



Public Health Association of British Columbia

2011 – 2012 Annual Report

**Presented at the Annual General Meeting
November 23, 2012
Hilton Vancouver Metrotown, Burnaby, BC**

President's Message

On behalf of the PHABC Board of Directors, I am pleased to report on another successful year. Our success is evident in our membership growth, stable and increased funding, and high levels of participation in our educational events like this conference and our summer school. We continue to host a well travelled website, and have maintained robust partnerships with other organizations. The reputation and credibility of the Association is recognized provincially and nationally, and with our current financial stability and effective business model, we anticipate continued growth in our national stature.

Last year, under the capable leadership of our past-President Ted Bruce, the Board revised the Strategic Plan, so this year, we did not feel the need to do more than a bit of tweaking. A sub-committee is looking at this and we expect to complete our fine tuning over the next few months. Overall, our strategic plan has been indispensable in helping the Board in maintaining its priorities and focusing our efforts on critical areas consistent with our mandate and vision. It is often difficult to make choices among the many worthwhile public health issues we could pursue, but the strategic plan allows us to remain focused and directed. Under Ted's leadership, we strengthened the language in the Plan to be more proactive in reflecting our provincial and national involvement in important areas like health equity, health literacy and public health workforce development.

This year, however, in our annual face-to-face board meeting, we discussed the importance of not pigeon holing ourselves in particular areas of work to the exclusion of new directions. For example, we know that we have played a strong leadership role in the area of food security and are recognized nationally for that work. Much of our funding has been obtained through food security projects. We appreciate our strength in this area and do not intend to abandon it. We decided, however, that we need to expand our horizons to explore new funding opportunities in other areas of public health that fit with our strategic directions to ensure our long term viability. Fortunately, our strategic plan provides for a great deal of flexibility and provides lots of scope for emphasizing new public health issues. Our focus on the areas of health equity and public health workforce development, for example, allow us to take up new substantive areas of focus that are still consistent with our strategic objectives. Thus, the direction from the Board is that we now need to broaden our focus to secure funding in new areas of public health that remain congruent with our strategic priorities. Several new possibilities are on the horizon.

PHABC is and will continue to be a strong public voice for public and population health in the Province. We have advocated on a many issues including: the inadequate approach to the regulation of psychoactive substances, cannabis in particular; the federal reduction of services to refugees; tanning bed legislation; mandated nutrition labeling on menus of large restaurant chains; and endorsement of a Declaration for a Child Care System for Canada. SaThis work can be credited to the very active Policy, Advocacy and Research Committee under the leadership of Ted Bruce and Jalil Safaei.

We continue to be the recognized leader in public health workforce development in BC. Our growth and influence in this area can be seen in our provision of both a summer school and a provincial conference. This is due to the hard work and efforts of the Capacity Building Committee and its many members, chaired by Irv Rootman and Marina Niks.

One of our strategic priority areas has been violence prevention. Over the past year we have been working with Prevention of Violence Canada on a proposal to host the next Global Milestones Meeting on Violence Prevention in Canada. Our partners include the Red Cross, Medical Health Officers, Prevnet, CDC Atlanta and a host of other agencies. The BC government has contributed much of the funding for the event. We are just waiting to hear from the Public Health Agency of Canada (PHAC) regarding their role. We will let the membership know once the proposal is finalized with PHAC.

Over the past year, PHABC has increased its involvement in several large scale public health research projects, bringing an important voice to the table that reflects a broad understanding of public health issues and strong connections to practice. PHABC's involvement is helping to inform the development of new research agendas, and advise on the conceptualization and conduct of the research. PHABC is a knowledge user member of the Core Public Health Functions Research Initiative, the Renewal of Public Health Systems research program involving comparative analyses of the public health systems in BC and Ontario, and most recently, the Equity Lens in Public Health program of research. This important involvement in knowledge development for public health is consistent with our role in knowledge translation.

