

OPHA NEWS

Ontario Public Health Association

March/April 2006

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OPHA

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

Founded in 1949, the Ontario Public Health Association is a voluntary, charitable association that provides leadership on issues affecting the public's health and strengthens the impact of people who are active in public and community health throughout Ontario.

OPHA News is the bi-monthly newsletter of the Ontario Public Health Association (OPHA). The newsletter highlights Association news and upcoming events in public and community health in Ontario, and offers thought-provoking articles on public health issues and in-depth reports on Association positions.

President - Dr. Garry Aslanyan
Interim Executive Director -
Connie L. Utrecht
Editor - Susan Sperling
Production - Dorothy Birtalan

Executive Director's Message

Capacity Review Report Reflects OPHA Recommendations

Dear Colleagues,

We have long awaited the final report of the *Capacity Review Committee* chaired by Dr. Susan Tamblyn and co-chaired by OPHA's former president, Brian Hyndman. We can all be proud that the issues we discussed, deliberated, and presented to the Committee have been carefully considered and are reflected in the report's recommendations. Upon review, I cannot find one recommendation that deviates from the direction we suggested, and I am heartened to see that the Committee and its subcommittees delved into significant detail to bring forth the most informed recommendations possible. OPHA now urges the Ministry of Health and Long Term Care to implement the recommendations.

The vision for a revitalized and strengthened public health system by 2010 reads as follows:

Ontario's public health system has achieved new levels of professionalism, preparedness and effectiveness. We now have an integrated, seamless system that provides evidence-based and effective disease prevention and health promotion programs and services. Through a combination of strong provincial and municipal involvement, there are equitable levels of service across Ontario and enhanced responsiveness to local needs and settings. Public health is not only doing a better job of promoting and protecting the health of Ontarians – it now has the mechanisms by which it can accurately measure what it is doing and demonstrate value. (*The Final Report of the Capacity Review Committee*, p. 13)

The report calls for a provincial and local *Public Health Human Resource Strategy* that includes: marketing to increase the visibility of public health professions and aid in recruitment, professional development and leadership training; appointment of professional leaders for public health inspection, nutrition, dentistry and nursing; enforcement of the requirement from 2000 for a senior nurse leader in each health unit; establishment of workforce database; a competitive salary strategy and enhanced efforts to increase



Connie L. Utrecht
Interim Executive Director

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Association Updates

Staff Updates

Nutrition Resource Centre

Marie Traynor has been on a secondment with OPHA and the Nutrition Resource Centre from Kingston-Frontenac-Lennox & Addington Health Unit since June 2005. Marie will be returning to KFL&A Public Health on May 12, 2006. In June, she begins a 13-month term with the PHRED program in Kingston. She'll be spending half her time as the coordinator for the Southeastern Ontario Comprehensive Dietetic Internship program and the rest as a research associate serving PHRED and public health programming needs. Please join us in congratulating Marie in her new appointment and thanking her for her contribution to the NRC and OPHA. We will miss you, Marie.

We are thrilled to be able to enhance the NRC staff with three experienced and enthusiastic new project coordinators. Please join us in welcoming Renée Allen, Samara Foisy, and Mary Ellen Prange to OPHA's Nutrition Resource Centre.

Renée Allen completed her Bachelor of Applied Science, Human Nutrition at the University of Guelph, and later received a Masters of Health Science - Community Nutrition from the University of Toronto. She has been working in various capacities in the Ontario public health system for the past eight years. Most recently, Renée has been a Nutrition Consultant with the Simcoe-Muskoka District Health Unit. She is no stranger to provincial work, having been involved with *Eat Smart!* and is just completing a two-year term with the Ontario Society of Nutrition Professionals in Public Health (OSNPPH). Renée can be contacted at extension 242, or rallen@opha.on.ca.

Samara Foisy is joining NRC after having recently completed the requirements for her Masters of Health Science degree in Community Nutrition. Originally from Ottawa, she received a Psychology degree from Carleton University and moved to Toronto in 2000 to attend Ryerson University for a degree in Food and Nutrition. Samara has a range of experiences in public health at the community and federal level, as well as in clinical and research settings. Her interests reside in research, health promotion, and nutrition communication and she is looking forward to writing

her college entrance exam in November to become a Registered Dietitian. Samara can be contacted at extension 227, or sfoisy@opha.on.ca.

Mary Ellen Prange has a Masters Degree in Community Health from the University of Toronto and a Bachelor's Degree in Human Nutrition from Ryerson University. She has over 12 years experience working in public health, community health centre, and hospital settings. Her areas of expertise include nutrition media communications, healthy eating in schools and healthy eating for the prevention of chronic disease. Mary Ellen has been featured in interviews on CTV National News, Canada AM, CKCO-TV (Kitchener) and CH Television (Hamilton) and has written numerous articles for newspapers, magazines, and the internet. Mary Ellen has been registered with the College of Dietitians of Ontario since its inception in 1994 and can be contacted at extension 241, or meprange@opha.on.ca.

While these changes take shape, Sarah Evason continues to coordinate the Community Advisor Program, Neera Chaudhary coordinates the TAKE Five program, and Kathleen Orth continues to keep NRC moving along!

Ontario Chronic Disease Prevention Alliance
OPHA and the Ontario Chronic Disease Prevention Alliance have been very fortunate to have Tracy Howson as Project Manager for the past several years. Tracy has guided the development of the Alliance to a state where it can now move forward on the creation of a staged chronic disease prevention strategy and serve as a force to advance chronic disease prevention in Ontario.

Tracy has informed OPHA that she will leave mid-May to take the position as Durham Regional Diabetes Network Coordinator with Lakeridge Health (Bowmanville/Oshawa). It is a sad development for OPHA and the Alliance as we have appreciated Tracy's skill in bringing people together to work towards a common goal.

We wish Tracy well as she takes on this new challenge in her career. We will all miss you, Tracy.

Project Updates

Alcohol Policy Network

Alcohol: No Ordinary Commodity 3 Forum - Highlighting the Links between Alcohol Promotion and Drinking Among Youth

On Friday, March 3rd, 2006, the third annual “Alcohol: No Ordinary Commodity Forum” was held. The Alcohol Workgroup of the OPHA sponsored the conference in collaboration with the Centre for Addiction and Mental Health (CAMH), the Alcohol Policy Network (APN), and the Association to Reduce Alcohol Promotion in Ontario (ARAPO). This year’s forum explored the emerging evidence on the links between alcohol promotion and risky drinking.

Dr. David Jernigan, lead researcher at the Center for Alcohol Marketing and Youth (Washington, D.C.) and **Dr. Marvin Krank**, psychology professor and researcher at the University of British Columbia, spoke about the links between alcohol marketing and youth drinking. Dr. Jernigan’s and Dr. Krank’s presentations discussed the sufficient evidence that suggests that alcohol advertising negatively influences attitudes and behaviours associated with risky drinking.

Recommendations for action included:

- Alcohol advertising media literacy among youth – teaching young people to disregard the messages in advertising
- Realistic expectations about alcohol effects – a balanced depiction
- Effective alcohol advertising policies to reduce exposure to youth

A third speaker, **Michelle Swenarchuk**, a Toronto based lawyer, spoke on the current laws around alcohol promotion in Canada, including international trade treaties and their impact on laws governing promotion.

