

OPIHA

Ontario Public Health Association

l'Association pour la santé publique de l'Ontario

Established/Établi 1949

The **Voice** of



Public Health

since **1949**

Annual Report 2002 - 2003

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About OPHA

OPHA - The Voice of Public Health Since 1949

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

Mission Statement

The mission of the 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 education opportunities and up-to-date information in community and public health, access to local, provincial and multi-disciplinary community health networks, mechanisms to seek and discuss issues and views of members, issue identification and advocacy with a province-wide perspective, and expertise and consultation in public and community health.

Vision

The Ontario Public Health Association will be a dynamic and innovative force, enhancing and reshaping public health.

The following broad elements make up this vision statement:

- A strong association leading public health reform in Ontario
- Well resourced, with increased policy analysis capacity
- Strong links with other health organizations
- Increased advocacy
- Highly respected, opinions regularly sought out

OPHA Values

OPHA seeks to:

- Be an independent voice for public health
- Encourage a broad concept of health
- Promote equity, social justice, inclusivity and diversity
- Foster active and mutually rewarding partnerships
- Promote volunteerism and value volunteer contributions
- Facilitate recognition of public health as an integral part of a publicly funded Canadian health system
- Be responsible and accountable in the conduct of its organizational affairs and conduct itself with integrity in accordance with ethical and professional standards

President's Report



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.

In looking back at this year, I would like to highlight three important areas of achievement that OPHA made this past year. The first is the establishment of a new Strategic Plan for OPHA that includes a new mission statement (see above), a statement of vision and values, a set

of strategic directions and a four-year implementation plan. You will note that the board of directors has added to the mission statement: "provide leadership on issues affecting the public's health." This revised mission is a key statement that will guide our association and its work for the next few years.

Several of the strategic directions will aid in the achievement of this new element in the Mission. One that I would like to highlight is: "enhance the association's capacity for policy analysis and action." OPHA, despite its excellent track record on advocacy, often misses the opportunity to speak out on emerging public health issues. Position papers and resolutions, once approved at the AGM, can be used as the position of OPHA for specific topics. In addition the workgroups are able to speak out on issues specific to them. However, mechanisms to deal with other important emerging issues did not exist. After analyzing this situation, OPHA has formally changed the terms of reference for its Advocacy Committee – now the Advocacy and Public Relations Committee. One of the new responsibilities of this committee is to develop an advocacy plan and mechanisms to respond to important public health issues. So the next time we have a SARS like outbreak or face a Walkerton like situation, OPHA will be able to respond. We anticipate that our ability to respond quickly will also enable use to fulfil one of our other strategic directions: "Raise awareness, change public attitudes and actions which support public health issues"

The second area of achievement is our work through partnerships with other associations. I'd like to highlight two associations that we have strengthened ties with, the Canadian Public Health Association (CPHA) and the Association of Local Public Health Agencies (ALPHA). The Provincial/Territorial Branch Associations (PTBA's) of CPHA have been working together with CPHA to strengthen the national/provincial working relationship. Recently, the provinces/territories have actively influenced the key messages made by CPHA through the *Coalition for Public Health in the 21st Century* and have made key recommendations on how to build public health capacity to the Ministers of Health in preparation for their meeting in Halifax this September. In addition, the PTBA's have been successful at gaining CPHA's commitment to a strategic planning process to begin this December, a process modelled upon the one undertaken by OPHA.

OPHA and ALPHA have met several times this past year to examine mechanisms by which the two organizations can work more closely. One of the first joint projects will be a joint public health conference in 2005. ALPHA is also informing its members about and is soliciting ALPHA participation in OPHA workgroups. It is anticipated that joint advocacy will be enhanced.

The third area of achievement has been the work of our workgroups. In addition to all the activities outlined in

the enclosed report, many of the position papers and resolutions are the result of OPHA workgroups. We should all applaud the excellent results of those that volunteer their time to move public health forward and strengthen the impact of people who are active in public and community health.

It has been an exciting year at OPHA. This will be evident as you read about the many activities and achievements made by OPHA committees, workgroups, secretariat and projects. I also want to highlight the excellent staff we have at OPHA. The Executive Director's report details the fine work that they have been doing this past year.

I have been delighted to participate in OPHA and its activities as its president over the past two year. I hope that I have left the organization in good standing to provide leadership in public health over the next decade and beyond.

Sincerely,

A handwritten signature in cursive script that reads "Connie L. Uetrecht". The signature is written in black ink and is positioned below the word "Sincerely,".

Connie L. Uetrecht
President

Board of Directors

Officers

Connie Uetrecht, *President*

Peter Wiebe, *Vice-President*

Ex-Officio

Jack Lee, *Executive Director*

Brian MacKay, *Association of Local Public Health Agencies*

Eliseo Martell, *Past-President*

Members-at-Large

Diane Bewick

Julie Hill

Ian Johnson

Sandra Laclé

Peggy Schultz

Cindy Scythes

Standing Committee Chairs

Garry Aslanyan, *Advocacy Committee*

Sarah Hunter, *Membership & Communications Committee*

Elba Martell, *Access & Equity Committee*

Baldev Mutta, *Access & Equity Committee*

Constituent Society Representatives

David Bain, *Association of Ontario Health Centres*

Charlene Beynon, *Public Health Research, Education and Development (PHRED) Programs*

Paul Callanan, *Association of Supervisors of Public Health Inspectors of Ontario*

Nancy Day, *Association of Public Health Epidemiologists in Ontario*

Ena DePeuter, *Health Promotion Ontario: public health*

Tino Serapiglia, *Canadian Institute of Public Health Inspectors, Ontario Branch*

Ruth Schofield, *Community Health Nurses Initiatives Group (RNAO)*

Brenda Stahl-Quinlan, *Ontario Association of Public Health Dentistry*

Carol Timmings, *ANDSOOHA - Public Health Nursing Management*

Nancy Wai, *Ontario Society of Nutrition Professionals in Public Health*



From left to right

Back row: Jack Lee, Connie Uetrecht, Paul Callanan, Nolly Baksh-Singh, Nancy Wai, Sallie Hunter

Middle row: Sophie Bart, Ruth Schofield, Sandra Laclé, Ena DePeuter, Julie Hill

Front row: Tino Serapiglia, Brian MacKay, Cindy Scythes, Nancy Day, Carol Timmings, Peggy Schultz

Committee Representation

Internal Committees

Committee	Chairperson(s)	Members
Executive	Connie Uetrecht	Garry Aslanyan, Sallie Hunter, Jack Lee, Elba Martell, Eliseo Martell, Peggy Schultz, Tino Serapiglia, Connie Uetrecht, Peter Wiebe
Finance	Connie Uetrecht	Jack Lee, Connie Uetrecht, Peter Wiebe, Arieh Waldman
Nominations	Connie Uetrecht	Eliseo Martell, Connie Uetrecht
Access &Equity	Elba Martell Dev Mutta	Elaine Hampson, Elba Martell, Dev Mutta, Irene Wu, Fanny Zegerra
Advocacy	Garry Aslanyan	Garry Aslanyan, Sophie Bart, Diane Bewick, Julie Hill, Ian Johnson, Sandra Laclé, Cindy Scythes, Peggy Schultz
Membership & Communications	Sallie Hunter	Lisa Ashley, Sophie Bart, Sallie Hunter, Jack Lee, Winston Miller, Peter Wiebe

External Committees

Campaign 2000	Jack Lee, Jeanette MacDonald
CPHA	Connie Uetrecht
Community Health Day	Sandra Laclé, Jack Lee, Sophie Bart
Ontario Healthy Communities	Maria Herrera
Mandatory Program Steering Committee	Jack Lee, Connie Uetrecht, Peter Wiebe
Mandatory Program Measurement Workgroup	Sandra Laclé
Centre for Health Promotion	Maria Herrera, Connie Uetrecht
alPHA	Peter Wiebe
Canadian Biotechnology Advisory Council	Ellen Desjardins
Children In Need Of Treatment	Bill Ryding, Peter Wiebe
Ontario Tobacco Strategy	Jack Lee
Ontario Strategy for Cancer Care	Connie Uetrecht
Nutrition Resource Group	Cindy Scythes
Ontario Chronic Disease Prevention Alliance	Jack Lee
City of Toronto Leadership Committee on Physical Activity	Jack Lee
Advisory Committee – OPHEA’s Active Healthy Schools Project	Jack Lee
Children’s Partnership for Children’s Health & Environment	Jack Lee, Susanne Burkhardt
Advisory Council Cancer 2020	Jack Lee
Ontario Injury Prevention Conference Steering Committee	Jack Lee

Standing Committee Reports

Access & Equity

The OPHA Access and Equity Committee's goals for this year focus on increasing the membership of the committee, developing consensus on how to support the needs of OPHA members on issues related to Access and Equity, and advocating for the revision of the "equal access" standard of the Ontario's Mandatory Health Programs and Service Guidelines of the Ministry of Health and Long Term Care.

Standing Committees provide a basis for applying the principles and values of OPHA across the whole organization. The Chairs of each Committee sit on the Board of Directors. Each Chair is nominated by the Membership and is elected for a 1-year term.

With the addition of four new members to the committee, we are looking now to implement a work plan that responds to the Access and Equity Policy of the Association as well as the needs of the members.

We would like to thank OPHA staff, Board members, and all OPHA members for your ongoing commitment and support to access and equity.

Respectfully submitted,

Elba Martell and Baldev Mutta
Co-Chairs, Access & Equity Committee

Advocacy

Another busy year for the Advocacy Committee of the OPHA! The Committee continued to support OPHA's Board and its membership in advocating for a wide range of public health issues in Ontario.

Members of the Committee

The Committee members are: Dianne Bewick, Ian Johnson, Peggy Schultz, Cindy Scythes, Julie Hill, Sandra Laclé and Sophie Bart.

Mary Chipman and Sari Simkins completed their terms on the OPHA Board of Directors and the Committee. We would like to thank Mary and Sari for their dedicated work on the Board.

Policy Development

Position papers and resolutions were a large part of the policy development work of the Committee last year. At the 2002 Annual General Meeting (AGM) the membership adopted two motions from the floor on the development of national and provincial urban health strategies and on international law in support and encouragement of peaceful solutions to conflicts.

Also, a resolution on ethical research and evidence-based practice for lesbians and gay men and a position paper on the role of public health in systemic approaches to community food security were adopted. Short reports on each resolution and position paper are included separately in this Annual Report. The follow-up activities were implemented in response to the resolutions and the position paper, including:

- Lobbying government officials;
- Preparing briefs and resource documents;
- Conducting educational workshops;
- Forming and/or empowering issue-specific workgroups

A record number of position papers and resolutions have been submitted this year for consideration at the 2003 AGM. A total of seven position papers and five resolutions were received. Last time OPHA has seen such a big number of policy statements presented to the members was in 1988! This increased interest means that OPHA

continues to act as a vehicle for public and community health professionals to speak out and be heard on issues that affect our province.

Public Health Voter's Guide

In anticipation of the provincial and the municipal elections in Ontario this year, the Committee updated its Public Health Voter's Guide. OPHA has heard comments from politicians and community and public health workers that public health is invisible. This became more apparent this year after the SARS outbreak. The Committee hopes that the Voter's Guide will help to increase awareness around public health at the time of elections. The Voter's Guide provides OPHA members with useful links to Web sites, tips for meeting with candidates, a sample letter to candidates, and information and a sample letter on writing letters to the editor, and key messages to candidates.

Presenting the Successes of the Committee

As reported last year, the Committee finished reviewing all position papers and resolutions passed by the OPHA since 1988. At the 2000 AGM, OPHA members suggested the need for such evaluation/review and the Committee responded by completing the first stage of developing a process for updating and evaluating existing resolutions and position papers by the 2001 AGM. The second stage included evaluation/review of 80 resolutions and position papers adopted by OPHA between 1988 and 1998.

