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## **PLANNING FOR A SUSTAINABLE FUTURE: HEALTH CANADA'S 2011–2014 SUSTAINABLE DEVELOPMENT STRATEGY – 2012–2013 Update**

May 2012

### **Internet Component**

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This Internet component linked from Health Canada's *2012–2013 Report on Plans and Priorities* is intended to supplement and provide further detail concerning Health Canada's contribution to the *2010 Federal Sustainable Development Strategy*.

**Office of Sustainable Development  
Health Canada**

**Canada**

**Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health.** We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.

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For further information or to obtain additional copies, please contact:

Publications

Health Canada

Ottawa, Ontario K1A 0K9

Tel.: 613-954-5995

Fax: 613-941-5366

Email: [info@hc-sc.gc.ca](mailto:info@hc-sc.gc.ca)

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## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	<b>4</b>
<b>INTRODUCTION</b> .....	<b>5</b>
<b>1. The Government of Canada Federal Sustainable Development Framework</b> .....	<b>5</b>
<b>2. Health Canada and Sustainable Development</b> .....	<b>6</b>
<b>3. Managing Sustainable Development at Health Canada</b> .....	<b>8</b>
3.1 Internal Management Structure on Sustainable Development .....	8
3.2 Integration with Health Canada’s expenditure, planning and reporting processes .....	8
3.3 Application of Analytical Tools and Techniques .....	9
<b>4. Health Canada’s Departmental Sustainable Development Strategy: An-Overview</b> .....	<b>11</b>
4.1 FSDS Theme 1: Addressing Climate Change and Air Quality .....	11
4.2 FSDS Theme 2: Maintaining Water Quality and Availability .....	12
4.3 FSDS Theme 4: Shrinking the Environmental Footprint – Beginning with Government .....	13
<b>5. Conclusion</b> .....	<b>13</b>
<b>Annex 1: Theme 1: Addressing Climate Change and Air Quality</b> .....	<b>14</b>
1. Goal: Climate Change .....	14
1.1 Target: Climate Change Mitigation .....	14
2. Goal: Air Pollution .....	16
2.1 Target: Air Pollutants .....	16
2.2 Target: Indoor Air Quality .....	22
2.3 Target: Chemicals Management .....	26
<b>Annex 2: Theme 2: Maintaining Water Quality and Availability</b> .....	<b>31</b>
3. Goal: Water Quality .....	31
3.10 Target: Drinking Water Quality: Increase the percentage of First Nations communities with acceptable water and wastewater facility risk ratings by 2013 .....	31
3.11 Target: Drinking Water Quality: Help protect the health of Canadians by developing health-based water guidelines .....	35
3.12 Target: Chemicals Management .....	38
4. Goal: Water Availability .....	43
4.1 Target: Water Resource Management and Use .....	43
<b>Annex 3: Theme 4: Shrinking the Environmental Footprint – Beginning with Government</b> .....	<b>44</b>
8. Goal: Greening Government Operation .....	44

## Executive Summary

This is an update to Health Canada's first Sustainable Development Strategy (SDS) under the 2008 [Federal Sustainable Development Act](#). This update outlines the Department's renewed commitments to the SDS for 2012–2013. It complies with and contributes to the goals, targets and implementation strategies identified in the [2010 Federal Sustainable Development Strategy](#) (FSDS) consistent with Health Canada's mandate.

Health Canada's SDS supports the first FSDS in three of the four FSDS thematic areas:

- Theme 1: Addressing Climate Change and Air Quality
- Theme 2: Maintaining Water Quality and Availability
- Theme 4: Shrinking the Environmental Footprint – Beginning with Government (also known as Greening Government Operations [GGO])

This strategy contains a detailed account of the implementation strategies identified in Health Canada's [2012–2013 Report on Plans and Priorities](#).

As part of Theme 1, Addressing Climate Change and Air Quality, Health Canada has committed to 12 implementation strategies aimed at advancing knowledge and communications about health



risks to Canadians regarding climate change and indoor and outdoor air pollutants. Included in these strategies are initiatives for improved performance through the development of guidelines, regulations for industrial emissions, chemicals management requirements for key pollutants and risk management of harmful substances.

As part of Theme 2, Addressing Water Quality and Availability, Health Canada has committed to 9 implementation strategies. These include updating and developing guidance and guidelines

on water quality in areas of federal jurisdiction and providing provinces and territories and the international community information concerning water quality. Some of this work is being undertaken in collaboration with provinces and territories. Health Canada is also advancing knowledge and information concerning the management of chemicals to protect health with respect to water quality. Work is also aimed at increasing the percentage of First Nations communities with acceptable water and wastewater facility risk ratings. Health Canada's role will be to help enable capacity among First Nations, and put in place guidelines and risk management measures to improve drinking water and wastewater management.

