



Canadian Institute of Public Health Inspectors

L'Institut canadien des inspecteurs en santé publique

CIPHI 2005-2010 Strategic Plan

Health Protection: Cornerstone of Public Health

National Executive Planning Session
April 2005

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Purpose of the Strategic Planning Session

The **Canadian Institute of Public Health Inspectors (CIPHI)** has a long history of serving the needs of both the public and *Environmental Public Health Professionals (EPHP's)*^{*}. CIPHI has a membership that is made up of EPHP's from across Canada, while the National Executive Committee (NEC) is made up of Presidents from each provincial or regional Branch. CIPHI's Board of Certification is responsible for setting entry standards and examining individuals wishing to obtain the Certificate in Public Health Inspection (Canada). The CPHI(C) credential is the nationally recognized credential for all frontline EPHP's, with the exception of the Province of Québec.

CIPHI is embarking on several important initiatives that will have long term impacts on the membership, the organization and on the public. Some of these initiatives are groundbreaking in scope and will change the way that CIPHI operates over the long term future.

A long range strategic plan was necessary to ensure that the NEC had a comprehensive plan in place before finalizing its decisions around the new initiatives, and for ensuring that all members of the NEC had broad agreement on the necessity and destination of the proposed changes.

A two day strategic planning session by all NEC members was considered to be the best option for creating the plan and for considering the implications of the decisions.

The strategic planning session was to have several outcomes:

- A re-statement of CIPHI's Mission to ensure its current relevance.
- A clear statement and understanding of CIPHI's long range Vision for the organization.
- Strategic choices made.
- A set of concrete strategies with real commitment behind them.
- Short term goals with implementation plans.
- Implementation plans with timelines and assignments for certain initiatives.

The two day NEC planning session was held on April 29-30, 2005 at the Sheraton Hotel in Toronto, facilitated by Mr. Bill Staples of ICA Associates Inc. The planning process consisted of participatory discussions among the nine NEC members and a liaison from Public Health Agency of Canada on the history of the organization, its Mission Statement, its Vision for the future, various issues and blockages, a set of strategies, measurable accomplishments, timelines and assignments, and action plans for some specific breakthrough areas.

^{*} *EPHP's consist of various professionals who hold the Certificate in Public Health Inspection (Canada) credential, as granted by CIPHI's Board of Certification. These professionals can include Public Health Inspectors (PHI's), Environmental Health Officers (EHO's), Environmental Public Health Program Managers, Environmental Public Health Scientists/Specialists and EPHP's within academia.*

Historical Scan

The NEC looked in detail at recent internal and external events affecting CIPHI and created a common story for the past five years.

While *Environmental Public Health* has a venerable history that goes back several centuries, it has cycles of relative visibility and invisibility to the public depending upon the general interest in health of the day. *CIPHI* has been certifying the qualifications of individual EPHP's for decades, and it is these certified professionals who make up the bulk of the membership of 1,100.

“The Wakeup Call”

From 2000 to 2003 several health calamities brought widespread public and political attention to Public Health issues and had an impact on the profession as a whole: SARS, 911, Anthrax, West Nile Virus, BSE and the Walkerton & North Battleford waterborne disease outbreaks. New legislation and a call for Public Health reforms put increased scrutiny on the profession and the frontline human resources suddenly became an important topic.

“Told You So”

During 2002, and into 2003, several public commissions and inquiries supported skills enhancement within Public Health, including the Environmental Public Health profession. The need for skills enhancement was already well known by most EPHP's who had long been aware of the limitations and lack of capacity within the system.

“Trying to Improve”

Throughout 2003 and into 2004, the Institute became increasingly aware of a movement by some to erode the basic qualifications required to function as a frontline EPHP. This trend was a direct result of the increased demands for EPHP's across Canada. The Institute responded to this attack on the CPHI(C) credential by partnering with several agencies to study and codify the competencies required for frontline Public Health workers, including those within Environmental Public Health profession. The Institute's initiative to improve the competencies of EPHP's has now raised the question of how to implement a Continuing Professional Competency program for existing CPHI(C)'s in Canada.

