



The History of the Alberta Public Health Association

Contributors

Rogelio Velez Mendoza

Department of History, Faculty of Arts, University of Calgary

Kelsey Lucyk

Department of Community Health Sciences, Cumming School of Medicine, University of Calgary

Isabel Ciok

Bachelor of Health Sciences, Cumming School of Medicine, University of Calgary

Lindsay McLaren

Department of Community Health Sciences, Cumming School of Medicine, University of Calgary

Frank Stahnisch

Departments of Community Health Sciences and History, Cumming School of Medicine and Faculty of Arts,
University of Calgary

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Alberta Public Health Association
c/o Injury Prevention Centre, University of Alberta
4075 RTF, 8308-114 Street
Edmonton, Alberta T6G 2E1

www.apha.ab.ca

Preamble

This history of the Alberta Public Health Association (APHA) presents an untold history of public health in the province. The APHA has a long history of efforts aimed at improving and protecting the health and well-being of Albertans, since it was founded in 1943. Its current mission is to act as a leading voice for public health in the province and work to strengthen the impact of those who promote and protect its highest standard.

The purpose of this project was to conduct an historical analysis of the APHA. This work contributes to the knowledge base of Alberta’s public health history. In addition, we aim to use this work to strengthen the institutional memory of the APHA. Finally, and perhaps most importantly, we hope to yield practical, useful, and important lessons for contemporary public health advocacy. There is an excellent, and largely untapped, opportunity to learn from the experiences of the APHA.

Advocacy is a core public health competency and an explicit aim of the APHA. The Public Health Agency of Canada defines advocacy as “the ability to advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities.” Some organizations are particularly well-positioned for public health advocacy; however, they are few in number and often face financial and ideological constraints.

We should note that this work is



Photograph from the APHA Annual Report 1993-94. Image: APHA Archives

not the first attempt at producing a history of the APHA. For decades the APHA newsletter has contained “tidbits” of history. Furthermore, for the APHA’s 60th anniversary, novelist and professor Aritha van Herk compiled a history of the APHA, entitled “Sixty Years of Not-So-Secret Service.” These past efforts have set the foundation for this project.

We historically analyzed APHA archival materials (e.g., meeting minutes, annual reports, conference programs) in our methods for this project. These materials came from the Calgary Archives and the Provincial Archives of Alberta. We also conducted semi-structured interviews with current and former members of the association who played an important role in its history. The products of this work include peer-reviewed publications, oral and poster

presentations, and this booklet, which we present to the APHA in recognition of its upcoming 75th anniversary in 2018.

This work was made possible thanks to the financial support of the Alberta Historical Resources Foundation’s Heritage Preservation Partnership Program.

— The Authors

Disclaimer: To produce a publication that was pleasant to read, we opted not to include specific citations, but rather to include a list of most-used sources at the end of each section.

Contents

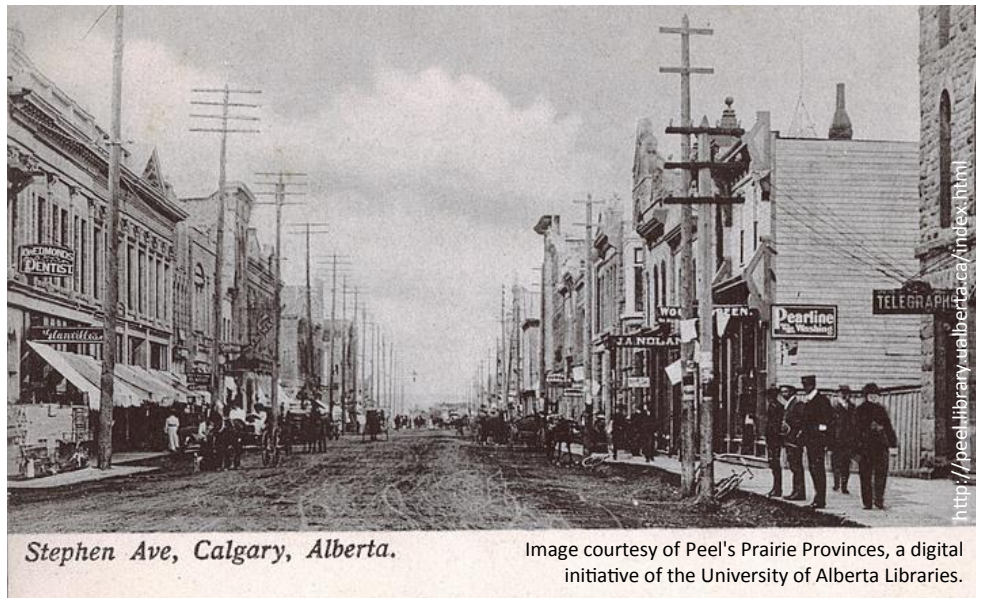
Preamble.....3	1970s.....18
1930s.....4	1980s.....22
1940s.....6	1990s.....26
1950s.....10	2000s.....30
1960s.....14	2010s.....34

1930s: Conditions for Public Health Advocacy in Alberta

The economic depression and dustbowl conditions that occurred throughout the Alberta during the 1930s profoundly impacted the province. Albertans suffered from deteriorating farming and housing conditions during a period of drought, especially in the southern region of the province. Homicide and suicide rates were on the rise.

The prevention of illness surfaced as an issue of urgency among those working in public health at the time. The Great Depression brought heightened attention to prevention, as public health workers became more attuned to the problems faced by sick individuals — in particular, those who had lost their jobs and were unable to pay for medical treatment.

Before the APHA was created, Dr. Malcolm Bow (1887–1982), Deputy Minister of Health for Alberta, called attention to health inequalities Albertans experi-



Stephen Ave, Calgary, Alberta.

Image courtesy of Peel's Prairie Provinces, a digital initiative of the University of Alberta Libraries.

enced, such as the differential access to health services for urban and rural residents. These conditions and the advent of the Second World War brought a renewed commitment for public

"I would feel that I had been remiss in my duty if I did not call attention to the inequality that exists in so far as modern preventive health services are concerned between the citizen who resides in a city [...] and in] a rural area..." -**Malcom R. Bow, 1937** "Public health yesterday, to-day, and to-morrow." CJPB 28(7);315

health during the 1940s.

Under these conditions, the Health Workers Association of Alberta (HWAA) formed to bring together groups interested in public health, including medical officers of health and nurses. The HWAA recognized the need to communicate public health information across the province, which led them to publish the *Alberta Health Worker*, a science journal. The HWAA evolved into the APHA.

Key Events in Alberta History, before 1943

1905 - Alberta becomes a province.
1906 - First Provincial Medical Officer of Health, Dr. A.E. Clendennan, is appointed.
1907 - Alberta Provincial Board of Health is formed. Local Boards of Health now fall under the Provincial Board and the province's Public Health Act passes. Alberta Provincial Laboratory is established.
1912 - Alberta Provincial Legislature is officially opened.
1916 - Alberta Association of Registered Nurses (AARN) begins to regulate nursing in the province.
1917 - United Farmers of Alberta and United Farm Women of Alberta (UFA/UFWA) lobby the province for public health services.

1918 - The University of Alberta begins to offer education in public health nursing. Spanish Flu pandemic kills over 4,000 Albertans. Provincial Department of Health is created.
1919 - A strike breaks out for union Coal Mine and Railway Workers due to poor working conditions. A.G. MacKay is appointed Alberta's first Minister of Health.
1924 - After 8 years of prohibition, Alberta's Liquor Act, which abolished alcohol sales in the province, is repealed.
1928 - Alberta becomes the first province to provide special facilities to treat those with poliomyelitis.
1929 - A group of Albertans ('Famous

Five') gains official recognition for women as persons from the federal government.
1930 - Mental health clinics are opened throughout Alberta.
1935 - The Social Credit Party wins the Alberta provincial elections.
1936 - The provincial government begins providing publicly-funded hospital care. The Tuberculosis Act, which provides free diagnostic and treatment services, is passed.
1940 - The Cancer Treatment and Protection Act is passed; cancer patients now receive free medical care.
1941 - Alberta's population reaches 796,169. Life expectancy is 66.3 years for females and 63 years for males.

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**EAT RIGHT
FEEL RIGHT**

YOUR HEALTH IS VITAL FOR VICTORY

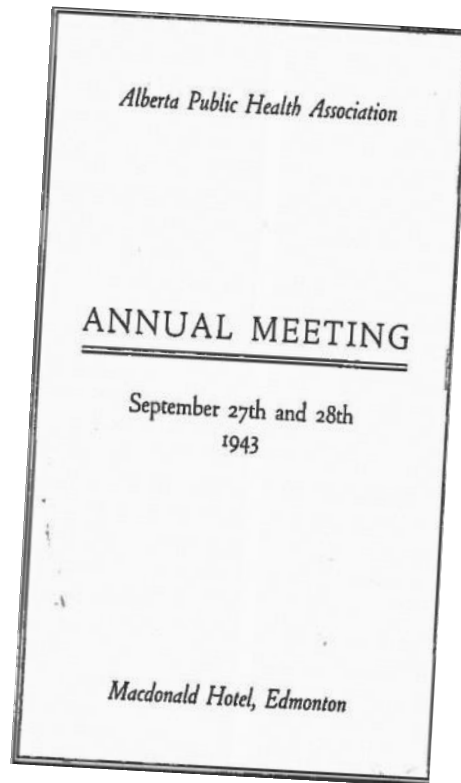
Health billboard on display in Alberta, ca. 1940.

Image: Glenbow Archives NB-55-1217

1940s: Birth of the Alberta Public Health Association



The APHA was established in 1943 during a period of municipal development and technological change in Alberta. During this time, the province was shifting away from economically depressed conditions to become an increasingly urbanized and industrialized society. Members from various associations came together for the first time with the specific goal of coordinating health services and providing insight into public health. These associations included the Alberta Branch of the Canadian Institute of Public Health Inspectors, the medical officers' section of the Canadian Public Health Association, and the public health nurses' section of the Alberta Association of Registered



Key Events in APHA History, 1940s

1943 - First annual meeting of Canadian Public Health Association (Alberta Division), which later changes its name to the APHA. One topic at the 1943 meeting is 'Hopes for the Future of Public Health in Alberta.' APHA membership costs \$1.00, equal to \$14.34 in 2016.

1944 - Ninety-five members, including 8 Board members and 6 guests from the Armed Forces, attend the APHA's Annual Meeting. Three sections make up the APHA: Medical Group, Public Health Nursing Group, and Sanitarian Group.

1945 - The APHA requests a government subsidy to finance its journal, *The Alberta Health Worker*.

1946 - The APHA has difficulty obtaining articles for publication in its journal. This reflects the reduced public health activities that occurred across Canada during and after the Second World War.

1947 - Discussions are held regarding the APHA's affiliation with its national association, the CPHA.

1948 - The spread of polio is discussed as a topic at the APHA convention.

Key Events in Alberta History, 1940s

1943 - First full-time dental health program offered by a rural Health Unit in Lamont. The Edmonton Board of Health bans livestock within its inner city. The last case of smallpox recorded in Alberta. Ernest Manning, of the Social Credit Party, becomes Premier of Alberta.

1944 - Calgary prepares for typhoid fever outbreak. Across Alberta, hospital services related to childbirth are provided at no cost.

1947 - Calgary physicians claim that the postwar shortage of trained nurses makes it difficult to manage the polio outbreak. Mental health clinics that closed during the war years begin to reopen. Alberta's oil boom begins with the discovery of oil in Leduc, Alberta.

1948 - The Banff Chapter of the Alberta Association of Registered Nurses is formed. Banff residents at the time lack public health services, as the national park was not considered provincial or federal territory.

Nurses. In its first year, the APHA included 186 registered members who worked in various health-related settings, including provincial and municipal departments and divisions, boards of health, health institutions, and schools, in addition to public health and industrial nurses.