The preliminary results on over a decade of effective leadership of advocacy through OPHA were presented at the workshop organized by the Committee at the OPHA 2002 Conference. Several characteristics of effective advocacy, details on advocacy at OPHA, case studies, and the OPHA advocacy project were among the subjects of this workshop.

Another presentation on the advocacy leadership of the OPHA was made at the 94th CPHA Conference in May 2003. This presentation provided an opportunity for the Committee to share with the national audience the details on how OPHA has been a public health advocacy leader in Ontario and how, through its advocacy efforts, OPHA changes perceptions and influences choices made by the decision-makers.

Please check out the advocacy section of OPHA web site for complete information on the Guidelines for Submitting Resolutions and Positions Papers, the current list of advocacy statements, and numerous advocacy resources.

Respectfully submitted,

Garry Aslanyan
Chair, Advocacy Committee

Membership & Communications

Membership

The Ontario Public Health Association is an organization of individuals and Constituent Associations from various sectors and disciplines that have an interest in improving the health of the people of Ontario. At present there are more than 680 individual members representing public health units, community health centres, universities and colleges, and other allied health organizations from across the province.

In 2003, PHRED (Public Health Research, Education and Development) joined OPHA as a Constituent Society member. This makes a total of 10 Constituent Societies as members and represents over 3000 people. This diversified and growing membership strengthens the voice of public health in Ontario.

Terms of Reference

OPHA established a Strategic Goals Implementation Plan early in 2003. This produced a document with clear goals and objectives for OPHA over the next few years, and more specifically for the Membership & Communications Committee. The revised roles and responsibilities for the Committee became their Terms of Reference.

Standing Committee Reports *continued*

The Membership & Communications Committee is responsible for Association communications to existing and new members. Activities include, but are not limited to, the following:

- Identifying and promoting the benefits of OPHA membership;
- Acting as an advocate for members to the Board of Directors on issues such as the fee structure, representation and communication, raising awareness of the impact of OPHA issues upon the general membership and helping to ensure that Board decisions are communicated to the membership; and
- Acting as the Nomination Committee for the OPHA annual awards (Dr. Louis Grant, Life Membership and Honorary Membership awards).

Consistent with the 2003 Strategic Goals Implementation Plan, the Committee will also take actions to raise awareness, change public attitudes and actions to support public health issues, including:

- Developing and implementing an organizational communication plan in conjunction with the Advocacy Committee;
- Broadening and increasing Association membership, including agency memberships, practitioners not affiliated with a constituent society, new graduates and people new to public health; and
- Marketing the benefits of staff involvement in OPHA workgroups to public health managers and Medical Officers of Health.

Communications

OPHA communicates with its members and ensures that their interests are identified and reflected in various ways, through its publications and more recently through its website.

- **OPHA News** is published ten times a year. It is a monthly update on what is happening in public health today. The events and training calendar links members to professional development opportunities and professional networking prospects.
- **HealthBeat** is the quarterly publication that profiles the accomplishments of OPHA workgroups and projects. *HealthBeat* is also a vehicle to discuss the Association positions, as advocacy is a key element in our success.
- **www.opha.on.ca** - our website is a living growing document that reflects our mission 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. This year, the Membership and Communications Committee decided to establish a members-only section of the website and listserv. These will be implemented in the beginning of 2004.

OPHA Awards

Every year OPHA presents a number of awards to individuals in public and community health in Ontario. Selecting and recommending candidates for these awards continues to be an annual Membership and Communications Committee activity.

At the 2002 Annual Conference, Enza Gucciardi was awarded the **Dr. Louis Grant Award**. This award honours the vocation and life work of Dr. Louis Grant by supporting the education of an individual in a postgraduate endeavour through a one-time, \$1,000 scholarship. This award is sponsored by Aventis Pasteur.

The **Honorary Membership** award, conferred on any person who has made an outstanding contribution to public health in Ontario, was also presented at the Conference to Ronald Joseph de Burger. This membership is for life. An Honorary Member pays no fees, but is not entitled to vote and is not eligible to hold office in the Association.

Respectfully submitted,

Sallie Hunter,
Chair, Membership & Communications Committee

Workgroup Reports

Alcohol

Formed in 2002, the Alcohol Workgroup continues to:

- Make recommendations to the OPHA Board with respect to alcohol issues;
- Seek opportunities for OPHA to participate in advocacy with respect to alcohol, at both the provincial and federal levels;
- Provide information and recommendations to the public health field so that health units can also take advocacy positions; and
- In concert with the Alcohol Policy Network, keep the importance of alcohol use and its impact on health “on the agenda” in public health.

Although only a few meetings were held in 2003 (partly due to members’ involvement in SARS), the Workgroup has accomplished the following:

- Augmented the advocacy campaign of MADD Canada and the Centre for Addiction and Mental Health (CAMH) to lower the legal blood alcohol level in the Criminal Code from 0.08 to 0.05, by a) endorsing the positions of MADD, CAMH and Toronto Public Health through a letter to the federal Minister of Justice; and b) facilitating a joint letter from MADD and CAMH to all medical officers of health and boards in the province. As of this date, nine health units have passed a resolution and several others are in process of doing so;
- Assisted with OPHA’s participation in the review of the Liquor Licence Act by the Ministry of Consumer and Business Services;
- Completed the review and revision of the 1996 OPHA alcohol position paper, entitled ***Promoting Healthy Communities: A Framework for Alcohol Policy and Public Health in Ontario***; the revised paper will be presented to the membership at the 2003 Annual General Meeting for endorsement;
- Participated with the Alcohol Policy Network, CAMH, and several stakeholders from across Canada in a discussion with federal representatives on the impact of international trade agreements on the capacity of provinces to control access to alcohol;
- Was successful in profiling alcohol at the 2003 OPHA Annual Conference through the identification of an alcohol expert as a keynote speaker (Dr. Juergen Rehm of CAMH and the WHO).

Other issues that are currently or continuously under discussion in the Alcohol Workgroup are support of the Low-Risk Drinking Guidelines, for which OPHA is a partner agency with CAMH and alPHA; and alcohol and pregnancy, including review of new materials from CAMH on the topic. In the coming year, the Workgroup plans to review and expand its membership. (Although current members are from across the province, the group would like to ensure representation from all regions.)

The updated position paper, if adopted by the membership, will continue to provide the framework for OPHA to participate in alcohol policy discussions and activities for the future. OPHA has an important and credible role in this arena.

The Workgroup would like to acknowledge the excellent support for networking and awareness-raising regarding

Workgroups are the main way for members and other interested volunteers to engage in specific advocacy issues within the context of the mission and goals of OPHA.

Each workgroup is represented on the OPHA Board of Directors. The Board approves funds and other resources to assist workgroups as part of its annual budget approval process.

Workgroups generate interest in and address specific community and public health issues. As well, workgroup members research, formulate position papers and examine implications and actions for OPHA, sometimes in collaboration with the Board.

Workgroup Reports *continued*

alcohol policy in the Province provided by the Alcohol Policy Network, a project funded by the Ministry of Health and Long-term Care and managed by OPHA. In addition, the Workgroup is grateful for the participation of alPHa, in an ex-officio capacity in its deliberations and activities.

Respectfully submitted,

Bob Walsh, past Chair (2002 - May 2003)
Denise DePape, Chair, Alcohol Workgroup

Breastfeeding Promotion

Research and knowledge in the area of breastfeeding is increasing quickly. Much of the current work by the OPHA Breastfeeding Promotion Workgroup involves assisting the linkage and “catching up” between some of the research being done and the policies and practices affecting breastfeeding in Ontario.

For example, this year the Workgroup reached the final stage in the development and dissemination of the curriculum for professional schools regarding breastfeeding. The curriculum includes evidence-based information to convey basic principles about breastfeeding for practitioners in various professional groups (physicians, nurses, and dietitians). It is hoped that these professionals in turn will influence mothers in their decisions and skill with breastfeeding. Curricula containing consistent and accurate information about breastfeeding principles has been lacking in many university courses. Improvement in this area will assist new practitioners in the field to provide quality support to breastfeeding women.

The Workgroup has also been active in writing letters to urge the revision of current guidelines to reflect the current research in the field. This year letters were written to the groups responsible for creating the guide ***Nutrition for Healthy Term Infants***, a document widely used by health units to counsel breastfeeding mothers. The letters urged the groups to make revisions consistent with the research based information upheld by the World Health Organization promoting the duration of exclusive breastfeeding to six months. Similarly, the workgroup also wrote to the Medical Officer of Health to consider the recommendations by WHO in the writing of ***A Parents Guide to The Early Years***.

This year the Ontario Association of Public Health Dentistry (OAPHD) joined with the Breastfeeding Promotion Workgroup to finalize the position statement on Infant Feeding and Oral Health. The document helps to outline the benefits of breastfeeding for oral health and to advise parents of risk factors associated with some hygiene and feeding practices for both breastfeeding and formula feeding methods.

The group is fortunate to have representation from the Ontario Breastfeeding Committee and the Breastfeeding Committee for Canada, the provincial and federal bodies promoting the Baby Friendly Initiative (BFI). The workgroup will continue to support the work of these two organizations in an effort to attain and maintain better quality control within services offered for breastfeeding women in Ontario and to uphold the concept of informed consent as it applies to the decision to breastfeed.

The workgroup members continue to be watchful of circumstances affecting the decision of women to breastfeed, including media messages to which they may be exposed. The group wrote to a magazine publisher targeting new parents to inform them of misleading advertising within their publications so that they can act ethically to follow the WHO code (The Code on the Marketing of Breastmilk Substitutes.) It will only be through actions such as this that the public will become resilient against the interests of private enterprise at the expense of infant health. The group also wrote to advertisers to commend them for portraying breastfeeding in a positive light.

The membership for this workgroup has become broad over the past year, now including regions in northern Ontario. This will assist the group in addressing a diverse variety of issues in the coming year. We thank all of our members for their valued contribution.

Respectfully Submitted,

Lori Levere, Chair, Breastfeeding Promotion Workgroup

Child Health Workgroup

The Child Health Workgroup was re-established in September 2002 to advocate for health issues related to children from birth to 12 years and their families in Ontario.

In four teleconferences the Workgroup has:

- Conducted a Priority Issues Survey with all health units which identified the 2 top issues as the fragmentation of the child health service system and child poverty.
- Developed plan to examine child health service system issues and to develop a users' guide depicting federal, provincial and municipal "funder" linkages to local children's programs
- Completed the review process for the Position Paper "*Towards a Public Health Approach to Reducing Child Poverty and Enhancing Resiliency*"
- Established linkages with the Environmental Health Workgroup, Campaign 2000, Ontario Healthy Schools Coalition, and the Dental group
- Advocated, in partnership with the Ontario Healthy School Coalition to Senator Landon Pearson on the National Action Plan for Children and to Honourable Brenda Elliott on a National Child Care Plan.

We continue to meet to respond to emerging child health issues and to be proactive in the promotion of child and family health.

