



PRESIDENT'S REPORT

41st BIENNIAL MEETING

NB PEI BRANCH OF THE CPHA

Welcome to the 41st biennial meeting of the NB-PEI branch of the CPHA. I have had the honour to serve the Branch as President since the last biennial meeting held on October 24, 2007 in Moncton New Brunswick. The original schedule for our biennial meetings, and the associated conference, was delayed by one year due to H1N1, and the board of directors and executive graciously agreed to a one year extension of their terms of office to accommodate this situation.

The current members of the Board of Directors of the NB-PEI Branch of the CPHA are:

Past President	Marjorie Allison-Ross
President	Cristin Muecke
President Elect	Monique Minville LeBlanc
Secretary-Treasurer	Ann Harling
Members	Nancy Arseneau (NB)
	Debbie Godlewski (NB)
	Anne Lebans (NB)
	Teresa Hennebery (PEI)
	Jo-Ann MacDonald (PEI)

I thank them all for their hard work, enthusiasm, and support over the past three years, and wish Marjorie Allison-Ross, Monique Minville LeBlanc, Teresa Hennebery and Jo-Ann MacDonald all the best as they finish their term with the Board.

I am going to review some key changes and events that have affected the NB PEI Branch over the past three years and then discuss some thoughts on how the Branch may move forward as an organization in the future.

When I started my tenure as President, the provincial and territorial public health associations (PTPHAs) interacted with the national CPHA primarily through an Advisory Council (AC), which also had representatives from key public health professional associations. The AC was established in 2006 to provide strategic advice and counsel to the CPHA Board on national public health issues of the day. It was also anticipated that the AC would be a place for information exchange and dissemination between all parties. It became clear in the course of the AC's work with the Board that the original vision was not being met and that there was lack of clarity on roles and purpose. As a result, in early 2009, the CPHA Board of Directors created an AC Evaluation Working Group which was to review the roles and processes of the AC. One of the outcomes of this evaluation was that the Advisory Council was not meeting the needs of PTPHAs to share information amongst themselves. In fact, a separate set of teleconferences had already started to occur trying to fill this gap.

In September 2010, the terms of reference for the new Canadian Network of Public Health Associations was approved. The mandate of this new Network is to promote collaboration and joint action on important pan-Canadian public health issues and public health sector capacity building. Its membership is comprised of independent organizations and includes the Provincial/Territorial Public Health Associations (PTPHA) and the national body, the Canadian Public Health Association (CPHA). Its first meeting will be held in November 2010 and will hopefully strike a new tone of collaboration between the PTPHAs and the national CPHA.

At the Branch level, we were busy on several fronts. The revised bylaws for the NB PEI Branch of the CPHA, which were accepted in their English form at the 2007 Biennial meeting, were finalized in French thanks to the hard work of several of our members.

The Branch produced an informational newsletter for its members in 2008. This newsletter highlighted several local initiatives as well as providing members with an update of Board activities. The aim was to produce at least one newsletter per year, however this was not possible in 2009 due to the arrival of H1N1.

In late 2008 and the first half of 2009, much time was devoted to discussion around and planning for the next biennial conference, which was originally scheduled for October 2009. The theme centered around finding the time to incorporate upstream social determinants work into daily public health practice. Despite much progress in the overall planning, the difficult decision was made in July 2009 to postpone the conference for one year, due the heavy workload related to the H1N1 pandemic and the resulting low likelihood of conference attendance by public health professionals.

The year 2010 has been a particularly busy one for the NB PEI CPHA.

In February 2010, the Branch entered into a contract with the national CPHA to assist them with the collection of regional information on tobacco programs from key informants. The national CPHA had

been funded by Health Canada to undertake a project titled *The Next Stage: Delivering Tobacco Prevention and Cessation Knowledge through Public Health Networks*. It aimed to engage Canada's public health community in knowledge exchange activities that will identify evidence-informed, practice-based tobacco control strategies and inform the "next generation" of tobacco control policy in Canada. A student, Adele Balram was hired to assist with this short term project.