The afternoon session focused on public health’s response to these issues. A number of activities that can reduce the effects of alcohol advertising among youth were showcased:

- **Joe Rock**, Program Coordinator of OPHA’s Youth and Alcohol, Messages and Media (YAMM) project, discussed this counter-alcohol campaign <www.apolnet.ca/yamm/>. This campaign uses youth-to-youth messages to raise awareness of the risks associated with risky drinking. Education components will also be incorporated into the campaign to support goals for behaviour change.
- **Rebecca Fortin**, Program Coordinator for ARAPO, spoke on recent initiatives at the Association used to reduce the effect of alcohol advertising. These include:
 - alcohol advertising media literacy workshops
 - the ARAPO Recognition Award
 - research papers/reports on alcohol advertising to support effective alcohol advertising policy <www.apolnet.ca/resources/pubs/respapers/rsch_adv.html>
- **Patricia Hajdu**, Health Promotion Planner at the Thunder Bay District Health Unit, has been involved with youth-led programs and shared the ‘good’, ‘not so good’ and ‘lessons learned’ when using youth leadership strategies.
- **Stephen Gard**, Windsor FOCUS Community Program Coordinator, discussed his experiences working as a health promoter in Windsor, the “partying capital of Canada”. He spoke about the extensive alcohol promotion from bar establishments, which is one of the many factors influencing risky and underage drinking. Increased security/enforcement, a Hospitality Resource Panel, and a program aimed at university students are three initiatives being used in Windsor to target binge and underage drinking.

Stay tuned to the Alcohol Policy Network website <www.apolnet.ca> and our APOLNET listserv for information on next year’s forum.

Towards Evidence-Informed Practice (TEIP): a project of the Heart Health Resource Centre

The TEIP team is pleased to report that the Ministry of Health Promotion has indicated support for continued funding for the TEIP project through the Ontario Stroke Strategy. The Ministry will support the project to: a) help facilitate the uptake of evidence; b) increase the use of evaluation (particularly outcome evaluation); and c) increase collaboration between public health and hospital stroke care professionals for stroke prevention programming in five Ontario communities. The Ministry also indicated support for TEIP to develop a manual to broadly disseminate project learnings about incorporating evidence into practice. The TEIP team and their partners are working hard to create a strategic and effective plan with the funds allotted to meet the goals and objectives of this project.

The team has been busy facilitating a “Logic Model and Evaluation” workshop and five tailored on-site consultations with all of the TEIP community partnerships. Each of the five communities, with support from Dr. Brian Rush (VIRGO Planning and Evaluation), is working to create a logic model and evaluation indicators for a program in community-based stroke prevention. Four of the TEIP communities are using a local program previously assessed using TEIP assessment tools, and will be making the improvements based on the assessment. One program has chosen an identified Promising Practice, a workplace nutrition and physical activity program from Sweden, as a basis for development of a new local program.

While the five pilot communities will undertake outcome evaluation for each local program, the program potential must be balanced with reality. Outcome evaluation, as it is commonly known, is costly. A report outlining the funding requirements to successfully implement the outcome evaluations at the local level for the five pilot communities is currently under development and should be available by the end of June.

Email TEIP@opha.on.ca for more information.

Workgroup Updates

Alcohol

One of the key roles of OPHA is advocacy for health and healthy public policy. Sometimes the most effective role that OPHA can play is to facilitate advocacy efforts on behalf of a group of credible organizations which can share a perspective on a particular issue. What OPHA can do is identify the issue, seek relevant partners, convene the process to develop a joint position, and ensure that the position gets conveyed to the appropriate level and ministry of government.

A recent example from the OPHA Alcohol Workgroup is a case in point. Following the successful lobbying efforts in favour of maintaining alcohol sales in a public monopoly (see Nov/Dec 2005 *OPHA News*), OPHA once again facilitated a group effort. The Workgroup identified a need to acknowledge the positive decisions taken by the provincial government in not privatizing the LCBO and not allowing alcohol sales in corner stores, as announced by Finance Minister Greg Sorbara in July 2005. We also felt the timing was appropriate to advance the government’s understanding of the role of alcohol in injuries and costs in the province, given that injury prevention was identified as a priority of the new Ministry of Health Promotion.

We contacted partners from the previous lobbying effort, namely the Centre for Addiction and Mental Health (CAMH), the Association of Local Public Health Agencies (alPHa), Mothers Against Drunk Driving Canada (MADD Canada) and Addictions Ontario (AO) which represents the treatment sector. Collectively we signed a letter to the Premier of Ontario, congratulating his government on its positive decisions about alcohol sales, identifying the huge economic burden of alcohol-related chronic disease and injuries in the Province, recommending the need for policy responses as the most effective preventive measure for such problems, supporting both an Injury Prevention Strategy and a Substance Abuse Strategy for Ontario, and requesting a meeting.

As a result, the five organizations were invited to a meeting with senior policy staff in the Premier’s office. Connie Uetrecht and Denise De Pape represented OPHA, Dr. Norman Giesbrecht represented CAMH, Linda Stewart was present for alPHa, Dr. Robert Mann represented MADD, and Dennis Long spoke for AO. We had a productive dialogue and followed up after the meeting with a

summary letter and supporting materials. All the partners felt that our issues had been understood and acknowledged, and are hopeful of subsequent opportunities to discuss alcohol-related problems, costs, and solutions.

OPHA's role as a facilitator and convenor was instrumental in this encounter to influence healthy public policy with respect to alcohol.

Denise DePape
Chair, Alcohol Workgroup

Breastfeeding Promotion

The Breastfeeding Promotion Workgroup is proud to report that we currently have 20 active members, representing communities as far north as Thunder Bay and Timmins, as far west as London and St. Thomas, as far east as Ottawa, and numerous regions in between. The achievement of our objective to contribute to the protection, promotion and support of breastfeeding across the province is enabled by the expertise and efforts of the many health professionals who participate as Workgroup members. We benefit from lactation consultants, health promotion specialists, public health nutritionists, and public health nurses. Our Workgroup is grateful for the contributions of ad hoc members from other disciplines such as dentistry and hospital nursing, members of other breastfeeding advocacy groups and community organizations, and individuals who work as breastfeeding advocates.

We are pleased to announce that at their Annual General Meeting of April 28, 2006, the Registered Nurses Association of Ontario (RNAO) unanimously passed a resolution which states that RNAO will collaborate with the Ontario Breastfeeding Committee (OBC) to lobby the provincial government to support and fund the implementation of the Baby-Friendly™ Initiative in Ontario hospitals, public health units and community health services.

OPHA has formally indicated their support of the RNAO resolution, and the members of the Breastfeeding Promotion Workgroup look forward to working with the Childbirth Nurses Interest Group, other groups of RNAO, the OBC and other advocates to achieve the objectives of this resolution. It is our hope that our collective voice will be heard by the decision-makers in our province, and they will demonstrate their commitment to enhancing health

outcomes across the lifespan through the implementation of breastfeeding best practice.

Jennifer Gresham-Hutcheson
Chair, Breastfeeding Promotion Workgroup

Food Security

In November, 2005, the Food Security Workgroup (FSWG) wrote a letter to Mary-Anne Chambers, Minister of Children and Youth Services, about the provincial student nourishment program. This letter encouraged Minister Chambers to continue to recognize the value of community partnerships by allocating a portion of funds each year for community partners program coordinators. The recently completed Ontario Child Nutrition Program Evaluation Project, funded by the Trillium Foundation and managed by **Breakfast For Learning**, identified Best Practices of student nutrition programs that needed further improvement. These Best Practices can best be supported by secure, ongoing support from local community partners program coordinators.

As part of our work with the Ontario Collaborative Group on Healthy Eating and Physical Activity, the FSWG wrote a letter on December 2, 2005 to Jim Watson, Minister of Health Promotion, emphasizing that a comprehensive, multi-sectoral strategy promoting both physical activity and healthy eating is required. This strategy must address the environmental, social, and cultural factors that are driving the obesity epidemic.