“Overwhelmed by Hope”

Since mid 2004, recurring outbreaks and media attention have increased the pressure on CIPHI to create long term solutions for providing highly qualified EPHP's to fill the gaps being experienced across Canada. Several levels of government and the membership are looking to CIPHI to take leadership on this important issue. Recent commitments from the federal government and the Public Health Agency of Canada have created unprecedented opportunities to make this necessity an attainable reality.

Five Year Historical Scan of CIPHI					
“The Wakeup Call”		“Told you So!!”	“Trying to Improve”	“Overwhelmed by Hope”	
2000	2001	2002	2003	2004	2005
<p>Public health disasters lead to reports that lead to renewal...^{1/2}</p> <p>Public Health Calamities: Walkerton^{1/2}</p> <p>CIPHI in the black^{1/2}</p> <p>First graduating class from UCCB</p> <p>High points for the organization¹</p> <p>Low points for the organization²</p>	<p>Public Health Calamities: North Battleford, 9-11, Anthrax attacks^{1/2}</p> <p>New legislation, new powers, new challenges</p> <p>increase in EPHP positions</p> <p>EPHP's don't seem to fit in health system as well as they should</p> <p>“The fox runs the hen house”</p> <p>Regionalization of Public Health service delivery models</p> <p>HR needs education of EPHP's</p> <p>CIPHI forms link with Health Canada's Skills Enhancement Program¹</p>	<p>Public Health Calamities: West Nile Virus, SARS (2003), BSE (2003)^{1/2}</p> <p>Haines, Campbell, Walker, Krever, Romanow, Kirby reports¹</p> <p>Money, volunteers!²</p> <p>Skills Enhancement, Carla Troy¹</p> <p>Bachelor Program at Concordia</p> <p>Justice O'Connor report¹</p> <p>Coordination of national conference</p>	<p>Non-CPHI(C) technicians issue²</p> <p>Environmental Public Health Week, Strategic marketing plan¹</p> <p>Advocacy function activated</p> <p>IFEH liaison</p> <p>Fed/Prov commitment to reform Public Health system, enhance PH capacity leading to core competencies initiative</p> <p>Capacity review</p> <p>PH Agency Ontario</p> <p>PH Agency of Canada announced</p> <p>Interim Chief MOH of Canada appointed</p> <p>Minister of State for Public Health appointed</p> <p>Avian influenza keeps pressure to reform on</p>	<p>New National President</p> <p>Changes to B.O.C.</p> <p>International participation raised profile</p> <p>2010 IFEH Conference!</p> <p>PHAC established</p> <p>Revisions to Health Acts</p> <p>Begin road to competencies</p> <p>Asian tsunami^{1/2}</p> <p>Position statement on EPH in Canada by Advocacy Committee</p> <p>CIPHI marketing portfolio</p> <p>Core competency project initiated – Steering Committee & Working Group formed</p> <p>Code of ethics proposed changes</p>	<p>Constitutional changes</p> <p>Natl. Newsletter¹</p> <p>Bannerlite display purchased</p> <p>Qatar connection</p> <p>Audits of food protection system in ON and AB</p> <p>Audits and PH Review</p> <p>Pandemic influenza keeps pressure to reform on</p> <p>Continued support by PH Agency of Canada and Health Ministers</p> <p>Communicating Need for Core Competencies to EPHP's</p>

Trends and Drivers

By reading through events of the past five years, the NEC isolated some of the trends and drivers that must be considered in *CIPHI's* long range future and in the strategic plan.

- Speed and frequency with which health calamities occur
- Increased resourcing of *Public Health*
- Political sensitivity
- From diploma to degree for EPHP's
- Youth expectations toward higher education
- Collaboration between organizations at all levels
- Recognition of vital role of *Public Health*
- Increased visibility of *Environmental Public Health* and EPHP's
- Self recognition and internal revitalization
- Trend toward increasing advocacy

Mission of CIPHI

CIPHI's Mission Statement was updated by the NEC to more clearly express the service that CIPHI intends to provide to Canadian society and to EPHP's.

