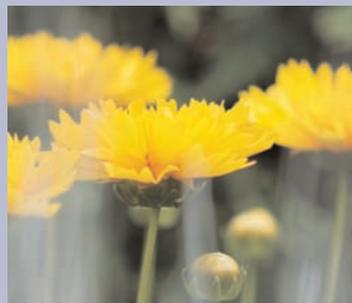


OPHA

Annual Report

April 1, 2007 to March 31, 2008

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



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



Annual Report

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OPHA

The Voice of Public Health Since 1949

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

Our Mission

The Mission of the Ontario Public Health Association (OPHA) is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

Our mission is achieved by providing:

- Educational 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
- 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.

- A strong association leading public health reform in Ontario
- Well resourced, with significant policy analysis capacity
- Strong links with other health organizations
- Commitment to advocacy
- Highly respected, consistently consulted

Our Values

OPHA seeks to:

- Be an independent voice for public health
- Encourage a broad concept of health
- Promote health 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

Glossary of Terms

AESJ Workgroup

Access, Equity and Social Justice Workgroup

alPHA

Association of Local Public Health Agencies

ANDSOOHA (no longer used as an acronym)

Public Health Nursing Management in Ontario

AOHC

Association of Ontario Health Centres

APHEO

Association of Epidemiologists in Ontario

APN

Alcohol Policy Network

ARAPO

Association to Reduce Alcohol Promotion in Ontario

ASPHIO

Association of Supervisors of Public Health Inspectors of Ontario

BAC

Blood/alcohol content

CAMH

Centre for Addiction and Mental Health

CASN

Canadian Association of Schools of Nursing

CFA Program

Community Food Advisor Program

CFS

Community Food Security

CHC

Community Health Centre

CHNIG (RNAO)

Community Health Nurses Initiatives Group
(Registered Nurses Association of Ontario)

CIHR

Canadian Institutes for Health Research

CIPHIO

Canadian Institute of Public Health Inspectors, Ontario Branch

COUPN

Council of Ontario University Programs in Nursing

CPCHE

Canadian Partnership for Children's Health and the Environment

CPHA

Canadian Public Health Association

DC

Dietitians of Canada

EPPHP

Effective Practice in Public Health Project

FLS

French-language Services

FSW

Food Security Workgroup

HEAL

Healthy Eating and Active Living Program

HEP Initiative

Health Education and Enforcement in Partnership

HFHS

Healthy Food for Healthy Schools

HHRC

Heart Health Resource Centre

HPO

Health Promotion Ontario

ICFS

Interagency Council on Food Safety

IUHPE

International Union for Health Promotion and Education

LGBTTTIQQ Workgroup

Lesbian Gay Bisexual Transgender, Transsexual,
Two-Spirit, Intersex, Queer and Questioning

MADD

Mothers Against Drunk Driving

MHP

Ministry of Health Promotion

MOHLTC

Ministry of Health and Long-Term Care

NGO

Non-government Organization

NRC
Nutrition Resource Centre

NutriSTEP® Program
Nutrition Screening Tool for Every Preschooler

OAPHD
Ontario Association of Public Health Dentistry

OCCHA
Ontario Council on Community Health Accreditation

OCDPA
Ontario Chronic Disease Prevention Alliance

OCGHEPA
Ontario Collaborative Group on Healthy Eating and Physical Activity

ODAP
Ontario Drug Awareness Partnership

OHHN
Ontario Heart Health Network

OHPRS
Ontario Health Promotion Resource System

OHSC
Ontario Healthy Schools Coalition

OIPRC
Ontario Injury Prevention Resource Centre

OPHA
Ontario Public Health Association

Ophea
Ontario Physical and Health Education Association

OPHLA
Ontario Public Health Librarians Association

OPHS
Ontario Public Health Standards

OSNPPH
Ontario Society of Nutrition Professionals in Public Health

PARC
Physical Activity Resource Centre

PEN
Practice-Based Evidence in Nutrition

PHA
Public Health Alliance

PHAC
Public Health Agency of Canada

PHCCI
Public Health Core Competencies Initiative

PHNM
Public Health Nursing Management

PHRED
Public Health Research, Education and Development

PRO
Parks and Recreation Ontario

PVC
Prevention of Violence Canada

RNAO
Registered Nurses Association of Ontario

RNIG
Rainbow Nurses Interest Group

RRFSS
Rapid Risk Factor Surveillance System

SDWS
Small Drinking Water Systems

SHES
School Health Environment Survey

TEIP
Towards Evidence-Informed Practice

TPH
Toronto Public Health

YAMM
Youth & Alcohol, Messages & Media

WHO
World Health Organization

OPHA continues to be a strong and vibrant organization – an organization on the verge of celebrating its 60th anniversary as an advocacy leader for public health policy and practice.

My term of office began in January 2008 and I was fortunate to be able to build upon the momentum established under the leadership of the immediate past president, Dr. Garry Aslanyan. The review of OPHA's governance structure and by-laws, the revitalization of our advocacy agenda with a focus on health system reform, and reducing health disparities, as well as increased engagement with policy makers, were developments that positioned us well to have a voice in critical public health issues.

The membership of OPHA has been engaged, through our various workgroups, in making the case for change by developing position papers and resolutions for presentation to our membership for voting approval and action. These papers and resolutions have provided the impetus for action and equipped us with the evidence to make convincing cases for policy development with key decision makers. I encourage you to add your expertise to a workgroup – a great vehicle for galvanizing energy behind critical public health issues.

As an organization OPHA has long recognized and embraced the value of partnerships in mobilizing the forces of change. We have been fortunate to have further developed fruitful collaborations with organizations, such as alPHa (Association of Local Public Health Agencies) which has resulted in more effective advocacy with government.



The creation of the Ontario Agency for Health Protection and Promotion represents another important partnership opportunity for OPHA. At this critical time of public health renewal in Ontario, it is my hope that OPHA will be an integral partner in informing and shaping the strategic direction of the Agency. As a public health practitioner in Ontario, each of you has a stake in the success of the new Agency and the positive impact it will have on public health policy and practice.

I am privileged to work with such a passionate and committed Board and together with you, our members, we are poised to play an important role in public health renewal. OPHA is a strong and credible voice for public health practitioners in Ontario, and I urge all of you to use your voice and talents to build excellence in public health across this province.

I would invite you to take a closer look at OPHA's achievements over the last year as detailed in this annual report – the work of volunteers dedicated to public service and improving the health of Ontario populations.

A handwritten signature in black ink that reads "Carol Timmings". The signature is written in a cursive, flowing style.

Carol Timmings
President

OPHA

The Executive Director's Report

It has been my pleasure to serve the Board of Directors and oversee the operation of the Ontario Public Health Association during an especially exciting 2007-08 fiscal year. OPHA took on major areas of action during the year that involved significant staff support.

The organization turned its focus internally to examine its governance structures. This resulted in changes to our bylaws which were adopted at the Annual General Meeting in November. As a result our Advocacy and Membership Committees were restructured and empowered to undertake major change management initiatives during the year.

The Advocacy Committee sharpened its advocacy strategy enabling the staff to focus its work on: Public Health System Reform, poverty reduction to address health inequity and environmental issues of cosmetic pesticide use ban, toxic substances use reduction and environmental exposures and children's health. Other aspects of the new advocacy strategy will be implemented over the coming months.

Recognizing the need for better communication tools, the Membership Committee initiated the creation of a new organizational brochure, membership brochure and a new website design – all designed to reflect a uniformly re-branded organization ready to engage an ever expanding community of stakeholders. The OPHA e-Bulletin, launched late in 2006, enjoyed its first full year of circulation. To increase the profile of OPHA as a significant voice in public health among external stakeholders, the OPHA has launched Public Health Today magazine—a publication devoted to exploration and analysis of significant issues and developments in public health emerging provincially, nationally or internationally.

Much of the work of OPHA during the 2007-08 fiscal year was shaped by the election year cycle and changes within both the Ministry of Health and Long-Term Care and the Ministry of Health Promotion. The election provided opportunities for OPHA to recommend platform strategies to improve the health of the population and to strengthen public health to all political parties as well as to the successful party. In collaboration with ALPHa, we created a brochure outlining our recommendations for political action and a resource demonstrating the role of Public Health in the lives of Ontarians. Significant staff changes within the bureaucracy (ministries) of government also provided new opportunities to influence decision making by rearticulating our recommendations.

I am privileged to serve as Co-Chair of the Ontario Chronic Disease Prevention Alliance for which OPHA provides secretariat services. This collaboration gives OPHA a unique opportunity to link with, learn from and influence strategies to prevent chronic disease. We are proud of the significant accomplishments of the Alliance which are detailed elsewhere in this publication.



Four of OPHA's major programs, the Nutrition Resource Centre, the Heart Health Resource Centre, the Alcohol Education Projects (APH/ARAPO) and the Injury Prevention Initiative, are all members of the Ontario Health Promotion Resource System (OHPRS). This year, an external review of the system was conducted and based upon the findings and the impact of the newly created Ontario Agency for Health Protection and Promotion, we can expect changes to the OHPRS in the next year.

A number of shorter term projects conducted by OPHA have contributed significantly to public health: The Keepcontrol Campaign, funded by Health Canada expanded its focus beyond high schools to the aboriginal population and university freshmen. The second year of the HealthForce Leadership/Mentorship project resulted in the creation of a manual, and a set of public health professional role stories that will be used by health units across Ontario. The Towards Evidence Informed Practice project (TEIP), working with four public health and stroke communities, developed and evaluated an evidence assessment tool to assist communities to more readily utilize evidence in their intervention designs. TEIP is planning to disseminate widely its set of tools and process to the public health community in the coming year.

The 2007 OPHA Conference, Public Health: Who's at Risk? What's at Stake?, co-hosted by Toronto Public Health, was successful in bringing together people from across Ontario. Attendance and participation in OPHA's annual conferences continues to be a key indicator of OPHA's influence and the organization's unparalleled ability to galvanize the support of a critical mass of the public health workforce in Ontario.

We invite you to join us by offering your support in strengthening public health in Ontario.

A handwritten signature in black ink that reads "Connie L. Uetrecht".

Connie Uetrecht
Executive Director

OPHA

Staff List 2007-2008

STAFF STUDENTS

Andrea Bodkin, Program Coordinator, HHRC

Angella Kalloo, Project Assistant, HHRC

Anne Lessio, Manager, PHCCI and TEIP

Ben Rempel, Alcohol Projects Manager, APN, ARAPO, Injury Prevention

Cindy Scythes, Manager, Nutrition Resource Centre

Connie Uetrecht, Executive Director

Dayna Albert, Acting Manager, TEIP

Donna Galasso, Sr. Finance and Administration Officer

Dorothy Birtalan, Web Editor, Chief Information Officer

Elizabeth Smith, Program Coordinator, NRC

Garth Hardie, Communications, Media and Government Relations Officer

Hoi Ki Ding, Program Coordinator, OCDPA

Jane Bellman, Manager NRC

Jason, LeMar, Co-ordinator

Jay Pitter, Development Manager

Joe Rock, Manager, YAMM

Kathleen Orth, Project Assistant, NRC

Khalilah Bruzal, Project Assistant, TEIP

Kim Downs, Administrative Assistant, YAMM

Lee Rysdale, Program Co-ordinator

Lesia Hucal, Program Coordinator, NRC

Mary Ellen Prange, Program Coordinator, NRC

Manny Coluccio, Administrative Assistant

Nick Ivals, Administrative Assistant

Nolly Baksh-Singh, Board and Member Relations Officer

Pam Kinzie, Program Coordinator, HHRC Acting Manager

Shawna Scale, Manager OCDPA

Samara Foisy, Program Coordinator, NRC

Stacey Nunes, Program Coordinator, TEIP

Susan Sperling, Communications and Public Relations Officer

Leigh Underhill, Nutrition Resource Centre

Ellen McLean, Nutrition Resource Centre

Honey Bloomberg, Ontario Chronic Disease Prevention Alliance

Christine Herrera, Toward Evidence Informed Practice

Celina Degano, Alcohol Policy and Injury Prevention

Jennifer Lodge, Alcohol Policy and Injury Prevention

OPHA

Board of Directors 2007-2008

President

Dr. Garry Aslanyan- to December 2007
 Carol Timmings—January 2008-Present

President-Elect

Carol Timmings to December 2007
 Liz Haugh January , 2008- Present

Secretary

Nancy Day to December 2007
 Denise DePape January 2008-Present

Treasurer

Larry Stinson



CONSTITUENT SOCIETY REPRESENTATIVES

Association of Ontario Health Centres (AOHC)

Marg Hedley

Association of Public Health Epidemiologists in Ontario (APHEO)

Gabrielle Brankston to December 2007
 Alanna Lefley January to March 2008

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

Peter Gauthier

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

Fran Gelder to December 2007
 Cameron Weighill January to March 2008

Community Health Nurses Initiatives Group (RNAO)

Sue Starling to October 2007
 Carol Yandreski October to March 2008

Health Promotion Ontario: public health (HPO.ph)

Inge Roosendaal to December 2007
 Kevin Churchill January to March 2008
 Marty Mako

(ANDSOOHA) Public Health Nursing Management in Ontario

Monica Mitchell

Ontario Society of Nutrition Professionals in Public Health (OSNPPH)

Lynn Garrison

Ontario Association of Public Health Dentistry - (OAPHD)

Dr. Robert Hawkins to December 2007
 Anna Rusak January to March 2008

Ontario Public Health Librarians Association (OPHLA)

Elena Goldblatt

Public Health Research, Education and Development (PHRED) Programs

Charlene Beynon

MEMBERS-AT-LARGE

Camille Burnett

Bronwen Edgar to June 2007

Sandra Laclé to December 2007

Sawsan Sharaf January to March 2008

Dr. Bonnie Lynn Wright to August 2007

Dr. Christina Mills

Theresa Schumilas

Louise LePage January to March 2008

COMMITTEES

Access, Equity and Social Justice Committee

Daniela Seskar-Hencic to December 2007

Membership & Internal Communications Committee

Liz Haugh to December 2007

Public Relations & Advocacy Committee

Denise DePape to December 2007

Watershed Moments in Public Health Practice, Promotion and Policy

In nearly sixty years of providing leadership, facing challenges and influencing the evolution of public health in Ontario, OPHA has enjoyed many watershed moments—events, announcements, decisions that are immediately recognized as turning points in the strategic journey. Moments of exhilaration. Moments of challenge. Moments of recognition. Moments of achievement.

The 2007-2008 fiscal year was full of such moments. And the following pages will encapsulate and celebrate these moments when the impact of people who are active in public and community health was most deeply felt—in the successful launch or delivery of innovative programs, the evaluated success of a unique health promotion strategy, the announcement of a positive change in healthy public policy to the enrichment of all our lives.

Interdisciplinary Collaboration

Members of OPHA—both individual professionals representing the gamut of public health professions and the 11 Constituent Societies of public health organizations that are represented on the Board of Directors of OPHA—recognize that OPHA's unique value proposition resides in the multi-disciplinary nature of the organization. Policy debates are enriched by the variety of knowledge and perspectives. Collaborations are strengthened by the intermingling of skill sets and tools for tackling complex tasks. Partnerships are invigorated by the diversity of talent and the power of group commitment which lightens the workload. These are the

benefits of belonging to OPHA and working through OPHA to achieve positive changes in both healthy public policy and daily public health practice.

Highlights of Achievements

During the 2007-2008 fiscal year OPHA collaborated with the Ministry of Health Promotion, the Ministry of Health and Long-Term Care, the Ministry of Children and Youth Services and many not-for-profit organizations in the bid to fulfill its mandate—providing leadership on issues affecting the health and welfare of all Ontarians. The details of these collaborations are described throughout this Annual Report. However, the highlights and major strategic and tactical gains derived from these successes are summarized below for your convenience.

