

APHEO | 06

A N N U A L R E P O R T



ASSOCIATION OF PUBLIC HEALTH EPIDEMIOLOGISTS IN ONTARIO

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

EXECUTIVE COMMITTEE

Ruth Sanderson
President, Middlesex-London
Health Unit

Anne Marie Holt
Vice President,
HKPR District
Health Unit

Philippa Holowaty
Past President, Halton Region
Health Department

Philippa Holowaty
Secretary Treasurer (Acting),
Halton Region Health Department

Mary Lou DeCou
Association of Local Public
Health Agencies (ALPHA) Rep.,
Niagara Region Public
Health Department

Nancy Day
Ontario Public Health
Association (OPHA)
Rep., Toronto Public
Health

Jason Garay
Ontario Council of Community Health
Accreditation (OCCHA) Rep.,
York Region Health Department

PRESIDENT'S REPORT | Public Health Epidemiologists... Competence that Counts!

Submitted by: Ruth Sanderson

As public health epidemiologists we are often acknowledged for our skills in measuring change. Yet, we know that our most valuable skill is our ability to interpret and add meaning to these changes. In 2004, the Association of Public Health Epidemiologist in Ontario (APHEO) set out its own agenda for change: to be a valued and recognized leader in public health by the year 2007. Through the sustained, collaborative and often extraordinary volunteer efforts of our members, we have now begun to realize this vision.

In 1991, 14 public health epidemiologists met for the first time, likely with little idea that fifteen years later in 2006, their initial meeting would ultimately lead to the Capacity Review Committee recommending to the Minister of Health and Long-Term Care, that every health unit in Ontario should have adequate programmatic support including epidemiologists! Public health epidemiologists in Ontario are now recognized for their essential contributions to local public health and have developed...Competence that Counts!

Indeed one of the major projects in 2006 involved the identification of discipline specific core competencies for

public health epidemiologists. This initiative propelled APHEO into the forefront of the larger competencies movement in public health and helped us to articulate our distinct contributions to public health practice in Ontario. Thanks to all of the APHEO members, key informants, committee members, University of Toronto consultants and others who helped to shape these competencies. A special thanks to Lewinda Knowles (Waterloo), for taking on the role of Chair of this sub-committee and to the Public Health Agency of Canada (PHAC) for their ongoing support financially and otherwise for this project.

A number of other initiatives took shape in 2006 that would eventually strengthen APHEO's linkages with others in areas of shared interest. The first joint meeting between the Council of Ontario Medical Officers of Health (COMOH) and APHEO was planned. Efforts were made to strengthen ties to epidemiologists outside Ontario and we saw the first inklings of what would be a landmark meeting of pan-Canadian epidemiologists in 2007. Also APHEO was approached by PHAC to be involved in a large scale exploration of the use of Epidata for outbreak investigations.

(Continued on pg. 2)

PRESIDENT'S REPORT | Public Health Epidemiologists... Competence that Counts!

(continued)

In 2006, there were again a number of accomplishments that might go unnoticed simply because we have so easily come to expect them to happen. APHEO provides support to public health epidemiologists through continuing education, networking opportunities and tools such as the health indicators, but it relies on the energy of all its members who are often supported in doing this by their workplaces. APHEO once again provided three informative educational sessions for its 114 members: Pandemic Flu Data Considerations, Public Health Renewal and Cluster Investigations. These meetings were made possible in part by the Ministry of Health Promotion that provided meeting space and teleconference connections. The 14th Annual APHEO conference on Key Databases in Public Health was held in London with the organizational leadership of the Conference Chair, Shelley Stalker (York). The APHEO Award of Excellence was presented to outstanding contributions of the now disbanded, Northern Health Information Partnership (NHIP). The APHEO promotional poster was completed and served as a template for additional posters. The APHEO website continued to

operate successfully with the volunteer management of Lee Sieswerda (Thunder Bay). APHEO continued to the review PHAC's Skills Enhancement modules through the co-ordination efforts of Jason Garay (York). The APHEO policies were revised and updated through the efforts of Anne Marie Holt (HKPR). The APHEO indicators site was updated through the continued work of Mary-Anne Pietrusiak (Durham) and the consulting services of Sherri Deamond (Durham). The membership, minutes and finances were handled by our Past President, Philippa Holowaty (Halton). Most of all I would like to thank Jason Garay for stepping into the President's shoes when I accepted a position with the Ministry of Health and Long Term Care just prior to our Annual Conference. In turn, Shelley Stalker offered to take over Jason's position on the APHEO Executive as OCCHA representative. All in all the activities of this past year, support the idea that not only are APHEO members skilled at measuring, interpreting and adapting to change, but are also valuable leaders in contributing to change in public health.