Mission:

CIPHI advances the profession, science and the field of *Environmental Public Health* through certification, advocacy, education and setting standards. We protect the health of Canadians and represent *Environmental Public Health* professionals across Canada.

Vision of CIPHI

A practical vision was created by the NEC that represents a snapshot of what the organization intends to be, to do and to create in the next three to five years.

Practical Vision of CIPHI		
<i>“Health Protection: Cornerstone of Public Health”</i>		
Higher Professional Profile	Greater Awareness of Environmental Public Health	Stronger Organizational Infrastructure
Mandatory membership for all practicing <i>Environmental Public Health</i> professionals (EPHP's)	Public demand for certified EPHP's	Self-sustaining office with executive leadership running day-to-day administration
Recognized, well maintained, current, credential system	Voice of <i>Environmental Public Health</i> recommending “good” legislation, policy and programs	
		Inter-professional, inter-agency partnerships

“Health Protection: Cornerstone of Public Health”

Higher Professional Profile

- Mandatory membership for all practicing *Environmental Public Health* professionals (EPHP's)
- Recognized, well maintained, current, credential system

Greater Awareness of *Environmental Public Health*

- Public demand for certified EPHP's
- Voice of environmental public health recommending “good” legislation, policy and programs
- Inter-professional, inter-agency partnerships

Stronger Organizational Infrastructure

- Self-sustaining office with executive leadership running day-to-day administration
- Host of major annual forum for *Environmental Public Health* issues & topics

Systemic and Underlying Blockages

The NEC analyzed a large number of current issues and noticed several underlying blockages that consistently impede the progress of the organization and profession.

I. Free benefits are undervaluing CIPHI

Once a person has been certified by CIPHI, he or she can choose to remain a member or not. This has caused the organization to create and give free benefits to retain members. This has created an expectation among members that everything will be free - perhaps even the Continuing Professional Competency program - which devalues both this important initiative and the overall work of the organization.

II. Invisible profession leads to low priority funding

Environmental Public Health is a relatively invisible profession—it usually consists of one person visiting one establishment at a time—which is exacerbated by the fact that the information detected during that visit is confidential in nature and not for public distribution. This invisibility puts Environmental Public Health low on the radar screen for funding - except when things go wrong - when it is then asked “Why didn’t you catch it?”. Environmental Public Health is too easy to neglect from a funding perspective because it is virtually impossible to measure the value of something that has averted or prevented a disaster until such time that the calamity actually occurs. By then, it is too late and people and society has suffered the consequences.

III. Foggy, technical, non-professional image subverts respect

People do not know what EPHP’s do, and the media or popular culture generally portrays the profession in a negative or stereotypical way. This causes the public and funding agencies to think that “just about anyone can do this job” which further undermines respect and perceived value of EPHP’s.

IV. Perceived negativity around competencies & change

People who have been CPHI(C)’s for a long time can be intimidated by the competencies initiative, which can be seen too easily as a form of judgment. If there is any reluctance to change, competencies could become the lightning rods of negativity.

Strategic Directions

The following set of five Strategic Directions was designed by the NEC to deal with the major underlying blockages and to move the organization ahead.

- A. Secure mandatory membership
- B. Engage the membership
- C. Institute a program of mandatory professionalism
- D. Increase capacity of National office function
- E. Prioritize our advocacy positions for the right place & right time

Strategic Directions, Strategic Objectives and Lead NEC Members

A. Secure Mandatory Membership

1. Copyright protection of titles by January 2006
2. Motion approved at AGM in June 2006
3. 100% Membership by January 2007

Lead: Tammy Carroll, Paul Noseworthy

B. Engage the Membership

1. Positive benefits messages on all media by September 2005
2. Five schools offering EPH degree to encourage prospective EPHP's to be a member by September 2006