Finally, as part of Theme 4, Shrinking the Environmental Footprint – Beginning with Government, Health Canada has identified 11 distinct targets to support reducing the Department's environmental footprint.

## Introduction

The Minister of Health, like other Ministers presiding over departments or agencies identified in the [Federal Sustainable Development Act](#) (the Act), is responsible for preparing and tabling in Parliament a departmental sustainable development strategy that complies with and contributes to the [2010 Federal Sustainable Development Strategy](#) (FSDS).

This document responds to this requirement. It sets out the framework within which Health Canada's Sustainable Development Strategy (SDS) is developed, describes the linkage between sustainable development and health, articulates how sustainable development is managed within Health Canada and explains the Department's specific contributions to the FSDS goals and targets. Health Canada's SDS consists of two parts: the [2012–2013 Report on Plans and Priorities](#) and this Internet document.

## 1. The Government of Canada's Federal Sustainable Development Framework

The Act, which came into effect in 2008, provides the legal framework for developing and implementing a FSDS to make environmental decision-making more transparent and accountable to Parliament.

The Act states that “the Government of Canada accepts the basic principle that sustainable development is based on an ecologically efficient use of natural, social and economic resources.” It further notes that the FSDS will be based on the precautionary principle, which states “where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation.”

The Minister of the Environment must table in Parliament, every three years, a FSDS which includes an overarching set of goals, targets and implementation strategies. The first FSDS was tabled in Parliament in October 2010. It establishes a framework for sustainable development planning and reporting with three key elements:

- integrated, whole-of-government picture of actions and results to achieve environmental sustainability;
- a link between sustainable development planning and reporting and the Government's core expenditure planning and reporting system; and
- effective measurement, monitoring and reporting in order to track and report on progress to Canadians.

The FSDS brings together goals, targets and implementation strategies which have been created through the normal course of government decision-making. For the most part, the FSDS itself does not establish new goals and targets, with the exception of those related to shrinking the

government's environmental footprint in Theme 4. Rather, it makes the outcomes of decision-making more transparent. FSDS goals, targets, and implementation strategies are organized under four priority themes:

- Theme 1: Addressing Climate Change and Air Quality
- Theme 2: Maintaining Water Quality and Availability
- Theme 3: Protecting Nature
- Theme 4: Shrinking the Environmental Footprint – Beginning with Government<sup>1</sup>

The [Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals](#), first established in 1990, formally integrates environmental considerations into federal government decision-making through the use of [Strategic Environmental Assessments](#) (SEAs). These assessments are required when policy, plan or program proposals are submitted to the Minister or Cabinet for approval and their implementation may have important environmental effects. The [Guidelines for Implementing the Cabinet Directive](#) were updated in 2010 to ensure policies, plans and programs are consistent with the government's broad environmental objectives and sustainable development goals, as laid out in the FSDS. Under the FSDS, departments are required to assess a proposal's impact on FSDS goals and targets when undertaking SEAs and report on the extent and results of their SEA practices.

The Minister of Environment is required to report on progress of the FSDS from a government-wide perspective. Health Canada, along with other departments and agencies, will announce its specific sustainable development commitments in its [Report on Plans and Priorities](#) (RPP) and report progress in its [Departmental Performance Report](#) (DPR).

## 2. Health Canada and Sustainable Development

“In simple terms, sustainable development means integrating the economic, social and environmental objectives of society, in order to maximise human well-being in the present without compromising the ability of future generations to meet their needs.” (Organization for Economic Co-operation and Development, 2001, *The DAC Guidelines: Strategies for Sustainable Development*)

The fundamental link between human health and sustainable development was the first principle in the preamble of the Rio Declaration on Environment and Development adopted at the UN



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<sup>1</sup> Health Canada contributes to three of the four thematic areas: climate change and air quality, maintaining water quality and availability and shrinking the government's environmental footprint.