All of these accomplishments would not have been possible without the hard work and dedication of our Executive Director, Michael Barnes and Cecilia Velasco our Office Coordinator both of whom are essential to the success of our projects. They shoulder a considerable workload in a very stressful time of fiscal constraint and significant change within the public health system. I also want to thank Joanne Bays, who has been a mainstay of our work in food security. Her dedication and work on our various food security projects have been important to our success in this area.

PHABC is successful because of the many partnerships we have embraced. I particularly want to acknowledge some key partners that we have worked with over the past year: the BC Poverty Reduction Coalition, the Canadian Centre for Policy Alternatives, the BC Healthy Living Alliance, Raise the Rates, and Stop the Violence BC. All have been essential to our advocacy efforts. We even received a fair bit of media attention regarding our endorsement of the Stop the Violence initiative. PHABC has also been fortunate to have tremendous support for our Summer School and Conference from key partners such as the Provincial Government, the Provincial Health Services Authority, Regional Health Authorities, the National Collaborating Centre for Aboriginal Health, and the Schools of Public Health - the latter being key to our summer school. I also want to thank the Public Health Agency of Canada, the Ministry of Health, the McConnell Foundation, and Van City as they have all been instrumental in the success of our various projects.

The coming year will not be without challenges, particularly in our current fiscal reality. Changes in the structure and organization of public health in some health authorities are causing angst among our members. We continue to see the need for increases in funding for the public health sector while acute care demands still take priority. On the other hand, with a new Public Health Plan coming that may reinvigorate public health, there may be new opportunities to foreground our essential role in promoting population health and reducing health inequities. The historic creation of a First Nations Health Authority in BC opens up opportunities for us to work with a new partner in public health. We will continue in our efforts to enhance the public's understanding of health inequities, particularly among aboriginal peoples. We hope our efforts will help garner support for efforts to address this injustice. We believe that PHABC can play an important role in increasing public health literacy, particularly around issues of health equity. As Ted so

aply said in his report last year: "PHABC provides an inspiration to many of us in public health to continue on the path to creating an equitable and healthy society."

Thank you to all members of the Board, and to each of the committees, for your selfless dedication to the Association and its mission. Also, thank you to all members of PHABC for your support of our work and your contribution to our efforts.

Marjorie MacDonald
President

Capacity Building Committee, 2012 Report

Several people left the Capacity-Building Committee and new members joined or rejoined in 2012. The current members are: Margaret Antolovich; Paola Ardiles; Donna Atkinson; Lex Baas; Michael Barnes (exofficio); Maria Barroetavena; Marlene Barber; Judy Burgess; Michelle Burtnyk; Bruce Cameron; Simon Carroll; Michelle Cianfrone; Steve Corber; Sharon Davalovsky; Jenn Dixon; Dee Duncan; Caitlin Etherington; Marta Filipski; Louis Giguère; Margot Greenwood; Maritia Gully; Jamal Harb; Kim Jensen; Donna Halloran; Katherine Jessie; Julie Kerr; Charlene King; Svetlana Kishchenko; Paulette Lacroix; Jolene Lansdowne; Katherine Ludwig; Denise McKay; Karensa Medhurst; John Millar; Megan Misovic; Rehana Nanjijuma; Marina Niks; Kayla Pompu; Sandra Rathjen; Irv Rootman; Jalil Safaei; Shelly Sorensen; Malcolm Steinberg; Marla Steinberg; Janine Stevenson; Andrew Tugwell; Cecilia Velasco (ex-officio) and Lynn Young.

Irv Rootman and Marina Niks Co-chaired the Committee.

During 2012, the overall Committee met twice. The main activities for 2012 were organizing a summer school, a conference and two workshops. In addition, several new partnerships were developed.

