

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

# ANNUAL REPORT

2010-2011



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The Voice of Public Health Since 1949

**Founded in 1949, the Ontario Public Health Association (OPHA) is a voluntary, 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 multidisciplinary 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. Today, OPHA enjoys:

- Strong leadership on public health reform in Ontario.
- Being well resourced, with significant policy analysis capacity.
- Strong links with other health organizations.
- A commitment to advocacy.
- Being consistently consulted and highly respected.

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.

SUMMARY

Looking back at 2010-11, OPHA continued to advance and strengthen the public health system through its various organizational goals: advocacy, capacity building and knowledge exchange and transfer. In each of these key areas, OPHA has played a critical role in impacting many current public health issues: chronic diseases and the obesity epidemic; and the social determinants of health and priority populations against the backdrop of a myriad number of areas: alcohol policy, food and nutrition, injury prevention, built environment, environmental health, evaluation, and healthy communities. The Association was busy connecting with health professionals from across the province on a wide array of top-of-mind issues and helping to advance public health capacity, knowledge and issues in the province.



## PRESIDENT'S MESSAGE

*Since SARS in 2003, we have witnessed significant transformation of Ontario's public health system. In particular, the creation of Ontario's first public health agency – Public Health Ontario, the enhanced independence of the Chief Medical Officer of Health (CMOH), a major investment in Ontario's Public Health Laboratories and public health units, the strengthening of emergency management, infectious disease control and health system preparedness and the introduction of Ontario Public Health Standards. As well, the federal government created the Public Health Agency of Canada. These changes have brought renewed focus and investments on revitalizing our public health capacity.*



With this changing political and health landscape and the current drive by governments in every jurisdiction to bend the health care cost curve, OPHA's Board of Directors realized that the organization has reached an important cross-road. As a result, the 2010-2011 year can be characterized as an important turning point in our proud history with a number of seismic changes to reflect these new realities.

OPHA's Board of Directors have made several strategic, but sometimes difficult, decisions that would set a new course to ensure that the organization was more nimble, flexible and responsive to its surrounding environment. Some decisions have been extremely challenging while others have presented incredible opportunities for the future.

### Allow me to highlight these changes:

In December 2010, OPHA experienced a transition in leadership when former Executive Director Connie Uetrecht left the organization. Connie was well known to the membership and to OPHA's stakeholders and partners. Thanks to her leadership, commitment and tireless energy, OPHA has established strong relationships with the provincial government, Public Health Ontario, alPha and other partners who share our commitment to revitalizing Ontario's public health system and even nationally. Today, OPHA is seen as a credible, effective and active voice for public health. Her contributions were many and much appreciated by the Board, the membership and our partners in public health.

During this past year, the Board undertook a strategic plan which would re-establish its commitment to its mandate and organizational goals: advocacy, membership, and communications. Preparations were made in the latter part of the fiscal year which would allow the Association to advance its strategic plan including the recruitment of a new Executive Director to assist in leading the organization towards a different path where the destination will result in a stronger, more focused and energized organization. The

desire is to ensure that the organization's value proposition remains strong, not only for its members, but also for our partners in the public health system.

Despite these changes, a number of activities and initiatives continued in a number of areas to support OPHA's commitment towards advocacy on public health issues, capacity building within the Ontario public health system and knowledge exchange and transfer. The many government and agency funded programs that OPHA operates were critical in building capacity in the system on a variety of key competencies: policy development, evaluation and measurement, youth engagement and healthy eating. Moreover, OPHA's member-based work groups were very active in ensuring that our voice was heard in calling for improvements across a broad spectrum of health issues (i.e., environmental health, injury prevention, chronic disease prevention, to name a few) and helping to enhance capacity through the development of tools and provision of professional development sessions to public health professionals. These are detailed in the Annual Report. In reading this report, you will continue to appreciate the value and benefit that OPHA brings, not only to its members, but also to the Ontario public health system. Despite the contributions made in 2010-11, we reported a deficit, and this is a reflection of the Association's new reality in this ever-changing, fiscally-constrained health landscape.