Lead: Bruce Morrison, Ken Cross

C. Institute a Program of Mandatory Professionalism

1. Draft core competencies for NEC validation by November 2005
2. Have a complete system budget by April 2006
3. Continuing Professional Competencies process and administrative body in place by June 2007

Lead: Claudia Kurzac, Mike Duncan, Stefane Gravelle

D. Increase Capacity of National Office Function

1. Complete feasibility study by November 2005
2. Hire an executive director by June 2006
3. Establish a National office that meets the current/future needs by June 2007

Lead: Phi Phan, Stefane Gravelle

E. Prioritize our Advocacy Positions for the Right Place & the Right Time

1. Position statement on continuing professional competencies by June 2005
2. AGM used as a forum for policy development June 2006
3. CIPHI included at all relevant Federal-Provincial consultations June 2007

Lead: Stefane Gravelle

Action Plans

Timeline of Completed Strategic Objectives		
<ul style="list-style-type: none"> A. Secure mandatory membership B. Engage the membership C. Institute a program of mandatory professionalism D. Increase capacity of National office function E. Prioritize our advocacy positions for the right place and right time 		
Apr 05	May 05	June 05 E. Position statement on continuing professional competencies program
Jul 05	August 05	September 05 B. Positive benefits messages on all media
Oct 05	Nov 05 D. Complete EPHP-visibility study C. Draft core competencies for NEC validation	Dec 05
Jan 06 A. Copyright protection of titles	Feb 06	Mar 06
Apr 06 C. Have a complete system budget	May 06	June 06 D. Hire an executive director E. AGM used as a forum for policy development
Jul 06 A. Motion approved at AGM	Aug 06	Sep 06 B. Five schools offering EPH degree to encourage prospective EPHP's to become members
Oct 06	Nov 06	Dec 06
Jan 07 A. 100% Membership	Feb 07	Mar 07
Apl 07	May 07 E. CIPHI included at all relevant consultations	June 07 D. Establish a National office that meets the current/future needs C. Continuing Professional Competencies process and administrative body

Special Considerations for Action Plan for Strategic Direction D:					
<p align="center">Increase capacity of National office function</p> <p align="center">Lead: :Phi Phan, Steve Chong</p>					
<p>Strategic Objective</p> <p>10: Hire an executive director by June 06</p> <p>11: Establish a National office that meets the current/future needs by June 07</p> <p>These are roles that would help to increase the capacity of our National office function.</p>					
	Considerations in selection	Does	Does Not	Style	Unclear about
Executive Director	<ul style="list-style-type: none"> - Team participation - Flexible - Marketing and business experience - Not necessarily an EPHP - Must have knowledge of EPH - Bondable - Able to write policies - Good at schmoozing - Positive professional image - Forward thinking - Is a "people person" - Is credible - Media savvy 	<ul style="list-style-type: none"> - Secures new sponsors - Creates budgets - Spearheads committees - Filters applications - Monitors involvement for members - Collects fees - Responds to member / stakeholder requests - Oversees conferences 	<ul style="list-style-type: none"> - Does not set policy - Does not set priorities for organization - Does not "stuff envelopes" - Does not travel too much 	<p><i>Is:</i></p> <ul style="list-style-type: none"> - Conservative - Approachable - Efficient - Organized - Dependable - Bilingual would be helpful <p><i>Is not:</i></p> <ul style="list-style-type: none"> - In your face - Pushy - A smoker - Hard selling 	<ul style="list-style-type: none"> - Respected Spokes-person for CIPHI - Signing authority
National Office Support		<ul style="list-style-type: none"> - Database - Correspondence - Support B.O.C - Phones 			
Administrative support		<ul style="list-style-type: none"> - B.O.C. - Receipts - Membership money - Database 			
Contractors		<ul style="list-style-type: none"> - Webmaster - Journal - Conference - Registrar - French translator 			