Last year, OPHA undertook to support public health and implement system transformation through the following key accomplishments:

- Articulated public health interests to the Provincial-Municipal Fiscal and Service Delivery Review
- Distinguished public health interests from those of the treatment sector and defended the public-health-related recommendations of the Capacity Review Committee in discussions (and a paper) about Local Health Integration Networks, Regional Health Authorities and potential integration of the treatment and prevention divisions of the health sector.
- Responded to an e-survey on the Phase 1

protocols supporting the Public Health Standards by convening a meeting with our Constituent Societies and leveraging the breadth of public health knowledge in the group.

- Built new bridges of understanding and co-operation between OPHA and representatives of the Ministry of Health Promotion's Chronic Disease Prevention Division and the Ministry of Health and Long-Term Care's Public Health Division. It is understood that routine operational staff changes and other developments make it necessary for relationships to be continually renewed.
- Collaborated with the Association of Local Public Health Agencies (aLPHa) in informing political candidates about public health issues.
- Produced a monthly **OPHA E-Bulletin** designed to keep OPHA members abreast of emerging issues.
- Launched a new magazine—**Public Health Today**—designed to engage external stakeholders in the broader issues and developments in public health.
- Engaged OPHA's Board of Directors in developing a plan to define a role for public health in addressing social determinants that affect health inequity.
- Facilitated an interdisciplinary response to the Ministry of Education's call for recommendations regarding the Health and Physical Education Curriculum.



- Produced leading edge information to support healthy public policy on issues in environmental health, violence prevention, food security, alcohol policy, breastfeeding, alcohol policy, access and equity.
- Supported the Ministry of Health Promotion's Action Plan on Healthy Eating and Active Living, helped build its Injury Prevention Strategy and participated in the Ministry of Education's Healthy Schools Working Table.
- Repositioned OPHA within the public health system by revising bylaws, revamping promotional materials and redesigning our its web site. The new site will be launched in 2008.
- Engaged the OPHA membership in such advocacy issues as Oral Health Promotion, Informed Decision-making and Infant Feeding, Breastfeeding, Public Health System Renewal in Ontario, Access to a Nutritious Diet for All, Reaffirming the Importance of Strict Firearm Regulation to Prevent Firearm Deaths and Injuries. Advocated for a Provincial Strategy for Alcohol and Other Drugs, through the OPHA resolution and position paper process.
- Collaborated with Toronto Public Health on Leadership Competencies for Public Health and Interdisciplinary Mentorship. Snapshots of a day in the life of various public health professionals were created for general information purposes.
- Provided on-going secretariat support to the Ontario Chronic Disease Prevention Alliance's 11 contributing members and 30 participating organizations as well as to the Ontario Healthy Schools Coalition.
- Celebrated the 20th anniversary of the OPHA Secretariat.
- Hosted the 2007 OPHA Conference, Public Health: Who's at Risk? What's at Stake? with Toronto Public Health.

Impact

OPHA's advocacy efforts and other interventions in the creation of health public policy are most tangibly evident in the government's recent initiatives on poverty reduction, provision of dental coverage for at-risk groups, ban on pesticide use for cosmetic purposes and the implementation of the reduction strategy for the use of toxic substances. These moments of success, fundamental as they are to fulfilling the mandate of the organization provide the motivation for a growing number of people who are dedicated to making a difference to the quality of life in their communities by promoting public health.



OPHA's inaugural Dr. Sheela Basrur Scholarship was awarded to Ms. Jenna Allen (r) at the 2007 OPHA Conference.

OPHA Programs

ALCOHOL POLICY NETWORK AND ARAPO

Alcohol Policy Network



As part of its planning for the 2007-2008 fiscal year the Alcohol Policy Network (APN) and ARAPO aimed to:

- Increase informed discussion on alcohol-related issues.
- Promote greater awareness of the health, safety and social effects of alcohol-related policies.
- Enable health professionals, community members and others to participate actively and effectively in the development of alcohol policy at all levels.

The following summary of our accomplishments and opportunities reflects a highly successful year in which the group immersed itself in a range of activities and faced challenges with creativity, determination and enthusiasm.

Annual Alcohol Forum:

In March 2008, the fifth annual **Alcohol: No Ordinary Commodity Policy Forum** was held in Ottawa discussing the topic of Adapting National and Provincial Alcohol Strategies for Local Impact. Seventy-two participants heard from renowned speakers from the Centre for Addiction and Mental Health, the Ontario Tobacco Research Unit, the Canadian Centre on Substance Abuse, and the Government of Nova Scotia. The main message emanating from this gathering was the need for health professionals to support the provincial and national alcohol strategies. Past forums have produced such positive (pending) outcomes as: directly influencing components of the National Alcohol Strategy and providing a template for Provinces to follow if they begin planning all-day policy forums.

Youth and Alcohol Research Released:

In October 2007, a research report including recommendations to practitioners **Alcohol and Youth Trends: Implications for Public Health**, was released through the Alcohol Policy Network and the ARAPO. The goal of this report was to identify:

- the current patterns of alcohol use among youth in Canada, and specifically Ontario;
- the common motivations to drink alcohol; and the consequences of alcohol use among youth.

This research has been quoted in **Strengthening Alcohol Policy in Ontario**,

City of Toronto, 2008; **Resolutions for Consideration**, Association of Local Public Health Agencies, 2008; and is under consideration for publication in **McMaster University Medical Journal**.

Supporting Public Health:

APN and ARAPO take pride in providing consultation, research, strategic advice, support and learning opportunities to public health units throughout Ontario. As an example, APN supported the Middlesex-London Health Unit as they proposed six resolutions related to alcohol. Most of these resolutions have been supported by various health units including Toronto Public Health; Perth Public Health; and Niagara Public Health and are being considered for support by the Association of Local Public Health Agencies.

APN and ARAPO will continue to support public health and the health promotion field with their regular activities. Some highlights over the last fiscal year included providing:

- 66 in-depth consultations
- 130 responses to information requests
- 15 presentations on alcohol policy issues at conferences, schools and with public health units reaching approximately 360 participants
- 2 orientation teleconferences for new professionals to substance abuse prevention attracting 110 participants
- 2 distance education series on "Alcohol and Chronic Disease" and "Low-risk drinking guidelines" attracting 125 participants
- current research released on alcohol policy issues through web vehicles such as information packs, briefing notes and papers, resource guides, alcohol policy collection, news services such as Alcohol in the News, Alcohol Research Digest, and the monthly Issues to Watch, and our 600 plus member APOLNET Listserv
- OHPRS-honoured French Language Services
- leadership in health promotion regarding effective evaluated services.

Moving Forward

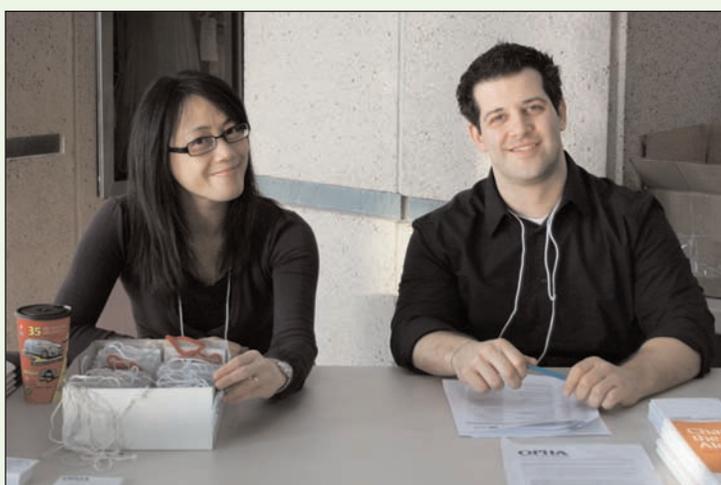
One of the key challenges facing the Alcohol Policy Network and ARAPO will be finding the most effective strategy for engaging policy makers and other influencers in various sectors of the provincial government to tackle the wide range of alcohol issues.

Going forward, in the coming years APN and ARAPO will seek to continue close collaboration with the OPHA Alcohol Workgroup and other key stakeholders to:

- Support health units and the Ministry of Health Promotion in the development of an Ontario alcohol and drug strategy coordinated with the Canadian alcohol strategy
- Share the lessons learned from the tobacco field in the alcohol policy field
- Continue to provide research on lowering the Blood Alcohol Content (BAC) in collaboration with the Centre for Addiction and Mental Health (CAMH) and MADD Canada
- Maintain and develop connections with other Canadian provinces in regards to alcohol policy issues.

Ben Rempel

Manager, Alcohol Education and Injury Prevention



OPHA Alcohol Workgroup member Amy Hlaing and Jason LeMar OPHA staff member

OPHA Programs

HEALTHFORCE LEADERSHIP MENTORSHIP PROJECT

OPHA implemented The HealthForce Leadership Mentorship Project in collaboration with Toronto Public Health in 2007-2008 in an effort to improve organizational support of leadership development in both organizations, increase capacity in leadership knowledge and skills and demonstrate improvements in interdisciplinary collaboration.

Despite a highly compressed timeframe for completion of the project, solid commitment on the part of all participants resulted in a highly successful project. OPHA will build on this success as it makes strategic progress towards the adoption and implementation of core competencies for the public health sector.

The objectives of the HealthForce Leadership Mentorship Project were defined as follows:

- To utilize the Core Public Health Leadership Competencies for Managers defined in 2006-07 by the OPHA Core Competency Task Group and Managers at Toronto Public Health (TPH) to implement a 360 degree feedback process at TPH and at OPHA.
- To receive and consider an aggregate organizational report on Leadership Competencies in order to develop plans to address leadership issues within the two organizations
- To increase leadership among new managers by offering leadership and transition to manager training
- To develop, implement and evaluate an interdisciplinary mentorship program.

- To produce an Interdisciplinary Mentorship Manual for use by other public health agencies and OPHA.
- To develop public health professional role stories to promote public health professions.

Over the course of the year the following accomplishments were recorded:

- 168 managers participated in the 360 process which included individual feedback on the results from an expert. Over half of the participants are using the information in plans for their own development.
- Both Toronto Public Health and OPHA utilized their aggregate data from the 360 feedback to develop plans to support leadership within their organizations.
- 17 new managers received **Manager and Leadership Coaching** sessions and applied their learnings on the job.
- 37 matched pairs of mentors and mentees from different disciplines participated in an eight week mentorship program including training sessions, coaching and homework. Approximately 80% of mentors and 94% of mentees rated their experience as very good to excellent. At least five of the mentees have now moved into management positions.
- A Mentoring resource manual and orientation package was developed and refined after its use in the program; it will be shared across Ontario.

- 17 role stories illustrating a day in the life of a public health professional were created based upon interviews with at least two professionals in each public health discipline. These role stories have been published in a popular format and are now being used across Ontario to promote public health professions.

Impact

The project produced a Leadership Mentorship Project Resource Guide for Mentors/Mentees. OPHA will use this document as well as the professional role stories to foster leadership and professional competencies across Ontario. The Leadership Mentorship Resource Guide can be utilized by OPHA to establish a mentorship process across Ontario pending available resources. Opportunities to expand these efforts are possible through HealthForceOntario and the Public Health Agency of Canada.

HEART HEALTH RESOURCE CENTRE

OPHA's Heart Health Resource Centre (HHRC), a member of the Ontario Health Promotion Resource System (OHPRS) funded through Ministry of Health Promotion, has a mandate to enhance the capacity of public health agencies and their community partners to implement comprehensive, multi-risk factor, community-based heart health programs. The overall goal is to achieve a reduction in mortality and morbidity in Ontario associated with heart health. In the short-term, all support services are aimed at increasing the local and provincial capacity for planning, implementing and evaluating heart health programs.

In 2007-2008 HHRC expanded its services despite a significant reduction in staffing. For the first time, HHRC undertook the support and sponsorship for the newly formed Chronic Disease Prevention Managers in Public Health network. In addition, the French Language Services (FLS) component of the HHRC was expanded from previous years to include networking opportunities, two web-based workshops, and the creation of an FLS Advisory Committee. Support for the Ontario Heart Health Network (OHHN) was substantially higher than in previous years. The HHRC was instrumental in launching the OHHN website, which was integral to the OHHN strategic planning process.

Social Determinants of Health in Chronic Disease Prevention

HHRC planned and delivered two highly successful symposia. The first called *Influencing Decision Makers* focused on building skills for advocacy endeavours and the second entitled *Health Equity: Are We There Yet?* addressed the social determinants of health in chronic disease prevention. Over 150 participants from the Heart Health communities, public health, Ontario Health Promotion Resource System (OHPRS), NGOs and government attended. Two issues of the @heart newsletter were developed to capture the key points from the symposia.

New Resources: @ a glance

As the Ontario Heart Health Program undergoes review and revitalization in 2008, there is an increasing need for on-site consultation and coaching services from HHRC consultants. This year, 21 on-site consultations and six coaching sessions were delivered across the province. Not surprisingly, the majority of these sessions addressed strategic planning and/or program planning related issues. A new resource called *@ a glance* was developed to support heart health communities during their planning phases. These resources are short, electronic fact sheets highlighting key points and identifying useful resources on topics associated with strong community planning processes.

Looking Forward...Re-branding and Realignment

This has been a year of transition for HHRC. In early February, Anne Lessio, long-standing Manager and pioneer of the program at OPHA, left HHRC to pursue a new position within a Local Health Integration Network. Anne had been involved with heart health promotion in Ontario since the program's inception in the early 1990's. She will be missed by many in health promotion networks across the province.

Andrea Bodkin, full-time Program Coordinator, also left HHRC to complete her Masters degree in Public Health in Australia. We look forward to having her back to take up the manager's role in January, 2009.

The coming year brings exciting challenges to HHRC in light of anticipated changes to health promotion programs in chronic disease prevention in Ontario. The first will be to hire additional staff and consultants to enhance our ability to respond to requests for new resources and information and develop capacity-building opportunities. The second will be to rebrand and align the Centre to new directions in chronic disease prevention. We look forward to working with community partners, public health, government and other health promotion resource centres to further chronic disease prevention strategies in Ontario.

Pam Kinzie,
Interim Manager, HHRC

OPHA Programs

A COMPREHENSIVE APPROACH TO INJURY PREVENTION



OPHA maintains a strong presence in the Ontario Health Promotion Resource System (OHPRS) and is known as a vehicle through which public health practitioners from across Ontario can link with one another to share information and develop joint action, including injury prevention initiatives.

Since 2005, the OPHA has managed and administered the Ontario Injury Prevention Resource Centre (OIPRC) contract through SMARTRISK, on behalf of the Ontario Ministry of Health Promotion (MHP). Through identified needs and action by the advisory committee of the OIPRC, the Injury Prevention Manager's Alliance with support from the Ontario Neurotrauma Foundation, and the newly established Ontario Injury Prevention Practitioner Network managed through the OIPRC, OPHA strives to strengthen injury prevention initiatives in the province.

Key initiatives of 2007-2008 include the formation and functioning of the Ontario Injury Prevention Practitioner Network; and the successful continuation of the Injury Prevention Public Health Manager's Alliance which aim is to support the new Ontario Public Health Standards and the Provincial Injury Prevention Strategy through the Ministry of Health Promotion.

The role of public health in intentional and unintentional injury prevention continues to receive attention and the OPHA Injury Prevention Initiative supports the mobilization of the public health community in this regard.

This year, OPHA's Violence Prevention Workgroup, through the Injury Prevention Initiative Program launched a provincial violence prevention database to assist practitioners who are seeking information and ideas to support their violence prevention programming. This can be found at opha.on.ca/databases/violence.

Looking forward, OPHA will continue to be a leader in injury prevention as it works closely with MHP and OIPRC to provide evidence-informed, timely and practical resources to the public health injury prevention field.

For further information visit: <http://www.opha.on.ca/projects/injury.html> and www.oninjuryresources.ca.

