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CPHA ACSP *health digest*

CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

CPHA Celebrates 100 Years Young!

Turning 100 never looked quite so good as it did this past June as the public health community converged on Toronto to celebrate the Canadian Public Health Association's centenary.

With close to 1,500 delegates registered, the CPHA Centennial conference *Public Health in Canada: Shaping the Future Together* was the largest national public health gathering in Canada's history!

It was a remarkable four days. We heard from many delegates that the conference program exceeded their expectations. It also provided an interactive meeting ground for public health professionals, researchers, policy-makers, academics and students alike to network and learn from one another. With a tremendous response to the call for abstracts – over 750 abstracts were received – we were able to include 365 oral presentations and 168 posters, all of which built on 5 plenary sessions and 30 planned sessions to make up this year's scientific program.

The conference was kicked off by a panel of eminent Canadian public health leaders, representing more than three decades of legislative activity, who traced the major milestones in the development of national health policy. Panelists included:

- ✦ The Hon. Marc Lalonde, Minister of National Health and Welfare from 1972 to 1977, who introduced a major overhaul of Canada's social security system and received international acclaim for the 1974 policy document, *A New Perspective on the Health of Canadians*.
- ✦ The Hon. Monique Bégin, Minister of Health from 1977 to 1984, who led the passage and implementation of the *Canada Health Act* and more recently was Canada's Commissioner to the WHO Commission on Social Determinants of Health.
- ✦ The Hon. Jake Epp's tenure as Minister of Health from 1984 to 1989 was marked by the release of the *Ottawa Charter for Health*



Many of CPHA's Past Presidents were present for the CPHA Centennial Gala Dinner. From left to right: Marie Loyer (1981-82), Karen Mills (1985-86), Christina Mills (2002-04), David Butler-Jones (1999-2001), Sandra MacKenzie (1989-90), Nancy Kotani (1995-96) and Ron de Burger (2007-08). Sandra MacKenzie is wearing the official "chain of office" which was refurbished for the centennial celebrations.

Promotion and his support for the development of sexual health messaging, including unprecedented television advertisements that spoke honestly and openly about sexual activity.

- ✦ As Premier of Saskatchewan from 1991 to 2001, the Hon. Roy Romanow introduced a regional health system and enacted Canada's first child benefit program, a precursor to the National Child Benefit. He later chaired the Royal Commission on the Future of Health Care in Canada.
- ✦ Madeleine Dion Stout represented the voices of Aboriginal nurses and addressed First Nations, Inuit and Métis health issues as a former president of the Aboriginal Nurses Association of Canada.

...see Conference Highlights, page 3



Madeleine Dion Stout

Roy Romanow

Jake Epp

Monique Bégin

Marc Lalonde



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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO'S COLUMN

The Vienna Declaration

A Global Call to Action for Science-based Drug Policy

On June 28, 2010, the International AIDS Society (IAS), the International Centre for Science in Drug Policy (ICS DP) and the BC Centre for Excellence in HIV/AIDS (BC-CfE) launched a global drive for signatories to the *Vienna Declaration*, a statement seeking to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies. Among those supporting the declaration and urging others to sign is 2008 Nobel Laureate Prof. Françoise Barré-Sinoussi, co-discoverer of HIV.

Outside of sub-Saharan Africa, injecting drug use accounts for approximately one in three new cases of HIV. In some areas of rapid HIV spread, such as Eastern Europe and Central Asia, injecting drug use is the primary cause of new HIV infections. Legal barriers to scientifically proven prevention services such as needle programmes and opioid substitution therapy mean hundreds of thousands of people become infected with HIV and hepatitis C (HCV) every year.

The Vienna Declaration calls on governments and international organizations to take a number of steps, including:

- undertake a transparent review of the effectiveness of current drug policies;
- implement and evaluate a science-based public health approach to address the harms stemming from illicit drug use;
- scale up evidence-based drug dependence treatment options;
- abolish ineffective compulsory drug treatment centres that violate the Universal Declaration of Human Rights; and
- unequivocally endorse and scale up funding for the drug treatment and harm reduction measures endorsed by the World Health Organization (WHO) and the United Nations.

The declaration also calls for the meaningful involvement of people who use drugs in developing, monitoring and implementing services and policies that affect their lives.

The Canadian Public Health Association (CPHA) supports the Vienna Declaration because it calls for drug policies to be based on scientifically sound evidence. With the known link between drug addiction and bloodborne pathogens, there is an urgency for politicians to enact policies consistent with a public health approach using the harm reduction guidelines provided by WHO.

For further details and for the full text of the Vienna Declaration, please go to www.viennadeclaration.com ♦



Debra Lynkowski
Chief Executive Officer

Update Your Online Profile Now

Your membership in CPHA gives the Association unparalleled credibility, direction and authority, as well as expertise and human resources. Express your interests and disciplines using a quick online checklist.

Just log into the CPHA Member Portal at: <http://register.cpha.ca/MemberLogin> and click "Update Interests" or "Update Discipline" in the left-hand menu on your screen. Select from a checklist of 59 items including: Aboriginal Health, Active Living, Addictions/Substance Use, Communicable Disease Control, Food Safety, Geomatics, HIV/AIDS, Mental Health, Nutrition, Water Quality, and many more.

CPHA uses the Portal to provide members with relevant updates and opportunities such as representation on committees. Your personal information remains confidential and is not shared with other organizations.

Enhance your ability to speak out on the public health issues that matter most to you by completing your online profile today.

If you have any questions, please contact Kristine Northey, CPHA Membership Services Officer at knorthey@cpha.ca or 613-725-3769, ext. 118. ♦

Centennial Conference Highlights

continued from page 1...

While a centenary is a time to celebrate, Canada's Chief Public Health Officer Dr. David Butler-Jones reminded participants of the second plenary session that each of the 12 Great Achievements of the past 100 years point to work that has yet to be done. Public health can look to the past with great pride, "but we need to carry that legacy forward," Dr. Butler-Jones said.



David Butler-Jones

Reducing social inequalities, improving the health and well-being of First Nations, and tackling international health problems will be key challenges over the next couple of decades, Dr. Gilles Paradis told participants at the Monday afternoon plenary session.



Gilles Paradis

Dr. Paradis, director of McGill University's Transdisciplinary Training Program and scientific editor of the *Canadian Journal of Public Health*, identified knowledge generation and utilization as one of the most important tools for addressing these problems through an effective public health system.

During the fourth plenary session, panelists explored inequalities for marginalized populations:

✳ Dr. Marcia Anderson, past president of the Indigenous Physicians Association of Canada, noted that Canada's history with and policies toward its indigenous people fit the definition of colonialism.



Marcia Anderson

Dr. Anderson called for a zero-tolerance policy on individual racism and the "institutional racism that exists in this country."

✳ Dr. Paulo Buss, former president of the World Federation of Public Health Associations (WFPHA), said that extremes of globalization "have created large international disparities and huge social and health problems," particularly in countries that are "excluded from the central axis of the global economy."



Paulo Buss

✳ Angela Robertson, director of equity and community engagement at Women's College Hospital in Toronto, gave a "roll call" of the health and social challenges facing marginalized urban populations, especially women. Her list included higher poverty rates and income inequality for women — especially racialized women — and high reliance on social assistance. In Toronto in 2001, 43% of recent immigrants spent more than half their household income to rent overcrowded living units in dire need of repair.



Angela Robertson



Tim Evans

Security, solidarity, and systems – three concerns on the global agenda – "can bring the transnational nature of health issues to the attention and agenda of all countries, big and small, rich and poor alike," said Dr. Tim Evans of the James P. Grant School of Public Health, speaking at the final plenary session on Wednesday morning. Dr. Evans said health care workers must be trained to respond to the complexities of global health. He suggested mid-career training and shifting the educational paradigm to include flexible approaches as good places to start.



David Allison, CPHA's Honorary Bagpiper

A highlight of the conference was the CPHA Centennial Gala, recognizing excellence in public health with the presentation of 15 CPHA Honorary Awards and 5 Student Awards. For complete details, see page 6. Seamus O'Regan, host of CTV's *Canada AM*, entertained the crowd as the master of ceremonies and everyone enjoyed dancing the night away to the music of the George St. Kitts Band. The CPHA Centennial Gala Dinner was generously sponsored by Sanofi Pasteur Ltd.

With over 240 students attending the conference, 145 presentations, and 3 highly successful events, the student component of the program

demonstrated convincingly that it will continue to flourish.

CPHA's Annual General Meeting was held at lunchtime on Monday and over 200 members were present to discuss the Association's business and help chart its future. Members were provided with an overview of CPHA's new policy development process and a report on recent advocacy work by Brian Bell, a member of the Board of Directors and the Policy Review Group. Erica di Ruggiero, Chair-Elect, invited nominations for the positions that will be open on the Board. Staff and board members also presented an overview of the 2009 annual report and Board Chair, Dr. Cordell Neudorf, introduced CPHA's plans for a personal giving campaign.