Action Plan for the Strategic Direction C:		
Institute a program of mandatory professionalism Team: Claudia Kurzac, Mike Duncan, Stefane Gravelle		
Overall Goal: Have Continuing Professional Competencies (CPC) process and an administrative body in place by June 2007 Mid term Goals: Draft core competencies for NEC validation by November 2005 Have a complete system budget by April 2006		
April 05	May 05	June 05
<ul style="list-style-type: none"> ▪ NEC set priorities – eliminate/suppress other work to put CPC as priority 	<ul style="list-style-type: none"> ▪ CPC message from president on web page to members (mandatory reading) ▪ Create <i>CIPHI</i> continuing competencies position statement ▪ NEC Position statement on CPC 	<ul style="list-style-type: none"> ▪ Communication with members on value of CPC ▪ Branch presidents promote CPC and continuing education at their level (mailout, work of mouth, websites) ▪ Information materials on What are CC's
July 05	August 05	September 05
<ul style="list-style-type: none"> ▪ Complete EPH core competencies ▪ Q&A on CPC ▪ Powerpoint/pamphlets on EPH and CPC. ▪ Notice of motion, resolution ▪ Provincial branches resolution in favour ▪ Survey feedback from NEHA to see how they like CC's and will it work? ▪ Send to members ▪ Consultation with current employers 	<ul style="list-style-type: none"> ▪ Explore role of the school learning outcomes/objectives (total 488) ▪ Fast response to request for info by independent committee from branches provincial level, etc. ▪ Copyright to secure our titles ▪ Explore role of unions in the process 	<ul style="list-style-type: none"> ▪ Steering Committee meeting soon, approve WB document, bring up to speed, develop TOR for S.C. ▪ AGM notice of intent

<p>October 05</p> <ul style="list-style-type: none"> Working group to complete summary document on core competencies 	<p>November 05</p> <ul style="list-style-type: none"> Identification of outcomes for non-compliance of CPC system website update on position, place the summary of NEC CPC plan and the next year plan Budget for CIPHI secretariat Document developed for advocating public and partners Adoption of CC (fast track) Consult stakeholders agency our direction 	<p>December 05</p> <ul style="list-style-type: none"> standardization, all regions at the same time EPH schools to solidify consortium Get respected reps from NEC, PHAC and branches to speak on CC. Draft CC for validation by NEC
<p>January 06</p> <ul style="list-style-type: none"> Working Group Meeting Seek member views (website) Seek employer views PHAC consultant National secretariat feasibility study 	<p>February 06</p> <ul style="list-style-type: none"> 	<p>March 06</p> <ul style="list-style-type: none"> budgeting allocation for secretariat sunrise date
<p>April 06</p> <ul style="list-style-type: none"> hire contractor to evaluate other organization's "mandatory professional programs" from which to cherry pick. Notice of Motion 	<p>May 06</p> <ul style="list-style-type: none"> 	<p>June 06</p> <ul style="list-style-type: none"> AGM
<p>July 06</p> <ul style="list-style-type: none"> hire management consultant to design CIPHI national from which to administer 	<p>August 06</p> <ul style="list-style-type: none"> 	<p>September 06</p> <ul style="list-style-type: none"> Evaluation and checking on progress Executive director hired

October 06	November 06	December 06
<ul style="list-style-type: none"> ▪ Secretariat job descriptions and competitions ▪ Secretariat needs strong leadership 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪
January 07	February 07	March 07
<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Setting up the physical office ▪ Hiring of executive director for secretariat
April 07	May 07	June 07
<ul style="list-style-type: none"> ▪ Celebrate ▪ Pilot the CPC system 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪

Five Main Maneuvers of a Continuing Professional Competency Plan

1. Establish the Core Competencies (CC) for EPHP's
2. Research Stakeholder Implications
3. Pilot the Process
4. Communication and Marketing
5. National Office Logistics

Action Items to work into a timeline

- News release
- Powerpoint on CPC proces
- Communication person
- NEHA US counterparts
- Pan-Canadian Core Competencies for Public Health
- Steering committee review and filter the NEHA set of core competencies
- Job descriptions for field specific jobs (list credentials)
- Scan of schools' curricula
- Look at regulations in each province
- Gradient system for CC (how many points for various things)
- Feasibility of secretariat and what it would take
- Lines of communication between NEC and members
- Copyright of title of jobs
- Environmental scan of other jurisdictions
- Plan to get member buy-in
- Board validates set of CC

Appendix 1

CIPHI STRATEGIC PLANNING AGENDA April 29-30, 2005 Sheraton Centre Toronto, Conference Room H.