OPHA REPORT

Submitted by: Nancy Day

This year I wore 2 hats on OPHA, as the APHEO representative and also as Vice-President of OPHA, with Garry Aslanyan as President. In June 2005 we revised our strategic plan and this year we worked on the four main goals: expand the OPHA's advocacy role; increase OPHA's role in enhancing the effectiveness, efficiency and sustainability of public health programs in Ontario; develop and improve the OPHA organization; enhance external relations.

In 2006 OPHA continued its work on Core Competencies for public health by hosting Ontario consultations on the core competencies and providing this feedback to the Public Health Agency of Canada. OPHA also worked with the Ministry of Health and Long Term Care in support of the Health Force Ontario Strategy.

Four position papers, resolutions or motions were adopted by OPHA in 2006: Diversity competent public health professionals; amending Ontario's highway traffic act;

amending Ontario's off-road vehicle act; volunteer involvement in Ontario's Public Health.

The annual conference was held in October at Nav Canada in Cornwall. The conference was entitled "Synergy through Collaboration" and focused on collaborative community initiatives. Participants were challenged to not only "step outside the box" but also to build a new box. As one speaker put it "Life is political – get over it". We need to know when to advocate, to whom and how. Concurrent sessions covered a range of issues from survey methodology to food security and public policy. At the AGM, OPHA membership adopted a revised governance structure that enhances the role of constituent societies. The new structure will be implemented in 2008, allowing for transition time. The Public Health Agency of Canada hosted a pre-conference workshop on the core competencies for public health based on the revised 44 competencies and asked for feedback on both the competencies and implementation strategies.

ALPHA REPORT

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 managers. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also 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 senior management of health departments/units.

alPHA members, that is, Medical Officers of Health, Boards of Health and Affiliate organizations provided considerable support to the processes of the Agency Implementation Task Force, the Capacity Review Committee and the Program Standards Technical Review Committee. alPHA held over 20 teleconferences and two membership conferences, building Healthy Communities (Feb.2007), where the role of public health in creating healthier communities was explored, and Shaping the Foundation of Public Health Management (June 2006), where members developed an association response to the CRC's final report. Another key highlight of the year included a strategic planning session by the board which identified the following five priorities within the context of public health transformation: leveraging new and existing relationships, strengthening advocacy partnerships, engaging the membership, building capacity for public health competencies/skills and responding to emerging issues more rapidly.

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

OCCHA REPORT

Submitted by: Jason Garay

This year was OCCHA's 25th Anniversary and OCCHA celebrated the contributions of many organizations and individuals over the years.

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 fulfills this responsibility by enhancing knowledge through consultation and evaluation, measuring agency performance against peer set standards, facilitating continuous quality improvement in public health units and establishing accreditation standards related to governance, administration and evaluation. OCCHA is currently the only public health unit accrediting body in the province.

In 2005, OCCHA established a Continuous Quality Improvement (CQI) Advisory Group that began meeting in 2006. The purpose of the group is to 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 group met several times in 2006 and developed a quality framework for public health. Membership on the Advisory Group is open to all public health units.

Surveyor training for new surveyors was held in February 2006. Accreditation surveys were conducted in six public health units in 2006. Information related to the accreditation process, can be found on the OCCHA website at www.occha.org.