Ben Rempel
Manager, Alcohol Education and Injury Prevention

KEEPCONTROL CAMPAIGN 2008

In the summer of 2005 youth from across Ontario were brought together at a conference to discuss effective ways to talk to their peers about alcohol related issues. They developed key messages about harm reduction and risky drinking and suggested strategies for sharing the messages with their peers. If we wanted to get information out to the youth of Ontario, they said, we needed to be truthful, speak the language of today's youth, and use cutting edge, stylish, youth relevant images on messaging materials. Health Canada responded with additional funding to develop and implement a social marketing campaign. We called it Keepcontrol.

The Keepcontrol Initiative grew significantly in 2007-2008. In addition to continuing our outreach to groups that help students plan graduation parties and other recreational activities that feature alcohol in order to find gaps in relevant information that was being delivered to 15-19 year-olds, we started working with students and staff at the University of Ottawa and the Thunder Bay District Health Unit. We developed strategies to work with two new target populations: aboriginal youth and students entering university and living away from home for the first time.

New Perspectives

Similar to the original youth conference that started the Keepcontrol initiative, we held a two day conference in Northern Ontario where we asked the young people what they would like to see in a social marketing campaign directed to them and their peers. Although there were many similarities with the original initiative, the aboriginal youth felt the idea of keeping control through a harm reduction approach did not resonate with them. In their world you either didn't drink or if you did, you drank to the point of intoxication, putting yourself in risk of much harm related to risky drinking. With this new information we began putting the pieces in place to develop the new campaign for 2008-2009.



Measurable Success

Throughout 2007 we experienced measurable success in reaching the youth of Ontario. We disseminated approximately 2000 pieces of print material to community organizations, youth groups and schools and delivered over 20 presentations to promote the Keepcontrol message. We held 7 train-the-trainer events for those wishing to use the material. The Keepcontrol websites logged over 400,000 hits through the year and we were pleased that many of our visitors stayed on the site for a considerable amount of time. Many reviewed the facts about risky drinking behaviors and downloaded the educational material that accompanied the campaign promotional items. In 2007 we revamped our educational materials and produced a new CD-Rom and Presenters Guide thanks to continued support from Health Canada. The project will continue in 2008-2009. Plans are currently underway to implement a sustainability strategy to ensure our message is preserved when funding ends.

Joe Rock

**Manager, Keepcontrol.ca
Youth and Alcohol Messages and Media**



OPHA Programs

NUTRITION RESOURCE CENTRE (NRC)

Nutrition Resource Centre (NRC)

NRC supports the dissemination and effective implementation of five provincial programs:

- The Community Food Advisor (CFA) Program
- Healthy Eating Active Living (HEAL) : Resources for Parents/Caregivers of Young Children
- NutriSTEP™
- Eat Smart! restaurant, school cafeteria, workplace and recreation centre programs, and
- Colour It Up...go for more vegetables and fruit

In addition, NRC kept 1600 nutrition promotion practitioners in Ontario up-to-date through Contact-nrc and many more via the NRC Digest and the NRC website. NRC met quarterly with the Nutrition Resource Group (key provincial organizations and programs in nutrition promotion) to share provincial strategies, identify needs and connect to the Ontario Health Promotion Resource System.

2007-08 Key Activities

- Provided consultation on a number of provincial initiatives this year, including the Ministry of Education's review of its Health and Physical Activity curriculum, and OPHA's submission for the Government's priority of addressing childhood obesity.
- Worked with our French Language Advisory Network of Registered Dietitians who are instrumental in reviewing all translated NRC materials. NRC added a French lexicon to the NRC website to facilitate translation of common nutrition terms.
- Continued collaborative work with other OHPRS members (HHRC, Ophea, Best Start and PARC), and continued to seek partnerships. NRC worked extensively on the Menu of Choices project with OPHEA, and served as a reviewer for the Best Start resources **Healthy Eating for a Healthy Baby**, and **How to Feed Your Growing Child**.
- Collaborated with Health Canada on determining the need for culturally adapted versions of Canada's Food Guide, providing much background information on the process used and costs for the NRC project for cultural adaptations of the 1992 Food Guide.
- Mentored four Masters of Health Science (Community Nutrition) students and provided a core lecture to dietetic interns on the role of the dietitian in public health programming.

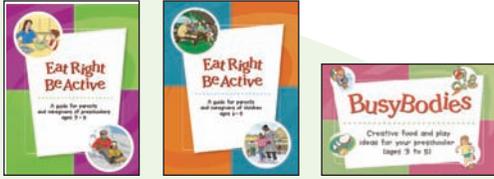


Community Food Advisor Program

The Community Food Advisor (CFA) program was pleased to welcome Halton Region as the first new **CFA** program site in 5+ years; training will begin in September 2008. CFAs will be available in Halton early in 2009

2007-08 Key Activities

- Reached over 52,000 people (almost 12,000 more than in 2006) at approximately 1000 health promotion events and provided over 16,000 volunteer hours
- Trained new volunteers at five sites, increasing the number of active CFAs to 375 as of December 2007
- Attracted 100+ CFAs from across the province to a CFA Networking Conference hosted by the Middlesex London CFA group. The focus of the conference was Aboriginal Culture and Food and included a cooking demonstration by David Wolfman of the Aboriginal Peoples TV Network
- Developed **Introduction to the CFA Program** booklet for potential new sites along with an application form
- Distributed three issues of CFA Advisor Newsletter.
- Revised the **CFA Program Logic Model**, the Resource Binder and Training Program to reflect Eating Well with Canada's Food Guide, (2007) and the presentation kits on Canada's Food Guide and Food Safety
- Translated **Healthy Eating for Healthy Aging**, and **Vegetables and Fruit, Everyday** presentation kits into French.
- Adapted **Lunches and Snacks** presentation kit from Peel CFA Program.
- Received additional funding of \$6,000 from French Language Services of OHPRS to support French translation of resource materials.



HEAL

Resources for Parents/Caregivers of Young Children

In June 2008, the NRC was honoured as one of four recipients (across Canada) of the "Speaking of Food and Healthy Living Award" from Dietitians of Canada and Kraft Canada, for its work on *BusyBodies/Hop la vie!* A congratulatory letter from Health Promotion Minister Margaret Best was received in recognition of this accomplishment.

2007-08 Key Activities

- Accommodated consistently high demand for **BusyBodies/Hop la vie!** and **Eat Right Be Active/Bien Manger Bien Bouger** resources, developed as part of Ontario's Action Plan for Health Eating and Active Living.
- Distributed more than 60,000 copies of **BusyBodies / Hop la vie!** and 100,000 copies of **Eat Right Be Active/Bien manger Bien bouger**.
- Selected **Fuel Up For Fun** as the final installment of the HEAL resources to be distributed as three seasonally-based, magazine-style presentations. The first issue will be available in August 2008. These resources engage primary school-age children and their families to take action to eat right and be active every day.
- All HEAL resources were posted on the EatRight Ontario website.

NutriSTEP™ joined NRC in May of 2007 as a provincial program.

NutriSTEP™ (Nutrition Screening Tool for Every Preschooler), is a scientifically valid and reliable bilingual (English and French) nutrition risk screening questionnaire that takes approximately five minutes to complete and has been designed for administration by parents, caregivers or community professionals, in a variety of settings. NutriSTEP™ can also be used for local and provincial surveillance, to plan programs and identify implications for further research and practice.

NutriSTEP™ is listed as a valid and reliable tool to be used in the Family/Child Health Program (Requirement # 11) of the Ontario Public Health Standards and will easily dovetail into existing programs such as Best Start hubs, parent education programs, school readiness programs, and primary health care settings such as physicians' offices, Community Health Centres and Family Health Teams.

2007-08 Key Activities:

- Established Provincial Advisory Committee
- Established a licensing agreement with owners and University of Guelph with online dissemination of English and French screening tool and **Implementation Toolkit** planned for summer 08.
- Finalized Implementation Toolkit. French translation is in progress.
- Updated support materials. Produced DC PEN preschooler pathway and education booklet **How to Build a Healthy Preschooler** in English and French.
- Initiated targeted implementation and evaluation studies in five communities with site coordination from four health units and two Family Health Teams. The Sudbury site is working with both Anglophone and Francophone families and services.
- Held numerous community consultations and needs assessments.
- Received endorsements from Dietitians of Canada and OCGHEPA, and
- Conducted knowledge transfer via OSNPPH regional meetings and presentations.

Future plans

With universal access to NutriSTEP™ and the **Implementation Toolkit** across Ontario, there is a need for a strategic plan as well as evaluation/surveillance system to monitor preschool nutrition issues and outcomes.

OPHA Programs

NUTRITION RESOURCE CENTRE (NRC)



Ontario's Healthy Restaurant Program
School Program
Workplace Program

Eat Smart!

NRC submitted a letter of intent to CIHR for evaluation funding for the **Eat Smart!** Program and was subsequently invited to submit a full application. NRC is eagerly awaiting news of this grant.

2007-08 Key Activities

- Worked with the provincial head offices of several national franchise restaurants to approve nutrition standards provincially for all restaurants in each chain.
- Updated Eat Smart! logic model
- Continued work on trademarking the **Eat Smart!** name and logo including an application for **Eat Smart!** to be recognized as an official mark.
- Held several Provincial Advisory Committee meetings to revise the school and workplace nutrition standard, which resulted in significantly stronger standards for both programs. The launch is expected in the fall of 2008
- Developed guidelines and criteria for integrating the vending and recreation centre nutrition standards into the school and workplace program. This will significantly improve the scope of the program by extending healthy choices beyond the cafeteria in schools and workplaces.
- Began the process of developing common messages for the **Eat Smart!** program to be used in all promotions and integrated into a communication tool kit for health units.
- Collected process data on the **Eat Smart!** program through the 2006 Annual Summary Report.
- Revised the school and workplace manuals into toolkits
- Promoted **Eat Smart!** to Ontario Registered Dietitians through a webcast with 276 registrants. Eighty-one (81) per cent told us this information was new to them.
- Developed, designed and launched a new and greatly improved **Eat Smart!** website (www.EatSmartOntario.ca and www.AVotreSanteOntario.ca) in March 2008.
- Initiated partner talks with Heart and Stroke and the Canadian Cancer Society about the possibility of a partnership with the Health Check program.

- Engaged in an environmental assessment of the status of the **Eat Smart!** program
- Translated all remaining **Eat Smart!** material and resources into French.
- Implemented an evaluation framework
- Coordinated the collection and compilation of all RRFSS data since 2005 to analyze with a provincial lens
- Developed a communication tool kit to standardize promotion and point of purchase messages and practices provincially.
- Developed comprehensive guidelines (promotion, placement, pricing, etc) that move the program beyond the cafeterias in schools and workplaces
- Conducted strategic planning and visioning sessions for the **Eat Smart!** restaurant program that will hopefully result in new partnerships, and a brand new look and feel to the restaurant program. This will breathe new life into the existing program and make it viable in today's nutrition environment
- Completed key communication objectives including assessment and analysis of ability of current **Eat Smart!** materials to meet stated communication objectives, and assessed the feasibility of establishing an **Eat Smart!** symbol for point of purchase area on menu and researched various point of purchase vehicle options.

Eat Smart! Program Expansion (HEAL)

- Expanded the Eat Smart! program to include recreation centres.
- Formed a provincial Advisory Working Group with representatives from eight health units and the food service and vending industries,
- Created nutrition standards for both snack vending machines and snack bars
- Pilot tested in 21 sites across the province starting from January 2007 to run to June 2008
- Planned process evaluation to inform final developments
- Planned province-wide launch for the 2008-09 fiscal year.

A key consideration that will affect the development and launch of the Recreation Centre program provincially is the development of nutrition standards to support the Ministry of Education's **Healthy Food for Healthy Schools Act (HFHS)**.



Colour It Up – go for more vegetables and fruit

Colour It Up – Go for More Vegetables and Fruit Program is the new name of the **TAKE Five: 5-10 a day...your way!** Program.

2007-08 Key Activities

- Established a provincial advisory work group (PAWG) with stakeholders from across the province.
- Revised the leader's manual and promotional products to support the messages in Eating Well with Canada's Food Guide (2007). Translated it into French.
- Created a facilitator's discussion board for both English and French programming with province-wide member representation.
- Initiated revisions to the program name, program logo, and learning materials.
- Developed promotional materials to support program implementation.

Cindy Scythes,
Manager, Nutrition Resource Centre



Carol Timmings delivers her first speech as OPHA President at the 2007 Annual General Meeting.



Kathleen Orth (l), a 15 year veteran of OPHA shares a laugh with Lesley Belows (centre), Chair of the OPHA 2007 Conference Social Committee and Cindy Scythes, Manager of OPHA's Nutrition Resource Centre at the OPHA 2007 Annual Conference Welcome Reception.

OPHA Programs



TOWARDS EVIDENCE INFORMED PRACTICE

The Towards Evidence Informed Practice (TEIP) program, initiated in January 2005, develops, field tests and disseminates capacity-building tools to increase the quality and effectiveness of health promotion and Chronic Disease Prevention (CDP) programs. Our work is guided by an expert advisory committee of public health researchers, evaluators and practitioners.

Building on the success of the **TEIP Program Assessment Tools** and the **TEIP Program Evaluation Tools**, in 2007-2008 we focused on developing and field-testing the *TEIP Program Evidence Tools*.

TEIP Program Evidence Protocol

Four public health units, Grey Bruce, Niagara, Oxford and Sarnia-Lambton, participated in piloting and evaluating the TEIP Program Evidence Tools. The initial training workshop, **"A Systematic Approach to Navigating the World of Evidence"** was held in January 2008. The Evidence Interpretation Teleconference (Step 4) proved to be a valuable knowledge exchange format for guiding the application of evidence and strengthening local programs. Several TEIP Communities will share their experience using the **TEIP Program Evidence Tools** at the Niagara Public Health Summit in October 2008.

Other TEIP activities in 2007-08:

- Developed generic tools and online learning module to support the TEIP Program Evaluation Tools.
- Redesigned format and instructional guidelines for TEIP Program Assessment tools
- Developed plan to broadly disseminate TEIP capacity-building tools across the province
- Developed communication plan and TEIP brochure to promote TEIP benefits to intended audiences
- Disseminated TEIP tools and learnings through presentations at workshops and conferences (E.g. FOCUS/ODAP Symposium, OPHA Annual Conference, Celebrating Innovations in Health Care Expo 2007, IUHPE World Congress 2007)
- Participated as key informant in PHAC Canadian Best Practices Initiative consultations

Future Plans

TEIP will promote the use of its capacity and skill-building tools for evidence informed health promotion and CDP across Ontario via master-trainer workshops, webinars and e-newsletters.

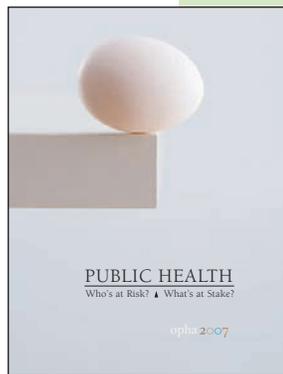
Dayna Albert
Acting Manager, TEIP



OPHA'S 2007 ANNUAL CONFERENCE

Who's at Risk? What's at Stake?

OPHA was very pleased to offer the public health community in Ontario an opportunity to come together to learn and network with colleagues at its Annual Conference—the only general public health conference offered in Ontario in 2007.



This year Toronto Public Health (TPH) generously co-sponsored and co-hosted the conference, held at the Toronto Marriott Downtown Eaton Centre, November 18 – 21, 2007. The event attracted well over 500 public health professionals and a significant contingent of dignitaries including the Minister of Health Promotion the Honourable Margaret Best and Toronto's Mayor David Miller.

