health and prevent disease.**

<b>Table of Contents</b>	
<b>About OPHA</b>	<b>1</b>
<b>President's Report</b>	<b>2</b>
<b>Executive Director's Report</b>	<b>3</b>
<b>OPHA Staff</b>	<b>4</b>
<b>Board of Directors 2006-2007</b>	<b>5</b>
<b>Project Reports</b>	<b>7</b>
<b>Committee Reports</b>	<b>13</b>
<b>Workgroup Reports</b>	<b>14</b>
<b>Coalitions and Other Partnerships</b>	<b>18</b>
<b>Annual Conference 2006</b>	<b>19</b>
<b>Treasurer's Report 2006-2007</b>	<b>20</b>
<b>Reports and Financial Statements</b>	<b>21</b>

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.

### **Our Mission**

**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.

### **Our 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

### **Our 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



**First and foremost, allow me to express my gratitude to the Board of Directors for their exceptional commitment and dedication to OPHA. My term as President ends at the end of 2007, and much of what I've been able to accomplish during my time is directly due to the hard work of the Board of OPHA.**



OPHA worked hard this year to help shape the transformation of public health. We responded to the Capacity Review Committee (CRC) Report and to Bill 171, Health System Improvements Act, 2007, part of the purpose of which is to form the Ontario Health Promotion and Protection Agency (OHPPA).

Our Access, Equity and Social Justice Committee prepared a report entitled *Mandatory Health Program Requirements to Address Health Disparities and Accessibility: An Assessment Lens with Specific Requirements, Activities and Indicators* that was used in the creation of the draft Public Health Standards. As well, we held an interdisciplinary meeting with our Constituent Societies to review, analyze and facilitate discussion about the Public Health Standards. This meeting produced a joint response to the Ministry's e-survey on the Standards. We were pleased that the facilitated meeting allowed for a productive exchange of information and ideas and helped bring about consensus and respond to the proposed Standards.

In January, OPHA presented a pre-budget submission to the Minister of Finance asking that the government make investment in Public Health a top priority. Specifically, we urged implementation of the recommendations put forward by the *Capacity Review Committee*, and funding for public health especially for chronic disease prevention through the Ministry of Health Promotion's

Healthy Eating Active Living Strategy. We also called for a poverty reduction strategy to address inequities in the social determinants of health.

Over 300 people attended "Cooperation, Collaboration, Synergy: A Foundation for Public Health", the 2006 Annual Conference, co-hosted by the Eastern Ontario Health Unit (EOHU) and held on the banks of the beautiful St. Lawrence River in Cornwall. The agenda included 20 concurrent sessions in five different streams, and an excellent panel on communications to close the conference. Twenty-seven poster presentations and close to 20 exhibitors gave delegates the opportunity to take some time and see for themselves some of the latest developments in public health.

Keynote speakers included Dr. Larry Frank on the built environment as an enabler or disabler of health promotion and of environmentally sustainable behaviour; Dr. David Swann on finding the balance between public health and politics; and Dr. Andrew Pipe on the Champlain Project, a regional approach to cardiovascular disease prevention. In addition, journalist Helen Branswell, marketing consultant John Pettiti, and Toronto Public Health Communications Manager Gene Long participated in the conference's closing interactive keynote panel, "Communications, Media Relations and Marketing: Taking Public Health to the Public". Finally, we were pleased to have then-Chief Medical Officer of Health Dr. Sheela Basrur address the delegates.

The Annual General Meeting resulted in the adoption of several position papers and resolutions, as well as the unanimous approval of the new governance model for OPHA. The Governance Taskforce has been working on the transitional activities ensuring that all appropriate changes are in place to implement the new model as of January 1, 2008.

During 2006-2007, the terms of three Board members ended: Paul Callanan left his position as ASPHIO representative and was replaced by Peter Gauthier. Lynn Garrison replaced Nancy Wai as the OSNPPH representative, and Caroline Wai was replaced by Daniela Seskar-Hencic as Chair of the Access, Equity and Social Justice Committee.

I am grateful to those who have worked so hard on the governance issues as well as the staff and volunteers from both OPHA and the EOHU for their outstanding contribution to a successful conference.

OPHA remains a vibrant organization and a strong voice for Public Health in Ontario. It has been my privilege serving as the President as Public Health has undergone extensive review. I look forward to working with the staff and Board of OPHA as the results of these reviews shape the future of Public Health.

**Dr. Garry Aslanyan, OPHA President**

The 2006-07 year was a year of achievement, change and increasing stability at OPHA. These accomplishments could not have been made without the dedicated work of the staff at OPHA.



Staff ably supported the Board of Directors in its efforts to improve the governance of the Association, respond to recommendations in the Capacity Review Report for *Operation Health Protection*, sharpen its advocacy efforts and more effectively manage its internal operation by beginning the development of both Board and internal policies and procedures. In addition, it successfully delivered the OPHA annual conference in Cornwall.

Another major achievement this year was the redesign of our office space which created a two-section Boardroom with capacity for 24 people. In addition we added an office, one more work station and four touchdown stations for staff who work remotely to use when they come into the office.

It was an exciting year for our projects. Although we were unable to retain our staffing for further development of the Public Health Core Competencies Initiative, we were able to undertake further analysis of the Ontario consultation regarding the 62 draft core competencies in the domains of Partnership and Collaboration and Leadership. This provided us with a basis for the development of recommendations for future work by the Public Health Agency of Canada (PHAC) as well as for work by OPHA. These recommendations were generated by the Core Competency Task Group chaired by Board Members Nancy Day and Carol Timmings.

In February, 2007 we received funding over two fiscal years from the Nursing Secretariat, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care (MOHLTC) for a proposal on Leadership/ Mentorship submitted by Toronto Public Health (TPH), ANDSOOHA and OPHA. The major activity undertaken prior to the end of the fiscal year was the development of leadership competencies for public health managers. The OPHA Core Competency Task Group participated with representatives from TPH in the creation of the leadership competencies. These competencies were then used for the development of a 360 feedback process for managers at both TPH and OPHA.

OPHA continued to manage four projects of the Health Promotion Resource System through the Ministry of Health Promotion: the Heart Health Resource Centre, the Alcohol Education Projects (Alcohol Policy Network and the Association to Reduction Alcohol Promotion in Ontario), the Nutrition Resource Centre and the Injury Prevention Initiative.

In addition OPHA undertook several projects funded through the Healthy Eating and Active Living (HEAL) Strategy. The Ontario Stroke Strategy funds two projects: the Ontario Chronic Disease Prevention Alliance (OCDPA) and Towards Evidence Informed Practice (TEIP). The OCDPA also received funding from PHAC for development of a database of chronic disease prevention initiatives. The Youth Alcohol, Media and Messages project to reduce problematic alcohol use by teens was funded by Health Canada. I am very proud of the accomplishments of our projects this year, as they have truly made an impact in Public Health field and ultimately in the health of Ontario.