The FSWG submitted a letter of intent and then a proposal to the Canadian Foundation for Dietetic Research entitled "An Examination of the Use of Nutritious Food Basket (NFB) Data in Ontario." This proposal aims to implement a participatory research process to identify current uses, opportunities and barriers to the use of NFB data by public health and community nutrition professionals in Northern Ontario.

Partnering with the Ontario Healthy Communities Coalition, the FSWG submitted a proposal to the Ontario Trillium Foundation for a grant to support the development of the Ontario Community Food Security Network. We eagerly await news on the success of this proposal.

Tracy Woloshyn
Chair, Food Security Workgroup

Environmental Health

The emissions from a bus go in and around...

Children's health and the environment is a key focus for the OPHA's Environmental Health Workgroup. *School Buses, Air Pollution and Children's Health*, by Kim Perrotta, former Manager of the OPHA's Environmental Health Program, in consultation with the OPHA Environmental Health Workgroup, has been a major policy research project of the OPHA. The study looked at the health impacts associated with diesel-fuelled school buses and suggests that children can be exposed to significant amounts of air pollution while travelling on the buses because emissions from tailpipes and engine compartments can pollute the air on-board.

Several exposure studies have demonstrated that concentrations of air pollutants on-board school buses can be several times greater than concentrations in outdoor air. The pollutants of greatest concern are fine particulate matter and diesel particulate matter which have been associated with a broad range of acute and chronic health effects, including:

- aggravation of asthma, leading to more frequent and severe asthma attacks;
- increases in respiratory infections;
- reduced lung function;
- aggravation and development of allergies;
- increases in emergency room visits, hospital admissions and premature deaths; and
- an increased incidence of chronic heart and lung diseases, including lung cancer.

These exposures are of concern because they involve children whose lungs are still developing. Numerous studies have demonstrated that children are more sensitive to air pollution than adults. In addition, with an asthma rate of 12% among Canadian children, there could be as many as 96,000 asthmatic children riding school buses in Ontario. Research has clearly demonstrated that asthmatic children are particularly vulnerable to air pollution.

Most children only spend a short period of time on the bus each day. Still, given the number of children exposed and the high levels of exposure that can be encountered, school bus emissions represent a

significant public health concern. This is a health risk that can be reduced. There are technologies on the market that can be used to significantly reduce on-board exposures. Newer generations of school buses (2007+ model years) will be much cleaner than the ones on the road today.

The OPHA recommends that the Ontario Ministry of the Environment establish a Healthy School Bus Program that encourages retirement of older school buses and retrofits for newer school buses that have many years of service remaining. It also recommends that the Government of Canada establish a Healthy School Bus Fund to support action at the provincial level. Finally, the report recommends developing anti-idling/low emission driving programs in partnership with Natural Resources Canada, the Ontario School Bus Association and school boards.

The OPHA has signed an agreement with the Clean Air Partnership to promote the findings of the study with additional funding from the Laidlaw Foundation. A number of presentations have been done and the report is being distributed to decision-makers. To date, the study's recommendations have been supported by the Durham Region, Sudbury and District, and Toronto Boards of Health and the study has been featured in numerous media reports. A PDF of the report is available for downloading at www.opha.on.ca/resources/schoolbus.pdf.

Louise Aubin
Chair, Environmental Health Workgroup

Public Health Alliance for LGBTTTTIQQ Equity

The Public Health Alliance for Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-Spirit, Intersex, Queer and Questioning Equity Workgroup has focussed this year on making public health units and community health centres in Ontario inclusive and equitable to those of all sexual orientations and gender identities. The project has been named "A Positive Space is a Healthy Place." The Workgroup has developed a training manual to assist health units and Community Health Centres (CHC) in this endeavour and are hoping, with the support of OPHA, to disseminate this manual throughout the province.

Positive Space is a Canadian program first developed at the University of Toronto in 1996 and since spread to most universities in Canada. Positive Space refers to an agency that is open and welcoming, as well as

equitable and accessible, to both clients and employees of all sexual and gender diversities. The term also refers to an agency in which all staff have been trained to understand these issues and are familiar with human rights, diversity and resources. Our project is an attempt to encourage equity and accessibility through cross-sectoral training of all employees of public health units and community health centres in Ontario.

Another term used for Positive Space training is LGBT cultural competency. This derives out of a framework developed to work in cross-cultural situations. By developing cultural competence, a person has the ability and willingness to interact effectively with individuals and groups of the same and different cultures. This framework can be applied to diversity related to sexual orientation and gender identity.

There are many processes and experiences common to all minority groups, including stereotyping, tokenism, harassment, and discrimination. However, there are some unique challenges faced by LGBTTTTIQQ persons, which is why it is important that there be separate training and competencies related to LGBTTTTIQQ cultural competency.

Challenges unique to LGBTTTTIQQ people include:

- *The invisibility of sexual orientation and gender identity.* If people are invisible within the workplace, the impact is isolation, depression and lack of job satisfaction. There is an assumption that all employees are heterosexual and for someone who identifies as LGBTTTTIQQ, there is the challenge of disclosure and control over the information. There is also a severe disconnect between one's personal life and work life when a person cannot talk about their partner or their family or what they did on the weekend.
- *Lack of social support.* Visible minorities often receive support from their families and friends, who are "like" them. This is not always the case for LGBTTTTIQQ people, who may be rejected by their family and who often experience social isolation in schools, religious institutions, and workplaces.
- *Negative co-worker reactions.* People who perceive sexual orientation and gender identity as a "choice" or a "lifestyle" may then discriminate or exclude LGBTTTTIQQ employees. The work environment can become what the Ontario Human Rights Commission calls "toxic".

Aside from human rights and justice issues, there are compelling reasons to have a workplace that is LGBT culturally competent. A supportive work environment can improve recruitment and retention of employees (HRC/Business Case, 2003).

When staff know the workplace is supportive of diverse sexual orientations and expressions, they are better employees. In LGBT culturally competent organizations, productivity is increased. If employees are obliged to keep their sexual orientation secret because of the workplace climate, motivation and productivity may suffer (HRC/Business Case 2003).

LGBT culturally competent workplaces have a positive impact on LGBT employees' attitudes and morale. Employees who feel comfortable being "out" in the workplace may be more committed to the organization and experience less conflict and role ambiguity (Griffith and Hebl, 2002).

Workplaces where LGBT cultural competence is valued are at a competitive advantage compared to those workplaces that do not value this kind of diversity. Within diverse organizations, there are many more perspectives from which to draw and creativity and innovation may also be increased (Kirby and Richard, 2000). Companies that value diversity can also gain a competitive advantage, as they are better able to tap into other markets.

Supporting LGBT cultural competency is more than about policies. The company must demonstrate it values all employees by encouraging staff to bring same sex partners and spouses to company events and celebrating the same events in the lives of LGBT staff that one would celebrate with heterosexual staff (weddings, children, etc.). By valuing all staff, workplaces demonstrate a deeper commitment to diversity.

Completing training and becoming an LGBT culturally competent organization provides the privilege of self-identification as a "Positive Space". A "Positive Space" sticker or logo can then be displayed at the agency or in the areas of the agency that are Positive Spaces.

Jean Clipsham
Chair of Public Health Alliance for
LGBTTTTIQQ Equity

Violence Prevention

The OPHA Violence Prevention Workgroup and the Canadian Public Health Association (CPHA) will be hosting a second Town Hall meeting at the 97th Annual CPHA Conference in Vancouver, B.C., on Monday May 29th from 7:00 a.m.-8:30 a.m. Members from the Foundational Committee of the National Violence Prevention Strategy are joining CPHA and OPHA to lead this session.