The **Summer School** took place from July 24-27. The first two days were on "Health Communication" and the second on "Evaluation" based on suggestions from participants from the 2011 summer school and a survey of members in relation to "core knowledge" requirements for public health. Two sub-committees (one for each topic) planned the content of the school. The objective was "to support core knowledge and skill development for public health practitioners" in relation to the two topic areas chosen. There were more than two hundred people in attendance across eight sites (72% were front line or project/program manager; 67% were from public health/health promotion/population health; 10% from Environmental Health, and about the same from Communication/Health Literacy field; there was variation in terms of years in the field; 55% attended only the Health Communication part, 12% only the Evaluation part and 33% both). bThere was strong support from respondents to a survey of participants to continue offering summer schools (77% said they would come back next year). In terms of logistics, respondents were mostly happy with the video-teleconferencing facilities, and the food; most suggested keeping the catering on site for next year). With regard to format, most reported that there was adequate opportunities to ask questions and apply learnings in discussions and there was a good balance of styles and many used the website to access PowerPoint presentations beforehand; on the other hand, many suggested that more time should be allocated to theory, research and strategies (Background), a number felt that there could be more depth, and more on application; many preferred the design of the fourth day which had fewer presenters who were there for the whole day). 84% reported that they were motivated to use the ideas from the

school in their work. Many were impressed with the enthusiasm of the volunteers. The following recommendations were made for the next summer school:

1. Offer a “group” or “team” registration rate
2. Have fewer presenters
3. Add additional site in the Fraser Valley
4. Maintain catering on site
5. Book spaces for small group work

The **Conference** which was planned by committee with several sub-committees to take place on November 22-23 adopted the overall theme of “Reorienting Health Services: Aligning Primary Health Care and Public Health in Pursuit of Health for All” and the following Sub themes:

1. Bringing Public Health and Primary Health Care Together
2. Governing a Primary Health Care-Led System
3. Building a Platform for Inter-sectoral, Interdisciplinary Practice in PHC
4. Changing Cultures, Transforming Practice
5. Engaging With the Populations we Serve

The structure of the conference was the same as was used in the 2011 Conference with plenaries, workshops, oral presentations, workshops, World Café, rapid poster presentations, posters, networking and community or practice meetings. The Community event for this Conference was a Café Scientifique on “Integrating Primary and Public Health in Aboriginal Communities” sponsored by a CIHR grant.

The two *workshops* which were funded by PHAC were organized by sub-committees. The first was a National Think Tank on Health Literacy and the second a Pre-CPHA Conference workshop on the Future of Health Promotion. Both were successful and produced reports. The first produced a discussion paper on health literacy intended for use throughout Canada posted on the PHABC website as well as the NCCDOH website. It has been translated into French by PHAC and when finalized will be posted on these websites. The Health Promotion workshop report is currently being finalized and being translated into French. These reports will also be posted on the PHABC website and will be used as the foundation for other activities, possibly including a follow-up workshop in the 2013 CPHA Conference.

In terms of *partnership development*, efforts were made during 2012 to develop partnerships with the First Nations Health Authority, the Council of Senior Citizens Organizations of BC (COSCO) and Reso Santé. PHABC approached the First Nations Health Authority to partner with us on the Conference. We offered them an opportunity to do a plenary session presentation and invited them to submit abstracts for a World Café Table or other kinds of presentations which they did. We also discussed the possibility of collaborating on other events such as the summer school next year. COSCO was invited to join the Advisory Committee and Steering Committee for the BC Health Literacy Network and agreed to do so. PHABC also supported the participation of a delegate at a National Conference on Older Adults as well as participated as a member of the planning committee. Reso Santé (BC Francophone Health Organization) has been on our Capacity-Building Committee for several years. This year we explored possibilities for more active collaboration. One possibility is to offer them a day prior to our next summer school in which they might be able to have an event related to Francophone health literacy. They are interested in this as well as the possibility of adapting one of the COSCO Workshops on Health Literacy for presentation to a Francophone Audience. During 2012, we also continued to work with several BC

organizations on the B.C. Health Literacy Network as well as to act as host for the Network.