Respectfully submitted,

Ruth Schofield

Chair, Child Health Workgroup

Environmental Health

The Issue Lead structure implemented in the past year has allowed for much activity. The following are highlights of the Workgroup's activities in 2002-2003:

Water Quality

Water quality has been an area of focus in Ontario since the events in Walkerton. The Workgroup has promoted an appropriate and effective Public Health role in this field. Activities included endorsement of the Green Committees Project's development of a Private Sewage System Information Handout, review of Pollution Probe's Source Water Protection Primer and comments to the Ontario Ministry of Health and Long-Term Care regarding its revised mandatory safe water program. A joint letter with alPHA was sent to the Premier in support of the 2nd set of recommendations by the O'Connor Commission. Comments were also submitted to the Ministry of the Environment regarding the proposed Safe Drinking Water Act of the Environment endorsing the Act in principle, identifying gaps and urging for inclusion of public health in the Surface Water Advisory Committee and Advisory Council for Drinking Water Quality and Testing Standards. In March 2003, comments were also submitted to the environmental registry on the development of the proposed Drinking Water Regulation. In addition to these actions, the Workgroup has been kept informed about other developments that affect the safety and regulation of drinking water in the province.

Air Quality

Air quality is a growing concern, and an area in which OPHA has become increasingly active, both through the Workgroup and a funded Air Quality Program. The Workgroup has a close relationship with the Air Quality Program - two members continue to sit on the Program's Advisory Committee and the Air Quality Coordinator is a member of the Workgroup. The group is kept up to date on Air Quality Program activities and provides support where possible.

Activities undertaken include representation at the June 2003 GTA Smog Summit, discussions regarding the potential of working together with Pollution Probe regarding smog messaging and a letter to the Federal

Workgroup Reports *continued*

Finance Ministry in support of funding commitments required by the Kyoto Accord. The workgroup is also kept informed about air quality issues, initiatives and events as they arise.

Food Safety

The Workgroup has renewed its membership in the Canadian Partnership for Food Safety, an organization that educates the general public about food safety in the home. Though food safety has recently not been an emphasis of the group's activities, our new Food Safety Issue Lead will continue to keep the Workgroup informed about issues and initiatives related to food safety so that the group can become active quickly should a major issue arise or be identified.

Children's Health

Much effort has been invested in determining the most appropriate and effective way for OPHA to become active in this area. Members of the Workgroup met with the Health Promotion constellation of the Canadian Partnership for Child Health and the Environment (CPCHE) to discuss OPHA's involvement. Further discussion have been and will be held to determine OPHA's role in this evolving national partnership, which will undoubtedly require and make significant use of the public health sector as it moves forward to educate parents and caregivers, largely through professionals who work with children and families, regarding the potential impacts of the environment on child health. The Workgroup is exploring the idea of a funded child health and the environment position at OPHA, possibly through a specific project.

Pesticides

A subcommittee on pesticides has continued to work on implementation of the 2001 resolution on the Non-Essential Use of Pesticides as well as monitor progress toward the recommendations through the FCM listserv on pesticide reductions. The group has identified the West Nile Virus as a topic to work on, and discussions are currently underway as to the nature of that work. Possibilities include increasing rural representation on the committee, larvicide evaluation, water quality monitoring issues related to larvicide use, and the issues related to the application of DEET-containing insect repellent products in various settings (i.e. camps, daycare, etc...).

Respectfully submitted,

Susanne Burkhardt
Chair, Environmental Health Workgroup

Food Biotechnology

The Food Biotechnology Workgroup (FBWG) continued to work on the recommendations in their position paper, *Protecting our Food Supply: Public Health Implications of Food Biotechnology*.

The FBWG in 2003 consisted of 12 members: 10 from public health (nutrition, environmental health and epidemiology) and 2 from the University of Toronto.

In keeping with OPHA objectives, the workgroup attempted to "advocate, mediate and enable" as follows:

Advocate

In September, the FBWG submitted an official response to the *Revision of Health Canada's Guidelines for the Safety Assessment of Novel Foods, July 2003*.

Mediate

OPHA has continued its representation on the multi-sector "Exploratory Committee" for the development of an Acceptability Spectrum for GM foods. This committee was coordinated by the Industry Canada, and has done its work through national teleconferences and face-to-face meetings in Ottawa. The Acceptability Spectrum concept survived by being transformed into a "Dialogue Tool", illustrating the importance of

diplomacy and consensus for the politically-charged issue of food biotechnology. It is posted on the CBAC (Canadian Biotechnology Advisory Committee) website (www.cbac-cccb.ca). The next stage of work for this committee is to pilot the dialogue tool with specific population groups.

Enable

The major project of the Workgroup in 2003 was to develop the Food Biotechnology learning tool on the OPHA website. To help educate public health professionals about issues of food biotechnology, the FBWG had prepared a set of Questions & Answers for each of 8 key issues.

With the help of Sophie Bart, workgroup members have been editing and re-working this material with hotlinks and definitions, so that public health participants can learn online at their own rate, time and level. They aim to have the website learning tool operational by the end of this fiscal year, so that evaluative work can begin.

Respectfully submitted,

Ellen Desjardins
Chair, Food Biotechnology Workgroup

Food Security

The Food Security Workgroup (FSWG) has continued, through monthly teleconferences, with a core group of 13 members from across the province. A larger “interest” group was kept informed through the OPHA FoodNet listserv, managed by Sophie Bart.

Excellent community food security (CFS) work continued to be achieved in many health units, in the form of regional or city-wide networks, food policy organizations, coalitions, forums, Food Box programs, directories of community programs, food charters, Buy Local campaigns, urban agriculture, farmers markets, school food programs, multicultural food and community cooking programs, prenatal and infant nutrition programs, collection of Nutritious Food Basket data and anti-hunger advocacy.

Progress has been made towards the recommendations in the Workgroup’s position paper, *A Systemic Approach to Community Food Security: A Role for Public Health*. With the help of Sophie Bart, Workgroup members have been building the content of the Foodnet section of the OPHA website. The position paper has also led to our involvement in authoring an article responding to the American Dietetic Association position paper on Domestic Food Security. As well, the paper was distributed to Medical Officers of Health in British Columbia, in preparation for a conference on food systems issues in public health (October, 2003).

Advocacy work took the form of making food insecurity a provincial election issue (fall, 2003). A press release for local use and briefing notes for Medical Officers of Health (MOHs) were prepared by workgroup members. These were issued to MOHs and public health nutritionists/dietitians through Association of Local Public Health Agencies and the Nutrition Resource Centre – showing how useful partnership can be. The press release highlighted two key points: 1. with current social assistance rates and minimum wage, it is impossible for most low-income families to afford sufficient healthy food, and 2. poor nutrition leads to increased risk for chronic and infectious disease, as well as disease-related conditions such as low birth weight. The briefing notes provided evidence-based information and rationale for use by MOHs or other spokespeople wanting to make the poverty-health connection.

Workgroup members will present at the 2003 OPHA conference, showcasing how public health can work with community partners – such as business people, farmers and environmentalists. Such teamwork illustrates the “systemic” approach to community food security, namely that healthy people result from healthy communities which support a sustainable, just and healthy food supply.

Respectfully submitted,

Ellen Desjardins
Chair, Food Security Workgroup

The Public Health Alliance for Lesbian, Gay, Bisexual, Transsexual, Transgendered, Two-Spirit, Intersexed, Queer and Questioning Equity

The main focus of this year has been the completion of two position papers and resolutions: “Improving the Access and Quality of Public Health Services for Bisexuals” (principal investigator, Cheryl Dobinson) and the “Trans Health Project” (principal researchers, Susan Gapka and Rupert Raj).

A smaller working group met with the researchers throughout the process to ensure a public health perspective was included. A participatory action research, community-based approach was utilized to encourage the involvement and empowerment of these marginalized communities. This ground-breaking research was enthusiastically received in Canada and the U.S. Presentations were given at the Canadian Institutes for Health Research, the Guelph Conference on Sexuality, the North American Bi Health Conference in San Diego, the Egale conference, “Rainbow Visions” and the Registered Nurses Association of Ontario Conference.

We welcome new members who have a passion for equity issues and anti-oppression, evidence-based practice. Our meetings are the first Friday of every month at the OPHA office. Part of the meeting is dedicated to a teleconference so that more remote members can be involved. We initiated, in March of this year, a yearly networking session. The theme of this year's session was bi and trans inclusivity and sensitivity.

At last year's Annual General Meeting, we were delighted that our resolution, “Ethical Research and Evidence Based Practice for Lesbians and Gay Men” was adopted by the membership. This year, we will be bringing the completed bi and trans papers and resolutions to the AGM. Our researchers will be showcasing their work through poster presentations at the conference, and we invite you to drop by the display to meet them. Our first position paper and the two new ones can be downloaded from the OPHA website (www.opha.on.ca).

During the next year, we will focus on the dissemination of this research. We hope to submit abstracts to the Lesbian Health Conference, McMaster University Nursing Research Day, and the Gay and Lesbian Medical Association. As well, we plan to offer educational sessions to local Public Health Units and Community Health Centres.

Of course, the search, yet again, for funding sources will provide another challenge. We appreciate the generous assistance of the OPHA, the Canadian Institutes for Health Research and the Wellesley Central Health Corporation. These monies allowed us to hire and fund the research done by our wonderful investigators, Cheryl, Susan and Rupert. Their passion and professionalism has been an example to all of us.

Finally, we wish to thank Sophie Bart and Arieh Waldman for their invaluable assistance throughout the year.

Respectfully submitted,

Elaine Hampson
Chair, PHA for LGBTIQ Equity Workgroup

Urban Health

The Workgroup's main focus this year has been the completion of the position paper “Health in Cities: The role for Public Health”.

In the course of developing the position paper, targeted outreach was made to recruit workgroup members with diverse perspectives on urban health including the hospital sector and other levels of government. The workgroup met via teleconference throughout the course of the year to guide the development and writing of the position paper.

At last year's Annual General Meeting, our motion, “Development of National and Provincial Urban Health

Strategies” was adopted by the membership. This year, we will be bringing the position paper to the AGM.

During the next year, we will focus on the dissemination of key issues around health in cities. We will be presenting at the Second International Conference on Urban Health in New York City and at the 2003 OPHA Conference. We will also continue our efforts to approach key stakeholders to facilitate the implementation of the recommendations outlined in the position paper.

The Workgroup could not have produced the position paper without Andrea Norquay. Andrea is the principal researcher and writer of the position paper. We are also indebted to the University of Toronto and Toronto Public Health for their financial assistance, which enabled us to hire Andrea.

Finally, we wish to thank Jack Lee and Sophie Bart for their invaluable assistance throughout the year.

Respectfully submitted,

Maria Herrera

Chair, Urban Health Workgroup

Violence Prevention

The OPHA Violence Prevention Workgroup continues to meet monthly in Halton Region with many members from across the province joining by teleconference. Membership in the Workgroup continues to grow as we work on a number of important issues. The major highlights of the current year are as follows:

Routine Universal Comprehensive Screening Protocol (RUCS)

The OPHA Violence Prevention Workgroup in conjunction with the Middlesex-London Health Unit’s representative, Marion Boyd, has undertaken the task of coordinating information sharing among over 26 health units across the province. Teleconferences allow for the sharing of information on implementation, public awareness and evaluation.

Partnerships/Research

The Workgroup sent letters of support to researchers submitting a proposal to the Ontario Women’s Health Council call for proposals to evaluate screening of woman abuse. The workgroup is now providing consultation as requested to Dr. Harriet MacMillan’s research group at the Canadian Centre for Studies of Children at Risk at McMaster University. We will also continue to work with the Centre for Research in Women’s Health at the University of Toronto.

Web Page

The updating of the Workgroup’s page on the OPHA website is an ongoing process.

Revising the Violence Prevention Paper and Submitting Resolutions

The revised violence prevention paper and resolutions will be brought to the OPHA Membership at the Annual Conference in Windsor this year.

Presentation at the OPHA Conference

The workgroup has been accepted to do a panel presentation on “Partnerships in Violence Prevention” at the 2003 OPHA Conference.