Aboriginal health, environmental justice, control of psychoactive substances, a ban on chrysotile asbestos, climate change, and the drive toward global health governance were among the hot topics at CPHA's second annual policy forum Tuesday afternoon. "We know that the social determinants of health significantly influence the health of individuals, communities, and populations, within and beyond jurisdictions," said CPHA Director of Policy Jim Chauvin. But "in reality, the implementation of these concepts in Canada and in many other countries lags far behind the rhetoric." When Mr. Chauvin and Dr. Neudorf

see Conference Highlights, page 13...



The History of Public Health

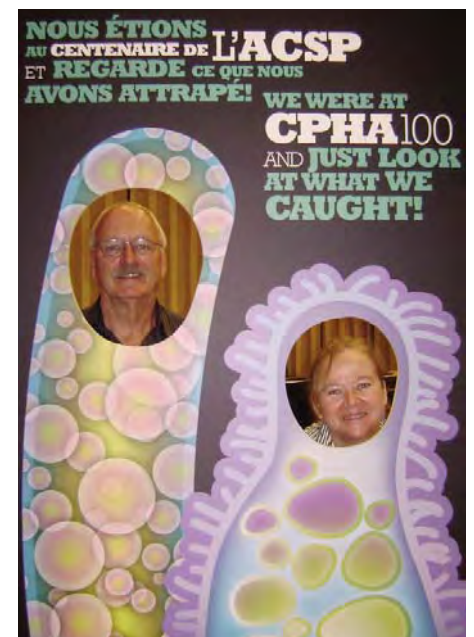
A significant accomplishment among CPHA's centenary activities is the completion of a history of public health in Canada. *This is Public Health: A Canadian History* is an interactive e-book. It's engaging, richly illustrated, suitable for a broad audience and available as a free download at cpha100.ca. Canadian

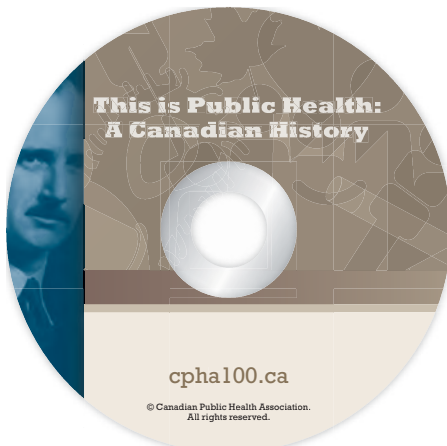
public health history is now accessible and easy to share!

This is Public Health: A Canadian History is dedicated to public health advocates and activists who "fought the good fight," struggling to advance community health long before Canadian health systems were in place.

This book provides a chronological history from the early colonial period until 1986, when the Ottawa Charter for Health Promotion launched what many consider to be a new era in public health. The epilogue takes a look at more recent years.

A limited number of CDs are now available, in addition to a printed bilingual executive summary. Plans are also underway for a downloadable





French version of the complete history. For more information, contact CPHA Publications Sales at publications@cpha.ca or by calling 613-725-3769, ext. 190.

This is Public Health: A Virtual EXPO

Take a walking tour through 100 years of public health history online at cpha100.ca. This virtual EXPO begins in the early 1900s, when most Canadian communities were faced with staggering public health problems – unsafe water, overcrowded and slum housing, poverty, malnutrition, and unsafe food and milk. Contagious diseases were the leading cause of death back then and many women and infants died during childbirth.

The EXPO profiles some of the public health advocates and activists who were there to “fight the good fight,” despite being called murderers for immunizing children or being accused of promoting immorality with venereal disease programs.

Tour through a period of rapid change, when maternal health began to improve and progress was made against contagious diseases, thanks to the work of public health nurses and inspectors. Learn about the creation of benefits and programs that would bring a significant measure of security to the lives of Canadians.

As you travel through these 100 years, you'll come face to face with some outstanding individuals, like Heather Crowe, who demanded better laws to protect workers from second-hand smoke; ParticipACTION's Russ Kisby, who urged Canadians to get off the couch and get moving; and Ron Draper,



the driving force behind the First International Conference on Health Promotion. Pause for a moment to reflect on Sheela Basrur's skilful handling of the 2003 SARS crisis, which earned the respect of public health colleagues around the world. Explore some of Canada's global health initiatives that have provided public health service and leadership around the world, and finish the tour with a stroll along the avenue of Great Public Health Achievements.

It's quite a journey. This is Public Health: A Virtual EXPO can be explored at cpha100.ca.

Public Health Professionals Speak Out

As part of CPHA's centenary activities, public health professionals have been asked to share their thoughts on the current state of the field, today's big issues, and the advice they'd give to someone just starting out. Watch video highlights of these interviews at cpha100.ca. 🍁





CPHA 2010 Award Winners

Each year at its Annual Conference, CPHA honours those who have contributed significantly to public health in Canada through the CPHA Honorary Awards Program. At this year's Centennial Gala Dinner held June 15 in Toronto, Ontario, 15 awards and 5 student awards were presented.

David Butler-Jones R.D. Defries Award

Dr. David Butler-Jones has made an outstanding contribution to public health in Canada and his leadership has been an important factor in the revitalization of public health in Canada.

He is Canada's first Chief Public Health Officer, appointed in 2004, and has led the establishment of the Public Health Agency of Canada. He also co-chairs the Council of the Pan-Canadian Public Health Network, where he has helped create a positive and collaborative approach.



CPHA Chair Cory Neudorf and Federal Minister of Health Leona Aglukkaq present David Butler-Jones with his R.D. Defries Medal.

In addition to his role within government, Dr. Butler-Jones has made an important contribution through his service to many NGOs, not least to CPHA. He was a member of the Board from 1995 and President from 1999-2001. He has also served as Vice-President of the American Public Health Association; Chair of the Canadian Roundtable on Health and Climate Change; International Regent on the board of the American College of Preventive Medicine; Member of the Governing Council for the Canadian Population Health Initiative; Chair of the National Coalition on Enhancing Preventive Practices of Health Professionals; and Co-Chair of the Canadian Coalition for Public Health in the 21st Century.

He has also worked at the international level, serving as a consultant to WHO Europe on immunization programs (2003-04), co-chairing the Technical Advisory Committee for a CIDA project with the National School of Public Health in Brazil (1998-2003) and consulting in Kosovo and Chile in 2001, among many other activities.

Dr. Butler-Jones accomplishes all of this with a gentle demeanor and a sometimes puckish sense of humour, but also with great thoughtfulness and insight. He is deeply committed to the cause of public health in Canada and internationally, and he is a most worthy recipient of CPHA's highest honour.

Marie des Anges Loyer R.D. Defries Award



Marie Loyer accepting her R.D. Defries Medal from Minister Aglukkaq

Dr. Marie des Anges Loyer graduated from high school in Ottawa and earned her diploma in nursing in 1955 (University of Ottawa), certificate in public health (University of Ottawa), baccalaureate in nursing (University of Ottawa) and then travelled to New York City to achieve in 1964 a Masters of Arts

(Public Health Nursing), and in 1965 a Masters of Public Health from Columbia University. Returning to Ottawa, she earned a Masters in Education in 1968 and a PhD in 1982 from the Faculty of Education, University of Ottawa. In 1988, she completed post-doctoral studies in the assessment of psychiatric disorders at the University of St. Louis in Missouri.

Dr. Loyer began her career as a staff nurse at the Ottawa General Hospital in 1955, moving to public health in 1959 in the Prescott-Russell and Carleton Health Units. She worked as a supervisor of public health nursing in New York while studying at Columbia University. Returning to Ottawa, she joined the School of Nursing, rising to become Dean of the School (1974-78) and Associate Dean, Faculty of Health Sciences and Director, School of Nursing from 1978-80.

Throughout her academic career, Dr. Loyer's community service continued with significant leadership contributions to CPHA, of which she was the President in 1981-82; Board of Certification, Canadian Institute of Public Health Inspection; Royal Ottawa Hospital; Ottawa-Carleton District Health Council Continuing Care Board; Canadian Nurses Association and Canadian Nurses Foundation; Canadian and Ontario Region Associations of University Schools of Nursing; St. John Ambulance; Canadian Armed Forces; and the Maycourt Club.

In her retirement, she continues her volunteer work, travels, and enjoys music and gourmet cooking.



**Charlene Beynon
Honorary Life Membership**

Charlene Beynon, RN, MScN, is a member of the senior management team at Middlesex-London Health Unit and a Casual Associate Professor, Arthur Labatt School of Nursing, University of Western Ontario.

Ms. Beynon has more than 35 years experience in public health in a variety of roles including

district public health nurse, attachment nurse seconded to a group of family physicians, and nursing supervisor. She is currently the Director of Middlesex-London's Research Education Evaluation and Development Services and the Director of the Middlesex-London Public Health Research Education and Development site, an applied public health research and education program.

She is involved in externally-funded research related to childhood obesity and physical activity and was the co-lead of an initiative to develop an evaluation plan for Ontario's Ministry of Health Promotion Action Plan for Healthy Eating and Active Living. In addition, Ms. Beynon was the Co-Principal Investigator of a cluster of randomized controlled trials to evaluate the Northern Ontario Fruit and Vegetable Pilot Program, a large-scale health promotion project sponsored by the Ontario Ministry of Health Promotion.

