



Alberta Public Health Association Annual Report 2016-17



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About the APHA

Overview, vision, mission, and mandate

The Alberta Public Health Association (APHA) is a provincial not-for-profit association representing public health in Alberta. The APHA was established in 1943 and was incorporated as a registered charitable organization in 1955. The APHA is a provincial affiliate of the Canadian Public Health Association and works with the other provincial and territorial public health associations across Canada. The APHA is the only independent voice for public health in Alberta.

APHA has a voluntary membership that includes practitioners, academics, students, representatives of government departments, non-government organizations, community members, and others. Interests and professional foci of members include but are not limited to:

- Health protection;
- Disease and injury prevention;
- Health promotion;
- Social determinants of health;
- Population health
- Health equity
- Health-related policy

A voluntary board is elected by the membership and governs the Association. The membership gives direction to the board to act on specific health issues through resolutions passed annually at the Annual General Meeting and through ongoing interaction.

Membership is open to anyone with an interest in public health. We welcome memberships from those working in health, as well as those working outside of the health system but whose work influences well-being, such as planners, transportation engineers, individuals working in social policy or any aspect of the social determinants of health, social workers, recreation and parks professionals, and others.

We are always interested in hearing from enthusiastic, reliable, and hard-working members who would like to take on formal roles within the Association, including but not limited to serving on the Board of Directors. Please contact us for more information (apha.comm@gmail.com).

APHA Vision: Health for all Albertans



APHA Mission: To be a leading voice for public health and work to strengthen the impact of those who promote and protect the highest standard of public health.

APHA Mandate

- Providing leadership on issues affecting the public’s health
- Advocating on issues that affect health
- Providing educational and networking opportunities
- Providing mechanisms to seek and discuss issues and views of members and partners
- Providing expertise and consultation in public and community health

APHA 2016/2017 Board of Directors

Lindsay McLaren
President

Lindsay McLaren is Associate Professor in the Department of Community Health Sciences and the O’Brien Institute for Public Health at the University of Calgary. Lindsay first joined the APHA Board in 2012. She holds an Applied Public Health Chair funded by the Canadian Institutes of Health Research, the Public Health Agency of Canada, and Alberta Innovates – Health Solutions. Her research focuses on population health and health inequities in various thematic areas including community water fluoridation and dental public health, dietary sodium reduction policy, and body weight related issues. She is a Senior Editor for the *Canadian Journal of Public Health* and Co-Editor for *Critical Public Health*. She has taught the *Social Determinants of Health* course to undergraduate students at the University of Calgary for over ten years and has a particular interest in advancing the APHA’s connections and activities in that domain.

Ben Kung
President-Elect (*in name only*)

Ben Kung is the Program Manager of Infection Prevention & Control with the College of Physicians & Surgeons of Alberta. He holds professional registration with the Alberta College of Paramedics, Canadian Institute of Public Health Inspectors, and Certification Board of Infection Control & Epidemiology. Having worked at both the provincial and national levels, Ben has diverse experience in public health systems, including past employment with the Canadian Food Inspection Agency, Vancouver Island Health Authority, Alberta Health Services and Canadian Standards Association. Ben joined the Board in 2014 and currently serves as the Lead for the APHA’s Governance Committee.



Angeline Webb
Treasurer

Angeline Webb is the Director of Health Policy and Health Promotion with the Canadian Cancer Society, Alberta/NWT Division, where she has been engaged in health policy advocacy for the last 13 years. She develops, implements, and administers all health policy development and health promotion programming for the Canadian Cancer Society in Alberta, the Northwest Territories and at the federal level. Angeline's focus is healthy public policy with most of her attention devoted to tobacco reduction policy.

Kenda Swanson
Secretary

Kenda Swanson completed a Bachelor of Health Sciences (Honours) Degree at the University of Calgary in 2010 and in 2016 a Masters of Science in Community Health Sciences (Population/Public Health). Her theses projects involved investigating the behavioural and social correlates of physical activity, weight status, and health among children and adults. Her interests involve volunteering, working with children, and learning more about social and intrapersonal factors that influence children's overall wellbeing.

Amy Beck
Director-at-Large

Amy Beck is a PhD student in the Faculty of Nursing at the University of Calgary. She has a Master of Nursing degree, as well as certification in Community Health Nursing from the Canadian Nurses Association. Amy has over ten years of clinical nursing experience, primarily focused on adolescent and school health. In her Master's program, Amy explored student engagement in school-based health promotion. Her doctoral research aims to investigate adolescent mind-brain wellness. Amy has served on a variety of interdisciplinary committees, notably as a clinical expert on the CPHA expert working group that developed and published recommendations to reduce the harmful effects of alcohol in Canada. On the APHA board, she holds the elected Membership Chair and is part of the Communications & Membership Committee and the Public Issues Committee.