Information Sharing

Group members share information about programs and initiatives that are undertaken at their Health Unit. This sharing of information allows for the dissemination of resources. It is also the knowledge and expertise in the group which encourages members from across the province in many different violence prevention initiatives.

Advocacy

The Workgroup is drafting an advocacy plan to assist us in reaching some of our goals.

The workgroup is open to anyone who is interested in violence prevention. We welcome new members and appreciate all of the dedication and hard work of our current members.

Respectfully submitted,

Lori Snyder MacGregor and Angela Loconte

Co-Chairs, Violence Prevention Workgroup

The Ontario Healthy Schools Coalition Report

As always, the past year has been an extremely busy one for our Healthy Schools Workgroup that, as of April 2003, is now referred to as the Ontario Healthy Schools Coalition [OHSC]. This resolves any confusion that the two titles may have caused. We are exceedingly grateful that the Ontario Public Health Association [OPHA] will continue in the capacity of Secretariat for our coalition.

Our Operational Plan for the past year included (1) continuing to encourage Health and Education representatives of the three political parties to incorporate Comprehensive School Health [CSH] / Health Promoting Schools [HPS] concepts in their election platforms prior to the fall Ontario election, (2) examining strategies to promote CSH/HPS, (3) continuing to build linkages with Ontario organizations that have an interest in the health and learning of the children and youth in Ontario, and (4) building an inventory of case studies that illustrate the CSH/HPS approaches. The following were highlights of our year:

The Education Equality Task Force incorporated into their final report the input we and other organizations had provided via September 2002 deputations. Recommendation 13 states: "I recommend that the government establish a Cabinet-level advisory council on integrated services for children and families, composed of representatives from the Ministries of Community, Family and Children's Services, Education, Health and Long-Term Care, Public Safety and Security, and Tourism and Recreation, to meet on a regular basis to align the work and the funding mechanisms of the ministries that serve families, children and youth."

We had several meetings with representatives of the Ministries of Health, Education, and Recreation, and we produced several documents: two proposals, a background paper/jurisdictional review, a status update of healthy schools support in Ontario, and a collection of Healthy Schools Success Stories. Coalition members maintained communication with the other two parties as well, and advocated for Healthy Schools approaches whenever possible, and the NDP Education Critic, Rosario Marchese, attended our March OHSC meeting.

Several coalition members secured significant grants to pursue healthy school efforts:

- the Ontario Physical and Health Education Association (Ophea) received \$2 million for an "Active Healthy School Communities" three-year initiative to promote physical activity and nutrition to prevent diabetes;
- York University's LaMarsh Centre for Research on Violence and Conflict Resolution received \$600,000 from the Government of Canada's National Crime Prevention Strategy for a three-year project to create a national strategy on bullying based on research evidence;
- the University Health Network (lead investigator Gail McVey) received \$543,000 from the Ontario Women's Health Council for 2000-2003 to implement and evaluate a comprehensive school-based health promotion program designed to prevent disordered eating, and \$270,000 from Canadian Institute for Health Research (CIHR) to develop and evaluate a web-based program to disseminate best practices to teachers regarding healthy eating;
- the Ontario Public Health Association received \$10,000 from Ophea to conduct a literature review and discussion paper on models for Active Healthy School Communities from around the world;
- Andy Anderson was commissioned to consult in the West Indies on health promoting schools;
- Irving Rootman, Doug McCall and a national team of researchers have been given seed money from CIHR to develop a national research program on school health; and
- Irv Rootman and Barbara Ronson were commissioned to produce a paper on literacy and health research for an International Think Tank on Reducing Health Disparities and Promoting Equity for Vulnerable Populations, sponsored by the Canadian Institute for Health Research.

The OHSC continued to raise awareness regarding CSH/HPS via conference presentations (Ophea, OPHA, People for Education, Canadian Nurses Association Nursing Leadership Conference); publications (Ontario Health Promotion Email Bulletin #280.1 & .2 and #321.1 & .2; Canadian Association for Health, Physical

Education, Recreation and Dance Journal vol. 68; the Canadian Nurse Sept. 2003 edition; Andy Anderson's "Better Health~Better Schools~Better Futures"); informal feedback re public health Mandatory Health Programs and Services Guidelines; and participation in the Pan-Canadian Healthy Living Strategy consultations.



The SARS outbreak resulted in the Canadian Association for School Health and the OHSC coordinating a "SARS School Policy" debriefing session, with Toronto and York Region school boards and public health units, for a representative from the U.S. Centers for Disease Control Office of Safe and Drug-Free Schools/ U.S. Department of Education.

The Coalition also coordinated a week-long visit by Jack Jones, a leading School Health expert from the World Health Organization. He addressed over 217 individuals (including coalition members, nurses, academics, government officials, educators and public health staff) throughout the week at a number of venues including the University of Toronto's Health Promotion Summer School, Queen's Park and a full day forum on June 27th. He also joined core Coalition members when they met with Minister Witmer's Chief of Staff Jeff Mainland, Assistant Deputy Minister Norbert Hartmann, Peter Rzaszki of the Ministry of Health and Long-Term Care and Michael Thomas, policy advisor to Minister Witmer. The visit was co-sponsored by many coalition members.

We now have a "Healthy Schools" graphic identifier (*see above*), available for health units or school boards to adapt for local use, courtesy of Toronto Public Health. The aim is to raise awareness for the need for healthy schools province-wide via a recognizable image.

In the past year, the OHSC had 5 meetings, with up to 56 attendees. Our email distribution has increased from approximately 160 to 212 (including representatives from 32 of 37 health units), and the number of active members has increased from 45 to 65. We look forward to another busy and productive year and continue to welcome any interested individuals or organizations to join our efforts.

Respectfully submitted,

Carol MacDougall and Barbara Ronson
Co-Chairs, Ontario Healthy Schools Coalition

Updates: Resolutions and Position Papers

Towards a Public Health Approach to Reducing Child Poverty and Enhancing Resiliency

This position paper and resolution was sponsored by the Child Health Workgroup and adopted by the OPHA membership in 1998. It is available online at www.opha.on.ca/ppres/1998-01_ppres.pdf. Update submitted by Dawn Grakist, on behalf of the Workgroup.

Were the actions/recommendations included in the implementation plan completed?

A position paper was developed that generally outlines the health impacts of child poverty and identifies broad roles for public health professionals regarding this issue. The Implementation Strategy outlined as part of the Resolution has or is being implemented.

In a separate document entitled *Reducing Child Poverty/Enhancing Resiliency: A Framework for Action*, there are more specific actions put forth that OPHA should engage in to help reduce the impact of child poverty: monitor key organizations which do research into and/or formulate policy about healthy child development; assess the research positions developed by these groups; identify and communicate local actions taken in response to policies by all levels of government; develop a child health resource centre; network and advocate with organizations around policies, programs and practices that decrease poverty, enhance resiliency in children and enhance child and family health. It has been my experience that OPHA has been engaging in these actions, although to a lesser extent communicating local actions in response to policies.

Having said that, there is a Maternal, Newborn and Early Child Development Resource Centre, *Best Start*, but to my knowledge a resource centre to address child (and youth) health beyond the earliest years has not been established. This recommendation should be opened up for discussion especially in light of the difficulties that have recently been encountered around the Healthy Babies/Healthy Children Program. As outlined in the *Framework for Action*, this centre would communicate key child (and youth) development policy and research findings, build capacity in health units by sponsoring best practice workshops and forums, create an inventory of successful strategies and programs, provide a forum for units to link with each other on issues, and ensure that public health standards reflect the requirements for resiliency programming.

Is this workgroup continuing to work on this issue?

The Workgroup decided at the last meeting to continue to address the issue of child poverty. The position paper will need to be revised to include updated statistics, a review of recent poverty and child health literature for the 0 to 12 age range, the Early Years Strategy, and recent social policies/investments - Child Tax Benefits, new neurobiological research, provincial governments cuts/clawbacks. The Workgroup will also be working with the Ontario Association of Public Health Dentistry (OAPHD) on the impact of poverty on child dental health.

List the outcomes that can be identified as a result of the actions taken to date:

Upon reviewing the goals set out in the paper, there is currently a provincial nurse visiting program for mothers in high risk families (Healthy Babies, Healthy Children), there is a National Children's Agenda and some sustainable federal funding available for early intervention programs, and Early Years Centres have been established in an attempt to secure a comprehensive system for families with children 0 - 6.

Is this issue still relevant and timely for OPHA?

Certainly. There has been no significant gains in the reduction of child poverty since 1989. Children are still not viewed a "shared natural resource" that represents Ontario's future.

Does this document still fall within OPHA’s mission and reflect it’s values?

Yes, leadership and a unified voice continues to be needed to speak out about child poverty from the public health perspective!

Has a more current document superseded this earlier item?

No.

Recommendation

This document should be updated and remain active.

Comprehensive Approaches to School-Based Health Promotion

This resolution was sponsored by the Ontario Healthy Schools Coalition and adopted by the OPHA membership in 2000. It is available online at www.opha.on.ca/ppres/2000-01_res.pdf. Update submitted by Carol MacDougall, on behalf of the Coalition.

Were the actions/recommendations included in the implementation plan completed?

Ongoing efforts are still required for all 4 recommendations

Is this workgroup continuing to work on this issue?

Most definitely! We are working on expanding our connections to key Ontario organizations and key contacts in the various relevant ministries.

List any outcomes that can be identified as a result of the actions taken to date:

- 1) Comprehensive school health (CSH) is incorporated into the draft Mandatory Health Programs and Services Guidelines (has yet to be finalized).
- 2) Many health units and school boards are supporting the CSH approach.
- 3) Awareness has been raised at the Ministry and political levels regarding the need for healthy schools.
- 4) The Education Equality Task Force incorporated elements of our deputation into their Recommendation 13 regarding aligning the work of the various ministries that serve families, children and youth.
- 5) Our membership/email distribution list has grown significantly - one of our teleconferences/meetings had 56 in attendance!

Recommendation

This issue is still relevant and timely to OPHA. It still falls within OPHA’s mission, and reflects it’s values, and has not been superseded by a more current document. This document should be updated and remain active.

Updates: resolutions and position papers continued

Position paper & resolution on Ontario Regulation 586/99: Amendments to the Ontario Food Premises Regulations

This resolution was sponsored by the Environmental Health Workgroup and adopted by the OPHA membership in 2000. It is available online at www.opha.on.ca/ppres/2000-02_pp.pdf. Update submitted by Susanne Burkhardt, on behalf of the Workgroup.

Were the actions/recommendations included in the implementation plan completed?

Yes.

Is this workgroup continuing to work on this issue?

We have spoken to building departments about issues, as well as to a food policy specialist at the Ministry of Health and Long Term Care. We are monitoring the situation and will take action if needed (none has been warranted to date).

Is this issue still relevant and timely to OPHA?

This is an issue that is relevant on an ongoing basis.

Recommendation

This document still falls within OPHA's mission, and reflects its values, and has not been superseded by a more current document. This document should be updated and remain active, and be reviewed again in 2006.

Improving the Access to and Quality of Public Health Services for Lesbians and Gay Men.

This position paper and resolution was sponsored by the Public Health Alliance for LGBTIQ Equity and adopted by the OPHA membership in 2000. It is available online at www.opha.on.ca/ppres/2000-01_pp.pdf. Update submitted by Elaine Hampson, on behalf of the Workgroup.

Were the actions/recommendations included in the implementation plan completed?

The following actions are still being implemented:

- Inclusion of lesbian and gay health issues within the program standards of the Ontario Mandatory Health Programs and Services Guidelines, in all public health program areas;
- Working with the Ministry of Health to convene and fund a Provincial Advisory Panel on Gay and Lesbian Health Issues and to put into effect the recommendations of the position paper;
- Petitioning the Canadian Public Health Association and Health Canada to develop a national research strategy that will contribute to a body of literature that will inform public health practice; and
- Advocacy to include lesbian and gay issues in the standards of practice for all health professions, and support health unit education.