In her own words...

Working in public health for more than three decades has offered me many wonderful opportunities and experiences. I feel truly honoured to have been nominated by my staff for the Honorary Life Membership. And being recognized by CPHA at this centennial conference is a very special highlight in my career, one that I will forever treasure. I am deeply grateful.



**Clyde Hertzman
Honorary Life Membership**

Dr. Clyde Hertzman is Director of the Human Early Learning Partnership (HELP), an interuniversity, interdisciplinary consortium (College for Interdisciplinary Studies, UBC). He holds a Canada Research Chair in Population Health & Human Development, and is a Professor in Population & Public Health.

Dr. Hertzman is Leader of WHO's Early Child Development (ECD) Global Knowledge Hub (at HELP). He is President of the Council on ECD, a national NGO, and he is a fellow of the Experience-based Brain & Biological Development Program and Successful Societies Programs of the Canadian Institute for Advanced Research.

Dr. Hertzman is the Principal Investigator of the ECD Mapping Unit, the Child & Youth Developmental Trajectories

Research Unit & Population Data BC. He is involved with many scholarly committees, and serves as an Advisory Board Member, Institute of Population & Public Health, CIHR; Governing Council Member & Team Leader, Measurement & Monitoring, Centre of Excellence in ECD; Member, BC Provincial Child Care Council; and Advisor, BC Minister of State for Child Care. He holds an honorary appointment at the Institute for Child Health, University College, London.

In his own words...

For me, it is very meaningful to receive the Lifetime Achievement Award from the Canadian Public Health Association. The CPHA was the first professional association I joined when I was still a Community Medicine Resident back in the early 1980s. I was on the Board for several years and, through the CPHA, I was able to develop a pan-Canadian perspective for my work. At an early CPHA meeting, I first heard the expression 'the broad field of public health' used. I was quite struck by the underlying idea and, for the past 30 years, I have been consciously working to extend the breadth of public health through building links to population health; to new insights from life course research; and to new scientific understandings of epigenetics and how human experience 'gets under the skin' to influence health, well-being, learning and behaviour. I am proud to have contributed to the WHO Commission on the Social Determinants of Health, which has done a great deal to renew the mandate of public health globally; and to helping create the CIHR Institute of Population and Public Health. Being recognized by CPHA means to me that, although I have not pursued a traditional career in public health, my efforts to connect research to practice have been understood and appreciated.



**Anna Banerji
Certificate of Merit**

Dr. Anna Banerji graduated medical school from the University of Toronto in 1989. In 1995, she started a pediatric infectious disease fellowship in Montreal, and was captivated by a visit to Baffin Island. In 1997, she won a CIHR clinical research fellowship in respiratory infections in Inuit children.

Dr. Banerji received a Masters of Public Health (International Health) from Harvard School of Public Health, and was honoured to be named the "promising graduate" of the class in 2003. Soon after, she was requested to provide strategic consultation to Toronto Public Health during the SARS crisis, and acted as Associate Medical Officer of Health in Communicable Disease Control until 2005.

Dr. Banerji's clinical practice has since focused on general pediatrics as well as refugees and new immigrants. She has remained passionate about building capacity in this area, chairing the first-ever Canadian Refugee Health Conference in November 2009.



Dr. Banerji currently practices at St. Michael's Hospital, St. Joseph's Health Centre, and the Hospital for Sick Children, and is an Assistant Professor at the University of Toronto. She is the Principal Investigator of a circumpolar surveillance study on infants admitted to hospital with lower respiratory tract infections.

In her own words...

I am very honoured to be the recipient of this Certificate of Merit. I've been working for many years and carrying out research on a wide variety of health-related issues facing both Inuit people and refugees to Canada, both of which are populations that I perceive as under-served and "on the margin" for most of Canadian society. It is a wonderful feeling to be recognized and rewarded for something for which you are passionate and believe very much requires socially justice-based action to resolve. I share this reward with the Inuit and refugee people with whom I have worked. The issues and challenges faced by these people do not get a lot of attention or action. I'm happy that I am able to bring attention to these issues to the mainstream population. Now, we need commitment and action.



**Betty Burcher (posthumously)
Certificate of Merit**

Betty Burcher obtained her Bachelor of Arts from the University of Waterloo in 1971, a Bachelor of Science in Nursing in 1976 and a Masters of Science in Nursing in 1992 from the Faculty of Nursing, University of Toronto.

She began her career as a public health nurse with Toronto Public Health (1976-79). This was

followed by a year as Parent Worker with Parent Resources and three years as a primary care nurse with York Community Services (1982-85). After a year as an instructor of Community Health Nursing at the University of Western Ontario, Ms. Burcher returned to public health nursing with Toronto Public Health (1987-89). In 1990, Ms. Burcher worked as a Research and Teaching Assistant at the University of Toronto before returning to Toronto Public Health in 1991 where she held a number of positions. In 2002, Ms. Burcher became a Lecturer at the University of Toronto, Faculty of Nursing and was promoted to Senior Lecturer in 2008.

Ms. Burcher passed away suddenly on July 5, 2009. She was best known for her passion for public health, politics, social justice and women's rights. She was respected and loved by a legion of friends, co-workers, students and family. She was recognized for her outgoing nature, her laughter, her passion for life, and her willingness to go above and beyond.

Betty's award was accepted on her behalf by her husband, Doug Croker, and their son, Nick...

Betty would have been proud to receive this award. She worked tirelessly for the City of Toronto Public Health in

health promotion, education, information and research, planning, and community nursing. As a community nurse, she cared deeply for her patients. As a manager, she developed policies to improve public health, especially in the areas of diversity and equity. As a teacher, briefly at Western, and then at the University of Toronto Faculty of Nursing, she inspired students with her enthusiasm, intelligence, and awareness of the vital importance of public health. She mentored many students along the way. Just as she started at the University of Toronto, the SARS crisis hit. Betty used her public health skills to support the faculty and staff and later contributed to pandemic planning. Betty loved her life as a public health nurse and a teacher of public health.

Our son, Nick, and I appreciate the recognition given to Betty and we hope others will be encouraged by Betty's legacy to seek social justice with effort, care, and laughter.



**Dexter Harvey
Certificate of Merit**

Dr. Dexter Harvey is a leader in linking evidence and action to advance chronic disease prevention. His ability to inspire coherent, sustained initiatives across organizations has created enduring enterprises that are accelerating progress in our collective quest to improve the health of Canadians.

Dr. Harvey was a leader in the Canadian Heart Health Initiative, which aligned research and practice so that evidence would improve public health. During his academic career, Dr. Harvey became engaged in the realm of policy and practice in Manitoba. He catalyzed Canada's first provincial Alliance for the Prevention of Chronic Disease, and was its first volunteer Director. Next, he became Founder and Director (volunteer) of the Canadian Cancer Society's innovative Knowledge Exchange Network, then led the formation of the Partners in Planning for Healthy Living Coalition in Manitoba, which enables local data collection to support public health planning and evaluation in all health regions. His personal leadership has advanced many initiatives at the national as well as provincial levels.

Dr. Harvey's dedication, integrity, and leadership are reflected in a myriad of contributions. He is an unassuming, selfless man, whose inspired, wise and practical leadership has done much to advance public health in Canada.

In his own words...

I was very surprised when I was approached by the nominators. I have worked for over 40 years as a front-line health promotion practitioner as well as with different levels of government on health promotion. I've also been a volunteer. The recognition that I receive has been from the people with whom I've worked and served. I didn't expect to be recognized in this manner by my peers and by CPHA. I am honoured and grateful for being nominated and for being



selected as a recipient of the Certificate of Merit. It is a very special honour and one that validates my many years of work and service to the community.



Ronald Labonté
CPHA International Award

Dr. Ronald Labonté holds a Canada Research Chair in Globalization and Health Equity at the Institute of Population Health at the University of Ottawa. He is Professor in the Faculty of Medicine, University of Ottawa, and Adjunct Professor in the Department of Community Health and Epidemiology, University of Saskatchewan. Prior

to his appointment in 2004 at the University of Ottawa, he was founding Director of the Saskatchewan Population Health and Evaluation Research Unit, a bi-university interdisciplinary research organization that was committed to “engaged research” on population health determinants at local, national and global levels.

Prior to his work in global health, Dr. Labonté worked, consulted and published extensively on health promotion, empowerment and health, and community development for over 20 years, including 15 years employment with provincial and local Canadian governments. Much of his earlier writings in this field are still taught in many universities, and his practice models continue to be used by public health practitioners internationally.

Dr. Labonté has over 100 scientific publications and several hundred articles in popular media.

In his own words...