In closing, I would like to thank the Board of Directors, the membership, volunteers and the OPHA staff for their hard work and dedication advancing public health in Ontario. Together, we are making a positive difference in the lives of Ontarians. I hope that you enjoy reading this year's report and I look forward to connecting with you throughout the 2011-12 year.

Sincerely,

Liz Haugh, President

## ADVOCACY

**OPHA continued its strong advocacy efforts across a spectrum of public health issues including a focus on health equity, social determinants of health, environmental health, injury prevention and chronic disease prevention, to name a few.**

### OPHA Programs and Activities

- OPHA's Food Security Work Group (FSWG) and the OPHA Nutrition Resource Centre (NRC, funded by the Ministry of Health Promotion and Sports) have been involved in ground-breaking work that will contribute towards the development of a comprehensive Food and Nutrition Strategy for the province in partnership with the Ontario Collaborative Group for Healthy Eating and Physical Activity. Their work has lead to the development of a "Phase 1 - Development of a Food and Nutrition Strategy: Background Document." This work will be critical in advancing the focus on healthy nutrition and food security in advancing chronic disease prevention in the province.
- Other general advocacy efforts included writing letters to key government and other decision makers on the following issues:
  - Toxic substances, tobacco control, H1N1 Pandemic, Provincial Policy Statement review, Special Diet Program, Long Form Census, Panorama Project, healthy and physical education curriculum for Grades 1-8, and breath testing, to name a few.

### OPHA Work Groups

- In the area of environmental health, OPHA has been very active at the local, provincial and national levels through the work of the Environmental Health Work Group (EHWG). Accomplishments over the past year include:

- Serving on the Environmental & Occupational Carcinogens Working Group which has contributed towards legislation in the Toxics Reduction Act 2009 and its regulations.
- Participating in the development of Regulation 419 (Air Standards) Multi-Stakeholder Committee to advocate for more health protective legislation.
- Continuing as a key partner in the Canadian Partnership for Children's Health and Environment and advancing key initiatives on environmental toxin exposures and children's health.
- Contributing to other key national initiatives: Great Lakes Canada Stakeholder Advisory Panel and Health Canada/Environment Canada's Air Quality Index.
- The FSWG has also contributed towards advocacy through various campaigns: "Do the Math" and "Put Food in the Budget". These two campaigns have shone a spotlight on the issue of food security as a growing concern in this province.
- The Injury Prevention Work Group submitted a letter of support concerning the amendment of the Private Member's Bill C-289, an Act to Amend the Hazardous Products Act (recreational snow sport helmets) to the Prime Minister, the Federal Minister of Health, the Leader of the Opposition Party and other federal leaders and over 300 MPs in Ontario. This is an expression of OPHA's advocacy efforts in minimizing the prevalence of injuries in the province.
- The Built Environment Work Group was active in 2010-11 in advancing chronic disease prevention through advocacy of increased active transportation in the province in order to create enabling environments for healthy active living. The BEWG was busy promoting the integration of cycling information into the driver training handbook and driver training curriculum.

## CAPACITY BUILDING

OPHA is one of the recognized leaders in capacity building in the province. Our efforts in 2010-11 targeted a number of core and specific competencies relevant to all public and community health professionals. These activities were carried out by both our OPHA programs and our Work Groups, and our contributions were significant.

### OPHA Programs and Activities

- In 2010, OPHA held its inaugural **Fall Forum:** taking action on the built environment, building, healthy public policy. The attendance exceeded our target and we were able to reach 350 health professionals. The event focused on developing the skills and knowledge base of the attendees in the area of built environments.
- Through the excellent work of the NRC, important provincial programs were effectively and actively planned and directed:
  - **Community Food Advisor** (341 Community Food Advisors contributed 15,000 volunteer hours reaching over 37,000 children, youth and adults across Ontario through 836 health promotion activities related to Food Skills);
  - **Eat Smart!**® (21 new recreation centers were designated as Eat Smart locations);
  - **NutriSTEP**® (60 percent of Ontario public health units implemented programming for this nutrition screening tool); and

“Resources like these help parents educate themselves in order to help their children stay healthy. Busy Bodies in particular I found to have so many great ideas for activities that I can do with my daughter in order to keep active. And it helps me be more active too.”  
– Cilvenia Bautista, parent.

