

# APHEO

## ANNUAL REPORT 2005

### ASSOCIATION OF PUBLIC HEALTH EPIDEMIOLOGISTS IN ONTARIO

TO ADVANCE AND PROMOTE  
THE DISCIPLINE AND  
PROFESSIONAL PRACTICE  
OF EPIDEMIOLOGY  
IN ONTARIO PUBLIC  
HEALTH UNITS

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## President's Report | Big changes and swirling ideas

Submitted by: Philippa Holowaty

Our first meeting in February set the tone for the year. Sten Ardal and Nam Baines (with input from the other Health Intelligence Units HIU directors) presented an

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The HIUs and district health councils had been key partners for APHEO and provided support functions to the public health epidemiologists. Many employees were APHEO members. The HIU farewell was

overview of some of the lessons learned and accomplishments of the HIU that were destined to close at the end of March 2005 along with the District Health Councils and MOHLTC regional offices.

followed by an update from Phil Jackson on the Public Health Capacity Review and Operation Health Protection. This work remained of key interest to APHEO as for others throughout 2005 with several opportunities for feedback individually and as an organization. In March the Ontario Public Health Association (OPHA) sent out a survey to affiliate members asking key human resource questions. Nancy Day and Ruth Sanderson translated this into a survey to members, collected the data and summarized it within a couple of weeks. The summary provided a foundation for other responses during the year, such as the response to ALPHA at the end of June to a series of questions addressing each of the five Local Capacity review subject areas. Ruth Sanderson also used the summary to represent APHEO at the National Human Resources consultation later in the year. As usual the APHEO list-serve was a lively source of discussion on these issues.

APHEO members were on many different committees as you will see from this report. In addition Ruth Sanderson

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# President's Report | Big changes and swirling ideas

(continued)

was on the Ontario Agency Implementation Task Force (AITF) and Samantha Wilson was on the Funding Working group of the Capacity Review Committee. Neither were officially representing APHEO but it was reassuring that epidemiologists had a voice at the table. Part One of the AITF report was released in October 2005 and the CRC Interim Report in November 2005 and APHEO responded to both these reports because many issues had implications for APHEO members.

Skills Enhancement for Public Health continued to be an important connection for APHEO mainly as facilitators, and APHEO members reviewed several new modules for the skills enhancement program. The APHEO Core Indicators working group also continued with their work despite the loss of some contributors from our work force. Some of the work was contracted out for completion.

With the demise of the Central East Health Information Partnership the APHEO list-serve and website (including the Core Indicators project) had to find a new web page home. Lee Sieswerda navigated these waters successfully and set us up on Brickhost before he went on paternity leave, fortunately leaving Jill Starkes to cover for him. Lee amazed us at the October AGM with statistics on hits on our web site.

## OPHA Report

Submitted by: Nancy Day

The OPHA had a busy year addressing many different advocacy issues. These included responding to the

**“The theme, Determining Health through Public Health Action, asked us to step up to the challenges facing public health and take action.”**

Healthy Weights, Healthy Lives report; indicating support for a Student Nourishment Program that is based on community partners; addressing a wide

The AGM was held in Cornwall September 25 prior to the 2005 APHEO Conference “Understanding Healthy Lifestyles: Measuring and Monitoring Behavioural Risk Factors”. Along with the CRC and AITF there was a growing interest in public health core competencies based on work by the Ontario Public Health Association and the new Public Health Agency of Canada. The APHEO strategic working group on competencies for epidemiologists (Chaired by Ruth Sanderson) took full advantage of this federal interest to obtain funding from PHAC to support their work with the encouragement of Carla Troy. The final APHEO meeting of the year December 9 focused on Core Competencies. Nancy Day explained the provincial position based on the work of the Ontario Public Health Association, Claire Betker from PHAC gave the Pan-Canadian perspective, Ruth spoke about the work of the APHEO working group on Discipline specific Competencies for Public Health Epidemiologists in Ontario, and the University of Toronto consulting group (Sue Bondy, Ian Johnson, Donald Cole and Kim Berkovitz) described their research so far, under contract with APHEO. Claire Betker challenged us to share our work with public health epidemiologists across Canada.