Wow! It's sort of like receiving a public health Academy Award, so thanks Academy. But I'd like to consider this a 'best supporting role' award. In global health, a term I prefer to international because it recognizes that there are more actors than just nations and that health opportunities and disease risks are now inherently global, there are few leading roles. To make any difference in new global health knowledge or action requires collective efforts and I've been lucky to have a great team surrounding me: Ted Schrecker, Corinne Packer, Vivien Runnels, Ivy Bourgeault, David Sanders, Fran Baum, Thelma Narayan, to name a few personally; heaps of activist colleagues from the Peoples' Health Movement; Board and staff members of the Canadian Coalition for Global Health Research; all of the contributors to the Globalization Knowledge Network of the WHO Commission on Social Determinants of Health; some brilliant postdoctoral fellows (Lisa Forman, Kirsten Stobenau, Katia Mohindra, Chantal Robillard, Raphael Lencucha) and graduate students (Madeline Johnson, Helen Oliver, Katrina Plamondon, Jennifer Cushon, Sherry Ally and Michelle Gagnon); and scores of committed researchers in Latin America, South Asia and Africa. Sorry for the long list, but it could have been a lot

longer, and without the knowledge and skills of these people, I would have accomplished little. So what does receiving this award mean? Quite simply that I should keep on keeping on, and for that shot of encouragement I am deeply grateful.



Ontario Healthy Communities Coalition
Ron Draper Health Promotion Award

The Ontario Healthy Communities Coalition (OHCC) brings together a broad-based group of community and provincial associations, spanning the social, environmental, economic and political

spectrums. It is governed by a Board of Directors consisting of regional, association and network representatives.

The broad approach to the creation of healthier communities is seen in the criteria for membership: An OHCC community member is “a coalition of organizations that involves at least three community sectors, has adopted a Healthy Community approach and is working towards improving the social, economic and environmental well-being of their community”.

Its commitment to local action is demonstrated in its staffing; the OHCC currently has only 3.5 full-time staff in its Central Office in Toronto, while 2 full-time Community Animators and 7 regional consultants live and work in regions across Ontario, supporting multi-sectoral collaborations to strengthen local economies, deal with social issues and improve the environment.

In the words of Lorna McCue, Executive Director, Ontario Healthy Communities Coalition...

The Ontario Healthy Communities Coalition is deeply honoured to have been selected as the recipient of the CPHA 2010 Ron Draper Health Promotion Award. Healthy Communities is based on the principles enshrined in the 1986 Ottawa Charter for Health Promotion, which is largely credited to the work of Ron Draper when he was Director-General of Health Canada's Health Promotion Directorate. Since 1992, OHCC has worked with communities in Ontario to build individual and community capacity and mobilize community action to create supportive environments and healthy public policy. We collaborate with many different organizations, including other provincial Healthy Communities networks, to develop projects and materials that will support the Healthy Communities approach to action on health determinants.

This award recognizes that only by using a comprehensive community process and taking the social, economic and environmental determinants of health into account will health promotion initiatives be effective in the long term. It affirms that health is created in the context of everyday life where people live, love, work and play.



On behalf of the 464 members of OHCC, its Board of Directors and staff, we would like to thank CPHA for this award and reaffirm our commitment to create innovative solutions to meet community challenges and build strong, equitable and sustainable communities through education, engagement and collaboration.



**Canadian Institute of Public Health Inspectors
Public Health Human Resources Award
(Organization)**

On January 1, 2010, the face of public health in Canada changed. Prior to this, there was no ongoing maintenance of competency program for Environmental Public Health Professionals (EHPs) in Canada. The Canadian Institute of Public Health Inspectors (CIPHI) managed the certification of new students to the field, but once certified, the practicing professional did not need to formally show their ongoing maintenance of competency. In essence, they were certified for life.

Five years ago, CIPHI started to develop the CIPHI Continuing Professional Competency Program which was launched January 1, 2010. The Program includes four components: Standards of Practice, a Code of Ethics, Discipline-specific Competencies and a Professional Development Model which quantifies the areas in which EHPs should direct their professional development in order to maintain and improve their professional competency. A Council of Professional Experience was created to oversee the process of monitoring professional competency.

The Continuing Professional Competency Program has impacts on public health workforce development beyond the enhanced competencies for EHPs. EHPs are the first public health discipline to develop a database which captures information about every EPHP in Canada. This will assist in the enumeration efforts. As a spin-off of the process, retired EPHPs were mobilized as CIPHI Senators. This group has made inroads in identifying opportunities and challenges in engaging retired public health professionals back into the workforce. CIPHI has been a leader in using innovative communication strategies and educational events to engage their membership. CIPHI has shared its tools with other public health disciplines and the work has piqued interest internationally. The U.K. Chartered Institute of Environmental Health contributed to the Program and there has been interest in expanding the work of CIPHI's discipline-specific competencies to the international level.

In the words of Adam Grant, President, Canadian Institute of Public Health Inspectors...

This is a very important award for our organization, and to the best of my knowledge, this is the first time that CPHA has honoured the CIPHI. Environmental Public Health Professionals (EHP- i.e., Public Health Inspectors/ Environmental Health Officers) play a specific role in protecting the health of Canadians. The one aspect that separates EPHP from other public health professions is that of regulation – we

are the public health regulators. As such, we constantly strive to strike a balance between regulation and education. Our job is to regulate health hazards within the community and as we often find ourselves lacking specific standards, we employ risk evaluation techniques. This award is fitting as it comes following six years of hard work and dedication to developing our Continuing Professional Competencies Program, which includes new standards of practice. We hope that as a result of receiving this award, employers across the country will be proactive in adopting these new standards. Our Institute is incredibly proud to receive this award. We would like to acknowledge all the support and guidance that we have received from the Public Health Agency of Canada and thank CPHA for this mark of distinction.



**Claire Betker
Public Health Human Resources Award (Individual)**

Ms. Claire Betker has worked in public health and community health for over 30 years at the local, regional, provincial and national level. Her public health nursing career began in rural Manitoba in a single-nurse office serving several small communities. Since then she has worked in public health, home care and

primary health care in a variety of settings and positions.

Ms. Betker is a Registered Nurse with a Baccalaureate degree in Nursing from the University of Manitoba and Masters in Nursing from the University of Calgary. Her focus of study during her Masters was family systems nursing – with a specific interest in what contributed to the health of a family and communities. She began study towards her PhD in Nursing at the University of Saskatchewan in January 2010 with a focus on community health nursing, population and public health with a focus on determinants of health, practice and theory development, evaluation and the philosophy of science.

Currently, Ms. Betker is working with the National Collaborating Centre for Determinants of Health as the Director of Research with the Early Child Development Initiative. Prior to that, she worked for the Public Health Agency of Canada as a member of the Skills Enhancement for Public Health team and led the pan-Canadian consultation to develop the Core Competencies for Public Health. Ms. Betker was also the Director of the Public Health Program with the Winnipeg Regional Health Authority.

Ms. Betker is a Certified Community Health Nurse and Past President of the Community Health Nurses of Canada and an associate member of the Canadian Nurses Association.

In her own words...

Being recognized by one's peers is very special. To me, it is a significant form of validation for the work that I have been involved in for the past decade or so at multiple levels, from front-line practice through to working at the Public Health



Agency of Canada. Recently, I have been involved in several different efforts that contribute to the development of the public health workforce, both through my employment and as a volunteer – helping to develop the core competencies for public health, working with the Community Health Nurses of Canada to strengthen community health nursing tools, resources and supports. Currently, through my role at the National Collaborating Centre for Determinants of Health, I have been involved in knowledge translation. It has been and remains a very rewarding professional life. We don't do it to be awarded a prize or to receive formal recognition – we do it because we believe we have something to contribute to building public health capacity in Canada. Being cheered on by folks along the way is awesome. This award is particularly appreciated as it supports my "next effort", my doctoral studies, through which I intend to make a contribution to theory as a means of guiding public health practice. It all fits together – working collaboratively with different groups and stakeholders, knowledge generation, translation and application, and seeing how it makes a difference to organizations and especially to the front lines of practice. We have a lot of work to do and I am excited and ready to make whatever contribution I can. Thank you.



Rob Cunningham
CPHA National Public Health
Hero Award

Born and raised in Ottawa, Rob Cunningham is a lawyer by profession and has degrees in political science (BA, University of Western Ontario), law (LLB, University of Toronto), and business (MBA, University of Western Ontario).

He first became active in tobacco issues while at university

in 1988-90 when he was Founding President of the Student Movement Aimed at Restricting Tobacco.

Mr. Cunningham has become a recognized expert in the field of tobacco control. He has worked as a consultant for provincial, national and international health organizations including the World Health Organization. His regular e-mail bulletins to those working in tobacco control have become legendary.

As one of the core group of Canadian activists fighting for tobacco control, Mr. Cunningham has testified before parliamentary committees, given hundreds of media interviews in Canada and abroad, published numerous tobacco-related articles, and initiated private prosecutions for violations of tobacco-control laws.

He is the author of *Smoke & Mirrors: The Canadian Tobacco War* which has been a top seller among the publications of the book's publisher, the International Development Research Centre (IDRC). The book has been translated into French and Russian. Mr. Cunningham is a regular and popular presenter at national and international health conferences. He works in

Ottawa as Senior Policy Analyst in the Public Issues National Office of the Canadian Cancer Society.

In his own words...

