



Association of Public Health Epidemiologists in Ontario

APHEO

To advance and promote the discipline
and professional practice of epidemiology
in Ontario public health units

Annual Report 2003

Executive Committee

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President, Durham Region
Health Department

Lee Sieswerda
Vice President, Thunder Bay
District Health Unit

Andrea Smith
Secretary-Treasurer, Region of Peel
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Association of Local Public Health
Agencies (alPHA) Rep, Haliburton,
Kawartha, Pine Ridge District
Health Unit

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Ontario Public Health Association
(OPHA) Rep, Toronto Public Health

Ruth Sanderson
Ontario Council of Community Health
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PRESIDENT'S REPORT: A Year in the Life of APHEO

Submitted by: Sherri Deamond

What a year 2003 has been for both APHEO and for public health epidemiologists. The year started out none too different from any year for the association. We had our first general meeting in February, which focused on West Nile Virus. We were shown some of the surveillance data collected by Halton Region Health Department and heard some summary results of the Effective Public Health Practice Review on WNV being completed by the Public Health Research, Education & Development (PHRED) Program. We all left the meeting feeling inspired and ready to tackle the forthcoming WNV season at our local health departments.

Some time in early March we all started to hear a strange new term that was causing some excitement in the public health world. Not long after that, we became all too familiar with the acronym SARS, short for Sudden Acute Respiratory Syndrome. Although the majority of cases of SARS were located in Toronto and the surrounding "Greater Toronto Area" (GTA), the effects of the outbreak were felt by epidemiologists across the province. Potential contacts of cases were found province wide and most health units were involved in daily tracking of quarantined individuals. Epidemiologists from public health units, district health councils, health intelligence units and anywhere they could be found, were called in to help out at the SARS Epi Centre at the Ministry of Health and Long Term Care in Toronto. Towards the end of April we were beginning to heave a sigh of relief as no new cases had been detected in a while and it finally looked like the outbreak was under control. The calm before the storm perhaps! By the end of May "SARS II" was upon us and we were all busier than ever! It was around that time that we had our second general meeting of the year and received an update on the various projects being undertaken by the PHRED program. By mid-June the second SARS outbreak was over. Many epidemiologists continued to work on SARS-related activities, cleaning up and organizing the reams of data that had been collected throughout the outbreak. Others were finally *(continued on pg. 2)*

PRESIDENT'S REPORT *(continued)*

able to return to their regular activities and try to catch up on the backlog of work that had piled up. And of course summer had arrived so that WNV surveillance we were all keen about back in February had begun.

Early June was also marked by a significant accomplishment when Terry Delmore, past APHEO president, received the Distinguished Service Award at the Association of Local Public Health Agencies' (ALPHA) annual awards banquet. Terry was the fourth APHEO member to receive this ALPHA award since 1996 and the timing was very appropriate, as he has since retired from his very accomplished career in public health.

During this hectic time our Conference Organizing Committee managed to organize a top rate conference entitled, "Measuring the Marigolds: The Epidemiology of Children's Health", with the help of Confersense Planners. Read more about this successful conference on page four. During the October conference, APHEO held its second strategic planning session to follow up on work done in 2003. The great ideas that came out of the session will be crafted into a work plan for APHEO for the next three years. The final meeting of 2003 was held in November and focused on the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and

other privacy legislation and their effects on the practice of public health epidemiology in Ontario.

Though SARS dominated the year for most epidemiologists, APHEO did manage a few major accomplishments. Thanks to the hard work and persistence of the 2003 APHEO Vice President, Lee Sieswerda, the APHEO web site was completely

redesigned and relocated to our newly acquired URL at www.apheo.on.ca. We are all quite pleased with our streamlined and sophisticated new look! APHEO also continued to develop a strong partnership with Health Canada's Skills Enhancement for

The great ideas that came out of the October Strategic Planning session will be crafted into a work plan for APHEO for the next three years.

Health Surveillance program. A team of APHEO members participated in both the review of a paper prepared for the program entitled "Health Surveillance: An Important Tool to Promote and Protect the Health of the Public" and also the review of new modules developed for the on-line training program. In addition, numerous APHEO members acted as on-line facilitators for the Skills program for both local and national teams of learners. All in all, despite a few surprises, 2003 turned out to be a successful year for public health epidemiology in Ontario. We all learned a lot and are ready for all the new surprises 2004 holds!