Friday, April 29, 2005

- 8:30 Historical Scan, Values
- 9:30 Discussion of Mission and Mandate
- 10:00 Practical Vision - 3-5 Year Preferred Vision
- 12:00 Lunch
- 1:00 Finalization of Vision, Mission, Mandate and Values
- 2:00 Issues and Systemic Constraints
- 4:00 Strategy Brainstorming
- 5:00 Closing

Saturday, April 30, 2005

- 8:30 Strategies and Strategic Directions
- 10:30 Measureable Accomplishments and Priorities
- 12:00 Lunch
- 1:00 Time lined Action Plans – Goals, Activities, Timelines, and Assignments
- 3:30 Reflection on Organizational Structure,
- 5:00 Closing

Appendix 2

Participants

- Claudia Kurzac, President, CIPHI
- Joanne Lum, Recording Secretary, BC Branch
- Phi Phan, AB Branch President
- Ken Cross, SK Branch President
- Stéfane Gravelle, MB Branch President
- Mike Duncan, ON Branch President
- Tammy Carroll, NB Branch President
- Bruce Morrison, NS/PEI Branch President
- Paul Noseworthy, NL Branch President
- Joan Reiter, PHAC/CHNAC Liaison
(*Joan is helping CIPHI with the Core Competencies Project and offered to participate as a resource)
- Bill Staples, ICA Associates Inc., Facilitator

Appendix 3

Underlying Obstacles Brainstorm

Foggy, technical, non-professional image subverts respect

- Public perception of our profession
- Slimy, rigid, bumbling media portrayal of the profession
- Public awareness (what is *CIPHI*?)

Perceived negativity around competencies

- Fear of unknown regarding ongoing competency and perceived cost
- Reluctant to change, maintain status quo
- Intimidation of higher education

Invisible profession leads to low priority funding

- Focus more on health care rather than health protection/prevention
- Poor human resource management & succession planning
- Regionalized, fragmented health care system where PH has been undermined or marginalized
- Regulating membership not happening
- Employers, professionals, agencies, public who don't understand the role of EPH and PH and role of EPHP's in PH
- Management without a health background or in EPH field
- Cheap isn't always better (you get what you pay for)
- Inconsistent government funding and emphasis on education, not enforcement

Free benefits are undervaluing *CIPHI*

- Member views of current *CIPHI* based on actions of past executives
- Trouble engaging members and non-members
- Non member apathy leads to not seeing membership as essential
- History – afraid to repeat past mistakes
- Too much focus /concern on criticism of non-members (!)
- Memory of past prevents future progress
- All volunteers - high turnover, lack of creativity
- Institute initiatives benefit all, EPHP's are not the only members of *CIPHI*
- Valuing membership by members and non-members

