

ONTARIO PUBLIC HEALTH ASSOCIATION

ANNUAL REPORT

2016 / 2017



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About Us

Ontario Public Health Association has established a strong record of success as an independent voice for public health in Ontario. We are a member based, not-for-profit charity that has been advancing the public health agenda since 1949.

OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including promoting dialogue and education on healthy public policy, capacity building, research and knowledge exchange. Our membership represents many disciplines from public health and other areas such as community health, health care, and the voluntary, private and academic sector.

Board of Directors

President Ellen Wodchis

Vice-President & Advocacy Committee Chair Karen Ellis

Secretary and Membership Committee Chair Kevin Churchill

Treasurer and Audit Committee Chair Jo Ann Tober

Member-At-Large Joanne Enders

Member-At-Large Andrew Papadopoulos

Member-At-Large Sandy Keller

Member-At-Large Julia Roitenburg

Member-At-Large Anjum Sultana

Member-At-Large Alex Mayer

Constituent Society Representatives

Association of Ontario Health Centres Cheryl Prescod

Association of Public Health Epidemiologists in Ontario Jasantha Naidoo

Association of Supervisors of Public Health Inspectors of Ontario Sylvanus Thompson

Canadian Institute of Public Health Inspectors John Cannon

Community Health Nurses Initiatives Group (RNAO) Patricia Donnelly

Health Promotion Ontario Ketan Shankardass

Ontario Association of Public Health Dentistry Lisa Demaline

Ontario Association of Public Health Nursing Leaders Hamida Bhimani

Ontario Society of Nutrition Professionals in Public Health Lindsay Davidson



Health Equity

H **HEALTH EQUITY HAS LONG BEEN AN OPHA PRIORITY.** Three years ago, our members formally endorsed a health equity position paper, resolution, and our Board approved an action plan. The values and beliefs that underpin this action plan draw from the work of Dr. Benita Cohen and colleagues (Conceptual Framework of Organizational Capacity for Public Health Equity Action)¹ which highlights themes such as social justice, cultural humility, and distribution of power. This year, OPHA made significant progress in advancing our first health equity action plan through activities that supported both self-reflection and advocacy. By focusing on building our internal capacity around health equity, we came to better understand the value we could bring as a partner and ally, as well as the kinds of partnerships that would help us strengthen our efforts. OPHA was pleased to partner with Health Nexus to work on a two-year bilingual project to strengthen collaborative and equitable leadership in the non-profit sector, including public health.

E **NGAGING AND EDUCATING MEMBERS ON HEALTH EQUITY:** As part of our learning journey, we encouraged OPHA members to join us at our 2016 Health for All Fall Forum. We hosted delegates and speakers from across Canada and the US, including keynote speaker Dr. Veronica Neal, Director of the Office of Equity, Social Justice, and Multicultural Education of De Anza College in California. Dr. Neal taught delegates about cultural humility as an approach to addressing the role of power and privilege in our interactions, and as a basis to creating equitable institutions and relationships and unlearning personal biases.

A **DVANCING HEALTH EQUITY:** Through OPHA's unique platform for bringing members from different regions and professions together, various workgroups are able to effect change with respect to health equity. The alPHA-OPHA Health Equity Workgroup, a joint workgroup between OPHA and the Association of Local Public Health Agencies, has been collaborating to strengthen the public health profession in its capacity for health equity and to influence public policy to adopt a health equity lens. Some of the alPHA-OPHA Health Equity Workgroup's recent activities and accomplishments include: joining with other groups to advocate for a basic income guarantee; raising awareness in public health about the recommendations from the Truth and Reconciliation Commission and the implications for public health practitioners; and undertaking a survey to better understand the enablers and barriers that public health units face in advancing health equity. The workgroup called for a stronger and clearer mandate on health equity for Boards of Health, and we were pleased to see this included as part of the government's new requirements for public health units.

LAUNCHING OPHA'S PERSONS WITH DISABILITIES TASK GROUP has also been a focus in advocating for the reduction of health disparities created by socially constructed and preventable circumstances. At our last Board of Directors meeting, OPHA adopted the task group's proposed People with Disabilities Person-Centred Language Position Statement, which promotes attitudes and practices that are sensitive and respectful to people with disabilities and aims to reduce stigma and discrimination.

TRENDS IN TALKING ABOUT HEALTH EQUITY: It has been encouraging to see the government supporting strong language around health equity through the inclusion of a new foundational standard on health equity. A number of other government initiatives have appeared on the horizon which may also positively impact health equity or the determinants thereof, such as Ontario's Anti-Racism Strategy, Ontario's Poverty Reduction Strategy, and Ontario's Food Security Strategy. OPHA was also pleased to see that in partnership with the Association of Ontario Community Health Centres, our advocacy efforts contributed to the embedding of concepts of health promotion, the social determinants of health and health equity, in the new Patients First legislation.