OPHA REPORT Submitted by: Nancy Day

The Ontario Public Health Association (OPHA) concluded its strategic planning process for 2003-2006. The new vision states that "The Ontario Public Health Association will be a dynamic and innovative force, enhancing and reshaping public health." The updated mission of the OPHA is "to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario". Fourteen strategic goals were identified which fit under the categories of Advocacy, Program Development, Professional Development, Membership Development, and Profile and Linkages.

OPHA struck a "Core Competencies

for Public Health Task Group" with membership from each Constituent Society, ALPHA, Health Canada Skills Enhancement, the Public Health

The Ontario Public Health Association will be a dynamic and innovative force.

Branch and other interested individuals. This Task Group will define the competencies that all public health workers should have by conducting a

systematic literature review and building on work done elsewhere.

OPHA coordinated a process for public health professionals to comment on the proposed new "Canada Health Protection Act". The new Act will replace the *Food and Drugs Act* (1953), the *Hazardous Products Act* (1969), the *Quarantine Act* (1872), and the *Radiation Emitting Devices Act* (1970).

Other highlights for OPHA in 2003 include exploration by OPHA and ALPHA into how the two organizations can work together. In addition, a new Executive Director, David MacKinnon, started in November and OPHA moved to new offices in December.

COMMITTEE INVOLVEMENT IN 2003

Submitted by: Sherri Deamond

Members of APHEO participated on the following Committees and Workgroups as Official APHEO Representatives in 2003:

1. Integrated Public Health Information System (iPHIS) Project Steering Committee

- › Date APHEO Participation Began: November, 2003
- › APHEO member: Sherri Deamond (Durham Region)
- › Mandate: To guide the development, implementation, operation and evaluation of the iPHIS business and systems solution across Ontario for communicable and reportable diseases, including Outbreak Management, in a multi-phase implementation approach.
- › 2003 Accomplishments: Terms of Reference were developed for the committee. Meetings were held on a monthly basis to review progress of project and provide recommendations. Several subordinate committees were created to focus on “Evaluation”, “Communications”, “RDIS Conversion”, “Surveillance, Standards & Reporting”, and “Policy, Privacy & Legal”. The committee has also been overseeing the development of the Contact Tracking & Quarantine Management Module.

2. Effective Public Health Practice Project

- › Established: September 1998
- › APHEO member: Catherine Bingle (Simcoe)
- › Mandate: Maintain province-wide participation in the development and dissemination of systematic reviews and other related activities.
- › 2003 Accomplishments: In 2003, the EPHPP released a review on effective community-based interventions to enhance cognitive and social-emotional development among children zero to six years of age. It also continued to work on the West Nile Virus review, which remains in progress. Also, nine summary statements were completed which have been sent to print and web site publishing. One summary was written by an APHEO member and three others by health unit colleagues recruited by APHEO members.

3. Ontario Public Health Benchmarking Partnership Executive Committee

- › Date APHEO Participation Began: February 2003
- › APHEO member: Brenda Guarda (representing alpha)
- › Mandate: Ontario Public Health Benchmarking Partnership Executive Committee ensures system planning for benchmarking across Ontario public health units by:
 - identifying and overseeing benchmarking projects
 - setting priorities
 - monitoring the budget
 - striking working committees as required

- marketing and promoting benchmarking and best practices in Ontario public health units
- › 2003 Accomplishments: The committee was unable to meet in 2003 as a result of the SARS outbreak.

4. Provincial Health Indicators Working Group (PHIWG)

- › Established: February 1998
- › APHEO members: 10 APHEO members and 7 members from HIUs, ICES, MOHLTC; Mary-Anne Pietrusiak, Chair (Durham Region)
- › Purpose: To systematically define and operationalize a core set of health status indicators using, as a framework, an elaboration of the Ontario Mandatory Programs and Services Guidelines. To promote use of the indicators and encourage public health units, district health councils, health intelligence units and others to adopt the indicators as defined and to generate the indicators for their areas.
See www.apheo.ca/indicators
- › 2003 Accomplishments: Mary-Anne Pietrusiak, Sherri Deamond and Nam Bains presented a workshop on the Core Indicators at the Measurement in Health Care Symposium sponsored by ICES, the HIUs, MOHLTC and CIHI.