COMMITTEE INVOLVEMENT

Provincial Health Indicators Working Group

- Established: February 1998
- APHEO members: 8 APHEO members and 3 members from ICES and 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 and others to adopt the indicators as defined and generate them for their areas.
- 2006 Accomplishments: Four sub-groups were created to begin major revisions on indicators in the areas of: Cancer and Risk Factors (Lead: Brenda Guarda), Reproductive Health (Lead: Mary-Anne Pietrusiak), Infectious Diseases (Lead: Brenda Coleman), and Leading Causes (Lead: JoAnn Heale). Sub-Group composition included APHEO members and experts from organizations such as Cancer Care Ontario, the Ontario Tobacco Research Unit, Ministry of Health and Long-Term Care, and Institute for Clinical Evaluative Sciences. New membership was added to the Core Indicators Work Group to establish linkages with the University of Toronto, Statistics Canada and the Public Health Agency of Canada.

The APHEO Core Competencies for Public Health Epidemiologist Working Group

- Established: November 2004
- APHEO Members: Lewinda Knowles (Chair), Ruth Sanderson (former-Chair), Samantha Wilson-Clark, Mary Lou Decou, Nancy Day, Patrick Seliske, Julie Stratton
- Mandate: To identify discipline specific competencies for public health epidemiologist in Ontario.
- 2006 Accomplishments:
APHEO Membership survey
Drafted findings paper
Face-to-face facilitation session to discuss draft findings

Canadian Congenital Anomalies Surveillance

Network Advisory Committee

- APHEO representative added April 2005
- APHEO member: Mary-Anne Pietrusiak (Durham

Region); Backup Julie Stratton (Peel Region)

- Purpose: 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, including the Canadian Congenital Anomalies Surveillance System (CCASS).
- 2006 Accomplishments: Scientific meeting: Congenital Anomalies Surveillance and Public Health in November 2006.

Integrated Public Health Information System (iPHIS) Groups

There are a number of committees and groups pertaining to iPHIS, both formal and informal, all of which have representation from APHEO members.

a) iPHIS Advisory Committee (iAC)

- The iAC evolved from the Project Steering Committee
- APHEO participation since 2003.
- PHU Epidemiologist representative: Alison Locker (Middlesex-London)
- Mandate: To provide a forum for representatives from public health units (PHUs), the Public Health Division (PHD) of the MOHLTC, and other stakeholders to discuss and make recommendations regarding the resolution of iPHIS implementation-related issues.

b) Data Standards and Reporting Subcommittee (DSR)

- Mandate: To make recommendations to the iAC regarding data standards and reporting in iPHIS and for iPHIS-related research.
- DSR Co-chairs: Tina Badiani (MOHLTC), Alison Locker
- Membership from PHUs (epidemiologists and front line staff) and the MOHLTC.
- 2006 APHEO members: Anne Arthur (Toronto), Brenda Coleman (Elgin-St. Thomas) (until February 2006), Alison Locker, Joanna Oliver (Halton) (since September 2006), Rebecca Stuart (Toronto), Wayne Tucker (formerly at Haldimand-Norfolk; Hastings-Prince Edward) (until May 2006), Lindsay

COMMITTEE INVOLVEMENT (continued)

Whitmore (Ottawa) (until September 2006), Stephanie Wolfe (Simcoe-Muskoka) (since September 2006), Carol Woods (Algoma)

- Major milestones in 2006 include:
- Successfully advocated for a MOHLTC project coordinator to draft the user guides and lead the review process
- Established a process to develop and review data entry user guides.
- Established Terms of Reference for reviewing draft data entry user guides
- Established 5 working groups to review data entry user guides
- Each working group is co-chaired by a member of the DSR and the PHD program area lead.
- Working groups for: Tuberculosis module (co-chair: Rebecca Stuart); STD module (co-chair: Carol Woods); Outbreak Management (OM) module – respiratory diseases; OM module – vaccine preventable diseases; OM module – enteric/zoonotic diseases (co-chair: Anne Arthur)
- Data entry user guide development and review commenced in all 5 groups

c) Business Practices Subcommittee (BPS)