HUMILITY continues to be a central theme to our efforts as OPHA recognizes that our commitment to health equity requires us to be on a continuous journey of learning, to practice cultural humility, and to seek out meaningful new partnerships. As an organization committed to social justice and reducing disparities, we need to ensure that we're going beyond well-meaning intentions. We look forward to continuing to effect change together.

References:

1. Cohen B, Schultz A, McGibbon E, VanderPlaat M, Bassett R, GermAnn K et al. A Conceptual Framework of Organizational Capacity for Public Health Equity Action (OC-PHEA). Can J Public Health. 2013;104(3):262.



OPHA made our voice heard through letters, submissions and public use planning, bicycle and road safety, climate change, pensions, reproductive health, breastfeeding, child care, food insecurity, food



Cannabis

OPHA formed a task group to create and release a position paper entitled, The Public Health Implications of the Legalization of Recreational Cannabis. This paper encourages the Ontario Government to adopt a public health approach to cannabis regulation to allow for more control over the risk factors associated with cannabis-related harms. We were also invited and testified before the House of Commons Standing Committee on Health to speak to our submission.

Patients First

The Patients First Act passed on December 7, 2016 and OPHA was pleased to see key changes embedded in legislation that we've been calling for. From members' input on our Patients First February 2016 submission, our joint letter to Minister Hoskins with the Association of Ontario Health Centres to our testimony before the legislative committee, we have been advocating for a greater focus on prevention and health promotion, health equity, and a recognition of the role played by the determinants of health.



presentations by our workgroups on issues ranging from health equity, water quality, land banning of coal, menu labelling, e-cigarettes and flavoured tobacco, preconception and food literacy, affordable housing and alcohol policy and more.



Alcohol

We provided input to the Ministry of Health and Long-Term Care for the development of a provincial alcohol strategy, using Smoke-Free Ontario as a model of what a comprehensive strategy could look like.

Labour & Birth

OPHA released a new position paper, Informed Decision-Making for Labour and Birth, written by the members of the Reproductive Health Workgroup. The paper describes the importance of physiological labour and birth and informed decision-making as an important upstream disease prevention and health promotion strategy to improve maternal and infant health and prevent poor health outcomes.



Professional Development

1

Fall Forum

Optimal health should be achievable by all. Our 2016 Fall Forum theme was Health for All - Closing the Health Equity Gap held on November 8, 2016 in Toronto in conjunction with the Ontario Hospital Association, HealthAchieve. Delegates at this event explored how many Ontarians who may be unfairly and unjustly disadvantaged due to their income, education, race, or other markers of social status, have experienced health inequities.

2

Lean Sigma

Designed specifically for public and community health, OPHA and Leading Edge Group Lean Sigma Workshops strengthen continuous quality improvement and leadership skills to achieve positive change through learning how to integrate Lean methodologies as part of a quality improvement framework.

3

Webinars

A popular format for learning about new and pressing public health issues; OPHA facilitated a range of webinars on topics from quality improvement, truth and reconciliation, lifelong impacts of labour and birth, to chronic disease prevention, housing affordability, and becoming an ally in partnerships.



4

Career Planning

Through offering webinars and workshops, OPHA supported students and new professionals with the ins and outs of preparing resumes, cover letters, informational and job interviews for the public health work field.

5

Cultural Humility

Cultural humility, unlike cultural competence, does not assume an end point but a commitment to life-long learning. It is an approach that helps create equitable institutions through the intentional practice of meeting others where they are, addressing power differentials, institutionalizing organizational consistency, and focusing on unlearning personal biases. OPHA introduced Cultural Humility at its 2016 Fall Forum and has brought back the workshops on this topic by popular demand.