5. A Framework for a Balanced (Public Health) Scorecard Advisory Committee

- › Established: 2003
- › APHEO member: Sherri Deamond (Durham Region)
- › Purpose: To provide expert advice for the ICES report on a framework for public health performance measurement. To examine opportunities/options for creating a first public health performance report.
- › 2003 Accomplishments: The committee met once in 2003 to provide feedback on a draft framework and provide input on the purpose, target audience, and components of a public health scorecard.

Members of APHEO participated unofficially on the following Committees or Workgroups in 2003:

1. Integrated Public Health Information System (iPHIS) Outbreak Module Development

- › Established: Sept. 25, 2003
- › APHEO members: Lee Sieswerda (Thunder Bay), Brenda Guarda (York Region/Simcoe), Karen Hay (York Region)
- › Purpose: While module development was initiated specifically in response to SARS, the purpose of the committee is to develop the outbreak case and contact management capacity of iPHIS using a framework general enough to be useful for any outbreak. Many agencies are represented including Health Canada, the Ontario Ministry of Health and Long-Term Care,

COMMITTEE INVOLVEMENT IN 2003 *(continued)*

and several local public health units within Ontario. The final product of the committee will be a functioning outbreak case and contact management module integrated into iPHIS; this is expected to be completed in 2005.

2. Rapid Risk Factor Surveillance System (RRFSS)

Working Group

- › Date Established: January 2000
- › APHEO members: 23 APHEO members; Kathy Moran, Steering Committee Chair (Durham Region), Lynne Russell, RRFSS Coordinator
- › Mandate: The RRFSS Working Group guides, oversees and acts as the decision-making body of the RRFSS. The RRFSS is used to monitor key public health issues and is adaptable to collect information on emerging issues. The results from RRFSS are used to support program planning and evaluation, to advocate for public policy development, and to generate reports that help to improve community awareness regarding the risks for chronic diseases, infectious diseases and injuries. Two other RRFSS Standing Committees with APHEO member

participation are the RRFSS Analysis Group, which responds to analysis concerns and advises on analysis issues identified by the RRFSS members, and RRFSS Advisory Group, an intermediate between the Institute for Social Research (ISR) at York University and the RRFSS Working Group.

› 2003 Accomplishments:

- RRFSS Coordinator hired in June 2003.
- 2003 RRFSS Annual Workshop held at the Institute for Social Research, York University.
- New modules developed in 2003: Breastfeeding Policy, Fetal Alcohol Syndrome, Childhood Injury Prevention: Beliefs and Perceptions, Severe Acute Respiratory Syndrome (SARS) - Awareness of SARS, Behaviour Response to SARS, Emotional Response to SARS, Impact of the SARS Outbreak, and Perception of Risk as well as several Pesticide Behaviour modules.
- New health units joining RRFSS in 2003: Brant, Leeds, Grenville and Lanark, and Waterloo.
- For further information visit the RRFSS web site at www.cehip.org/rfss.

2003 APHEO CONFERENCE *Measuring the Marigolds: The Epidemiology of Children's Health*

Submitted by: Elizabeth Rolland

The 2003 APHEO Conference was held October 15-17, at the Howard Johnson Hotel in downtown Kingston, Ontario. The goals of this conference were to provide a forum for the exchange of ideas, knowledge, resources, and research pertaining to perinatal and child health. The conference opened on Wednesday with the APHEO Annual General Meeting followed by a Strategic Planning Meeting and a welcome reception in the early evening. The official conference started on Thursday morning with the unfortunate announcement that Jane Bertrand, our keynote speaker, would not be making her keynote address due to a family emergency. However, Dr. Ian Gemmill, Medical Officer of Health for the KFL&A Health Unit, came to the rescue and presented his talk, "Children and Immunization" instead.