It was a special moment when CPHA CEO Debra Lynkowski called to let me know of the award. The call was unexpected. But it is certainly an honour to receive this award from CPHA, especially jointly with Gar Mahood and Louis Gauvin. The accomplishments of Gar and Louis are absolutely huge over many, many years. They are each very deserving recipients.

Tobacco control success in Canada has been due to an extremely strong and dedicated team. It has been great to be part of this team. Remarkable progress has been made. At the same time, a massive amount of work remains. We must be up to the challenges ahead – tobacco products continue to be the leading preventable cause of disease and death in Canada.

CPHA, in celebrating its centennial, should be acknowledged with praise for its longstanding, significant role in improving public health in Canada.

Appreciation is extended to the Alberta Public Health Association, which kindly put forward my nomination. Most importantly, my better half Kathleen Clancy must be thanked for her enormous support.



Louis Gauvin
CPHA National Public Health
Hero Award

For over twenty years, Louis Gauvin has been striving to help society cut down on tobacco use. As part of his job with the Public Health Department of Montréal, he helped smokers to quit, set up prevention programs in schools, and acted as a consultant for businesses

implementing policies on tobacco use.

In the mid-1990s, following a drastic cut in cigarette taxes, Mr. Gauvin came up with the idea of creating a movement that would promote widespread anti-tobacco measures and fight against the tobacco industry.

In 1996, the *Association pour la santé publique du Québec* (ASPQ) created the Quebec Coalition for Tobacco Control, an initiative spearheaded by Louis Gauvin and Heidi Rathjen. Launched officially in June 1996 and sponsored by the ASPQ, the Coalition now includes thousands of health care organizations and professionals from all areas of Quebec.

For 14 years, until he retired in September 2009, Mr. Gauvin acted as spokesperson for the Coalition, representing the Quebec anti-tobacco movement in a dignified, calm and reasoned – at times even humorous – manner. Thanks to his skills as moderator and conciliator, Mr. Gauvin was able to maintain ongoing harmony between the Coalition's partners.

Mr. Gauvin's vision and determination have contributed to prolonging lives and improving the quality of life for thousands of individuals living in Quebec.



In his own words...

What a surprise when Debra communicated the news to me that I would be a recipient of CPHA's National Public Health Hero Award. We never think of awards in public health. We do the best we can in our job every day, hoping to contribute thereby to improving the health of our fellow citizens.

I am very pleased that the co-winners of this award are Rob Cunningham and Gar Mahood – both of them role models for anyone working in tobacco control. I would like to give particular recognition to Gar, as he was the one who paved the road in terms of the political fight against tobacco. In the early 1990s, the cigarette manufacturers had established a contraband network in order to lower taxes. But we in Québec were not aware of these dirty tricks. It was Gar who came and enlightened us on the situation, and helped us in our fight against big tobacco.

At the international level, CPHA has been involved for many years. I have always admired the Association's commitment in the world fight against tobacco and the support it provides to public health associations in developing countries to help them create and build a strong voice in civil society against the plague of smoking. I was privileged to have been able to attend the workshop of public health associations on this topic held in Durban, South Africa in November 2009. I witnessed a strong desire on the part of these associations to do something to counter the impact of the tobacco industry in their respective countries.

With our African, European and Canadian colleagues, we were able to implement a francophone network in Africa against smoking. This network will hold its third meeting in Niger in September 2010. The network is functioning very well. It has found its own sources of funding.

In conclusion, it is important that the government of Canada continues to fund and support the efforts of organizations such as CPHA and those who are in partnership with NGOs elsewhere in the world in the fight against tobacco.



Gar Mahood
CPHA National Public Health Hero Award

Garfield (Gar) Mahood has been a tireless, passionate, and very effective campaigner for tobacco control in Canada and globally for decades. In a document leaked in 1990, Infotab, the international tobacco industry's research and intelligence gathering agency, described Gar Mahood as the No. 1 individual threat to the tobacco

industry in the world at that time.

He has been Executive Director of the Non-Smokers Rights Association (NSRA) since 1975 and in that time has spearheaded many effective campaigns including the banning of tobacco advertising and sponsorship as well as improved warnings on packaging.

Today he is widely respected nationally and internationally and has been honoured in many ways for his important contribution, not least by his appointment to the Order of Canada in 2007, while the NSRA was the first recipient in 2000 of the American Cancer Society's prestigious Luther L. Terry Award as the outstanding tobacco control organization in the world.

Today, approaching 70, Gar Mahood continues to fight for the cause to which he has dedicated much of his life. As a result of his commitment, hundreds of thousands, in fact perhaps millions of lives have been saved. He is truly a Canadian Public Health Hero.

In his own words...

In response to your invitation to send appreciative remarks in advance of receipt of the award, I have had to give your request some serious thought. Obviously, if upon presentation, my receipt of the honour was greeted with cat calls and an overly ripe tomato from Gerry Dafoe, my response would be one thing. On the other hand, if I received even mildly warm applause, I would undoubtedly be asked to turn in my membership in the Radical Club.

That said, I appreciate any award that reflects well on the people who made the award possible: remarkable current and former staff, without whom this award would not have been possible; team-mates like Ken Kyle, Rob Cunningham, Louis Gauvin, Dr. Mary Jane Ashley and John Garcia; numerous medical officers of health; generous donors who believe in the NSRA's advocacy; supporters in government who understand public participation – the importance of agitation on the outside that allows leadership on the inside to emerge.

But the award is significant for other reasons:

- it gives hope to other nursery school drop-outs that they too can make contributions to public health;*
- it confirms the belief of reformers in the corrections system that there is hope for redemption in almost everyone;*
- it suggests that there is a potential for good for Irish blarney and value in 500 words even if 50 would do;*
- all or none of the above.*



Ts'ewulhtun Health Centre
CPHA-Amgen Award for Innovation in Family Health

The Ts'ewulhtun Health Centre opened in 1992 in Duncan, British Columbia on Vancouver Island. The Health Centre manages public health and communicable disease control

for Cowichan Tribes which consist of over 5,000 community members. Various health education programs and administrative services are also offered by the Ts'ewulhtun Health Centre.

The Healthy Families program helps community members set and achieve healthy goals. This program includes prenatal health, infant/pre-school/school aged children's health and women's health, an HIV support group, Fetal Alcohol

Spectrum Disorder support group and a tobacco strategy group.

The Elders program ensures the Elders are well cared for physically, mentally, spiritually and culturally. Programs involve personal and palliative care, healthy eating habits, swimming programs and arthritis awareness.

Child and youth programs include infant development, social skills, self-esteem, and cultural pride. Promotion of education, immunizations, nutrition and bonding between parents and children are key.

The Counseling and Mental Health program provides support services such as sobriety and suicide prevention, family violence intervention, healing in relationships and community outreach, which help build and strengthen community support and healthy relationships.

The Dental Program provides oral health care to community members and promotes education on dental health and disease prevention.

Shelley Sorensen from the Ts'ewulhtun Health Centre

The Ts'ewulhtun Health Centre would like to take this opportunity to thank CPHA and AMGEN Canada for presenting us with this award. Our mission is to promote a strong, healthy community. In the spirit of cooperation from the wisdom of our Elders, we will put into practice traditional and non-traditional ways to achieve an emotional, spiritual, mental, and physical well-being. The Ts'ewulhtun Health Centre focuses on First Nations health, with delivery and cultural teachings of the community being the framework for the care our facility provides. We believe that family is the heart of life, and are honoured to be recognized for such a prestigious award. Huy tseep q'u.



**Angela Mashford-Pringle
Dr. John Hastings CPHA Student Award**

Angela Mashford-Pringle is an urban Algonquin Aboriginal woman and PhD candidate and CIHR Doctoral Fellow in Public Health Policy at the Dalla Lana School of Public Health at the University of Toronto. She is studying Aboriginal health, including health policy and health care. She is a member of

the Collaborative Program in Aboriginal Health and is currently working on the First Nations Regional Health Survey Report. She has worked in a variety of positions with Health Canada and the Public Health Agency of Canada in social programs over the past ten years. Ms. Mashford-Pringle is interested in social inequalities and Aboriginal education and health.

Population and Public Health Student Awards

Masters Level

Lisa Nobel, McGill University

Dorian Watts, University of Manitoba

PhD Level

Ananya Banerjee, McMaster University

Kate Zinszer, McGill University

NCCPH Knowledge Translation Graduate Student Awards

Fabian Besner, Université du Québec

Kora DeBeck, University of British Columbia

Erica Pufall, University of Guelph

Jena Webb, McGill University ♣

Conference Highlights, from page 3...

opened the floor for discussion, participants suggested several priorities for action – and many volunteered to help with the required research and advocacy. For a complete report on the Public Forum, see page 16.

A conference of this magnitude is the result of hard work and unwavering commitment by a cast of many. CPHA's Board of Directors would like to thank our collaborators and partners:

- ♣ Canadian Population Health Initiative - Canadian Institute for Health Information
- ♣ Canadian Institutes of Health Research - Institute of Population and Public Health
- ♣ National Collaborating Centres for Public Health
- ♣ National Specialty Society for Community Medicine
- ♣ Public Health Agency of Canada
- ♣ Ontario Public Health Association

This ongoing collaboration continues to create a unique knowledge exchange opportunity, grounded in a high-calibre scientific program.