This meeting will discuss the progress thus far in the development of a National Violence Prevention Strategy as well as provide participants with an opportunity to offer input regarding the National Violence Prevention Strategy.

The OPHA Violence Prevention Workgroup continues to seek support from individuals and organizations who are committed to the development of the National Violence Prevention Strategy. Join us at the upcoming town hall meeting and be a part of this important endeavor.

For more information regarding the National Violence Prevention Strategy contact Lori Snyder MacGregor (slori@region.waterloo.on.ca) or Angela Loconte (aloconte@toronto.ca), Co-chairs of the OPHA Violence Prevention Workgroup.

Heather McIntyre
Violence Prevention Workgroup member
Windsor-Essex County Health Unit

OPHA School Bus Report Featured in OMA Journal

The OPHA Report *School Buses, Air Pollution and Children's Health* has been highlighted in a feature article in the March 2006 issue of the Ontario Medical Association's monthly journal *Ontario Medical Review*. A PDF of the article is available on our website at www.opha.on.ca/environment/OMR-Bus-Article-Mar06.pdf or from the OMA website at www.oma.org.

For a copy of the report itself, visit the OPHA website and download the PDF: www.opha.on.ca/resources/schoolbus.pdf

Coalition Updates

Ontario Healthy Schools Coalition

The OHSC was honoured to be invited to the Ontario Hospital Association/Ontario Medical Association "2006 Health Care Invitational Symposium: Dialogue on the Future of Medicare - A Healthcare Symposium" held Friday, April 21, 2006. Participation was limited to about 60 invitees. Fran Perkins very kindly represented the OHSC. The Symposium was facilitated by Bob Rae and addressed by federal Minister of Health Tony Clement and Ontario Minister of Health George Smitherman, over breakfast and lunch, respectively. Many of the speakers were addressing wait lists as a priority for both levels of government. However, during one of the short question periods Fran was able to include some quick remarks regarding the importance of investing in the health of children and youth, including its cost effectiveness. Thank you, Fran.

This invitation is appreciated as an indication that key decision makers within the system are aware of the OHSC and that we are recognised as an important voice in Ontario.

Carol MacDougall
Co-Chair, Ontario Healthy Schools Coalition

Keeping the Pulse on Public Health

OPHA is asking Boards of Health throughout the province to keep us informed of your work. Let us know about motions your Board passes and actions planned so that we can better keep the pulse on public health activities throughout the province. If we know what you're doing, what's important to you, we can work alongside you to advocate for what's important to all of us.

We especially want to know if your Board follows up on any of OPHA's advocacy activities. After your Board of Health meetings, send us a copy of relevant motions, or of the minutes, if that's easier, to Susan Sperling, Communications and Public Relations Officer, at extension 230 or ssperling@opha.on.ca.

A better-informed OPHA means stronger advocacy for all of us!

Constituent Society Updates

Community Health Nurses Initiative Group (CHNIG)

1. Community Health Nurses have completed the first Canadian Community Health Nursing certification examination in April 2006.
2. The toolkit for the dissemination of Canadian Community Health Nursing Standards has been developed and the Public Health Agency of Canada (PHAC) is sponsoring three pilots in Nova Scotia, Alberta, and Ontario.
3. PHAC has sponsored a national workshop for all Canadian nursing schools, Community Health Nurses Association of Canada (CHNAC), CIPHI, ANDSOOHA and other provincial Public Health nursing leader's organizations to inform community health nursing education.

Sue Starling
OPHA Board Representative, CHNIG

Canadian Institute of Public Health Inspectors (CIPHI) Ontario Branch

Environmental Public Health Week 2006 took place during the week of January 2nd to January 8th and provided us with an opportunity to recognize and promote the work of Public Health Inspectors/Environmental Health Officers (PHI/EHO) across Canada. The week allowed us to showcase the hard work of all Certified PHI/EHOs. Events took place across the province to celebrate the week and our work.

There is always a flurry of activity surrounding the CIPHI Ontario Branch meetings. The last meeting April 23-24, 2006 was no different. There were many spirited discussions around Public Health issues. The role of the PHI/EHO is constantly in flux. Strong leadership is needed to help define that role; with CIPHI Ontario Branch advocating on behalf of its members, it maintains ownership over the interpretation of the role of the PHI/EHO and issues that affect Public Health.

For more information, please visit our website at www.ciphi.on.ca.

Heather Richards
OPHA Board Representative, CIPHI

Ontario Society of Nutrition Professionals in Public Health (OSNPPH)

OSNPPH, along with the School Nutrition Workgroup, is advocating for all MPPs to support Bill 93, Education Amendment Act (Nutrition Standards in Schools), 2006. The proposed Bill 93 is a result of the work by Nupur Dogra, a high school student in Oakville, Ontario, who has spearheaded efforts to call for healthy food choices and the elimination of junk food in high schools.

OSNPPH is urging the provincial government to take this opportunity to create a healthier school nutrition environment, and directs them to our 2004 document entitled *Call to Action: Creating a Healthy School Nutrition Environment*. Some of the highlighted recommendations include: amending sub-sections of the Education Act to require mandatory nutrition instruction; facilitating the work of school board advisory committees to work with public health dietitians/nutritionists in developing curriculum support materials and advising on what standards should form part of the subject matter of instruction; and, mandatory comprehensive food standards for all cafeterias. Specifically, passing Bill 93 for secondary schools will support the Ontario Ministry of Education's Policy/Program Memorandum (PPM) No. 1351[2] regarding healthy foods and beverages in elementary school vending machines.

To access our document, visit our website at www.osnpph.on.ca/position.html.

Nancy Wai
OPHA Board Representative, OSNPPH

The Ontario Association of Public Health Dentistry (OAPHD)

- The Ontario Association of Public Health Dentistry will be holding an Education Day for members on June 23 in North York. The Education Day will provide further training about the OPEN WIDE oral health promotion campaign. This campaign's goal is to increase awareness of the importance of oral health and the need to improve access to dental care for high risk populations in Ontario.

OPEN WIDE stands for Oral Health Program to Engage Non-Dental Health & Human Services Workers in Integrated Dental Education.

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OPHA Conference



Eastern Ontario
Health Unit
Bureau de santé
de l'est de l'Ontario

Cooperation, Collaboration, Synergy: A Foundation for Public Health

“By working together towards a common goal, greater achievements can be attained.”

The annual OPHA conference, being held in collaboration with the Eastern Ontario Health Unit, will provide a forum for high quality learning and networking opportunities for public health practitioners, Board of Health members, researchers, students and others interested in public health. Join us to learn, network and be on the leading edge of emerging public health issues.

Conference Goal

The conference will promote excellence and innovation in public health through the advancement of collaborative community initiatives. Greater achievements can be attained by working together towards a common goal.

Conference Objectives

1. To highlight and celebrate successful collaborative initiatives and demonstrate how they contribute to effective public health planning and research, programming and policy development.
2. To promote best practices in building public health initiatives in collaboration with education, child and youth services, environment, municipalities, tourism, local businesses, agriculture, and others.

3. To discuss the implications of recent policy developments and restructuring of public health in Ontario and the impact it will have on collaborative community building.

Conference Sub-themes

- Empowering Marginalized Communities
- Working Together Towards a Healthy Environment
- Implications of Recent Changes in Public Policy
- Serving Vulnerable Populations
- Healthy Weights
- Community Mobilization

Mark your calendars for **October 25-27, 2006** at the Nav Canada Conference Centre.