Appendix 4

Practical Vision Brainstorming						
Mandatory membership for all practicing EPHP's	Public demand for certified EPH	Inter-professional, inter-agency partnerships	Recognized, well maintained, current credential system	Self sustaining office with executive leadership running day to day administration	Voice of EPH recommending "good" legislation, policy and programs	Major Annual forum for EPH.
<ul style="list-style-type: none"> ▪ Mandatory membership in <i>CIPHI</i> ▪ Mandatory <i>CIPHI</i> membership ▪ Strong, active membership in <i>CIPHI</i> ▪ Recruit active members. 	<ul style="list-style-type: none"> ▪ Public awareness of profession ▪ EPHP's services are valued by society and well resources ▪ Protect profession from erosion (techs, decentralization) ▪ Society's recognition ▪ Increase numbers of EPHP's on frontline ▪ General recognition of our role in PH, who we are, what we do, \$\$\$ with this ▪ Public demand for CPHI(C) ▪ Canada's credible voice of EPH ▪ Increased professional pride ▪ Raising profile of profession through enhancing EP week 	<ul style="list-style-type: none"> ▪ Enhanced interagency cooperation ▪ Enhance national and provincial cooperation ▪ Renewed gov't partnership with public health stakeholder agencies ▪ Integrated and well functioning, inter-professional and sustaining PH system 	<ul style="list-style-type: none"> ▪ Mandatory professionalism, continuing education, continuing membership, mandatory code of ethics and standards of practice ▪ Core competencies in place and integrated into HR systems ▪ Mandatory continuing education for membership ▪ Canada's certifying regulatory body of the EPH profession 	<ul style="list-style-type: none"> ▪ A self sustaining national CIPHI office ▪ Enhance CIPHI national office structure ▪ Efficient and effective secretariat for day-to-day business ▪ National office, adequately staffed with exec on board to direct change ▪ Financial stability ▪ CIPHI becomes the clearinghouse of CIPHI membership data ▪ Improved technology and information system utilization ▪ A <i>CIPHI</i> secretariat to promote institute, forge partnerships, attract sponsors, build up conferencing 	<ul style="list-style-type: none"> ▪ Credible visible role in shaping EPH policy in Canada and worldwide ▪ NEC move to policy development mandate ▪ A board free to fully pursue the organization's full mandate ▪ CIPHI as the leader of EPH in Canada, credentials ▪ Eventual international recognition ▪ Champinon change in public health legislation – national, consistent, standardized (ie. smoke free legislation, food handler education) 	<ul style="list-style-type: none"> ▪ World class conferencing organization

Appendix 5

Strategy Brainstorm

Prioritizing our advocacy positions for the right place & the right time

- Explore methods for meaningful policy development
- Establish Canadian council of EPH
- Get Butler Jones to announce and promote EPH Week
- Increase EPHP's visibility, PHAC to establish chief Environmental Health Officer of Canada position
- Explore opportunities for joint partnership with other PH stakeholders and agencies

Secure Mandatory Membership

- Copyright titles by July 30/05
- Implement mandatory membership – no more freebies
- Membership dues to reflect “pro” designation

Engage the membership

- Re-evaluate all *CIPHI* communication tools, eg website, newsletter, EH review, ENV week
- Communication strategy with schools, inter-provincially, and nationally
- Compile and collect, EPH folklore
- Media extol virtues of EPHP's
- Revitalize website
- Vignettes of EPH heroes, NFB grant
- Mandatory corporate branding (standardization)
- Summarize and forward strategic plan to members – engage EPHP's

Institute a program of mandatory professionalism

- Core competency, standards of practice, quality assurance, board of registry, courses to support, skills enhancement, create an EPH model
- Implement CPC – snazzy, marketing, proceed with confidence
- Quick wins to demonstrate success

Increase capacity of National office function

- Hire suitable management consultant to evaluate future directions of National office
- Need Office – feasibility study, staffing needs, / job description, set target dates
- Establish *CIPHI* secretariat office

Appendix 6

Related Documents

1. **“Canada’s Public Health Protection System: The Need for a National Strategy to Revitalize Frontline Environmental Public Health (EPH) Services”**, by *National Advocacy Committee, S. Gravelle et al.*, (October 1, 2004)
2. **“The Importance of Direction: CIPHI Strategic Marketing Plan”, Final Report**, by *Consultants: Chris Close & Shawn Pettipas*, (April 22, 2003)
3. **“The Canadian Institute of Public Health Inspectors Position Statement on Hiring of Non-Holders of the C.P.H.I.(C) Designation”**, by *the National Executive Council*, (June 2003)