In a pre-Conference meeting of the Capacity-Building Committee the committee made the following recommendations for the PHABC Board to consider:

1. PHABC should explore and form partnerships with other organizations to organize and deliver Capacity-Building Events such as the ones noted above.
2. The summer school should continue to take place as long as the current arrangements for access to video conference facilities can be maintained and should be reviewed if they cannot.
3. A decision regarding whether or not to hold another Conference next year should be made before the end of 2012, preferably after the currently planned Conference takes place.
4. A new five-year plan for Capacity Building should be developed for PHABC.

With regard to 2013, dates have been booked for a forth Summer School (July 23-26).

Any member who is interested is welcome to join the Capacity-Building Committee or to suggest ideas and opportunities related to building capacity for public health in British Columbia. If you wish to do so, contact Irv Rootman [irvrootman@telus.net] or Marina Niks [miniks@shaw.ca].

Many thanks to the members of the Capacity-Building Committee and its subcommittees, all of whom made contributions to building the capacity of public health in BC this year. We would like to thank the Coordinator of the Summer School, Kayla Pompu, and the Coordinator of the Conference, Charlene King, for their excellent work on these two events as well as Michael Barnes and Cecilia Velasco for their ongoing support of the capacity-building efforts of the Association.

Irv Rootman and Marina Niks
Co-Chairs, PHABC Capacity-Building Committee

Finance Committee

Update for Fiscal 2011/12

It has been a relatively quiet year for the Finance Committee this year, which can be considered a positive reflection that finances for PHABC have been quite stable; especially given the economic environment that has been in place for the last while.

Work has continued to look at each project proposal to examine whether it allows for sufficient infrastructure support while being consistent with and furthering strategic priorities. This has successfully ensured that a rolling two year budget plan is developed that allows for stability and sustainment of the organization while new revenue projects are sought and awarded. As revenue increases, it does require a continued emphasis on regular monthly reporting and controls.

Thanks again to Michael and Cecilia for their continuing support.

Ron Van Halen, Treasurer

Governance Committee

This year has been fairly quiet for the governance committee. We have been called upon on two occasions to provide advice to the Board on Board Membership as it is established in the Constitution and By-Laws. In one instance we were asked to explore the merits of a Special Advisor Role to the Board and in the second instance we were asked to comment on the Election and Nomination Process. The election took place electronically again this year making it straightforward for members to participate and for the executive to track results. I would like to thank everyone who participated in the committee and to acknowledge the executive for their thoughtful and ethical stewardship of our association.

Respectfully,

Shannon Turner, Chair

The Policy Advocacy and Research Committee (PARC)

The Policy Advocacy and Research Committee (PARC) had a very productive and busy year. There was a large membership and great participation by members meeting monthly and in various working groups between meetings. In addition to the general work we have done as a Committee, there are currently 3 subgroups as well as a smaller group that has examined the research mandate of the Committee. The majority of the work of the Committee is guided either by PHABC resolutions or previous positions as well as research undertaken by PARC to support new positions. In the latter case these are forwarded to the Board for consideration and adoption. In many cases the advocacy is done with or in support of partner organizations.

The Committee has undertaken advocacy on a number of key issues. The advocacy has taken the form of letters to government, meetings with elected officials and communication through the media. Some of the key issues this year that have been subject of advocacy are noted below:

- Inadequacy of the approach to the regulation of psychoactive substances and endorsement of the associated Stop the Violence campaign
- Federal reductions to health services for refugees
- Support for provincial tanning bed legislation
- Inadequacy of Safe Streets Legislation (Bill C10) and the need for a prevention of violence approach
- Mandating nutritional labeling on menus of large restaurant chains
- Endorsement of Declaration for a Child Care System for Canada
- Increased availability of affordable generic medicine.