Is this workgroup continuing to work on this issue?

Yes, by:

- Awaiting feedback that the Mandatory Core Programs Review Committee is ready for input
- Developing and disseminating research papers, position papers and resolutions focusing on accessibility and health service needs for bisexual and transsexual people; and
- Presenting in the next year at the Lesbian Health Conference, the McMaster Research Day, and the Gay & Lesbian Medical Association Conference.

List any outcomes that can be identified as a result of the actions taken to date:

- 1) Position papers have been completed on accessibility and health service needs for bisexual and transsexual people, and are being presented at the 2003 Annual General Meeting;
- 2) Presentations have been made at the Registered Nurses Association of Ontario, Rainbow Health, EGALE and Canadian Institutes of Health Research conferences; and
- 3) Continued networking with relevant community groups and stakeholders.

Recommendation

This document still falls within OPHA's mission, reflects its values, and has not been superseded by a more current document. This document should be updated and remain active.

A Systemic Approach to Community Food Security (CFS): a Role for Public Health.

This resolution was sponsored by the Food Security Workgroup and adopted by the OPHA membership in 2002. It is available online at www.opha.on.ca/ppres/2002-01_pp.pdf. Update submitted by Ellen Desjardins, on behalf of the Workgroup.

Were the actions/recommendations included in the implementation plan completed?

The actions are still being implemented, and will probably continue over the next few years:

- The FoodNet website work is in progress.
- Developing the template for measurable CFS indicators has not yet been tackled.
- Advocacy work in partnership with the Association of Local Public Health Agencies (ALPHA) is in progress.
- Inclusion of CFS issues into future provincial mandatory guidelines is a next step to the website.
- The FoodNet listserv was expanded and is in active use.
- Advocacy for adequate income is in progress, and was highlighted by the Workgroup as an issue in the fall provincial election.
- Advocacy for initiation of research & surveys has not yet been completed.
- General advocacy on specific CFS issues is in progress.

Is this workgroup continuing to work on this issue?

Yes, through regular teleconferences and face-to-face meetings, contribution to and participation in conference workshops and panels, website work, information sharing via the listserv, and partnership with ALPHA.

Updates: resolutions and position papers continued

List any outcomes that can be identified as a result of the actions taken to date.

- FoodNet website changes and additions;
- Election briefing notes for advocacy on adequate income for food; and
- Workgroup members are more knowledgeable/active re CFS issues due to information sharing.

Is this issue still relevant and timely to OPHA?

Yes, and it is becoming more relevant and timely every year. It is important to keep working towards the goals we have listed.

Recommendation

This document still falls within OPHA's mission, and reflects it's values, and has not been superseded by a more current document. This document should be updated and remain active, and be reviewed again in 2004.

Ethical Research and Evidence-Based Practice for Lesbians and Gay Men

This position paper and resolution was sponsored by the Public Health Alliance for LGBTIQ Equity and adopted by the OPHA membership in 2002. It is available online at www.opha.on.ca/ppres/2002-01_res.pdf. Update submitted by Elaine Hampson, on behalf of the Workgroup.

Were the actions/recommendations included in the implementation plan completed?

The actions are still being implemented, and all require further action.

Is this workgroup continuing to work on this issue?

Yes. Workgroup members have continued to do workshops at local health units and conferences, including presentations at the Lesbian Health Conference, the McMaster Research Day, and the Gay & Lesbian Medical Association Conference.

List any outcomes that can be identified as a result of the actions taken to date.

- Continuing awareness-raising;
- Presentation at the Registered Nurses Association of Ontario conference;
- Support to nursing group at the University of Toronto; and
- Community Based Participatory Action Research methods used in the development of the papers on Improving the Access and Quality of Public Health Services for Bisexuals and Transpeople provide an example for future research

Recommendation

This document is still relevant and timely to OPHA, still falls within OPHA's mission, reflects it's values, and has not been superseded by a more current document. This document should be updated and remain active.

OPHA Staff

Air Quality Program

Kim Perrotta, *Coordinator*

Alcohol Policy Network

Paula Neves, *Manager*

Jay Jittanont, *Webmaster & Project Assistant*

Association to Reduce Alcohol Promotion in Ontario

Kari Sutoski, *past Coordinator (2002)*

Falls Prevention Project

Fiona Knight, *Program Management Consultant*

Heart Health Resource Centre

Tracy Howson, *Manager*

Karima Kassam, *Coordinator*

Lisa Mitchell, *Coordinator*

Angella Kalloo, *Project Assistant*

Nutrition Resource Centre

Colleen Logue, *Manager*

Sarah O'Brien, *Provincial Programs Coordinator*

Kathleen Orth, *Project Assistant*

Ontario Public Health Association

Jack Lee, *Executive Director*

Arieh Waldman, *Manager, Finance & Administration*

Nolly Baksh-Singh, *Executive Assistant*

Sophie Bart, *Coordinator, Communications & Volunteer Resources*



From left to right: Jay Jittanont, Kim Perrotta, Lisa Mitchell, Colleen Logue, Angella Kalloo, Fiona Knight, Arieh Waldman, Tracy Howson, Sophie Bart, Kathleen Orth, Jack Lee, Nolly Baksh-Singh, Sarah O'Brien, Kari Sutoski

Secretariat Report

This past year has been an important milestone for OPHA. In January the Board of Directors and staff engaged in a strategic retreat, culminating at the March board meeting in the approval of a new mission and strategic goals. The new mission of 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.**

There are 13 strategic goals within five broad categories: Advocacy, Program Development and Sustainability, Professional Development, Membership Development and Profile/Linkages.

The Board has approved a four-year implementation plan through December 2006 that details the activities and timelines for achieving each of the 13 strategic goals. Each January the Board will consult with external and internal stakeholders including staff to determine if the mission, goals and scheduled activities of OPHA appropriately reflect the environment in which OPHA is operating at that time.

In the meantime OPHA has been actively engaged in a number of initiatives and partnerships. The Ad Hoc Group on Chronic Disease Prevention in Ontario is one such undertaking. Recognizing the important role played by OPHA, I have been asked to be the Interim Chair. The Ad Hoc group has as its mission: to improve the health of Ontarians through leadership that supports collaborative action to promote healthy living and to address the determinants of health necessary for chronic disease prevention. There are eight founding members including the Canadian Cancer Society, Ontario Division; Canadian Diabetes Society; Cancer Care Ontario; Centre for Addiction and Mental Health; Heart and Stroke Foundation of Ontario; Ontario Prevention Clearinghouse; Ontario Public Health Association and Osteoporosis Society of Canada. Additionally, corresponding members include the Centre for Behavioural Research and Program Evaluation, University of Waterloo; Health Canada, Ontario Region; Ontario Heart Health Resource Centre; interested local heart health/chronic disease networks; Ontario Physical Health Education Association; and the Ontario Ministry of Health and Long Term Care. Since the first meeting held in February, the group has developed its mission, its underlying principles, and articulated its functions. It is presently developing a model for its organizational structure including a Memorandum of Understanding for its partners. It is also playing a key linkage role between the Chronic Disease Prevention Alliance of Canada (CDPAC) and local groups across Ontario. As Acting Chair, I have been asked to represent the NGO's of Ontario as a member of CDPAC.

Related to this several staff of OPHA were involved in the Integrated Pan-Canadian Healthy Living Strategy consultations held in the spring. The consultations were followed by a two-day symposium on the Strategy held in June, to which I was invited. Additionally, I was invited to a special working session with key stakeholders held in Ottawa to work on six proposed actions that arose from the symposium. The document will then be presented to the Federal/Provincial/Territorial Ministers of Health at their September meeting in Halifax.

OPHA is also partnered with several other organizations in a variety of initiatives. OPHA staff members participate in both the planning and steering committees of the Ontario Injury Prevention Conference in partnership with SmartRisk, the Ministry of Transportation and the Ministry of Health and Long Term Care.

OPHA is a member of the Active Healthy School Communities Initiative led by Opeha. Other partners include the Ontario Principals Council, Parks and Recreation Ontario, Ontario Public Supervisory Officers Association, Ontario Parent Council and the Ontario Association for the Supervision of Health and Physical Education.



OPHA is also a member of the Call to Action Leadership Group on physical activity initiated by Toronto Public Health. Partners include but are not limited to the Canadian Diabetes Association, Hospital for Sick Children, United Way of Greater Toronto, Toronto Maple Leafs, Laidlaw Foundation, Torstar Corporation, YMCA of Greater Toronto Heart and Stroke Foundation of Ontario, YWCA and several other organizations.

OPHA continues to have a good relationship with aLPHa, the Association of Local Public Health Agencies. This year the Board of Directors of both organizations decided to work at strengthening this relationship in order to maximize the resources of both organizations. A committee representing both organizations has been meeting in order to identify specific activities and initiatives that might benefit from this joint effort.

This past year has been a busy one for staff. Sophie Bart, Coordinator, Communications and Volunteer Resources, has been very busy. Her activities included updating the Food Security workgroup's FoodNet website, drafting new advertising and website linking policies, and continuing to offer ongoing support to the standing committees of the Board and the 10 workgroups, as well as the Air Quality Project. She also continues to maintain and develop the OPHA website, as well as managing the PublicHealth 411 directory. Sophie also served on the Strategic Plan Implementation committee, struck by the Board to develop an action plan for each of the strategic goals.

Arieh Waldman, Manager of Finance and Administration, continues to serve both staff and the Board in a professional manner. He has served on the Space committee and been very involved in the negotiations aimed at finding appropriate space for OPHA when the present lease expires in December 2003. Arieh also served on the Strategic Plan Implementation committee.

Also on both the Space committee and the Strategic Plan Implementation committee was Nolly Baksh-Singh, Executive Assistant to the Executive Director. In her capacity, Nolly also provides ongoing support to the full Board of Directors as well as to the Executive Committee. Nolly also organizes the monthly staff meetings, providing an opportunity for core staff, resource centre staff and project staff collectively to share information and to offer a variety of perspectives to the work of others.

Our provincially funded resource centres continue to actively support public and community health practitioners around the province. The Heart Health Resource Centre (HHRC) has had an exciting year. Demand for services provided by the HHRC has reached an all time high. Anne Lessio, the Manager of the HHRC, was seconded by Health Canada to work on Best Practices at a national level. Tracy Howson has been hired as the Interim Manager of the HHRC. Tracy brings to OPHA a wide variety of experiences in public and community health. Angella Kalloo continues to offer administrative support to the HHRC. Lisa Mitchell, who has been on a maternity leave, returns in September as Program Coordinator on a part-time basis. Karima Kassam, who replaced Lisa, will share the position with Lisa. The HHRC received a grant from Health Canada to investigate Best Practices in the prevention of Type II diabetes. The HHRC is working with the Centre for Behavioural Research and Program Evaluation at the University of Waterloo on this project. An addendum to this project is to research emerging models for the dissemination of Best Practices.

The Association to Reduce Alcohol Promotion in Ontario (ARAPO), another member of the Ontario Health Promotion Resource System, is now administered by OPHA. Kari Sutoski, the Coordinator of ARAPO, joined OPHA's offices in late January. ARAPO is a provincial network promoting public health and safety by reducing the impact of alcohol advertising, promotion and sponsorship through education, policy and community action.