Under the expert leadership of Toronto Public Health's Gene Long who served as Chair of the Steering Committee, the general approach to planning the conference was to bring together volunteers from TPH and core staff of OPHA in a committee structure that provided both steering and working functions to plan and implement the conference from the beginning development stages to the final evaluation.

The theme of the conference *Public Health: Who's at Risk? What's at Stake?* was developed along with the following sub-themes:

- Working in a Health System under Reform
- Evidence-Based Practice and the Precautionary Principle
- Emerging Issues in Public Health
- Populations at Risk
- Access Equity and Social Justice



OPHA President Gary Aslanyan talks with Executive Director Connie Utrecht during a break at the 2007 Annual Conference.

The Call for Abstracts, distributed by the end of March, attracted more than 143 high quality responses which produced, by all accounts, a stimulating exploration of key issues at the leading edge of public health practice in Ontario. The Program Committee developed a roster of high profile key note speakers to support the conference theme and objectives. Dr. Vincent T. Covello, founder and Director of the Center for Risk Communication in the United States discussed his work: **Effective Media Communication During Public Health Emergencies: A World Health Organization Handbook**. Dr. Vincent Lam, a Toronto-based 2006 Giller Prize-winning writer and emergency room physician discussed his writing and its connection to his interest and early training in community medicine. Angela Robertson, Executive Director of Toronto's Sistering: A Woman's Place (a home for marginalized women) discussed her research on the social determinants of health. And, United States-based public health lawyer Michele Simon, discussed her book, **Appetite for Profit: How the Food Industry Undermines our Health and How to Fight Back**.

In the evaluation process all keynote speakers rated between 4 and 5 with the highest (5) rating given to a Toronto-based Youth in Action panel's musical poetry performance. The majority of raters gave ratings of 4 or 5 when asked if the conference met its objectives.

As an additional feature, OPHA launched a new magazine **Public Health Today** which, in its inaugural issue, encapsulated the key elements/proceedings of the 2007 conference in stories and pictures. The magazine is intended for wide distribution throughout the public health community. Each year one issue of the magazine will continue to be devoted to promoting the proceedings of OPHA's Annual conference throughout the wider public health sector.



An electrifying moment in the youth presentation by Stolen From Africa

OPHA

Workgroups

ACCESS, EQUITY AND SOCIAL JUSTICE WORKGROUP

The Access, Equity and Social Justice (AESJ) Workgroup made considerable progress in its mission to enhance awareness of health inequities and diversity issues and assist with building capacity within the public health sector to address injustices.

This overarching commitment led us in two main directions in 2007-2008:

- Developing tools to assist with diversity competence building, and
- Ensuring a greater presence of these issues in the creation of the new mandates for Ontario's health units.

To this end the highlights of this group's activities included:

- Writing and submitting an advocacy paper that argued for the inclusion of surveillance and assessment of health inequities in the new Ontario Public Health Standards and Protocols;
- Providing input to the new draft standards and proposed protocols;
- Drafting a Learning Outline for the Diversity Competent Public Health Professionals; and
- Developing an annotated bibliography on resources on Access, Equity and Social Justice.

Workshops, Collaborations and Future Directions

The Access, Equity and Social Justice Workgroup also organized a workshop during OPHA's annual conference in November 2007. We produced a draft Learning Outline and with feedback from participating health units, we will refine the product for dissemination over the next year.

In collaboration with the new OPHA-aLPHa workgroup on Determinants of Health, AESJ organized a post-conference workshop on exemplary methods of assessing health inequities and advocacy directions on poverty reduction and inclusion.

Daniela Sesar-Hencic
Chair, Access, Equity and Social Justice Workgroup

ALCOHOL WORKGROUP

The objectives for the OPHA Alcohol Workgroup for the fiscal year 2007-2008 are as follows:

1. Keep Health Units up to date on current alcohol issues through monitoring, communicating and responding.
2. Respond quickly on alcohol issues in Ontario including legislation, government consultation and policy
3. Maintain multi-sectoral group of experts to respond to alcohol issues
4. Increase collective capacity of key stakeholders to respond to alcohol issues.

Accomplishments, opportunities, and challenges for some of our activities are described below:

Alcohol-related resolutions

OPHA approved a resolution in November 2007 to request that the provincial government develop a comprehensive provincial strategy for alcohol and other drugs based on the four pillar approach: prevention, harm reduction, treatment and enforcement. This should be done in collaboration with the Ontario Health Education and Enforcement in Partnership (HEP) initiative, led by the Centre for Addiction and Mental Health. Furthermore, the OPHA recommended that boards of health in Ontario advocate for a comprehensive provincial strategy for alcohol and other drugs.

Recently, the Middlesex-London Health Unit strengthened the Public Health voice by proposing further resolutions related to alcohol, which will be taken under review in June 2008 by the Association of Local Public Health Agencies.

In addition, in a letter to the Honourable Robert Nicholson, Minister of Justice and Attorney General of Canada, the OPHA strongly advised the government to consider lowering the current legal BAC from 80mg% to 50mg%, to reduce alcohol related vehicle injuries and fatalities. The full letter, OPHA's support letter RE: proposed legislative reforms to alcohol and drug impaired driving, June 20, 2007, can be found at: www.opha.on.ca/.

Annual Alcohol Forums

As follow-up to the 2007 forum on "Linking alcohol to chronic disease", the OPHA Alcohol Workgroup was invited to meet with Pegeen Walsh, Director of Chronic Disease Prevention and Health Promotion, and colleagues at the Ministry of Health Promotion, to present evidence and discuss recommendations related to the burden of alcohol as a risk factor for chronic disease. This

meeting took place in September 2007 with the workgroup being invited to regularly share new information with the Ministry regarding chronic disease and alcohol policy issues.

In March 2008, the fifth annual Alcohol: No Ordinary Commodity policy forum was held in Ottawa, discussing the topic of Adapting National and Provincial Alcohol Strategies for Local Impact. The main message provided through this venue was the need for health professionals to support the (pending) provincial and national alcohol strategies. OPHA expressed support in writing through a letter titled **OPHA Response to "Reducing Alcohol-Related Harm in Canada: Towards a Culture of Moderation. Recommendations for a National Alcohol Strategy**, August 20, 2007 to the Canadian Centre on Substance Abuse.

Seventy-two participants heard from renowned speakers from the Centre for Addiction and Mental Health, the Ontario Tobacco Research Unit, the Canadian Centre on Substance Abuse, and the Government of Nova Scotia. Evaluations were extremely positive with the action steps identified at the forum directly influencing the work plan of the alcohol workgroup.

Outcomes of these past forums have included directly influencing the National Alcohol Strategy and influencing and providing a template for the province of Nova Scotia to follow when they begin planning all day policy forums, beginning in 2008.

Alcohol Workshop

At the annual Canadian Public Health Association's conference held in September 2007, members of the OPHA Alcohol Workgroup organized a workshop titled: Alcohol –Canada's Favourite Drug: A Population Level Perspective on Risks, Damage, Challenges and Policy Responses, attracting over 60 health professionals.

Presentations were heard from the Centre for Addiction and Mental Health, MADD Canada, Centre for Alcohol Research in British Columbia, the Government of Nova Scotia, and other groups. Discussions focused on the harm associated with alcohol, along with effective policy measures recommended to reduce these harms, including taxation, controlling outlet density, monitoring alcohol advertising, and lowering the BAC level, among other initiatives.

Influencing the new Ontario Public Health Standards

Members of the workgroup contributed to collective input from OPHA and helped ensure that alcohol is woven prominently through the Injury Prevention/Substance Misuse Prevention and the Chronic Disease Prevention standards.

The Workgroup looks forward to

- Further efforts to support the development of an Ontario alcohol and drug strategy
- Further work to support the Canadian alcohol strategy
- Further work to support Middlesex-London Health Unit in their resolutions regarding alcohol
- Sharing the learnings from the tobacco field to the alcohol policy field
- Continuing to advocate lowering the BAC in collaboration with CAMH and MADD Canada
- Continuing the dialogue with the Ministry of Health Promotion to move alcohol further along the political agenda
- Maintain and develop connections with provinces outside of Ontario in regards to alcohol policy issues.

Nancy Langdon
Supervisor, Ottawa Public Health
Chair, OPHA Alcohol Workgroup



OPHA BREASTFEEDING PROMOTION WORKGROUP

Significant growth in membership is an important indicator of a vibrant organization. By that standard—among many others— OPHA's Breastfeeding Workgroup is making great strides towards fulfilling its mandate of working collaboratively as a network of individuals and organizations to contribute to the protection, promotion and support of breastfeeding in the province of Ontario.

Membership and Participation

Over the course of the 2007-2008 fiscal year, active participation in the workgroup expanded to 25 members representing 16 health units and Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre. The group benefits from the expertise of numerous public health nurses, three health promotion specialists, three registered nurse managers of family health programs, a public health nutritionist and a registered dental hygienist.

Accomplishments 2007 -2008

- Developed two position papers and accompanying resolutions developed by the workgroup. One addresses the broader issue of protecting, promoting and supporting breastfeeding, with a focus on the mediating effect of breastfeeding on the determinants of health. The other focuses on the critical issue of informed decision making regarding infant feeding. These papers, adopted at the OPHA Annual General Meeting and distributed extensively across the public health community, are available on the OPHA web site.
- Worked with representatives of the Canadian Paediatric Society to enhance their web site communication to parents on the management of dehydration in infants and young children. We look forward to seeing updated web content that reflects the importance of breastfeeding support in the management of infant/child illness.
- Partnered with the Registered Nurses Association of Ontario to advocate for a comprehensive strategy for the protection, promotion and support of breastfeeding in Ontario which is producing results.
- Participated in the initial Ontario Public Health Standards consultation, and took advantage of opportunities to offer input regarding the incorporation of breastfeeding best practice guidelines and policies into the resources which will support the implementation of the Standards.

- Contributed to the OPHA response to the Leitch report, Reaching for the Top: A Report by the Advisor on Healthy Children and Youth, commissioned by the Honourable Tony Clement, noting that the report neglected to include breastfeeding as a primary and significant evidence-based, population health approach to optimizing child health.
- Provided input to the Ministry of Education regarding the incorporation of breastfeeding education into the curricula for elementary and secondary schools, noting the significant impact this would have on the normalization of breastfeeding in our culture, with the resultant increase in breastfeeding duration and improvement of child health outcomes.
- Revised and distributed Creating a Breastfeeding Friendly Workplace
- Revised our strategy for ensuring that undergraduate health professional programs incorporate best practice breastfeeding information into their curricula.
- Provided evidence about the role of breastfeeding in the prevention of childhood obesity which is finally being recognized. It is hoped that the protection, promotion and support of breastfeeding will be included in a province-wide, comprehensive strategy aimed at preventing childhood obesity and reducing the burden of chronic diseases.

Looking Forward

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

Lori Snyder-McGregor
Chair, Breastfeeding Promotion Workgroup

THE CHILD AND YOUTH HEALTH WORKGROUP

OPHA's Child and Youth Health Workgroup addresses challenges and opportunities that affect the healthy growth and development of Ontario's children and youth.

The Workgroup is currently engaged in activities that are directed toward the following goals:

- To monitor and participate in the development and implementation of the new Ontario Public Health Standards, protocols, and resource documents and their implications for child health programs
- To explore the feasibility of developing a child health framework that outlines a plan for the integration of child and youth health programs
- To advocate for the inclusion of child and youth health as a priority and the need to integrate issues and programs into other program areas
- To advocate in the area of child and family poverty

This Workgroup currently consists of just over 20 individuals from health units, allied agencies, and universities who have a shared interest in promoting the health of children, youth and families. Over the last several years our publications and policy statements have included *Child and Youth Health: Strengthening Inter-Ministerial Integration* (2005), *Physical Punishment of Children* (2004), *Public Health Responds to the Challenge to Reduce Poverty and Enhance Resiliency in Children and Youth* (2004). We are also currently examining emerging issues in *Child Poverty*. We welcome anyone who shares these and other child health related interests to join us.

Sue Makin
Chair, Child and Youth Health Workgroup



Keynote speaker Angela Robertson (l), elaborates on her presentation to an interested conference participant at the 2007 Annual conference.

ENVIRONMENTAL HEALTH WORKGROUP

Keeping Pace with Global Interest In Environmental Issues

The OPHA Environmental Health Workgroup has evolved considerably since it was created in the 1970s as part of the organization's response to environmental and occupational health concerns which were dominating the public health agenda at that time.

Today, the Environmental Health Workgroup is actively engaged to promote and respond to burgeoning public health interest in:

- Air quality and climate change
- Children's health and the environment
- Water quality (drinking/recreational/source water protection)
- Environment and cancer
- Energy and health

The 2007-2008 fiscal year was particularly successful in that the major challenge facing the group was its capacity to manage the range of media and collaboration opportunities that emerged. Despite significant growth in membership and the exceptional level of engagement and participation, the group was challenged to its capacity to fully address the number of requests as the environment became an increasingly hot topic in the media and on the government's agenda.

In the 2007-2008 fiscal year, the Environmental Health Workgroup:

- Participated in the National Policy Consultation Series on Children's Health and the Environment at events in Toronto, Montreal and Vancouver.
- Participated in the following advisory meetings:
 - The Air Quality Health Index pilot project (a project between Health Canada, Environment Canada, the Ontario Ministry of the Environment and Toronto Public Health).
 - The Ontario Ministry of Environment Roundtable Consultation on Clean Air and Climate Change, which led to the government's climate change policies.
 - Environment, Health, and Social Equity meeting organized by the McMaster Institute of Environment and Health

- Health Canada meetings related to the environment and the elderly, Safe Environments Programme and Stakeholder Engagement.
- Submitted comments to the Ministry of Environment on:
 - Development of a regulation on source protection committees made under the Clean Water Act, 2006.
 - Transferring the oversight of five categories of small drinking water systems from the Ministry of Environment to the Ministry of Health and Long-Term Care.
 - Coal Closure Regulation.
- Received a two-year Trillium Grant that will enable the group to facilitate train-the-trainer sessions with 40 Children's Environmental Health Champions in 5 regions. This will enhance the ability of local community groups and service providers to deliver high quality children's environmental health programming in their communities.
- Represented the OPHA at the Environment and Cancer Stakeholder Advisory Committee which resulted in the development of a Gap Analysis paper and advocacy to the government.
- Collaborated with an inter-disciplinary workgroup comprised of various Public Health professionals was formed to develop common messages following the OPHA position paper on **Fish Consumption, With Respect To Methyl Mercury Content, By Pregnant Women, Women Of Childbearing Age And Young Children.**
- Issued a press release on related to lead and drinking water.
- Reviewed a David Suzuki Foundation report entitled **Prescription for a Healthy Canada, Toward a National Environmental Health Strategy.**

These activities represent a continuation of work from previous years and are based on our approved position papers and participation in the Canadian Partnership for Children's Health and the Environment.

The Environmental Health Workgroup looks forward to another exciting year as we intensify our advocacy efforts and grapple creatively for increased capacity, in a climate that is becoming increasingly responsive to environmental issues.

Louise Aubin
Chair, Environmental Workgroup

FOOD SECURITY WORKGROUP

The Food Security Workgroup (FSWG) began the 2007-2008 fiscal year with an agenda focused on making progress toward carefully selected strategic objectives:

- To implement a provincial survey of food security activities in health units.
- To review and provide input into the Public Health Standards.
- To actively participate with the Ontario Healthy Communities Coalition and other external partners to establish a provincial food security network.
- To review the Effective Public Health Practice Project (EPHPP) systematic review of food security and obesity.

Resolution: Access to a Nutritious Diet for All

The FSWG showcased its work at the OPHA Conference in November 2007 with a display highlighting the evolution of food security in public health and the activities of the group as part of that process. The FSWG also submitted a resolution titled “Access to a Nutritious Diet for All”—unanimously accepted at OPHA’s annual general meeting—which highlighted key public health messages from Toronto Public Health and the Association of Local Public Health Agencies (alPHa) regarding the cost of the Nutritious Food Basket and the negative health impacts of poverty.

