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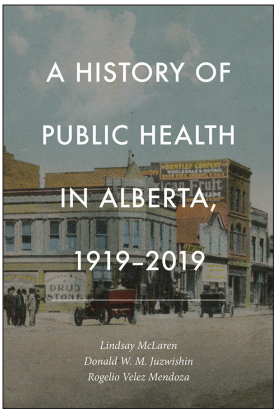

A HISTORY OF PUBLIC HEALTH IN ALBERTA, 1919–2019

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The Non-Profit Sector: Trials and Tribulations of the Alberta Public Health Association

Rogelio Velez Mendoza and Lindsay McLaren

Introduction

Although substantive provincial legislation offering protection from second-hand tobacco smoke early 2000s, there were pressures from non-governmental organizations in the province as early as the 1970s. In 1978, one such organization — the Alberta Public Health Association — passed a resolution to urge the Government of Alberta to prohibit smoking in schools and in public places. This would be the first of more than twenty tobacco-related resolutions from the Alberta Public Health Association. In its role as a non-profit public health advocacy association, the Alberta Public Health Association has worked for decades to strengthen public health in Alberta. These efforts were almost always an exercise in persistence, they were sometimes to no avail, and they have been significantly eroded in recent years.

Public health, by definition, engages multiple societal sectors, including public/government; private; and civil, such as non-governmental organizations. In this chapter, the focus is non-governmental organizations, or the non-profit sector, in Alberta. The non-profit sector is characterized by its community-based and charitable approach to caring for problems facing society.[1] It can play a role in society by identifying and addressing issues that are not directly or adequately addressed by the private sector or the government. However, problems arise when essential services and supports, such as the provision of basic social and material resources, fall to this sector when it is not equipped to address them.[2]

The chapter begins by introducing the non-profit sector and its history in Alberta. Then, to illustrate the role and activities of that sector in public health, we examine one association in detail: the Alberta Public Health Association. We draw on findings from a study of the history of this organization for which we scanned the private archives as well as the Provincial Archives of Alberta for information on the activities of the Alberta Public Health Association since its foundation in 1943.[3] Our analysis focuses on resolutions passed by membership since its establishment, which present a consistently available marker of priorities and concerns. Although many groups and associations within the Alberta non-profit sector are relevant to advancing public health goals,[4] we focus on this organization for two main reasons: first, of the large number of non-profit associations in Alberta, this is the only one explicitly focused on public health. Second, the Alberta Public Health Association was established in 1943 and thus, compared to more recently established associations, permits some historical analysis.[5]

The Alberta Public Health Association has a history of active involvement in advocating for solutions to diverse public health concerns in Alberta. Showing some consistency with public sector activities, early Alberta Public Health Association priorities, such as protecting the interests of the public health workforce and advocating for regulation of food service establishments during the 1950s and 1960s, gave way to a focus on non-communicable disease prevention activities, such as smoking regulations, and on public policy to address social determinants of health. The organization's presence and level of activity ebbed and flowed in response to the broader economic, political, and health system contexts. This ebb and flow is informative for understanding the Alberta Public Health Association specifically, and the non-profit sector in Alberta more generally. This is especially true from a contemporary point of view when the organization, and some other public health associations across the country, appear to be at a historical low point in terms of capacity and impact.[6]

The Non-Profit Sector in Canada and Alberta

The non-profit sector in Canada is substantial. Measured by the size of its workforce (paid staff and volunteers) relative to the size of the country's economy, Canada's non-profit sector is proportionately second only to that of the Netherlands.[7] In 2015, Canada's non-profit sector consisted of over 161,000 organizations employing more than two million people.[8] Organizations range from small groups to larger institutions; examples are sports and recreation organizations, social service organizations, universities, and museums. To be considered part of the non-profit sector, an organization's functions must, to some extent,

occur voluntarily; that is, the organization's membership is voluntary rather than required by law or as a condition of citizenship or profession, and some of the work is performed by individuals without pay.[9]

The size and nature of the contemporary non-profit sector is a product of a long tradition of charity and charitable organizations in Canada that must be situated within socio-political and colonial contexts. Since before Canadian confederation in 1867, major religious organizations have been involved in providing services such as education, health care, and recreation to their constituencies through their charitable organizations.[10] One example originated with the so-called three Grey Nuns who in 1863 established an orphanage in what is now the City of St. Albert, Alberta and they continue to be involved in health care.[11] More broadly, charitable associations started appearing in Canada in and around the late nineteenth and early twentieth century. Examples include the Red Cross, the Canadian Mental Health Association, and the Canadian National Institute for the Blind.[12] Following the creation of the province of Alberta in 1905, some national and international associations opened local branches; for example, the YWCA started providing shelter and support to women informally in 1907 and was incorporated in Calgary in 1910.[13]

The legal history of the non-profit sector in Alberta can be argued to have started in 1922 with the ascension of the Act respecting Benevolent and Other Societies ("The Benevolent Societies Act").[14] Under this act, a group of five or more persons could become incorporated for any benevolent, philanthropic, or charitable purpose but not for carrying on a trade or business. The act was expanded in 1924 as The Societies Act,[15] when being incorporated under the Societies Act became the first step for many Alberta organizations to secure formal non-profit status. These acts were designed to allow organizations incorporated as societies to receive donations and have members; at the same time, the act was intended to protect the public against false or illegitimate societies.[16] The Alberta Public Health Association registered under this act in 1955.[17]

In the context of population growth in Canada and Alberta at the beginning of the twentieth century, governments were increasingly pressured to strengthen state infrastructure to address circumstances such as poverty and unemployment, and to support citizens who were affected by the issues. Early examples of the latter in Alberta included the Children's Protection Act (1909), the Workmen's Compensation Act (1908) and the Mothers' Allowance Act (1919).[18] The First World War and the Great Depression of the 1930s provided further impetus for government to play a more active role in providing for the well-being of its citizens with legislation such as the Welfare of Children Act (1925), which among other things encouraged the formation of child welfare associations and

aid societies; an Act to establish the Alberta Women's Bureau (1928), which aimed to improve social and educational conditions in communities; and an Act to create a Bureau of Relief and Public Welfare (1936) which was created to look after "transient indigents"[19] and to manage their treatment when sick.[20] Eventually, a provincial health care system was proposed by the Hoadley Commission in 1934; the proposal led to the Alberta Health Insurance Act of 1935,[21] which was the precursor of Alberta's participation in national Medicare beginning in 1969.[22]

Despite an evolving public sector, delivery of some services remained in the hands of non-profit organizations, although this changed over time with shifting economic and political climates. One early example in the health care context is the Victorian Order of Nurses, which established chapters in Edmonton and Calgary in 1909 and provided nursing to those otherwise unable to obtain those services.[23] From the early 1910s, the order delivered nursing services and baby clinics in Calgary to care for new babies and mothers. The Edmonton Branch of the order continued to provide nursing services for decades, working separately from but alongside public sector nurses, and later focusing their efforts on home nursing services.[24]

In later decades, government austerity led to situations where services that were previously partially or fully in the public sector, shifted to the non-profit sector. Two time periods illustrate this shift. The first is the economic downturn of the early 1980s. The decline in oil prices, prompted by international oil crises of the 1970s, had significant implications for Alberta's economy, which was — and is — heavily dependent on oil and gas. Alberta's Progressive Conservative Party governments, led by Peter Lougheed (1971–1985) and then Don Getty (1985–1992) increasingly relied on the non-profit sector to fill gaps in public infrastructure.[25] For example, in the late 1970s, non-profit food banks opened across Alberta, first in major cities and later in smaller communities. Food banks were not intended to replace or supplement public sector programs such as income supports, but in light of gaps in those supports, demand for and reliance on food banks grew.[26] Social worker and historian Baldwin Reichwein noted that gradually, "well-intentioned voluntary responses to poverty conditions led to a volunteer-driven and quasi-public welfare system as a supplementation of governments' public welfare programs."[27] This is an example of a subtle shift in sectoral responsibility that would have significant, and enduring, implications for Albertans' health and well-being.