Aslam Bhatti
Director-at-Large

Aslam Bhatti has extensive experience in health administration and board governance. He started his career in banking management and subsequently moved to his calling for public service where he held several senior positions with Government of Alberta and not for profit organizations.



Within the Government of Alberta he has worked for Treasury Board, Solicitor General Department and for 12 years as Assistant Deputy Minister at Alberta Health. This was followed by three years with Faculty of Medicine and Dentistry as Chief Operating Officer; six years as Vice President with Alberta Cancer Board; three years as Vice President with Canadian Partnership Against Cancer and since 2013 as Executive in Residence with School of Public Health, University of Alberta.

Kenn Bur
Director-at-Large

Kenn Bur is a communications/marketing professional with a passion for bringing people and creative ideas together to help achieve strategic objectives. A community-minded father, he is honoured to have the opportunity to join the APHA Board to help increase government leadership and citizen awareness of many important public health matters.

Kenn has 25-plus years of experience leading communication and marketing teams in Alberta's public sector. He also has a Master of Arts degree in Journalism (University of Western Ontario) and a Bachelor of Arts degree in Social Sciences, With Distinction (University of Calgary). Kenn's health-related experience includes roles as: (a) a crisis line volunteer for the Calgary Crisis Centre; (b) a provincial social worker in southeast Alberta with a diverse portfolio that included a regional AISH (Assured Income for the Severely Handicapped) caseload; (c) a healthcare reporter for the now-defunct Alberta Hospital Association; (d) a volunteer director with Action on Smoking and Health for five years; (e) a co-founder of Homeless Connect Edmonton; and, (f) the marketing director for a leading medical assessment company (a client of his current communications/marketing consultancy).

With deep roots in rural Alberta, Calgary and Edmonton (where he now resides), Kenn has often been disappointed that his native province has frequently been slow (and sometimes even reluctant) to adopt common-sense public health initiatives — from seat belts and bicycle helmets ... to farm safety regulations and tobacco reduction. "All Albertans who want improved public health protection are stakeholders in APHA's continued success."

Ashley Drobot
Director-at-Large

Ashley Drobot has a Master of Public Health from Queen's University. She works as an Evaluation Lead with Alberta Health Services. In this role, she and her team have undertaken developmental, process and outcome evaluations related to provincial wait-time policies, local childcare nutrition policies, referral automation, patient engagement, and chronic disease management. Her evaluation and research experience is grounded in both quantitative and qualitative methodologies.

Her research interests include: the social determinants of health, health policy, and evaluation. She is currently working toward obtaining her Credentialed Evaluator and Project Management Professional



designations. Ashley hopes to contribute to the growth of the Alberta Public Health Association as an organization in expanding its reach and engagement among public health practitioners alike through organizing conferences, speaker series, and other public health events.

Lisa McLaughlin
Director-at-Large

Lisa McLaughlin is Program Manager of the Alberta Recreation and Parks Association's Communities ChooseWell program and a part-time student in the University of Alberta's Master of Public Health - Health Promotion program. During her decade-long public health career, Lisa has also worked with Alberta Health and the Alberta Project Promoting active Living and healthy Eating in Schools (APPLE Schools), and volunteered with a community health council in the former Capital Health Region. Lisa is passionate about working with communities to create environments that support health.

Katrina Milaney
Director-at-Large

Dr. Katrina Milaney has an interdisciplinary academic background that includes sociological and gender-disability theory frames and has several years in community-based research. Correspondingly, Dr. Milaney's research track record was established in communities where she spent 15 years on projects related to public policy development. She is a qualitative researcher with a particular interest in participatory action designs and uses critical theory frameworks to study social determinants of health including disability, homelessness, gender, culture, domestic violence, and mental health. Dr. Milaney has several years of experience in senior leadership roles including as Vice President of Research and Strategy for the Calgary Homeless Foundation where she oversaw a \$42 million dollar portfolio. She currently sits on the Executive Steering Committee for the Canadian Observatory on Homelessness and has served on several community and government committees including as an advisor to the Premier of Alberta on homelessness and health strategies. Part of her critical theory driven study of social determinants revolves around her interest in political and economic ideology and their impact on public systems and service delivery.