FSWG invites you to review the resolution on the OPHA website and contribute your skill and talents to the tasks in which its members are currently engaged—following-up on the action steps outlined in the resolution.

Developing the Ontario Food Security Network

In partnership with the Ontario Healthy Communities Coalition and other external partners, the OPHA FSWG obtained a \$285,000 grant from the Ontario Trillium Foundation for a 3-year project to develop a food security network—FoodNet Ontario.

The work has already begun. Four Community Food Animators have been hired to cover the province, and invitations will be issued for individuals and organizations to join FoodNet Ontario. The network is being designed to provide information about community food security initiatives across the province. Benefits of membership will include access to an on-line bulletin board and other web-based networking tools. A new web site currently in development will be branded with the following graphic:



Continued on page 30

THE FOOD SECURITY WORKGROUP continued

Advocacy

The FSWG immersed itself in a variety of advocacy initiatives during the year:

- Assisted in the development of a Provincial Election Guide—a primer on Public Health Issues for candidates in the 2007 provincial elections developed as a collaborative project between OPHA and the Association of Local Public Health Agencies (alPHA). Food security was included along with social and economic determinants of health and access to shelter.
- Provided input and reviewed a paper titled **“Is there a Relationship between Food Insecurity and Overweight/Obesity?”** which was developed as part of the Ministry of Health Promotion’s Effective Practice in Public Health Project (EPPHP) systematic review of food security conducted in collaboration with OPHA’s Public Health Research, Education and Development Program (PHRED).
- Re-implemented a survey of community food security (CFS) activities in health units. With a grant from Ryerson University, and the help of two MHSc practicum students, the FSWG obtained results from 35 (of 36) health units about the CFS activities in which they are engaged. This was a complete replication of the survey completed for the original position paper five years ago. It will be circulated to relevant OPHA Constituent Societies and partners.
- Provided expertise to the Mandatory Health Programs and Services Review writing team on chronic disease prevention and responded to the Public Health Standards submission made by OPHA and OSNPPH.
- Collaborated with the Dietitians of Canada’s (DC) Nutrition and Food Security Network to plan a workshop on community food security for the June, 2008 DC conference in Winnipeg.
- Earned recognition as a ‘potential partner’ when the Ministry of Health and Long Term Care launched its “Food Safety Education Campaign for Community Special Events”. In this launch, public health units are encouraged to involve community partners.
- Sat on the Access to Healthy Food for All Reference Group for the Heart and Stroke Foundation during its tenure and supports the Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA).

Future Activities and Outlook

FSWG is a vibrant workgroup deeply engaged in working on its resolution **Access to a Nutritious Diet for All**, developing a current, web-based listing of food security based articles and resources, and supporting the newly formed provincial community food security network, Foodnet Ontario.

Tracy Woloshyn
Chair, Food Security Workgroup

PUBLIC HEALTH ALLIANCE FOR LGBTTTIQQ * EQUITY

(*Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-Spirit, Intersex, Queer and Questioning)

The Public Health Alliance (PHA) for LGBTTTIQQ 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 centers and to increase equitable, accessible and inclusive services and environments.

In the past year, the workgroup has continued to provide training to public health units and community health centres across Ontario. This training includes the train the trainer session **A Positive Space is a Healthy Place - Making Community Health Centres and Public Health Units Inclusive to those of all Sexual Orientations and Gender Identities** held in Waterloo in March 2008. Training was also done at Huron County Health Unit where the training was made mandatory for all staff, and the Chatham-Kent Health Unit was supported in delivering their first training.

Members of the group continue to promote positive space and the work of the workgroup by presenting at conferences. In 2007, members presented at the:

- IUHPE World conference on Health Promotion and Health Education, Vancouver
- Guelph Sexuality Conference, Guelph
- Health Promotion Summer School, Toronto
- Canadian Public Health Association AGM, Ottawa

A proposal for a half-day session at the 2008 Guelph Sexuality Conference was accepted. This group supports and advocates for community initiatives and issues such as Sex Reassignment Surgery and the inclusion of LGBT cultural competence in nursing education.

Letters of collaboration and support have been provided for Dr. J. MacDonnell who is **Examining Factors Influencing the Health and Worklives of Trans Health Providers** and also for Dr. L. Ross, whose research is entitled **Completing the Circle: connecting service providers, researchers, and community members to improve the health of lesbian, gay, bisexual, transgender, transsexual, and two-spirit families.**

A listserve of more than 47 people is maintained to inform members about issues, new information and upcoming events, and to provide support for such awareness-raising events as **International Day Against Homophobia** on May 17 and **Celebrate Bisexuality Day** on September 23.

The group continues to support the work done by the Rainbow Nursing Interest Group (RNIG) an interest group of the Registered Nurses Association of Ontario (RNAO).

Leanne Powell
Chair, LGBTTTIQQ Equity

OPHA VIOLENCE PREVENTION WORKGROUP

The OPHA Violence Prevention Workgroup enjoyed a very busy year of accomplishments and partnerships with many organizations locally, provincially and nationally in the pursuit of violence prevention.

We were very pleased to assist OPHA in the development of a violence prevention database which now resides on the OPHA website. This new resource will boost our efforts to share information among workgroup members and serve as a repository of information for other participants in the violence prevention community.

We strengthened our advocacy by:

- Serving on the Ontario Injury Prevention Resource Centre Advisory Committee
- Providing input into the development of the Ontario Injury Prevention Strategy: Working Together for a Safer, Healthier Ontario
- Drafting of the revised Ontario Public Health Standards and advocating for data collection and best practices that would help public health practitioners in Ontario collaborate with other stakeholders to strengthen violence prevention efforts.

A major initiative of the workgroup is its leadership and co-ordination of Prevention of Violence Canada-Prevention de la violence Canada (PVC) which utilizes the World Health Organization's (WHO)(2004), **Preventing violence: A guide to implementing the recommendations of the World report on violence and health** as the framework for developing a national violence prevention strategy.

To build momentum, PVC co-hosted with the Canadian Public Health Association (CPHA), and other provincial and territorial public health organizations as well as organizations from across Canada the Third Annual Town Hall Meeting at the CPHA Conference in Ottawa on September 18, 2007. The event attracted over 60 participants.

We were pleased to have the ongoing support of the Public Health Agency of Canada (PHAC). Opening remarks at the Town Hall Meeting were provided by Dr. David Butler-Jones. Dr. Robert Cormier, Executive Director of the National Crime Prevention Centre, and Dr. Irvin Waller, Director of the Institute for the Prevention of Crime, added insightful information as did each of the Workgroups which were developed according to the WHO Guide.

We also represented PVC along with the Public Health Association of British Columbia and the Public Health Agency of Canada at the WHO 3rd Milestones of Global Campaign for Violence Prevention and WHO Violence Prevention Alliance Meeting held in Scotland in July, 2007.

We participated through Prevention of Violence Canada (PVC) on the National Working Group on Crime Prevention. The 2007 report **Building A Safer Canada: First Report of the National Working Group on Crime Prevention** is available on the Institute for Prevention of Crime website (www.prevention-crime.ca).

Our workgroup participated in the following projects:

- The St. Michael's Hospital's Geographical Information System research on intentional and unintentional injuries
- The McMaster **Violence Against Women: testing the Effectiveness of Screening** Research Project (fhs.mcmaster.ca/vaw) .
- The Neighbours, Friends & Families (www.neighboursfriendsandfamilies.on.ca) expert panel which increases awareness of the signs of woman abuse and provides information to those closely involved.

The Workgroup worked with the Coalition for Gun Control to update the Resolution on firearms. At the 2007 OPHA Annual General Meeting the **Reaffirming the Importance of Strict Firearm Regulation to Preventing Firearm Deaths and Injuries** was passed. We continue to advocate for the preservation of Canada's current Firearms Act as well as advocating for public education, promotion of safe storage of firearms, adequate resources, enforcement and the importance of primary violence prevention strategies.

Our largest obstacle this year was the declining enrolment within our Workgroup since the Early Childhood Development funds ended in December 2006. Although the Workgroup remains active and very successful, we welcome new members to the workgroup to infuse new skills and energy. We will continue to advocate that violence prevention be given the profile and resources required as a major public health issue.

Angela Loconte
Toronto Public Health
Co-Chair, OPHA Violence Prevention Workgroup

Lori Snyder MacGregor
Region of Waterloo Public Health
Co-Chair, OPHA Violence Prevention Workgroup

THE CANADIAN PARTNERSHIP FOR CHILDREN'S HEALTH AND THE ENVIRONMENT (CPCHE)

Stepping Stones Toward Long-Term Sustainability

Over the course of the 2007-2008 fiscal year the Canadian Partnership for Children's Health and Environment (CPCHE) employed a mix of strategic planning and record of outstanding programming success to establish itself as a credible organization dedicated to protecting children's health from environmental contaminants.

CPCHE is a collaborative partnership of ten groups—Canadian Association of Physicians for the Environment, Canadian Child Care Federation, Canadian Environmental Law Association, Environmental Health Clinic, Environmental Protection Office (Toronto Public Health), Learning Disabilities Association of Canada, Ontario College of Family Physicians, Ontario Public Health Association, Pollution Probe and South Riverdale Community Health Centre—working together across traditional boundaries.



The Trillium Foundation

With the generous financial support of OPHA (under the auspices of the Trillium Foundation) CPCHE excelled in three significant program areas: the CPCHE Secretariat, the Local Champions Project and the Public Health Inspector's Project.

The CPCHE Secretariat at OPHA

The Secretariat, under the leadership of the Partnership Director succeeded in sustaining and building the CPCHE partnership through adept project management, skillful coordination of communication among members, liaison with external partners, government and other stakeholders; and management of the policy engagement work of the partnership and its members in pursuit of CPCHE's policy reform objectives.

The Local Champion's Project

A Local Champion's Coordinator was hired to implement Phase 1 of the Local Champion's Project. This involved the successful training on issues affecting children's health and the environment of over 45 local champions in five regions and six sectors across Ontario.

Best Practices and Public Health Inspectors

CPCHE worked with OPHA to coordinate the tendering and execution of a contract that examined best practices in children's environmental health among Public Health Inspectors of Ontario. This project was awarded to and completed by Ryerson University School of Occupational Health in March 2008.

Web Resource Development

Approximately 145 new resources were added to the CPCHE website over the past year. Among these are the Father's Day Report which urges parents—particularly fathers, to consider environmental risks to boys, and six new CPCHE fact sheets, including several in the "safe home renovation" series for further information visit www.healthyenvironmentforkids.ca

National Policy Consultation Workshop Series

The CPCHE Partnership led a multi-sectoral National Policy Consultation (NPC) workshop series in six major cities across Canada from January – November 2007. The NPC involved 228 participants from a range of sectors and disciplines, and covered the following topics:

- Context for Children's Health and the Environment (Ottawa, 23-24 January 2007)
- Air Pollution: Implications for Children's Health (Toronto, 27-28 February 2007)
- Research Informing Policy (Edmonton, 18-19 April 2007)
- Environmental Risks to Brain Development (Moncton, 30-31 May 2007)
- Toxic Substances in Consumer Products (Montreal, 25-26 September 2007)
- Putting it All Together (Vancouver, 22-23 November 2007)

CPCHE has positioned itself as a well-respected convener of stakeholders on children's environmental health issues as a result of the success of the National Policy Consultation. Participants, including those from industry, reacted positively to the experience and called upon CPCHE to convene follow-up consultations. The federal government provided considerable support for, and actively participated in, the workshop series, indicating its receptivity to input from CPCHE-convened policy consultations.

The policy-related work of the partners continues to serve as a vital input into CPCHE-wide conversations and analyses of children's environmental health policy issues/gaps, thereby multiplying the utility and impact of the individual partners' efforts at the municipal, provincial and national/territorial levels in Canada.

Looking Forward: Sustainability

With the completion of the National Policy Consultation workshop series and with the upcoming release of CPCHE's Vision and Strategy, CPCHE will be well positioned to increase its focus on advancing policy reforms that will better protect children from environmental health threats. This will be a priority for 2008-2009.

The CPCHE Partnership will continue to work to ensure its sustainability—including sustainable funding—over the short and long term, as well as to continue to facilitate effective communication and coordination among the partners, and to provide oversight and guidance to ensure the success of CPCHE's health promotion activities.

The final report of the NPC—available in June 2008—is serving as a key input into the development of CPCHE's Vision and Strategy for Children's Health and Environment in Canada. This is scheduled for completion in July 2008

THE ONTARIO CHRONIC DISEASE PREVENTION ALLIANCE (OCDPA)



The Ontario Chronic Disease Prevention Alliance (OCDPA; Alliance) is the province's collective voice on effective chronic disease prevention policy and programming. We are a network comprised of over 30 health-related organizations that form our membership. The Alliance provides collaborative leadership to support a comprehensive, coordinated chronic disease prevention system for Ontario.

Through collaboration, the OCDPA has been able to successfully complete projects and communications that identify and address actions to build a system for chronic disease prevention in Ontario. Members meet several times a year to discuss the activities of the Alliance and provide input to its strategic direction and projects. In addition, the Alliance promotes policy initiatives and programs that focus on the prevention of chronic disease for children, adults and seniors across Ontario.

Examples of our collaborative efforts last year include the development of several communications and branding materials to increase its profile:

- Promotional brochure and bookmarks – print materials were developed to promote its mission, vision, mandate and objectives. Content of the promotional material is evidence-based and provides four key messages on the importance of a comprehensive chronic disease prevention system for Ontario.
- OCDPA Bi-monthly – As of October 2007, OCDPA's bi-monthly newsletter featured a new look and format to provide updates on the Alliance's projects and to highlight thematic and sector-specific issues related to chronic disease prevention.

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OPHA

Collaborations

Through funding by the Ministry of Health Promotion and the Public Health Agency of Canada, the OCDPA and its partners completed several projects to enhance and coordinate activities related to chronic disease prevention.

- The release of the report, *Moving the Healthy Eating and Active Living Strategy Forward in Ontario: Priorities for Action and Recommendations – A Consultation Document*. This report proposes four priorities for action that, when implemented with appropriate investment and collaborative effort with stakeholders, will move Ontario's Healthy Eating and Active Living Action Plan forward.
- Initiation of a process to develop common messages around chronic disease prevention. Phase 1 of the project identified draft messages related to alcohol, depression, healthy eating, physical activity, and tobacco use.
- An updated version of the *Primer to Action*, a web-based resource to support individual and community action around the social determinants of health related to chronic disease prevention. In collaboration with Health Nexus Santé, this new, improved and expanded second edition of the *Primer* provides expanded content on all six determinants of health; new sections on how each determinant links to chronic disease; and updated and wide-ranging links and resources from Canada and around the world.

Please visit www.ocdpa.on.ca for more details.



ONTARIO HEALTHY SCHOOLS COALITION

Knowledge Exchange, Strategic Planning Drive Healthy Schools' Success

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. OPHA is pleased to provide secretariat services to the organization. Our listserv has 236 members, and the number of people participating in our teleconferences reached an all-time high this year of 81 (average is 69), from 41 sites across the province!

Member Engagement

Approximately 94 people attended the OHSC 6th Annual Forum hosted by Kingston, Frontenac and Lennox & Addington Health Unit on June 1st, 2007 **Partnership and Engagement for Healthy Schools**. Dr. Bruce Ferguson discussed making our children and youth successful, and a youth panel from the Centre of Excellence for Youth Engagement shared insights on effective youth engagement.