A second example occurred during the 1990s. Between 1992 and 1999, there were significant and ideologically driven reductions in government program spending across Canada.[28] In Alberta, these cuts took place under conservative Premier Ralph Klein, whose term began in 1992 following a political campaign

focused heavily on reducing public debt that had accumulated since 1986.[29] Klein misleadingly framed Alberta's dire economic situation as a problem emanating from too much government spending, particularly on health care.[30] In a strong embodiment of neoliberalism, his government's remedy included significant spending cuts to public services and bureaucratic reforms under the guise of increasing administrative efficiency and accountability. Between the 1992/93 and 1995/96 fiscal years, the Klein government reduced the real per capita funding to provincial ministries by approximately 13 percent for education, 16 percent for health care, and 28 percent for family and social services.[31] At the same time, they lowered corporate taxes, thus reducing revenue for public services, and they privatized services; for example, the 1995 Action Plan for Social Services allowed Child and Family Services regional authorities to contract with private providers for service delivery.[32]

This "Klein Revolution" strongly impacted the non-profit sector and its place in Alberta society. With cuts to public services, unmet social needs increasingly fell to non-profit organizations and individuals and families, which in turn faced new challenges and less support. New contracts between government and the non-profit sector, previously designed to support the day-to-day operation and activities of organizations, now included complex and time-consuming accountability requirements, which were not always feasible, especially for small organizations. Further, provincial funding was contained to short-term projects, which hindered the long-term planning capacity of such organizations. According to Harrison and Weber, "the non-profit sector through this time lacked sustainable and long-term funding — an unfortunate legacy that survives today."[33]

Collectively, these circumstances set the stage for a contemporary non-profit sector in Alberta characterized by a very large number of organizations working to provide important public functions but with restricted capacity. Additionally, their activities are often poorly, or not at all, coordinated, thus contributing to duplication of efforts and competition for limited funds. As of 2015, there were 24,800 non-profit organizations in Alberta, and the number appears to be increasing.[34] Only 43 percent of non-profit organizations in Alberta employed staff in 2015, while the remainder were run entirely by volunteers, which itself presents considerable constraints around achieving objectives.[35] The largest category of non-profit organizations in Alberta in 2011, representing 38 percent of all non-profit organizations in the province, were those classified as "social services," including child welfare, child services and day care, youth services and youth welfare, family services, services for handicapped and elderly persons, temporary shelters, and disaster/emergency prevention and control, among others.[36] It was the provincial Ministry of Family and Social Services that experienced

the largest proportionate funding cuts during the 1990s. The proliferation of non-profit organizations in family and social service domains is no coincidence: it speaks to a negative legacy of those cuts, and of a shift from public to non-profit sector responsibility more generally.

Following "social service," the second largest non-profit sector category in Alberta is arts and culture (12 percent), followed by religious organizations (8 percent), and then health (6 percent),[37] which includes our focal example of the Alberta Public Health Association.[38]

Spotlight: The Alberta Public Health Association

The Alberta Public Health Association was established in 1943, when the province was shifting from economically depressed conditions toward an increasingly urbanized and industrialized society. Several health professional associations came together with the aim to help coordinate health services and strengthen public health.[39] Upon its creation, the Alberta Public Health Association was, and continues to be, primarily a professional organization governed by a voluntary board that is elected by the membership. Regular board meetings and the Annual General Meetings included presentation of reports from the organization's sections or subcommittees, which changed over time but included, at one point or another, sections focused on public health professional groups, including nurses and sanitary inspectors, and topics, including environmental health, epidemiology, family health, and health promotion.[40]

Methods

One way to depict the activities of the organization over time is to examine the association's resolutions. Resolutions constitute an explicit marker of members' priorities and concerns, and they are available for the association's entire history.[41] As mechanisms of association action, resolutions may also provide insight into the presence and impact of one non-profit association in a broader public health context.

Here we present the findings from our analysis of the collection of the Alberta Public Health Association's resolutions, from 1944 to 2017 (n=443 in total), which we coded and organized based on their alignment with core public health functions as described by the Public Health Agency of Canada.[42] Public health functions include health promotion, health protection, disease and injury prevention, health surveillance, and emergency preparedness. To fully capture the breadth of the resolutions, we added four categories: social determinants of health; public health workforce; association-related (e.g., resolutions related to board governance) and other. Our coding category definitions, which we

established and finalized through an iterative process,[43] are shown in Table 5.1 (See page 155).

Findings

The trends over time in the content of member resolutions provide an indication of shifts in their attention to and levels of activity in the categories. We first present broad trends from 1944 to 2017, and then we consider and historically contextualize each decade in more detail.

Figure 5.1 shows the content of the Alberta Public Health Association's resolutions from 1944 to 2017.

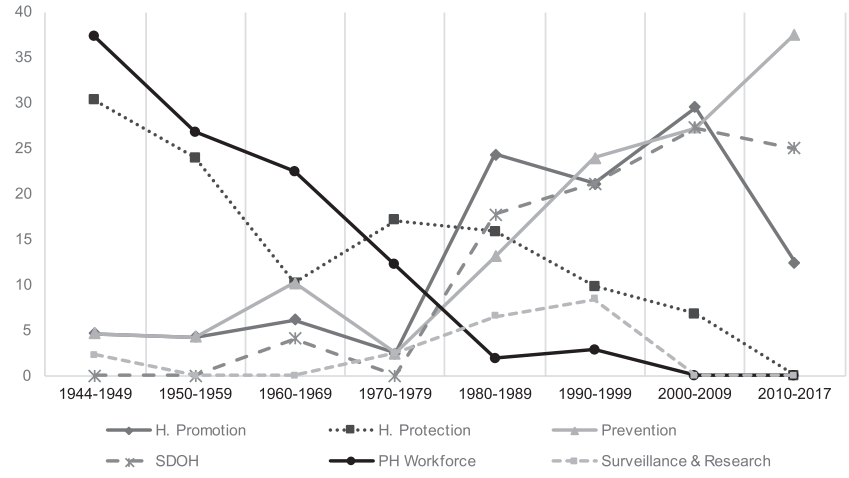

Fig. 5.1: Resolutions carried by the Alberta Public Health Association, 1944–2017, organized according to their alignment with key public health domains (described in Table 5.1), expressed as a percent of total resolutions by decade. Note: two time periods (1944–1949, and 2010–2017) are partial decades.

As seen in Figure 5.1, resolutions related to the public health workforce (solid black line, circle marker) were prevalent early in the Alberta Public Health Association's history, especially the 1940s, but declined steadily thereafter, ultimately almost disappearing. Resolutions focused on health protection activities (dotted line, square marker) also featured prominently during the organization's earliest years, and likewise declined over the course of the association's history, albeit more gradually. In contrast, resolutions focused on disease and injury prevention (grey solid line, triangle marker), health promotion (dark grey line,

diamond marker) and social determinants of health (grey dashed line, X marker) were relatively scarce during the 1940s–1970s but showed a notable increase during the 1980s. Overall, and consistent with trends in public health observed elsewhere,[44] a growing focus on resolutions with a focus on root causes of health problems is apparent over time.[45]

1940s: The Alberta Public Health Association – An Association for the Public Health Workforce

Nursing and medical services in Alberta expanded rapidly during the 1940s, with the creation of health units, mental institutions, sanatoriums, and hospitals, and other infrastructure, especially as part of the post-WWII infrastructure expansions.[46] Of particular importance to public health, rural nursing expanded during the 1940s and 1950s. Rural nurses were responsible for providing many public health services to Albertans, such as physical examinations and vaccinations.[47]