Finally, we would like to thank the following for contributing to the success of the CPHA Centennial Conference:

- ♣ Our extraordinary Scientific Chair, Pat Martens
- ♣ The dedicated members of the Conference Steering Committee and Scientific Review Committee and our many abstract reviewers
- ♣ Our generous and supportive corporate sponsors and exhibitors.

We'll see you all again next year in Montreal! ♣



Immunization saves lives!

The Canadian Coalition for Immunization Awareness & Promotion (CCIAIP) celebrates **National Immunization Awareness Week (NIAW)** every year during the last week of April. NIAW2010 was a great success! CCIAP processed a record number of orders for over 100,000 resources promoting immunization, including the very popular *Immunization: Get the Facts*. This new pamphlet, addressing common questions and misconceptions about immunization and vaccine safety, is available through CPHA Publication Sales (publications@cpa.ca).

For many Canadians, summer means more outdoor activities – gardening, renovating, yard work, or camping. CCIAP's annual **seasonal tetanus awareness campaign**, which began in May, continued through to the end of June. Adults who have not had a tetanus booster in the last 10 years could be putting themselves at risk of contracting this rare but serious disease while working on their home or garden. This year, Carson Arthur, host of HGTV's popular show *Green Force*, joins CCIAP in encouraging Canadians to make sure they are protected against tetanus.

Looking toward the fall, CCIAP is preparing its annual **influenza/pneumococcal immunization awareness**

Canadian Coalition for
Immunization Awareness & Promotion
immunize.ca



campaign. Free posters, immunizers' pocket guides, and other resources promoting immunization against influenza and pneumococcal infection will be available. An order form is on immunize.ca. Order delivery will begin in October.

Also in the fall, Grade 6 students will be hard at work creating original artwork for the National Immunization Poster Contest. Held every two years in conjunction with the Canadian Immunization Conference, the Poster Contest is open to all Grade 6 students across Canada, and is organized jointly by the Public Health Agency of Canada (PHAC) and CCIAP. The deadline to receive posters is October 18, 2010. Winning artwork will be displayed at the 9th Canadian Immunization Conference in Quebec City in early December, and on PHAC's and CCIAP's websites.

Visit **immunize.ca** for information on these awareness campaigns and activities, and for a wealth of immunization resources. ✦



Find CCIAP on Facebook:

<http://www.facebook.com/pages/Canadian-Coalition-for-Immunization-Awareness-and-Promotion/89369065325>



Follow CCIAP on Twitter:

<http://twitter.com/search?q=immunizedotca>

A Student Reflection on the CPHA Centennial Conference

The CPHA Centennial conference, which took place June 13-16 in Toronto, was a wonderful celebration of the past 100 years of public health in Canada, and simultaneously celebrated the *future* of public health – students and new practitioners. Organizers, sponsors and mentors alike were very supportive. With over 250 student delegates, the voices of emerging Canadian practitioners could be heard during question periods, informal networking opportunities, and of course the myriad poster and oral presentations. The CPHA Student Panel was the perfect beginning to the 2010 CPHA Student Program, showcasing innovative research and well-articulated ideas. The break-out sessions following the panel presentations demonstrated that many student delegates have a heightened understanding of the current public health system, and the

discussions following the presentations were inspiring and thought-provoking, focusing on developing a collective vision for the public health system of the future.

"This is Public Health" was an excellent addition to the usual rows of exhibitor booths. Learning about the public health achievements of the past 100 years reinforced that there is still a pressing need for increased capacity in the public health workforce to close the public health gaps, particularly in the areas of health equity and equality, community engagement and capacity building. It is clear that there is room for many more public health achievements over the next 100 years, many of which will be achieved by current students and new practitioners.

As we move forward, we need to continue to increase our efforts in

protecting and promoting the health and well-being of everyone living in Canada. We will need to be creative in order to integrate current strengths and develop forward strategies to

address future public health problems. I believe students and new practitioners need to act strategically, supporting each other, embracing our diverse skill sets, our excitement, passion and ideas, and taking the initiative to develop the future public health system. ✦



Stephanie Laryea is currently completing her Master of Public Health at the University of Waterloo, Waterloo, ON



STUDENT Corner

A Catalyst for Student-led Change: Civic Engagement

Generation Y is in a precarious position. We are faced with immense challenges as a result of decades of incredible technological innovation and discovery. In our lifetimes, we are expected to solve or contribute to the solutions of large-scale, global issues. Poverty, HIV and global warming are but a few of the problems our generation inherits. Not only that, we are also supposed to ensure that further economic, environmental, health and social degradation do not occur. Although a formidable task, we have the technical skills, will and extraordinary power to take on these challenges.

Public health plays a major role in our attempt to understand the implications of this quandary and rectify it, primarily due to its interdisciplinary nature. Today's public health students come from all walks of life and are notorious for their ability to congregate to solve issues of importance to their local communities. Most university campuses have outreach programs that address homelessness, lack of access to physical education in area schools, and environmental issues. These projects are often initiated, led and maintained by students, who despite their academic obligations are able to take on social responsibilities. Although small-scale projects positively influence the communities we work in, we must take advantage of all the tools available to us in order to contribute to systemic transformation. Civic engagement is one such tool.

Civic engagement is not a purely political endeavour. It can also refer to our involvement in community and international organizations, whether individually or collectively. However, understanding the political processes that will affect our proposed policies and programs is integral to our ability to effect greater change. Previous generations were extremely adept at this through media advocacy, protests and lobbying. Within the greater population health approach, ensuring that our actions are supported by healthy public policy or legislation is vital. Encouraging other students to vote, run for office, or participate in national organizations like CPHA are some ways in which our innovative ideas and collective voices can be heard. Due to our privileged access to higher education and resources, Generation Y must be cognizant of the obligations that come along with it.

Whatever our triumphs as students, ensuring that civic engagement occurs throughout our lives despite competing interests will be the challenge. While we commit ourselves to lifelong learning, as practitioners we must also incorporate regular, informal contact with those most affected by our decisions. Mentoring and supporting upcoming professionals in civic engagement is essential to ensure its sustainability. Now, what kind of legacy do we want to leave? ♦



Wafa Nuradin, a registered nurse, completed her Master of Public Health at the University of Waterloo (Waterloo, ON) in 2010.

Coming events

23rd Scientific Meeting of the International Society of Hypertension

26-30 September 2010 Vancouver, BC
Contact:
www.vancouverhypertension2010.com/

Maternal and Newborn Care: Meeting Community Needs and Integrating Midwives

Ontario Hospital Association
28 September 2010 Toronto, ON
Contact:
www.oha.com/education

Managing Multiple Priorities in Public Health Practice

New Brunswick / Prince Edward Island Branch of CPHA
14-15 October 2010 Fredericton, NB
Contact:
cristin.muecke@gnb.ca or 506-470-6967

CNHE 2010 National Conference

Linking Our Knowledge through Diverse Interests
25-27 October 2010 Toronto, ON
Contact:
<http://www.cnhe-iise.ca/conference.html>

Canadian Conference on Global Health 2010

Global Health: A Humanitarian Crisis?
Canadian Society for International Health
October 31 to November 3, 2010 Ottawa, ON
Contact:
www.csih.org/en/conference/overview.asp

HealthAchieve2010

Ontario Hospital Association
8-10 November 2010 Toronto, ON
Contact:
www.healthachieve.com

TB: What We Know... and What Lies Below

The Lung Association, Tuberculosis Committee
15-16 November 2010 Toronto, ON
Contact:
registration@eventives.ca www.on.lung.ca

Birthing the World

Conference on Best Practices in Perinatal Care
25-26 November 2010 Québec City, QC
Contact:
www.birthingtheworld.com

9th Canadian Immunization Conference

5-8 December 2010 Québec City, QC
Contact:
www.phac-aspc.gc.ca/cnic-ccni

CALL FOR ABSTRACTS

Nursing Leadership: So What? Now What?

2011 Nursing Leadership Conference
13-15 February 2011 Montréal, QC
Contact:
www.cna-aiic.ca

Abstract deadline: 26 September 2010

World Congress of Epidemiology

International Epidemiology Association
7-11 August 2011 Edinburgh, Scotland
Contact:
www.epidemiology2011.com ♦



CPHA Centennial Conference Policy Forum

Over 40 participants attended this year's Policy Forum. The event obtained very positive reviews. Based on a 38% response rate, participants gave a 4.1 overall rating on a scale of 1 to 5 (1 being Poor and 5 being Excellent). Participants also commented on what they liked most about the forum, which included: "The passion of members!" "People could express their views." "It was excellent!" "Great opportunity to discuss." "The open approach and ability to bring up new issues." "Engaging discussion!" "Most exciting part of the conference!"