Strategic Plan

The OHSC only hosted 3 teleconferences this year as we conducted an email survey and a face-to-face Strategic Planning Day in November. Priorities areas of action for the next three years include:

1. Integrate and simplify messages, e.g. use **Healthy Schools** and endorse the Ministry of Education's **Foundations for a Healthy School** framework; integrate safe schools, healthy schools, character education.
2. Strengthen our administrative structure to support workgroup action on our priorities.
3. Advocate for more resources, personnel and mandates to make healthy schools happen.
4. Support health units in embracing a **Healthy Schools** approach by exploring a range of service delivery models.

The OHSC provided input via teleconference to the Ministry of Education's Health and Physical Education Curriculum Review and we continue to sit at their Healthy Schools Working Table. Our members contribute to national School Health Webinars, to the Canadian Teachers' Federation **Health and Learning** magazine, and to the Canadian Journal of Public Health "Health and Learning" Inserts. The year has been full and we look forward to welcoming new members as we expand our support to Ontario's children and youth through Healthy Schools

JOINT OPHA-aPHa WORKING GROUP ON SOCIAL DETERMINANTS OF HEALTH

In June, 2007 members of OPHA and aPHa formed a working group, presenting one voice and demonstrating joint commitment to action on social determinants of health.

The group exists to foster improvements in social inequities in health for the population of Ontario. It will do this by:

1. Promoting the inclusion of activities to address the social and economic determinants of health within the mandate of local public health units;
2. Serving as an advocacy body provincially and nationally for improvements in social inequities in health.

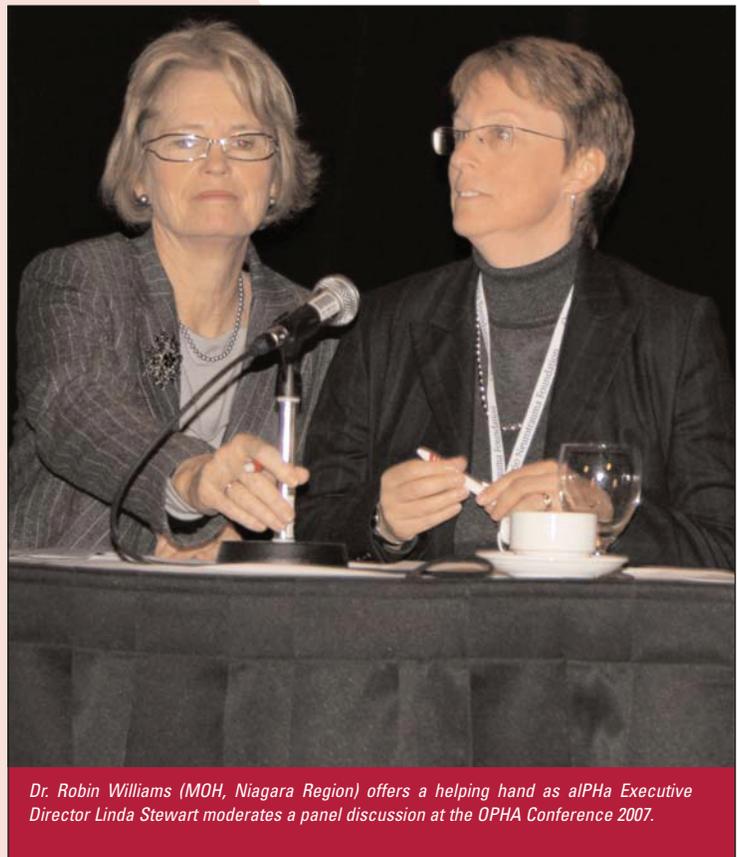
In the past year the group has concentrated on providing input into the public health standards and protocols in order to ensure that social determinants of health are represented.

In the coming year, the group will focus its attention on advocacy related to the provincial poverty prevention strategy. Specifically, the group will provide a unified voice for the public health community and urge the province to:

- Adopt Campaign 2000's recommendations
- Base Ontario Works and ODSP rates on actual costs of housing and food
- Expand supports and protections to lower wage workers
- Emphasis needs to be on setting and achieving targets
- Develop a multi-year strategy with targeted investments and integration of poverty prevention programs and benefits



A sample of celebrated artist Elaine Whittaker's work on display at the 2007 OPHA conference.



Dr. Robin Williams (MOH, Niagara Region) offers a helping hand as aPHa Executive Director Linda Stewart moderates a panel discussion at the OPHA Conference 2007.

OPHA

Constituent Societies

PUBLIC HEALTH NURSING MANAGEMENT IN ONTARIO (ANDSOOHA)

Building Nursing Capacity, Supporting Students and New Public Health Nurses

Public Health Nursing Management in Ontario made significant progress, in 2007-2008, towards fulfillment of its mission to promote nursing excellence and provide a unified voice for Public Health Nursing Management and practice in Ontario.

As a provincial network of public health nurses working in management positions in public health units across Ontario, the organization engaged its more than 115 members in several key public health nursing initiatives throughout 2007-2008.

As a part of that process, Public Health Nurses Management ANDSOOHA engaged in two significant policy consultations: the Ministry of Health and Long-Term Care's consultation processes related to the proposed **Ontario Public Health Standards**, protocols and supporting documents and the **Policy Framework of Child and Youth Mental Health**.

Activities designed to build the capacity of the public health nursing workforce included:

- Work with the Nursing Secretariat on design and implementation of the Public Health Nursing Sector Survey.
- Facilitating public health nursing capacity to participate in the Nursing Graduate Guarantee Initiative
- Participation in the Joint Provincial Nursing Committee.
- Collaboration with the Canadian Association of Schools of Nursing (CASN) and the Council of Ontario University Programs in Nursing (COUPN) to ensure integration of community health nursing standards into curriculum design and strategies to promote student placements in Ontario public health units.

Nurses New to Public Health

Algoma Public Health and Public Health Nursing Management are currently involved in a **Transition Program for Nurses New to Public Health Nursing** project. With funding from HealthForceOntario, a generic orientation program for public health nurses in Ontario promoting transition to practice will be designed by the end of 2008. Five health units have been selected as demonstration pilot sites to assist in the orientation package design, development, implementation and evaluation. The five pilot sites are Eastern Ontario Health Unit, Leeds Grenville Lanark District Health Unit, Niagara Region Health Department, Public Health Services City of Hamilton and Simcoe Muskoka District Health Unit. Work is actively underway to develop three modules on the **Role of the Public Health Nurse, Developing Relationships and Foundations of Practice**.

Next Steps

Strategic directions for 2008-2010 include providing leadership in the advancement of public health nursing; strengthening the profile, influence and linkages of Public Health Nursing Management, promoting public health knowledge and skill development in nursing education and practice, promoting knowledge and skill development in public health nursing management and enhancing the capacity of the association to actively engage with the membership.

Monica Mitchell,
OPHA Board of Directors Representative

Presenters on keynote panels and concurrent sessions at OPHA's Annual Conference.



OPHA

Constituent Societies

ASSOCIATION OF ONTARIO HEALTH CENTRES (AOHC)

Branding and Poverty Reduction Initiatives Spark Success

The Association of Ontario Health Centres provides leadership for the promotion of non-profit, community-governed, interdisciplinary primary health care grounded in the social determinants of health. The organization envisions an Ontario where everyone has access to non-profit, community-governed, interdisciplinary primary health care.

By 2010 with the addition of Community Health Centres (CHC), Aboriginal Health Access Centres and Community Family Health Teams our membership will almost double with the greatest expansion of Community Health Centres in our history.

The success of the Second Stage of last year's Medicare Conference and the release of three new publications--**A Snapshot of Ontario's CHCs** (a graphic overview of the original 54 Community Health Centres), **Every One Matters: A case study of six clients** (for the general public and decision makers to know what a CHC is) and **Ontario's Community Health Centres: Who we are and what we do**, (the first aggregate report for Ontario's CHCs with baseline data on factors such as the number of active clients) set the stage for a 2007-08 fiscal year that was marked with great growth and excitement. The major high points of the year are as follows:

Branding: Every One Matters

AOHC launched the Ontario CHCs new brand **Every One Matters** with the new blue "C" logo. We hope the new logo will become as recognizable for Community Health Centres as the "H" is for hospitals.



CHC Gains Role in Poverty Reduction

The Premier of Ontario announced that Community Health Centres will play a major role in the province's new poverty reduction strategy. Specifically, CHCs will provide oral health and dental care to low-income families across the province. This announcement is the latest demonstration that the Government of Ontario understands the role of CHCs in delivering comprehensive health care to those who need it most.

The Anti-Oppression Workgroup

This year the AOHC Anti-Oppression Working Group reviewed all core organizational documents, policies and procedures, to ensure that we are living up to our commitment to anti-oppression. As we move into the implementation stage more of our advocacy, communication and policy work is addressing the need to eliminate system-wide barriers to access. These include poverty, geographic isolation, ethno- and culture-centrism, racism, heterosexism, language discrimination, ableism and other harmful forms of social exclusion.

As we move forward, we hold firm to our vision of a completed network of Community Health Centres in Ontario: all Ontarians who need our care will have access to it. So we are calling on LHINs to develop primary care plans for every community so that each Ontarian has access to primary health care – especially those who face barriers to access and need Community Health Centres.

Working together we believe we can complete this vision. When we do, Ontarians will be healthier, our communities will be stronger and we'll have a better more sustainable and more caring health care system.

Simone Hammond, President, AOHC

Adrianna Tetley, Executive Director, AOHC

THE ASSOCIATION OF PUBLIC HEALTH EPIDEMIOLOGISTS IN ONTARIO (APHEO)

Over the course of 2007-2008, the Association of Public Health Epidemiologists in Ontario (APHEO) made significant progress in fulfilling its mandate to promoting the discipline and professional practice of epidemiology in Ontario's public health units.

Since its inception in 1991, APHEO has grown to embrace more than 170 members and affiliates devoted to advancing the discipline of epidemiology in public health. APHEO's affiliation with OPHA reflects the commitment of both organizations to promoting a multidisciplinary approach to the issues and challenges in public health and to ensuring that the contributions from Ontario's epidemiology community are optimally effective.

To this end, the activities and accomplishments of APHEO in 2007-2008 are as follows:

EpiData Project – Evaluation & Redevelopment

In February 2007 the Public Health Agency of Canada (PHAC) awarded a three-year contract to APHEO to evaluate the use and expansion of EpiData for the practice of Epidemiology in the field. EpiData software can be used for routine infectious disease surveillance, outbreak investigation and research. This project's focus is to field-test this software in a Canadian setting.

Core Indicators Project

APHEO received funding from PHAC to enable the hiring of staff to update, modify, create indicators related to chronic disease and related risk factors. Several existing indicators have been recently updated and are available at the APHEO website (apheo.on.ca).

Public Health Standards and Protocol Reviews

APHEO gave extensive feedback on the proposed Standards and Protocols. Several members assisted with the development and revision of the Population Health Assessment and Surveillance Protocol.

PHAC Skills Enhancement Module Reviews

Members of APHEO continue to review potential modules being developed for the Skills Enhancement Program. This provides the public health workforce with opportunities to define and enhance the knowledge, skills, and abilities required to strengthen public health practice through the development and promotion of core competencies through an on-line continuing education program. Many APHEO members are also facilitators for these on-line courses.

Explaining the Miracle: Statistics and Analysis in Public Health

APHEO hosted another successful conference in Ottawa in October 2007, featuring many interesting speakers on the theme Explaining the Miracle: Statistics and Analysis in Public Health with the goal of sharing innovative ways of using statistical tools and analytical methods to enhance clear and understandable communication of results for public health professional use as well as for the general public. Keynote speaker was Dr. Michael C. Wolfson, Assistant Chief Statistician at Statistics Canada, who highlighted the challenges and opportunities for accessing and using various health data products available from Statistics Canada and widely used by Ontario epidemiologists. (apheo.ca/resources/events/).

In the coming year APHEO will pursue opportunities to further professional excellence to advance the use of statistics and analysis in the practice of epidemiology.

Alana Leffley,
OPHA Board of Directors Representative

OPHA

Constituent Societies

ASSOCIATION OF SUPERVISORS OF PUBLIC HEALTH INSPECTORS (ONTARIO) (ASPPIO)

Information Technology aids Integration in Public Health Community

The Association of Supervisors of Public Health Inspectors (Ontario) is an organization of environmental and public health professionals committed to remaining a strong and influential voice in the management of local public health programs in Ontario and the development and implementation of effective programs and policies, which promote health, prevent disease and protect the health of the community. Our Mission is "Excellence in Environmental and Public Health Management".

Through various standing committees, ASPPIO supports stakeholders in such environmental public health programs and issues as: Food Safety, Health Hazard Prevention and Management (including vector-borne diseases), Safe Water, Emergency Preparedness, Rabies Prevention and Control, Infectious Disease Prevention and Control, private sewage disposal (Ontario Building Code), and Smoke-free Ontario Act enforcement. Ad hoc committees are also established as required (e.g. Common Approaches for Farmers' Markets and Special Events, Common Approaches for Inspection of Street Food Vending Carts, both as a result of amendments to the Ontario Food Premises regulation).

ASPPIO members also represent the Association on: Interagency Council on Food Safety, CIPHI Liaison, Technical Advisory Committee on Environmental Microbiology, alPha Board of Directors, alPha – Advocacy Committee, Ryerson Liaison, OCCHA Board of Directors, Ryerson Liaison and OPHA. The organization has taken an active role in the development of the Ontario Public Health Standards and protocols and is currently assessing the resource implications.

As the legislative responsibility for the Small Drinking Water Systems (SDWS) program is being transferred from the Ministry of the Environment to the Ministry of Health and Long-Term Care, ASPPIO is working with the MOHLTC, and alPha, on the information and technology needs assessment related to this program. ASPPIO is also in the process of creating and developing a collaboration community on Public Health Ontario.ca.

Peter Gauthier,
OPHA Board of Directors Representative



COMMUNITY HEALTH NURSES INITIATIVES GROUP (CHNIG-RNAO)

Providing Strategic Links and Partnerships Across the Health System

The Community Health Nurses' Initiatives Group (CHNIG) is an interest group of the Registered Nurses Association of Ontario that works to influence the health and social policies affecting community health nurses and the segments of the population that they serve. CHNIG's membership includes nurses from such community settings as public health, home health, community health centres, and street nursing. CHNIG also represents Ontario on the Community Health Nurses Association of Canada, an affiliate of the Canadian Nurses' Association.

As a Constituent Society of OPHA, CHNIG contributed to several initiatives in 2007-2008 including OPHA's:

- Response to the draft protocols for the Ontario Public Health Standards.
- Submission to the Ministry of Education's Grade 1 to 12 Health & Phys. Ed. Curriculum Review.
- Recommendations for a Childhood Obesity Strategy for the Ministry of Health Promotion.
- Funding submission on public health core competencies.

- Position paper titled *A Discussion Paper on Public Health, Local Health Integration Networks, and Regional Health Authorities*.

In addition, CHNIG collaborated with various organizations on:

- Government poverty reduction strategies, and promoting social determinants of health.
- The Elder Health Think Tank as a member of the Elder Health Coalition.
- Reviewing provincial competitive bidding in home health nursing.
- An orientation program for nurses new to public health through the Ministry of Health and Long Term Care's *Orientation: Transition to Public Health Nursing* project. For more information on CHNIG, please visit www.chnig.org.

Carol Yandreski,
OPHA Board of Directors Representative



OPHA

Constituent Societies

CANADIAN INSTITUTE OF PUBLIC HEALTH INSPECTORS-ONTARIO BRANCH (CIPHI)

In 2007 the Ontario Branch of the Canadian Institute of Public Health Inspectors (CIPHI-O) implemented a new three-year Strategic Plan. Strategic directions of the plan include; supporting mandatory professionalism, enhance our advocacy role, and increase the awareness of environmental health. CIPHI-O enjoyed a highly productive 2007-2008 fiscal year which featured substantive progress on key aspects of its strategic plan.