In its first year, the Alberta Public Health Association included members who worked in health-related settings, including provincial and municipal departments, divisions, and boards of health.[48] W.H. Hill, a physician, was elected the first president of the organization in 1943, followed by public health nurse, Ms. Helen G. McArthur in 1944 (see Chapter 13).[49] The resolutions show that proposals and requests were made to the provincial government to improve working conditions for the public health workforce; almost 40 percent of the resolutions passed during the 1940s were related to the workforce. These resolutions included, for example, requests to improve salaries and pensions for public health professionals, increase the number of staff in health units, and provide education for public health workers.[50]

The second main preoccupation of the Alberta Public Health Association during the 1940s, was processes and legislation to improve sanitary conditions for Albertans. These resolutions covered issues like milk packaging, regulations on commercial activities, and food handling and service establishment practices.[51] For example, in a 1946 resolution, the organization expressed concern that there were not limits on who could open a restaurant or bakeshop and advocated for a provincial regulation stipulating that the opening of such an establishment would require written permission from the local board of health.[52]

During the 1940s, two long-serving leaders in the provincial Department of Public Health — Dr. Wallace Warren Cross, minister of public health from 1935 to 1957, and Dr. Malcolm Ross Bow, deputy minister of public health from 1927 to 1952 (see Chapter 13) — were active members of the Alberta Public Health Association. Bow, for example, delivered a presentation at the inaugural annual general meeting, titled "Hopes for the Future of Public Health in Alberta,"[53] and

was listed as a working member of the organization in a 1945 association directory.[54] In 1948, Bow once again presented at the annual general meeting, this time about provincial trends in polio incidence and the new Dominion Health Grants, which provided support for professional public health training and provincial public health initiatives, such as efforts to prevent and control tuberculosis, venereal disease, and cancer.[55] Also in 1948, the organization passed a resolution to consider setting up a mental health section, and in so doing, to seek support and approval of such a section from Bow, then deputy minister of health, along with the director of the Mental Health Division of the Department of Public Health, Dr. R.R. MacLean.[56] Overall, the Alberta Public Health Association seemed to have a presence in, and a good working relationship with, provincial governmental public health during the 1940s.

1950s: Continued Emphasis on the Workforce and Health Protection

The organization continued to maintain a relationship with the provincial Department of Public Health in the 1950s; for example, Health Minister Cross attended and delivered greetings at the association's annual meeting in 1954, and he spoke about the importance of health education and public relations in 1956.[57] However, there are indications that the Alberta Public Health Association desired a greater voice in provincial public health matters. In a 1950 resolution, they expressed disappointment at not having been invited by the provincial government "to express their group opinion in convention regarding important public health matters as distribution of federal health grants, proposed changes in the size of Rural Health Units, etc."[58] In this resolution, which was intended to be forwarded to Premier Manning and to Dr. Cross, the members lamented that "not only is this exclusion [of the Alberta Public Health Association] from such useful cooperation discouraging to the public health workers of the province, but also that the government is failing to take advantage of the aggregate opinion of the group whose intimate proximity to the public health problems of our people best equip them to interpret such problems to the Provincial Government."[59] To the extent that the organization was left out of discussions concerning health matters in the province, perhaps this is one illustration of the shift toward an increasingly downstream and diffuse meaning of "public health" in the 1950s, discussed in Chapter 2.

The two main concerns of the 1940s — the public health workforce and health protection — continued to be prominent during the 1950s (Figure 5.1). Of the forty-eight non-association-related resolutions passed during the 1950s, thirty-six (75 percent) focused on those two issues. Concerning workforce issues, the Alberta Public Health Association advocated for issues affecting nurses, such

as the need for training and uniforms, and access to educational materials.[60] These ongoing preoccupations were reflected in the content of the *Alberta Health Worker* — a publication created in 1941 by public health workers in Alberta, which became the official publication of the organization in 1949 — consisting of articles written by and targeted to nurses, sanitary inspectors, and other public health professionals in the province.[61] Early issues of the *Worker* included articles on the organization and legislation of public health in Alberta, the topic of undulant fever in the province's cattle industry, provincial dairy regulations, methods of dealing with bedbugs in rural areas, and removing the high mineral content in water in Edmonton.[62]

1960s: New Social Concerns

Beginning in the 1960s, Alberta experienced a period of economic growth, facilitated by booms in the energy and construction industries.[63] The populations of Alberta's cities grew. While Alberta remained politically conservative throughout the 1960s, 1970s, and 1980s, social change movements that were occurring across North America and western Europe influenced the younger generations of Albertans who now comprised the workforce and voting majority.[64] Social movements in support of feminism, environmentalism, anti-racism, LGBTQ2S+ rights, and human rights took hold in the province throughout the 1960s and 1970s.[65]

As early as 1964, and reflecting changing social attitudes, the Alberta Public Health Association held a panel on sex education at its annual convention.[66] The 1967 convention in Edmonton featured a panel presentation on abortions and abortion law reform in recognition and support of women's reproductive rights.[67] Environmental concerns also began to permeate the organization's priorities starting in the 1960s; for example, in 1965 there was a panel on air and water pollution.[68]

The administrative relationship between social welfare and health that was in place in government during this period (see Chapter 12) is apparent in the Alberta Public Health Association activities,[69] which makes sense considering that many members — such as public health nurses, physicians, and dentists working in health units in rural areas — worked directly with communities and would have observed the importance of social factors, such as income and housing, for health and well-being. In 1964, in what may be an illustration of "health imperialism" (top-down directive by the health sector), the members passed a resolution to advocate to the provincial Department of Welfare for the boundaries of welfare officers' jurisdictions to align with the health unit boundaries and for the offices of the two agencies to be located in the same building to facilitate

greater collaboration.[70] However, a 1967 resolution highlighted encroachment of the Department of Welfare into the responsibilities of the Department of Health, and suggested that a committee be formed to "investigate this problem."[71] That resolution, however, was defeated.[72]

1970s: Growing Focus on Advocacy

In 1971, the Alberta Public Health Association declared that "the objects of the Association shall be to promote community health in all its aspects and to maintain an affiliation with the Canadian Public Health Association."[73] With this, the organization appears to have formalized a shift from a professional association primarily focused on serving the needs of public health workforce members, to an advocacy association that voiced a broader array of concerns in the interest of the public's health. This shift is implicitly represented in the meeting minutes of the association throughout the 1970s and is also conveyed through the shifting nature of resolutions: the 1970s is the decade during which, for the first time, resolutions focused on the public health workforce were not the most common.[74]

During the 1970s, the organization embraced a partnership approach, aiming to bring together multiple organizations around shared concerns. At the 1979 annual general meeting, for example, psychologist and later president, Helen Simmons, recommended "that [the Alberta Public Health Association] take a proactive stand on identifying significant health issues and elicit other voluntary health organizations and address them from a position of taking concerted action."[75] This constitutes an early example of a coalition or collective impact approach, which involves "bring[ing] people together, in a structured way, to achieve social change."[76]

Alberta Public Health Association priorities evolved alongside important evolutions in public health more broadly, specifically a shift toward health promotion. Resolutions about health promotion, that is, the process of enabling people to increase their control over and to improve their health,[77] started to increase in number during the 1970s, likely prompted in part by the introduction of the *Lalonde Report* in 1974, which drew explicit attention to determinants of health beyond human biology and the health care system.[78] However, although health promotion encompassed a broad range of actions, including building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills, and reorienting health services, our analysis suggests that some of these actions were given more attention than others.[79]

Specifically, an emphasis on promoting healthy lifestyles was prominent at the organization's annual conventions in the late 1970s. One example is the 1977 convention in Calgary, for which the conference theme was "Lifestyles."[80] The

next year, in Red Deer, presentations included health promotion-inspired topics such as, "The Health Service's Main Motives for Prevention," "A Cost-Benefit Approach to Investing in Occupational Health Programs," and "Improvement to Employee Fitness."[81] This tendency of the organization to privilege certain elements of health promotion, that is, those focused on lifestyles and health services, over others such as empowering communities and advocating for health-promoting policy, is consistent with critical scholarship on how health promotion has been taken up in the Canadian context.[82]