The session, held on Tuesday afternoon during the Centennial Conference and moderated by CPHA Chair Dr. Cory Neudorf, was divided in three parts. First, Dr. Lynn McIntyre, CPHA Board member and a member of the Board's Policy Review Group, provided a brief presentation about the new position and policy development and review process. Dr. McIntyre emphasized the fact that the new process is driven by CPHA members and that it enhances a member's opportunity to submit issues for consideration year round as opposed to once per year as was done previously. One of the objectives with this new process is to allow CPHA to be responsive in a timely fashion to emerging and urgent public health issues and to take a stance and advocate on issues as they arise.

Highlights of some of CPHA's recent policy-related activities were provided during the second part of the session. This included a facilitated discussion by Jim Chauvin, Director of Policy, regarding the findings of the retrospective analytic review of CPHA's activity related to SDOH conducted by Dr. Dennis Raphael.

During the open discussion period, participants were invited to identify important and emerging public health trends and issues to which the Association should be paying attention. Participants raised multiple public health issues and provided thoughtful input, comments and recommendations. They stressed the importance of prioritizing, developing a vision for CPHA's policy work and engaging community and health organizations "that are behind us" to make sure we have an impact/influence on outcome. "The resolution or position statement is only the beginning of the effort," stated one forum participant. Issues discussed included:

Alcohol as a public health issue

The Low Risk Drinking Guidelines (LRDG) recently released by the National Alcohol Strategy Advisory Committee were presented as the first ever evidence-based, peer-reviewed national guidelines that provide the public with a benchmark to self-assess and minimize risks from their own drinking, and provide health care professionals with an effective guide for screening, brief intervention and referral. A group of CPHA members involved in alcohol prevention submitted to the CPHA Policy Department a proposal for the development of a CPHA position statement outlining a public health approach to alcohol.

Aboriginal health and well-being

Multiple interventions were made urging CPHA to take action on Aboriginal health issues and to develop a framework for Aboriginal well-being in collaboration with the Assembly of First Nations, the National Aboriginal Health Organization, and Inuit Tapiriit Kanatami.

One participant stated that "Canadians accept the poor health and living conditions of First Nations people as part of the landscape." Efforts are required to change this social norm. He concluded by making an analogy between emergency departments and public health, stating that "emergency departments triage patients to prioritize who receives treatment first. If Public Health triaged population groups, Aboriginal populations currently have undoubtedly the greatest public health needs."

Another participant noted that tax-exempt cigarettes for indigenous peoples can be considered as legislated discrimination in view of the high tobacco consumption rate among indigenous peoples (50% of the adult population) and the profound impact it has in terms of chronic diseases and infant morbidity and mortality. Effective and sustainable solutions can be found only through engaging the Aboriginal community to work with Public Health. This participant warned the public health community to avoid approaching the link between high smoking rates and the issue of contraband as an Aboriginal/non-Aboriginal issue. Rather, it needs to be addressed as a public health issue affecting both indigenous and non-indigenous populations.

Equity, sustainable development and environmental health

Several participants congratulated CPHA on the release of the asbestos position statement to stop the mining and export of asbestos.

The need for a public health response to climate change, including tools and resources for front-line community practitioners, was raised. This led to a recommendation that CPHA should focus its efforts on climate change.

A participant recommended the use of the Earth Charter (Rio Declaration 1992) as a basis for a CPHA position on environment and health. A representative from the Canadian Medical Association (CMA) indicated that CMA would share its papers on chemical pollution and would be interested to work with CPHA on environmental and sustainable development issues.

One of the Board Members suggested that, building upon its previous work around equity and sustainability, CPHA should investigate the possibility of contributing to the proposed World Health Organization's Commission on Global Health Equity and Governance.

"The next 100 years: Factoring in our natural, social, built and virtual environments" was suggested as the focus for the next CPHA conference.

Policy Corner

Find out more about the latest policy advocacy and development activities supported by CPHA's Policy Department.

COLLABORATION ACTIVITIES

- ★ **Collaboration for the Prevention of Childhood Obesity** – CPHA continues to work closely with the Chronic Disease Prevention Alliance of Canada (CDPAC) on the issue of marketing of sugar-sweetened beverages and calorie-dense nutrient-poor foods to children.
- ★ **Gun Control and the Long Gun Registry – Statement from Canadian Health Organizations** – In April 2010, CPHA joined with 28 other health organizations, through the Coalition for Gun Control, and released to all federal MPs an open letter encouraging them not to support Bill C-391, a Private Member's Bill that would abolish the rifle and long-gun registry. This included a press release and a press conference on Parliament Hill, which garnered considerable coverage in the media.

PRESENTATIONS TO THE STANDING COMMITTEE ON HEALTH

- ★ **The Root Causes of the Elevated Rates of Tuberculosis Infection in First Nations and Inuit (FNI) Communities – April 2010** – Elaine Randell, RN and Communicable Disease Consultant, Dept. of Health & Social Services/Nunavut, who works with CPHA member Dr. Isaac Sobol, appeared on CPHA's behalf and provided a brief historical perspective on how the epidemic has affected FNI communities. Her statement highlighted the social determinants of health such as crowded and inadequate housing, poor nutritional status, and lack of continuity of health care providers as the root cause of continued high rates among the Inuit.
- ★ **Public Health Human Resources - May 11, 2010** – CPHA prepared a document entitled *Enhancing the Public Health Human Resource Infrastructure in Canada*. The brief contains several recommendations for the federal government's consideration to expand, strengthen and invest in Canada's public health human resource infrastructure.

CPHA POSITION STATEMENT

Based on a proposal received from Dr. Colin Soskolne of the University of Alberta, an expert working group was established to draft a position statement on the mining and export of chrysotile asbestos. In April 2010, the CPHA Board of

Directors approved a Position Statement on a *Call for a Ban on the Mining, Transformation and Export of Chrysotile Asbestos*. In it, CPHA calls once again on the Government of Canada to:

- support the listing of chrysotile asbestos under the Rotterdam Convention, and;
- take action in developing a national plan for elimination of asbestos-related diseases – which means having a transition plan for a complete ban on mining, transformation and exporting as per the call from the International Labour Organization and the World Health Organization.

CPHA, in collaboration with the Canadian Medical Association and the National Specialty Society for Community Medicine, issued a joint media release on June 30, 2010 which was picked up in 86 media reports.

ADVANCING PUBLIC HEALTH ISSUES THROUGH ENDORSEMENTS

- ★ **The Canadian Coalition for Action on Tobacco's letter to the Minister of Foreign Affairs (March 2010)** – The letter drew the Minister's attention to a situation that contravenes the Framework Convention on Tobacco Control; specifically, the appointment of a tobacco industry official (Ms. Barbara McDougall) as Chair of the Board of the International Development Research Centre, a Canadian government agency with responsibilities for international health. Furthermore, Dr. Cory Neudorf, Chair, CPHA Board of Directors, submitted a letter to the editor published in the *Globe & Mail* on June 21, 2010 in response to the previous day's editorial which minimized the problem and proposed an inappropriate and insufficient solution.
- ★ **Preventing Cardiovascular Disease in the Americas by Reducing Dietary Salt Intake Population-Wide** – CPHA made the commitment to promote the Pan American Health Organization (PAHO) Policy Statement to reduce sodium intake.
- ★ **The NASAC Low Risk Drinking Guidelines – May 2010** – CPHA has endorsed the Low-Risk Drinking Guidelines (LRDG) published by the National Alcohol Strategy Advisory Committee (NASAC). The NASAC – Low Risk Drinking Guidelines are the first ever evidence-based, peer-reviewed national guidelines that provide: i) appropriate recommendations for all Canadians to minimize risks from their own drinking; and ii) an effective guide for screening, brief intervention and referral for health care professionals.

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Working conditions/occupational health and safety legislation/regulations/ recognition of health workers' training

A participant raised multiple issues regarding foreign-trained workers based on her own experience and that of other foreign-trained workers she knows. She suggested as a starting point the development of a policy/position statement the recent APHA position paper "Occupational Health and

Safety Protections for Immigrant Workers" (See www.apha.org/advocacy/policy/policysearch/default.htm?id=1318).

In closing the policy forum, Dr. Neudorf invited CPHA members to submit proposals via the online submission process for proposed position and policy statements. Non-CPHA members have the option of becoming a member in order to be eligible to submit proposals, or of collaborating with an active CPHA member willing to take on the issue. ★



CPHA Highlights 25 Years of Building a Civil Society Voice for Public Health

Since 1985, CPHA has been supporting the establishment and organizational development of public health associations (PHAs) in more than 30 low- and middle-income countries as a means to create and strengthen civil society's voice for public health. This program has become better known as the Strengthening of Public Health Associations (SOPHA) Program and this year it is celebrating 25 years of working with public health associations around the world.

During the CPHA Centennial Conference, the 25 years of the SOPHA Program were marked by a special global health session that brought together Ms. Margaret Hilson, former director of CPHA's International Secretariat, Professor Wen Kilama, former chairperson of the Tanzania Public Health Association (TPHA), Professor Yohane Nyasulu, president of the Malawi Public Health Association (MPHA) and current SOPHA partner. In

addition, the principal funder of the SOPHA Program over these 25 years, the Canadian International Development Agency (CIDA), was represented by Dr. Naresh Singh. This dynamic session, moderated by Mr. Ron de Burger, reflected on the role CPHA has played in the growth of public health associations and the development of a strong voice for civil society for public health around the world. The discussions highlighted the history of the collaboration between CPHA and its partner PHAs as well as some of the successes and challenges encountered.