**Connie L. Uetrecht**, OPHA Executive Director



*Executive Director*

**Connie L. Uetrecht**

*Executive Assistant*

**Nolly Baksh-Singh**

*Web Editor/IT Support Officer*

**Dorothy Birtalan**

*Communications and  
Public Relations Officer*

**Susan Sperling**

*Finance and Administration  
Officer*

**Donna Galasso**

*Finance and Administration  
Clerk*

**Manny Coluccio**

### **ALCOHOL PROJECTS**

**Ben Rempel**, Manager

**Rebecca Fortin**, Project Coordinator

### **YAMM AND INJURY PREVENTION INITIATIVE**

**Joe Rock**, Manager

**Kimberly Downs**, Program Assistant

### **HEART HEALTH RESOURCE CENTRE AND TOWARDS EVIDENCE- INFORMED PRACTICE PROJECT**

**Anne Lessio**, Manager

**Pam Kinzie**, Coordinator, HHRC

**Andrea Bodkin**, Coordinator, HHRC

**Angella Kalloo**,  
Program Assistant, HHRC

**Dayna Albert**,  
Program Coordinator, TEIP

**Pat Russell**,  
Program Coordinator, TEIP

**Khalliah Bruzual**, Program Assistant

### **NUTRITION RESOURCE CENTRE**

**Jane Bellman**, Manager

**Elizabeth Smith**,  
Program Coordinator, CFA  
(replacing Sarah Evason on  
maternity leave)

**Samara Foisy**,  
Program Coordinator, Eat Smart!

**Lesia Hucal**, Program Coordinator,  
Take Five: 5-10 a day... your way

**Mary Ellen Prange**,  
Program Coordinator, HEAL

**Kathleen Orth**, Program Assistant

### **ONTARIO CHRONIC DISEASE PREVENTION ALLIANCE**

**Maria Grant**, Manager

**Ann-Marie Kungl**, Policy Analyst

**Giselle Sicchia**, Program Assistant





## OPHA Board of Directors 2006-2007

April 1, 2006 - December 31, 2006

### OFFICERS

*President*

**Dr. Garry Aslanyan**

*Vice-President*

**Nancy Day**

*Secretary*

**Carol Timmings**

*Treasurer*

**Larry Stinson**

### EX-OFFICIO

Association of Local Public Health  
Agencies (alPHA) Representative

**Joyce Sinton**

### MEMBERS-AT-LARGE

**Liz Haugh**

**Bonnie Lynn Wright**

**Camille Burnett**

**Bronwen Edgar**

**Theresa Schumilas**

**Christina Mills**

### 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

**Denise DePape**

### CONSTITUENT SOCIETY

#### REPRESENTATIVES

ANDSOOHA, Public Health

Nursing Management

**Monica Mitchell**

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)

**Sue Starling**

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

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)

**Robert Hawkins**

Public Health Research,  
Education and Development  
(PHRED) Programs

**Charlene Beynon**

### EXECUTIVE COMMITTEE

**Garry Aslanyan, President (Chair)**

**Nancy Day, Vice-President**

**Nancy Wai, Constituent  
Societies' Representative**

**Carol Timmings, Secretary**

**Larry Stinson, Treasurer**

**Brian MacKay,**

**Denise DePape, Caroline Wai,**  
*Committees' Representatives*

**Connie Uetrecht, Ex-Officio**

### WORKGROUP CHAIRS

Alcohol Workgroup

**Denise DePape**

Breastfeeding Promotion Workgroup

**Jennifer Hutcheson**

Child and Youth Health Workgroup

**Lorraine Telford**

Environmental Health Workgroup

**Louise Aubin**

Food Security Workgroup

**Tracy Woloshyn**

Public Health Alliance for Lesbian,  
Gay, Bisexual, Transsexual,  
Transgender, Two Spirit, Intersex,  
Queer and Questioning Equity  
Workgroup

**Jean Clipsham**

Violence Prevention Workgroup

**Angela Loconte, Co-Chair**

**Lori Snyder-MacGregor, Co-Chair**

### COALITION CHAIRS

Ontario Healthy Schools Coalition

**Carol MacDougall, Co-Chair**

**Fran Perkins, Co-Chair**



## OPHA Board of Directors 2006-2007

January 1, 2007 - March 31, 2007

### OFFICERS

*President*

**Dr. Garry Aslanyan**

*President-Elect*

**Carol Timmings**

*Secretary*

**Nancy Day**

*Treasurer*

**Larry Stinson**

### STANDING COMMITTEE CHAIRS

*Executive Committee Chair*

**Dr. Garry Aslanyan**

*Audit Committee Chair*

**Larry Stinson**

*Access, Equity and Social Justice Committee Chair*

**Daniela Seskar-Hencic**

*Membership & Internal Communications Committee Chair*

**Liz Haugh**

*Public Relations & Advocacy Committee Chair*

**Denise DePape**

### CONSTITUENT SOCIETY REPRESENTATIVES

ANDSOOHA - Public Health

Nursing Management

**Monica Mitchell**

Association of Ontario Health

Centres (AOHC)

**Marg Hedley**

Association of Public Health

Epidemiologists in Ontario

(APHEO)

**Gabrielle Brankston**

Association of Supervisors Public

Health Inspectors of Ontario

(ASPHI-O)

**Peter Gauthier**

Canadian Institute of Public

Health Inspectors, Ontario

Branch (CIPHI-O)

**Fran Gelder**

Community Health Nurses

Initiatives Group (RNAO)

**Sue Starling**

Health Promotion Ontario:

public health (HPO.ph)

**Inge Roosendaal**

Ontario Society of Nutrition

Professionals in Public Health

(OSNPPH)

**Lynn Garrison**

Ontario Association of Public

Health Dentistry (OAPHD)

**Dr. Robert Hawkins**

Public Health Research,

Education and Development

(PHRED) Programs

**Charlene Beynon**

### EXECUTIVE COMMITTEE

**Dr. Garry Aslanyan, Chair**

**Carol Timmings, Vice-President**

**Dr. Robert Hawkins, Constituent Societies' Representative**

**Nancy Day, Secretary**

**Larry Stinson, Treasurer**

**Denise DePape, Chair, Public Relations & Advocacy Committee**

**Liz Haugh,**

**Danielle Seskar-Hencic,**

*Committee Representatives*

**Connie Uetrecht, Ex-Officio**

### WORKGROUP CHAIRS

Alcohol Workgroup

**Nancy Langdon**

Breastfeeding Promotion

Workgroup

**Jennifer Hutcheson**

Child and Youth Health

Workgroup

**Sue Makin**

Environmental Health

Workgroup

**Louise Aubin**

Food Security Workgroup

**Tracy Woloshyn**

Public Health Alliance for

Lesbian, Gay, Bisexual,

Transsexual, Transgender, Two

Spirit, Intersex, Queer and

Questioning Equity Workgroup

**Jean Clipsham**

Violence Prevention Workgroup

**Angela Loconte, Co-Chair**

**Lori Snyder-MacGregor,**

*Co-Chair*

### COALITION CHAIRS

Ontario Healthy Schools Coalition

**Carol MacDougall, Co-Chair**

**Fran Perkins, Co-Chair**



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

- Alcohol Education Projects
- HealthForceOntario Leadership Mentorship Project
- Heart Health Resource Centre
- Injury Prevention Initiative
- Nutrition Resource Centre
- Ontario Chronic Disease Prevention Alliance
- Public Health Core Competencies Initiative
- Towards Evidence-Informed Practices (TEIP)

### Alcohol Education Projects

The **Alcohol Policy Network (APN)** is a provincial network of individuals and organizations working collaboratively to facilitate the development of policies and education programs 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 (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. During the past year, APN and ARAPO set out to address such issues by undertaking the functions of consultations, information and knowledge exchange, networking, planning, referral, system coordination and maintenance and training.