Visit our conference website for more information as it becomes available.

www.OPHAconference.ca

HAVE YOUR SAY THROUGH OPHA:

Position papers, resolutions and motions now welcome

OPHA members are now invited to submit position papers, resolutions or motions to the OPHA Annual General Meeting, to be held in conjunction with the OPHA Conference in Cornwall, **October 25-27, 2006**. Please note that submissions are to be received **no later than July 1, 2006**.

Please find the **Guidelines for Submission for OPHA Policy Statements** at www.opha.on.ca/advocacy/guidelines.html.

Following are some points to consider prior to submitting resolutions, position papers and motions.

Choosing an issue. Does it affect ...

- The health of one or more identifiable groups or the public at large.
- Health care or public health policy, programming or practice.
- The service delivery system or public health practitioners as an interest group.
- Existing OPHA resolutions, position papers or motions that may require follow-up action, revision (updating and/or re-targeting), or deletion because they are obsolete.
- Emerging issues not yet well known or items of public discussion that can be made topical by OPHA action.

Is the topic relevant and timely? Use the following questions to screen possible resolutions:

- Does it fall within OPHA's mission statement?
- Does it address one or more of the issues identified under Choosing an Issue?
- Will action taken after the Annual General Meeting be relevant and/or effective? (The Meeting is held in October; implementation usually begins the following January.)
- Is the scope of the issue or concern local, provincial, or national?

- Will OPHA have to refer the matter to some other agent or body?
- Has it been or is it currently being addressed by OPHA?

Is it practical as a resolution?

- Can OPHA directly or indirectly influence the issue or problem?
- Do the resources to carry out the proposed action exist within OPHA? If not, can the necessary resources be assembled in time to make a difference?
- Do other OPHA members, Workgroups, Constituent Societies or external organizations share your concern? What, if anything, are they doing or planning to do about it?
- Could it be referred to the Board, a Workgroup or committee for action?
- Could it be addressed by some other means, e.g., a brief, deputation or letter from the Board?

Implementation Strategies

- In arriving at an effective strategy, consider where and how the matter is to be decided, implemented and/or enforced.
- Identify the key decision-maker(s) that must be informed and influenced.
- Identify what opportunities exist for OPHA advocacy or action (public hearings, meetings, consultations, etc.).
- Develop a strategy that takes maximum advantage of the opportunities.
- Are you willing to work to implement the resolution?

If you have any questions, please contact Susan Sperling, Communications and Public Relations Officer, at 416-367-3313 extension 230 or ssperling@opha.on.ca.

Information kits for OPEN WIDE have been forwarded to Dental Health staff in public health units across Ontario. The new target audience for this year is physicians who work with young children.

- Our new President is Dr. G. Robert Bowes, a dentist in three public health units in southeastern Ontario.
- The Peterborough Oral Health Coalition is holding a symposium on June 1st. The purpose is to share information among oral health coalitions and build strategies on the issue of access to dental care. One of the presenters will be Dr. Peter Cooney, Chief Dental Officer of Canada. More information about this symposium can be found at www.oaphd.on.ca.

Dr. Robert Hawkins
OPHA Board Representative, OAPHD

Health Promotion Ontario (HPO) - The Voice of Ontario Health Promoters

Health Promotion Ontario, affectionately known HPOph or just “HPO”, represents Ontario’s health promoters on the OPHA Board of Directors. HPO has been active since 1987, and like many Constituent Societies, we rely on a small, dedicated core of executive members who work on behalf of the association.

The Executive and our approximately 50 members have been active in several important initiatives over the past year. We have hosted two successful provincial professional development sessions, and provided input to the Public Health Capacity Review Committee and the Agency Implementation Task Force. HPO members also attended several of the regional Health Promotion Roundtables hosted by the Ministry of Health Promotion. HPO is very encouraged by the fact that the province has created this Ministry, and we look forward to continuing to work closely with Minister Jim Watson and his team.

Enhancing Excellence in Health Promotion

Our April 10 Spring meeting, Enhancing Excellence in Health Promotion, was very successful, with over 50 delegates from throughout Ontario attending. Speaker **Paula Robeson** from the healthevidence.ca project led a presentation on Evidence-Based Decision

Making. Speaker **Rebecca Fortin** of OPHA presented on the Towards Evidence-Informed Practice Project. Our afternoon session included a panel on Policy Development featuring **Denise DePape** from Toronto Public Health, and **Kaylene Mackinnon** of the Middlesex-London Health Unit. Presentations are posted on our website, www.hpoph.org.

Core Competencies for Health Promoters

One of the key initiatives HPO is currently working on is in the area of core competencies for Health Promotion practitioners. Funded by the Public Health Agency of Canada, this project has three components:

1. To provide feedback on the Skills Enhancement Module, Principles and Practices in Public Health.
2. To conduct a literature review on the topic of competencies for health promotion practitioners.
3. To conduct an environmental scan of national and provincial health promotion organizations and associations in Canada.

This project will provide PHAC with a comprehensive picture of health promotion practice in Canada, and it will also inform the field and help HPO to identify strategic priorities. The literature review and environmental scan will also provide an important reference base for further work HPO hopes to do in the area of core competencies.

Join Us!

Another priority for HPO is to expand its membership. In order to represent Ontario health promoters effectively, we need to involve not only practitioners from public health units, but also those working in community health centres and provincial resource centres. Engaging members from across the province is challenging, and we have dedicated a membership committee to recommend and implement strategies for increasing membership and stakeholder engagement.

The benefits of HPO membership are many, including access to job postings, opportunities to participate in provincial initiatives, professional development opportunities, resource sharing, a members’ list-serve, and more.

HPO is dedicated to advancing the practice of health promotion in Ontario and representing our members at OPHA, alpha and other provincial tables. The next

two years will present many opportunities for HPO to have a voice. We encourage all Ontario health promoters to join us as we continue to put health promotion on the front burner.

For more information, or to join HPO, please visit our web site, www.hpoph.org.

Kevin Churchill
OPHA Board Representative, HPOph

Public Health Research, Education and Development (PHRED) Program

PHRED Website

Finding valid and reliable resources quickly is essential for today's practitioners. As the most recent Constituent Society to join the OPHA, the five PHRED Programs (Hamilton, Kingston, London, Ottawa, and Sudbury) invite you to visit the PHRED website at www.phred-redsp.on.ca. The website includes resources that are easily accessible to assist front-line staff and managers to ensure that program and practice decisions are based on the best available evidence.

The following resources are available through the PHRED website:

- *Effective Public Health Practice Project (EPHPP)*
EPHPP conducts systematic reviews on the effectiveness of public health interventions and summarizes recent high-quality reviews produced by others. The broad range of review topics includes postpartum depression, adolescent risk behaviours, physical activity, childhood obesity, West Nile virus, etc. Approximately four new reviews and at least four new summary statements are completed each year. There are currently 30 reviews and 97 summary statements available online.
- *Benchmarking*
This website offers resource material about benchmarking as well as reports about benchmarking investigations undertaken in Ontario health units. Health units who have participated in the investigations and entered their data can compare their results with other units.
- *Nursing Mentorship Resource Guide*
This project was undertaken in partnership with

another of OPHA's Constituent Societies, ANDSOOHA- Public Health Nursing Management, and was funded by The Nursing Secretariat, Ministry of Health and Long Term Care. The resource guide is fully downloadable and includes resources to assist in implementing a mentorship initiative, including case studies for mentors and mentees, tools for self-assessment, flow charts for decision-making, references, and suggested readings, etc.