An early issue that APHA members were vocal about was securing fair working conditions for the public health workforce. For instance, the APHA raised concern on behalf of the public health nurses who were required to travel great distances to rural locales and even to purchase their own uniforms. Resolutions passed on these examples suggest that APHA was vocal about addressing the immediate needs



W.H. Hill was appointed the first president of the APHA in 1943. Prior to this role, he had published on how to affordably maintain a nutritious diet. He produced a table menu for a family of 5 living in Calgary for the weekly cost of \$6.87. This was reflective of the depressed economic conditions that Albertans experienced at the time. Hill also published "Recording Child Hygiene Activities in Calgary" from his work as a Medical Officer of Health in 1945. In 1957, Dr. Hill became a Medical Officer of Health in Calgary, a position he used to actively campaign against fluoridation. Image: Glenbow Archives NA-2900-32

Image: Glenbow Archives NA-2900-32



This article (left) of the Edmonton Journal, published September 6, 1945, pictures the newly elected executive of the APHA.

From left to right, the picture shows: D. B. Menzies (Edmonton), President of the APHA and provincial sanitary engineer; Dr. Geraldine Oakley (Calgary), medical representative; Miss Madeline McCulla (Edmonton), nurses' representative and director of the school of nursing at the University of Alberta; Dr. M. G. McCallum (Stettler), vice-president; Miss Helen McArthur (Edmonton), immediate past president and superintendent of the public health nursing branch of the provincial government; C.C. Evey (Edmonton), secretary and supervisor of health for the provincial health department. Absent was W. Pillage (Calgary), sanitary inspectors' representative. (Image: Courtesy of APHA)

of the public health workforce at the time.

As for improving the health of Albertans, the APHA passed resolutions during the 1940s to make the living and working environments of Albertans healthier and safer. Some examples include licensing of restaurants and ensuring the safe consumption of milk. Others included implementing medical examinations for school children by nurses, the provision of dental services to rural areas, and forming recreational youth centres. As evidenced by APHA meeting minutes and conference proceedings, there were also discussions within the organization about tuberculosis, fumigation, poliomyelitis and immunization, as well as how to successfully im-

plement preventive health programs. One notable resolution is the association's call for the province to relax the strict quarantine measures enforced on

families where a member had scarlet fever. The APHA suggested that healthy breadwinners be exempt of this restriction, to ensure their families remained financially supported.

ALBERTA HEALTH WORKER

The *Alberta Health Worker* (later known as the *Alberta Public Health Worker* and *Alberta Public Health Bulletin*) was a publication founded by the province's Medical Officers of Health in 1941 "in the interests of Alberta Health Departments" to "bring before the Health Workers of Alberta problems that are particularly ours." In the foreword of the first issue, the editors write that while national publications of great value to public health already existed (e.g., the *Canadian Journal of Public Health* and *Canadian Medical Association Journal*), there remained the need for a forum where public health matters specific to Alberta could be discussed. Early issues of the *Alberta Health Worker* included papers on the organization and legislation of public health in Alberta, dealing with undulant fever in the province's cattle industry, provincial dairy regulations, methods of dealing with bedbugs in rural areas, water softening supply in Edmonton (e.g., "The housewife gets her washing still whiter from one-third to one-half the previous amount of soap used"), Alberta's field workers and vermin, and improvements in dental health in the Foothills District .

Notable APHA Resolutions, 1940s

- That pensions be established in Health Units. (1944)
- That dental service be provided routinely in Rural Health Districts. (1944)
- That the Department of Trade and Industry be asked to provide suspensions or cancellations of restaurant licenses, on the recommendation of local health authorities. (1944)
- That public health nurses be compensated through salary adjustments and added leave for serving in rural communities. (1944)
- That the Provincial Board of Health consider relaxing strict quarantine measures for bread-winners in families where another member is suffering of scarlet fever. (1945)
- That all milk sold in restaurants be consumed on premises. (1945)
- That no public eating place can open without the written permission of the local Board of Health. (1946)
- That the Medical Officer of Health be empowered to close public eating places where considered a menace to public health. (1946)

As shown from these early concerns, during the 1940s the APHA seemed to have had a dual focus. First, the association aimed to improve living and working conditions for Albertans through sanitary improvements to their environments. Second, the APHA attempted to more effectively organize the administration of public health services in the province. Some efforts from the latter focus included advocating for legislation for public health workers, for adequate staffing in health units, and ensuring that sufficient resources

were in place for public health to support the delivery of services by public health workers.

“At the close of another war-year, many health departments are struggling to maintain essential services with depleted staff. To the extent these major preventive services are maintained, we contribute a most valuable impetus to the war effort in our community. [...] The health workers of our province must not fail within the extent of their power and ability.”

-G.M. Little and A. Somerville, 1943 “Foreword,” *Alberta Health Worker* 1943;3

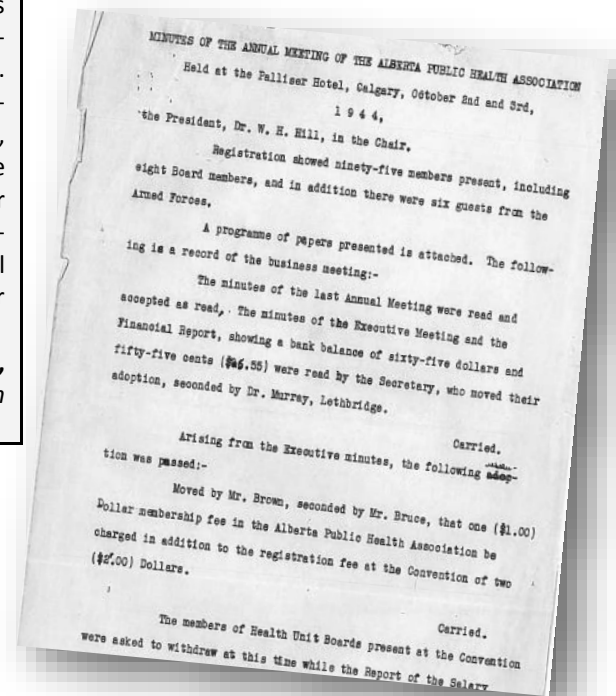
Right: Minutes from the 1944 Annual Meeting of the APHA held at the Palliser Hotel in Calgary.

BIO Douglas Hall McCallum (1902–1979) served as president of the APHA from 1945 to 1946. He later became the Provincial Dairy Commissioner in 1959 and the Chair of the Alberta Agricultural Products Marketing Council from 1965 to 1970.



BIO

Helen McArthur (1911–1974) was a public health nurse and became the second president of the APHA in 1944. She later became President of the Canadian Nurses Association in 1950, a position which she held until 1954. Other roles she served to the benefit of public health in Canada included the National Director of Nursing Services for the Canadian Red Cross Society and the Coordinator of relief services during the Korean War. She was awarded the Florence Nightingale Medal by the Red Cross in recognition of her 25 years as national director of nursing, a Coronation Medal from the Korean Red Cross for her service during the war, and an honorary law degree from the University of Alberta.



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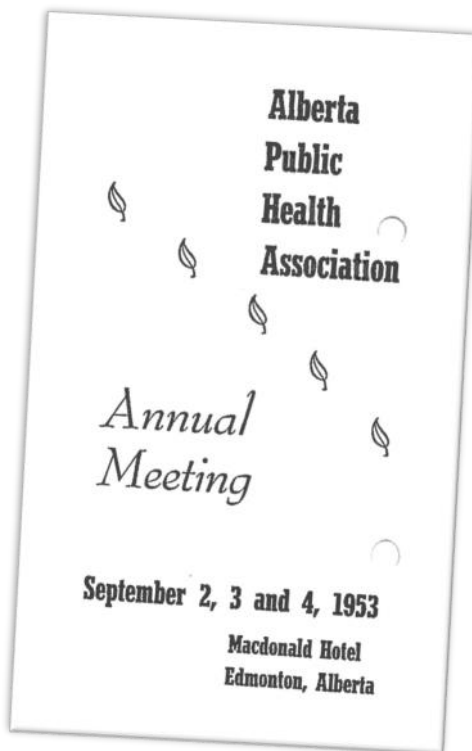
An Imperial Oil nurse, Mona MacKinnon, giving an inoculation at a temporary public health clinic in northern Alberta, ca. 1950.

Image: Glenbow Archives IP 14a-9566

1950s: Finding a Voice and Fighting for Public Health

The archives of the APHA reveal that around the 1950s, APHA members began to voice concern that the association now had less impact at the provincial level than during its first decade. In a 1950 resolution, for instance, the APHA resolved to write the Provincial Government and Deputy Health Minister of Health to express their disappointment at being left out of discussions concerning the changes that were occurring for public health in the province (e.g., Federal Health Grants, changes to the size of Rural Health Units).

In its earliest decades, the APHA divided its efforts between advocating for general public health measures and protecting and improving the professional



Key Events in APHA History, 1950s

1950 - The publication *The Alberta Public Health Worker* changes its name to *The Alberta Public Health Bulletin* in 1950.

1952 - The Deputy Minister of Health is appointed an ex-officio member of the APHA Executive Board.

1953 - The membership declines an invitation to have the APHA become an affiliate of American Public Health Association's Western Branch. The issue of offering conjoint membership with the CPHA first arises in the association.

1954 - A motion to change the APHA's constitution, which would allow the association to register under the Alberta's Societies Act, is passed.

1955 - APHA changed its name to "CPHA (Alberta Division)." The APHA co-hosts the CPHA convention at the Macdonald Hotel in Edmonton.

Key Events in Alberta, 1950s

1950 - The Government of Alberta implements a rat-free program. Calgary loans a health inspector to Winnipeg to help protect public health after a flood.

1951 - The Health Unit Act is passed, which facilitated the opening of new Health Units (e.g. Camrose).

1952 - A dental program, with classes in dental hygiene, begins at the University of Alberta. Fluoridation becomes a major issue for the APHA.

1954 - 37,000 Alberta children participate in one of the largest medical experiments in human history: field trials of the Salk polio vaccine.

1955 - Dr. Jonas Salk's polio vaccine is determined to be safe and effective against polio. Alberta public health officials begin immunizing 40,000 children with the Salk vaccine.

1956 - Community Health Services, also known as the Division of Local Health Services, is created in the Alberta Department of Public Health.

conditions of public health workers. Throughout these early years, the APHA sought to establish and standardize the delivery of public health services in the province, disseminate best practices in public health suited to the unique challenges of Alberta, and voice the issues and concerns of the public health workforce in the province.

Throughout the 1950s, a main focus of the APHA was to establish preventive health services

and to support the workforce in delivering them. Examples of this focus are evident through many of the resolutions passed during the 1950s. These included the APHA's support for establishing dental services in rural health districts; improving isolation accommodation for communicable diseases in rural Alberta; and including gamma globulin in immunization programs for children 4 years and younger to prevent against Hepatitis. Other resolutions sought to

BIO **Margaret O'Meara (1917-2010)** was born in Edmonton, where she pursued medical training at the University of Alberta. Upon completing her M.D. in 1943, she enlisted in the Canadian Army, as the first female physician ever to join the Canadian Forces. She served as a Major in the medical corps during World War II. She then returned to Lethbridge to establish a private practice and became the city's first female Medical Officer of Health. She also practiced medicine in rural areas and neighboring towns. After retiring from medical practice in 1984, she continued to maintain her license until she reached her mid-80s. She was president of the APHA from 1950 to 1951.



This article (left) of the Calgary Herald, published on September 13, 1952, pictures the 1952–53 Executive of the APHA that was elected at the conclusion of the association’s annual meeting at the Palliser hotel.

