

I joined PHA NB-PEI in September of 2014. Since joining this association, meeting the board members, and getting to know other associations across the country I have come to realize that Public Health has never been a more important topic than it is at this moment.

I must have been good because within two board meetings I agreed to take on the role of President, allowing Kathleen to step down after a long and protracted term as past president!! Thank you cannot cover the appreciation for the support you have shown me. I have been very blessed to work with an engaged and enthusiastic group of women:

Secretary Treasurer	Anne Lebens
Past President	Kathleen Brennan
Directors	Allison Holland Laura Brennan Chris DeJong Caroline Paton Alie Ross

Early in my term, CASN the Canadian Association of Schools of Nursing introduced Core competencies for nursing undergraduate education. They have worked hard to increase the profile of public and community health in nursing education. They have also developed an online inventory of Public Health Nursing teaching strategies to help educators incorporate the role of public health in the Nursing profession.

In the two years that I have been with PHA NB-PEI it has become very evident that in New Brunswick and Prince Edward Island we have a small and very dedicated group of people who continue to work on a volunteer basis to move the association forward. When I look across the country I note that provinces with dedicated funding for PHAs have the recognition and fiscal ability to contribute to public health agendas in a meaningful way. One of the challenges the Public Health Associations face is that, as a result of regionalization, fewer people in the workforce see themselves as working in "public health". Ian Culbert, the executive director of CPHA stated that in a recent workforce survey conducted by CPHA, a third of respondents to the Public Health survey felt that they worked in primary health care. I feel that this may be indicative of the changes in the workforce landscape that is affecting Public Health associations across the country.

PHA NB-PEI does not have core funding, we rely on the money received through the membership fees and any profits from holding conferences or workshops. At virtually every board meeting since I became president we have discussed the overall purpose of this organization to fulfill the needs of the membership and the

people of NB and PEI. We have searched for and asked the membership what they need from their organization; we have received little concrete suggestions. And as you can see we are at a crossroads at this moment. However, all is not lost, there are a number of possibilities which we have just discussed.

Our mission at PHA NB-PEI is to support our provinces in the continual improvement of population and public health through leadership, advocacy, and education, according to current public health principles. We do that, or at least try to do that, through several objectives:

- 1) promoting professional and personal development of people interested in population and public health
- 2) promote positive health practices to the public, government and industry
- 3) encourage and facilitate measures for disease prevention, health promotion and protection, and healthy public policies
- 4) identify and become champions for issues related to population and public health
- 5) provide effective liaison and network both nationally and provincially in collaboration with various disciplines, agencies, and organizations, on relevant population and public health issues
- 6) provide liaison and partnership with the CPHA
- 7) engage and encourage contribution from members through various mechanisms, and
- 8) clearly articulate who the association is, raise awareness of the Association and provide easy ways to become involved.

In the Summer of 2015 we conducted a survey to illicit a sense of where the association membership was in terms of their involvement and what they felt the association could do for them. Some suggestions obtained throughout the survey were very interesting, and some had already been implemented in one way or another. Eleven of 32 members responded and told us that they wanted updates on work being done and a measurement of the impact we were having on policy. They wanted us to be delivering or at least coordinating online skills modules, webinars, and ongoing learning opportunities. They WANTED to see increased membership engagement as well as inter-professional student engagement. When asked what items they would like to see discussed at upcoming PHA NB-PEI meetings they wanted to see different options for memberships, a unification of public health associations, greater member engagement and a potential advocacy role of the PHA NB-PEI in lobbying government. However, when asked if they were planning to attend the next meeting the majority of respondents said NO, due to being out of province, having to work, and family engagements. When there are only 6 active members of the board it becomes challenging to achieve those objectives. We made the decision not to engage in trying to organize and hold a conference or workshop as a result.

We have been able to send members to the national CPHA meetings, which are always invigorating and packed with important and useful information, as well as opportunities to network with others across the country.

I look forward to continuing to support the PHA NB-PEI in whatever permutation it takes in the future. Times change and we need to change in response to that, whatever that may mean.

Thank you and respectfully submitted

Tracey Rickards RN PhD
President of PHA NB-PEI
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