The Alcohol Policy Network (APN) continues with a very full workload under the management of Paula Neves. This past year saw Ana Almeida leave after several years with OPHA. Ana has been replaced by Jay Jittanont, who will be redesigning the APN website. This is in part supported by funds from Human Resources Development Canada. The 500 page website devoted to alcohol policy issues received over 172,000 visits. The APOLNET listserv membership now has 368 practitioners active in substance abuse across Ontario. APN also updated and distributed over 150 copies of the comprehensive 2003 Directory of Substance Abuse and Injury Prevention Contacts in Public Health. As well, APN expanded its sample alcohol policy collection to 175 individual policies and 3 international databases.

The Nutrition Resource Centre (NRC) has been in operation now for over four years. The NRC is managed by Colleen Logue and supported by Kathleen Orth. Additionally, there is a Coordinator of Provincial Programs,

Secretariat Report *continued*

who was Lise Smedmor. Lise decided not to return from maternity leave and Sarah O'Brien, who had replaced Lise, has agreed to remain in this role. We welcome Sarah to OPHA. The NRC continues to offer support, services and products related to three province-wide nutrition programs. The electronic broadcast mailing service, **Contact-NRC**, continues to grow in popularity and now has over 450 subscribers. The NRC has worked collaboratively with Toronto Public Health and Cancer Care Ontario in the development of a healthy weights toolkit. Healthy Measures was launched in the summer. The Ontario Women's Health Council supported this initiative. The Cultural Adaptations of Canada's Food Guide to Healthy Eating, fully adapted in Chinese, Portuguese, Vietnamese, Tamil, Urdu, Punjabi and Spanish, have proven to be extremely popular both provincially and nationally.

OPHA also continues several other projects that serve to fulfill our mission. Kim Perrotta, who has extensive experience in occupational and environmental health issues, has been managing the Air Quality project. The program has produced two major reports: one on public health concerns with coal-fired power plants and one on municipal fuel purchasing policies that can be implemented to reduce air pollution. A press event was organized around the release of the coal report and was picked up by several regional newspapers as well as by some radio and television networks. Additionally, six letters/comments were sent from OPHA on air quality and/or climate change issues. One, to the International Joint Commission on trans-boundary air pollution, was cited several times in the Commission's report. In June-OPHA learned that the Walter and Duncan Gordon Foundation has agreed to fund the Air Quality Program for an additional two years.

The Provincial Partners for Seniors and Veterans Falls Prevention Program, managed by Fiona Knight, is in its third phase. This year, the project has built upon the research and information gathered through the pilot year to launch a poster, slogan, logo and key messages through radio and television public service announcements to over 350 media outlets in twelve sites across Ontario focusing on falls prevention for seniors. The goal of this project is to create an accessible, practical and sustainable provincial falls prevention education program. The results of the project will be presented at the 2003 Canadian Association of Gerontology annual conference.

For me the past year has been an exciting one here at OPHA, one in which I have had the opportunity to become engaged in a number of public health issues and to assist the organization as it continues to provide leadership in public health. As my term draws to an end, I want to thank the Board of Directors and the staff for making my time with OPHA such a high point professionally.

OPHA has been a leader in public health in Ontario since 1949. This has been in part because of the staff who exemplify long-standing public health qualities of professionalism, dedication, sound analysis and a commitment to improving the health of all Ontarians.

As well, it is the volunteers who make OPHA what it is. The Board of Directors who give policy direction to the organization and keep public and community health on the political and public agenda and the workgroup members who through dedication and hard work have developed well-prepared positions and technical papers on emerging public health issues.

The next year represents a new phase for OPHA. A new Executive Director will be in place to work with the Board of Directors, the staff and the volunteers of OPHA as the organization continues to provide leadership in public health. To all of you I wish success in achieving your strategic goals.

Respectfully submitted,



Jack Lee
Executive Director

Project Reports

Air Quality Program

The OPHA Air Quality Program was established in June 2002 with base funding provided by the Duncan and Walter Gordon Foundation. Kim Perrotta, who has 19 years experience working on environmental and occupational health issues, was hired on contract as the Air Quality Coordinator for the program.

A Program Advisory Committee, established to provide direction and advice, includes the OPHA Executive Director and 4 people who work on environmental health issues in public health units in York, Peel and Waterloo Regions and in the City of Toronto. Two of the program advisors are also members of the OPHA's Environmental Health Working Group.

In the first year of the program, two major reports were prepared, "Beyond Coal: Power, Public Health and Environment", and "Fuelling Clean Air: Municipal Fuel Purchasing Policies that Reduce Emissions Contributing to Poor Air Quality & Climate Change".

The coal report, prepared in consultation with a Project Advisory Committee (PAC) that included people who work for 7 different public health units, was released at a press event in Peel Region with the participation of two Medical Officers of Health (MOHs) and one Associate MOH. The press event was picked up by several TV and radio stations and a number of regional newspapers. An op-ed article was also prepared on the subject and printed in several regional newspapers. The coal report has been downloaded from the OPHA website 1126 times since its release in November 2002.

The fuel report, prepared in consultation with a PAC that included 4 public health staff and 6 individuals who work for organizations outside the public health sector, has been used by the GTA Clean Air Partnership to formulate commitments that were captured in the "Toronto and Region 2003 Inter-Governmental Declaration on Clean Air".

In the first year of the program, six letters/comments were sent from the OPHA on air quality and/or climate change issues:

- A letter was sent to the Premier to encourage adoption of the recommendations contained in the report prepared by the Select Committee on Alternative Fuel Sources (Sept 2002);
- A letter was sent to the Prime Minister to encourage ratification and implementation of the Kyoto Accord (Sept 2002);
- A letter was sent to the Federal Minister of Finance encouraging him to support the Kyoto commitment by providing funds in the budget to promote energy efficiency and renewable technologies (Feb 2003);
- Comments were sent to the Ontario Minister of the Environment on the Ministry's discussion paper respecting the development of a Clean Air Plan for Industry in Ontario (Feb 2003);
- Comments were sent to the International Joint Commission, established under the Great Lakes Water Quality Agreement, on its report on the progress made under the bi-national Ozone Annex (Mar 2003);
- Comments were sent to Environment Canada on its proposal to establish national standards for sulphur levels in heavy and light fuel oils (July 2003).

In June 2003, the OPHA learned that the Walter and Duncan Gordon Foundation has agreed to fund the Air Quality Program for an additional two years.

Respectfully submitted,

Kim Perrotta
Air Quality Coordinator

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

Alcohol Policy Network

The Alcohol Policy Network (APN) is an Ontario-wide network of people and organizations. Its mission is to facilitate the development of policies that 1) prevent problems associated with alcohol use, and 2) enhance the health, safety and well-being of individuals and communities across Ontario. APN has been a project of OPHA since 1995. It has an annual budget of \$127,500 and a staff complement of 1.5 FTEs.

Over the past fiscal year, the Alcohol Policy Network:

- organized 4 tele-roundtables offering information and assistance on policy development in municipal, campus, workplace and school settings. These sessions attracted 243 registrants from across Ontario and beyond. All sessions featured guest speakers, online PowerPoint presentations and comprehensive follow-up packages to assist participants to put into practice what they had learned. Sample materials are enclosed.
- continued to update and maintain a comprehensive 500 page website devoted to alcohol policy issues. The latter attracted over 3.9 million hits and 172,817 visits between April 1, 2002 and March 31, 2003.
- responded to 98 email information requests and an estimated 175 phone information requests promptly and efficiently.
- completed 15 consultations related to alcohol policy and the dissemination of the low-risk drinking guidelines.
- updated and distributed over 150 copies of the comprehensive *2003 Directory of Substance Abuse and Injury Prevention Contacts in Public Health*.
- increased the APOLNET listserv membership to 368 practitioners active in substance abuse prevention across Ontario.
- monitored alcohol policy developments and produced 23 issues of *Alcohol in the News* featuring an average of 35 news items per issue drawn from over 75 Canadian and international sources.
- compiled and distributed 5 issues of *Alcohol Research Update* containing links to an average of 35 recent peer-reviewed articles and research-based practitioner resources.
- expanded our sample alcohol policy collection to 175 individual policies and 3 international databases.
- collaborated with the Alcohol and Other Drug Cluster in the development and delivery of two Newbie Orientations for new substance abuse practitioners, and with Association to Reduce Alcohol Promotion in Ontario, Centre for Addiction and Mental Health, Canadian Centre on Substance Abuse, The Health Communication Unit, Canadian Association of Broadcasters, Ontario Community Council on Impaired Driving, Ophea, Student Life Education Company, Waterloo Catholic School Board, Ontario Ministry of Education, MADD Canada and others to maintain/deliver the Alcohol and Other Drug Events Calendar, Alcohol-Related Materials Database, APOLNET Listserv Hot Topics and APN Tele-Roundtables.

Respectfully submitted,

Paula Neves
Manager, Alcohol Policy Network

Association to Reduce Alcohol Promotion in Ontario

The Association to Reduce Alcohol Promotion in Ontario (ARAPO) joined the OPHA family in January 2003. The ARAPO project has been in existence since 1990 and was founded by the Black Creek Anti-Drug FOCUS Community Group.

ARAPO is a provincial network promoting public health and safety by reducing the impact of alcohol advertising, promotion and sponsorship through education, policy and community action. ARAPO is very fortunate to have an active advisory committee that assists in coordinating programming activities. ARAPO's membership includes more than 400 public health and safety professionals and citizens from across Ontario, including parents, students and other community members, injury and substance abuse prevention groups and public health and treatment agencies.

Philosophy

ARAPO is committed to raising awareness and taking action on decreasing the harm associated with alcohol use. ARAPO adopts a health promotion approach to alcohol use that centers on the belief that reducing the impact of alcohol advertising and promotion will enable people to make informed choices about drinking. ARAPO supports the alcohol advertising regulatory laws and guidelines and encourages alcohol manufacturers, advertisers and broadcasters to comply with the law so that people have the ability to make knowledgeable decisions about drinking.

Activities

- Developing educational materials and workshops;
- Hosting the Alcohol Advertising Action Pack located at www.apolnet.org;
- Creating the ARAPO ADS UP! Newsletter; and
- Holding regular committee meetings to coordinate alcohol advertising activities in Ontario.

Highlights of programming activities and accomplishments in this past year are provided below:

Workshops, Presentations, Displays. ARAPO provided 10 training/information sessions in various settings, such as youth conferences, classrooms, community group programs and as part of orientations for health professionals and educators. Also, in March 2003, ARAPO offered a training teleconference for health professionals that focused on how advertising works, with examples of current alcohol advertising campaigns and tips for action. ARAPO partnered with the Alcohol and Other Drug Cluster of the Ontario Health Promotion Resource System to deliver 2 orientation sessions for new professionals in the substance abuse prevention field.

The "Are You Under the Influence of the Illusion?" interactive display continues to be a popular resource, particularly with secondary school students. Over 20 visits to high schools, conferences, workshops and community events were carried out in the past year.

Newsletter and Online Action Pack: ARAPO produces the ARAPO ADS UP! newsletter, which provides up-to-date information on programming initiatives and alcohol advertising issues. It serves as a beneficial communication tool for our partners across the province. ARAPO developed 3 issues for inclusion on the Alcohol Policy Network's web site, APOLNET.

ARAPO hosts the Alcohol Advertising Action Pack on APOLNET, where current information such as links to research, resource materials, and organizations are added on a regular basis.

ARAPO also looks for other opportunities to raise awareness and educate communities regarding alcohol advertising issues by preparing articles for a variety of newsletters or bulletins. In August 2003, an article on alcohol advertising was featured in the Ontario Health Promotion E-Bulletin, a weekly newsletter for Ontarians interested in health promotion.