From left to right, the picture shows: new APHA president Hugh Bownes (Red Deer), vice-president Evelyn Wilson (Calgary), secretary Mary MacDonald (Edmonton), and past-president Dr. G.H. Ball (Edmonton) (left to right) are Mr. Bownes. Not pictured is treasurer L.V. Overton (Edmonton). (Image: Courtesy of APHA)

ministrators, such as public health inspectors and Medical Officers of Health. The APHA also went further in its efforts to improve food safety, by advocating for copies of food establishment regulations to be issued to restaurant operators to ensure they had a reference for proper food handling, preparation, and safety.

The members of the APHA also saw the need to speak up for the proper veterinary inspection of

provide Jamieson Kits to all health units in the province so their public health staff could test for germ growth in restaurants and butcher shops. Resolutions were also passed that advocated to change the regulations for scarlet fever and streptococcal sore throat from quarantine to isolation, and to establish Poison Control Centres in Alberta. Finally, some resolutions focused on ensuring that public health staff were adequately trained to provide standardized public health services.

Another major focus of the APHA during this time was the improvement of food safety regulations. The APHA advocated for restaurants, lunch shops, and milk bars to change their practices to

become more sanitary. They placed responsibility for food safety in the hands of public ad-

SUPPORT FROM THE MINISTRY OF HEALTH

The presence in the APHA of two long-serving and forward-thinking members of the Ministry of Health seems to have facilitated the APHA’s influence on provincial health affairs during its earliest years. Dr. **Wallace Warren Cross** (1887–1973), Minister of Health from 1935–1957, and Dr. **Malcolm Ross Bow**, Deputy Minister of Health from 1927–1952, both attended meetings of the APHA fairly regularly during their appointments. Bow attended the APHA’s earliest annual meeting in 1943, at which he presented a paper on “Hopes for the Future of Public Health in Alberta.” Cross presented at the APHA’s second annual convention. Bow continued to play an active role in the APHA during his time as Deputy Minister of Health, through regular participation in the association’s meetings and conventions. For example, in 1948, Bow spoke to the association about the new Dominion Health Grants, and shared charts illustrating the province’s incidence rates of polio since 1927. At the same meeting he also moved that the APHA invite its national affiliate organization, the Canadian Public Health Association, to hold its 1951 meeting in Edmonton. A 1945 directory of APHA members shows that apart from Bow, many other provincial employees and heads of institutions were involved as members.

Notable APHA Resolutions, 1950s

- That the Provincial Department of Health send monthly bulletins to local Boards of Health. **(1950)**
- That the Canadian Medical Association include a refresher course in public health. **(1952)**
- That accommodation for polio cases be provided in certain strategic hospitals in Alberta. **(1953)**
- That animals slaughtered in the province be subject to veterinary inspection. **(1953)**
- That copies of food-establishment regulations be issued to operators. **(1955)**
- That educational films on bakery sanitation be made available. **(1955)**
- That professional training grants for post graduate courses include occupational health nurses. **(1957)**
- That poison control centres be established in Alberta. **(1958)**
- That food establishments must have hot and cold water. **(1958)**
- That the dental hygiene assistants institute a course in the application of topical fluoride. **(1958)**

animals that were slaughtered for consumption, and to control licensing among the slaughterhouses that were operating in the province.

An important change in public health during this decade was the Health Unit Act, which divided responsibilities for health into regionalized units, each with its own health board and system of administration. Sixty percent of the budgets of health units came from the province, which included federal

public health grants. The other forty percent was provided by local municipalities.

The Calgary Herald article (pictured right), published September 18, 1952, noted that:

“In an effort to block poor handling of food in small restaurants and lunch counters, the Alberta Public Health Association is seeking reclassification of the licenses for such premises. This recommendation, along with one urging more space in the eating houses is being forwarded to the provincial department of health.”

(Image: Courtesy of APHA)

BIO **John Crichton (1922-1999)** studied at the University of Edinburgh in Scotland. He was a former staff member of the Children’s Hospital and Vancouver General Hospital in Vancouver. As well, he was a Professor Emeritus in the Department of Pediatrics at the University of British Columbia. He was president of the APHA from 1949 to 1950.



George Meldrum Little (1895-1967) was born in Pilot Mound, Manitoba. He interrupted his medical education to serve in the Royal Army Medical Corps. After practicing general medicine, he was appointed the first Medical Officer of Health of the Red Deer Health Unit in Alberta in 1932. He had previously obtained his diploma in public health from the University of Toronto. Little served as Medical Officer of Health for the City of Edmonton from 1937 until his retirement in 1960. He was president of the APHA from 1948 to 1949 and later from 1954 to 1955.



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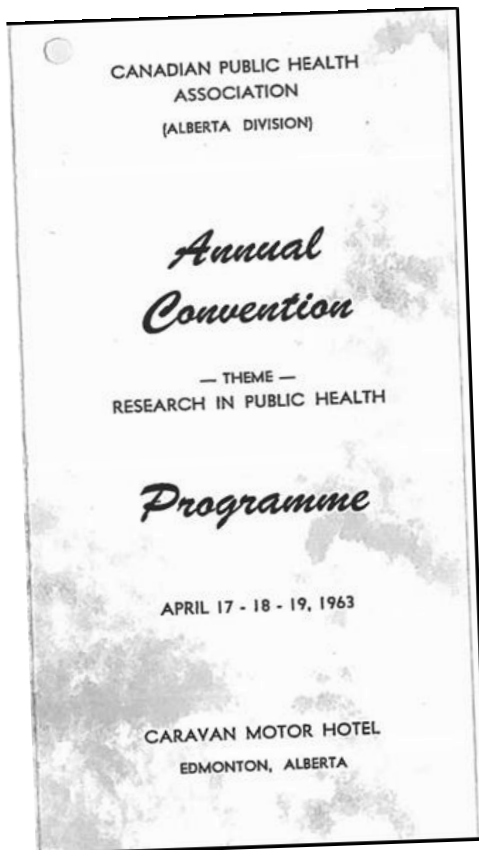
Anti-pollution activists, downtown Calgary, 1970.

Image: Glenbow Archives NA-2864-5922

1960s: Public Health and Social Change

The social changes that occurred globally during this decade came to have great impact on public health in Alberta. After the Second World War, Canadian society became more socially conscious through its growing awareness of and participation in movements such as second wave feminism, civil rights, and environmentalism. Consequently, a demand grew among Canadians for better health and social services.

The 1960s was a landmark decade for public health in Alberta. The province became the third in Canada to provide health insurance to its population, with the Alberta Health Care Insurance Act. This act ensured Albertans were provided with comprehensive health services. Another mile-



Key Events in Alberta History, 1960s

1960 - The University of Alberta opens a new campus on the outskirts of Calgary, which later becomes the University of Calgary.

1961 - Alberta's population passes the one million mark at 1,331,944. Life expectancy is 74.2 years for females and 68.4 years for males.

1967 - Alberta introduces screening of newborns for phenylketonuria. The Provincial Cancer Hospitals Board is formed to operate cancer treatment and research programs. The University of Calgary's Faculty of Medicine is established. Edmonton begins adding fluoride to its drinking water

1969 - The Alberta Health Care Insurance Act passes, providing comprehensive health services to Albertans. The measles vaccine is made available. The Social Credit Party Premier Harry Strom opens the Alberta Resources Railway.

stone for Alberta public health was Edmonton's commencement of adding fluoride to its drinking water in 1967.

Throughout this period, the APHA developed new sections to accommodate member interests pertaining to topics such as occupational health, the region of Northern Alberta, dental public health, health promotion, family health, environmental health, epidemiology and disease con-

Key Events in APHA History, 1960s

1960 - The APHA includes dental officers in its membership .

1963 - The APHA moves that an invitation be extended to professionals in Bacteriology, Dental Hygiene, and Veterinary Medicine to become members of the association.

1964 - Dental hygienists are included as APHA members. The APHA also opened membership to Stenographer-Technicians and Secretary Treasurers.

1965 - The Sanitarian Section of the APHA becomes the Public Health Inspection Section. The APHA hosts the CPHA convention, titled "The Application of Scientific Knowledge to Public Health."

1966 - Occupational health workers are included as APHA members.

1967 - The annual convention theme is "A Centennial Look at Public Health," commemorating Canada's Confederation.

1968 - The APHA Executive produces and sends out a newsletter to all members to keep them informed of the association's activities.

1969 - The Occupational Health Workers Section becomes the Occupational and Environmental Health Section. The Health Care Section was also created.

control, health care practices, and health services administration.

In the 1960s, mental health appears to have captured the interest of some APHA members.



Edward Stuart Oxford Smith (d. 2015) attended Cambridge University, the University of London, and the School of Hygiene at the University of Toronto. He served as a Medical Officer of Health for the Sturgeon Health Unit in 1983. He was also Director of Local Health Services in 1956–1966 and Director of Epidemiology for Alberta Social Services and Community Health. He served as APHA president from 1956-1966. He was a member of the association for more than 25 years and part of the executive for 16 years. He later became president of the CPHA from 1974-1975, and served on a number of committees in the association.



Delegates of the combined 43rd Annual meeting of the Canadian Public Health Association and the 9th Annual Meeting of the Alberta Public Health Association gather at the MacDonal Hotel in Edmonton, September 4-5, 1955 (pictured left).

(Image: Courtesy of APHA)

Annual conventions on mental health included presentations on topics such as overviews of mental health (1964), the epidemiology of mental disorders (1965), and the integration of “adult retardates” into the community (1966). More specific topics also emerged throughout this decade, such as a 1968 convention presentation on the use and abuse of drugs.

In 1964, a resolution from the APHA stated that: “Health education is the most powerful weapon we have in the field of health and [...] no lasting progress in health work can be achieved without simultaneously undertaking to educate the population in health matters.” The association followed up on this resolution by requesting that the Alberta Department of Education establish a mandatory course in health edu-

cation for Grade 10 students .

An interest in environmental conditions seems to have developed within the APHA during this decade. In 1960 the APHA held a convention panel on sanitary practices used at landfills, followed by another on air and water pollution in 1965. In 1965, the association identified the “rapid expansion of industry in Alberta” as a major contributor to pollution. Later, a 1967 resolu-

tion was passed to investigate the facilities available for education and research in environmental and occupational health in the province, to ensure readiness within the public health workforce regarding these issues.

The interrelation of social welfare and health insurance was central to the APHA’s discussion of public health insurance during this period, as many of the association’s members worked directly

THE APHA PRESIDENTS (1960S–1970S)

The diverse backgrounds of APHA presidents during the 1960s-1970s reflect the evolving nature of the association during this period. For the first time in APHA’s history, the tenure of president was held by persons working in roles other than physicians, sanitary inspectors or engineers, and public health nurses. During the period of 1960-1979, 7 of the 18 APHA presidents were public health nurses. Other APHA presidents from this period included a psychologist (E.J. Kibblewhite, 1960–61), three dentists (Walter Zacherl, 1962–63; T.M. Curry in 1966–67; P. Finnigan in 1970–71, who was also a speech therapist), a nutritionist (Bretta Maloff, 1977–78), and a health educator (Jack Matheson, 1974–75).

Notable APHA Resolutions, 1960s

- That APHA investigate grievances of public health workers. **(1962)**
- That a consultant in Maternal and Child Health be appointed full time. **(1962)**
- That the position Provincial Director of Dental Services be made full time. **(1962)**
- That the pasteurization of milk be made compulsory. **(1962)**
- That regulations be implemented regarding roped-off swimming areas at beaches. **(1964)**
- That schools establish health education courses. **(1964)**
- That a simple majority be legislated as sufficient in any plebiscite on the fluoridation of public water. **(1965)**
- That health and welfare programs be integrated into preventive health services. **(1966)**
- That APHA encourage and actively promote the establishment of research facilities and courses of study in the environmental health sciences and in occupational health. **(1967)**
- That beverage rooms implement glass washing. **(1968)**
- That APHA requests the study of facilities for the handicapped and that they be made available. **(1969)**

BIO **Walter Zacherl** was a dental officer of the Jasper Place Health Unit around 1959. He obtained his diploma in Dental Public Health from the University of Toronto's School of Hygiene in 1959. He was also Associate Professor of Dental Research at the University of Alberta. He went on to work at Ohio State University, where he found that toothpaste with sodium fluoride was as effective as stannous fluoride in reducing tooth decay.

with the community through public health programs, and thus understood the implications of social factors (e.g., income, housing) on health. For instance, in 1964, the APHA passed a resolution to relocate the offices of Health Units into the same building as welfare services, to facilitate greater collaboration. Later, in 1967, another resolution was passed suggesting that the responsibilities of welfare services be investigated to determine which of their duties should instead be the responsibilities of the Health Units.