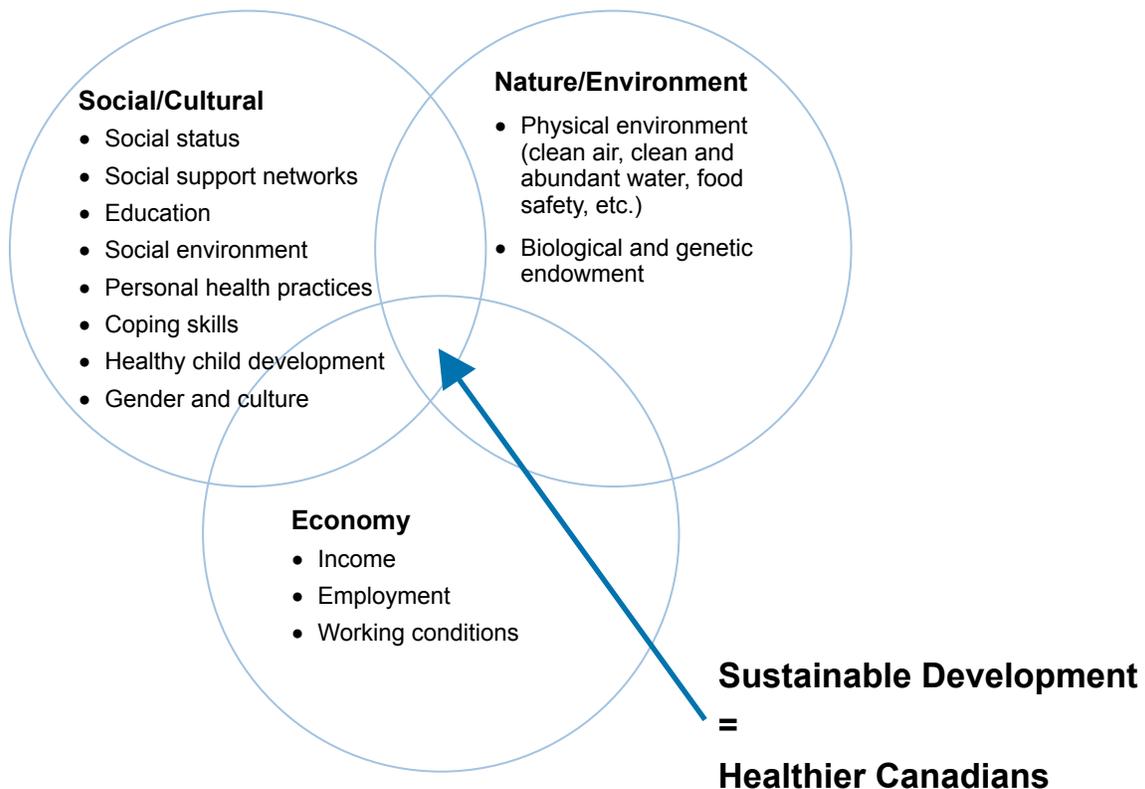
Conference on Environment and Development in Rio de Janeiro in 1992. It states that "Human beings are at the centre of concern for sustainable development. They are entitled to a healthy and productive life in harmony with nature."

Consistent with these concepts, Health Canada is committed to supporting and contributing to the FSDS by delivering on its core vision and mission:

*To help Canadians maintain and improve their health and to make this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.*

Implicit in this vision is the recognition that social, economic and environmental conditions play an important role in determining the state of human health, for both present and future generations, as reflected in Figure 1.

**Figure 1: Relationship of social, economic and environmental conditions and the state of human health**



### 3. Managing Sustainable Development at Health Canada

Health Canada integrates sustainable development in its policies and operations:

- through its internal management structure (3.1);
- by integrating sustainable development into Health Canada's expenditure, planning and reporting system (3.2); and
- through the application of analytical techniques, including SEA (3.3).

#### 3.1 Internal Management Structure on Sustainable Development

Accountabilities related to sustainable development have been established and articulated in *Health Canada's Sustainable Development Policy*.<sup>2</sup> It specifies the responsibilities of leaders so that priority sustainable development objectives are integrated in planning and decision-making of policies and programs.

Health Canada's Office of Sustainable Development is the coordinating body for sustainable development within the Department. Its role is to develop, promote and provide expert advice across the Department concerning sustainable development and its principles and application to policy, planning and operations, including SEA.

Decisions related to sustainable development and how it applies to Health Canada are brought to Health Canada's senior executive level committees.

The Department provides training on sustainable development to managers and employees to enable them to more effectively consider and apply the ecologically efficient use of natural, social and economic resources in decision-making pertaining to policy, plan and program development.