Program Evaluation Tool Kit

Available online, the Program Evaluation Tool Kit is a practical, step-by-step guide to evaluating programs. It is presented in a series of short modules with simple explanations and specific tools for planning, conducting and using evaluation.

Core Competencies

The PHRED Programs continue to support the development of public health core competencies through their work with OPHA and the Public Health Agency of Canada (PHAC). Most recently, the PHRED Programs were commissioned by PHAC to lead a process to illustrate the newly developed set of 62 draft core competencies by staff groups and levels of proficiency. The resulting discussion paper describes the process utilized and includes various illustration tables as well as recommendations for next steps. The PHRED Core Competencies Working Group presented the discussion paper and its recommendations to pan-Canadian representatives in Toronto on March 21, 2006.

Charlene Beynon
OPHA Board Representative, PHRED

External Announcements

Announcements

Cancer System Quality Index

Cancer Care Ontario and the Cancer Quality Council of Ontario released the 2006 Cancer System Quality Index on April 27, 2006.

Overall, the Index shows that progress has been made to improve cancer treatment wait times and quality, but more needs to be done to improve cancer screening rates and increase access to end-of-life care outside of hospitals.

Launched in 2005, and updated annually, the Index is a valuable, system-wide monitor that uses 25 measures to assess cancer system performance across the full spectrum of cancer care. A first of its kind in North America, the Index is proving to be a powerful tool for health care professionals and organizations. This year, regional cancer providers and policy makers can compare cancer care in each Local Health Integration Network (LHIN) so that they can tackle local problems more effectively.

Developed by the Cancer Quality Council of Ontario, in partnership with Cancer Care Ontario, the Institute for Clinical Evaluative Sciences and the University of Toronto, with input from more than 60 cancer experts, the Index tracks Ontario's progress against five goals:

1. Improve **access** to services and reduce wait times
2. Better **outcomes** of cancer care
3. Increase use of **evidence** when treating cancer
4. Improve **efficiency** of cancer care resources
5. Improve **measurement** and reporting of cancer system quality

To access the 2006 Cancer System Quality Index via the Cancer Care Ontario website, please visit: www.cancercare.on.ca/qualityindex2006/

The 2006 Cancer System Quality Index provides a platform to continue improving the performance of the cancer system. With the introduction of LHIN-based analysis this year, regional cancer providers and policy makers have a new opportunity to foster improvements in cancer care in the coming year.

Emergency Preparedness Week, which ran from May 7-13, 2006, is held annually to promote the importance of personal preparedness in reducing the risks and lessening the consequences of a disaster. Emergency preparedness is a shared responsibility, and it is up to each and every Ontarian to learn what to do before, during, and after an emergency situation. Personal preparedness takes on a special significance for healthcare providers: by ensuring their family is as safe as possible, healthcare providers can comfortably come to work and meet their clients' needs during an emergency.

The Emergency Management Unit (EMU) at the Ontario Ministry of Health and Long-Term Care strongly supports personal and health care system emergency preparedness throughout the province. By visiting the EMU Health Care Provider's website at www.health.gov.on.ca/english/providers/program/emu/emu_mn.html, you will have access to the following tools and information:

- Personal emergency planning brochures on creating a family disaster plan and assembling an emergency kit;
- Important Health Notices, used to update health care providers on health emergency issues;
- Infection control and disease information, such as infection control standards for febrile respiratory illness and guidelines on the use of alcohol-based hand sanitizers;
- Ontario's Health Plan for an Influenza Pandemic, the framework for the province's response to an influenza pandemic; and,
- Pandemic planning guidelines for specific segments of the healthcare sector, such as long-term care homes and small clinical-practice physician offices.

If you are a healthcare provider looking for more information on Ontario's emergency health readiness, contact the EMU's Healthcare Provider Hotline by phone at 1-866-212-2272 or by email at emergencymanagement@moh.gov.on.ca.

The Canadian Harm Reduction Network Launches New Website

The Canadian Harm Reduction Network is pleased to announce the launching of a new and updated website: www.canadianharmreduction.com/

Many changes have been made to the site to make it more accessible and user-friendly, including an alternate style sheet for visitors who are visually impaired, a Network Blog where news and opinions will be posted, a forum where registered visitors can post feedback about the site and ask for help with any difficulties they are having using the site, and a jobs page with links to the Charity Village, Workopolis and Monster job sites.

DIPLOMA PROGRAM IN ENVIRONMENTAL HEALTH

McMaster Institute of Environment and Health
McMaster University

The Diploma Program in Environmental Health is designed to provide new and/or upgraded skills and knowledge in the principles and practice of environmental health. Students are selected on an interdisciplinary basis and are required to have a University Degree or equivalent. The Diploma Program is suitable for public health unit professionals, physicians, community health nurses, environmental industrial professionals and those in labour and non-governmental organizations dealing with environmental health issues. Students will enroll in and have the benefits of its distance education program.

For further information, please contact:

Luce Lavigne, Administrator
McMaster Institute of Environment and Health,
McMaster University 1280
Main Street West, BSB-B150,
Hamilton, Ontario, L8S 4K1
Phone: (905) 525-9140 ext. 27559
Fax: (905) 524-2400
Email: lavignl@mcmaster.ca
www.mcmaster.ca/mich

Determinants of Health

In support of the inclusion of the social and economic determinants of health into Ontario's public health mandate

We know now that health is much more than the absence of disease. Health is determined by complex interactions between individual characteristics and the social, economic and physical environment. This range of factors is known as the determinants of health and includes, among others, income and social status, education, employment and working conditions, and the social environment. Each determinant of health is important individually but the interaction between these is also key.

The Sudbury & District Health Unit (SDHU) has taken a lead role in writing a discussion paper on the importance of explicitly including the social and economic determinants of health into the next Ontario public health mandate. Examples of concrete activities for public health are provided and potential indicators for measuring the impact of integrating the determinants of health into public health practice are also proposed. This paper was submitted to Ontario's Chief Medical Officer of Health, Dr. Sheela Basrur, in April 2006.

The content of the paper was guided by local, provincial, national and international data, and includes the outcomes of the SDHU determinants of health stream at the November 2005 ALPHA/OPHA conference, *Determinants of Health: Developing an Action Plan for Public Health*. The recommendations in this report have also benefited from the input of a reference panel comprised of provincial and federal partner agencies, as well as the social and economic determinants of health sub-group of the Council of Ontario Medical Officers of Health. This project was made possible with the financial support of the Public Health Agency of Canada and the sponsoring agency, the Ontario Prevention Clearinghouse, under the leadership of Connie Clement.

Provincial and local leadership will be essential to implement the recommendations outlined in the paper, which will increase the ability of public health

Continued on page 18

university enrolment in public health programs; and, immediate action to address shortages in public health physicians, dentists and paid student placements. The report acknowledges the OPHA-led work in core competencies as being a cornerstone of human resource development.

Accountability and continuous quality improvement are emphasized throughout. The report recommends a comprehensive performance management system supported by common data and reporting systems. Links to performance standards, measurement, monitoring and reporting at both the individual program level and at the organizational level are also included. We are pleased, as well, to see that **mandatory accreditation** of health units is recommended.

As is consistent with other reports since SARS, the Committee confirmed that health units should be governed by **autonomous locally-based boards of health** whose primary focus is on the delivery of public health programs and services. Boards of Health should have equal balance of municipal appointees and Board-appointed local citizen representatives. The Committee recommended that, except for the already existing 100% provincially-funded programs, the province share the cost of public health with municipalities in a **75%/25% provincial/municipal formula**. The annual budget should be approved within a three-year rolling forecast and allow for a 3% operating reserve. Because health units deliver programs funded by three different ministries, the report recommends that all funding be directed to health units through one Ministry channel.