I have only touched the surface of the 2005 APHEO activities that are described in more detail in the following sections. It was an interesting year!

range of specific issues related to the national child benefit claw-back, children and the environment, alcohol privatization and warning labels, breast feeding protocols and TeleHealth, air quality and the future Local Air Quality Framework, environmental health capacity at the local level, and obesity - to name a few. In 2005 OPHA released the report School Buses, Air Pollution and Children's Health: Improving Children's Health and Local Air Quality by Reducing School Bus Emissions Report. This report was directed to both the Provincial and Federal governments.

# OPHAReport<sup>(continued)</sup>

Submitted by: Nancy Day

The Ministry of Health contracted OPHA to conduct a public health capacity mapping with constituent societies, in March 2005. The total process occurred in about 4 weeks. The resulting report was used in conjunction with the Capacity Review surveys to inform the Capacity Review Committee's (CRC) work. OPHA made submissions to both the CRC and the Agency Implementation Committee. In the fall OPHA hosted a meeting of the Constituent Societies to discuss common issues and to formulate OPHA's response to the interim reports for each of the above committees.

# ALPHAReport

Submitted by: Mary Lou DeCou

The Association of Local Public Health Agencies (alPHa) is a non-profit organization that provides leadership to boards of health and public health units in Ontario. The members include board of health members of health units, medical and associate medical officers of health, and senior public health man-

**In 2005, alPHa has been involved in an extensive range of activities to address public health issues in Ontario.**

collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. It 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. It has a 21 member Board of Directors including representative of Medical Officers/Associate Medical Officers, members of the local Boards of Health and representation from the

agers. alPHa advises and lends expertise to members on the governance, administration and management of health units. The Association also

The 2005 Conference was co-hosted by OPHA and alPHa. The theme, Determining Health through Public Health Action, asked us to step up to the challenges facing public health and take action. The sub-themes included Reshaping Public Health, Infectious Disease Prevention, Injury Prevention, Chronic Disease Prevention, Child Health and Social/Economic Determinants of Health. At the end of conference the Social/Economic Determinants of Health stream presented their deliberations which will be collated into public document in 2006 by the Sudbury PHRED.

senior management of health departments/units. This past year has been one of continued public health challenges. Issues which played a prominent role in 2004, continued to have an impact on the direction which public health and alPHa took in 2005. SARS, West Nile Virus and the ongoing repercussions from Walkerton Inquiry continued to underscore the critical importance of our public health system in minimizing the threat of health hazards that face us each day. In light of the attention public health has received, alPHa continued to work strongly to advocate for strengthening the public health system.

In 2005, alPHa was involved in an extensive range of activities to address public health issues in Ontario. alPHa continued to advocate for adequate funding for public health programs and services. To organize resolutions a four level ranking system was adopted. Topics within the top priority included: mandatory annual influenza immunization of health care workers, determinants of health as a mandatory health program, Haines meat inspection, review of healthy weights, SARS commission, mandatory pasteurization of fruit juices and cider, and adequate nutrition for Ontario Works and Ontario Disability Support Program Participants and Low Wage Earners. For more information on alPHa's advocacy efforts, please visit the web site at [www.alphaweb.org](http://www.alphaweb.org).

# OCCHA Report

Submitted by: Jason Garay

It is my distinct pleasure to submit my first official OCCHA Annual Report to APHEO, after taking over from Ruth Sanderson last year. I have had very large shoes to fill indeed!

OCCHA's mission is to promote accountability and excellence in public health programs and services, primarily through the administration of a comprehensive accreditation program. OCCHA is currently the only public health unit accrediting body in the province.