During the past year there were numerous examples of the responsiveness of our programming. ARAPO:

- Consulted upon requests to government, NGOs, Public Health Units, international agencies and others;

- Wrote the report *Alcohol and Chronic Disease: An Ontario Perspective* in response to an emerging issue, and presented it at the *Alcohol: No Ordinary Commodity* annual forum and submitted an abstract to OPHA Conference 2007;
- Published a well-received monthly column *Issues to Watch* – a quick account of emerging issues in the alcohol policy field;
- Maintained and updated a comprehensive, well-respected website with over 1,700 web pages which received over 7,000 visits per month;
- Received publication of *The Effectiveness of Regulating Alcohol Advertising: Policies and Public Health* in the *McMaster University Medical Journal*, Volume 4, Issue 1, Spring 2007;
- Presented *Alcohol: No Ordinary Commodity Forum on Alcohol and Chronic Disease* which attracted 105 Public Health professionals, researchers, and policy-makers. Based on evaluations, over 90% of attendees felt the conference met or exceeded expectations, and over 90% rated the day as very good or excellent in terms of quality of speakers; discussions; and facilities.

Both APN and ARAPO remain integral resource centres in the Ontario Health Promotion Resource System. They actively participate on various substance abuse prevention committees, and are well respected in the field of alcohol education and Public Health issues.

The **Youth and Alcohol, Messages and Media (YAMM)** Campaign is a two-staged provincial campaign to reduce problematic alcohol use among Ontario's English- and French-speaking youth, ages 15-18, 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 from October 2004 to November 2007.





Key deliverables included:

- production of commercials in English and French for radio and TV playing on MuchMusic and MusiquePlus and various youth-oriented radio stations;
- development, launch and maintenance of a bilingual website for youth, parents and health professionals;
- creation of public information resources for communities mailed out to 225 communities/events; and
- engagement of a dynamic partnership of youth, substance abuse prevention specialists, researchers, marketers and broadcasters.

This campaign has recently received a silver award through the Summit Creative Awards (SCA) – an event designed to recognize and celebrate creative accomplishments.

Evaluation and project summary report to measure the impact of the campaign is due to be released November 2007.

### HealthForceOntario Leadership Mentorship Project (HLMP)

In collaboration with Toronto Public Health (TPH) and ANDSOOHA, OPHA received two year funding for the **HealthForceOntario Leadership Mentorship project** which included two components which were to begin in the fiscal year ending March 2007.

The first component built upon the findings in the core competency work that illustrated that there was a need to strengthen leadership among the public health workforce and specifically public health management. Building upon the core competencies for leadership, the OPHA Core Competency Task Group and Manager representatives from TPH came together on March 19, 2007 to develop leadership competencies and behaviours describing leadership. Plans were then made to take these competencies and behaviour statements and develop a 360 feedback process with managers at TPH and OPHA in year two.

Planning for the second stage of funding with the hiring of a project coordinator to lead the mentorship portion of the project and a firm to implement the 360 feedback process were major activities in year one.

### Heart Health Resource Centre (HHRC)

The mandate of the **Heart Health Resource Centre** is to 'increase the capacity of public health and their community partnerships in comprehensive community-based programming to address heart health and chronic disease prevention.'

In 2006-2007, the HHRC experienced substantial staff turnover, yet, in the midst of this change, the team met all the deliverables for the Centre as highlighted below:

- Planned and delivered a well-attended and highly successful symposium on Active Transportation. The 125 participants included representatives from both the health and recreation sections of the Ministry of Health Promotion with greetings provided by the Assistant Deputy Minister Jean Lam;

To enhance the health, safety and well-being of individuals and communities across Ontario





- Provided 18 days of on-site consultations on a variety of topics and issues and, as always, these were found to be the HHRC's service that had the greatest impact at the local level;
- Launched the new HHRC website including an extensive section on chronic disease prevention. Late in the fiscal year, the HHRC added an Intranet section simplifying the process to request HHRC services;
- Provided ongoing sponsorship and coordination support to the Ontario Heart Health Network (OHHN). The HHRC provided financial resources to the OHHN in 2006-07 and participated in three of their committees: the OHHN Executive, the Continuation Working Group and the Communication Committee;
- Produced two issues of the @heart newsletter: *Social Determinants of Health* and *Active Transportation*. Both newsletters enhanced the capacity of the heart health community to address current issues;
- Provided one-to-one coaching opportunities for several heart health coordinators who reported it greatly improved their effectiveness
- Delivered two web-based seminars in partnership with CHNET-Works!, a pan-Canadian webinar knowledge exchange system based

at the University of Ottawa. The first, on Active Transportation in Rural Areas, with about 90 participants, was the best attended webinar ever offered by CHNET Works!. The second addressed the Towards Evidence-Informed Practice project and was offered in response to a request from the Chronic Disease Prevention Managers in Public Health.

- Delivered a regional workshop in Thunder Bay on 'Storytelling' which demonstrated how volunteers can share their successes in heart health.

### Injury Prevention Initiative

The **Injury Prevention Initiative**, funded by the Ministry of Health Promotion, supports:

- The Ontario Injury Prevention Resource Centre (OIPRC) through SMARTRISK.
- Hosts the Advisory Committee of the Ontario Injury Prevention Resource Centre (OIPRC).
- Links the work of the OIPRC with the Public Health community.
- Supports networking of the Ontario Violence Prevention Workgroup of OPHA.

During the past year the OIPRC Advisory Committee increased its activity in supporting the OIPRC to help shape the new website. This has enhanced OIPRC's capacity to feature the contributions of public health and not-for-profit organizations in the injury prevention field. The OIPRC through SMARTRISK delivered the following injury prevention activities in the province:

- Provided eight "Learning Series" sessions
- Issued twelve editions of *Ontario Injury Compass* and six Stakeholders News
- Issued the *Injury Among Seniors in Ontario* report on May 14, 2007

- Issued the *Economic Burden of Injury* report on September 26, 2006
- Consulted with Practitioners in Ontario and beyond
- Developed the Catalogue of Best Practices

In addition OPHA facilitated a face-to-face meeting of Public Health injury prevention managers in collaboration with the Ontario Neurotrauma Foundation. The focus of the meeting was to explore the process of moving evidence into practice and mechanisms to support local Public Health implementation of injury prevention initiatives. A small workgroup was formed to develop future plans.

All of these activities contributed to the increased awareness and action taken by health units and others in the province to reduce intentional and unintentional injuries.

### Nutrition Resource Centre

The **Nutrition Resource Centre (NRC)**

works to support community nutrition programming throughout Ontario. The NRC disseminates information related to community nutrition practice, supports provincial nutrition programs, and develops and distributes healthy eating resources to community nutrition practitioners. As well, NRC supports the implementation of Ontario's Healthy Eating and Active Living (HEAL) Action Plan through a number of program initiatives.

The NRC experienced many staff changes during 2006-07. A new Manager and new Program Coordinators were hired for all of the NRC's programs.

Highlights include:

- Revised the NRC brochure, produced three issues of the NRC Digest which is distributed electronically to over 1,300 subscribers via *contact-nrc* listserv and distributed the Cultural Adaptations to Canada's Food Guide and for other NRC resources including Healthy Eating for Healthy Aging fact sheets, and Healthy Measures.
- Contributed its resources to the new Ontario Dietitian Advisory Service offered by Dietitians of Canada (DC) in collaboration with the Ministry of Health Promotion.
- Worked to meet OHPRS French-language requirements, and also continued its strong partnership in resource development with Best Start Resource Centre and the Ontario Physical and Health Education Association (Ophea).
- Shared information and collaborated with the provincial Nutrition Resource Group (NRG), the Ontario Society of Nutrition Professionals in Public Health (OSNPPH), Dietitians Working in Community Health Centres and DC, and participated as a collaborator on advisory committees and provincial groups including the Ontario Collaborative Group for Healthy Eating and Physical Activity (OCGHEPA) and Canadian Living Foundation – Breakfast for Learning Nutrition Education Committee.