APHA 2016/2017 Committee Members and other Volunteers

In addition to our Board Members who hold formal, elected roles with our organization, we are grateful to the following individuals for their important contributions to the APHA during 2016/17:

Name	APHA Role/Contribution
Qendresa Beka	Website; Membership & Communications Committee member
Roxanne Felix-Mah	Issues & Partnerships Committee member
Cathy Gladwin	Membership management; liaison with CPHA for conjoint membership
Michelle Kilborn	APHA liaison with the Alberta Recreation and Parks Association, Issues & Partnerships Committee member
Erika Roy	APHA intern, through the Serving Communities in Partnership program
Salima Thawer	Governance Committee member
Megan Thomas	Research practicum student, BHSc program, University of Calgary
Cynthia Weijs	APHA representative on the Alberta Policy Coalition for Chronic Disease Prevention

APHA 2016/17 Annual Report

President's Report

I am pleased to report on the Alberta Public Health Association's 2016-17 activities and status. Back in December 2015 we held a strategic planning session, where we ratified 5 areas of short-term (2-3 years) focus. I have structured this report using those five areas, to permit us to track our progress.

1. Connecting better with members

We have maintained a quarterly schedule for our e-newsletter. We have also established some process and momentum for keeping our website up to date, and the website has improved as a result. I must acknowledge the important but largely 'behind the scenes' work of our volunteer, Qendresa Beka, and our SCIP intern, Erika Roy, for their hard work on the website and newsletter. I also wish to acknowledge the critical contributions of board member Amy Beck and volunteer Cathy Gladwin on our website and member management system. The work of these individuals has allowed us to function more or less seamlessly. At present, it seems feasible to maintain these activities, however it will be essential for us to find ways to maintain this capacity moving forward; for example, when Erika completes her internship at the end of August.

Our AGM is one way for us to engage members, and we try to make it appealing to attend. This year, we were very excited that popular speaker Prof. Tim Caulfield was willing to join us. Also, I would like to thank board member Kenn Bur for the great idea to have autographed copies of André Picard's new book as draw prizes, and for coordinating that initiative.

In Feb-March 2017, we administered a member survey, to which over one-third of our members responded, and many if not most respondents took the time to provide thoughtful comments. We recognize that this is a sign of interest and engagement by members, and we thank everyone who responded. We will circulate results of that survey shortly. Overall, we have some momentum in this area of connecting better with members, but we need to maintain and improve.

2. Defining our scope of public health

We have continued to be active in important public health issues such as healthy public policy around tobacco and nutrition; as you will see from our Issues & Partnerships report. This is possible thanks to the significant efforts of board members including Angeline Webb and Lisa McLaughlin; and thanks to our excellent partners and collaborators such as the Alberta Policy Coalition for Chronic Disease Prevention. We are working to strengthen our relationship with the Alberta Recreation and Parks



Association, which shares many values with the APHA, and I am pleased that APHA member Michelle Kilborn is serving as liaison with ARPA to lead those efforts.

We have been working to strengthen our efforts and activities in the social determinants of health. Thanks to board member Katrina Milaney, we have connected with local social sector organizations that are working on important social determinants of health such as affordable housing. During the 2016/17 academic year we hosted an undergraduate student, Megan Thomas, who for her research practicum in the BHSc program at the University of Calgary, worked on a report on affordable housing, including identifying some opportunities for the APHA to get involved in advocacy. These efforts are moving slowly but hopefully we can continue to build them over the next year. Having an APHA presence in these issues will be very important, and we will need help with that from our membership.

3. Identifying a process for managing and filtering which public health issues we will focus on

With input from all board members, we developed a filtering system to help us decide, in a systematic way, which issues we should get involved in. The filtering system is largely geared towards ad hoc advocacy opportunities (the ones that 'fall into our lap'). We have tried it out with a couple of opportunities this year, and it seem to work fairly well, in terms of giving us a foundation for saying yes or no. The filtering system does not include consider what role we should play in advocacy (e.g., support, lead) or what exactly we should do; those are important considerations moving forward.

4. Education to members

In May 2017, under the leadership of board member Kenda Swanson, who is also lead of our student committee, we hosted our second annual (at least in recent years) student webinar, which was of excellent quality and well-attended. Thanks also to board member Ashley Drobot for her role as a speaker in that webinar.

I was pleased to connect with the National Collaborating Centre for Methods and Tools and learn about their great online learning modules for public health professionals, and to pass those on through our newsletter and website. The Public Health Agency of Canada Western Region has indicated that they would like to support us in providing opportunities, such as education or training, to members; we need to figure out how best to pursue that opportunity.

5. Internal actions

Under the leadership of Ben Kung, our governance committee has been active and successful in getting board materials up to date and usable, including the Policies & Procedures document, and new board member orientation. An important task now is to work to 'institutionalize' these important processes in governance committee activities, so that they continue as individuals on that committee come and go.