The session concluded with Mr. Jim Chauvin, CPHA's Director of Global Health Programs, launching SOPHA's new bilingual publication, *The Public Health Association Movement: 25 years of*



building a civil society voice for public health as well as a commemorative 18-month SOPHA calendar. Both publications are available upon request by contacting the SOPHA Program at sopha@cpha.ca . ♦



Conference session on the 25 years of the SOPHA Program with (from left to right): moderator Mr. Ron de Burger; Dr. Naresh Singh (CIDA); Ms. Margaret Hilson; Prof. Wen Kilama (AMANET – Tanzania); and Prof. Yohane Nyasulu (MPHA – Malawi).

Social Mobilization Efforts to Eradicate Polio in Nigeria

by Pamela Naymark

Based in Nigeria, I was most recently engaged by CPHA as a WHO communications consultant for the Zaria local government area (LGA) on STOP mission #33. Overall, my efforts were to advocate, coordinate and support the development and implementation of social mobilization activities during Immunization Plus Days (IPD) and routine immunization. In addition to general supervision, training and collective planning, I decided to focus my efforts on increasing and enhancing existing community dialogues and arranging a series of women-only dialogues. Having worked in various roles as a women's health specialist, when I arrived in Zaria, I immediately set out to find the key female influencers in the region. What I encountered was a bevy of strong and enthusiastic women, eager to mobilize their communities and assist current efforts.

Formally 17 women dialogues were conducted throughout my assignment, however, informally if counted, this would be doubled. I was greatly supported in implementing these sessions by the LGA maternal and children's health coordinator and health educator. In some instances, the Chairman's first wife joined our presentations and offered some 'glam' and guidance. Various traditional leaders, village chiefs and women leaders were involved in the organization of the sessions and offered their support throughout. The target for sessions was women of child-bearing age with limited or no education living in areas that have reported a greater-than-average rate of non-compliance or have limited access to routine services. Originally 20 women were invited to each dialogue, but often over 30 participants were counted.

In order to ensure a greater impact, women were strongly encouraged to share what they had learned with at least 5 other women in their communities. In this way, while approximately 385 women benefited directly from the sessions, we estimate that at least 2,000 women have benefited indirectly. The LGA members and traditional leaders who participated in the dialogues recognized their necessity and impact and have expressed a firm commitment to sustain these sessions; funds obtained from the Chairman during my assignment should allow their continuation for another year.

It is my ongoing philosophy in health promotion that health-seeking behaviours can only be enhanced if people can find ways to attribute *meaning* to their adapted behaviours. They must be involved in the process from the outset and be allowed to offer continual feedback and deliberation. Our dialogues endeavored to bestow a sense of empowerment that will translate into caregivers making informed decisions regarding the health of their families. The underlining theme lay in motivating women to seek routine immunization by enhancing their health-seeking behaviours in a way that is *significant to them*.



Canadian consultant Pamela Naymark working with local women's groups in Nigeria

Perhaps an innovative addition to these dialogues was the fact that rather than provide a common "plus" (e.g., biscuits or cleaning powder), my plus came in the form of breast health education. The fear of breast cancer in these communities is rampant and the rate at which women are dying from the disease is going unreported. Women do not understand how it develops, the risk factors and the treatment options. As I have worked in breast health for years, I was able to provide women with a short information session around breast cancer and answer numerous related questions. Although this was not the objective of my assignment, this clearly helped to establish me as a trusted, useful and caring ally. During my going-away party, every woman recounted how grateful they were to me for explaining the symptoms and risk factors for breast cancer.

Upon arriving in Nigeria, my first stop was to visit a dressmaker. Having worked in India for a couple of years and taking great care to dress like an Indian woman, complete with a bindi and all necessary jewellery, I feel that the best way to establish a good rapport and integration with a population is by adopting local fashion trends. It is also a lot of fun! No matter the country or level of poverty, every woman I have met while working in development has taken great pride and interest in her appearance. I figured women in Northern Nigeria were no exception. This strategy proved useful as women were always so excited to meet me so they could remark on my hair (I had braids most of the time) and the patterns of my Nigerian dress.

My time in Nigeria was, in a word, extraordinary. Every day I was part of a mutual exchange of key communication strategies and perspectives. Rather than dwell on daily challenges, I continued to grow professionally and find new ways to adapt and contribute my own skill set. On a personal note, the heart-warming greeting, "you are welcome," offered by each to everyone continues to ring through my head, while the passion, resiliency and advocacy I witnessed from some of my former colleagues will inspire me forever. ♣



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CPHA and the Social Determinants of Health

The social determinants of health (SDOH) have been at the heart of many CPHA resolutions, motions and position papers. In recent years, the SDOH have received increased visibility, through the release in September 2008 of the report of the World Health Organization's Commission on the Social Determinants of Health, and in Canada, through the release in June 2009 of the Senate Subcommittee's Report on Population Health. The SDOH also figure prominently in health policy documents produced by the federal and provincial governments (for example, the annual report for 2008 of the Chief Public Health Officer of Canada and publications released by Toronto Public Health and Saskatoon Health Region) as well as through academic institutions, research funding agencies (such as the CIHR-Institute of Population and Public Health and the Canadian Institute for Health Information), think tanks (including the Conference Board of Canada) and many non-governmental organizations (for example, the Ontario Chronic Disease Prevention Alliance, the Wellesley Institute, and others). The content of these documents is consistent. The SDOH influence considerably the health of individuals, communities and jurisdictions. But, as has been noted by several advocates for the SDOH, despite Canada's reputation as a "health promotion and population health powerhouse", the reality is that inequalities in income and wealth have increased, public investment in social investments for health have not increased, and governments have weakened their commitment to and provision of benefits and support mechanisms that would address the broader social determinants of health.¹

In February 2010, CPHA engaged Dr. Dennis Raphael and one of his graduate students (Azalyn Manzano) of the School of Health Policy and Management at York University to conduct a retrospective analytic review of the positions taken and statements made by the Association over the past 40 years on the topic of "determinants of health" and specifically the SDOH.² Over the past 40 years, starting in 1970 with Resolution #5 on "Housing", CPHA adopted 17 resolutions and motions, produced 6 position papers and policy statements, and presented several briefs and released commentaries and statements to the federal government on a wide range of SDOH-related issues (housing, income security, employment, education, Aboriginal status, water and sanitation, early childhood development, seniors' health, among others).

The analysis noted that CPHA had kept pace with developments in the field of social determinants, and its position statements and resolutions were "remarkably progressive for their time". CPHA has been consistent in its stance as an advocate on the SDOH within and in spite of changing political and socio-economic environments. Dr. Raphael pointed out that CPHA's statements and pronouncements have tended to focus on SDOH and their distribution as results of public policy decisions made by governments and other societal institutions. The review recommended that the Association consider analyzing some of the economic and political structures and justifying

ideologies, and become more proactive in promoting public understanding and public policy traction on the issues.

CPHA shared the analysis with CPHA members at the Policy Forum held June 14th during CPHA's Centennial Conference in Toronto. Participants were invited to make suggestions as to what the "next steps" for the Association should be concerning the Social Determinants of Health. Participants felt that CPHA should continue its advocacy on the SDOH, but environmental factors should be considered as determinants of health. ✱

References

1. Canadian Population Health Initiative (2002); Collins, Abelson & Eyles (2007); Lavis (2002); Raphael, Curry-Stevens & Bryant (2008); Mikkonen & Raphael (2010).
2. Manzano A, Raphael D. *The CPHA and the Social Determinants of Health: An Analysis of Policy Documents and Statements and Recommendations for Future Action*. March 2010.

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✱ **Natural Health Products Being Marketed in Food Format – April 2010** – CPHA wrote to the federal Minister of Health in support of the request made by Dietitians of Canada to stop the proliferation of over 1,500 unregulated natural health products being sold in food format in the marketplace. CPHA added its voice to this call for action to rescind the Temporary Marketing Authorization Letter which permits these products to be marketed pending review and approval of their licensing application.

✱ **Policy on Discretionary Fortification of Foods with Vitamins and Minerals – February 2009** – CPHA also supported Dietitians of Canada's efforts to lobby the Government of Canada to change the proposed new policy regarding discretionary fortification of food by sending a letter to the federal Minister of Health. Concerted advocacy activities from several NGOs were successful in getting the Federal Government to retract this new policy.

✱ **Built Environment: Grab Bars in Bathrooms – April 2010** – CPHA wrote a letter to the Canadian Commission on Building and Fire Codes (CCBFC) supporting the proposed change in building code standards. The change stipulated the addition of grab bars in bathrooms as a safety and accessibility measure to mitigate the risk of fall-related injuries in bathrooms for all Canadians.

For further information, contact the Policy Department at Policy@cpha.ca. ✱