Resource Materials: Over the past several years, ARAPO has developed resource materials that assist to raise awareness in Ontario communities. Materials include:

Project Reports *continued*

- *Alcohol Advertising: A Legal Primer.* A comprehensive overview of the alcohol advertising regulatory framework in Ontario;
- *Under the Influence? Educator's Kit* (for students in grades 7-10). A kit for educators such as teachers, youth group facilitators or health promoters focusing on the issues of alcohol advertising and media literacy in an educational and interactive way;
- *Under the Influence? The Impact of Alcohol Advertising on Youth.* A summary of recent and reputable research regarding the influence of alcohol promotion and its relationship with youth;
- *Review of Alcohol Delivery Services in Ontario.* A paper commissioned with the Alcohol Policy Network providing a thorough overview of liquor delivery services; and
- *Are You Being Played? Youth Postcard.* Our newest edition directed to secondary school students providing quick facts and stats, in addition to tips for taking action.

ARAPO has been working in partnership with Alcohol and Drug Concerns, Inc., the RCMP, Parent Action on Drugs and Toronto Public Health regarding the development of a Parent Media Resource Calendar. This tool will raise awareness among parents/caregivers in the Toronto area by identifying key issues related to the media, relevant facts, along with instructive tips and strategies. Our goal is to launch the Calendar during Drug Awareness Week 2003, November 16-22.

Participation on Committees & Coalitions: ARAPO continues to actively participate on the Alcohol Policy Network coordinating committee, the Youth Media Campaign of Ontario advisory committee and the Ontario Drug Awareness Partnership. ARAPO will represent the OPHA on the Ontario Injury Prevention Conference planning committee beginning in the fall 2003.

Respectfully submitted,

Kari Sutoski

Past Coordinator, Association to Reduce Alcohol Promotion in Ontario

Provincial Partners for Seniors and Veterans: Falls Prevention Campaign

Project Goal

The goal of this project is to develop a strong and effective partnership of provincial organisations with a commitment to falls prevention in order to create an accessible, practical and sustainable provincial falls prevention education program.

Partnerships, Senior and Veteran Involvement

The initial partners associated with this proposal have a long-standing commitment to supporting the health and well-being of seniors. The Ontario Public Health Association operated the Ontario Injury Prevention Resource Centre from 1993 to 1999 and has been an active participant in injury prevention issues since 1992. In addition, OPHA counts among its members and constituents many practitioners in both public health units and community health centres who actively promote and implement local falls prevention programs.

The initial program partners are the Ontario Public Health Association; the Ontario Legion, Provincial Command; the Ontario Society (Coalition) of Senior Citizens' Organizations (OCSCO); the Ontario Residential Care Association (ORCA) and the Health Communication Unit, Centre for Health Promotion (University of Toronto).

In 2002/2003 we expanded our network to include six pilot sites, one in each region of Ontario, who work with seniors and veterans in falls prevention. The pilot sites are in Peel Region; Thunder Bay, Sudbury, Sault Ste.

Marie, Hastings and St. Thomas. The project will continue to add new network members throughout the project.

This fall, 2003, the Partners for Seniors and Veterans will build upon the research and information gathered through the pilot year to launch a poster, slogan, logo and key message through radio and tv public service announcements to over 350 media outlets in twelve sites across Ontario about falls prevention for seniors. The public awareness campaign will be launched in November 2003.

Respectfully submitted,

Fiona Knight, Program Management Consultant

Heart Health Resource Centre

Since the launch of the Ontario Heart Health Program (OHHP) in 1998, the Heart Health Resource Centre (HHRC) mandate has been to enhance the capacity of public health agencies and their community partners from across the province to implement comprehensive, community-based heart health programs. Each year, as the needs of public health agencies and their community partners have evolved, the HHRC has responded.

The past year has been an extraordinary year for the Heart Health Resource Centre (HHRC). Significant events include; the announcement of the much hoped for next phase of heart health funding, the highest number of consultations ever requested within one year with 72% occurring during the last half of the year. In addition to support historically provided by the HHRC, we entered into an investigation with the Ministry of Health and Long Term Care and the Ontario Heart Health Network (OHHN) Phase 2 Planning Committee on how best to transition to the next phase of Heart Health. Also during this past year, two of the three HHRC staff took temporary leaves of absences (maternity and secondment).

Deerhurst Inn was the location of a two-day central training event for Heart Health Communities aptly named "The Lay of the Land". Attendance was 100% translating into all 37 communities across the province being represented. The year also saw new supports and tools made available for heart health coordinators. Some examples include: new resources added to the web site; the @heart newsletter becoming a "feature" publication revolving around themes and providing up-to-date tools; the searchable database was developed on www.hhrc.net with the verification process undertaken; and an HHRC monthly update posted on the listserv to help keep sites current with news and information on the Ontario Heart Health Project.

Training

This year, the HHRC offered one central training event and two orientation sessions for new coordinators.

These were:

- Heart Health Orientation, March 25, 2002;
- Heart Health Orientation, February 14, 2003; and
- The Lay of the Land...Exploring Ontario Health Promotion Resources, Services & Strategies, November 5, 2002.

Through the HHRC external evaluation, the heart health coordinators rated the HHRC's training as one of the most important services that they have obtained from the Centre since the beginning of the OHHP.

Consultation Service and Coaching Program

All provincial heart health communities have access to 2.5 days of consultation support for their coalitions through the HHRC Consultation Service, while heart health coordinators have unlimited access to a coach/mentor through the HHRC Coaching Program. As this was the final year of Phase I funding for the OHHP, a total of 25 communities (54%) requested support through the HHRC Consultation Service to address one the following three topics: Transitioning Issues, Heart Health Strategic Program Planning and Sustainability. Several heart health coordinators accessed a Coach through the HHRC to address topics that ranged from brainstorming about transitioning to a broader mandate to role-playing a coalition meeting.

Both services are consistently rated very highly in terms of information that is used for programming and the impact that the consultation/coaching has made on enhancing the community's capacity for heart health.

Project Reports *continued*

Information, Knowledge Exchange

The HHRC continues to facilitate communication both to and between the heart health communities through a number of different activities including the website, the listserv, newsletter, telephone support and bi-monthly mail-outs.

The HHRC newsletter, **@heart**, is distributed widely throughout the province to both health professionals and community members. This year, the HHRC produced two issues of the newsletter: "Renewing Community Action" and "Proceedings of the Canadian Heart Health Network Workshop, October 2002".

The listserv, which allows for peer-to-peer interaction and sharing, has grown to a current membership of 230. It is reported as eliciting up to 10 responses for every query posted and is a valued service to the heart health communities.

The HHRC website is continually updated to reflect the services offered by the center, as well as, house the most current listing of the heart health contacts and host a searchable database of all programs and resources of the OHHP communities. Two new sections have been added to the website: one supports the OHHN three tasks groups and the OHHP Phase 2 Planning Committee and the other provides a medium for sharing material from the OHHP community coalitions.

The HHRC responded to approximately 770 requests for information throughout this year. As well, the HHRC distributed six mailout packages containing contributions from the OHHP communities, provincial partners, and the Ministry of Health and Long-Term Care.

Networking and Referral

The HHRC continues to meet collectively with other resource centers as part of the Ontario Health Promotion Resource System (OHPRS) and with provincial level partners to develop and maintain links with key organizations. This year, the HHRC participated on a number of advisory committees, including the OHHP Phase 2 Planning Committee and FOCUS Resource Centre Advisory Committee.

The HHRC has provided secretariat support to the Ontario Heart Health Network (OHHN) for five years and this year participated in a number of subcommittees of the OHHN.

Other projects

There are three other projects which are also being undertaken under the HHRC direction and are contributing to the comprehensive inventory of national, provincial and local prevention programs. These projects include:

- International Scan of Best Practices in Heart Health and Stroke Prevention funded through the Ministry of Health and Long Term Care (MOHLTC)'s Stroke Strategy. The inventory is available through an online searchable database on the HHRC's website and assists communities in selecting initiatives for their stroke prevention programs;
- The International Scan of Best Practices in the Prevention of Type II Diabetes funded by the Health Canada Diabetes Strategy. This program is to be completed in 2004; and
- Models of Dissemination (an enhancement to the International Scan of Best Practices in the Prevention of Type II Diabetes Project) also funded by the Health Canada Diabetes Strategy. This program received funding late in the 2002 – 2003 year and is now completed.

As the face of health promotion and the needs of public health agencies and their community partners change, the HHRC looks forward to the exciting challenge of continuing to seek out and provide current resources and appropriate supports for the implementation of comprehensive, community-based programs.

Respectfully submitted,

Tracy Howson

Manager (Interim), Heart Health Resource Centre

Nutrition Resource Centre

The Nutrition Resource Centre (NRC) was established in 1999 at the Ontario Public Health Association to work towards increasing the capacity of nutrition practitioners in communities across Ontario to implement nutrition programs and strategies in a health promotion context. The NRC is a member of the Ontario Health Promotion Resource System (OHPRS) in Ontario – a group of 22 organizations sharing common goals, resources and expertise and offering a variety of services to health promotion practitioners. The NRC works at developing and disseminating a variety of support resources; facilitating linkages with other key organizations and agencies; staying up to date and facilitating information sharing about effective nutrition interventions, developments and current information. The NRC also offers support services and products related to the implementation of three province-wide nutrition programs. The NRC is a source of advice to the Ministry of Health and Long Term Care (MOHLTC) and other partners on nutrition trends and issues. These roles are consistent with other OHPRS resource centre functions.

2002-03 represented the 4th year of NRC operations and our staff complement included 3 FTEs – a manager, program coordinator and an assistant.

One of the major activities undertaken during this past year was an evaluation of NRC products and services. An evaluation survey was developed and sent out to 184 nutrition practitioners in public health units and community health centres. With a 33% response rate, this survey allowed us to establish a baseline and a general sense of how the NRC is perceived and how well we are meeting our mandate.

Overall, there is good awareness and a high level of support for the role of the NRC among the participating nutrition professionals, in particular for centralized development and dissemination of resources to support local practice. The NRC appears to be moving in a direction consistent with its mandate and initial strategic planning. That said, it appears that the overall role and function of the NRC, and the role related to *each* of the four provincial programs that it supports could be better understood by the clients of the NRC.

For people using the services and supports of the Centre, the level of customer satisfaction is in the “very good” to “excellent” range. Similarly, the impact ratings attributed to the work of the NRC are very good, especially when one considers the young age of this organization.

A brief description of other NRC activities that took place during 2002-03 is provided below:

Program Coordination

The NRC goal for program coordination is to ensure the effective implementation and dissemination of provincial nutrition promotion programs. In 2002-03, the NRC continued administering and managing the following provincial nutrition programs – **Eat Smart! Ontario’s Healthy Restaurant Program, the Community Food Advisor Program, Food Steps, and the Healthy Eating Manual**. The management role for these programs includes implementation support, resource development, monitoring and evaluation, updates and materials management. Eat Smart! was implemented in 32 public health agencies across the province and 843 restaurants received the award in 2002-03. Implementation of the school and workplace modules of the Eat Smart program also increased this year. The Community Food Advisor Program operated in 19 sites, with one site launching a brand new program. The volunteer Community Food Advisors completed 951 health promotion activities, reached an estimated 38,991 people and contributed 13, 227 hours of volunteer work. The two years of funding support for the CFA program from the Ontario Ministry of Agriculture and Food (OMAF) ended as of March 31, 2003. The NRC is continuing to support the program and will continue to work with our funder - the Ministry of Health and Long Term Care, to find new ways to support the ongoing needs of the CFA program. For the 2003-04 fiscal year, we have been successful in obtaining some funds through the Ontario Stroke Strategy.