6

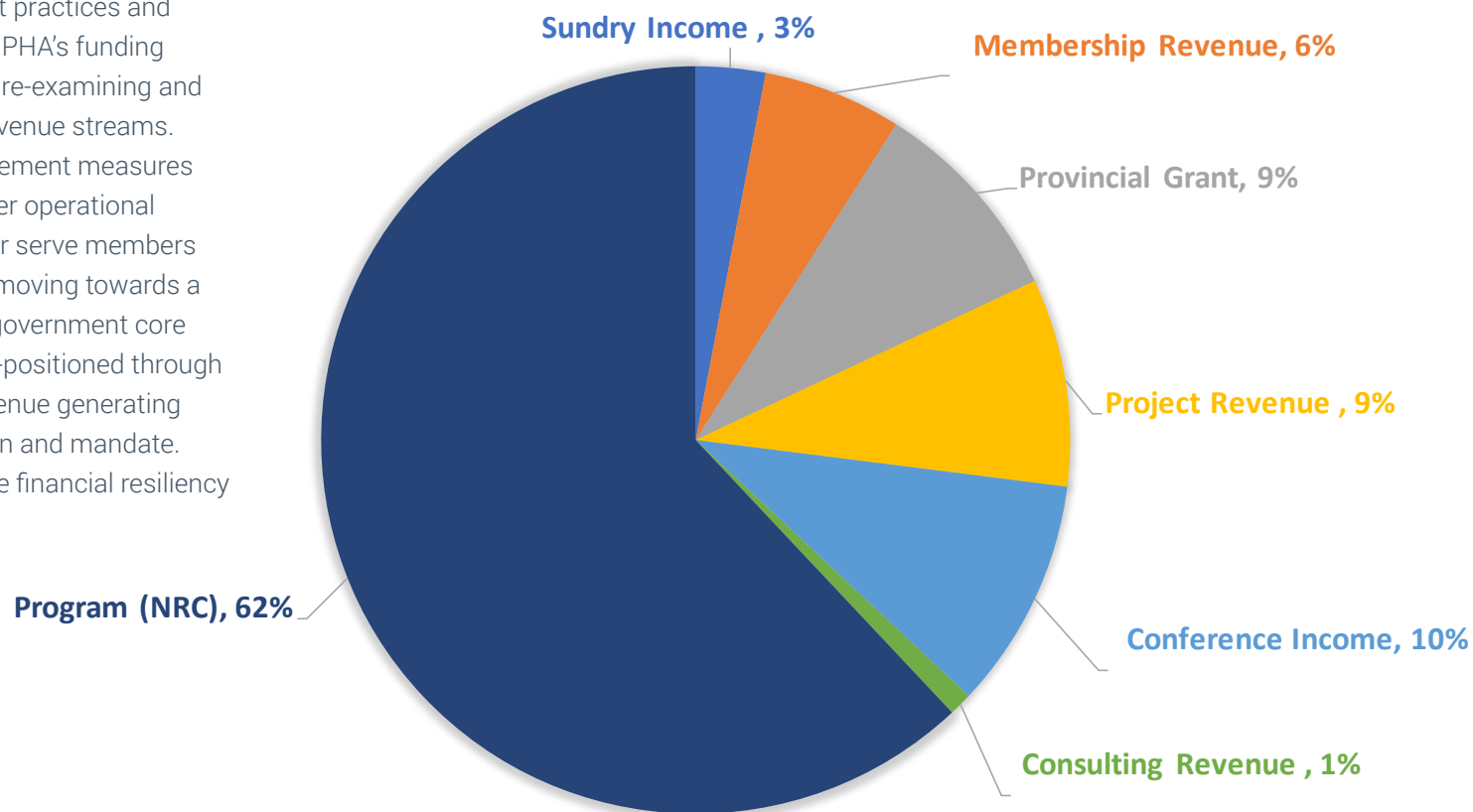
Learning Institute

OPHA in partnership with Health Nexus, hosted a two day transformative learning event. As we work with others to influence policies and practices and address the determinants of health, the need to build equitable partnerships and networks is essential. Learning how to incorporate intersectionality and anti-oppression in collaborative leadership practices can promote empowered work environments and dynamic partnerships, allowing us to more effectively support those we serve. This two day intensive experience deepened participants' knowledge of intersectional anti-oppression frameworks and leadership practices.

Statement of Operations

OPHA's 2016-17 unqualified audit results reflected the organization's sound management practices and internal control systems. Changes to OPHA's funding structure presented an opportunity for re-examining and planning for the diversification of its revenue streams. In addition, a number of quality improvement measures were implemented to successfully lower operational costs and improve efficiencies to better serve members and constituent societies. With OPHA moving towards a revenue model that is independent of government core funding, our organization will be better-positioned through this transformation to take on new revenue generating ventures that align with OPHA's mission and mandate. These efforts will also serve to increase financial resiliency and sustainability for years to come.

SOURCES OF REVENUE 2016-17



ONTARIO PUBLIC HEALTH ASSOCIATION

STATEMENT OF OPERATIONS

	Year Ended March 31,	
	2017	2016
	\$	\$
REVENUES		
Program (NRC)	680,000	680,000
Membership Revenue	59,590	65,268
Provincial Grant	100,000	150,000
Sundry Income	32,992	23,780
Project Revenue	101,113	82,757
Consulting Revenue	10,000	5,000
Conference Income	106,941	118,404
	1,090,636	1,125,209
EXPENDITURES		
Program (NRC)	680,000	680,000
Salaries & Benefits	348,213	361,584
Events & Board Expenses	89,924	80,533
Telecommunication	10,469	15,102
Membership, Legal & Audit Fees	9,820	14,680
Rent	39,324	41,524
Travel and Training	(384)	2,052
Insurance	5,962	5,649
Other Expenses	18,101	18,061
	1,201,429	1,219,185
Recovery of expenses from projects	(112,200)	(122,400)
	1,089,229	1,096,785
Excess(Deficiency) of Revenue over Expenses	1,407	28,424



Nutrition Resource Centre

The Nutrition Resource Centre (NRC) at OPHA continued to reach new heights in 2016-17. From offering webinars on leading food and nutrition topics, organizing a forum on nutrition and mental health, to serving as a hub for resources, networks and groups, the NRC ensures Ontario's health promotion professionals are equipped with evidence-based knowledge, tools and support for a healthier Ontario.