Mandatory Professionalism

This past year was critical for the CIPHI, as we move closer to developing mandatory professionalism and a self regulatory system. Over the past few years our Core Competencies Steering Committee has been developing a list of core competencies for The Environmental Public Health Profession. This year, CIPHI received financial support from the Public Health Agency of Canada to facilitate the implementation these core competencies.

In preparation for our transformation into a self-regulated professional body, this year CIPHI succeeded in obtaining a trademark for the CIPHI(C) credential. CIPHI has also undertaken a legal review of its National Constitution and By Laws as they relate to mandatory professionalism and the implementation of a self regulatory system. This process will also ensure that CIPHI has the legal authority to enforce mandatory professionalism and membership when these directives are implemented. CIPHI is also in the testing phase of its new membership national database. The database will be an integral part of the self-regulatory system allowing for the tracking of members and their mandatory professional development.

Public Health Standards Review

CIPHI Ontario Branch embraced the opportunity to review the draft Public Health Standards and completed the MOHLTC Standards Review Questionnaire. The review process fully consumed the resources of our Branch for several weeks, and stimulated significant positive changes among the members. We patiently await the publication of the final version of the new Public Health Standards and will continue to welcome any other opportunities to positively influence changes in public health.

Advocacy

CIPHI-O maintained its traditionally strong commitment to advocacy during the year within each Division of the Ontario Branch Council. Members:

- Participated on various provincial ministry stakeholder committees/working groups,
- Provided OPHA with a Public Health Inspector recruitment presentation;
- Corresponded with the Premier regarding the sale of unpasteurized milk; participated on the OPHA Core Competency Task Group, the OPHA Board and Interagency Council on Food Safety (ICFS);
- Produced a new electronic version of the Ontario Branch News
- Served on the committee of the Guelph Food Safety Seminar Series and Guelph Food Safety Symposium

Ontario Branch Conference

Last September, CIPHI Ontario Branch held its 68th Annual Educational Conference in Sudbury. The three day conference with a focus on climate change was well attended. The keynote speaker Justin Trudeau's electric charisma and inspirational message energized the delegates and set the tone for a fantastic conference. In May, The Ontario Branch Communicable Disease Committee prepared and delivered yet another stellar Communicable Disease Conference. The 2-day forum was held in Toronto and attracted more than 180 delegates.

Cameron Weighill,
OPHA Board of Directors Representative

HEALTH PROMOTION ONTARIO (HPO.ph)

HPO.ph is a network of public health professionals working for public health departments and health units in Ontario. Health Promotion Ontario (public health) encourages and supports the development of public health activities based in health promotion philosophy, process and research. Active since 1987, HPO.ph members have been working to support each other by sharing resources and professional development opportunities.

Our members define Health Promotion as the process of enabling people to increase control over and improve their health. This process is based on the understanding that social conditions and personal actions both determine health. Hence, health promotion activities move beyond disease prevention and health education to address social change, institutional change and community change in addition to changes in personal behaviours.

The goals of HPO.ph are:

- To advocate for and promote recognition of the human and financial resources required to ensure effective health promotion programming to help the residents of Ontario achieve their optimum level of health.
- To foster a commitment to high standards in the development and implementation of health promotion strategies.
- To support continuing education and research in the field of health promotion.
- To facilitate the exchange and sharing of resources and strategies that promote the implementation of public health initiatives.
- To provide input that is consistent with the views of the Association to task forces, advisory bodies, professional organizations, the community and other relevant bodies.
- To foster interdisciplinary and intersectoral participation in population-based health promotion strategies.

This year, HPO.ph's activities included: developing reports for the Public Health Agency of Canada's Public Health Core Competencies project and carrying out a spring conference on Enhancing Excellence in Health Promotion. We look forward to continuing advocating for the work carried out in health promotion and would benefit from your continued support.

Marty Mako,
OPHA Board of Directors Representative

OPHA

Constituent Societies

ONTARIO ASSOCIATION OF PUBLIC HEALTH DENTISTRY (OAPHD)

Advocacy Efforts Produce Tangible Results

For many years to come, members of the Ontario Association of Public Health Dentistry (OAPHD) will remember 2007-2008 year as a watershed year in the development of the organization. This year will be recalled with pride as one filled with tangible achievements and significant progress towards the fulfillment of the mandate of the organization.

Revised Public Health Standards and Program Expansion

OAPHD was energized by the emergence of tangible evidence that policy makers have begun to pay due attention to oral health issues as a component of overall systemic health. After several years of advocacy OAPHD welcomed the Ontario Government's decision to extend its Children in Need of Treatment Program to include children up to 17 years old. The newly proposed Public Health Standards recognize the impact of the social determinants of health on general health and emphasize the importance of considering community need when planning public health activities. These changes will facilitate OAPHD's efforts to tackle inequities that exist with regard to access to oral health care.

Funding

This year the Government of Ontario committed \$135 million over three years towards a dental program for low income Ontarians. In response to this OAPHD struck an ad hoc committee to develop a proposal detailing how the funding would best be used to serve the greatest number of people. The committee presented the report during a stakeholder consultation with the Minister of Health and Long-Term Care George Smitherman in late December.

OAPHD received funding from Health Canada to develop a literature review on Water Fluoridation. This funding comes as a result of recent lobbying by anti-fluoridation groups in Ontario and the lack of access to and co-ordination of current data on fluoride and its health effects.

The Federal Government recently downloaded three million dollars to Ontario's Public Health Units for the purchase of new dental equipment. This timely endowment illustrates Health Canada's commitment to helping provinces address issues related to access to oral health care by ensuring that health units are appropriately equipped for many years to come.

Next Steps

The OAPHD is committed to universal access to appropriate health care for all Ontarians. Thus, the direction taken by the current provincial government is seen as an encouraging step forward. However, as with all voluntary organizations, shortages of time and human resources are always a challenge. In an effort to meet this challenge and increase the OAPHD's capacity to respond effectively to the positive policy changes in oral health care the OAPHD's executive has been exploring the possibility of having the OPHA provide a range of support services to the organization. This possibility will be further discussed and explored in the coming year.

Anna Rusak,
OPHA Board of Directors Representative

ONTARIO PUBLIC HEALTH LIBRARIANS ASSOCIATION (OPHLA)

OPHLA: Strengthening Evidence-Informed Practice in Ontario

During 2007-08, the Ontario Public Health Librarians Association (OPHLA) fulfilled its mandate “to build and promote library and information services for a strong public health system in Ontario” by engaging its members in three major initiatives.

The membership—dedicated professionals who deliver public health library and information services in Ontario’s Public Health Units and in the Ontario Ministry of Health and Long-Term Care (MOHLTC)—intensified their efforts to maximize the capacity for providing information services and resources to Ontario’s public health units and succeeded in improving access to information for all public health professionals in the province in significant ways.

Free Access to Databases

The first initiative involved lobbying the MOHLTC, Public Health Branch to give free access to a collection of bibliographic databases and full text databases to practitioners in all public health units in Ontario. OPHLA conducted a needs assessment to identify gaps in practice and to establish a list of core public health resources. We discovered that only 13 out of 36 health units had a library and most libraries had limited access to databases. Limited budgets resulted in small journal collections and inadequate staffing. Our solution was to establish a core list of public health resources, investigate providers of the resources, develop a business plan to advocate for funding to purchase these essential resources, and provide access to these products through the Public Health e-Portal. We are continuing to evaluate new products to recommend for purchase.

An E-Learning Module for Public Health Agency of Canada

OPHLA also completed the development of an e-learning module for the Public Health Agency of Canada, Skills Enhancement For Public Health Program. This online course titled **Information Searching and Retrieval** equips public health practitioners with rudimentary skills in information literacy, basic literature searching, information management and awareness of intellectual property issues.

Search Strategies for Ontario Public Health Standards

OPHLA’s third initiative, consistent with our goal to “promote the strategic use of information services and resources in public health units in Ontario” was to develop search strategies to accompany the Ontario Public Health Standards. These search strategies will be imbedded in the Standards’ online Support Manual and will link various standards to a database search in PubMed. This will allow public health professionals to run their own searches to find the latest evidence-based literature in their area of practice. We have commenced our work on these strategies and will continue to develop them throughout 2008.

Elena Goldblatt,
OPHA Board of Directors Representative

OPHA

Constituent Societies

ONTARIO SOCIETY OF NUTRITION PROFESSIONALS IN PUBLIC HEALTH (OSNPPH)

Adaptation, Strategic Planning, Growth and Success

This was a year of change and transition for the OSNPPH. The Executive redoubled its efforts to accommodate membership needs and enhance the organization's capacity to meet ever increasing internal and external demands.

OSNPPH participated intensively as a member of the Ministry of Health Promotion's Deputy Minister's Advisory Committee for Healthy Eating, Active Living (HEAL) as the Ministry increased its emphasis on meeting the objectives of the program.

In April 2008, Bill 8, the passing of the Healthy Foods for Healthy Schools Act empowered the provincial government to set and monitor school food nutrition standards across the province with an emphasis on the elimination of trans fats. The efforts of the School Nutrition Working Group over the years since the 2004 Call to Action and the dissemination of Nutrition Tools for Schools in 2008 have played a critical role in this success. OSNPPH also succeeded in influencing new and emerging policies for public health practice in Ontario. Most notably, the development of the Ontario Public Health Standards (OPHS) and Protocols was highly profiled and is expected to have significant impact on practices in public health nutrition.

Next Steps

The activities of OSNPPH for 2007-2008 are encapsulated in the five organizational goals for 2005-2009.

Helping public health nutrition professionals to practice effectively

- Coordinated a core lecture on public health nutrition practice for dietetic interns at St. Michael's Hospital

Increase member participation in OSNPPH

- Membership is now at a record high at 173 members.

Ensuring that nutrition is incorporated into regulatory decisions

- Participated on the Ontario Collaborative Group on Healthy Eating and Physical Activity and its advocacy sub-committee
- Recommended changes to the Ministry of Children and Youth Services' Day Nurseries Act

Advocating for increased funds for public health programming

- Contributed to OPHA's Childhood Obesity Strategy proposal, highlighting the need for increased nutrition programming in public health units, especially in the area of school nutrition initiatives

Stakeholder Relations

- Increased communications with the College of Dietitians of Ontario and Dietitians of Canada regarding public health nutrition issues in dietetic practice
- Consulting with Dietitians of Canada and the Ministry of Health Promotion regarding the development of an EatRight Ontario referral guidance document for local health units.
- Consulting with the College of Dietitians of Ontario and Dietitians of Canada on Health Professions Regulatory Advisory Council's Scope of Practice Review
- Representatives of the School Nutrition Working Group were invited to sit on the provincial Healthy Schools Working Table and the Comprehensive School Nutrition Standards Committee
- Influenced OPHA's advocacy priorities on a Childhood Obesity Strategy.
- Continued participation in OPHA and OCCHA (Ontario Council for Community Health Accreditation)

Lynn Garrison,
OPHA Board of Directors Representative

PUBLIC HEALTH RESEARCH EDUCATION & DEVELOPMENT PROGRAM (PHRED)

An Era of Transformation: Preparing Public Health for the Future

Building on its roots dating back to the mid 1980's, activities of the Public Health Research Education and Development (PHRED) program during 2007 have focused on the program's key goals:

- Provide evidence to support effective and efficient public health practice and improve accountability in public health practice.
- Increase capacity within the public health system by providing leadership in the education of future public health professionals.
- Provide leadership in research, knowledge exchange and education through strategic partnerships.

Each of the five PHRED sites- Hamilton, Kingston, London, Ottawa and Sudbury, conducted a number of local applied research projects including program evaluations and collectively linked with more than 12 academic institutions to influence curriculum and provide student placements for the next generation of health care workers. In 2007, the five sites were involved in over 90 local projects, provided placements for 1103 undergraduate and graduate students, and linked with 14,504 students through classes and tutorials.

In addition, PHRED staff have collaborated across sites, been actively engaged in the province's public health renewal, partnered with others and demonstrated leadership on many provincial initiatives including:

- Evaluation of the RRFSS Website
- Provided evaluation support to Cancer Care Ontario
- Worked with the Ministry of Health Promotion to evaluate the Northern Fruit and Vegetable Pilot Program, developed two RRFSS modules and conducted Phase I of a process evaluation of the implementation of the Healthy Eating and Active Living Action Plan
- Partnered with the University of Waterloo to pilot test the School Health Environment Survey (SHES)
- Surveyed health units about research ethics practices
- Maintained the Benchmarking website www.benchmarking-publichealth.on.ca
- Evaluated the utility of the Nursing Mentorship Resource Guide
- Developed Reach and Teach Kits to enhance preceptor practice.

Dissemination of products locally, regionally and nationally and working with others to use PHRED products remain top priorities. For a complete listing of 2007 deliverables, please see the PHRED website www.phred-redsp.on.ca

2007-08 saw a number of notable achievements. Our first ever Annual Report- **What is PHRED Doing for You?** was released at the 2007 OPHA Conference in November. And we were once again delighted to present the PHRED Student Award at the OPHA Awards Luncheon. This year's recipient was Mr. Kunyong Xu, from the University of Toronto. A major milestone was the launch of the PHRED Secretariat. Dr Kate Pautler joined the program half-time as the PHRED Operations Manager. This position is instrumental in profiling PHRED, and in ensuring that the program is progressive and responsive to the needs of Ontario's public health community. Securing sufficient funding between municipal and provincial partners remains an ongoing issue. With the launch of the Ontario Agency for Health Protection and Promotion, PHRED is in a period of transformation as we look forward to working with the new Agency as the next chapters unfold. With our rich history, experienced staff and a passion for working with others to build a research agenda and a system that supports knowledge exchange and workforce development we look forward to charting new waters!!

Charlene Beynon,
OPHA Board of Directors Representative

OPHA

Committees

OPHA GOVERNANCE TASK FORCE FINAL REPORT TO OPHA JANUARY 2008

The OPHA Board struck the Governance Task Force in January 2005, and planned for its sunset at the completion of its mandate. The Governance Task Force would like to report that we have met our objectives:

1. To clarify the purpose and role of the Board in order to build a more effective and efficient Board for OPHA.
2. To make recommendations to the OPHA Board of Directors for OPHA's unique governance model.
3. To clarify strategies and policy processes, structures and representation as related to the Board.
4. To determine the appropriate size and composition of the Board to do the work of the organization efficiently and effectively.

Highlights of the work of the Governance Task Force:

1. A new governance structure
2. Revised By-laws (Nov. 2007)
3. A comprehensive Board Policy Manual
4. Approval of several Board policies
5. Board Assessment processes
6. Revised nominations forms, and
7. Revision to the process of forming OPHA workgroups

One policy remains to be developed; this is the Human Resource Stewardship Policy. In addition, the lawyer we used for the By-law review advises, "in order for the By-laws to be formally amended it will be necessary for an application to be made for Supplementary Letters Patent. The existing By-laws must be repealed effective upon the approval of the Supplementary Letters Patent. Passage of the Supplementary Letters Patent must be done by the Members in good standing in accord with the existing By-laws as of October 26, 2006". (This means that the By-laws that we are replacing are those dated October 2006.) This action can be taken by the Executive Director.

Having met our mandate, this Governance Task Force respectfully requests permission to terminate.

The OPHA Governance Task Force:

Cindy Scythes (chair)

Garry Aslanyan

Liz Haugh

Nancy Day

Ian Johnson

Connie Utrecht

THE MEMBERSHIP COMMITTEE

Throughout the 2007-08 fiscal year the Membership Committee focused its attention on implementing OPHA's transition to a new governance structure and the refinement of a sustainable membership development plan.

In order to respond more effectively to the needs of OPHA members and stakeholders, and accomplish some strategic organizational priorities, the committee welcomed two new participants reflecting the interests of members at large and constituent society representatives. This expanded Membership Committee will continue to address such priorities as a recruitment campaign, the development of a new OPHA website featuring a Members Only Lounge—a set of pages providing information and services to current OPHA members—and contribute to the articulation of an advocacy plan for OPHA.