Another important issue from this decade was fluoridation. The question of public water fluoridation was first raised in 1965, and was revisited many times over the next forty years.



Calgary Herald, September 4, 1959: "Delegates to the convention of the Alberta Division of the CPHA at the Stampeder Hotel. Standing, left to right, Jim Wocks, Red Deer health inspector; W. A. Milligan, association president, of the sanitary engineers division, Edmonton. Seated, left to right, Mollie Policha, vice-president of the Leduc Strathcona Health unit; Dr. Hugh Brown, director of the Lethbridge Health Unit, Marion Storey of the Stony Plain health unit; and Dr. E. M Rowlan, treasurer, Foothill health unit." (Image: Courtesy of APHA)

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One last chance for questions for Keynote speaker David Suzuki at the 1976 APHA Convention in Lethbridge.

Image: APHA Archives



1970s: The Dawn of Health Promotion

This decade was a watershed in Alberta's history. A major change in politics came as the 36-year rule of the Social Credit party concluded, after it lost the 1971 election to the Progressive Conservatives. In economics, as oil prices soared globally, the federal and provincial governments invested heavily in Alberta's oil industry. This influx of capital led to an economic boom and a population increase, as people flooded in to be part of the prosperity.

By the 1970s, the APHA seems to have expanded from a professional association focused primarily on serving the needs of the public health workforce to an advocacy association which voiced concerns in the interest of population health. One implicit example of this shift is found in the meeting minutes of APHA's 1971



Annual General Business Meeting. The association resolved to petition the Minister of Health to establish an Alberta Council of Health and develop a master plan for public health goals for delivery of services for the province. This is indicative of the association's stronger advocacy voice that developed during the 1970s, targeted at a higher level of decision makers than

Key Events in APHA History, 1970s

1970 - APHA voices support for the Federal and Provincial Breathalyzer Law.

1971 - The association changes its name from "CPHA, Alberta Division" to the "Alberta Public Health Association."

1972 - APHA passes a resolution emphasizing the need for a Home Care Program in Alberta.

1973 - APHA requests strong representation of public health nurses on any provincial planning committees.

1974 - APHA sections align more closely with CPHA Divisions: Health Services Administration, Occupation and Environmental Health, Epidemiology and Disease Control, Health Promotion and Family Health.

1975 - APHA hosts the CPHA convention. APHA also passes a resolution to amend association bylaws to attract members of various disciplines to apply for Board nomination.

1976 - APHA seeks to increase seat belt use.

1979 - The Jean C. Nelson Memorial award is established. The first award is given in 1980.

Key Events in Alberta History, 1970s

1971 - The province creates the first Environment Department in Canada. The Clean Air Act and Clean Water Act come into force. Peter Lougheed, a Progressive Conservative, wins the provincial election, displacing the 36-year rule of the Social Credit Party.

1973 - Dental and nutritional programs are added to Health Unit services.

1974 - Ralph Steinhauer is appointed Lieutenant-Governor of Alberta, as the first indigenous person to hold vice-regal office in Canada.

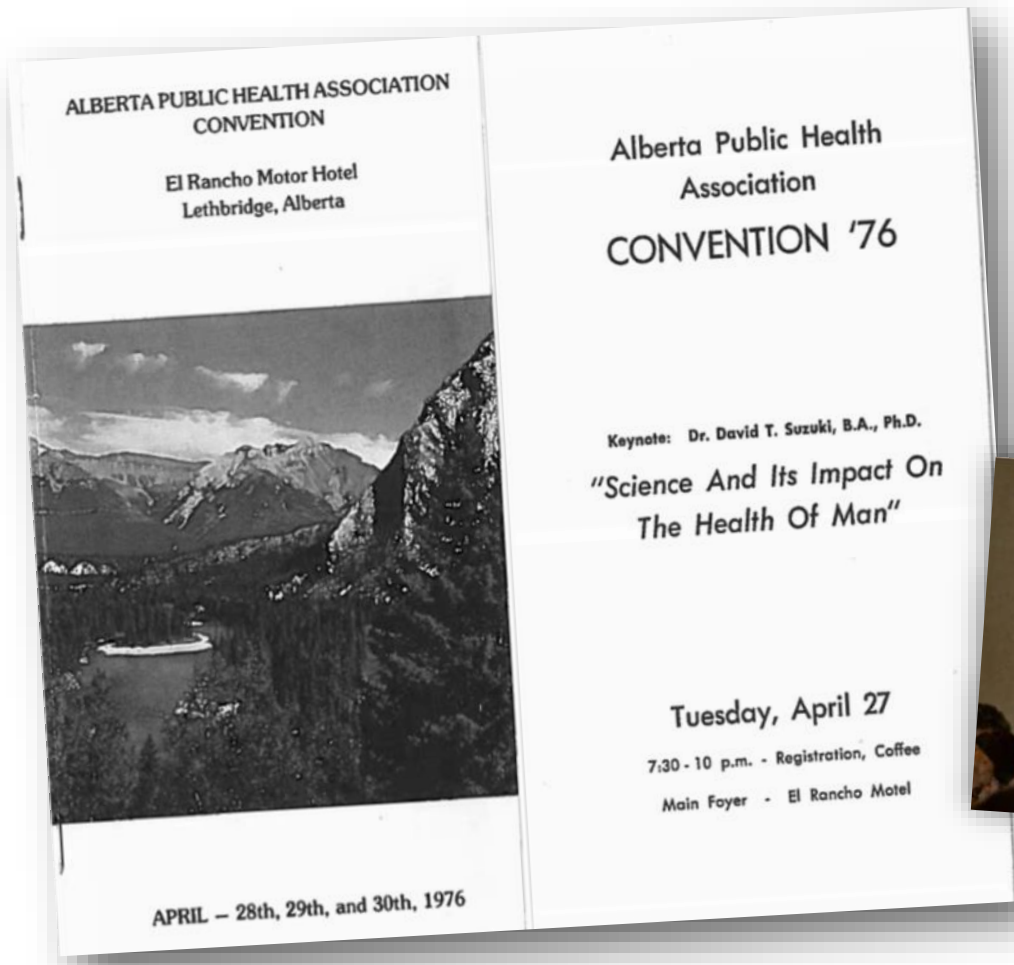
1975 - Public Health services expand to include speech language pathology, early intervention, reproductive health and health promotion. The Alberta, Ontario and federal governments agree to invest in and develop the Athabasca oil sands near Fort McMurray.

was present in APHA during previous decades.

The publication of the report *A New Perspective on the Health of Canadians* by federal Health Minister Marc Lalonde (see box on next page) sparked the health promotion era in public health and the



Bretta Maloff worked with Alberta Health Services in a variety of roles, such as Vice-President of the Diabetes, Obesity & Nutrition Strategic Clinical Network, as well as the Senior Provincial Director of the Maternal Newborn Child & Youth Strategic Clinical Network. She has an undergraduate degree in nutrition, with graduate degrees in public health nutrition and education. While her background is in nutrition, Maloff later moved into health promotion and population and public health. She has held various teaching positions in the Faculty of Medicine at the University of Calgary since 1977.



APHA Convention Program (pictured left) with the keynote address by David Suzuki (pictured below). The Convention was held in Lethbridge, from April 28–30, 1976)



APHA took an active role in its development in Alberta. In this decade, a new type of resolutions began to emerge. These resolutions promoted healthy eating and living, and encouraged individuals to take control of their health.

Some of the topics presented at APHA conventions during this period focused on urban environments. Examples include “Public health problems of the urban environment” presented in 1971 by architect Douglas Joseph Cardinal, and “Rapid population growth – perspectives. Sociological view” presented by Professor Allen Olmsted in 1978. Some presentations delivered at the 1975 joint APHA/CPHA conference also suggest that interest was growing in Aboriginal health and Aboriginal

rights. Examples of these presentations include “Priorities for Prevention in Indian Health” and “Involvement of the Native Consumer.”

Interest in environmentalism seems to have reached a peak

within the APHA in 1976, when the association hosted environmental scientist David Suzuki as its keynote speaker at an APHA conference in Lethbridge. His presentation was titled “Science and its Impact on the Health of Man.”

THE LALONDE REPORT AND HEALTH PROMOTION

In 1974, the Minister of National Health and Welfare, Marc Lalonde, tabled the report *A New Perspective on the Health of Canadians* in the House of Commons. The report proposed a “health field” concept distinct from the health care system. The health field consisted of human biology, environment, lifestyle, and health care organization. Importantly, the report suggested that efforts focus more on preventing health problems (in lifestyle and environment fields), versus treating them within the health care system after illnesses had developed. This document was highly influential as a major contribution to the development of health promotion in Canada. Health promotion gained a strong following in the APHA, which is partly represented by the presentations on this topic delivered at annual conventions. For instance, concurrent sessions were held on lifestyle, physical measures, and approaches to lifestyle during the 1977 convention in Calgary. This convention was titled, “Lifestyle – by Chance or Choice?”

Notable APHA Resolutions, 1970s

- Petition the Minister of Health to establish the Alberta Council of Health to develop a master plan for the delivery of health services. **(1971)**
- That more lecture hours on health care needs of elderly and seniors be provided in medical and nursing schools. **(1972)**
- That APHA ask the government to amend the Municipal Government Act, to permit Municipal Councils to pass compulsory pasteurization bylaws without first needing a plebiscite. **(1973)**
- That APHA inform the public of concern about the standard of public health service delivery. **(1976)**
- That APHA inform the Minister of Social Services and Community Health about the foreseeable decline in the standard of public health service delivery in the province. **(1976)**
- That APHA support school health education from grades K-12. **(1978)**
- That APHA discourage smoking and encourage its elimination in schools. **(1978)**
- That APHA urge the province to sponsor tobacco cessation programs and permit municipalities to restrict smoking in public places. **(1978)**
- Propose the formation of an Alberta Council on Smoking and Health. **(1978)**
- That APHA ask the province to ensure that all milk served and distributed to public be pasteurized. **(1979)**

In 1971, the name of the association was changed from “The Canadian Public Health Association, Alberta Division” to “the Alberta Public Health Association.” This latter name remains, today.

The APHA was also attentive to topics related to environmental safety. In 1970 the association re-



Betty Patricia (Pat) Yates (1922-2015) was born in Calgary, where she trained at the Holy Cross Hospital to obtain her Registered Nurse designation in 1944.

She later returned to the University of Alberta to earn her Bachelor of Science in Nursing. She applied her nursing skills in the Armed Forces during the Second World War and also in hospitals, schools, and in public health until her retirement in 1987. She was active in the Alberta Association of Registered Nurses throughout her career and served as president of the APHA from 1975-1976.

solved to support the province in implementing the Breathalyzer Law. A few years later, it also endorsed provincial seat belt legislation. By the end of the decade, the APHA had also passed a resolution pointing to the hazards of smoking.

Other recommendations which the APHA supported throughout the decade advocated creating a province-wide home care program, emphasizing a community orientation of medical students to health care, and giving medical and nursing students more instruction on caring for seniors and elderly persons.

In 1979, the APHA upgraded its newsletter. This is one of the first editions produced in the new format (pictured right).