- In 2008, OPHA launched the “Towards Evidence Informed Practice (TEIP)” program, which provided a number of informative and practical workshops focused on program evaluation and performance measurement. To date, TEIP has trained 50 public health practitioners across the province in assisting public health professionals to garner a better understanding of evaluation and how that can inform programming and service delivery.

“As a small health unit, we do not have the resources that other larger health units have in place for program planning and evaluation... It is such projects as TEIP that provide smaller health units like us information, support and resources that would not necessarily be available.” – Workshop Participant.

- OPHA also contributed towards the operation of the Healthy Communities Consortium, a group of health organizations that work collaboratively to support the implementation of the Healthy Communities Fund (funded by the Ministry of Health Promotion and Sports). OPHA's contribution in the consortium centers on planning, community assessment, policy development and partnership governance. In 2010-11, through the Consortium, OPHA contributed towards the most successful annual fall conference to-date on the topic of Results-Based Accountability with more than 130 attendees. We also held webinars, knowledge exchange sessions and produced resources on the topic of partnership structuring and governance. One client described the service as follows:

“Our Consortium Consultant provided support to us in developing a SWOT analysis around expanding our Partnership. The result was a greater insight around the different functions of a partnership to consider as we move forward. Our Consultant also shared innovative strategies to connect stakeholders throughout the district...”

- Another key OPHA program is the provincial Alcohol Policy Network, which was established to promote healthy public policy with respect to alcohol. The Network reached out to 183 health practitioners in 2010-11 in order to build skills and knowledge in this area of policy development.
- The Injury Prevention Initiative (an initiative funded by the Ministry of Health and Promotion & Sports) organized two professional development webinars on Suicide Prevention and Off-Road Safety to approximately 40 participants.
- The Youth Engagement Initiative (funded by Health Canada) is focused on youth engagement in relation to substance misuse. The evidence-based toolkit, developed in 2009-10, was piloted in a number of health units this year, and then later adapted to ensure that it was responsive to the needs and priorities of health units in general. In addition, this initiative planned for a number of competency-based webinars (to be held in 2011-12) and workshops which would collectively target approximately 500 public health and community health professionals.

### OPHA Work Groups

Additionally, a number of OPHA work groups have been very active in building capacity. These passionate and engaged members have undertaken a series of activities to build capacity amongst their peers and colleagues in public and community health.

- The Built Environment Work Group (BEWG) has played a significant leadership role in advancing capacity in public health and planning in the province. It initiated the development of a planning aid that will build capacity amongst health professionals and city planners to integrate public health into city



planning. This work group is an excellent example of OPHA's strengths in building effective partnerships. This project is a collaborative effort involving staff from Health Canada, the Ministry of Health Promotion and Sport, local public health units, municipal land use planners, private land use planners, the Ontario Professional Planners Institute (OPPI) and others. A situational assessment was completed in 2010-11. Also, the BEWG along with OPPI worked to develop recommendations for the development of tools that will operationalize the Healthy Communities principles into the planning review process. This work will continue in 2011-12.

- The Public Health Alliance for Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-spirit, Intersex, Queer and Questioning Equity Work Group was focused on advancing capacity in health equity in the area of “positive space” through the provision of a series of workshops in Waterloo, London, York Region and at the Annual Association of Community Health Centres Conference. One attendee commented:

“The workshop was genuinely life changing for me in a most positive regard. ...I have never had the eye opening experience like I received last week. I cannot thank you enough for inviting me to broaden my horizons and change my outlook on life as a whole. Thankfully, I am now much more aware and truly thank OPHA for giving me this incredible gift. I honestly cannot impress upon you enough as to how the Positive Space Workshop has changed me. Thank you from the bottom of my heart.”

- The Injury Prevention Work Group developed a document entitled, ‘Role of the Public Health Nurse in Injury Prevention in Ontario’, in collaboration with the Injury Prevention Managers’ Alliance, in order to support furthering capacity amongst nurses in injury prevention.