Working to support  
community nutrition  
programming  
throughout Ontario

### Provincial Program Highlights

#### Community Food Advisor (CFA) Program

The CFA Program completed its 14th year with 330 active volunteers in 15 sites across the province. These volunteers completed 884 health promotion activities focusing on Healthy Eating and Active Living (HEAL) for over 40,900 people. In 2006-07 the CFA program:

- Completed two new presentation kits: *Cooking Basics for Kids*, a five-session course designed to teach children aged 5-12 how to cook; and *Healthy Eating for Healthy Aging* which contains separate presentations designed for free living seniors and for seniors in retirement or long-term care facilities.
- Presented the annual CFA education event in Barrie which was attended by 100 CFAs.
- Updated the CFA website which increased usage.
- Updated *CFA E-Manual* on maintaining a volunteer peer education program with new resources.
- Began work on the *CFA Resource Manual* and training program to reflect the new Canada's Food Guide.
- Received expansion funding requests from five CFA Groups to train new CFAs in 2007-08. This will add approximately 100 more CFAs to the provincial program.
- Produced four issues of *The Advisor*, a newsletter distributed to CFAs across the province.

#### Eat Smart!

The Eat Smart program:

- Developed a new look for Eat Smart! including award certificates, window decals and date stickers.
- Received agreement from participating and non-participating health units to review the Eat Smart! franchise process. The first franchised restaurant approved provincially was Druxy's.
- Delivered an Eat Smart! web cast in March 2007 that covered implementation issues for the revised nutrition standards from both a provincial and local perspective.
- Filed an application to trademark the Eat Smart! name and logo and maintained ongoing communication with trade marking lawyers.
- Translated all sections of the Eat Smart! website into French, including a comprehensive bilingual FAQ section on the implementation of the revised restaurant nutrition standards.
- Updated the Eat Smart! non-smoking standard which will be phased in over the next year and come into full effect January 2008. This standard now reflects the Smoke Free Ontario Act.
- Created long term behavioural based objectives for Eat Smart! in all three settings. These objectives will help to organize Eat Smart! provincial activities over the next couple of years and provide direction for collecting provincial evaluation data, an important step as Eat Smart! expands into recreation centres.

#### TAKE Five: 5-10 a day... your way

The TAKE Five program experienced a delay in development in 2006 due to staffing changes and accomplished a great deal in the early months of 2007:

- Established a Provincial Advisory Work Group
- Undertook preliminary work on changing the program name to reflect the revised vegetables and fruit servings in the new Canada's Food Guide
- Completed outstanding work on the public and facilitator website.

Program launch is planned for the Fall 2007.





Providing timely,  
credible and  
relevant support

### Healthy Eating and Active Living (HEAL)

The NRC supports the new Ministry of Health Promotion's Action Plan for HEAL through its work on two key initiatives in 2006-07:

#### 1. Expansion of the Eat Smart! program into workplaces and recreation centres with the following activities:

- Conducted key informant interviews with all 36 health units to inform the expansion of the Eat Smart! program into recreation centres.
- Developed, in collaboration with Ottawa Public Health, a provincial "healthy vending machine" program including a nutrition standard which will be incorporated into the ES! Workplace program. This standard will be completed and tested in 2007-08.

#### 2. Developed and disseminated to health units, community health centres and Ontario Early Years Centres (OEYCs) the following resources to assist families, caregivers and professionals in educational and care settings to promote healthy eating and active living in the early years:

- *BusyBodies/Hop a Vie!* - Creative food and play ideas for your preschooler (ages 3 to 5), a set of 60 fun and easy-to-do healthy eating and active living "activity cards".
- *Eat Right Be Active* consisting of two information booklets (one targeted to caregivers of children ages 3-5 years and one to caregivers of children ages 6-8 years) which align with the new Food Guide.

### The Ontario Chronic Disease Prevention Alliance (OCDPA)

The **Ontario Chronic Disease Prevention Alliance (OCDPA)** is a network of leading health-related organizations working together to focus on chronic disease prevention and healthy living in a comprehensive manner. Its mandate is to provide collaborative leadership to support a comprehensive chronic disease prevention system for Ontario.

Its current membership is comprised of over 25 organizations with representation from Public Health, nutrition, physical activity, health policy and evaluation, health-related non-governmental organizations (NGOs), health promotion resource centres, research and academia. Membership is critical to the success and progress of the OCDPA, as it contributes to our overall vision and strategic direction and provides the Alliance with in-kind resources, a united platform and strong voice from which to support healthy public policies and avenues for knowledge exchange.

This past year was particularly busy and full of change, as the Alliance said good-bye to its previous Manager, Tracy Howson and welcomed Maria Grant in her place. This year was both successful and rewarding, with the Alliance involved in and at the helm of a number of very innovative and successful initiatives:

- Conducted a gap analysis of the OCDPA's system model for chronic disease prevention which brought together 40 experts from the fields of tobacco, nutrition, and physical activity. This resulted in a number of specific and identified areas related to healthy eating and active living that require more attention in terms of resources, funding and research to achieve success with reducing the burden of chronic disease.

- Co-sponsored an all-day forum on 'Alcohol and Chronic Disease', bringing to the forefront alcohol as a risk factor for chronic disease. This conference was in conjunction with the OPHA Alcohol Policy Network and Centre for Addiction and Mental Health.
- Produced two reports and resources:
  - *Economic Costs of Chronic Disease in Canada 1995-2003* - this cost of illness study raises awareness and increases understanding of the financial implications of chronic disease and the huge potential in savings that is possible through investment in health promotion and disease prevention.
  - *Primer to Action* - this resource, developed in partnership with Ontario Prevention Clearinghouse and Cancer Care Ontario, supports and facilitates health practitioners, laypersons and activists in exploring the impact of social determinants of health on chronic disease.
  - Development an OCDPA website - [www.ocdpa.on.ca](http://www.ocdpa.on.ca) - which will serve as a foundation from which the Alliance can build greater awareness of its system integration model, actions in forwarding the agenda for chronic disease prevention and resources.

opha



### Public Health Core Competencies Initiative

The **Public Health Core Competencies Initiative (PHCCI)** is a project which defines and supports the adoption of core competencies for all professionals working in the formal Public Health system. PHCCI has been supported by the Public Health Agency of Canada (PHAC) as well as the Ministry of Health and Long-Term Care. This year while PHAC engaged public health professionals across Canada in provincial consultations about the 44 draft Core Competencies for Public Health, OPHA undertook two initiatives funded by PHAC to further its role in the implementation of core competencies.

The first project involved further analysis of the Ontario consultation data to identify professional development needs of public health staff in the domains of Partnership and Collaboration and Leadership and Systems Approaches. A report with recommendations for further development in these domains was generated. The findings and recommendations were then presented to the OPHA Core Competency Task group on January 12, 2007. The Task Group considered the findings from this analysis and developed recommendations for both the Public Health Agency of Canada as well as OPHA in moving forward on public health professional development.

The findings also helped shape the proposal and project described under HealthForceOntario Leadership Mentorship Project.