Individual Membership as march 31, 2008	526
Individual Memberships Outside Ontario	13
Constituent Societies	11

As in past years, at OPHA's Annual Conference in November 2007, the Membership Committee presented three awards recognizing excellence in public health to outstanding individuals.

OPHA Vice President Liz Haugh presents an honorary membership to Dr. Sheela Basrur at the 2007 Annual Conference.



The Dr. Sheela Basrur Scholarship (newly created in 2007) was designed to recognize the work of a current public health practitioner who is returning to a post-secondary institution for further education, or to a student currently enrolled in a public health focused field of study at the graduate or undergraduate level, with plans to enter the public health workforce. This year's scholarship was awarded to Ms. Jenna Allen, a health promoter with the Peterborough County-City Health Unit who is pursuing a Masters in Public Health at the University of Waterloo.

The Honorary Membership Award was presented to Dr. Sheela Basrur for her internationally recognized contributions to public health and excellence in leadership as Medical Officer in the City of Toronto, Chief Medical Officer of Health and Assistant Deputy Minister of Health. Her support for the mission and values of OPHA was consistently evident throughout her career.

The Life Membership Award was presented to Ms, Cindy Scythes. First elected to the OPHA Board of Directors in 1996, Cindy went on to serve in various capacities—Secretary-Treasurer, Vice-President and Member-at-Large—during fragile stages in OPHA's organizational evolution. As chair of the ad hoc Governance Committee Cindy worked tirelessly to review and rewrite the by-laws to support a new governance structure.

Denise DePape
Chair, Membership Committee

OPHA

Committees

PUBLIC RELATIONS AND ADVOCACY COMMITTEE – 2007-2008

The Public Relations and Advocacy Committee enjoyed a full roster of activity in 2007 -2008 as the team fulfilled its assigned role co-ordinating all position papers, resolutions and motions for the Annual General Meeting, following up on the implementation of approved resolutions and serving as a general resource for OPHA's advocacy issues.

At the Annual General Meeting held on November 20, 2007, the membership endorsed three position papers and four resolutions:

- Position Paper on Oral Health Promotion
- Position Paper on Informed Decision-making and Infant Feeding
- Position Paper on Breastfeeding (revision of 1993 paper)
- Resolution on Public Health System Renewal in Ontario
- Resolution Reaffirming the Importance of Strict Firearm Regulation to Prevent Firearm Deaths and Injuries
- Resolution Advocating for a Provincial Strategy on Alcohol and Other Drugs
- Resolution on Access to a Nutritious Diet for All

OPHA also addressed the following advocacy issues in 2007-2008.

- Support for proposed legislative reforms to alcohol and drug-impaired driving
- Response to "Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation. Recommendations for a National Alcohol Strategy"
- Support for the Ontario Ministry of Environment re: EBR Posting PA06E0013 – Discussion document for the development of a regulation on source protection committees made under the Clean Water Act, 2006
- Submission to Senate Standing Committee on Human Rights (SSCHR) re: Physical punishment of children
- Communication with Medical Officers of Health re: Diversity Competent Public Health Professionals Resolution
- Communication with Standing Committee on Social Policy re: Bill 171, Health System Improvements Act, 2007

In addition to this, the Committee has focused on the development of a strategic advocacy plan for OPHA. With the guidance of consultants, the Committee worked with the Executive Director and the Board to establish strategic priorities in advocacy for the next few years. The plan, adopted in June, 2007 includes a commitment to increasing OPHA's capacity to pursue public health system advocacy. The committee will now work to ensure that the advocacy plan is implemented.

For the 2008-2009 fiscal year, OPHA will focus its advocacy efforts on: implementation of the recommendations of the Capacity Review Committee on Public Health Renewal, health inequities and the social determinants of health, healthy school food policy development as a step towards reducing childhood obesity, a provincially legislated ban on the cosmetic use of pesticides and a toxic use reduction strategy.

TREASURER'S REPORT – 2007/2008

The annual report provides us with an opportunity to share the highlights and achievements for the previous year. For the Treasurer, the most obvious indicator of success is the bottom line and the details found in the Audited Financial Statement. It is important, however, to look beyond the numbers.

What does a successful financial statement look like? Is it the size of the surplus; the ability to stick to the approved budget; the growth of the organization; or is it the alignment of expenditures with the strategic directions? In 2007/2008, the OPHA Board budgeted for a deficit of \$46,238 based on a need to invest in a membership program and to upgrade our website capabilities. Further program investments were approved in September 2007, bringing the expected deficit for the year to \$86,238. The Audited Statement indicates that in the 2007/2008 fiscal year, OPHA had a deficit of \$82,934. So based on the sticking to the approved budget criteria, this is a success: based on the size of the surplus, not so much.

The real question that most members should ask is why did we plan for and achieve such a significant deficit. Generally OPHA strives to achieve a balanced budget. For the past two years, the Board has approved a deficit budget with the aim of investing up front for growth of the organization. Increased spending in infrastructure, staffing and promotional tools are designed to enhance membership numbers and the profile of OPHA, ultimately leading to increased revenue. Success in these areas is imperative if we are to return to a balanced budget.

It is also important to note the variability of one of the most significant revenue sources, project recoveries. The administration of projects provides both opportunities and costs, financially and otherwise. Each year, however, there are project renewals which are uncertain and new projects which may or may not be acquired. Add to this the variability and general tightening of administrative costs that can be recovered and this component of revenue becomes difficult to predict. In 2007/2008, for example, overall project revenue increased by more than \$65,000, but the amount recovered by OPHA for expenses dropped by approximately \$32,000.

The Audit Committee and the OPHA Board recognize that we are at a critical juncture for growth. It is clear that we need projects for the revenue they provide, for their support to OPHA members, and for the synergy created by their presence. It is also recognized that membership services have to justify the request for membership fees. In coming years, plans for financial success will be as important as program success, measured by bottom line, our growth, and by investments in strategic directions.

**Respectfully submitted by,
Larry Stinson, Treasurer**

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, 2008 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, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



**Toronto, Ontario.
June 12, 2008.**

**Chartered Accountants,
Licensed Public Accountants.**

STATEMENT OF FINANCIAL POSITION

MARCH 31, 2008

(with comparative figures for 2007)

	2008	2007
ASSETS		
Current		
Cash	\$177,144	\$344,135
Temporary investments (Note 3)	500,000	500,000
Accounts receivable	75,629	65,784
Prepaid expenses and deposits	7,292	17,255
	760,065	927,174
Property, plant and equipment (Note 4)	74,225	129,257
	834,290	1,056,431
LIABILITIES		
Current		
Accounts payable and accrued liabilities	248,216	300,394
Deferred membership revenue	11,533	15,187
Deferred revenue (Note 5)	163,996	238,882
Property, plant and equipment contribution (Note 2)	33,959	42,448
	457,704	596,911
NET ASSETS	\$376,586	\$459,520
NET ASSETS REPRESENTED BY SURPLUS		
Balance, beginning of year	\$459,520	\$446,727
Surplus (deficit) for the year	(82,934)	12,793
Balance, end of year	\$376,586	\$459,520
SURPLUS CONSISTS OF THE FOLLOWING FUND BALANCES:		
Operating Fund	\$321,586	\$404,520
Designated Capital Asset Fund	50,000	50,000
Student Award Fund	5,000	5,000
	\$376,586	\$459,520

OPHA

Financials

STATEMENT OF REVENUES AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2008

(with comparative figures for 2007)

	2008	2007
Revenues		
Core (Schedule A)	\$267,221	\$234,109
Projects (Schedule C)	4,077,768	4,011,968
	4,344,989	4,246,077
Expenses		
Core (Schedule A)	356,682	221,130
Projects (Schedule C)	4,071,241	4,012,154
	4,427,923	4,233,284
Surplus (deficit)	(\$82,934)	\$12,793

STATEMENT OF CASH FLOWS

MARCH 31, 2008

(with comparative figures for 2007)

	2008	2007
Cash provided by (applied to):		
Operating activities		
Surplus (deficit)	(\$82,934)	\$12,793
Adjustments for:		
Amortization	55,031	50,420
Amortization of capital asset fund	(8,490)	(10,612)
	(36,393)	52,601
Net changes to working capital balances		
Accounts receivable	(9,845)	101,750
Prepaid expenses and deposits	9,963	(6,679)
Accounts payable and accrued liabilities	(52,176)	(22,886)
Deferred membership revenue	(3,654)	(2,579)
Deferred project revenue	(74,886)	(112,020)
	(166,991)	10,187
Investing activity		
Property, plant and equipment purchase	-	(84,115)
Decrease in cash and cash equivalents during the year	(166,991)	(73,928)
Cash and cash equivalents, beginning of year	844,135	918,063
Cash and cash equivalents, end of year (Note 8)	\$677,144	\$844,135

OPHA

Financials

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2008

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.

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 investment in a Guaranteed Investment Certificate matures on September 26, 2008. The Guaranteed Investment Certificate is invested at a variable rate of interest until maturity.

	2008	2007
Guaranteed Investment Certificate	\$500,000	\$500,000

4. Property, plant and equipment

	2008		2007	
	Cost	Accumulated Amortization	Net Carrying Value	Net Carrying Value
Office equipment	\$224,385	\$192,809	\$31,576	\$70,626
Leasehold improvements	79,909	37,260	42,649	58,631
	\$304,294	\$230,069	\$74,225	\$129,257

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2008

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):

	<u>2008</u>	<u>2007</u>
Colour It Up (MHP)	\$6,000	\$ -
Annual conference (MHP)	-	1,986
PHRED	14,634	13,605
Heart Health Resource Centre (MHP)	-	657
Nutrition Resource Centre (NRC) (MHP)	43,661	102,389
Towards Evidence Informed Practice (TEIP) (MHP)	4,800	4,800
Ontario Chronic Disease Prevention Alliance (MHP)	10,909	39,107
NRC - Healthy Eating Active Living (MHP)	6,104	33,571
Core Competency Consultation	-	5,896
Blood Safety Project (MOHLTC)	-	38,901
Alcohol Policy Network / ARAPO (MHP)	-	84
OCDPA Environmental Scan (PHAC)	54,642	26,105
HealthForceOntario Leadership / Mentorship (MHP)	-	12,787
Community Food Advisory 2003 (MHP)	1,015	11,162
Ontario Healthy School Coalition Membership	7,946	1,080
YAMM Health Canada (PHAC)	200	(53,248)
Ontario Community Food Security Network	7,632	-
CPCHE (Trillium)	6,453	-
	<u>\$163,996</u>	<u>\$238,882</u>

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:

	<u>2008</u>	<u>2007</u>
Cash on hand and balances with bank	\$177,144	\$344,135
Guaranteed investment certificate	500,000	500,000
	<u>\$677,144</u>	<u>\$844,135</u>

SCHEDULE OF CORE REVENUE AND EXPENSES
FOR THE YEAR ENDED MARCH 31, 2008
(with comparative figures for 2007)

	SCHEDULE A	
	2008	2007
Revenue		
Membership revenue	\$39,154	\$44,392
Provincial grants	150,000	150,000
Interest income	40,669	36,854
Sundry income	35,700	770
Work Groups (Schedule B)	1,698	2,093
	267,221	234,109
Expenses		
Membership materials, mailings and campaign	15,788	14,394
OPHA News production and mailings	7,595	5,195
AGM materials and mailings	9,358	4,659
Membership expenses	32,741	24,248
Administration expenses standing committee	7,841	4,073
Amortization	46,542	34,879
Bank charges	5,175	3,348
Benefits	46,924	34,099
Board expenses	57,858	59,104
Board governance review	3,382	9,954
Equipment costs	40,558	35,581
External membership fees	2,210	2,080
Insurance	10,547	9,567
Legal and audit	17,393	16,821
Outside services	-	9,991
Postage	2,846	5,452
Press releases	5,866	3,473
Rent	123,854	119,165
Salaries	387,476	345,813
Staff travel, recruiting and training	16,402	12,797
Stationery, copying and printing	8,187	12,693
Telephone	5,514	11,670
Website	37,607	-
Work Groups (Schedule B)	6,929	7,950
	865,852	762,758
Recovery of expenses from projects (Schedule D)	(509,170)	(541,628)
	356,682	221,130
SURPLUS (DEFICIT)	(\$89,461)	\$12,979

OPHA

Financials

SCHEDULE OF WORKGROUP REVENUES AND EXPENSES FOR THE YEAR ENDED MARCH 31, 2008 (with comparative figures for 2007)

SCHEDULE B

	Revenue	Expenses	Surplus (Deficit)
Violence Prevention	\$453	\$1,500	(\$1,047)
Breast-feeding promotion	25	1,720	(1,695)
Food Security	-	1,029	(1,029)
Alcohol Workgroup	-	1,500	(1,500)
Environmental Health	-	425	(425)
Child and Youth Health	-	275	(275)
Public Health Alliance	1,220	480	740
TOTALS MARCH 31, 2008	\$1,698	\$6,929	(\$5,231)
TOTALS FOR THE YEAR ENDED MARCH 31, 2007	\$2,093	\$7,950	(\$5,857)

SCHEDULE OF PROJECT REVENUES AND EXPENSES

FOR THE YEAR ENDED MARCH 31, 2008

(with comparative figures for 2007)

SCHEDULE C

	Revenue	Expenses	Surplus (Deficit)
Alcohol Policy Network / ARAPO (MHP)	\$174,000	\$173,997	\$3
Annual conference (MHP)	290,969	290,969	-
Blood Safety Project (MHP)	9,250	9,250	-
OCDPA Environmental Scan (PHAC)	180,418	180,418	-
OCDPA Membership (MHP)	35,286	35,286	-
HealthForceOntario Leadership / Mentorship (MHP)	193,567	193,567	-
Health Promotion Competency Project (PHAC)	9,632	9,632	-
Heart Health Resource Centre (MHP)	399,971	399,978	(7)
HHRC Best Practices (TEIP) (MHP)	275,000	275,000	-
Injury Prevention (MHP)	807,970	808,224	(254)
NRC - Healthy Eating Active Living (MHP)	349,182	349,182	-
Nutrition Resource Centre (NRC) (MHP)	687,774	687,774	-
Ontario Chronic Disease Prevention Alliance (MHP)	180,000	179,998	2
Trillium Project (CPCHE)	133,947	133,947	-
YAMM Health Canada (PHAC)	344,029	344,019	10
Miscellaneous Project revenue	6,773	-	6,773
TOTALS MARCH 31, 2008	\$4,077,768	\$4,071,241	\$6,527
TOTALS FOR THE YEAR ENDED MARCH 31, 2007	\$4,011,968	\$4,012,154	(\$186)

SCHEDULE EXPENSES RECOVERABLE FROM PROJECTS FOR THE YEAR ENDED MARCH 31, 2008 (with comparative figures for 2007)

SCHEDULE D

Trillium (CPCHE)	\$12,200
Annual conference	33,318
Alcohol Policy Network/ARAPO	46,374
ANDSOOHA	2,400
HHRC Best Practices (TEIP)	41,795
OCDPA Environmental Scan	14,802
Heart Health Resource Centre	64,430
Ontario Chronic Disease Prevention Alliance	31,247
NRC - Healthy Eating Active Living	65,701
Nutrition Resource Centre	116,259
Injury Prevention	10,073
YAMM Health Canada	50,735
HealthForceOntario Leadership / Mentorship	18,836
Health Promotions Ontario	1,000
TOTAL MARCH 31, 2008	\$509,170
TOTAL FOR THE YEAR ENDED MARCH 31, 2007	\$541,628



OPHA President Dr. Gary Aslanyan introduces Ontario Minister of Health Promotion the Honourable Margaret Best before her presentation to the 2007 OPHA Annual General Meeting.





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OPHA
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