## EXCHANGING AND TRANSFERRING KNOWLEDGE

Over the past year, OPHA has contributed significantly in promoting knowledge exchange and transfer in public health through the work of its programs and inter-disciplinary work groups, particularly in the areas of social determinants of health, chronic disease prevention and quality. The following details the excellent work the Association has undertaken in being a leading knowledge transfer and exchange agent in the province.

### OPHA Programs and Activities

■ The Alcohol Policy Network held its 8th Annual Forum in 2010-11 with approximately 92 health professionals in attendance to discuss advancing and increasing alcohol policy development and activities across the province. In addition the Alcohol Policy Network's evidence-based website, APOLNET.ca was visited by nearly 63,000 visitors. Further, the Network successfully published two documents: *'Alcohol and Taxation in Ontario'* (OHPE-bulletin, 2011) and *'Alcohol and Community-based Violence'* (MUMJ, 2011) along with 10 other web articles.

“The Alcohol Policy Network is well-positioned to know the challenges of the field, and more importantly, how to address them.” – APN Advisory Committee Member, November 2010.

□ The Injury Prevention Initiative was critical in supporting the exchange of information and knowledge through the participation and support of a number of committees, work groups and networks: Injury Prevention Managers Alliance, the Ontario Injury Prevention Practitioners Network and the Injury Prevention Chairs Network along with the OPHA Violence Prevention and Injury Prevention Work Group. The Network also continued to maintain a database of 50 emerging and best practice programs on violence prevention.

### OPHA Work Groups

- The Joint ALPHa/OPHA Social Determinants of Health Work Group was very active in 2010-11. They made a number of significant contributions towards knowledge development and exchange in the area of public health activities and capacity building needs in social determinants by public health units through an assessment of public health units in Ontario. A detailed report was completed which highlighted the current capacity challenges facing local public health unit needs for addressing social determinants of health issues.
- The very dynamic FSWG helped to advance knowledge around food security by supporting the Nutritious Food Basket, which assists in informing the province and health units on the link between income and access to food for families.
- The Injury Prevention Work Group was active in exchanging and sharing knowledge across a number of platforms, most notably in an engaging session at the OPHA 2010 Fall Forum entitled **“Building Safe Communities in the Prevention of Injuries and Violence.”**

## FINANCIAL REPORT



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### Report of the Independent Auditor on Summary Financial Statements

To the Members of  
Ontario Public Health Association

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2011, and the summary statements of revenues and expenses, changes in net assets and cash flows for the year then ended, are derived from the audited financial statements of Ontario Public Health Association for the year ended March 31, 2011. We expressed an unmodified audit opinion on those financial statements in our report dated June 23, 2011.

The summary financial statements do not contain all the statements and disclosures required by Canadian generally accepted accounting principles. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Ontario Public Health Association.

#### Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Note 1.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Audit Standard (CAS) 810, 'Engagements to Report on Summary Financial Statements'.

#### Opinion

In our opinion, the summary financial statements derived from the audited financial statements of Ontario Public Health Association for the year ended March 31, 2011 are a fair summary of those financial statements, on the basis described in Note 1.

*BDO Canada LLP*

Chartered Accountants, Licensed Public Accountants

Mississauga, Ontario  
June 23, 2011

## Ontario Public Health Association Summary Statement of Financial Position

March 31	2011	2010
<b>Assets</b>		
<b>Current</b>		
Cash	\$ 87,032	\$ 136,890
Temporary investments	400,000	500,000
Accounts receivable	236,683	314,590
Prepaid expenses and deposits	15,691	22,991
	<u>739,406</u>	<u>974,471</u>
<b>Long-term investment</b>	<b>100,750</b>	<b>-</b>
<b>Capital assets</b>	<b>13,732</b>	<b>30,846</b>
	<u>853,888</u>	<u>1,005,317</u>
<b>Liabilities</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	52,227	156,474
Deferred membership revenue	14,286	11,526
Deferred revenue	330,257	321,508
Capital assets contribution	13,583	21,733
	<u>410,353</u>	<u>511,241</u>
<b>Net Assets</b>	<b>\$ 443,535</b>	<b>\$ 494,076</b>
<b>Net Assets consist of the following fund balances:</b>		
Operating Fund	\$ 388,386	\$ 429,963
Invested in Capital Assets	149	9,113
Designated Capital Asset Fund	50,000	50,000
Student Award Fund	5,000	5,000
	<u>\$ 443,535</u>	<u>\$ 494,076</u>