Alongside an increasing focus of the Alberta Public Health Association resolutions on health promotion during the 1970s was a decreasing focus on traditional health protection strategies. One important exception, however, was milk pasteurization, which continued to be a focus of their resolutions. According to the provincial Public Health Act at the time, a plebiscite was required for municipalities to enact pasteurization bylaws.[83] In a 1971 resolution, members entertained a proposal to remove the plebiscite requirement, which would facilitate the local implementation of pasteurization.[84] The resolution did not pass the first time but was later carried on 6 April 1973.[85] Illustrative of their presence in provincial public health matters, the resolution was referenced in the Alberta legislature on April 10 of that year,[86] and in May 1973 the Public Health Act was amended to permit municipal councils to pass a pasteurization bylaw without a plebiscite.[87]

Despite some growing attention to social determinants elsewhere in the country, including a federally funded field experiment of a guaranteed annual income in Dauphin, Manitoba (1974– 1979),[88] the Alberta Public Health Association resolutions around poverty and income inequality were limited and were, in fact, absent during the 1970s, perhaps reflecting challenges both specific to Alberta (e.g., politically conservative context) and general to public health (e.g., lifestyle drift, as it was later named[89]). Attention to social determinants of health in the Alberta Public Health Association re-appeared during the late 1980s and figured prominently in the association's concerns during the early 2000s.

1980s: Health Promotion and New Interest in Social Determinants of Health

The 1980s was by far the most active decade in the Alberta Public Health Association's history, as indicated by the size of the membership and the number of resolutions passed. During the 1980s, 107 resolutions were carried, and in 1985, membership reached the highest point in its history with approximately 450 members.

At the beginning of the decade, the organization put forward its goals in a 1981 document that outlined their intentions, which included to develop a unifying vision of health, to be an acknowledged representative of the health interests of Albertans, to monitor social, political, economic and environmental circumstances, and to be an effective liaison with government and other groups.[90] This decade also appears to have been a period where partnerships and engagement with members were strong, as evident in the pages of the newsletter, *The Promoter*, which was published three or four times a year.[91]

This active decade coincided with challenging economic circumstances, including high unemployment rates in the province. When assuming the organization's presidency in 1982, Gerry Predy pointed out how rising unemployment, high interest rates and inflation were detrimental to public health practice (if not quite yet drawing the connection between those factors and the public's health), remarking that "health and social programs [had to] struggle to compete for scarce financial resources."[92] For the organization to be effective in its role, it needed to link "professional and technical competence to political and social action."[93] Predy later proposed a change in the organization's statement of philosophy, with the new version asserting that health be considered "an integral part of the social, political, economic, ecologic whole." For that reason, according to Predy, the Alberta Public Health Association should be an association that worked within that complexity, using a variety of approaches.[94]

This change in philosophy was reflected in the number and breadth of resolutions passed during the 1980s. While the largest proportion of resolutions during the 1980s was coded as health promotion (n=24, 22 percent of all resolutions during the 1980s), other categories were not far behind. The association's earlier focus on health protection continued to be a priority with seventeen resolutions (16 percent of all 1980s resolutions), but by this time health protection resolutions had expanded beyond food and beverage safety to include issues such as the regulation of landfills, transportation of dangerous goods, indoor air quality, and herbicide and pesticide containers, among others.[95]

The number of resolutions concerned with the social determinants of health also increased, totalling nineteen (18 percent of all resolutions during the 1980s). These resolutions were broad in scope, and included poverty, working conditions, child care, language and cultural barriers to health, and nuclear missile testing.[96] For example, in a 1988 resolution, the organization sought "public health action on inequities," based on knowledge of links between poverty and health, and identified a need for an inequities working group to support and inform 1989 conference planning.[97] The number of resolutions focused on disease and injury

prevention also started to increase during the 1980s, with topics such as immunization, automatic daytime vehicle headlights, and mandatory seatbelts.

Although the organization's first resolution regarding tobacco was carried in 1978, the 1980s was the decade during which the association accelerated its involvement in tobacco control activities. Anti-tobacco efforts in Alberta strengthened during the 1980s with the formation of coalitions, such as the Alberta Interagency Council on Smoking and Health, of which the Alberta Public Health Association was a member.[98] The Alberta Public Health Association also participated as one of many members in the provincial Tobacco Reduction Alliance. Embracing the multi-pronged approach adopted by its partners, the organization carried resolutions that addressed various aspects of tobacco control including prohibiting advertising, promotion, and tobacco company sponsorship; banning smoking from indoor public places; and restrictions on the sale of tobacco products to minors.[99] As discussed in Chapter 9, these activities ultimately led to important, albeit not uncontroversial, advances in tobacco control in Alberta.

1990s: Partnerships, Tobacco, and Declining Membership

The 1990s opened with a convention in Calgary that prompted the organization to review its mission and plan for the next year. A membership survey confirmed members' views that the most important function of the organization was to advocate for public health.[100] A theme that permeates the Alberta Public Health Association's archival materials from the 1990s was the need to expand the membership to permit the organization to be a more effective voice in the province. In 1991, the number of members totalled 344, which was lower than the association's peak of 450 in 1985, but still high relative to its history overall (see Figure 5.2). Of the 344 members in 1991, approximately half were health unit employees, while the rest included university and government employees, and some students. The most represented profession was nurses, including community health nurses. Despite many efforts, the organization did not meet their stated goal of having 500 members by 1993, the fiftieth anniversary of the association; in fact, by March of that year, membership had declined to 289.[101]

Fig. 5.2: Size of the Alberta Public Health Association membership, 1945–2015. Sources: Minutes from the Alberta Public Health Association's Annual General Meetings and annual reports.

Considering that members were largely public health workers within the health care system, it is not surprising that health care system reform — specifically regionalization of the provincial health care system — was a preoccupation of the organization during the 1990s; archival materials indicate that core committees even reduced their other work to concentrate on regionalization. In August of 1992, in the context of discussions around reforms, Alberta's Minister of Health, Nancy J. Betkowski, approached the organization to request that they outline what they saw as priorities and challenges to public health. The association's response was threefold: i) the need for continued action including the achievement of provincial health goals, objectives and actions; ii) the need to position public health within the reform process, along with education of politicians and the public to understand the contributions and key role public health plays in the health system; and iii) the need for sustained funding to carry out the organization's work, which included a request for a sustaining grant.

In the 1993/94 annual report, President Pearl Upshall stated that members could be proud of the association's input into the provincial government report, *Health Goals for Alberta: A Progress Report*. Speaking about the report, which was a compilation of all suggestions from community workshops and roundtables held by the Ministry of Health around the province, Upshall commented that, "the content of this and other health reform documents are full of public

health."[102] However, Alberta's health system reforms in the 1990s, including the Klein government's 1994 passing of the Regional Health Authorities Act, entailed major structural changes. For the Alberta Public Health Association, it meant rethinking its previous ways of gaining members because the health units, abolished with the 1994 Health Authorities Act, were previously a main source of membership. The organization also lost an important partner with the abolishment of the Health Unit Association of Alberta.[103]

In 1995, the organization was distinguished as one of the few provincial organizations funded by the National Literacy Secretariat to discover how health could improve when literacy levels were strengthened. An important outcome of the organization's Partnership Project on Literacy and Health was an increase in awareness of intersectoral connections between literacy and health among various organizations.[104] A booklet on the relationship between literacy and health, titled *Health for All Albertans*, which was designed to serve as both a fact sheet and a discussion paper, was produced and distributed to partner organizations and to MLAs. Illustrative of the organization's governmental presence at the time, the booklet elicited fifteen responses from MLAs, one of whom tabled the booklet as a report submitted to the Legislative Assembly of Alberta, as noted in the *Hansard*.[105]