The governance committee also led a successful recruitment campaign for new board members. We had several applications to choose from, and are excited about the 3 names that we will be putting forth for election shortly. Putting names forth means that we will sadly be losing some board members, and I wish to thank Amy Beck and Lisa McLaughlin for their important contributions as board members over the course of 2 terms (4 years) with the APHA.

To help improve our capacity, one thing we tried this year was engaging several volunteer committee members: individuals who are not board members but sit on one of our committees. Aside from those individuals I've already mentioned, this includes Salima Thawer (governance committee), Roxanne Felix-Mah (Issues & Partnerships committee); and Cynthia Weijs, who serves as APHA representative on the Alberta Policy Coalition for Chronic Disease Prevention. Although this committee member idea has had a few challenges, I feel that overall it is a good way to engage more members and improve our capacity, and to give people an opportunity to try us out before committing to a 2 year board position.

Looking ahead

Looking ahead, a few thoughts come to mind. Internally, we will need to continue to find creative ways to deal with ongoing challenges related to our capacity and voice as an association. We need more members, and members-to-be, to consider taking on active leadership roles. 2018 will be the 75th anniversary of the APHA, and we will be celebrating in some way – stay tuned. The anniversary provides opportunity to look back as well as forward. Recent trends and challenges at provincial, national, and global scales remind us of the importance of a strong and vibrant public health community, and I would be delighted to see the APHA playing an important role moving forward.

Respectfully submitted,
Lindsay McLaren
APHA president, 2016-17.



Governance Committee Report

2017 AGM Governance Committee Report

In 2016-17, the Governance Committee completed all action items as presented to the general membership at the 2016 AGM. Those tasks included:

1. *Improving the orientation process for members newly elected to the Board of Directors.*

Note: A package is available to support the familiarization of new board members to organizational objectives (vision, mission), history, bylaws, policies & procedures, recent activities, and current strategic plans.

2. *Registering the revisions to organizational Bylaws (2016) with Corporate Registry, Service Alberta.*

Note: Revised Bylaws were successfully filed on July 19, 2016.

3. *Extensive revisions to organizational policies & procedures.*

Note: Policies & procedures were revised for currency and relevance, but they remain a living document under continuous evaluation to best serve the Board and general membership.

4. *Developing a model for board succession planning.*

Note: A standardized process for recruitment, application, nomination, election, and orientation was developed. A Skills/Gap Matrix is available to support the recruitment of nominees that best complement the current mix of qualifications/skills/experience and diversity of the current Board.

The 2016 revision to organizational Bylaws was the first step towards aligning activities with best practices for developing effective Boards in the not-for-profit sector. In 2017-18, this Committee intends to build on this by:

1. Exploring opportunities for development through Alberta Culture & Tourism's Board Development Program.
2. Identification of committee priorities following a full Board strategic planning session.
3. Ongoing evaluation of effectiveness for the board nomination and orientation processes, and ongoing implementation of these processes.
4. Continued evaluation, and ongoing implementation, of organizational policies & procedures.

Respectfully submitted,
Benjamin Kung
Lead, APHA Governance Committee



Treasurer's Report

I am pleased to present the Alberta Public Health Association (APHA) Treasurer's Report for the 2016-2017 fiscal year.

The Alberta Public Health Association (APHA) continues operations as a voluntary organization without government funding. However, we continue to provide services to our members, support the public health community and maintain general operations.

In the 2016-2017 fiscal year the APHA:

- Continued to manage flow-through grants for the John Waters Memorial Fund (John Waters Memorial Award and John Waters Memorial Scholarship);
- Completed year-end filing to Alberta Registries for ongoing Societies Act registration;
- Completed year-end filing of Registered Charity Information Return to the Canada Revenue Agency;
- Maintained membership subscription and renewal;
- Supported public health advocacy and other public health initiatives.

For ease of accounting and reporting, accounts held by APHA are in four separate accounts:

- #24 Operating
- #26 John Waters Memorial Fund
- #31 T-Bill Savings Account
- Term/GIC Investments

At the beginning of 2016-2017 fiscal year APHA held an operating account balance of \$10,378.99. The APHA continues to be cognizant of financial constraints, with a year-end operating balance of \$10,433.09. Our revenue was \$5,394 and our expenses equaled \$5,188 for the fiscal year. I am pleased to report that the APHA did not register a deficiency of revenue over expenses for the 2016-2017 fiscal year with a balance above expenses of \$206.

The APHA fiscal reserve is within a long-term renewable GIC investment (\$15,188.01) and retained within the T-Bill savings account (\$924.76). Our total reserve at the end of the fiscal year was \$16,112.77.

The APHA also manages finances for the John Waters Memorial Fund. This account has a year-end balance of \$36,964.34.