During the past year, OCCHA has been very busy completing the revision of its own accreditation standards and securing involvement in the provincial capacity review committee's review of public health accountability. Following a detailed review of the accreditation standards, including input from several accredited health units and surveyors, a new set of revised accreditation standards were introduced. These new standards directed the focus of accreditation towards the core business of public health, namely the delivery of programs as prescribed under the Mandatory Programs and Services Guidelines. Subsequent accreditation surveys using the new standards have yielded an overwhelmingly positive response from health units and surveyors alike. Over the past year, OCCHA has also been a participating member on the Public Health Capacity Review Committee's Reference Panel and has provided input and feedback regarding the review of public

health accountability mechanisms through the Public Health Systems Accountabilities Subcommittee. OCCHA's experience with the accreditation process has made them an invaluable resource in determining and designing the future of public health accountability.

Finally, in 2005, OCCHA established a Continuous Quality Improvement (CQI) Advisory Group. Scheduled to begin meetings in 2006, this group will provide ongoing feedback to OCCHA regarding CQI initiatives, provide input into the development of CQI operational plans and assist in priority-setting of CQI activities. The Advisory Group membership is open to representatives from all public health units and currently consists of members from 20 of 36 public health units across the province. More information on this new initiative is available on the OCCHA website.

The coming year will prove to be an exciting one for OCCHA, with seven accreditation surveys scheduled to occur between March and November 2006. The increased demands on OCCHA to administer these surveys will require the establishment of a new core of accreditation surveyors to supplement the large group of volunteers already participating in the process. Information on how to become an OCCHA surveyor, as well as other information related to the accreditation process, can be found on the OCCHA website at [www.occha.org](http://www.occha.org).

## Committee Involvement

### Effective Public Health Practice Project

- Established March 1998
- APHEO member: Val Mann (Northwestern)
- Mandate: To provide evidence of effectiveness of public health interventions outlined in the Mandatory Health Programs and Services Guidelines (1997) through systematic reviews of the literature.
- Reviews completed in 2005
  - Effectiveness Of Interventions To Prevent - Excessive Weight Gain During Pregnancy
  - Effectiveness Of School-Based Interventions In

### Reducing Adolescent Risk Behaviours: A Systematic Review Of Reviews

- Summary Statements completed in 2005
  - Community Reinforcement Approach To Drug, Alcohol Addiction
  - Comparison Of Dietary Advice Given To Help Reduce Blood Cholesterol
  - Effectiveness Of Physical Activity Programs At Worksites
  - Health Related Virtual Communities And Electronic Support Groups
  - HIV Prevention Intervention Research For Heterosexual Adult Populations

# Committee Involvement (continued)

- Interventions For Preventing Postpartum Depression
- Interventions To Prevent Dental Caries, Oral/Pharyngeal Cancers, Sports-Related Craniofacial Injuries
- Interventions To Promote Mammography
- Long-Term Adolescent Tobacco And Other Drug Use Prevention Program Evaluations
- Long-Term Effects Of Advice To Reduce Dietary Salt In Adults
- New Roads And Human Health
- Psychosocial Interventions For Caregivers of People With Dementia
- School Based Driver Education For The Prevention Of Traffic Crashes
- Social Deprivation And The Prevention Of Unintentional Injury In Childhood
- Follow the link from the PHRED website for more information: [www.phred-redsp.on.ca](http://www.phred-redsp.on.ca)

## **Provincial Health Indicators Working Group**

- Established: February 1998
- APHEO members: 10 APHEO members and 5 members from HIUs, ICES, MOHLTC; Mary-Anne Pietrusiak, Chair (Durham Region)
- Mandate: 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.
- 2005 Accomplishments: Work was completed on the remaining indicators, including those in the Physical Environment, Behaviour and Health (smoking, alcohol, physical activity, nutrition and healthy weights, sun safety), and Mental Health sections. A resource on Data Gaps was added. Due to the disbanding of health intelligence units and district health councils, numerous links had to be changed and edits made to the indicators and resources. Many HIU reports are now housed on the Core Indicators website to ensure the information is not lost.