Within the context of the "Klein Revolution" and its damaging effects on the public sector and thus the public's health, the 1990s was characterized by a multi-pronged approach by the Alberta Public Health Association. Among resolutions carried during that decade, those focused on health promotion, disease and injury prevention, and social determinants of health were most common (Figure 5.1). Regarding disease and injury prevention, resolutions focused on tobacco reduction efforts continued, and nearing the end of the decade, resolutions revealed additional important partnerships with organizations such as Action on Smoking and Health (see Chapter 13).[106]

2000–Present: Loss of Funding, Struggling to Survive

The new millennium started with comprehensive efforts by the Alberta Public Health Association to examine strengths and weaknesses in public health in general, and of the organization in particular. The Millennium Project was undertaken; as outlined in the project's final report, *Public Health in Alberta: Showcasing our Past; Creating our Future*, this project featured public health initiatives selected from submissions solicited from health authorities across the province. The association expected that this initiative, which concluded in fall of 2001, would raise the profile of public health and offer an opportunity to re-establish connections around the province, which were felt to have been severed

by regionalization. As part of phase two of the project, over two hundred people from around the province were involved in discussions through focus groups, interviews, meetings, and at the organization's 2001 annual convention. The result was *Public Health in Alberta: A Proposal for Action*, a publication targeted to both lay audiences and policy-makers that aimed to strengthen public health moving forward. According to the 2001 annual report, the Minister of Health & Wellness, Gary Mar, commended the report and noted that his ministry was committed to working closely with the Alberta Public Health Association.[107]

The Ministry of Health & Wellness contributed annual funding to the organization, including $75,000 in 2004,[108] $75,000 in 2007, and $79,000 in 2008.[109] This Ministry funding was essential to stabilizing the association.[110] Then, however, the funds were cut suddenly. In January 2009, the Alberta Public Health Association had understood that their annual ministry funding would be frozen at $100,000 for 2009/10. Yet, in February 2009, the organization learned that this funding would be cut completely, effective that year.[111] Not surprisingly, the loss put the association in a difficult situation with respect to maintaining existing operations, which was further compounded by discontinued website support from a neighbouring public health association.[112] Once the funding notice was received, the organization undertook efforts to evaluate their financial situation and future direction. They also reached out to other sources of funding, with little success.[113]

Alberta Public Health Association continued its work to the extent possible, relying entirely on volunteer time and capacity. Some key recent achievements have been possible through collaborations coupled with in-kind support from board members' workplaces and external sources of funding. Examples include the Alberta Public Health Association History Project, which was funded by a grant from the Alberta Historical Resources Foundation;[114] and two events that were co-hosted by the Alberta Public Health Association and the O'Brien Institute for Public Health at the University of Calgary: a 2018 provincial forum on the theme of "In Defense of Public Health,"[115] in recognition of the Alberta Public Health Association's seventy-fifth anniversary; and a 2019 all-candidates forum on public health, held in advance of the provincial election that year and intended in part to strengthen the organization's role as an advocacy association for public health in the province.[116] Although the number of resolutions per year decreased during the first decades of the twenty-first century, the organization has continued to carry resolutions and otherwise engage in key issues, many of which are related to the social determinants of health, including resolutions on provincial income support programs, food security, and affordable housing, including — in collaboration with First Nation organizations — housing for Indigenous communities.[117]

Conclusion

As highlighted here, the Alberta Public Health Association has a noteworthy history when one considers the scope and tenacity of its efforts. Alberta Public Health Association has been one key player in Alberta's public health history, both reflecting and shaping — often in partnership — the provincial public health landscape. It has done so largely by convening professionals, with relatively fewer examples of engaging with communities ("the public" in public health). The association's voice was not always heard, and in recent years it has struggled to maintain its membership and capacity. Indeed, when considered relative to its history, the organization's capacity and impact has declined considerably in a relatively short period of time. As such, it stands as one example of challenges facing organizations in the non-profit sector more generally.

Non-profit associations in general, and public health associations in particular,[118] are uniquely positioned to serve as a hub to unite public health communities, including diverse professionals and members of publics, in mobilizing as a collective toward strengthening population well-being and health equity, via various forms of advocacy including representational (e.g., strategies for "selling" public health goals to decision makers and to the broader public) and facilitational (e.g., a more democratic approach to advocacy that centres on listening to and working with communities whose voices are under-represented in research and policy debates) forms.[119] From that perspective, the formidable challenges facing the Alberta Public Health Association and some other public health associations across the country are unfortunate. The challenge remains for public health associations to attract and engage members and to build capacity — including via alignment with partners, allies, and communities — to realize the role and vision that they are so well positioned to hold.

TABLE 5.1: Categories used to code the Alberta Public Health Association resolutions based on core public health functions and adapted to cover the breadth of their resolutions.

Code	Description	Examples
Health Promotion	Health promotion contributes to and shades into disease prevention (see below) by catalyzing healthier and safer behaviours. Comprehensive approaches to health promotion may involve community development or policy advocacy and action regarding environmental and socioeconomic determinants of health and illness.	Intersectoral community partnerships to solve health problems; advocacy for healthy public policies; health education; catalyzing the creation of physical and social environments to support health (e.g., bike paths, promoting access to social networks for institutionalized seniors).
Health Protection	Efforts to ensure safe food and water, including the regulatory framework for control of infectious diseases and protection from environmental threats. Health protection efforts often aim to protect others; for example, breathalyzer laws.	Restaurant inspections; institutional facility inspections (e.g., Foster Home Training & Home Investigation); water treatment monitoring; air quality monitoring/enforcement; quarantine. Also includes provision of expert advice to national regulators of food and drug safety.
Disease & Injury Prevention	Measures to prevent the occurrence of disease and injury, and to arrest the progress and reduce the consequences of disease or injury once established. It overlaps with health promotion, especially as regards educational programs targeting safer and healthier lifestyles.	Immunization; investigation and outbreak control; efforts to prevent behaviors deemed unhealthy or unsafe (e.g., not wearing a bicycle helmet); screening and early detection of cancer; availability of prophylactic drugs; warning labels on products.
Health Surveillance & Academic research*	Surveillance: "information for action" – gathering of information to permit early recognition of outbreaks, disease trends, and health factors which in turn inform policy and program intervention. Academic research is defined as organized and methodic efforts to produce knowledge related to people's health.	Periodic health surveys; Cancer and other disease registries; Communicable disease reporting; Ongoing analysis of data to identify trends or emerging problems, (e.g., recognition of increasing syphilis cases); Report to practitioners of increasing threat, what they need to look for, and intervention required.
Emergency Preparedness and Response	Activities that provide the capacity to respond to acute harmful events that range from natural disasters to infectious disease outbreaks and chemical spills. Often inter-jurisdictional.	Responses to environmental disasters such as floods, avalanches, or biological events like disease outbreaks, etc.

TABLE 5.1: (*continued*)

Code	Description	Examples
Social Determinants of Health	The social determinants of health and health inequities are conditions in which people are born, grow, live, and work, which are shaped by the distribution of money, power and resources. Include but are not limited to: income, education, gender and other axes of social stratification such as race/ethnicity and disability (and associated forms of exclusion e.g., racism, sexism), physical environment, social environment, and healthy childhood development (including child care)	Advocacy for guaranteed income; literacy and health; relations between culture and health; efforts to reduce poverty and inequality.
Public Health Workforce	Related to availability of jobs, training, creation of new positions, workplace conditions and compensation.	Public health workforce salaries negotiation; improving working conditions and availability of supplies
Association-Related	Related to APHA internal work and management, including the role/function of the organization.	Change of bylaws, change of name of purpose. Administrative changes (e.g. hiring new staff)
Other Aspects of Public Health	Other, non-specific aspects of public health.	