One of the most challenging recommendations to implement will be the **amalgamation of a number of small health units**. This is to ensure that each health unit has a critical mass and diversity of staff to fulfill mandated functions, including adequate administrative support, epidemiology, data analysis, communications, volunteer coordination, research officers, library services, and professional development opportunities. The report calls for the reduction in the number of health units from 36 to 25, and also addresses the critical capacity challenges for northern health units.

The report reconfirms that each health unit should have a full-time Medical Officer of Health who reports directly to the Board of Health as presently

specified under the HPPA. The Committee also calls for each health unit to have an on-call system of frontline professional staff with back-up, and that neighbouring health units have agreements to assist each other in emergency situations.

OPHA is pleased to see the recommendation that the Province **fully fund PHREDS**. It is also important that health units be encouraged to enhance internal support for research and knowledge exchange to support evidence-based practice. The report acknowledges that the new *Ontario Agency for Health Protection and Promotion* should act as an organizing hub for research and knowledge exchange and calls for dedicated, stable, and sufficient funding for public health research. In addition, it asks the province to ensure local access to electronic public health library services.

The report recommends strengthened and enhanced relationships between health units, primary health care, LHINs, universities and colleges, professional organizations, and the Public Health Division. It identifies that OPHA needs to play a key role in professional development, input into the development of standards, assistance with development, and in the implementation of the public health human resources marketing initiative.

We look forward to working together on these important steps.

Connie L. Uetrecht
Interim Executive Director

Message de la directrice générale intérimaire

Le rapport du Comité d'examen de la capacité d'intervention reflète les recommandations de l'ASPO

Chers collègues,

Nous attendions depuis longtemps le rapport final du *Comité d'examen de la capacité d'intervention* (CECI) présidé par D^{re} Susan Tamblyn et coprésidé par Brian Hyndman, ancien président de l'ASPO. Nous pouvons tous être fiers de voir que les questions dont nous avons débattu, délibéré, et que nous avons présentées au Comité ont été attentivement prises en considération et se reflètent dans les recommandations

du rapport. Ayant passé le rapport en revue, je ne suis pas arrivée à trouver une seule recommandation qui s'écarte de l'orientation que nous avons proposée, et je suis encouragée de voir que le comité et les sous-comités n'ont épargné aucun effort dans leur examen des détails pour pouvoir présenter les recommandations les plus informées qui soient. L'ASPO exhorte maintenant le ministère de la Santé et des Soins de longue durée à mettre les recommandations en application.

La vision d'un système de santé publique revitalisé et renforcé d'ici 2010 se lit comme suit :

Le système de la santé publique de l'Ontario est parvenu à de nouveaux niveaux de professionnalisme, de préparation et d'efficacité. Nous avons maintenant un système continu et intégré qui offre des programmes et services de prévention des maladies et de promotion de la santé efficaces et fondés sur des données probantes. Par une combinaison de forte participation provinciale et municipale, il existe des niveaux de service équitables à l'échelle de l'Ontario et une meilleure sensibilité aux besoins et contextes locaux. La santé publique ne fait pas seulement un meilleur travail de promotion et de protection de la santé des Ontariens, elle possède désormais des mécanismes lui permettant d'évaluer avec précision ce qu'elle fait et d'en démontrer la valeur. (*Rapport final du Comité d'examen de la capacité d'intervention*, p. 13)

Le rapport prévoit la mise en œuvre à l'échelle locale et provinciale d'une *Stratégie des ressources humaines dans le domaine de la santé publique* comprenant : une initiative de promotion pour accroître la visibilité des professions de la santé publique et encourager les activités en matière de recrutement, de perfectionnement du personnel et de développement du leadership; la nomination de leaders professionnels pour l'inspection, la nutrition, la dentisterie et les sciences infirmières dans le domaine de la santé publique; la mise en application de l'exigence contenue dans le rapport 2000 au sujet de la nomination d'un cadre responsable des soins infirmiers dans chaque bureau de santé; l'établissement d'une base de données sur la main-d'œuvre en santé publique; une stratégie salariale concurrentielle et de plus grands efforts pour accroître les inscriptions d'étudiants aux programmes universitaires de santé publique; des mesures immédiates pour remédier aux pénuries de médecins, de dentistes en santé publique

ainsi que de placements d'étudiants rémunérés. Le rapport mentionne le travail mené par l'ASPO dans des compétences de base comme le rôle essentiel qu'elle joue dans le perfectionnement des ressources humaines.

L'obligation de rendre compte et l'amélioration continue de la qualité sont soulignées dans tout le rapport. Celui-ci recommande un système complet de gestion du rendement appuyé par des systèmes communs de données et de comptes rendus. Des liens aux normes, mesures, surveillance et rapports de rendement à la fois au niveau des programmes individuels et au niveau organisationnel sont également inclus. Nous sommes en outre satisfaits de voir que **l'agrément obligatoire** des bureaux de santé est recommandé.

Comme l'ont fait d'autres rapports depuis le SRAS, le Comité a confirmé que les bureaux de santé devraient être régis par **des conseils de santé locaux et autonomes** ayant comme principal objectif la prestation de programmes et de services de santé publique. Les conseils de santé devraient avoir un nombre égal de personnes nommées par les municipalités et de représentants de citoyens locaux nommés par le conseil. Le CECI a recommandé que, à l'exception des programmes existants déjà financés à 100 % par la province, celle-ci partage le coût de la santé publique avec les municipalités selon une formule **75/25 (province/municipalités)**. Le budget annuel devrait être approuvé selon une prévision à cycle continu de 3 ans et prévoir une réserve de fonctionnement de 3 %. Comme les bureaux de santé offrent des programmes financés par trois ministères différents, le rapport recommande que tout le financement des bureaux de santé passe par un seul ministère.

L'une des recommandations de mise en œuvre les plus intéressantes sera **le regroupement d'un certain nombre de petits bureaux de santé** pour veiller à ce que chacun d'entre eux ait une masse critique et une variété de personnel pour remplir les fonctions mandatées, y compris un soutien administratif adéquat, l'épidémiologie, l'analyse des données, les communications, la coordination des bénévoles, les agents de recherche, les services de bibliothèque, et les possibilités de perfectionnement professionnel. Le rapport prévoit une réduction des bureaux de santé de 36 à 25, et tient compte aussi des défis de capacité critique des bureaux de santé du Nord.

practitioners to promote and protect the health of the populations we serve. It is anticipated that several Medical Officers of Health will meet with Ministry of Health and Long-Term Care, Public Health Division staff who are responsible for revising the Mandatory Health Programs and Services Guidelines. This is an opportune time to transform key recommendations on the determinants of health into concrete public health actions.

The discussion paper is available at the following link: www.sdhu.com/uploads/content/listings/SDOHFrameworkDiscussionPaper_March2006.pdf

2006 Smog Summit

The 2006 Smog Summit will take place on June 7th and 8th at Toronto City Hall and will focus on Partnerships for Clean Air.

In the morning of June 7th municipal, provincial and federal government leaders will gather to announce new clean air initiatives to reduce smog, air pollution and greenhouse gases with the signing of the Toronto and Region 2006 Inter-governmental Declaration on Clean Air.

The afternoon of June 7th and the day of June 8th will feature a series of interactive workshops and will bring together municipalities and local networks in Ontario, Quebec, eastern Canada, and the midwestern and northeastern United States to share best practices and to identify opportunities for collaboration within our shared air shed.