## **Canadian Congenital Anomalies Surveillance Network Advisory Committee**

- APHEO representative added April 2005
- APHEO member: Mary-Anne Pietrusiak (Durham Region); Backup Julie Stratton (Peel Region)
- Mandate: Provide the Maternal and Infant Health Section (MIHS) of the Public Health Agency of Canada with advice and direction on strategies for the development of congenital anomalies surveillance systems in provinces/territories where there are none and for maintaining and enhancing existing surveillance systems. The Advisory Group will guide the MIHS in the continuous improvement of the CCASS.
- 2005 Accomplishments: Scientific meetings: Folic Acid and the Prevention of Neural Tube Defects in January 2005; Primary Prevention of Congenital Anomalies in November 2005. Mary-Anne Pietrusiak presented on RRFSS in the January conference, and on Radiation and Health in Durham Region at the November conference.

## **Integrated Public Health Information System (iPHIS) Advisory Committee**

- Formerly called the iPHIS Project Steering Committee
- APHEO participating since November 2003
- APHEO member: Brenda Coleman (Elgin-St. Thomas), Sherri Deamond (Durham Region)
- Mandate: To provide a forum for representatives from public health units, the Public Health Division, and other stakeholders to discuss and make recommendations regarding the resolution of iPHIS implementation-related issues.
- 2005: Meetings held monthly to review iPHIS implementation and business-related issues and to provide feedback to the iPHIS project team and the public health division of the MOHLTC.
- The epidemiologist representative also co-chairs the 'Data Standards and Reporting Subcommittee'.
- APHEO members: Anne Arthur (Toronto), Alison Locker (Middlesex-London), Lindsay Whitmore (Ottawa)
- Mandate: To make recommendations to the iPHIS Advisory Committee regarding data standards and reporting in iPHIS as well as on issues

# Committee Involvement<sup>(continued)</sup>

regarding iPHIS-related research.

- 2005: Developed terms of reference, recommendations for completion of data dictionary, user guides, and reports, and a work plan. Arranged for public health division support for a project coordinator to assist with this project to see it to a timely conclusion.

## **OPHA Core Competencies Task Group**

- Established: 2003
- APHEO member: Nancy Day (Toronto)
- Purpose: To define core competencies for public health that will guide public health education and practice in Ontario.
- 2005 Accomplishments: In January the Public Health Agency of Canada (PHAC) released for discussion the report *The Development of a Draft Set of Public Health Workforce Core Competencies: Summary Report*. Using this report, OPHA, with the PHAC and the PHRED Program co-hosted a 1 day pan-Canadian stakeholder retreat in March to discuss the potential framework for a companion document. In the spring the OPHA was funded by the MOHLTC (year-end funding) to develop a draft program logic model to support and guide the implementation of the common core competencies. In the fall, two sub-committees were struck - Education and Communications - to start working on the development of educational and communication tools to support the consultation process and enhance awareness of the core competencies initiative in Ontario and across Canada. The Task Group started to develop the consultation process for Ontario, which would rollout in January 2006.

## **RRFSS Steering Group**

- Date Established: January 2000
- APHEO members: 5 members on Steering Group: Alanna Leffley (Grey Bruce), Anne Taylor Barnett (Leeds Grenville Lenark), Janet Philips (Toronto) Karen Moynagh, Chair (Halton Region) Lynne Russell (RRFSS Coordinator). In addition, numerous other APHEO members participated on other RRFSS groups including: Regional Groups, the Analysis Group, Website Group, and other ad-hoc groups