### Towards Evidence-Informed Practice (TEIP)

The four primary aims of the **Towards Evidence-Informed Practice (TEIP)** project are:

1. to maximize the uptake of evidence for stroke prevention programming
2. to develop strong process and relevant outcome evaluation protocols in the pilot communities to produce practice-based evidence;
3. to strengthen collaboration between public health and clinical care for stroke prevention; and
4. to disseminate learnings from the project to relevant stakeholders

The TEIP project achieves these objectives in partnership with five (5) pilot communities across the province. During 2006-2007, the TEIP project provided the following to the pilot communities:

- one central workshop about tools and processes to develop evaluation logic models, frameworks and plans;
- five on-site consultations to begin generating a program specific logic model,
- multiple virtual meetings to refine and finalize the logic models and evaluation frameworks;
- numerous program-relevant systematic reviews to support the uptake of evidence;
- two university researchers (one in Sweden) for two specific programs at two pilot communities;
- many key informants who provided expert opinion to the pilot sites for their specific program.

The TEIP project also provided support to the broader heart health and stroke audience.

Key activities:

- Presented a two-hour workshop at the Heart and Stroke Collaborative in October 2006. Of the 8 presentations delivered, the workshop evaluations showed that the audience liked the community stories and learnings best.
- Updated and improved the TEIP website to permit all interested personnel to access the latest information emerging from the project.
- Developed an on-line audio and visual instructional module for the TEIP Program Assessment Protocol permitting all interested communities to identify areas for enhancing their local programs. The informal feedback on the on-line module has been very positive and people have commented on its professionalism and high quality of information.
- Presented information at 15 meetings and conferences throughout the year to broadly disseminate information about the project.



Providing a platform to support healthy policies and exchange gained knowledge

### Committees provide the basis for applying the principles and values of OPHA across the whole organization.

- Access, Equity & Social Justice Committee
- The Membership and Internal Communications Committee
- Public Relations and Advocacy

### Access, Equity & Social Justice Committee

This Standing Committee applies the principles and values of OPHA, and, in particular, helps OPHA “promote equity, social justice, inclusivity and diversity.”

During 2006-2007, our Committee:

- Developed and passed a resolution “Diversity Competent Public Health Professionals”, which outlines the principles, needs and content areas of diversity competence training for all public health practitioners;
- Submitted a proposal to the Technical Review Committee for a framework to address health disparities in the new Ontario Public Health Standards. The framework offered key principles and an assessment lens with specific requirements, activities and indicators for the new standards;
- Participated in the consultation on the new Ontario Public Health Standards by providing specific input regarding how to acknowledge and require activities that address inclusion, access and diversity;
- Improved membership and participation by recruiting additional members and achieving representation from ten health units;
- Initiated the development of a diversity training outline for health units;
- 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 to OPHA.

### The Membership and Internal Communications Committee

This important committee is in the transition phase of moving to the new governance structure, and did not become active until January 2007. The committee’s membership stayed small throughout the first quarter of 2007 in order to facilitate some specific tasks and perform some strategic functions that will lay the foundation for a more sustainable committee that is responsive to membership needs. To this end a consultant was contracted to assist with the development of a recruitment campaign plan. The fruits of this work will be rolled out in 2007-08 in conjunction with a new website and advocacy plan. An annual scholarship was established for OPHA members returning to a postsecondary institution for further education or students planning to enter the public health work force and currently enrolled in a public health focused field of study at the undergraduate or graduate level.

The following awards were presented at the OPHA Conference in 2006:

- **Honorary Membership Award:** Fran Perkins, for her 35 year career as a public health advocate, activist and change agent who worked at the local, provincial, national and international levels, and was at the forefront of Canada’s pioneering role in the global health promotion movement.
- **Life Membership Award:** Dr. James Leake, who was first elected to the OPHA Board of Directors in 1980 when OPHA had no office, management or financial controls, and who was instrumental in guiding OPHA to becoming a strong voice for public health in Ontario by developing the organization’s first budget and financial reporting system.

### Public Relations and Advocacy

The Public Relations and Advocacy Committee is responsible for co-ordinating all position papers, resolutions and motions for the Annual General Meeting and for following up on the implementation of approved resolutions. In addition, the Committee acts as a general resource for advocacy issues for OPHA. At the Annual General Meeting held on October 26, 2006, the membership endorsed two position papers and six resolutions.

The major focus of activity for the Committee has been the development of an advocacy plan for OPHA. With the guidance of outside consultants, the Committee worked with the Executive Director and Executive Committee to establish strategic advocacy priorities for the next few years. The Committee will now play a role in ensuring that the advocacy plan is implemented. The high level priorities endorsed by the Board are:

- increase OPHA capacity to pursue Public Health system advocacy;
- position OPHA to enhance understanding of its unique role in Public Health system design;
- identify a limited number of program or content issues on which to focus attention and resources for advocacy.

Some of the advocacy issues addressed by OPHA in the past year include:

- input into the development of Ontario Public Health Standards;
- support for the recommendations in the SARS Commission final report prepared by Justice Campbell;
- support for the recommendations in the Capacity Review Committee’s Report;
- letter to Premier Dalton McGuinty re: the sale and distribution of unpasteurized milk;
- press release on food security issues and the new Canada’s Food Guide;
- support for a Call to Action on Climate Change and Clean Air.

**Workgroups are the main way for members and 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

The **Alcohol Workgroup** left a footprint at provincial, national and international levels in 2006-2007. The Workgroup mandate is to strengthen the Public Health voice regarding alcohol policy by advocacy and information sharing with the field.

Provincially, the workgroup voiced concerns about the proposed addition of 20 LCBO agency stores, reminding the government that expanding access to alcohol translates to increased consumption and corresponding increases in alcohol-related harm. When changes to the Liquor Licence Act were being proposed, the workgroup prepared the following recommendations to strengthen the health and safety aspect of the Act through pricing and enforcement measures.

The Ontario Ministries of Health Promotion, Government Services and Health and Long-Term Care were asked to clarify legal responsibilities of social hosts following the media coverage of the Supreme Court ruling in the *Zoe Childs* case. This initiative was undertaken in partnership with the Centre for Addiction and Mental Health (CAMH) and MADD Canada.

Our fourth annual symposium *Alcohol: No Ordinary Commodity* was held in March 2007 in partnership with OPHA, CAMH and the Ontario Chronic Disease Prevention Alliance. This “Evidence on the Links between Alcohol and Chronic Disease” forum drew over 100 participants from Public Health units, non-governmental organizations, community health centres, hospital, private and clinical practice, other provinces, and government agencies.

Workgroup members presented on *Effective Alcohol Advocacy* at several provincial and national conferences. OPHA's input was also provided to a proposed drug/alcohol strategy for Ontario.

Internationally, OPHA submitted a brief to the World Health Organization's consultation on “problems related to alcohol consumption,” and wrote a letter to international trade negotiators in the US and the European Union asking them to remove alcohol from trade agreements in order to protect population health. The letter was widely distributed through trade networks throughout the world. Response letters from these international trade bodies signal a need for more concerted effort in this matter.

### Breastfeeding Workgroup

The **Breastfeeding Promotion Workgroup** is a network of individuals and organizations working collaboratively to contribute to the protection, promotion and support of breastfeeding in the province of Ontario. The workgroup has 20 active workgroup members representing 14 health units, as well as the *Best Start, Ontario's Maternal, Newborn and Early Child Development Resource Centre*. We benefit from the participation and expertise of numerous Public Health Nurses, six of whom are certified lactation consultants (IBCLC), two health promotion specialists, one of whom is an IBCLC, a Public Health nutritionist and a registered dental hygienist.



## Workgroups identify opportunities for working with Ontario health professionals



One of the major objectives of the workgroup is to identify opportunities for working with health professionals to ensure that expectant and breastfeeding families are enabled to make informed infant feeding decisions. The workgroup contributed to the content of the Telehealth Ontario breastfeeding protocols to ensure that consistent, evidence-informed breastfeeding information was provided to callers.