## Ontario Public Health Association Summary Statement of Revenues and Expenses

For the year ended March 31	2011	2010
<b>Revenues</b>		
Core	\$ 235,166	\$ 283,913
Projects	2,477,800	3,293,014
	<u>2,712,966</u>	<u>3,576,927</u>
<b>Expenses</b>		
Core	290,335	167,979
Projects	2,473,172	3,293,142
	<u>2,763,507</u>	<u>3,461,121</u>
<b>Surplus (deficit)</b>	<b>\$ (50,541)</b>	<b>\$ 115,806</b>

## Ontario Public Health Association Summary Statement of Cash Flows

For the year ended March 31	2011	2010
<b>Cash provided by (used in)</b>		
<b>Operating activities</b>		
Surplus (deficit)	\$ (50,541)	\$ 115,806
Adjustments required to reconcile surplus (deficit) with net cash provided by operating activities		
Amortization	18,940	22,932
Amortization of capital assets contribution	(8,150)	(5,434)
Changes in non-cash working capital balances		
Accounts receivable	77,907	(43,524)
Prepaid expenses and deposits	7,300	(8,053)
Accounts payable and accrued liabilities	(104,247)	(99,666)
Deferred membership revenue	2,760	(2,190)
Deferred revenue	8,749	20,562
	<u>(47,282)</u>	<u>433</u>
<b>Investing activities</b>		
Purchase of capital assets	(1,826)	(15,510)
Purchase of long-term investment	(100,750)	-
	<u>(102,576)</u>	<u>(15,510)</u>
<b>Decrease in cash and cash equivalents during the year</b>	<b>(149,858)</b>	<b>(15,077)</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>636,890</b>	<b>651,967</b>
<b>Cash and cash equivalents, end of year</b>	<b>\$ 487,032</b>	<b>\$ 636,890</b>
<b>Cash and cash equivalents consists of the following:</b>		
Cash	\$ 87,032	\$ 136,890
Temporary investments	400,000	500,000
	<u>\$ 487,032</u>	<u>\$ 636,890</u>

# 2010-2011 BOARD OF DIRECTORS

## Slate of Officers for the OPHA Board of Directors for 2010

### Executive Officers

President	Liz Haugh
Vice-President	Tino Serapiglia
Secretary	Marty Mako
Treasurer	Monica Mitchell

### Members-At-Large

Member-At-Large	Camille Burnett
Member-At-Large	Pemma Muzumdar
Member-At-Large	Nancy Lacasse
Member-At-Large	Larry Stinson
Member-At-Large	Mohamed Kadry Taher

### The Constituent Societies' Representatives

ANDSOOHA	Karen Quigley-Hobbs
AOHC	Almaz Reda
APHEO	Alanna Leffley
ASPHI-O	Shawn Zentner
CIPHI-O	Cameron Weighill
CHNIG(RNAO)	Gloria Morris
HPO:ph	Inge Roosendaal
OSNPPH	Barb Bartle
OAPHD	Anna Rusak
OPHLA	Elena Goldblatt
PHRED	Charlene Beynon

### Management Team

Executive Director	Connie Utrecht
Board and Member Relations Officer	Nolly Baksh-Singh
Senior Finance & Administration Officer	Donna Galasso
Web Editor/Chief Information Officer	Dorothy Birtalan

### Projects

Andrea Bodkin, Manager, Consortium (Ministry of Health Promotion and Sports)

Cindy Scythes, Manager, Nutrition Resource Centre (Ministry of Health Promotion and Sports)

Ben Rempel, Manager, Alcohol Policy Network (Public Health Ontario), Youth Engagement (Health Canada)

Dayna Albert, Manager, Towards Evidence Informed Practice

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