Invited speakers on Thursday included: Sylvia Dorosh from the Ontario Vital Statistics Improvement Project who gave a talk about current issues with Ontario Vital Statistics, followed by Dr. Paula Stewart and Jim Bottomley from the

Perinatal Partnership of Eastern and Southeastern Ontario (PPPEO) program, who gave an overview of the program and of its capabilities. They



A forum for the exchange of ideas, knowledge, resources, and research pertaining to perinatal and child health.

were followed by Dr. K.S. Joseph Dalhousie University, who spoke about the limitations of current provincial vital statistics sources.

Following lunch, Jocelyn Rouleau discussed the Canadian Congenital Anomalies Surveillance System. Nam

Bains, Director of the Eastern Region Health Information Partnership then moderated a roundtable discussion with the day's presenters on topics such as data quality issues and immunization strategies in Ontario.

Dinner was held Thursday night at Fort Henry, followed by an animated networking session.

Friday began with Dr. Alan King's presentation of his WHO research on youth health attitudes and behaviours. He was followed by Satya Brink, from Human Resources Development Canada who discussed the National Longitudinal Survey of Children and Youth.

The rest of the day was dedicated to 7 abstract presentations. More details on these and other presentations can be found on the APHEO web site.

The conference ended with Sherri Deamond, the 2003 APHEO President, announcing that the 2004 APHEO Conference will be in Niagara Falls, Ontario and will be on communicable disease. See you there!

OCCHA REPORT Submitted by: Ruth Sanderson

The Ontario Council on Community Health Accreditation (OCCHA) is an independent agency directed by a Board whose members are appointed by professional associations involved in public health including APHEO. Its mission is "To promote excellence in public health programs and services." This mission is accomplished through the accreditation of health units and through defining and publicizing standards related to the structure, process and outcomes of public health agencies. OCCHA's accreditation process is confidential, voluntary, peer generated and peer reviewed. Currently there are 14 public health units accredited in Ontario, five of which were re-accredited in 2003.

This past year was marked by a commitment to ensure that our accreditation process was up-to-date and relevant in the context of current public health practice. Specifically efforts focused on:

- Revising and expanding the accreditation standards to focus more on program/service planning, implementation, monitoring and evaluation and to more fully reflect the Mandatory Health Programs and Services Guidelines, and
- Initiating a Continuous Quality Improvement (CQI) Task Force, with representation across health units with the purpose of improving OCCHA's ability to encourage and facilitate organizational excellence and ongoing quality of practice in public health.



To promote excellence in public health programs and services.

Like many public health agencies, the public health emergencies and other unforeseen crises affected OCCHA in 2003, such as the SARS outbreak and the electrical blackout. OCCHA's strength lies in the expertise of its volunteers (board members, committee members and surveyors), however this past

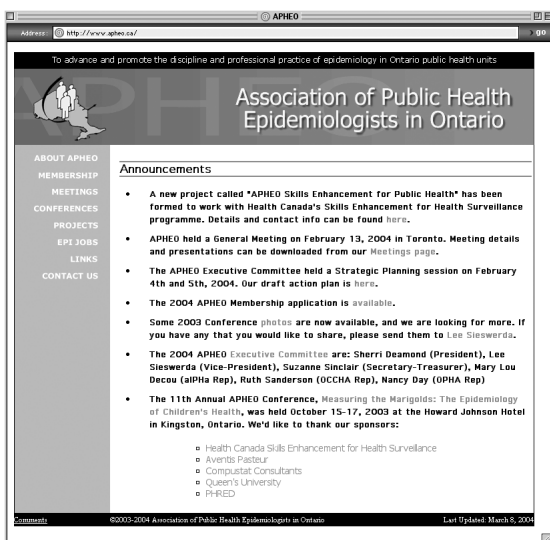
year required our volunteers to focus their resources on maintaining essential public health services in Ontario. In November 2003, OCCHA made the unprecedented move to focus its immediate efforts on the completion of the standards review and as a result,

announced that all accreditation surveys originally scheduled to take place in 2004, were deferred for eight months. This allowed OCCHA to prepare for the piloting of the new standards early in 2004.