The Workgroup communicated with the Canadian Paediatric Society regarding information they provide to parents on their website about the management of dehydration in infants and young children, and are currently following up with them about next steps. Additionally, a letter sent to Ontario's Emergency Management Unit identified breastfeeding as a secure food source for infants and young children during disasters, and emphasized the importance of incorporating strategies to protect and support breastfeeding in emergency planning. This information has been shared with health units for incorporation into their agency and community emergency response plans.

The workgroup continues to work in partnership with the Ontario Breastfeeding Committee and the Registered Nurses Association to advocate for a comprehensive strategy for the protection, promotion and support of breastfeeding in Ontario.

The passion and commitment of the members of this workgroup continues to be demonstrated in their involvement in the development and implementation of countless activities which reflect breastfeeding best practices. We look forward to year ahead, and welcome any new members who would like to participate in working to improve breastfeeding initiation and duration rates in Ontario.

### Environmental Health Workgroup

The **Environmental Health Workgroup** provides a forum for those actively involved in environmental health issues throughout Ontario. Membership includes Public Health nurses and inspectors, toxicologists, industrial hygienists, policy analysts and community members.

In 2006-07, the focus continued to be on children's health and the environment, thorough participation in the Canadian Partnership for Children's Health and the Environment (CPCHE). CPCHE has received a two-year, \$264,500 Trillium grant which will flow through the OPHA. The grant will be used to conduct train-the-trainer sessions with 40 champions in five regions to enhance the ability of local community groups and service providers to deliver children's environmental health programming in their communities. It will also work on bringing a children's health and the environment lens to the work of Public Health inspectors within child care and school settings.

Other highlights for the Environmental Health Workgroup include:

- A joint presentation with aLPHa to the provincial Standing Committee on Bill 43 – An Act to Protect Existing and Future Sources of Drinking Water
- Submission of comments on:
  - Amendments for the Canadian Environmental Protection Act's Five-Year Review Process
  - The Ministry of Environment's proposed regulation on source water protection committees under the Clean Water Act
- Letter to the Hon. Dwight Duncan on the electricity supply mix and Public Health considerations
- Development of a Buyer's Guide on air filters through the Healthy Indoor Air Partnership Roundtable
- Participation on the provincial Environment and Cancer Stakeholder Committee, Smart Commute, and the Kids on the Move Advisory Committee (Active Transportation).

The Workgroup has also participated in a number of consultations, including the CPCHE National Child Health and Environment Policy Consultation Series, the Environment and Cancer Forum and the Ontario Ministry of Environment Roundtable Consultation on Clean Air and Climate Change.

OPHA



## Working together to share information and resources to increase community awareness



### Food Security Workgroup

The **Food Security Workgroup (FSWG)** bases its work on the following definition:

*Community food security is defined as a situation in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice.*

- Hamm and Bellows, J Nutr Educ Behav. 2003; 35:27-43

The FSWG currently works with five other related groups:

- Dietitians of Canada Nutrition and Food Security Network
- Food Secure Canada
- Ontario Collaborative Group on Healthy Eating and Physical Activity
- Heart and Stroke Foundation of Ontario Reference Group for the Access to Healthy Food for All Project
- Ontario Community Food Security Network.

The FSWG:

- Advocated to Mr. Andre Marin, the Ombudsman for Ontario, stressing that funds provided by the Ontario Works and Ontario Disability Support Programs are inadequate to purchase healthy food. In response the Ombudsman stated that they are monitoring changes to the Special Diet Allowance.
- Endorsed the Toronto event marking the International Day for the Eradication of Poverty on October 17, 2006.
- Participated on the Food Secure Canada executive and took part in its conference in October, 2006 in Vancouver, BC.
- Spoke to the media through print and radio on the importance of all Canadians being able to afford foods to meet the new *Eating Well with Canada's Food Guide* which was launched on February 5, 2007. The key messages were that insufficient social assistance and minimum wage rates; a scarce supply of affordable housing; and the ever increasing cost of nutritious food all contributed to the inability of many to meet the new guidelines.
- Provided input into the development of Ontario Public Health Standards provided expertise to the Public Health Research, Education and Development's *Effective Public Health Practice Program's* systematic review of food security and obesity.
- Contributed to the successful application to the Ontario Trillium Foundation for a 3-year grant to support the formation of the Ontario Community Food Security Network (OCFSN). This will include enhancing the FSWG website, FoodNet, increasing community awareness of the importance of community food security, and increasing effectiveness of CFS initiatives.



## Public Health Alliance for LGBTTTTIQQ\* Equity

*\*Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-spirit, Queer and Questioning*

The **PHA for LGBTTTTIQQ Equity** is a provincial network of Public Health practitioners and community members working collaboratively to reduce heterosexism, homophobia, biphobia and transphobia in Ontario health units and Community Health Centres and to increase equitable, accessible and inclusive services and environments.

The Workgroup continued to implement plans from three position papers, which included making community health centres and Public Health units inclusive to those of all sexual orientations and gender identities, as well as increasing cultural competency for health care practitioners:

- The Positive Space Manual was finalized, printed and mailed to all Medical Officers of Health and all Executive Directors of Community Health Centres in Ontario, with an offer of Positive Space training for their organizations.
- The first Positive Space training was provided in March 2007 in Thunder Bay District Health Unit, and will continue throughout the coming year.
- In partnership with the Community Health Nurses Initiatives Group (CHNIG) of the Registered Nurses Association of Ontario (RNAO), two resolutions were successfully presented at the RNAO AGM regarding:
  - developing a position statement related to challenging systemic heterosexism, biphobia and transphobia in the workplace and also related to client care; and

- developing a best practice strategy to advocate and foster the development of professional, organizational and social support for sexual minority nurses.

- Together with CHNIG and RNAO, the Workgroup collaborated to form the Rainbow Nurses Interest Group of the RNAO. This group seeks to speak out for the health of LGBTTTTIQQ clients and nurses and facilitate evidence-based nursing care.
- The Workgroup completed an article on its experiences writing the Bisexual and Transsexual position papers and it has been accepted by *The Canadian Nurse*.

## OPHA Violence Prevention Workgroup

The **OPHA Violence Prevention Workgroup** is a network of practitioners who share information and resources, work towards the development and adoption of a comprehensive violence prevention strategy and advocate for the inclusion of violence prevention as a public health mandate.

The Workgroup co-hosted the second successful annual Town Hall Meeting of the National Violence Prevention Strategy on May 29, 2006 at the Canadian Public Health Association Conference (CPHA) in Vancouver in collaboration with the Public Health Association of British Columbia, CPHA and the Public Health Agency of Canada (PHAC). Dr. David Butler-Jones, Chief Public Health Officer of Canada provided the welcoming remarks. The World Health Organization (WHO)'s "Preventing violence: A guide to implementing the recommendations of the World report on violence and health" (2004) is the guiding framework.

On February 27 and 28, 2007 a follow-up meeting of stakeholders from across Canada was held in Toronto with the support of PHAC, to further develop the national violence prevention strategy. A new organization, *Prevention of Violence Canada-Prévention de la Violence Canada*, was formed.

Six workgroups were established according to the WHO guide:

1. Increase Data-Collection Capacity
2. Researching Violence
3. Promoting Primary Prevention
4. Promoting Social and Gender Equality and Equity
5. Strengthening Victim Support and Care Services and
6. Steering Committee.

The Workgroup will focus Ontario efforts to support the national strategy.