NRC's in-demand and often sold-out capacity building webinars continue to hit the right note, reaching nearly 2,700 health and nutrition professionals across Ontario. In 2016-17, we featured a range of experts and academics on topics like Healthy Eating at Work, Supplemented Foods: A Growing Trend and Healthy Beverages in Recreation Settings.

This year, we decided to focus our attention on nutrition and mental health, a topic that's top of mind for many in Ontario and beyond. Our 2017 forum *Should We Mind? Why Nutrition Matters for Mental Health* will feature keynote speaker Dr. Drew Ramsey of Columbia University alongside nutrition professionals from across Ontario and elsewhere. NRC is pleased to lead this learning opportunity for this new and emerging area of interest.

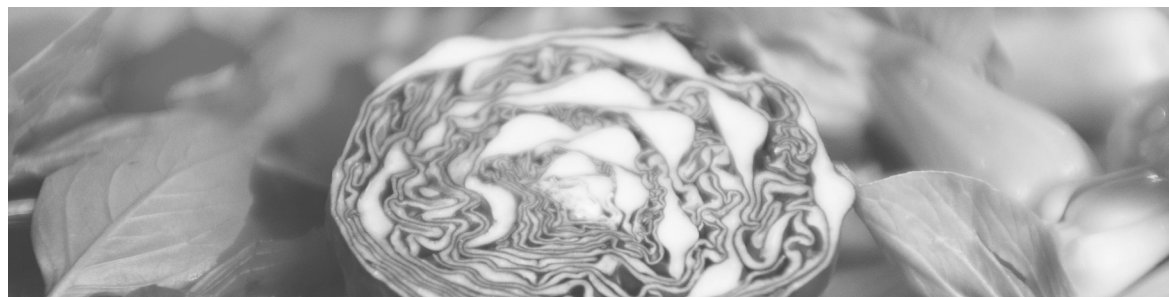
Other notable accomplishments for NRC include working with our partners to develop Ontario-focused nutrition resources, including a *Getting Started With Healthy Eating in Your Recreation Setting* toolkit and a manual to support Ontario's Primary Care Diabetes Prevention Program. We also launched a podcast—*Food and Health Today*—highlighting the latest news and views surrounding health and nutrition.

As always, we continue to serve our stakeholders with our NRC Navigator—a one-stop shop of evidence-based resources for health and nutrition professionals—and daily food and nutrition media updates and newsletters. Through our evolving services, we continue to provide the means for our stakeholders to keep on track and navigate through Ontario's unique healthy eating and nutrition landscape.

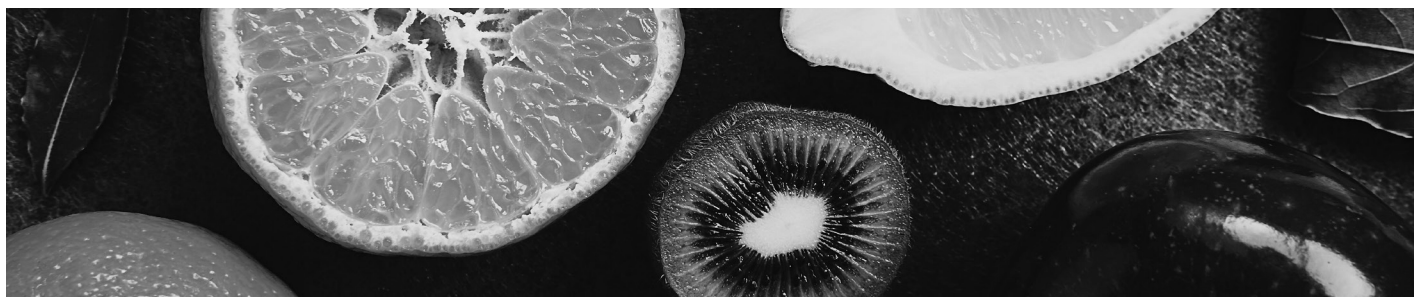


Over 320 people are registered to attend our 2017 forum on nutrition and mental health.

With over 300 resources, NRC's Navigator was visited more than 11,900 times.



Over 3,500 people are subscribed to our daily News In Brief – a free daily roundup of the top food and nutrition media coverage.



2,685 people attended NRC webinars in 2016-17.

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