BIO **Kenneth Blom** entered the field of Public Health Inspection in 1956 as a trainee in the Rural Health Region in 1958. He worked at the Yorkton Melville Health Unit from 1958-1967. He then moved to the Mount View Health Unit. In 1973, he was a Senior Public Health Inspector. After that, he was Program Manager in Coaldale until his retirement in 1992. Blom was awarded a lifetime membership by the Canadian Institute of Public Health Inspectors in 2016 for his numerous accomplishments in public health. He was president of the APHA in 1976.



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Karen Mills, President of the APHA from 1980 -1981, speaks at the 1984 APHA-CPHA joint convention in Calgary after her installation as CPHA President for 1985 and 1986.

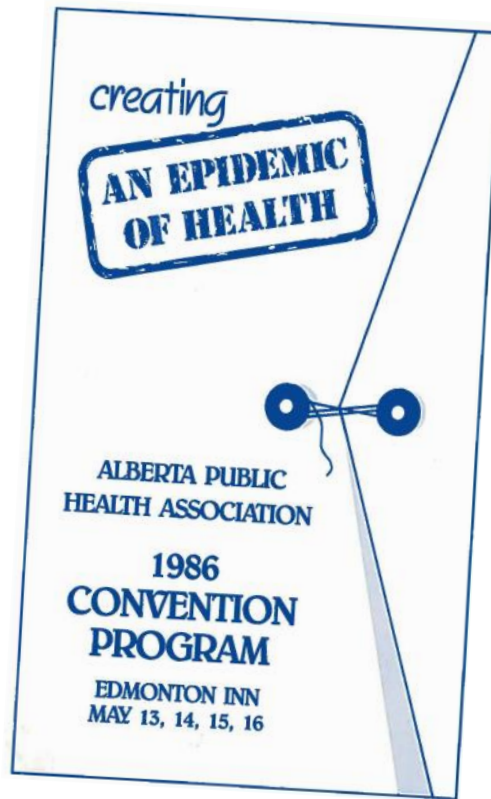
Image: APHA Archives



1980s: Towards a Focus on Health Equity

The oil boom of the 1970s did not last. By the early 1980s, economic recession and a lower demand for oil negatively impacted Alberta and its industry. People began to leave the province due to its climbing unemployment rate. The economic downturn was met by the Conservative Government with cutbacks in public services, layoffs, and austerity reforms which lasted for two decades.

The 1980s was perhaps the busiest decade for the APHA. It was during this period that the association put forth the highest number of resolutions in its history. The APHA also seems to have been influenced by foundational work in health promotion, such as



Key Events in APHA History, 1980s

1981 - APHA members struggle with the underfunding of community health services in the province. The association grapples with increasing its membership. The APHA is granted tax-exempt status as a registered charity.

1982 - The issue of mandatory seat belt use resurfaces from the 1970s.

1983 - The APHA provides funds to support a film project by CPHA: "Canada's Amazing Health History." The APHA raises its voice on the practice of charging user fees to medical patients, as well as on alternatives to institutional care.

1984 - The APHA responds to the proposed regulations for Alberta's New Child Welfare Act.

1985 - The APHA successfully applies for a grant from the MSI Foundation to enhance the Edmonton sample included in a Health Promotion Survey.

1986 - The APHA continues to experience difficulty in building its membership base among the public. APHA meets with the province's Health and Social Services.

1987 - The APHA hosts the "APHA Summer School on Health Promotion."

Key Events in Alberta History, 1980s

1980 - The World Health Organization declares smallpox eradicated. The last case reported in Canada was in 1962. The Alberta Heritage Foundation for Medical Research is established.

1981 - Alberta Premier Peter Lougheed and Prime Minister Pierre Trudeau sign an energy-pricing agreement.

1983 - AIDS becomes a reportable condition in Alberta. The Nursing Profession Act is passed, legislating mandatory registration of nurses.

1984 - The Canada Health Act is passed.

1985 - The \$30-million Tyrrell Museum of Paleontology is opened in Drumheller. Don Getty is elected Premier of Alberta.

1986 - Conservative majority was reduced in provincial parliament. Twenty-three people die in a head-on collision between a CN freight train and a Via Rail passenger train.

1987 - Alberta enacts seat belt legislation.

1988 - Calgary hosts the Winter Olympics.

the *Lalonde Report* (1974) and the *Ottawa Charter for Health Promotion* (1986). Members have indicated that these works mobilized the APHA to take a more active role in advocating for health beyond improvements to public health services.

The association began working towards health equity through intersectoral action, and maintained an interest in health from an environmental perspec-

tive. Of special attention is the creation of an inequities group within the APHA to address these issues related to inequity. The 1980s were a period of activism in the APHA, as the association



Karen Mills received her Registered Nursing degree from the University of Alberta's School of Nursing. She worked as a staff nurse for the Edmonton Board of Education in 1965, and later returned as its Associate Director of Nursing from 1973–1980. She was appointed to the Canadian Delegation of the World Health Organization's World Health Assembly in Geneva. In 1989, Mills was awarded the R.D. Defries Award by the Canadian Public Health Association (CPHA) and also received an Honorary Life Membership award. She served on the *Canadian Journal of Public Health's* editorial Board. She also served as APHA president from 1980–1981, and as CPHA President.



Stop Cruise, says health association

By KEN SPOTSWOOD
Journal Northern Bureau
YELLOWKNIFE, N.W.T. — The Canadian Public Health Association has voted overwhelmingly to ask the federal government to halt plans to test U.S. Cruise missiles anywhere in Canada.

The resolution, presented by the Alberta Public Health Association, was one of several aimed at the uncontrolled proliferation of nuclear weapons as a serious threat to health.

Alberta delegate Keith Noble said the issue is a major problem, "and unless somebody backs down in this area, we will be facing a catastrophic situation in the very near future. Somebody has to take a stand on this and, as a national health body, we cannot afford to do anything else."

Bob Spasoff, of the University of Ottawa, said

it's a common ruse of governments and other agencies to claim the missiles can be used without nuclear warheads.

"They always say they're testing it for non-nuclear use. How gullible can we be?"

(A Pentagon spokesman says the Cruise missile nuclear head.)

Fred Bass, of Vancouver's health department, noted the non-nuclear Exocet missile was used fairly successfully by Argentina against Great Britain in the Falkland Islands.

"I think we're at a point in world conflict where the danger of nuclear war is likely to come not from a major power but from a minor power. The time has come when people in public health are concerned about an epidemic that should never happen, not even a minor outbreak."

The association stopped short of flexing its

muscle on another resolution that called for a moratorium on construction of nuclear power plants pending a full public inquiry into concerns.

Instead, delegates approved a more timid version that expressed their concern about the safety and health aspects of nuclear power, calling for a public inquiry into and the continuous monitoring of its health effects.

The association passed another resolution to work internationally for a comprehensive test ban on nuclear weapons as a step towards complete disarmament.

The 400 delegates to the organization's annual conference also voted to ask the federal environment minister to work with his provincial counterparts and identify former hazardous waste disposal sites, as well as monitor the health of people living close to or having contact with these sites.

Clippings from Edmonton Journal mentioning APHA circa 1982.

(1) The Canadian Public Health Association voted overwhelmingly to ask the federal government to halt plans to test U.S. Cruise missiles in Canada. The resolution presented by the APHA was one of several aimed at uncontrolled proliferation of nuclear weapons.

(2) The APHA, along with other interest groups and citizens, called for the study into the health effects of the exposure to hydrogen sulphide.

(3) Provincial health testing experts found no virus or bacteria to account for the flu-like symptoms being recorded by many city residents... The APHA has joined other organizations which are calling on the province to launch a major health study into the Amoco blowout.

(Image: Courtesy of APHA)

Lift blanket of mistrust; it's time for public inquiry

The events of the past month, as a result of the well blowout at Hodge, have caused considerable uneasiness among Albertans.

The Alberta Public Health Association has, along with other interest groups and citizens, called for a study into the health effects of the exposure to hydrogen sulphide.

We believe that the major adverse effect of the incident has been due to people's uncertainty about the threats to their health. This uncertainty has resulted in considerable psychological distress. A health study may be able to remove some of the uncertainty, but we caution that such a study is difficult to do, and any study which could now be mounted will not likely provide a definitive answer to the question about the effects of low-level exposure.

I believe that much of the public unease could have been prevented if the communication, among government departments and from government to health officials and to the public had been better.

We had a situation where technical professionals, such as engineers, were commenting about health effects, and physicians and local health authorities, who were receiving numerous complaints, were commenting without being fully informed.



The result was multiple and conflicting reports about real and potential hazards. It is small wonder that fear and mistrust were widespread.

We also believe that a public inquiry must be established to investigate the events surrounding the blowout. The aim of such an inquiry would be to gather information which would enable government and industry to decrease the probability of such blowouts in the future, and to improve methods of dealing with these incidents when they occur.

Gerry Predy, MD
President
Alberta Public Health Association
Edmonton

No causes found for flu symptoms,

Provincial health testing experts have found no virus or bacteria to account for the flu-like symptoms being reported by many city residents.

Dr. Michael Dixon, chief of the provincial Community Health Department's laboratories, said specimens sent to his department for testing indicated no virus or bacteria which would explain problems which many people claim are connected with hydrogen sulphide exposure from the Amoco blowout.

Medical authorities say they have been swamped with reports of gastroenteritis — an inflammation of the stomach and intestines causing diarrhea, headaches, and aching limbs.

The problem, often mistakenly referred to as flu, is usually caused by bacteria and viruses.

Dixon refused to speculate what the problem might be and his departmental associate, Dr. John Waters, has already ruled out the possibility that there is anything in the city's drinking water to account for the disorders.

Although the cause of the illness remains a mystery, Dr. Jim Howell, medical officer of health for the Edmonton board of health, does not believe it is related to hydrogen sulphide exposure.

"The reports of gastroenteritis are still high, but the hydrogen sulphide is gone," he said. "I'm still betting that it's a virus. Just because the labs have found nothing, it doesn't mean a virus is not there."

Meanwhile, the Alberta Public Health Association (APHA) has joined other organizations which are calling on the province to launch a major health study into the Amoco blowout.

APHA president Dr. Gerry Predy said he isn't convinced the hydrogen sulphide is causing any serious problems, but he says the uncertainty created by the lack of government action is causing unnecessary public fear.

"I think psychological stress is a big factor with the health complaints many doctors are receiving," Predy said. "Because we know so little of the health impacts of hydrogen sulphide, many doctors find it difficult to deal with the complaints they've been receiving."

"There are a lot of people in government that have the expertise and are saying nothing and that's complicating the problem."

Although Predy said a major health study would not likely provide all the answers to questions relating to hydrogen sulphide, it would at least give medical authorities some information to refer to.

adopted a broader scope in addressing population health problems. For instance, the APHA tackled issues outside of the health sector, such as regulating the transportation of dangerous goods and standing against cruise missile testing in Alberta.

During this decade, the APHA also passed a number of resolutions more specifically tied to the environment, such as resolutions regarding acid rain and landfills.

Another key issue for APHA during this decade was tobacco. Advertising and sponsorship were deemed problematic for the conflict of interest they introduced into public health. The association

joined a provincial council to combat smoking (Alberta Inter-agency Council on Smoking and

Health), supported bans for smoking in the workplace and public spaces, and advocated for greater

A NEW STATEMENT OF PHILOSOPHY

In 1983, APHA president Gerry Predy circulated a Statement of Philosophy among APHA members for their consideration and comment. He believed that the previously unwritten philosophy of the APHA needed to be explicit in guiding the association's future work. One part of this statement read :

In order to have positive impact and continuity of direction on behalf of health at the provincial level, it is essential to extend the power to influence social, economic and political developments beyond the local scene to the provincial, national, and international levels wherever possible, and vice versa.