The Workgroup is also represented on the expert panel which developed the Ontario Provincial campaign "Neighbours, Friends & Families" which raises awareness of the signs of woman abuse and provides information so those close to the situation may help.

The workgroup continues to participate in the research group at St. Michael's Hospital, a Geographical Information System project to map unintentional and intentional injuries in the Toronto area, as well as the McMaster Violence Against Women Research Program.

**OPHA is involved with several Coalitions, Networks, Committees and Partnerships.**

The chart identifies some of the joint initiatives we believe will strengthen the impact of public health; it also identifies the OPHA member who represents OPHA accordingly. OPHA provides secretariat support to the Ontario Healthy Schools Coalition which is described below.

Ontario Healthy Schools Coalition	Carol MacDougall
Campaign 2000	Lorraine Telford
Parks and Recreation Ontario (PRO) Access to Space Initiative	Larry Stinson
The Ontario Cancer Prevention and Screening Council	Kevin Churchill
Ontario Council on Community Health Accreditation (OCCHA)	Daina Mueller
Smart Commute	Helen Doyle
Canadian Partnership for Children's Health and the Environment	Franca Ursitti
Food Secure Canada	Tracy Woloshyn
Provincial Drug Strategy Workgroup (Health, Education & Enforcement in Partnership)	Densie DePape
Ontario Inclusion Learning Network (OILN)	Daniela Seskar-Hencic
Ontario Healthy Communities–Get Active Community Mobilization	Andrea Bodkin

### Ontario Healthy Schools Coalition

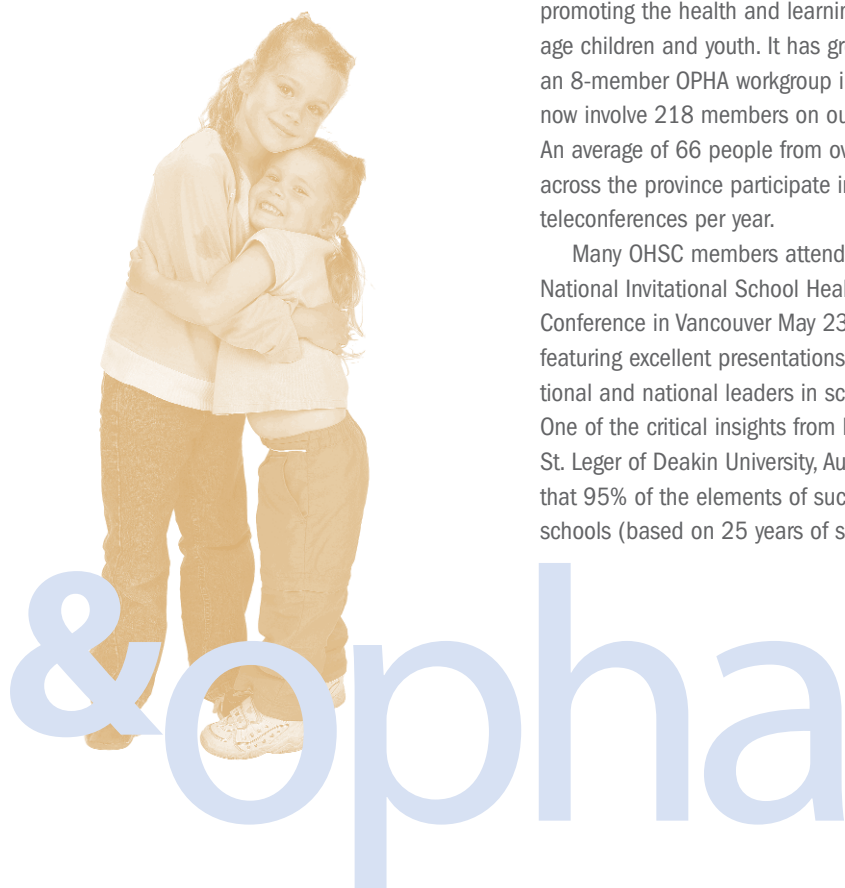
The **Ontario Healthy Schools Coalition** is a strong province-wide network of Public Health units, school boards and other organizations and individuals committed to promoting the health and learning of school-age children and youth. It has grown from an 8-member OPHA workgroup in 2000 to now involve 218 members on our Listserv. An average of 66 people from over 30 sites across the province participate in our four teleconferences per year.

Many OHSC members attended a National Invitational School Health Conference in Vancouver May 23-26 featuring excellent presentations by international and national leaders in school health. One of the critical insights from Lawrence St. Leger of Deakin University, Australia, was that 95% of the elements of successful schools (based on 25 years of school

improvement data) correspond to the Health Promoting Schools Framework. Our 5th Annual OHSC Forum was generously hosted by York Region Health Services on June 2 and attended by over 80 people. The focus was on a Systems Approach to Change, with particular emphasis on hearing the perspective of the education sector, so Public Health and other community partners can most effectively integrate their efforts.

The OHSC continues to give input to the Ministries of Health Promotion, Health and Long-Term Care, and Education on Comprehensive School Health/Health Promoting Schools. In particular, we contributed through OPHA to the consultation process for the draft Ontario Public Health Standards and we participate in meetings of the Healthy Schools Working Table convened by the Ministry of Education.

The high point this past year was the joint announcement in December by the Ministries of Education and Health Promotion of the "Healthy Schools Recognition Program," a positive policy step forward in Ontario moving closer to our vision that every child and young person in Ontario will have the opportunity to be educated in a healthy school.



**Cooperation,  
Collaboration, Synergy:  
A Foundation for  
Public Health**

Over 300 people attended “Cooperation, Collaboration, Synergy: A Foundation for Public Health”, co-hosted by the Eastern Ontario Health Unit (EOHU) and held on the banks of the beautiful St. Lawrence River in Cornwall. The packed agenda included 20 concurrent sessions in five different streams and sub-themes included *Working Together Towards a Healthy Environment, Empowering Marginalized Communities and Serving Vulnerable Populations, Community Mobilization, Healthy Weights / Chronic Disease Prevention / Public Policy, and Theory Behind Practice*. Twenty-seven poster presentations and close to 20 exhibitors gave delegates the opportunity to take some time and see for themselves some of the latest developments in public health.



The following keynote speakers provided delegates with valuable insights into connections between the built environment and health, as well as other areas of public health:

- **Dr. Larry Frank** on the built environment as an enabler or disabler of health promotion and of environmentally sustainable behaviour.
- **Dr. David Swann** on finding the balance between public health and politics. Dr. Swann is both a physician and a Liberal Member of the Legislative Assembly of Alberta.
- **Dr. Andrew Pipe** on the Champlain Project, a regional approach to cardiovascular disease prevention. Dr. Pipe is the Chair of the Champlain CVD Prevention Network, Minto Prevention and Rehabilitation Centre, University of Ottawa Heart Institute.
- **Dr. Sheela Basrur** on the state of public health in Ontario. Dr. Basrur was also on hand to present the Eastern Ontario Health Unit's *Healthy Workplace Award* to Cornwall General Hospital. The Award, the First Annual for EOHU, commemorated Workplace Health Week.

In addition, journalist **Helen Branswell**, marketing consultant **John Pettiti** and Toronto Public Health Communications Manager **Gene Long** participated in the conference's closing keynote panel, “Communications, Media Relations and Marketing: Taking Public Health to the Public”. The interactive panel featured questions submitted by delegates throughout the conference, and was moderated by **Nancy Dubois** of The Health Communication Unit and Co-Chair of the National Healthy Living Strategy and Canada's Coalition for Active Living.