In the upcoming fiscal year, APHA will be continue to rely on membership contributions as a funding source. However, we will work to explore opportunities to increase and diversify APHA funding.

As an organization managed solely by volunteers, the APHA continues to face capacity and resource issues. In the face of these challenges, the APHA continues to focus on progress. The Board is enthusiastic and hopeful in building sustainable revenue to continue supporting Alberta's public health community.

Respectfully submitted,
Angeline Webb, APHA Treasurer

Issues and Partnerships Committee Report

The APHA was involved in a number of public issues-related activities during the 2016-2017 fiscal year in an effort to support individuals and organizations working to improve public health in Alberta and Canada. During 2016-17, we combined two previous committees (Public Issues, and Funding and Partnerships) into one committee, which we named “Issues and Partnerships”.

1. Public Health Issues

a) Social Determinants of Health and Health Equity

We have been working to strengthen our involvement in the social determinants of health. Activities have included stakeholder mapping within the social sector, led by committee member Roxanne Felix-Mah. Board member Katrina Milaney has been instrumental in connecting us with some groups and associations working in relevant policy areas, and we have met with some of those groups including the Social Policy Collaborative in Calgary. Within this context, we hosted a University of Calgary research practicum student during the 2016/17 academic year, Megan Thomas, to pursue the issue of affordable housing. Her report, which is available on our website, maps the affordable housing landscape in Calgary and Alberta in terms of who is doing what and what might be some opportunities to get involved and support advocacy efforts led by others. Katrina is leading efforts to form a collective that brings together groups concerned with affordable housing to try to build capacity for action. The APHA is one group, alongside others such as the University of Calgary (School of Public Policy, Haskayne School of Business, O’Brien Institute for Public Health), the City of Calgary, Alberta Seniors and Housing, Horizon Housing, and the Calgary Housing Affordability Collective (CHAC). We are excited to see how this unfolds over the upcoming year, in terms of the work advancing towards government relations and potential policy asks.

b) Tobacco Reduction

APHA Board Member and Treasurer, Angeline Webb, represents APHA on the Alberta Provincial Advisory Committee on Tobacco and on the Campaign for a Smoke-Free Alberta.

APHA participated in numerous tobacco reduction policy development initiatives, including government engagement and media advocacy, over the fiscal year through our partnership with a Campaign for a Smoke-Free Alberta (CSFA - is a coalition of prominent health organizations who are working to reduce tobacco use in Alberta). In 2016, CSFA advocated for the following measures:

- **The full proclamation and implementation of the Alberta Tobacco and Smoking Reduction Act (TSRA)**

The *Tobacco and Smoking Reduction Act* received almost unanimous support in the Legislative Assembly in 2013. However many of the provisions of the TSRA currently remain un-proclaimed or unimplemented. The un-proclaimed and unimplemented sections include:

- Implementation of retail training, certification and signage requirements and the active enforcement of tobacco sales to minors;
 - Prohibition on flavoured pipe tobacco including shisha (waterpipe) tobacco;
 - Prohibition on waterpipe use in public establishments and workplaces (i.e., tobacco-like products);
 - Prohibition on tobacco-like product (e-cigarette) use in public establishments and workplaces;
 - Prohibition of any smoking product used in public establishments and workplaces including cannabis;
 - Removal of the exemption which allows underage employees to sell tobacco products;
- **Reduce the affordability of tobacco through *increased taxation***
Raising the purchase price of tobacco products is the single most effective measure available to reduce tobacco use.¹ Tobacco tax increases help prevent initiation and provide additional motivation for all tobacco users to quit and/or reduce consumption. Decreasing the affordability of tobacco products is an effective public health measure with the added benefit of generating new government revenue. The Campaign for a Smoke-Free Alberta is advocating for the introduction of a tobacco tax increase which would increase the purchase price of tobacco by at least 15 percent or \$1.50 per pack of 20 cigarettes (\$15.00 per carton of 200). Based on current affordability levels and tax rates in neighboring provinces, Alberta can easily justify a \$15.00 per carton tax increase. A portion of the new tobacco tax revenue (at least \$20 million) should be applied to tobacco prevention and reduction programming;
 - **Provide adequate funding to fully implement the *Alberta Tobacco Reduction Strategy***
At present, Alberta Health Services is spending only \$1.00 per capita on the tobacco reduction strategy.² Provincial funding for tobacco reduction has eroded significantly since the ATRS was launched in 2002. At that time, the Alberta government was investing \$12 million annually or about \$4 per capita on tobacco reduction. Due to the erosion of funding since 2008, the ATRS is woefully underfunded and remains largely unimplemented. While the funding for tobacco reduction has substantially eroded, tobacco tax revenues have substantially increased from \$633 million in 2003 to \$980 million in 2016.³ CSFA is advocating for the following recommendations that are designed to improve funding processes for the ATRS:

¹ U.S. National Cancer Institute and World Health Organization. *The Economics of Tobacco and Tobacco Control. National Cancer Institute Tobacco Control Monograph 21. Chapter 4. The Impact of Tax and Price on the Demand for Tobacco Products.* NIH Publication No. 16-CA-8029A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; and Geneva, CH: World Health Organization; 2016.
<https://cancercontrol.cancer.gov/brp/tcrb/monographs/21/index.html>

² Alberta Health Services. Letter from Dr. Verna Yiu to Campaign for a Smoke-Free Alberta regarding budget of the Alberta Tobacco Reduction Strategy. January 6, 2017.

³ Alberta Finance. 2nd quarter fiscal update 2016-2017. <http://finance.alberta.ca/publications/budget/quarterly/2016/2016-17-2nd-Quarter-Fiscal-Update.pdf>

- 1) Allocate a portion of the new tobacco tax revenue (at least \$20 million) to fully implement the ATRS;
- 2) Implement a sustainable revenue model requiring major tobacco companies to purchase a *manufacturers' license* to sell tobacco in Alberta and apply the proceeds toward the ATRS by collecting at least \$20 million in license fees annually.

c) Skin Cancer Prevention

APHA participated in numerous health policy development initiatives, including government engagement and media advocacy, over the fiscal year through our partnership with the Indoor Tanning is Out Coalition. In 2016, the Indoor Tanning is out coalition advocated for the full proclamation and enactment of the *Skin Cancer Prevention (Artificial Tanning) Act*.

The Act was passed in 2015 making Alberta the ninth province to take steps towards protecting minors from the harmful effects of artificial UV radiation. However, this important legislation has yet to be proclaimed and Alberta is now the only province without enacted legislation. The **is advocating for the full proclamation and enactment the *Skin Cancer Prevention (Artificial Tanning) Act* which will help reduce exposure to artificial cancer-causing UV radiation**. This includes enacting all components of the Act including:

- Prohibiting the use of artificial tanning equipment by persons under the age of 18;
- Prohibiting minors from selling artificial tanning services;
- Prohibiting artificial tanning marketing that targets persons under the age of 18;
- Prohibiting the use of health claims in artificial tanning marketing;
- Mandating the disclosure of health risks at point of sale, on client forms and in marketing materials;
- Mandating the registration of artificial tanning facilities;
- Mandating training for owners and employees of artificial tanning facilities.

d) Phase out of coal-fired electricity generation

We continue to stay connected to provincial and national efforts pertaining to the phase-out of coal-fired electricity generation, largely through our connection with the Canadian Association of Physicians for the Environment (CAPE) who is leading some of that important work. In December 2016 we were a signatory to a response led by CAPE to the federal announcement regarding Canada-wide coal phase-out. Through our connection with CAPE we are part of a Health Collaborative on this issue that includes other public health associations.

2. Partners

a) Alberta Policy Coalition for Chronic Disease Prevention



The APHA is a member organization of the Alberta Policy Coalition for Chronic Disease Prevention (APCCP). Cynthia Weijs and Angeline Webb represent APHA on the APCCP. The APCCP is composed of fourteen member organizations who work together in advocating for healthy policy changes for a healthier Alberta. The following priority areas work occurred in 2016-2017:

- **Advocate for Income and Food Insecurity in Alberta**

Through a consultation process over the past year, the APCCP identified Household Food Insecurity as an important issue to member organizations. Subsequently a Household Food Insecurity (HFI) sub-committee was formed. Thus far, the committee has generated ideas about where to focus efforts and how to build on any other work being done across Canada that has been successful with respect to HFI. Tentative ideas include conducting an environmental scan on Alberta HFI and developing a community engagement tool to encourage health agencies/organizations/decision-makers to better understand this issue and engage with it. A key goal is that the effort on this issue be aimed at upstream factors (i.e., focus on income-based solutions rather than on food banks for example).

- **Advocate for a levy on sugary drinks in Alberta**

Raise awareness about the negative impacts of sugary drink consumption and continues to compile evidence regarding SSB tax in Alberta. The APCCP is participating in the national sugary drink reduction-working group led by the CDPAC and the Childhood Obesity Foundation.

- **Advocate for mandated, resourced, and monitored implementation of the Alberta Nutrition Guidelines in recreational facilities.**

The APCCP has received funding through the Heart and Stroke Foundation to promote healthy food environments through policy in City of Edmonton recreational facilities (Fall 2015 – Fall 2016). The APCCP is currently developing policy tools and resources related to this project, as well as exploring opportunities to engage with the City of Edmonton on the issue of healthy food environments in recreational facilities.