- Mandate: To provide guidance, advice and direction to the iAC to enable PHUs and PHD to optimize the use of iPHIS and to standardize and improve business practices to ensure a consistent approach to case, contact and outbreak management and investigation.
- BPS Co-chairs: Edwina Gracias, Kristie Willson (MOHLTC)
- Membership includes users from PHUs (predominantly front line staff and managers) the MOHLTC.
- Major milestones in 2006 include:
- Finalizing Bulletin 13, 'Transferring Client Responsibility'
- Reviewing other key iPHIS Bulletins, which are all iPHIS policy documents
- Undertaking detailed reviews of iPHIS change requests
- Commencing work on contact data entry work flows in iPHIS
- Commencing work on exposures data entry policies and best practices

d) iPHIS User Teleconference

- Purpose: To provide a forum for collaboration and sharing knowledge about iPHIS among PHU users and representatives from Smart Systems for Health Agency (SSHA) and the PHD.
- 2006 teleconference co-chairs: Robyn Mitchell (formerly at Haliburton, Kawartha, Pine Ridge; Peterborough), Suzanne Stewart (formerly at Simcoe-Muskoka; York)

e) Cognos ReportNet (CRN) User Teleconference

- Purpose: To provide a forum for collaboration and sharing knowledge regarding CRN among PHU users, representatives from SSHA, and the PHD.
- 2006 teleconference co-chairs: Chris Rapson (MOHLTC), Stephanie Wolfe
- In 2006, a group of 7 APHEO members from 5 PHUs (Camille Achonu (Toronto), Anne Arthur, Carole Craig (Hamilton), Popy Dimoulas-Graham, Jason Garay (York), Lindsay Whitmore, Stephanie Wolfe) collaborated to produce the document Summary Update of Cognos ReportNet (CRN) Issues. The document itemized 48 issues and was used as a basis for some improvements to the iPHIS CRN platform by the MOHLTC. The MOHLTC developed a follow-up document, Update Report on Cognos ReportNet (CRN) Issues, and the list of issues continues to be updated and discussed at the CRN User Teleconference.

APHEO Non-Communicable Disease Clusters Working Group

- Established: May 2006
- APHEO Members: Patrick Seliske (Wellington-Dufferin-Guelph), Lewinda Knowles (Waterloo), Mary Lou Decou (Niagara), Monica Bienefeld, (Toronto), Brenda Guarda (Simcoe Muskoka), Naomi Kasman (York), Elizabeth Rael (Ministry of Health Promotion), Eric Holowaty (Cancer Care Ontario).
- 2006 Activities: Creation of three subgroups that met separately in preparation for report back to APHEO via presentations at December 8 2006 APHEO general meeting education session: Protocol Sub-group, Legal Sub-group, GIS.

COMMITTEE INVOLVEMENT (continued)

Skills Enhancement for Public Health (PHAC) – APHEO input

- Established: 2000
- APHEO Members: Jason Garay organized the APHEO module review groups for review of new modules (APHEO is under contract with PHAC to provide this service). Many APHEO members are also module facilitators.
- On March 23rd and 24th, 2006, the Public Health Agency of Canada together with the Institut national de santé publique du Québec hosted a Skills Enhancement Learner and Facilitator Forum in Quebec City. The purpose of the Forum was to facilitate discussion and generate ideas to build public health capacity in Canada, including work-force development, public health human resource planning, and Core Competencies and Skills Enhancement for Public Health.
- Skills Enhancement has seen more than 1,000 successful completions of the three foundational epidemiology modules over the past 5 years. In 2006, there was a full-scale review of the content and functionality of these three modules.

RRFSS Steering Group

- Established: January 2000
- APHEO members: 7 members on Steering Group during 2006: John Barbaro (Simcoe-Muskoka), Deborah Carr (Oxford), Alanna Leffley (Grey Bruce), Karen Moynagh, Chair (Halton), Lynne Russell (RRFSS Coordinator), Suzanne Sinclair (Kingston), Stephanie Totten (Niagara). In addition, numerous other APHEO members participated on other RRFSS groups including: Regional Groups, the Analysis Group, Workshop Planning 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 well-being and prevent adverse health events are informed by valued, timely and relevant health intelligence (RRFSS Strategic Plan for Action, 2004).