The 2007 OPHA Annual General Meeting was held at the conference and the new Board of Directors was elected, a new governance model adopted and new resolutions and position papers approved.



### **Treasurer's Report 2006-2007**

Looking back is always an opportunity to learn and to appreciate our accomplishments. From a financial perspective, this has been a successful year in both categories. We have gained in our knowledge and understanding and have demonstrated fiscal responsibility through our practices and, ultimately, our bottom line.

This year marks the transition from the existing governance structure to the one passed at the 2006 Annual General Meeting. Part of the transition is the change from a Finance Committee to an Audit Committee. The functional change caused by one word is significant. In simplest terms, this means there is an expectation that the Executive Director and staff of OPHA will depend less on Board direction for day to day management of the finances and that the Finance (to become Audit) Committee must increase its focus on its oversight responsibilities. This change makes sense in light of OPHA's growth from a small organization with a few staff, to a larger, more complex organization.

Appropriate reporting of financial information and execution of the external audit is critical to the oversight role.

The attached Audited Financial Statement, according to our auditors, Gilmore and Company, is an accurate representation of the financial activity for the fiscal year ending March 31, 2007. Although the bottom line is what is of most interest to members, the audit process also ensures that the organization is following appropriate practices.

During the 2006-2007 year, OPHA accumulated a surplus of \$12,793. With the size and variability of our organizations, this essentially reflects a balanced budget. This outcome is positive, despite the fact that the Board approved a deficit budget. The increased spending planned for this fiscal year is actually reflected in the cash flow statements and an increased accumulation of capital assets.

Throughout this fiscal year, a set of Financial Stewardship Policies and Internal Control Policies were reviewed and approved to ensure appropriate checks and balances are in place. Based on the auditor's comments, these control measures and the reporting mechanisms used meet and exceed standards of practice for similar organizations.



## **Auditor's 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, 2007 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, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

A handwritten signature in black ink that reads "Lilmore &amp; Company LLP". The signature is written in a cursive, flowing style.

Chartered Accountants,  
Licensed Public Accountants  
Toronto, Ontario, June 11, 2007



**Statement of Financial Position**
**March 31, 2007** (with comparative figures for 2006)

	2007	2006
<b>Assets</b>		
<b>Current</b>		
Cash	\$ 344,135	\$ 420,316
Temporary investments (Note 3)	500,000	502,675
Accounts receivable	65,784	167,534
Prepaid expenses and deposits	17,255	10,576
	927,174	1,101,101
Property, plant and equipment (Note 4)	129,257	90,634
	1,056,431	1,191,735
<b>Liabilities</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	300,394	323,280
Deferred membership revenue	15,187	17,766
Deferred revenue (Note 5)	238,882	350,902
Property, plant and equipment contribution (Note 2)	42,448	53,060
	596,911	745,008
<b>Net assets</b>	\$ 459,520	\$ 446,727
<b>Net assets represented by surplus</b>		
Balance, beginning of year	\$ 446,727	\$ 258,464
Surplus for the year	12,793	188,263
Balance, end of year	\$ 459,520	\$ 446,727
<b>Surplus consists of the following fund balances:</b>		
Operating Fund	\$ 404,520	\$ 446,727
Designated Capital Asset Fund	50,000	—
Student Award Fund	5,000	—
	\$ 459,520	\$ 446,727

## Statement of Revenues and Expenses

For the year ended March 31, 2007 (with comparative figures for 2006)

	2007	2006
<b>Revenues</b>		
Core	\$ 232,016	\$ 207,451
Workgroup	2,093	3,866
Projects	4,011,968	4,312,103
	<b>4,246,077</b>	4,523,420
<b>Expenses</b>		
Core	213,180	17,518
Workgroup	7,950	9,619
Projects	4,012,154	4,308,020
	<b>4,233,284</b>	4,335,157
<b>Surplus</b>	<b>\$ 12,793</b>	\$ 188,263

## Statement of Cash Flows

For the year ended March 31, 2007 (with comparative figures for 2006)

	2007	2006
<b>Cash provided by (applied to):</b>		
<b>Operating activities</b>		
Surplus	\$ 12,793	\$ 188,263
Adjustments for:		
Amortization	50,420	21,343
Amortization of capital asset fund	(10,612)	(13,265)
	<b>52,601</b>	196,341
Net changes to working capital balances		
Accounts receivable	101,750	(39,426)
Prepaid expenses and deposits	(6,679)	(5,712)
Accounts payable and accrued liabilities	(22,886)	(240,423)
Deferred membership revenue	(2,579)	7,937
Deferred project revenue	(112,020)	(1,334,005)
	<b>10,187</b>	(1,415,288)
<b>Investing activity</b>		
Property, plant and equipment purchase	(84,115)	(18,359)
Decrease in cash and cash equivalents during the year	(73,928)	(1,433,647)
Cash and cash equivalents, beginning of year	918,063	2,351,710
Cash and cash equivalents, end of year (Note 8)	<b>\$ 844,135</b>	\$ 918,063

## 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 Contribution

Property, Plant and Equipment Contribution represents funds received by the Association to cover the costs incurred on specific acquired property, plant and equipment. Property, Plant and Equipment Contributions are 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.

#### 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 investment in a Guaranteed Investment Certificate matures on January 21, 2008. The Guaranteed Investment Certificate is invested at a variable rate of interest until maturity.

	2007	2006
Guaranteed Investment Certificate	\$500,000	\$502,675

## 4. Property, plant and equipment

	2007		2006	
	Cost	Accumulated Amortization	Net Carrying Value	Net Carrying Value
Office equipment	\$224,385	\$153,759	\$ 70,626	\$ 87,383
Leasehold improvements	79,909	21,278	58,631	3,251
	\$304,294	\$175,037	\$129,257	\$ 90,634

## 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):

	2007	2006
Annual conference	\$ 1,986	\$ —
PHRED	13,605	15,098
Healthy Schools	—	30,837
Heart Health Resource Centre	657	24,340
Nutrition Resource Centre	102,389	49,250
HHRC Best Practices (TEIP)	4,800	4,800
Ontario Chronic Disease Prevention Alliance	39,107	20,463
NRC - Healthy Eating Active Living	33,571	—
Core Competency Consultation	5,896	2,530
Blood Safety Project	38,901	9,822
Alcohol Policy Network/ARAPO	84	3,520
OCDPA Environmental Scan	26,105	178,000
HealthForceOntario Leadership/Mentorship	12,787	—
Community Food Advisory 2003	11,162	11,162
Ontario Healthy School Coalition	1,080	1,080
YAMM Health Canada	(53,248)	—
	\$ 238,882	\$350,902

## 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.

## 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:

	2007	2006
Cash on hand and balances with bank	\$ 344,135	\$ 420,316
Guaranteed investment certificate	500,000	502,675
	\$ 844,135	\$ 922,991

## 9. Comparative figures

Comparative figures have been restated to conform with the current year presentation.



# &opha

**700 Lawrence Ave. West  
Suite 310  
Toronto, Ontario  
M6A 3B4**

<b>Telephone</b>	<b>416-367-3313</b>
<b>Toll-free</b>	<b>1-800-267-6817 (Ontario)</b>
<b>Fax</b>	<b>416-367-2844</b>
<b>E-mail</b>	<b><a href="mailto:info@opha.on.ca">info@opha.on.ca</a></b>
<b>Website</b>	<b><a href="http://www.opha.on.ca">www.opha.on.ca</a></b>

**OPHA**  
Ontario Public Health Association  
l'Association pour la santé publique de l'Ontario  
Established/Établi 1949