- Mandate: RRFSS envisions that all decisions within the public health system to promote and protect health and wellbeing and prevent adverse health events are informed by valued, timely and relevant health intelligence (RRFSS Strategic Plan for Action, 2004).
- 2005 Accomplishments:
- In 2005, 22 Ontario Health Units participated in the RRFSS
- All RRFSS-Participating Health units participated in a review of RRFSS modules
- Many new modules were developed on topics including: Care Giver, Diabetes Campaign, Falls Prevention, Health Information, Media Patterns, Physical Activity Media Campaign, Sexual Education –Children and Youth, Tobacco Advertising, Attitudes Towards Smoke Free Ontario, Tobacco-Enforcement and Support for Provincial Tobacco Legislation
- Planned and facilitated the 2005 RRFSS Workshop, ‘RRFSS-Providing Public Health Intelligence’ hosted at ISR
- RRFSS worked with the PHRED program on an Evaluation of RRFSS. The purpose of this evaluation was to review key issues and future directions as outlined in the 2001/2 RRFSS Evaluation, determine the utility of RRFSS, highlight examples of ‘best practises’, and document what would be required to make RRFSS a provincial system. Report to be released in August 2006.

## **Members of APHEO participated unofficially on the following Committees or Workgroups in 2005:**

### **Technical Expert Panel of the Health System Scorecard**

- Established: May 2005, Concluded June 2005
- APHEO member: Mary-Anne Pietrusiak (Durham Region)
- Panel composed of about a dozen people from primary care, acute care, long-term care, mental health, rehabilitation, home care, complex continuing care, and public health
- Purpose: Evaluate characteristics of performance indicators using specified selection criteria; refine the list of indicators to 20-25; identify gaps and trade-offs among the chosen indicators; evaluate the indicators

# Committee Involvement (continued)

to make sure they form a comprehensive set with respect to the goals of the health system scorecard.

- 2005 Accomplishments: The panel provided feedback to Ministry of Health and Long-Term Care staff that was used in the development of a Health System Scorecard that was provided to The Ontario Health Quality Council.

## **The Canadian Field Epidemiology Program (CFEP)**

Robyn Mitchell provides APHEO with a link to the CFEP including the seminar series. The CFEP semi-

nar series provides an excellent opportunity to update knowledge of pertinent public health issues, to review epidemiological methods, to examine new analytical approaches to assessing population health and public health applied research, and to assess public health responses to these issues. The CFEP is a two-year training program through the Public Health Agency of Canada. There is also a three-week “Epi in Action” course, designed to provide an overview of epidemiologic principles and practices applied to public health field studies.

## 2005 Conference

Submitted by: Gamil Shahein

Gamil Shahein (Conference Chair), Eastern Ontario Health Unit, Kathy Moran (Speakers), Durham Region Health Department; Amira Ali, Ottawa Public Health; Mary Lou DeCou (2004 conference chair); Regional Niagara Public Health Department; Mamdouh Shubair, City of Hamilton - Public Health Services; Camille Achonu, Toronto Public Health and Nam Baines, MOHLTC.

The 2005 APHEO Conference was hosted by the Eastern Ontario Health Unit at the NAV CANADA Centre in Cornwall September 25 to 27, 2005. The theme was “Understanding Healthy Lifestyles, Measuring and Monitoring Behavioural Risk Factors”. The setting was beautiful, across the road from the St. Lawrence Seaway. The downpour during the evening tour of Upper Canada Village did not dampen spirits. Dr. Robert Bourdeau, The Medical Officer of Health for the Eastern Ontario Health Unit welcomed the conference attendees and treated the group to a history of public health in Ontario illustrated by old photos that were also displayed at the conference. The Eastern Ontario Health Unit was the first public health unit in Ontario, founded in 1935 as a pilot site, 70 years ago.

The key note address was from Dr. Andrew Pipe from the University of Ottawa's Heart Institute who set the tone of optimism at the conference. Dr. Pipe was the 2005 National Child Day Award winner who has encouraged healthy active lifestyles and integrity in

sports and contributed to the prevention of cardiovascular disease through promotion of tobacco control. His enthusiasm was uplifting. Dr. Robert Cushman, the Medical Officer of Health for Ottawa Health Unit shared some of his experience in leading the charge for smoke free public places. Dr. Roberta Ferrence from the Ontario Tobacco Research Unit also discussed progress in tobacco control, and the role of research. The trials and successes in relation to smoking may be useful in addressing the increasing epidemic of obesity and the challenges of physical inactivity and poor nutrition that were addressed by Dr. Ian Janssen from Queen's University and Larry McNabb from the Canadian Community Health Survey (Cycle 2.2 Nutrition).