In early 2010, conference planning resumed with renewed enthusiasm, as the theme of managing multiple priorities in public health practice took on a new level of importance and meaning in the wake of the 2009 pandemic experience. With a team of hard working volunteers from the Fredericton region, and the thrill of having Dr. David Butler-Jones accepting and invitation to speak at the conference, the conference developed into a higher calibre event than had previously been felt possible. Thanks to the generous support of the provincial Department of Health, simultaneous translation will be provided for the major events of the conference. We have also been able to partner with several other valued sponsors, including Merck, GlaxoSmithKline, sanofi pasteur, the National Collaborating Center for Methods and Tools, the New Brunswick Nurses Union, the Dairy Farmers of Canada, and Horizon Health Network. Preparations for the conference have also enabled us to produce documents, such as backgrounders on public health, the Branch and the national CPHA, that will prove to be useful tools in the future to fulfilling the mandate of the Branch. The next day and a half of events will showcase the results of the hard work of a large team of volunteers, each of whom deserve my sincere thanks for their dedication and hard work.

In the spring and summer of 2010, following the suggestion of one of our Board members, Debbie Godlewski, the Board formally recognized the hard work and dedication of NB and PEI public health professionals in the face of the H1N1 pandemic via a letter and a small token of appreciation distributed to all staff in provincial and regional public health offices.

The Board of Directors established a membership committee in 2010 to address ongoing concerns regarding membership recruitment and retention. This committee developed a short questionnaire in an effort to determine the reasons why regional public health professionals might not be joining or maintaining their membership with the Branch. This questionnaire has been included in the conference information package and the results will be collated and presented to the incoming Board of Directors.

From my experience thus far with the Board and Executive of the NB PEI CPHA, there are several issues that I think are critical in moving forward as an organization.

Membership recruitment and retention has been a challenge for most of the time that I have been involved with the Branch. I believe there are several underlying reasons for this. There has been increasing fiscal restraint by public health employers, which means that often association memberships are not covered for public health employees. In addition, many public health employees gravitate towards association memberships specific to their profession, such as nursing or inspector specific associations. While these associations clearly have value, I believe it is critical for the Branch to promote the unique benefits of being involved in a regional, multi profession association that is committed to advancing public health practice in our two provinces. Such involvement can contribute to the breaking

down of silos and inter professional barriers, and advocate for region specific public health action. Surely the value of this type of work has only increased given the experience of the H1N1 pandemic.

Finally, due in part to relatively small numbers of active volunteers (primarily the Board of Directors), communication with members has been sporadic. There is a clear role for and important benefits to involving the larger membership in Branch activities. As service delivery expands and resources shrink or remain static, our public health workforce, and thus our members, have less time and personal resources to share with associations outside their employment responsibilities. However, many hands make light work, so regular communication with members may increase the number of people who are interested in assisting with specific projects.

In order to achieve the goal of increased membership, we must examine the needs of the membership and what would attract public health professionals to become members of our Branch. What added value will Branch membership have to the local public health professional? How will they be informed of Branch activities? How will they be encouraged and inspired to get involved in such activities? The short membership survey which was included in the conference package is a starting point to learning more about what people are looking for in membership, and this work will need to continue with increased engagement with the current membership as we move forward.

Despite its inherent costs and maintenance, a website for the NB PEI Branch would be a very useful tool for attracting, communicating with, and engaging members to our organization. The new Board of Directors should consider this and other communication tools to increase the profile of the Branch in the public health professional community. Other provincial public health associations may be able to provide us guidance based on their experience.

We may also explore further the potential role of the NB PEI CPHA in public health advocacy work in our two provinces. Providing a non-government public health voice in New Brunswick and Prince Edward Island for local issues that impact on public health would further enhance our goal of "promoting positive public health practices to the public, government and industry" and enhance our visibility in the local public health community. Further discussions with other provincial PH associations may help determine the effectiveness of such actions.

I look forward to working with the incoming Board of Directors for 2010-2012. Thank you for your time, and enjoy the biennial conference and activities!