The philosophy statement went on to outline the importance of considering such broad developments for their potential impacts on population health. It also noted that the APHA, as an association affiliated with a national branch, should seek to engage a diverse membership comprised not only of health professionals, but also of members from the general public. This was intended to encompass a comprehensive view of health within the APHA.

Notable APHA Resolutions, 1980s

- Transportation of dangerous goods. (1981)
- Motor vehicle accidents. (1982)
- APHA position on cruise missile testing. (1982)
- Policies of flexibility regarding work options. (1982)
- Fluoridation of public water supplies. (1983)
- Nuclear disarmament. (1983)
- Balance billing education campaign. (1983)
- Prenatal education classes. (1984)
- Tobacco advertising and sponsorship. (1985)
- Immunization by health units. (1986)
- Tax increase on cigarettes. (1986)
- Public health seniors' health programs. (1987)
- Create an inequities group within APHA. (1988)
- Continuing education for day care workers. (1989)
- Mental health services for the elderly. (1989)
- Controlling chlorofluorocarbons. (1989)



Gerald "Gerry" Predy obtained his Bachelor's Degree in Physics, and went on to complete medical training. He graduated with an MD from

the University of Alberta in 1976, and has been working in public health since 1978. He began his work with the Edmonton Board of Health as the Clinical Medical Officer. He then became Deputy Medical Officer of Health, and later Senior Deputy Medical Officer of Health. He also took on other roles in the Capital Health region. He is currently Senior Medical Officer of Health for Alberta Health Services and an adjunct professor at both the University of Alberta and Concordia University. He was president of the APHA from 1982 - 1983.

oversight on advertising of smokeless tobacco .

Another important topic for the APHA was adolescent health. Interest in this topic was spurred by the Alberta Adolescent Nutrition study, which found that 82% of Grade 8 students did not meet the recommendations of Canada's Food Guide.

BIO Gerald Bonham attended the School of Hygiene at the University of Toronto. He later became a Medical Health Officer in several places in British Columbia (BC). Subsequently, Bonham was the Senior Assistant Deputy Minister of Health for the BC Government. In Alberta, he became Chief Medical Health Officer for Calgary and a professor at the University of Calgary's medical school. His academic work focused on subjects such as child health care, fluoridation, and evidence-based decision-making regarding drug approvals and administration. He was president of the APHA from 1985-1986.

The 1980s were also a period of increased partnerships and collaborations within the APHA. During this decade, the association worked together with organizations like the Alberta Council for Smoking and Health, the Alberta Foundation for Nursing Research, and the Environment Council of Alberta (ECA) on a number of health advocacy projects.

Also in this period, the APHA's Jean C. Nelson Memorial Foundation awarded its first scholarship, recognizing excellence in graduate students training in public health.

Pictured right: APHA's first rural president, Mollie Cunningham (left) receives the gavel from out-going president Marianne Symington (right) in 1988.



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APHA

REGISTRATION

**Registration table at the 1989 APHA
Convention in Edmonton**

Image: APHA Archives



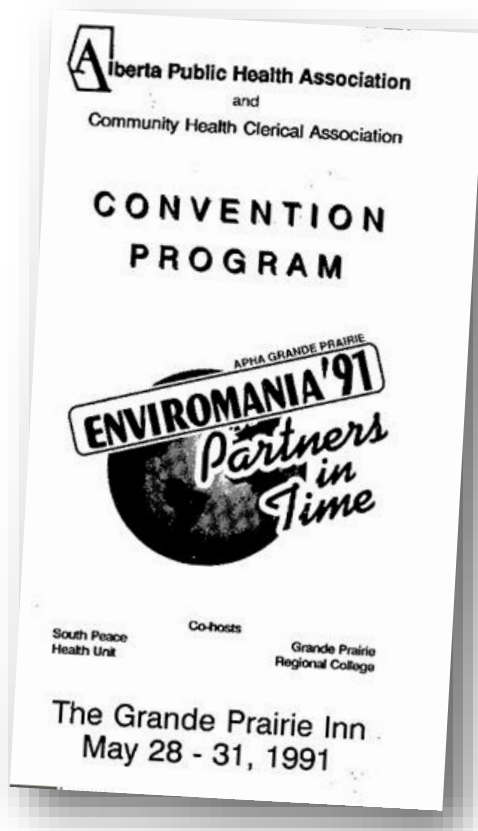
Group photo at the 1991 APHA Convention in Grand Prairie.

Image: APHA Archives

1990s: Advocacy and Public Health in Times of Austerity

In 1992, Ralph Klein succeeded Peter Lougheed as Premier of Alberta and the province accelerated its implementation of fiscal cuts and program reductions. The Conservative Government reduced welfare benefits and healthcare benefits. By the mid-1990s, the province found stability as the oil prices again began to rise.

For the APHA, the 1990s began with a convention in Calgary. At this meeting, a survey was conducted among APHA members, which reflected the belief that the association's most important function was public health advocacy. These findings led the APHA to review its mission and reorient the priorities of the association. One priority the APHA developed during this time was to lobby for



Key Events in APHA History, 1990s

1990 - The APHA holds its annual convention in Calgary, themed "Reaching out: a decade of challenge." APHA prepares a formal response to the *Rainbow Report*, the Premier's *Commission on Future Health Care for Albertans*. The main point of APHA's response is that the report omits poverty as a determinant of health.

1991 - The APHA holds its annual convention "Enviromania '91: Partners in Time" in Grande Prairie. Calgary introduced water fluoridation.

1993 - The APHA celebrates its 50th Anniversary with a banquet. Attendees receive brochures with a list of highlights of the association's work over the last 50 years, as well as a list of past presidents. May 12 is declared "Calgary Health Day" by city Mayor Al Duerr in honor of the APHA Anniversary.

1994 - Following regionalization (the process by which health services in Alberta shifted from Regional Health Authorities to nine Health Regions), APHA members report feeling disconnected and having fewer opportunities for networking. They also express concern about the lack of understanding of public health among decision-makers.

1998 - Leadership Plan was accepted at the 1998 Annual General Meeting. The Plan gave the Board direction for its activities, and a committee was struck to address revenue generation.

1999 - The APHA introduces the District Representative Program. The program consists of identifying a representative for each of the five districts in the province.

Key Events in Alberta History, 1990s

1990 - Midwifery is legally recognized by the province under the Health Disciplines Act. Alberta appoints its first Mental Health Patient Advocate. The Ambulance Services Act is proclaimed.

1991 - Federal legislation is enacted for the mandatory pasteurization of milk.

1992 - Ralph Klein is elected Premier.

1994 - Government of Alberta passes the Regional Health Authorities Act to eliminate local hospital and public health boards and replace them with 17 regional health authorities.

1995 - Floods in Medicine Hat, Alberta, force 5000 people from their homes.

1997 - The Calgary Declaration is signed by most provincial premiers to regulate amendments to the Constitution of Canada.

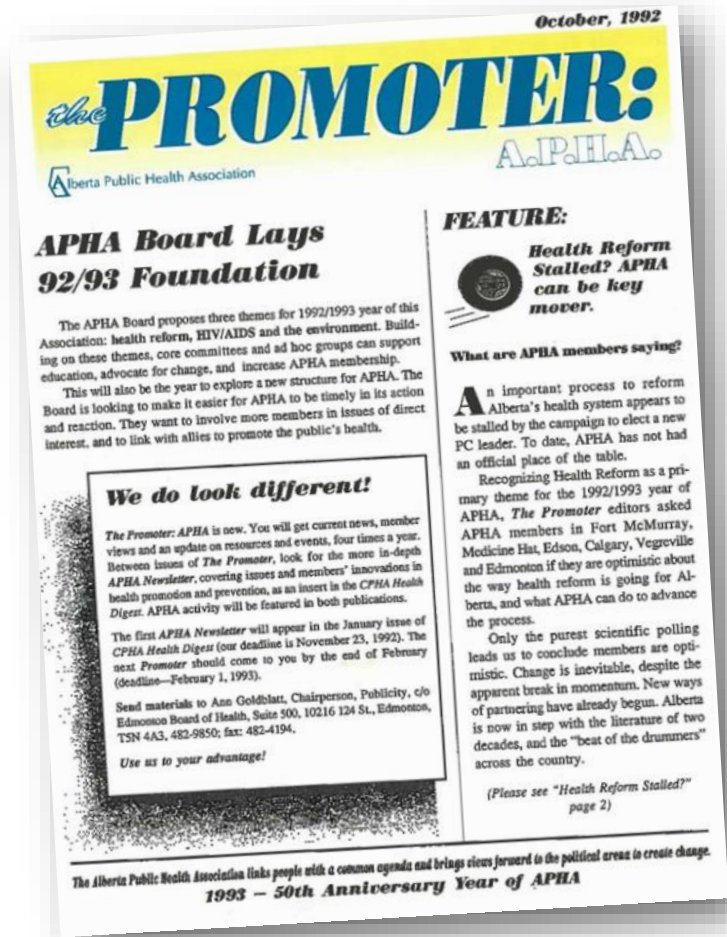
1999 - The province announces that it will compensate 242 people who had been involuntarily sterilized.

provincial health status indicators and goals. Another was to become more involved in environmental advocacy issues.

Another issue of great concern to the APHA was the HIV/AIDS epidemic that became a public health priority in North America by the 1990s. The association passed resolutions related to condom availability, HIV antibody testing by life insurance companies, sexual health education, and HIV testing for insurance and immigration.



Sheilah Sommer has a BSc in Nursing and a MSc in Community Health Sciences. She joined Orion Health, an injury and illness prevention, assessment, and rehabilitation service, in 2006. Here, she served as the president and Chief Executive Officer. She has more than 20 years of clinical background and experience in hospital management. She was president of the APHA in from 1997 -1999, and president of the CPHA in 2005.



In 1992 the APHA developed a funding proposal to produce a video on public health in Alberta. The video, titled "Taking it to the streets," was created as a tool that would articulate the concept of public health, in the context of dramatic health reform. Also in 1992, the APHA sought to orient its newsletter around health issues. The association felt that this approach would lead to more contact with members through a "short and catchy format that would not be destined for the 'to-be read' pile." Eventually, the APHA relaunched the newsletter as 'The Promoter' with four issues per calendar year. In January 1997, APHA went 'on-line' with its own homepage on the CPHA website, and later its own web address. The Program Committee also developed a Media Release Protocol to facilitate the sharing of information with the press, which the APHA Board adopted at a 1999 meeting. By the end of the decade, the rising sun logo had also been adopted.

The APHA celebrated a victory in 1991 when the fluoridation of Calgary's water was instated, in part as the result of APHA's advocacy efforts.

The APHA also continued to develop partnerships throughout the decade. The 1994 Partnership Project on Literacy and Health brought increased awareness to the relationship between literacy and health. A booklet on the project elicited positive responses from 15 Members of the Legislative Assembly.

An ongoing challenge for the APHA during the 1990s was its declining membership amid the association's desire to increase its impact on public health in Alberta. In 1991, the membership totaled 344. Half of these members were employed by regional Health Units, and the other half worked

or studied in universities or governmental institutions. Nursing was the most represented disci-

pline. In 1992, the APHA Board sought to increase its membership. Its goal was to reach 500 members by 1993, the associa-

APHA INFLUENCE IN HEALTH REFORM

Reform of the health care system received much attention from the APHA and its members during the 1990s. In August 1992, the provincial Minister of Health approached the association requesting its help in outlining present issues and challenges in public health. The APHA responded by identifying the following three areas: (a) the need for continued action on health reform including the completion of provincial health goals, objectives, and action; (b) the need to position public health within the health reform process, along with education of politicians and the public to understand the contributions and key role of public health in the health system; and (c) the need for sustained funding to carry out the work of the organization with a request for a sustaining grant. In the APHA's annual report for 1993/4, the president noted that members could be proud of the association's input into the Health Goals document. As worded by then president Pearl Upshall, "The content of this and other health reform documents are full of public health." The APHA did lament, however, that the term 'public' (health) had been changed to 'population' (health) in reflect of changing times, but it took comfort in the fact that the notions, principles, and philosophies of public health were entrenched in the reform. In 1994, the APHA published a document speaking to Alberta's Health Reform, titled Creating a New Health Reality. In 1998, the APHA participated in the Health Summit, which resulted in 30 recommendations for the government on future directions for health care in Alberta.