* Recognizing that they are distinct, resolutions are coded related to academic research along with health surveillance because i) both concepts contribute to understanding the impacts of efforts to improve health and reduce the impact of disease in a systematic manner, and ii) the number of resolutions in both categories was relatively small.

NOTES

1 Trevor Harrison and Barret Weber, *Neoliberalism and the Non-Profit Social Services Sector in Alberta* (Edmonton: Parkland Institute, 2015), 6.

2 Harrison and Weber, *Neoliberalism*, 13, 16, 36–37.

3 Alberta Historical Resources Foundation - Heritage Preservation Partnership Program research grant, 2015-2018, "Public health advocacy: lessons learned from the history of the Alberta Public Health Association," (McLaren L, Lucyk K, Stahnisch F). Results from this project include a narrative history of the association (Rogelio Velez Mendoza et al., *The History of the Alberta Public Health Association*, Calgary: APHA, 2017), a complete list of association presidents, and a complete list of resolutions. These are available on the APHA website: https://www.apha.ab.ca/public-health-resources

4 Two of many examples are the Alberta Policy Coalition for Chronic Disease Prevention (https://abpolicycoalitionforprevention.ca), of which APHA is a member and Vibrant Communities Calgary, which advocates for long-term strategies that address root causes of poverty in Calgary (http://vibrantcalgary.com).

5 Although APHA marks its year of establishment in 1943, there are a few mentions of the organization in local newspapers in 1942. The organization has its origins in the Alberta Public Health Officials Association, which preceded it. APHA archival materials indicate that its first president was Dr. W.H. Hill, but the newspaper articles mention a prior president named Dr. H. Siemans, from the Lamont Public Health District. See *Edmonton Journal*, 2 October 1942, 15 (announcement); "Wives Feed Husbands Better than Selves," *Calgary Herald*, 2 October 1942, 13; "Public Health Officials Elect Dr. H. Siemans," *Calgary Herald*, 2 October 1942.

6 The Canadian Network of Public Health Associations (CNPHA), "A Collective Voice for Advancing Public Health: Why Public Health Associations Matter Today," *Canadian Journal of Public Health* 110, no. 3 (2019).

7 Michael H. Hall et al., *The Canadian Nonprofit and Voluntary Sector in Comparative Perspective* (Toronto: Imagine Canada, 2005), 9.

8 Nilima Sonpal-Valias, "Paradoxes in Paradise: Neoliberalism in Alberta's Developmental Disability Field" (PhD diss., University of Calgary, 2016), 5, Prism Database, https://prism.ucalgary.ca/items/8d945d1e-5344-4e31-83b6-275198cf7e0f; Statistics Canada, *Cornerstones of Community: Highlights of the National Survey of Nonprofit and Voluntary Organizations* (2003, 2005), https://www150.statcan.gc.ca/n1/pub/61-533-s/61-533-s2005001-eng.htm.

9 Sonpal-Valias, *Paradoxes in Paradise*, 5.

10 Hall et al., *The Canadian Nonprofit*, 22.

11 Pauline Paul, "A History of the Edmonton General Hospital: 1895–1970, 'be faithful to the duties of your calling,'" (Ph.D. diss., University of Alberta, 1994, ERA [Education & Research Archives] database, https://era.library.ualberta.ca/items/da01f69f-e833-402f-b9a4-d0764687920f).

12 Carl A. Meilicke and Janet L. Storch, *Perspective on Canadian Health and Social Policy: History and Emerging Trends* (Ann Harbor, Michigan: University of Michigan, Health Administration Press, 1980), 4.

13 For a history of the YWCA in Calgary, see YW Calgary, "Our History", https://www.ywcalgary.ca/about-us/our-history/; and Antonella Fanella, Pernille Jakobsen, Lee Tunstall, and Young Women's Christian Association, *Creating Cornerstones: A History of the YWCA of Calgary* (Calgary: YWCA of Calgary, 2011).

14 *An Act respecting Benevolent and other Societies Act* ("The Benevolent Societies Act"), R.S.A. 1922, c. 159. This act was a provincial revision of the Northwest Territories' Ordinance respecting Benevolent and other Societies Act, O.N.T. 1891-1892, no. 19.

15 *Act respecting Benevolent and Other Societies* ("The Societies Act"), S.P.A., 1924, c. 11.

16 "Davidson Will Ask Questions about Quarrel," *Edmonton Journal*, 27 March 1924, Alberta Legislature Library, Scrapbook Hansard, https://librarysearch.assembly.ab.ca/client/en_CA/search/asset/143249/0; "Summary of Legislation Passed at Session," *Edmonton Journal*, 12 April 1924, 16; An Act respecting Benevolent and other Societies Act, 1924.

17 *Act respecting Benevolent and Other Societies*, 1924; "Alberta Non-Profit Listing," Open Government Program, Government of Alberta, https://open.alberta.ca/opendata/alberta-non-profit-listing; APHA, Minutes of the Annual General Meeting, 6 September 1955, Provincial Archives of Alberta (PAA).

18 *Act for the Protection of Neglected and Dependent Children*, S.P.A. 1909, c. 12; *Act with Respect to Compensation to Workmen for Injuries Suffered in the Course of Their Employment*, S.P.A. 1908, c. 12; *Act Granting Assistance to Widowed Mothers Supporting Children*, S.P.A. 1919 c. 6.

19 *Act to Establish a Bureau of Relief and Public Welfare and to Provide for the Administration of Unemployment Relief*, S.P.A. 1936, c. 34. According to the act, "'indigent' means a person who is actually destitute of means from his own resources of obtaining the food, clothing and shelter necessary for his immediate wants;" and "'transient indigent' means any indigent within the Province in respect of whose maintenance or partial maintenance there is no liability upon any municipality in the Province."

20 *Act respecting the Welfare of Children*, S.P.A. 1925, c. 4; *Act respecting the Alberta Women's Bureau*, S.P.A. 1928, c. 13; *Act to Establish a Bureau of Relief and Public Welfare and to Provide for the Administration of Unemployment Relief*, S.P.A. 1936, c. 4.

21 *An Act respecting Health Insurance*, S.P.A. 1935, c. 49 (assented to 23 April 1935); Robert Lampard, *Alberta's Medical History: Young and Lusty, and Full of Life* (Red Deer: R. Lompard, 2008), 605–609.

22 *An Act respecting the Alberta Health Care Insurance Plan*, S.A. 1969, c. 43.

23 Victorian Order of Nurses (Edmonton Branch) fonds, History/Biographical Sketch, Provincial Archives of Alberta; Donald Smith, *Calgary's Grand Story* (Calgary: University of Calgary Press, 2005), 50.

24 Some argued this was a product of the not-for-profit groups being under pressure from government funding cuts. See "Victorian Order of Nurses to Shut Down Alberta Operations," *CBC Calgary*, 25 November 2015, https://www.cbc.ca/news/canada/calgary/von-victorian-order-nurses-closing-alberta-1.3336643; "Victorian Order of Nurses Shutting Down Operations in 6 Provinces," *The Canadian Press and Global News*, 25 November 2015, https://globalnews.ca/news/2361476/victorian-order-of-nurses-shutting-down-operations-in-six-provinces/.

25 Harrison and Weber, *Neoliberalism*, 26.

26 Baldwin Reichwein, *Benchmarks in Alberta's Public Welfare Services: History Rooted in Benevolence, Harshness, Punitiveness and Stinginess* (Edmonton: Alberta College of Social Workers, 2003), 26.

27 Reichwein, *Benchmarks*, 26. See also Valerie Tarasuk et al., "A Survey of Food Bank Operations in Five Canadian Cities," *BMC Public Health* 14 (28 November 2014), https://doi.org/10.1186/1471-2458-14-1234.