2006 Accomplishments:

- In 2006, 21 Ontario Health Units participated in the RRFSS
- All RRFSS-Participating Health units participated in

a review of RRFSS modules and selection of RRFSS core modules for 2007/8

- Many new modules were developed on topics including: Apple Cider Consumption, Breastfeeding Awareness, Child Discipline Campaign, Early Childhood Tooth Decay, Recreation Trail Campaign
- Planned and facilitated the 2006 RRFSS Workshop, theme: 'Improving Knowledge Exchange through Surveillance Systems' hosted by the Institute for Social Research, York University
- Released in August 2006 'An Evaluation of the Rapid Risk Factor Surveillance System (RRFSS)' by the PHRED program. 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 practices', and document what would be required to make RRFSS a provincial system.

GIS Interest Group

- Established: November 2006
- APHEO Members: Mary Lou Decou (Chair) and approximately 40 APHEO members.
- Mandate: To provide members of APHEO who have an interest in GIS an opportunity to work together on common issues and share resources as they relate to the application of GIS in the Public Health environment.
- As two of our initial tasks we are in the process of developing an inventory of what software is being used by health units across Ontario and the type of projects in which GIS is being used.

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

The Ontario Public Health Pandemic Surveillance Indicators Working Group

The Ontario Public Health Pandemic Surveillance Indicators Working Group was formed in 2006 in response to the need to standardize and operationalize indicators and data collection methods for pandemic-related community influenza-like illness (ILI) surveillance. The Working Group consisted of members of the Communicable Disease Surveillance Network, an informal group of representatives from several Ontario health

COMMITTEE INVOLVEMENT (continued)

units and members from APHEO. ILI indicators considered included: School Absenteeism, Primary Care Sentinel Site ILI Surveillance, and Hospital Emergency Department FRI Surveillance. The group is working on a report to inform local public health pandemic planning with respect to the surveillance of community ILI activity. The report will contribute to the provincial Ontario Health Plan for an Influenza Pandemic.

The Canadian Field Epidemiology Program (CFEP)

- Robyn Mitchell provides APHEO with a link to the CFEP.
- The CFEP Program is a two-year training program through the Public Health Agency of Canada. Professional development opportunities for epidemiologists include the Epi in Action Course, the Mass Gathering Surveillance Course and monthly seminars.

- The three-week Epi in Action course is designed to provide an overview of epidemiologic principles and practices applied to public health field studies. The objective of the course is to prepare participants to engage in public health field studies and to reinforce epidemiologic practice in their work or study.
- The Mass Gathering Surveillance course was first opened to external participants November 2006. The two-day course focuses several topics related to the role of surveillance for mass gatherings of people and surveillance tools that can be used.
- The CFEP seminar series provides an excellent opportunity to update your knowledge on pertinent public health issues, to review epidemiological methods and to examine new analytical approaches to assessing population health.

2006 CONFERENCE

Submitted by: Shelley Stalker

Shelley Stalker (Chair, Registration) York Region Health Services Department, Amira Ali (Speakers, Abstract) Ottawa Public Health, Brenda Coleman (Speakers, Facilities) Elgin-St. Thomas Health Unit, Lewinda Knowles (Finances) Regional Municipality of Waterloo Health Department, Alanna Leffley (Abstracts) Grey Bruce Health Unit, Alison Locker (Facilities, Entertainment) Middlesex-London Health Unit, Min Su (Evaluation) Region of Peel Health Department, JoAnn Heale (Website, Sponsors, Workshop) Ministry of Health and Long Term Care, Mary-Anne Pietrusiak (Workshop, Speakers) Durham Region Health Department.

The 2006 APHEO conference took place in London, Ontario at the historic Delta Armouries from October 15-17, 2006. Jason Garay, president of APHEO and Dr. Bryna Warshawsky, Associate Medical Officer of Health, Middlesex-London extended a warm welcome to conference delegates. Both highlighted the changing landscape of public health and that it is an exciting time in public health.

The topic for the conference was “Key Databases in Public Health: An Epi’s Guide to the Galaxy”. The intention for the conference was to increase awareness

and expertise in available data sources, to share ideas and learn innovative ways to use databases as well as providing a forum for exchanging ideas and networking.