- **Advocate for healthy school food and the development of a Universal School Food Strategy for Alberta.**

In the 2015 provincial budget, the Alberta government announced funding (20 million 2016-2017, 40 million 2017- 2018) for a school nutrition program to support families and give kids a healthy start. The APCCP continues to meet with relevant stakeholders regarding our call for a Universal School Food Strategy, as well as support the efforts of members, such as Alberta Food Matters, in this area. The coalition engaged the Alberta School Council Association Board on and as a result the board passed the following motion: That the ASCA Board of Directors, support, in principle, the APCCP's efforts to support the development of a Universal School Food Strategy. The coalition will continue to advocate for the development of a universal school food strategy.



- **Advocate to eliminate unhealthy food environments and beverage marketing to children and youth**

In the new Federal health minister's mandate letter, the Federal government has committed to bringing in new restrictions on the commercial marketing of unhealthy food and beverages to children, similar to those in place in Quebec. The APCCP continues to be involved in the National Stop Marketing to Kids Campaign, led by the Heart and Stroke Foundation and the Childhood Obesity Foundation.

b) Wellness Alberta

The APHA is actively involved in the operations and activities of the APCCP. Through the APCCP the APHA advocates for healthy policy changes in Alberta including the creation of a Wellness Foundation in collaboration with Wellness Alberta (a campaign that brings together thousands of individuals including business, health and recreational leaders and non-governmental organizations who support a meaningful investment in the prevention of disease and injuries). Through Wellness Alberta, the APCCP will continue to advocate for a sustainable investment in an Alberta Wellness Foundation to ensure current and future generations of Albertans benefit from improved health outcomes, reduced demands on health care and an enriched quality of life. Wellness Alberta and APCCP has had numerous key discussions with members of Cabinet and key health department staff about developing an effective plan to implement a Wellness Foundation in Alberta. The APHA also participated in MLA engagement events with Wellness Alberta as well as mobilization and communications events.

c) Alberta Recreation and Parks Association

Michelle Kilborn became APHA's liaison for the Alberta Recreation and Parks Association (ARPA) in January 2017. After representing APHA at the ARPA Conference in October 2016, Michelle identified common goals and potential synergies between the two organizations. Exploring a public health approach to recreation and parks, Michelle has connected with Bill Wells, ARPA Executive Director, to set some goals related to bringing public health and recreation research and innovation together. Future partnership activities include a public health forum as part of the 2018 ARPA conference featuring university graduate student projects and research, with invitations to their supervisors to attend. The APHA Student Committee has offered to collaborate on this initiative and Michelle will be participating in ARPA conference organizing meetings to gain a greater understanding about conference planning and timelines for the following year. Other partnership activities include contributing to ARPA stakeholder events such as conversations about an Alberta research agenda for recreation and parks and rural recreation models.

Respectfully submitted by,
APHA Issues & Partnerships Committee



Membership & Communications Committee Report

We are pleased to present the Membership and Communications Report for 2016-2017 to the members of the Alberta Public Health Association. The Membership and Communications Committee has two primary roles: (a) to manage memberships, and (2) to facilitate the engagement of APHA members with relevant information about public health issues and opportunities in Alberta.

Membership

APHA had 154 members in good standing as of June 1, 2017. This is an increase of 22 members since the 2016 annual general meeting. It was especially gratifying to see an increase in the numbers of 'direct' members.

The following chart outlines summarizes our current membership:

APHA Membership, June 2017

	Regular	Student	Retired	Honorary	Total
Direct	27	21	3	6	57
Conjoint	61	31	5	0	97
Total	88	52	8	6	154

Our member management software, first implemented in February 2016, was used extensively this year to bring ongoing efficiencies to our management of memberships. In October 2016 we expanded this system to accommodate additional contacts for both membership and event registrants.

The student webinar, held on May 26, 2017, was again a successful recruitment initiative for new members.

Our committee continues to explore adding more value to our memberships through complementary community partners. Costco became our first partner this year with an ongoing offer exclusive to APHA members.

Communications

Committee members helped enable many incremental communication initiatives in the past year.