28 Hall et al., *The Canadian Nonprofit*, 25.

29 Sonpal-Valias, *Paradoxes in Paradise*, 151–2.

30 Sonpal-Valias, *Paradoxes in Paradise*, 152.

31 Sonpal-Valias, *Paradoxes in Paradise*, 154.

32 Harrison and Weber, *Neoliberalism*, 28–29.

33 Harrison and Weber, *Neoliberalism*, 29–30.

34 Harrison and Weber, *Neoliberalism*, 3; Calgary Chamber of Voluntary Organizations (CCVO), *Points of Light: The State of the Alberta Non-profit Sector* (Calgary, 2011), 2. In May 2020, there were 26,201 non-profit organizations registered as "Active" in Alberta. "Alberta Non-Profit Listing," Open Data, Alberta Government, updated 1 May 2020, https://open.alberta.ca/opendata/alberta-non-profit-listing

35 Harrison and Weber, *Neoliberalism*, 3.

36 CCVO, *Points of Light*, 11, 38. The International Classification of Non-profit Organizations system groups organizations into twelve major activity groups, see: Lester Salamon and Helmut K. Anheier, *Defining the Nonprofit Sector: A Cross-national Analysis* (Manchester: Manchester University Press, 1997). For more information on each category see: https://unstats.un.org/unsd/publication/seriesf/seriesf_91e.pdf.

37 CCVO, *Points of Light*, 11.

38 CCVO, *Points of Light*, 11.

39 These associations included health inspectors, medical officers, and public health nurses. Velez Mendoza et al. *The History of the Alberta Public Health Association*.

40 The reader can consult the archival holdings related to the APHA, which are housed at the Provincial Archives of Alberta (archival processing was in progress at the time of writing). These include annual reports, conference programs, newsletters, and other documents.

41 The complete list of resolutions can be found on the APHA website: https://www.apha.ab.ca/resources/Documents/APHA%20Resolutions%20-%20Master%20Document%20-%20FINAL%20for%20website%20(Dec%2030%202017).docx (hereafter cited as Historical APHA Resolutions).

42 Public Health Agency of Canada, *Core Competencies for Public Health in Canada: Release 1.0* (Public Health Agency of Canada, September 2007), https://www.phac-aspc.gc.ca/php-psp/ccph-cesp/pdfs/cc-manual-eng090407.pdf; Historical APHA Resolutions.

43 This iterative process consisted in three instances of inter-coder verifications, where two individuals independently coded a sample of the total resolutions to compare the proposed categories and make further adjustments. A third individual coder was brought in for the third instance to check the accuracy of categories. The categories were extracted from Canadian Public Health Association (CPHA), *Public Health: A Conceptual Framework*, Canadian Public Health Association Working Paper, Second Edition (Ottawa: CPHA, 2017), https://www.cpha.ca/sites/default/files/uploads/policy/ph-framework/phcf_e.pdf; Christopher David Naylor, *Learning from SARS: Renewal of Public Health in Canada* —Report of the National Advisory Committee on SARS and Public Health. National Advisory Committee, 2003); Public Health Agency of Canada, *Core Competencies*; Atlantic Provinces Public Health Collaboration, *Public Health 101: An Introduction to Public Health* (Nova Scotia Health Promotion and Protection and the Public Health Agency of Canada, November 2007), https://novascotia.ca/dhw/publications/Public-Health-Education/Public-Health-101-An%20Introduction-to-Public-Health.pdf.

44 CPHA, *Public Health, A Conceptual Framework*, 5.

45 National Collaborating Centre for Determinants of Health, *Let's Talk: Moving Upstream* (Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University, 2014), http://nccdh.ca/images/uploads/Moving_Upstream_Final_En.pdf.

46 Paul Boothe and Heather Edwards, *Eric J. Hanson's Financial History of Alberta, 1905–1950* (Calgary: University of Calgary Press, 2003), 21.

47 Boothe and Edwards, *Eric J. Hanson's Financial History of Alberta*, 100.

48 "Public Health Officials Elect Dr. H. Siemans," *Calgary Herald;* Minutes of the Annual Meeting, Alberta Public Health Association, 2 and 3 October, 1944, PAA.

49 Alberta Public Health Association, *Annual Report 1993–94* (1994).

50 See Historical APHA Resolutions.

51 See Historical APHA Resolutions.

52 APHA, Minutes of the Annual General Meeting, 16 and 17 September 1946, PAA.

53 APHA, Minutes of the Annual General Meeting, 2 and 3 October 1944, PAA.

54 John H. Brown, Jean Clark J, and C. Ellinger, "A Classified Directory of Alberta Public Health Workers Association." *Alberta Health Worker* 5, no. 1 (February 1945).

55 APHA, Minutes of the Annual General Meeting, 7 and 8 September 1948, PAA.

56 APHA, Minutes of the Annual General Meeting, 7 and 8 September 1948, PAA.

57 APHA, Minutes of the Annual General Meeting, 1–3 September 1954 and 29–31 August 1956.

58 Christopher Rutty and Sue C. Sullivan, *This Is Public Health: A Canadian History* (Ottawa: Canadian Public Health Association, 2010); APHA, Minutes of the Annual General Meeting, 4–6 September 1950, PAA.

59 APHA, Minutes of the Annual General Meeting, 4–6 September 1950, 2, 3. The association was also concerned by both the financing of public health services and practice, which in Alberta was thought to be at a standstill. APHA, Minutes of the Annual General Meeting, 10 and 12 September 1952, PAA.

60 See Historical APHA Resolutions.

61 See *Alberta Health Worker* 1, no. 1 (April 1946) and *Alberta Health Worker* 9, no. 1 (November 1949).

62 *Alberta Health Worker* 1, no. 1 (April 1946).

63 Alvin Finkel et al., *Working People in Alberta: A History* (Edmonton: Athabasca University Press, 2012).

64 Finkel et al., *Working People in Alberta*.

65 Finkel et al., *Working People in Alberta*, 142.

66 Program, APHA Annual Convention 1964, Calgary. APHA convention programs and annual reports are available in the APHA Archives, PAA.

67 Program, APHA Annual Convention 1967, Edmonton.

68 "Sanitary Landfill Practices — A Panel Discussion," a panel discussion presented at the Sectional Meeting of Sanitary Inspectors, chaired by W. Boulton. Program, APHA Annual Convention 1960, Edmonton; "Air and Water Pollution Control Programs in Alberta," Program, APHA Annual Convention 1965, Edmonton. The latter session was a panel featuring: G.H. Ball, Medical Officer of Health, Edmonton; S.L. Dobko, Air and Water Pollution Control Section, Alberta Department of Public Health; J.H. Broomhall, Provincial Public Health Inspector, Alberta Department of Public Health; and R. Ferguson, Water Pollution Control Engineer, Alberta Department of Public Health.

69 Specifically, the formation of the Department of Health and Social Development, which replaced the previous Department of Health and Department of Social Development in 1971 (see Chapter 4); also, Legislative Assembly of Alberta, *Report of the Special Legislative and Lay Committee Inquiring into Preventive Health Services in the Province of Alberta* (Edmonton: 1965).

70 CPHA, Minutes of the Annual General Meeting (Alberta Division), 2 and 3 April 1964, PAA.

71 Sean A. Valles, *Philosophy of Population Health: Philosophy for a New Public Health Era* (London: Routledge, 2018).

72 CPHA, Minutes of the Annual General Meeting, (Alberta Division), 7 April 1967, PAA.

73 APHA, Minutes of the Annual General Meeting, 16 April 1971, PAA.

74 For example, in 1974, the sections of the association, which were previously based on professions (e.g., public health nurses, public health inspectors) were replaced by five function-oriented sections, namely Health Services Administration, Environmental Health, Epidemiology and Disease Control, Health Promotion, and Family Health. See APHA, Minutes of the Annual General Business Meeting, 16 April 1971; APHA, Minutes of the General Business Meeting, 18 April 1974. This decade also brought other changes; for example, in 1971, it changed its name back to Alberta Public Health Association from Canadian Public Health Association (Alberta Division).