Notable APHA Resolutions, 1990s

- Support for preventing of HIV in injection drug users. **(1990)**
- That appropriate staff-to-child ratios be implemented in day cares. **(1990)**
- That warning labels be included on alcoholic beverages. **(1991)**
- Support for comprehensive school health. **(1991)**
- Support for access to abortion. **(1991)**
- HIV testing by life insurance companies should follow specific informative and privacy guidelines. **(1992)**
- That dental health care be provided for children from poor families. **(1992)**
- Support for prevention of injuries among Canadian aboriginal people. **(1992)**
- Support for the prevention of family violence. **(1993)**
- Support for the fluoridation of community water supplies. **(1993)**
- Urge the Premier of Alberta to develop a plan of action to reduce the level of poverty among families in Alberta. **(1993)**
- Support for proposed gun control legislation. **(1995)**
- Advocating against travel in the back of a pickup truck. **(1997)**
- To pass legislation designating all public places smoke free including restaurant catering to persons under 18 years. **(1997)**
- Lobby officials to raise minimum wage and link it to inflation. **(1999)**
- Support for making helmets necessary on bicycles. **(1999)**

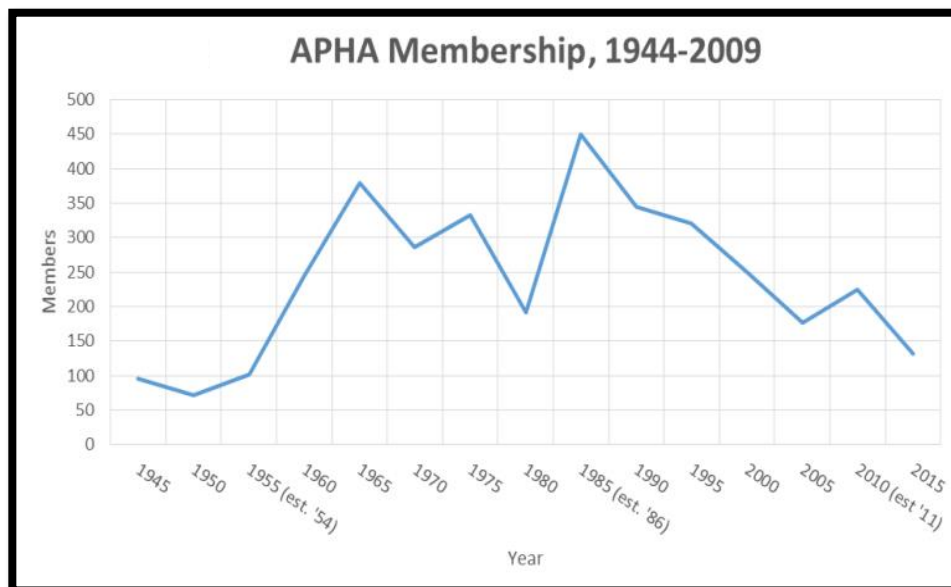


BIO Hildegard Campsall began her nursing career at the Peace River Health Unit after graduating from the University of Alberta. In 1981, she became director of Peace River Health Unit No. 21. She was the first person in public health in Alberta to hire a certified audiologist for her unit. Later, Campsall worked in the communities of Cadotte Lake and Little Buffalo. She was president of the APHA from 1995 -1997.

tion's 50th Anniversary. The Board had considered the option of offering direct membership to prospective APHA members, separate from CPHA membership (APHA's national affiliate association), which was mandatory at the time. This idea materialized in 1993 when 30 new members were recruited through direct membership applications. Unfortunately, the goal of 500 members was never realized. Interestingly, though, the APHA did gain 91 new members through joint CPHA-APHA memberships in 1994. Membership in the APHA reached its peak in 1985, with approximately 450 members. By the end

of the decade, under President Sheila Sommer (1997-99), APHA began a process of renewal and underwent several strategic

planning sessions, resulting in the Leadership Plan. The plan set guidelines for the Board and its activities, and made suggestions to address revenue generation and to re-build the APHA's presence across the province.



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The Millennium Project was a major initiative of the APHA during the 2000s that argued for the renewal and strengthening of public health in Alberta.

Image: APHA Archives



Showcasing Our Past:

Creating Our Future



Public Health in Alberta

A Proposal for Action

1999-2001



2000s: Public Health in the New Millennium

At the turn of the century, high oil and natural gas prices further strengthened Alberta's economy. However, at the same time, Alberta was becoming the province with the most income inequality. In the 2001 election, the Conservative Government regained a strong majority, and Ralph Klein made further efforts to privatize some government functions. One of these efforts was Alberta's Health Care Protection Act (Bill 11), which expanded the role of private health care and thus spurred discontent in the sector.

The APHA entered into the 2000s with most of its efforts focused on the Millennium Project. The goal of this project was to improve the health of Albertans by enhancing public health capacity



Key Events in APHA History, 2000s

2001 - The APHA Millennium Project culminates after 10 years of work with its final report, *Showcasing our Past, Creating our Future*.

2003 - Aritha van Herk addresses the membership with a presentation titled "60 Years of Not-so-Secret Service," an account of the APHA's history.

2005 - The APHA hosts the "2005 Reality Check" conference.

2006 - The APHA participates in the ASHEN Project and subsequent community consultations. It hosts the "Celebration of Public Health Partnerships" conference.

2007 - The APHA hosts an "APHA Summer School" on the social determinants of health. APHA also loses its operations funding from the province during this year. The *Collaborative Action for Capacity Building with Vulnerable Youth in Alberta* project commences.

2008 - The report *Public Health Renewal in Alberta: Report of the 2008 Think Tank* is finalized. One long-time member recalls this as "the event that changed everything [...as] the Alberta Government then realized we were a force in public health in Alberta."

Key Events in Alberta History, 2000s

2000—Alberta's Health Care Protection Act (Bill 11) passes. The Bill intends to expand the role of private health care facilities, and is widely opposed through protests organized by Alberta Friends of Medicare, who argue it opens the door to privatization.

2002 - Canada signs the Kyoto Accord, committing the country to lower its greenhouse gas emissions.

2003 - Mad-cow disease is discovered on a northern Alberta farm.

2005 - Same-sex marriage becomes legal in Canada. Heavy rainfalls cause flooding and the evacuation of 1,500 Calgarians; 40,000 homes are damaged.

2006 - Canada's first stand-alone faculty with a sole focus on public health opens in Edmonton.

2007 - Largest residential fire in Edmonton's history occurs.

and impact (see next page for details).

The new millennium brought challenges for the APHA, such as building a solid membership foundation, being a strong voice within government, and securing sustainable funding for itself. In these challenges, the association attempted to advance health-friendly public policy by formulating positions on the principles of public health. At one point the APHA even developed and distributed a provincial election package

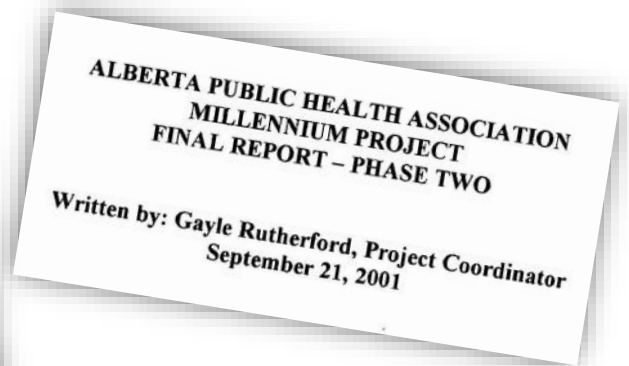
for members, to help them make an informed decision regarding the candidates' positions on health issues.

The association sought to advance public policy during this period by emphasizing the social determinants of health (SDOH). The association also drew attention to



Ardene Robinson Vollman has been involved with the APHA since 1992. She served as president of the APHA from 1999-2002, and as Chair of the Canadian Public Health Association's Board of Directors from 2015-2016. She has also served as Scientific Director for the Primary Health Care Strategic Clinical Network of Alberta Health Services, and has worked as a consultant for the Community Health Nurses of Canada. She is currently working on the fourth edition of her book, *Canadian Community as Partner: Theory and Multidisciplinary Practice*.

Pictured left is the cover of the Millennium Project report. Pictured below are the credits for those who wrote it.



ronments.”

At the start of the decade, the Board made efforts to include members of the Alberta Community Health Nurses Society, Canadian Institute of Public Health Inspectors, Alberta Medical Association, and others in their activities. Building partnerships seems to have been one of the association’s pri-

the health effects of macro-level economic trends, such as globalization. The commitment of the APHA to addressing the SDOH is evident in the many resolutions passed during this decade related to income, poverty, homelessness, globalization, child hunger, and food security.

Additional health issues that the APHA was involved in during these years included advocating for the public funding of midwifery services, preventing hot water scalds among the elderly, implementing physical activity programs in seniors housing facilities, and supporting the home care needs of adults with long-term disabilities.

Even in the 2000s, APHA members maintained their involvement in anti-smoking initiatives. During

this decade, APHA conferences were declared “smoke-free envi-

THE MILLENNIUM PROJECT

The purpose of this project was to showcase public health in Alberta. The project was divided in two phases. The first phase was to plan activities that showcase public health across the province. In the second phase, these activities were meant to be implemented in local districts. The outcomes of these activities were shared at the provincial level. The objectives also included strengthening linkages and networks between public health, health promotion, and population health programs and providers in Alberta. Over 66 projects were submitted for possible selection during Phase One. Fifty-three people attended the workshop and audience evaluations of the project presentations and the response was very positive. Phase Two of the Millennium Project took place between May 1, 2000 and September 22, 2001. The goal was to create a future for public health in Alberta. This was done by gathering information on the values and visions of public health professionals, developing recommendations from the data collected, and writing a proposal for action to guide future public health practice. Funding for Phase Two was received from Alberta Health & Wellness, Health Canada, ten Regional Health Authorities, and the Alberta Community Health Nurses Society’s International Conferences in Community Health Nursing Research fund. The project was supported by the Alberta Consultative Health Research Network.

Notable APHA Resolutions, 2000s

- Raise the awareness on the increased risk of collision from use of cellular phones while driving. **(2000)**
- Meeting the health needs of urban aboriginal people. **(2000)**
- Suicide: A major public health issue in Alberta. **(2001)**
- That shelter allowances be increased. **(2001)**
- Support for the public funding of midwifery services in Alberta. **(2002)**
- Call on the Government to consider health impact of climate change and reduction of greenhouse gases to meet the Kyoto accord **(2002)**
- Support to implement a newborn hearing screening program **(2003)**
- A call for standard mandated public health information for non-English speakers. **(2003)**
- Elimination of soft drink promotion in schools. **(2003)**
- That the APHA commits to collaborate with Alberta Healthy Living Network on healthy living. **(2005)**
- Support for comprehensive poverty reduction among persons with disabilities. **(2005)**
- For low-income Albertans to acquire sufficient and nutritious food in a dignified manner. **(2006)**

orities during this period. For example, the APHA participated in the Alberta Healthy Living Network along with 60 other organizations. It also participated in the Alberta Social Health & Equity Network.

Also during this decade, the Dr. John Waters Memorial Fund was established to acknowledge and promote the development of national, provincial and/or regional public health policy; the protection

of the health of infants and children; immunization and control / elimination of communicable diseases through memorial lectures, awards and scholarships.