The “Best Practices Exchange” Workshop Series will promote practical solutions for local actions and local priorities as well as begin to build a resource network. Presenters will highlight not only the actions that their jurisdiction is undertaking but will also to share with Summit participants the process that was undertaken in order to make those selected activities a reality.

To register for the 2006 Summit, or for additional details, visit <http://www.smogsummit.org>.

Le rapport confirme une fois de plus que chaque bureau de santé devrait être doté d'un médecin hygiéniste à temps plein, relevant directement du conseil de santé comme cela est prévu actuellement par la *Loi sur la protection et la promotion de la santé* (LPPS). Le CECI prévoit également que chaque bureau de santé ait un système de garde doté de personnel professionnel de première ligne et d'effectifs d'appoint et que les bureaux de santé aient des ententes pour s'entraider dans les situations d'urgence.

L'ASPO est heureuse de voir la recommandation selon laquelle la province **devrait entièrement financer le programme de Recherche, d'éducation et de développement en santé publique (REDSP)**. Il est également important que les bureaux de santé soient encouragés à améliorer le soutien interne à la recherche et à l'échange de connaissances pour appuyer les pratiques fondées sur les données probantes. Le rapport reconnaît que la nouvelle *Agence ontarienne de protection et de promotion de la santé* devrait agir comme un centre de coordination de la recherche et de l'échange de connaissances et qu'elle devrait bénéficier d'un financement spécialisé, stable et suffisant pour la recherche en santé publique. En outre, il demande que la province veille à ce que l'accès local à la cyberbibliothèque de la santé publique soit disponible.

Le rapport recommande que les relations entre les bureaux de santé, les soins de santé primaires, les RLISS, les universités et collèges, les organismes professionnels et la division de la santé publique soient renforcées et améliorées. Il fait remarquer que l'ASPO doit jouer un rôle clé dans le domaine du perfectionnement professionnel, de l'élaboration des normes, de l'assistance en ce qui concerne le développement, et de mise en œuvre de l'initiative de promotion des ressources humaines en santé publique.

Nous espérons pouvoir prendre part à ces importantes mesures.

Sincères salutations,

Connie L. Uetrecht
directrice générale intérimaire

OPHA WANTS YOU!

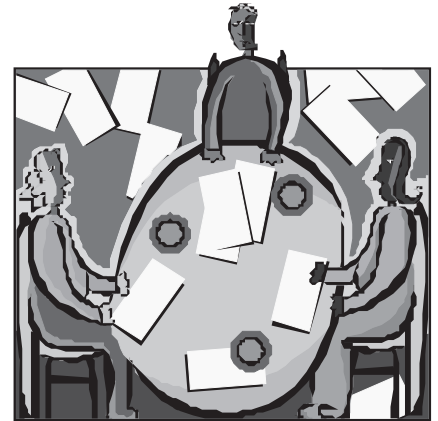
There's a seat at the table waiting just for you....pull up a chair and join us as we help shape the future of public health.

OPHA represents the collective advocacy interests of approximately 3,000 individuals in public and community health in Ontario, through individual and Constituent Society memberships.

Why Join?

You are heard. And you can participate.

- Participate in Workgroups, Committees, the Annual General Meeting and the Board of Directors. Help shape OPHA's advocacy efforts. A stronger OPHA means a stronger public health system in Ontario.
- Be represented on key government committees looking at government policy and programs. Have your say on key issues through letters of advocacy.



When OPHA speaks, the government listens.

Add your voice to ours.



OPHA played a key role in consulting with the province's recent Agency Implementation Task Force and Capacity Review Committee, and many of the recommendations in both reports strongly mirror those recommendations that OPHA brought to the consulting table.

You keep informed.

- OPHA News: published 6 times a year, this publication offers thought-provoking articles on issues in public health and in-depth reports on Association positions, as well as lists the latest updates in public health.

You develop skills. The skills YOU need.

- OPHA-sponsored workshops and conferences offer many skill-building opportunities. Join now and tell us what interests you, what kinds of professional development workshops would help you. And we'll direct future workshops to suit your needs.

You save money.

- Receive discounts on all OPHA-sponsored events including the OPHA Annual Conference.
- Your yearly membership fee is entirely tax deductible!

OPHA memberships run for a period of one year. Corporate memberships are not available. (Rates are subject to change.)

Individual OPHA Membership	\$85
Individual membership if your organization is an OPHA Constituent Society Member	\$80
Student / Retired / Unemployed	\$50

The following list of events are presented as a service to our members. OPHA does not make any claim as to the quality, funding source, or benefit of these events. If you have any concerns about the event, please check with the contact person indicated.

Membership in the OPHA

Membership runs for a period of one year from the date of joining, and fees are tax deductible. Corporate memberships are not available.

Regular OPHA Membership, \$85; Members of OPHA Constituent Societies, \$80; Student / Retired / Unemployed, \$50; (Effective January 1, 2005) For application forms, call Nolly Baksh-Singh at the OPHA office at (416) 367-3313 or toll-free 1-800-267-6817 (Ontario only) ext. 224; email nolbaksh@opha.on.ca; write to 700 Lawrence Ave West, Suite 310, Toronto, Ontario, M6A 3B4; fax (416) 367-2844. You can also download an application form from our website at www.opha.on.ca/membership.

Conjoint membership with the Canadian Public Health Association is available by contacting CPHA directly at 1565 Carling Ave., Suite 400, Ottawa, Ontario, K1Z 8N8. Tel: (613) 725-3769. Fax: (613) 725-9826

Advertising in OPHA News

OPHA accepts inserts and advertisements that would be of interest to its membership.

Cost:

- \$200 for one 1/4 page ad
- \$300 for one 1/2 page ad
- \$350 for one full page ad or insert (1,000 copies required).

Reduced fees for multiple mailings are available. Additional charges for postage costs may be applied. Advance approval of copy is required.

For submissions or inquiries regarding this publication, contact the Editor at editor@opha.on.ca.

Older Persons' Mental Health and Addictions Network of Ontario:

First Annual Conference

June 1, 2006 :: Macdonald Block, Toronto

Email: opmhan@sympatico.ca

Addictions Ontario Annual Conference Bridging the Gaps: Inspiration to Execution

June 5-6, 2006 :: Stage West, Mississauga

www.addictionsontario.ca/conference.htm

2006 Smog Summit: Partnerships for Clean Air

June 7-8, 2006 :: Toronto City Hall, Toronto, Ontario

www.smogsummit.org

28th Annual Guelph Sexuality Conference

June 10-13, 2006 :: Guelph, Ontario

www.open.uoguelph.ca/sexconf

9th International Conference on Bisexuality

June 15-18, 2006 :: StageWest, Mississauga

www.9icb.org/index.asp

16th World Conference on Disaster Management

June 18-21, 2006 :: Metro Toronto Convention Centre, Toronto

www.wcdm.org

Health Promotion Summer School: Creating Supportive Physical and Social Environments

June 25-29, 2006 :: BMO Institute for Learning, Markham

www.utoronto.ca/chp/hpss

The XVI International AIDS Conference

August 13-18, 2006 :: Metro Toronto Convention Centre, Toronto

www.aids2006.org

OPHEA's 2006 Kids' Health Conference Moving Kids, Shaping the Future

October 12-14, 2006 :: Nottawasaga Inn, Alliston, Ontario

www.ophea.net/khc

International Harm Reduction Conference

October 22-25, 2006 :: CapeTown, South Africa

www.alcoholconference.org

19th International Union for Health Promotion and Excellence (IUHPE) Conference

June 11-15, 2007 :: Vancouver, British Columbia

www.iuhpeconference.org