75 APHA, Minutes of Executive Meeting, 17-18 April 1979 April, PAA.

76 National Collaborating Centre for Determinants of Health, *Collective Impact and Public Health: An Old/New Approach — Stories of two Canadian Initiatives* (Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University, 2007), 2, http://nccdh.ca/images/uploads/comments/Collective_impact_and_public_health_An_old_new_approach_Two_Canadian_initiatives_EN_FV.pdf.

77 "Health Promotion," World Health Organization, last updated 2024, https://www.who.int/topics/health_promotion/en/.

78 Marc Lalonde, *A New Perspective on the Health of Canadians: A Working Document* (Ottawa: Queen's Printer, 1974). Heather Macdougall, "Reinventing Public Health: A New Perspective on the Health of Canadians and Its International Impact," *Journal of Epidemiology and Community Health* 61, no. 11 (2007).

79 "The Ottawa Charter for Health Promotion," World Health Organization, accessed 1 March 2019, https://www.who.int/healthpromotion/conferences/previous/ottawa/en/.

80 Program, APHA Annual Convention 1977, Calgary.

81 Program, APHA Annual Convention 1978, Red Deer.

82 Katherine L. Frohlich and Louise Potvin, "Health Promotion through the Lens of Population Health: Toward a Salutogenic Setting," *Critical Public Health* 9, no. 3 (1 September 1999).

83 *Public Health Act*, R.S.A. 1970, c. 294, 4479–4480.

84 APHA, Minutes of the Annual General Business Meeting, 16 April 1971, PAA.

85 APHA, Minutes of the Annual General Business Meeting, 5 April 1973, PAA.

86 APHA, Minutes of the Annual General Meeting, 5–6 April 1973; Alberta. Legislative Assembly of Alberta, 10 April 1973 (Mr. Ashley Cooper, SC). https://docs.assembly.ab.ca/LADDAR_files/docs/hansards/han/legislature_17/session_2/19730410_1430_01_han.pdf

87 *Act respecting Public Health*, S.A., 1973 c. 47 (specifically the change to section 10). See also, Alberta. Legislative Assembly of Alberta, 10 May 1973, 57-3112. https://docs.assembly.ab.ca/LADDAR_files/docs/hansards/han/legislature_17/session_2/19730510_2000_01_han.pdf

88 Evelyn L. Forget, "The Town with No Poverty: The Health Effects of a Canadian Guaranteed Annual Income Field Experiment," *Canadian Public Policy* 37, no. 3 (2011); David A. Croll, *Poverty in Canada. Report of the Special Senate Committee on Poverty* (Ottawa: King's Printer, 1971).

89 Fran Baum and Matthew Fisher, "Why Behavioural Health Promotion Endures Despite its Failure to Reduce Health Inequities," *Sociology of Health & Illness* 36, no. 2 (2014).

90 Helen Simmons, "Annual Report of the President" (1981–82). APHA Archives, PAA.

91 APHA started publishing a newsletter for its members in 1968. The newsletter was renamed *The Promoter* in 1992 and was published up until at least 2008.

92 "Dr. Gerry Predy Accepts Office of President," *APHA Newsletter* (June 1982).

93 "Dr. Gerry Predy Accepts Office of President."

94 Supplement to the *APHA Newsletter*, January 1983.

95 See Historical APHA Resolutions.

96 Other related resolutions included nuclear disarmament and cruise missile testing; for the members were "cognizant of the negative effect such a nuclear disaster would have on the health of populations in terms of extremely high mentality, morbidity, environmental, ecological and health services,

disruption, social disorganization and long-term far-reaching effects on any surviving population." See *Historical APHA Resolutions*.

97 See Historical APHA Resolutions.

98 APHA, "Second Vice-president Report" for 13 March 1979 and 17 April 1979, in APHA, *Annual Report 1979–80* (1980), PAA. APHA was represented at steering committee meetings that led to the establishment of this Council in 1979.

99 Program, APHA Annual Convention 1981, Edmonton.

100 APHA, *Annual Report 1990–1991* (1991).

101 APHA, *Annual Report 1991–92* (1992); APHA, *Annual Report, 1992–93* (1993). The low membership led APHA to consider offering direct membership in addition to the CPHA co-membership. The idea materialized in 1993. It seems to be working at first, with thirty new direct members in the first year of implementation, but they could not make the goal of the anniversary. By the end of the decade, the membership committee conceived a plan to emphasize a targeted and personalized approach. Approximately two hundred recruitment packages were distributed, but only fifteen new memberships were received.

102 APHA, *Annual Report 1993–94*; Alberta Ministry of Health, *Health Goals for Alberta: Progress Report* (Edmonton: Alberta Health, 1993); Donald J. Philippon and Sheila A. Wasylyshyn, "Health-care reform in Alberta," *Canadian Public Administration* 39 (1996).

103 APHA, *Annual Report 1999–2000* (2000), 9; APHA, *Annual Report 2000-2001* (2001), 3.

104 APHA, *Annual Report 1995–96* (1996).

105 APHA, *Partnership Project on Literacy and Health Final Report*, March 1997; Alberta. Alberta Legislative Assembly of Alberta, 20 August 1996 (Mr. Zwozdesky, Lib). https://docs.assembly.ab.ca/LADDAR_files/docs/hansards/han/legislature_23/session_4/19960820_1330_01_han.pdf

106 APHA used the numbers from Canadian Centre for Substance Abuse, 1994.

107 APHA, *Annual Report 2001–2002*, 12.

108 Of that amount, $50,000 was for the Alberta Healthy Living Network project. APHA Commitment to Collaborate with AHLN on Healthy Living. APHA, Minutes of the Annual General Meeting, 2005.

109 APHA, *Annual Report 2007–08* (2008).

110 APHA, *Annual Report 2006–07* (2007), 5 and 7.

111 APHA, *Annual Report 2008/09* (2009), 9–10.

112 Namely, the Public Health Association of British Columbia. APHA, *Annual Report 2008/09*, 9.

113 APHA, *Annual Report 2008/09*, 10.

114 Results from this project include a narrative history of the association (Velez Mendoza et al., *The History of the Alberta Public Health Association*), a complete list of association presidents, and a complete list of resolutions. These are available on the APHA website: https://www.apha.ab.ca/public-health-resources

115 This event was held in conjunction with annual Campus Alberta conference, "Campus Alberta Health Outcomes and Public Health Annual Forum," O'Brien Institute for Public Health, accessed 8 July 2020, https://events.ucalgary.ca/obrien/#!view/event/event_id/101855.

116 APHA and the O'Brien Institute for Public Health at the University of Calgary, "All Party Candidate Forum: A Healthy Alberta Through Healthier Policies," O'Brien Institute for Public Health, accessed 8 July 2020, https://events.ucalgary.ca/obrien/#!view/event/event_id/101777.

117 APHA, "Support for a comprehensive poverty reduction among persons with disabilities," Minutes of the Annual General Meeting, 4 March 2005; "Increased food security for low-income Albertans," APHA, Minutes of the Annual General Meeting, 6 June 2006; "Support for Guaranteed Annual Income for Albertans," APHA, Minutes of the Annual General Meeting, 16 May 2014; "Support for advocacy efforts to improve access to affordable housing," APHA, Minutes of the Annual General Meeting, 2017.

118 CNPHA, "A Collective Voice."

119 Katherine E. Smith and Ellen A. Stewart, "Academic Advocacy in Public Health: Disciplinary 'Duty' or Political 'Propaganda'?" *Social Science & Medicine* 189 (2017).