The conference also focused on the measurement of risk factors and most speakers shared their experiences in measuring trends in the major risk factors, including Dr. Steve Manske and Suzie Wong from the University of Waterloo who discussed the SHAPES-Ontario initiative, Dr. Marie Beudet from Statistics Canada, Dar Malaviarachchi from Sudbury and District Health Unit, and Maurizio Colarossi from Peel Health, and Dr. Paula Stewart from the Public Health Agency of Canada who gave an overview of surveillance initiatives related to chronic diseases and their risk factors. Stephane Tremblay and Shirley Bryan from the Canadian Health Measures Survey along with Nicolas Lavigne, also with Statistics

# 2005 Conference (continued)

Submitted by: Gamil Shahein

Canada, ran a workshop for the last afternoon of the conference, describing work to date on the Canadian Health Measures Survey.

## Website Report

Submitted by: Lee Sieswerda, Thunder Bay District Health Unit

In 2005, APHEO acquired its own domain names, www.apheo.ca and www.apheo.on.ca, and moved online operations to its own server. The move to the new server sparked the development of a number of new features and enhancements:

- The Core Indicators section was re-programmed, given an administrative interface to simplify the process of updating the indicators, and converted from a file-based Access database to a server-based MySQL database to improve performance.
- APHEO's mailing list, APHEOlist, was moved over to the new apheo.ca domain and updated to run on new, more modern mailing list software. Some new features include a member-accessible archive of APHEOlist messages and an interface where users can manage their own mailing list options.
- APHEO's membership list was moved into a database and a member look-up interface was added to the web-site. This change has made the membership list much more consistently up-to-date than it was previously.
- The process of submitting abstracts for the annual APHEO conference was simplified through the implementation of an online abstract submission system.

APHEO's web site appears to get a respectable amount of traffic. According to our web site statistics, for 2005, we had 48,000 unique visitors and transferred 5.4 GB of data. The most popular parts of the website were the Core Indicators section and the Epi Jobs section.

In summary, the transition to our new server environment was smooth and has enabled a number of enhancements to APHEO's operation.

Photos of the conference can be seen on our web site thanks to Lee Siewswerda [www.apheo.ca](http://www.apheo.ca).

## Financial Report

Submitted by: Philippa Holowaty

### INCOME

2004 Conference	2,786.68
2004 Conference PHAC sponsorship	2,500.00
2005 Conference Income - registrations	15,723.00
2005 Conference Income - sponsorship	6,000.00
2005 Health Canada Contract - Skills	9,225.00
Interest Income (includes GIC interest)	72.49
Membership 2005 (Pd before Dec.31, 2005)	4,875.00
Membership 2006 (Pd before Dec.31, 2005)	350.00
<b>Total Income</b>	<b>41,532.17</b>

### EXPENSES

Gifts from 2004	80.00
Annual report 2004	340.79
Conference 2005	17,223.00
Conference 2006 early site visit Conference	1,404.01
Gifts for speakers (including at conference)	275.13
General meeting expenses	293.54
Teleconferencing (supplied by MOHLTC)	0.00
Affiliate member alpha	0.00
2005 OPHA membership	875.00
Mailing costs membership drive	0.00
Student sponsorship 2005 APHEO conference	0.00
Website upkeep	1,856.45
Travel	211.44
Software purchase	0.00
Strategic planning	0.00
Core Indicators project	2,771.30

<b>Total Expenses</b>	<b>25,330.66</b>
<b>Total Income-Expenses (2005)</b>	<b>16,201.51</b>

### Balance Forward from 2004

Chequing	21,062.98
Investments (GICs)	2,325.21
<b>Total Balance Forward 2004</b>	<b>23,388.19</b>
<b>Year end balance 2005</b>	<b>39,589.70</b>
Year end balance in chequing	37,264.49
Year end balance in GIC	2,325.21