Finally, in the wake of the public health emergencies in 2003, the Ontario Provincial Auditor's Report brought some useful reflection on the government's accountability mechanisms to ensure its stewardship of public funds. This report specifically recognizes the work of OCCHA and recommends that the Ministry consider whether OCCHA's accreditation process, along with other compliance measurement tools, should be used by all local health units. OCCHA itself had recommended in 2002 that the Ministry consider incentives to encourage all health units to participate in the accreditation process and welcomes future dialogue on this matter.

For more information on OCCHA visit their web site at www.occha.org.

APHEO'S WEB SITE Submitted by: Lee Sieswerda



APHEO got its own domain name and a completely re-designed web site in 2003. Lee Sieswerda, 2003 APHEO Vice-President, created the new site at www.apheo.ca and www.apheo.on.ca. APHEO owes a debt of gratitude to the Central East Health Information Partnership for their technical support and generosity in continuing to host our web site. In addition to the updated look and feel, new features of the site include a short history of APHEO written by 2003 APHEO President Sherri Deamond, an announcements page, and an organized file system. Plans for 2004 include re-organizing the menu system and implementing MySQL database capability as well as Perl and PHP scripting. With database and scripting capability, the web site will have the potential for electronic voting, on-line questionnaires, web forums, and other forms of dynamic content.

MEMBERSHIP REPORT Submitted by: Andrea Smith

APHEO membership continued to grow throughout 2003, once again reaching an all time high! Over the course of the year, there were 111 members: 50 full members and 61 affiliates. This translates to a 25% increase in memberships from the previous year.

Approximately one-third of our 2003 membership were new

recruits to APHEO, including 14 full members and 24 affiliates.

As new members continue to grow, so do our returning members. Seventy-three individuals were returning from 2002, including 36 who were full members and 37 affiliates. Congratulations APHEO!

FINANCIAL REPORT Submitted by: Andrea Smith

Income (January 01, 2002 - January 02, 2003)

Conference 2003 - Registrations	22,062.40
Conference 2003 - Sponsorships & Marketing	4,000.00
Health Canada Contract	9,299.07
Interest	7.42
Memberships 2003	3,450.00
Memberships 2004	737.50
Total Income	39,556.39

Expenses

alPHa Expenses	247.10
2002 Annual Report	290.35
2002 Conference Expenses	26.00
2003 Conference Expenses	23,528.13
2004 Conference Expenses	2,500.00
Envelopes for Annual Report mailout	28.72
General Meeting Expenses	428.85
Gifts Given (including mugs)	1,728.13
OPHA Constituent Society Fee	750.00
Registration of APHEO url's	533.94
Software for Web site	488.75
Miscellaneous (Ticket for alPHa banquet dinner)	74.90
Total Expenses	30,624.87

Total Income - Expenses **8,931.52**

Balance Forward	
Chequing	21,287.36
Investments	2,227.08
Total Balance Forward	23,514.44

Overall Total **32,445.96**

alPHa REPORT Submitted by: Anne Marie Holt

The Association of Local Public Health Agencies (alPHa) is a non-profit organization that advocates for public health policies, programs and services on behalf of health units in Ontario. alPHa represents its members' interests and concerns before governments and other health-related organizations, and consults and advises the Province on public health policies and programs.

alPHa has worked very strongly to advocate for strengthening the public health system.

This past year has been one of heightened visibility in public health. SARS, West Nile Virus, the Aylmer Meat scandal and the Ontario-wide blackout have underscored the critical importance of our public health system in minimizing the threat of health hazards that face us each day. At the same time, they have all revealed serious shortages in the public health system (Hukowich, alPHa President). In light of the attention public health has received, alPHa has worked very strongly to advocate for strengthening the public health system.

While alPHa has been active advocating for good public health policy in previous years, 2003 was an election year, which presented alPHa with more opportunities to influence public policy.

Over the past year alPHa has been involved in an extensive range of activities to address public health issues in Ontario. For example, alPHa drafted a position paper on the future of public health in Ontario in consultation with all affiliate associations including APHEO. They also launched a new web site, investigated opportunities to promote careers in public health, made a submission to the Campbell Commission and made a presentation to the Walker Panel related to SARS.

For more information on alPHa's advocacy efforts, please visit their web site at www.alphaweb.org.