Another landmark event during this period was the 2007 APHA Summer School on the social determinants of health, which was co-hosted by the University of Alberta's School of Public Health. The objective was to support the development of selected core competencies in public health and build skills to take action on the social determinants of health. Later, other partners joined the summer school, includ-

Pictured left: APHA Summer School Participants in 2007.

Pictured right: Former presidents Bob Campbell and Maya Charlebois at the 2008 APHA Annual Meeting.



Douglas R. Wilson is a Professor Emeritus at the University of Alberta's School of Public Health and Faculty of Medicine and Dentistry. He has been involved in public health for over 21 years. He became interested in public health through learning about the social and environmental determinants of health. He played an essential role in establishing the Centre for Health Promotion Studies at the University of Alberta. He continues to volunteer his time in various capacities to public health in Alberta. He served as Acting Past-President of the APHA in 2004 and 2005.

ing the Public Health Agency of Canada, Alberta Health & Wellness, SEARCH (Swift Efficient Application of Research in Community Health) Canada, Public Health Works, Capital Health, Chinook Health, Community Health Nurses Association, Alberta Healthy Living Network, and the Alberta Social Health & Equity Network.

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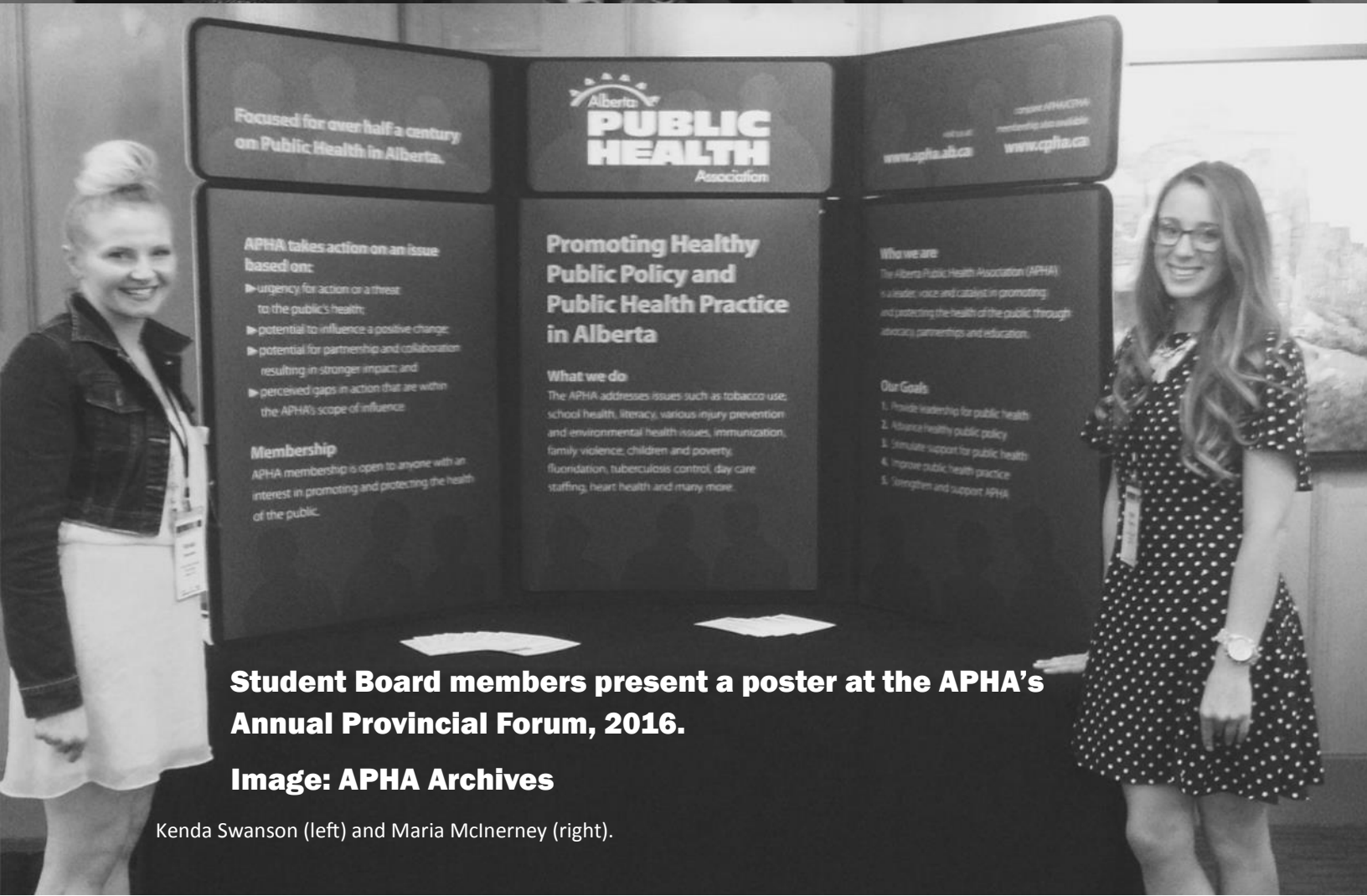
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Participants of APHA's Strategic Planning session, 2015.

Image: APHA Archives



From left to right: Lisa McLaughlin, Cynthia Watson, Angeline Webb, Benjamin Kung, Kenda Swanson, Lindsay McLaren, Amy Beck



Student Board members present a poster at the APHA's Annual Provincial Forum, 2016.

Image: APHA Archives

Kenda Swanson (left) and Maria McInerney (right).

2010s: The APHA Today



This most recent decade has brought significant changes, including the economic changes brought on by a drop in oil prices. In terms of political changes, in 2015, the longstanding Conservative Party leadership gave way to a historic election win by the New Democratic Party. Natural disasters, including the 2013 flood in Calgary and the 2016 wild fires in Fort McMurray, refocused attention on the environment.

What does the future hold for the APHA? As always, it is up to its members. The association has invested much time and energy to continue influencing public health in the absence of government funding. This includes participating in formal strategic planning to explore how, in the face of limited financial resources, it can serve its members and find ways to thrive. The APHA has found innovative ways to help build capacity, such as by hosting interns funded through the Alberta Government's Serving Communities Internship Program, and engaging research practicum students, including students from the Bachelor of Health Sciences program at the University of Calgary.

Moreover, the APHA has developed a strong partnership network,



Pictured above are some of the organizations the APHA has partnered with in the 2000s.

and works with other organizations that have common goals, including the Alberta Policy Coalition for Chronic Disease Prevention (APCCP), the Public Health Knowledge Translation Network, the *Indoor Tanning is Out* Coalition, and the Alberta Recreation and Parks Association. These partnerships are critical to the APHA's advocacy capacity. A good example of the partnerships was seen in 2013. That year, the APCCP formed Wellness Alberta, a campaign which

Key Events in APHA History, 2010s

2012 - The City of Red Deer considers cancelling its water fluoridation program. The APHA presents evidence in favour of fluoridation. The City Council subsequently votes to maintain community water fluoridation.

2015 - APHA helps to repeal the exception of Menthol cigarettes from the Alberta Tobacco & Smoking Reduction Act.

2015 - APHA supports the Canadian Association for Physicians for the Environment's campaign regarding the phase out of coal-fired electricity generation.

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. Concurrently, the APHA has been invited to participate in Government committees such as the Provincial Advisory Committee on Tobacco and the Provincial Gambling Advisory Committee.

A priority for the APHA in this decade has been renewed efforts to strengthen its involvement and activities around the social determinants of health. In a way, this represents a return to some of the association's earlier priorities in the 70s and 80s, during which the APHA refocused its efforts to tackle social problems which have a direct consequence on the health of the population. Relatedly, in 2014, the membership approved a resolution in

Key Events in Alberta History, 2010s

2010 - Chinese Oil Producer, Sinopec Corp, buys shares in Syncrude.

2011 - After city council vote, Calgary stops fluoridation of drinking water.

2013 - Torrential rains in northern and southern Alberta cause flooding throughout the province.

2015 - The New Democratic Party wins a majority in the provincial election.

2016 - A forest fire in Fort McMurray prompts the evacuation of more than 80,000 residents.



Kim Raine is a Professor in the Centre for Health Promotion Studies, School of Public Health, University of Alberta. A nutritionist by profession, she is a career researcher supported by the Canadian Institutes of Health Research, Heart & Stroke Foundation of Canada, and Alberta Heritage Foundation for Medical Research. Her research interests involve environmental, community and policy interventions to promote healthy weights and prevent chronic diseases. She was president of the APHA from 2010 to 2012.

support of guaranteed annual income, and, at the 2016 AGM, the board welcomed two new members from the social policy community in Calgary.

The APHA experienced a victory in 2012 when it successfully advocated that the City of Red Deer continue its water fluoridation program. The Red Deer City Council voted to maintain the program after the APHA presented evidence in favour of fluoridation. In addition, APHA supported policy development initiatives related to Alberta's ban on all flavoured tobacco, which ultimately came to fruition in 2015 when the exemption for menthol was lifted. Finally, in November 2015, APHA supported the Canadian Association for Physicians for the Environment's campaign regarding the phase out of coal-fired electricity generation in Alberta, which led to a commitment by the provincial government in 2016.

The APHA has continued to communicate with its members by developing and distributing a public health e-newsletter. The association has seen a small increase in membership, especially student membership, which bodes well for the future. As undergraduate and graduate programs related to public health grow, student engagement will be an important part of the future of public health in Alberta.

What impact has the APHA had on public health policy? Certainly, there are examples of policy change in Alberta on issues where we know the APHA was involved, such as seat-belt legislation and indoor tanning. A systematic assessment of APHA's impact on policy was beyond the scope of our project, and would be a fascinating task for future work. However, in reflecting on our research, we acknowledge that it

Notable APHA Resolutions, 2010s

- Supporting the creation of a wellness foundation in Alberta. **(2012)**
- Banning indoor tanning for youth under 18 years of age. **(2012)**
- Substance use. **(2013)**
- Fluoridation of drinking water. **(2013)**
- Reduce alcohol-related injury in Alberta. **(2013)**
- Guaranteed annual income. **(2014)**

would be impossible to attribute change to any one actor. There have been, and are, many important players in public health in Alberta, and the APHA is proud to be one.

In closing, thanks to the support

of the Alberta Historical Resources Foundation's Heritage Preservation Partnership Program, this APHA history project has allowed us to reflect on the past and look forward with optimism to the future. We also look forward to the APHA's upcoming 75th anniversary in 2018. To convey our optimism about the future, we close with some quotes from our interviewees – pre-eminent leaders in public health in Alberta:

The Future of the APHA

Doug Wilson

"The APHA is a minor, sometimes more major, player in a number of things. I think the APHA jumps in when it can and tries to support other organizations who take the lead. Or if they can, take a lead themselves."



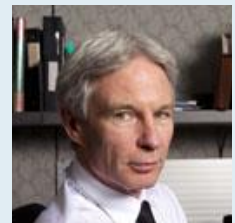
Ardene Robinson Vollman

"We have an NDP government that is very interested in public health. I think things bode well for what APHA can do now. I think there's opportunity to come out of this funk and start moving forward."



Richard Musto

"The APHA and the CPHA have the opportunity to advance particularly policy issues in a way that maybe our professional associations don't."



Kim Raine

"The public needs a voice. It's hard to differentiate between the role of public health and the role of the APHA. The APHA is the sum of the collective members, but in terms of what we visually see, the APHA is more. It's maintaining the visibility, maintaining that voice. It's keeping government honest."



The contributors wish to thank everyone involved in this project who have contributed to its completion, especially:

Interviewees of the APHA History Project:

Ann Goldblatt

Ardene Robinson Vollman

Bretta Maloff

Cathy Gladwin

Doug Wilson

Gerry Predy

James Talbot

Karen Mills

Kim Raine

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...and the dedicated members of the APHA who continue to make public health history!

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apha.ab.ca