Some work was also undertaken this year to gain a better sense of how the Food Steps Self-Help Healthy Eating program is being implemented. This was done in order to help the NRC plan for future direction and possible changes to this program. In addition, the Healthy Eating Manual continues to be utilized by many different health professionals as a basic, comprehensive nutrition resource.

Project Reports *continued*

Networking and Information Sharing

The NRC continued working to develop and maintain links with partners and other key organizations in the nutrition and health promotion field. This work included information sharing and collaboration with members of the provincial Nutrition Resource Group. The Nutrition Resource Group serves a strategic advisory role to the NRC and is a forum for sharing provincial strategies, identifying gaps and potential solutions. The Nutrition Resource Group (NRG) meets 3 times a year and consists of representatives from relevant provincial organizations and nutrition promotion programs.

The NRC actively participates on provincial committees with groups such as Cancer Care Ontario, Dietitians of Canada, and Ontario Physical and Health Education Association. The NRC has also continued to work with existing nutrition networks, namely the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) and the Dietitians Working in Health Centres network of Dietitians of Canada. These networks continue to provide valuable connections and input from the perspective of practitioners in the field.

The NRC continued to enhance communication tools such as our website – www.nutritionrc.ca and **NRC Digest** – our quarterly newsletter that provides regular updates on NRC projects and developments as well as the work of various partners. **Contact-NRC**, our electronic broadcast mailing service grew considerably over the past year and now has over 450 subscribers!

Resource Development and Dissemination

The NRC has a role in both developing and disseminating resources that will assist individuals and agencies involved in nutrition promotion activities. The NRC continues to partner with the Ontario Physical and Health Education Association in the planning for a school-based nutrition initiative. In addition, the NRC secured funding from the Ontario Women's Health Council for two major resource development projects. The *Cultural Adaptations of Canada's Food Guide to Healthy Eating* were released in February 2003. Full adaptations were completed for the Chinese, Portuguese, Vietnamese, Tamil, Urdu, Punjabi, and Spanish speaking communities. Each of the adaptations is available in English, French and in the specified language and each guide features culturally specific foods and full colour illustrations. The response to these resources, both provincially and nationally, has been very enthusiastic and positive. With another grant from the Ontario Women's Health Council, the NRC also continued working on development of a healthy weights toolkit. *Healthy Measures* was launched in the summer of 2003.

Respectfully submitted,

Colleen Logue
Manager, Nutrition Resource Centre

Auditor's Report

We have audited the statement of financial position of Ontario Public Health Association as at March 31, 2003 and the statements of revenues and expenses 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, 2003 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

GILMORE & COMPANY LLP
Chartered Accountants

Toronto, Ontario
June 2, 2003

Statement of Financial Position
March 31, 2003 (with comparative figures for 2002)

	2003	2002
ASSETS		
Current		
Cash	\$292,450	\$1,290,024
Temporary investments	550,000	-
Accounts receivable	67,853	29,667
Prepaid expenses and deposits	5,766	4,726
	916,069	1,324,417
Capital assets (Note 3)	55,367	44,514
	971,436	1,368,931
LIABILITIES		
Current		
Accounts payable and accrued liabilities	280,622	201,819
Deferred membership revenue (Note 2)	19,468	18,315
Deferred project revenue (Note 2)	266,121	508,000
Deferred salary	-	27,268
Funds held in trust	238,282	337,340
Capital asset fund (Note 2)	9,420	14,130
Future rental charges fund	9,971	4,560
	823,884	1,111,432
NET ASSETS	\$147,552	\$257,499
NET ASSETS REPRESENTED BY DEFICIT		
Balance, beginning of year	\$257,499	\$184,068
Surplus (deficit) for the year	(109,947)	73,431
Balance, end of year	\$147,552	\$257,499

Statement of Revenues and Expenses

for the year ended March 31, 2003 (with comparative figures for 2002)

	2003	2002
Revenues		
Core (Schedule A)	\$186,641	\$161,300
Workgroup (Schedule B)	6,000	2,500
Projects (Schedule C)	2,436,495	2,017,835
	<hr/>	<hr/>
	2,629,136	2,181,635
Expenses		
Core (Schedule A)	206,116	94,516
Workgroup (Schedule B)	22,464	11,633
Projects (Schedule C)	2,510,503	2,002,055
	<hr/>	<hr/>
	2,739,083	2,108,204
Surplus (deficit)	<hr/>	<hr/>
	(\$109,947)	\$73,431

Schedule of Core Revenue and Expenses

For the year ended March 31, 2003 (with comparative figures for 2002)

	SCHEDULE A	
	2003	2002
Revenues		
Membership revenue	\$38,458	\$34,818
Provincial grants	100,000	75,000
Interest income	32,832	35,768
Sundry income	15,351	15,714
	186,641	161,300
Expenses		
Membership materials, mailings and campaign	5,148	3,205
Healthbeat production and mailings	7,757	6,889
OPHA News production and mailings	6,082	6,700
AGM materials and mailings	4,943	4,039
	23,930	20,833
Membership expenses	23,930	20,833
Administration expenses standing committee	1,985	2,689
Advocacy and lobbying	781	2,295
Bank charges	2,573	2,750
Benefits	26,936	22,346
Board expenses	39,830	25,653
Equipment costs	30,768	27,434
External membership fees / Volunteer initiative project (2002)	46	10,000
Insurance	2,881	2,827
Legal and audit	9,791	4,450
Outside services	2,716	2,158
Postage	1,643	1,670
Public relations and special events	10,074	1,256
Resolutions and bylaws	1,645	-
Rent	70,442	70,870
Salaries	312,163	202,710
Staff travel, recruiting and training	2,261	11,533
Stationery, copying and printing	2,860	2,182
Telephone	13,107	12,192
	556,432	425,848
Recovery of expenses from projects (Schedule D)	(350,316)	(331,332)
	206,116	94,516
SURPLUS (DEFICIT)	(\$19,475)	\$66,784

Unaudited - See Accountants' Comments on Additional Information

Schedule of Workgroup Revenues and Expenses

For the year ended March 31, 2003 (with comparative figures for 2002)

	Revenue	Expenses	Deficit
Food Biotechnology	\$ -	\$1,989	(\$1,989)
Violence Prevention	-	3,483	(3,483)
Healthy Schools	-	3,120	(3,120)
Breastfeeding promotion	-	1,071	(1,071)
Food Security	-	2,554	(2,554)
Alcohol Workgroup	-	1,209	(1,209)
Healthy Environment	-	868	(868)
Healthy Children	-	146	(146)
Public Health Alliance	6,000	8,012	(2,012)
Urban Health	-	12	(12)
<hr/>			
TOTALS MARCH 31, 2003	\$6,000	\$22,464	(\$16,464)
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TOTALS FOR THE YEAR ENDED MARCH 31, 2002	\$2,500	\$11,633	(\$9,133)
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Unaudited - See Accountants' Comments on Additional Information

Schedule of Projects Revenues and Expenses

For the year ended March 31, 2003 (with comparative figures for 2002)

SCHEDULE C

	Revenue	Expenses	Surplus (Deficit)
Air Quality Project	\$69,000	\$68,660	\$340
Alcohol Policy Network	127,500	127,509	(9)
Annual conference	170,575	253,556	(82,981)
ARAPO Project	16,263	16,265	(2)
Blood Safety Project	70,500	69,689	811
Community Food Advisor	150,000	150,010	(10)
Diabetes Prevention Project	40,000	40,000	-
Flu Vaccine Market Research	190,000	190,000	-
Healthy Weights	250,000	250,661	(661)
Heart Health Resource Centre	400,000	399,960	40
Heart Health Special Events	55,315	55,315	-
Heart Smart Cooking Program	27,353	23,830	3,523
NRC Stroke Strategy	14,000	13,737	263
Nutrition Resource Project	300,000	298,688	1,312
Ontario Stroke Strategy	102,000	101,280	720
PHRED Program Funds	16,569	16,569	-
Public Health Info System	15,146	15,146	-
Public Health Program Funds Program	121,974	118,970	3,004
Seniors Fall Prevention Project	148,600	148,880	(280)
Volunteer Action Online	-	(130)	130
Women's Health Council	151,700	151,908	(208)
TOTALS MARCH 31, 2003	\$2,436,495	\$2,510,503	(\$74,008)
TOTALS FOR THE YEAR ENDED MARCH 31, 2002	\$2,017,835	\$2,002,055	\$15,780

Unaudited - See Accountants' Comments on Additional Information

Schedule of Expenses Recoverable from Projects

For the year ended March 31, 2003 (with comparative figures for 2002)

SCHEDULE D

Air Quality Project	\$5,016
Alcohol Policy Network	27,090
ANDSOOHA	4,200
Annual Conference	33,003
Blood Safety Project	4,425
Community Food Advisor	21,292
Falls In Seniors	26,577
Healthy Weights Project	39,700
Heart Health Resource Centre	86,055
Info Tech Project	2,000
NRP - Special Projects	5,000
Nutrition Resource Project	56,100
Ontario Stroke Strategy	19,000
Public Health Info System	646
Women's Health Council	20,212
<hr/>	
TOTAL MARCH 31, 2003	\$350,316
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TOTAL FOR THE YEAR ENDED MARCH 31, 2002	\$331,332
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Notes to Financial Statements

March 31, 2003

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) Capital assets

Capital assets are recorded at cost. Amortization is provided over 5 years using the straight line basis.

b) Capital Asset Fund

Capital Asset Fund represents funds received by the Association to cover the costs incurred to acquire capital assets. The Capital Asset Fund is amortized concurrently with the amortization of the capital assets acquired.

c) Revenue recognition

i) Membership revenue

Membership revenue is recognized over the membership term.

ii) Project revenue

Project revenues are deferred or accrued to match project expenses incurred. The following project revenues have been deferred:

	2003	2002
Community Food Advisor #1	\$ -	\$4,000
Flu Vaccine Research Funds	-	190,000
Senior Falls Prevention	22,000	52,000
Women's Health Council	(19,000)	85,000
Information Technology Project	-	7,000
Public Health Funds Program	3,000	80,000
Volunteer Action Online	-	(12,000)
Diabetes Project	10,000	-
Air Quality Project	(1,000)	-
Healthy Weights Project	(25,000)	-
NRC Stroke Strategy	86,000	102,000
Blood Safety Project	118,000	-
Public Health Evaluation	72,121	-
	\$266,121	\$508,000

Notes to Financial Statements - Page 2

March 31, 2003

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) Investment

The investment is carried at the lower of cost and market value and matures on April 7, 2003 and earns interest at a rate of 1.75% per annum.

	2003	2002
Guaranteed Investment Certificate	\$550,000	\$ -

3. Capital assets

	2003		2002	
	Cost	Accumulated Amortization	Net Carrying Value	Net Carrying Value
Office equipment	\$189,078	\$133,711	\$55,367	\$44,514

4. Lease obligation

The Association has entered into a lease obligation until December 31, 2003 for the rental of 3,616 square feet of office space. The minimum annual lease payments over the lease term are \$16,272 per annum for basic rent, years 1-3 (\$4.50 per square foot), plus operating costs, and \$19,888 per annum for basic rent, years 4-5 (\$5.50 per square foot) plus operating costs.

5. Financial instruments

The fair value of cash, 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.

Notes to Financial Statements - Page 3

March 31, 2003

6. 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:

	2003	2002
Cash on hand and balances with bank	\$292,450	\$1,290,024
Guaranteed investment certificate	550,000	-
	<u>\$842,450</u>	<u>\$1,290,024</u>

7. Commitments

The association has committed to remunerate the previous executive director until November, 2003. The total commitment from April 1, 2003 to November 30, 2003 is \$70,078.

OPIHA

Ontario Public Health Association

l'Association pour la santé publique de l'Ontario

Established/Établi 1949

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