PARC works with a number of partners. For example, it has supported the Canadian Centre for Policy Alternatives assisting in designing its research on the cost of poverty and helping to defray publication costs of the report. The Committee also purchased tickets for the CCPA fundraiser dinner. The Co-Chair of PARC acts as the Co-Chair of the BC Poverty Reduction Coalition and through that vehicle raises in public and political

forums the issues of child poverty, low income and food security and their impact on health and health care costs. In the later part of this year, the Co-Chair participated in the Welfare Food Challenge by Raise the Rates that garnered considerable media and public attention about the consequences of surviving on a welfare budget that provides only \$26 per week for food. Recently the Committee helped to promote a rally by the Grandmothers Advocacy Network on generic medicine availability.

The Elections Toolkit Group was charged with developing an advocacy approach to capitalize on the upcoming election in May 2013. Building on the approach taken during the last election, the Group identified two key issues for the campaign. The goal is to raise awareness of the issues with candidates and the public and attempt to secure commitments on the issues within the election platforms and policies. The two issues and the associated “tag lines” are:

- Increased funding for prevention and promotion – the 6% Solution
- Reducing Health Inequities – Poverty is Bad For Health

Backgrounders and Q/A materials with lists of supporting resources were developed for use by members at all candidates meetings. A letter to candidates and an Op Ed were prepared for member’s use. A website to house and distribute the materials has been developed for launch at the PHABC Conference. Perhaps the most exciting development has been a social media campaign that has already seen Facebook and Twitter activity underway. The current approach is designed to build followers that will accelerate the use of the election website and associated resources. The Group is also coordinating its toolkit work with several partner organizations including SPARC, First Call and the Poverty Reduction Coalition. These groups will also have toolkits and the partners will share resources and look for opportunities to support each other’s campaigns.

The Communications Group has developed an over arching draft communications plan for PHABC but has concentrated on developing the social media capacity of PHABC through the Election Toolkit and on the promotional aspects of the Annual Summer School and Conference.

The *Health Accord Group* was struck to support the new position adopted by the Board to promote the sustainability of the health care system through a robust approach to health promotion and primary care. The underlying message is to secure a commitment in the upcoming Federal funding of the Health Accord to dedicated funding with a measureable set of targets tied to the funds. Members of this group have met with federal and provincial political leaders and raised the issue with Chief Medical Health Officers from across Canada. A submission was made to the BC Select Standing Committee on Health. Meetings with elected officials continue. An effort is also being made to secure funding for a modeling approach to show the impact of prevention on health care costs as has recently been done in the United States. There is considerable interest in this at the national and provincial level.

The Research Group has disbanded but before doing so examined the research mandate of PARC as it has been somewhat unclear. Following a discussion by the Board of Directors, the Committee decided that its research mandate should be a knowledge translation role to inform and engage the public on public health research and evidence. The goal of this is to increase the public health literacy of the public.

Preliminary work has begun on a project to have a “rapid fire” presentation format for a public and media session.

Overall it has been an incredibly active year of work by the Committee in support of PHABC’s advocacy agenda and PARC has established a sound foundation for 2013 especially related to the upcoming provincial election.

Respectfully,

Ted Bruce, Co-Chair

Membership Committee

This year the membership committee implemented a membership fee increase from twenty five dollars to fifty dollars for regular members and from fifteen dollars to thirty dollars for student members. The increase helps to offset increasing costs associated with membership administration and to align more closely with fees charged by other provincial public health associations across Canada.

The membership committee continues to work with the communications committee to distribute the new membership brochure at key public health events and conferences to aid in recruiting new members. A key priority for the upcoming year is to focus on recruiting student members into the association and we hope to see a student representative on the board of directors. It is also noteworthy that PHABC membership has increased from 590 members last year to over 600 this year and the PHABC website page views continues to rise to its current level of approximately 213,000 page views a month. Both of these statistics suggest PHABC is making progress toward achieving becoming the go to place for public health and those interested in learning more about public health.

Megan Misovic, Chair