Dr. John Frank, our keynote speaker, started us off on our tour of the galaxy of key databases. He spoke eloquently about the need for advocacy and a voice to develop a comprehensive system for cardiovascular disease surveillance and the need to enhance access to existing data sources in order to address gaps in surveillance knowledge. Dr. Hux continued with the theme of surveillance in describing a diabetes surveillance system, the challenges with surveillance systems and the barriers that appear. Dr. Hux spoke about the need to look not only where the light is shining, but also where it is a little darker, indicating the need to be innovative and look at public health concerns that may sit in the dark.

As the day and our tour of the galaxy continued, we heard from Dr. Alison MacPherson how to use routinely collected data for injury research and from JoAnn Heale how policy change can impact rates of disease. Both presentations highlighted the need for more data. Mary-Anne Pietrusiak shed some light on new data sources for reproductive health indicators assessing the impact of a policy,

2006 CONFERENCE (continued)

Submitted by: Shelley Stalker

highlighting the need for more data. Mary-Anne Pietrusiak shed some light on new data sources for reproductive health indicators.

Shifting focus in the afternoon, we heard about surveillance related to CBRN events and enteric diseases with presentations from Dr. Richard Davies and Mr. Andre Ravel. Marie Muir and Michael Whelan shared some much appreciated updates on the ever changing iPHIS. Ruth Sanderson wrapped up our information packed day with an update on the renewal of the Mandatory Health Programs and Services Guidelines.

Monday night delegates gathered in the Delta Armouries for a dinner and live entertainment – cabaret style!!

Tuesday the day started with a look at the Cancer Registry Data by Michael Spinks & Dr. Eric Holowaty. Novel databases to track screening and midwifery events were the topic of Suzanne Sinclair, Wendy Katherine and Sarah Knox's presentations. The theme of maternal and perinatal issues continued with Barb Chapman's presentation of the Niday Perinatal Database and Eve Nadler's talk on ISCIS.

The main portion of the conference ended with a picturesque presentation from Ian Brunskill who talked about our evolving e-Health landscape and what this meant for Public Health Epidemiologists.

Our day and the tour of the galaxy were completed with a half day workshop on tips and tricks for using the Provincial Health Planning Database.

Thanks to all of those involved who helped with the planning of the 2006 APHEO Conference!

WEBSITE REPORT

Submitted by: Lee Sieswerda,

Thunder Bay District Health Unit

The website underwent substantial changes in 2005, and continued to run smoothly in 2006 with no major changes. A new projects section was added that contained not only the Provincial Indicators project but also a new section on the Core Competencies for public health Epidemiologists project.

FINANCIAL REPORT

Submitted by: Philippa Holowaty

INCOME

2005 PHAC contract for epi competencies	16,550.00
2006 Conference Income - registrations	27,865.00
2006 Conference Income - exhibitors	2,000.00
Interest Income	52.27
Membership 2006 (Paid in 2006)	5,125.00
Membership 2007 (Pd before Dec.31, 2006)	300.00
Total Income	51,892.27

EXPENSES

Annual report 2005	370.00
Conference 2006	24,471.67
Conference fees 2006	10,485.97
Gifts for speakers (excluding at conference)	256.88
General meeting expenses	400.92
Teleconferencing (supplied by MHP)	0.00
Teleconferencing equipment update	782.04
Affiliate member alPHa	0.00
2006 OPHA membership	1,000.00
Mailing costs membership drive	0.00
Student sponsorship 2006 APHEO Conference	420.00
Website upkeep	182.97
Travel (excluding conference)	0.00
Fund transfer to GIC	1,500.00
Software purchase	172.49
Strategic planning	0.00
Core Indicators project	800.00
Epidemiology core competencies project	16,800.00
APHEO poster	682.86
Total Expenses	58,325.80

Total Income-Expenses (2006) **-6,433.53**

Balance Forward from 2005

Chequing	37,264.49
Investments (GICs)	2,325.21
Total Balance Forward 2005	39,589.70
Year end balance	34,735.15
Year end balance in chequing	30,830.96
Year end balance in GIC	3,904.19

Note PHAC sponsorship of 2006 Conference received in 2007 is not included.