- a. **Website:**



The home page content was re-ordered with a greater emphasis on APHA issues and topical public health news.

b. **Member e-Newsletter:**

Three newsletters were emailed to APHA members in 2016-17 [July 2016, October 2016, and February 2017].

c. **Member Survey:**

A 13-question survey was emailed to all members in Feb-March 2017 to better understand our members' priorities, backgrounds and communication preferences. We received over 50 responses (compared to 35 responses in 2016) including many helpful suggestions.

d. **Social Media:**

- Facebook: 71 followers (up from 51 followers in 2015-15)
- Twitter: 195 followers (up from 169 followers in 2015-16)
- LinkedIn: 37 followers (up from 21 LinkedIn followers in 2015-16)

e. **Member Events:**

In addition to the student webinar on May 26, 2017, the committee promoted the *Histories of Public Health Advocacy through the Lens of The Alberta Public Health Association* webinar. This event took place on April 24, 2017 in Calgary.

f. **Outreach:**

APHA members attended several public health-related events in 2016-17 to exchange information and raise the profile of our organization; for example:

- Alberta Recreation and Parks Conference
- One board member attended the International Forum on Public Health Education at the University of Alberta in November 2016.

g. **SCIP Intern:**

APHA was grateful to again receive approval from Volunteer Alberta to hire a student intern through the Serving Communities in Partnership (SCIP) program. Our intern this year is Erika Roy, a University of Calgary student. Erika has written informative articles on various public health issues in Alberta for our members. She has also provided topical content for our social media tools, helped manage the



APHA website and has been an exceedingly valuable member of the Communications & Membership Committee.

Summary

The past 12 months have been a period of continued stability and great learning for the members of our Membership & Communications Committee. This transitional experience positions us well as we begin planning for APHA's 75th anniversary in 2018.

Respectfully submitted,

Amy Beck & Kenn Bur
Membership & Communications Committee

Student Committee Report

The student committee ‘meets’ monthly via teleconference. The meeting minutes are archived under the “student committee” folder in the Google Drive for the APHA. The student committee currently consists of four APHA members: Kenda Swanson (chair), Ashley Drobot, Amy Beck and Michelle Kilborn (who participated in her first student committee teleconference meeting on May 9th, 2017).

The primary task of the student committee for 2016-2017 was to organize a 90-minute webinar which profiled career paths of recent graduates in public health-related degrees. This was the focus of discussion for the majority of the student committee meetings in fall 2016 through 2017. The student webinar, entitled “*Career Paths of Recent Graduates in the Field of Public Health*” ran on Friday, May 26, 2017 from 11:30—13:00. Our guest speakers included APHA student committee members Kenda and Ashley, as well as Iwona Bielska (PhD) and Amanda Barberio (MSc). Kenda provided a brief introduction to Public Health, the APHA and the student committee specifically. Guest speakers spoke for approximately one hour (15 minutes each) about their experience of completing a graduate degree, and on their experiences finding work/a career post-graduation. At the end of the webinar, there were approximately 30 minutes for questions. Over 65 people registered and approximately 25 were in attendance for the duration of the webinar. Participants were offered a discount code for becoming a member of the APHA (\$10 off student and regular memberships until June 9, 2017).

Within a week after the webinar, a recording of the webinar (audio and slides) was posted to the website, and a feedback survey was circulated to all those who registered. Four people have responded thus far (the survey is not closed as of June 8, 2017). Feedback is positive and constructive - indicating that participants found the different perspectives offered by the guest speakers to be interesting and helpful in navigating their academic and career paths; although there was some ambiguity about how to log in to the webinar platform. Overall, registrants have said they are likely to participate in another APHA webinar. One participant indicated that they were frustrated with the process actually ‘attending’ the event, and would have appreciated more straightforward instructions on the website. Technical difficulties logging in was also mentioned by participants registered for the 2016 webinar, and something we attempted to correct this time around. Next online event the student committee hosts a webinar event, we will work with APHA communications to further streamline the technical process of registering, participating and communicating with those who are registered so that they are able to log on with ease.

The last teleconference of the student committee was on May 9th, 2017 the next one is TBD (likely at the end of the summer or early fall of 2017). At the May 9th meeting, Michelle brought forward an idea she has regarding partnership with the ARPA and the APHA (student committee). In particular, she discussed the APHA student committee having a forum for students and their supervisors (e.g., presentations) at the ARPA’s annual conference (in fall 2018). This will be a primary topic for discussion



at our next student committee teleconference meeting in the late summer/early fall of 2017 and our meetings thereafter.

Thank you to all those who have attended student committee teleconference meetings in 2016-2017 and provided their feedback and advice. Thank you also to the four guest speakers who volunteered their time and energy to presenting at our webinar, and to those who have assisted with the technical aspects of hosting the webinar; specifically, Qendresa Beka, Erika Roy, and Amy Beck of the APHA, and Mariko Roe of the O'Brien Institute for Public Health.

Respectfully submitted,
Kenda Swanson
APHA Student Committee Chair 2016-2017