Health Canada contributes to the federal approach to sustainable development by participating in the following interdepartmental working groups:

- Interdepartmental Assistant Deputy Minister Committee
- Interdepartmental Director General Committee
- Director-Level Working Groups on the Assessment of the FSDS
- FSDS Progress Report Interdepartmental Theme Chapter Working Groups
- Sustainable Development Strategy Reporting Pilot
- Interdepartmental Senior Management Sub-Committee on Strategic Environmental Assessment

#### 3.2 Integration with Health Canada's expenditure, planning and reporting processes

As part of the larger Government of Canada reporting on FSDS, Health Canada has integrated its specific sustainable development commitments in the [Report on Plans and Priorities](#) and this document, which together form Health Canada's SDS. Health Canada will report on progress against these commitments in its annual [Departmental Performance Report](#).

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<sup>2</sup> While consistent with the goals and objectives of the Act and FSDS, Health Canada will update its current *Sustainable Development Policy* within one year to reflect and fully align with the new FSDS.

The implementation strategies for which Health Canada is responsible under the FSDS are fully integrated into the Department's management resources and results structure to underpin departmental planning.

As a basis for reporting, Health Canada will measure and monitor its progress against FSDS commitments as follows:

- **Goals and Targets**

At the government-wide level, under the FSDS, various environmental performance measures, otherwise known as indicators, have been established to assess progress against the FSDS goals and targets. Some indicators that address the goals and targets for themes 1 to 3, (air and climate change, water and nature), have been developed by the [Canadian Environmental Sustainability Indicators](#) initiative, with additional indicators coming from other affected federal departments. Health Canada has identified specific indicators for some of its targets within the FSDS.

- **Implementation Strategies**

Implementation strategies are generally more detailed and departmentally focused. As a result, specific Health Canada departmental performance measures will be used to monitor Health Canada's progress.

- **Shrinking the Environmental Footprint – Beginning with Government**

This theme has government-wide Greening of Government Operations targets. Health Canada has established implementation strategies and a methodology to measure its progress in this area.

### **3.3 Application of Analytical Tools and Techniques**

Integrating sustainable development into policies, plans and programs can be supported by the use of analytical techniques and management practices that consider, compare and integrate environmental, social and economic objectives and address long-term concerns. Health Canada utilizes various analytical techniques to inform decision-making and manage risk around policies, plans and programs: cost-benefit and risk-benefit analyses; science and evidence-based analysis for developing policy, legislative or regulatory proposals; and modelling techniques (e.g., controlled experiments, comparative simulations, micro-simulation, and statistical modelling) to simulate policy impacts and project future scenarios. In addition, Health Canada has internal capacity in applied economic analysis on issues related to sustainable development.

Risk management as a technique is embedded into Health Canada's culture in order to improve decision-making and provide reasonable assurance regarding the achievement of corporate objectives and desired outcomes. Health Canada has developed an *Integrated Risk Management Framework* and *Health Canada's Decision-making Framework for Identifying, Assessing, and Managing Health Risks*. These frameworks promote taking a broad perspective to risk assessment and management which takes into account factors such as risks versus benefits and potential social (health, cultural, ethical, legal and political), environmental, economic and other impact considerations of interested and affected parties.

Health Canada applies a precautionary approach to decision-making that considers potential threats to health. For example, the precautionary principle is identified in the preambles of two pieces of legislation and in the body of another for which Health Canada has regulatory responsibilities: the *Canada Consumer Product Safety Act* (CCPSA) the *Canadian Environmental Protection Act, 1999* (CEPA) and the *Pest Control Products Act* (PCPA). There are slight variations in each version.

*“Whereas the Government of Canada is committed to implementing the precautionary principle that, where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation.”*

CEPA 1999

*“Whereas the Parliament of Canada recognizes that a lack of full scientific certainty is not to be used as a reason for postponing measures that prevent adverse effects on human health if those effects could be serious or irreversible”*

CCPSA 2010

20 (2) *“Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent adverse health impact or environmental degradation.”*

PCPA 2002

In accordance with the [Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals](#), policies, plans and programs destined for ministerial or Cabinet approval, which may have important environmental effects, either positive or negative, require a SEA. Based on the FSDS, Health Canada commits to:

- Strengthening the application of Strategic Environmental Assessments (SEAs) in the Department by ensuring that the Government’s environmental goals are taken into account when developing Health Canada policies, plans and programs.
- Achieving a 95% compliance rate in the application of the Cabinet Directive on Environmental Assessment of Policy, Plan and Program Proposals relating to Memoranda to Cabinet, Treasury Board submissions and decks to Cabinet led by Health Canada.
- Pursuing best practices on public reporting of SEA results linked to the FSDS goals and targets, to support the principle of making environmental decision-making more transparent.



## 4. Health Canada's Sustainable Development Strategy: An Overview

Health Canada's SDS provides an essential link between its programs and activities and the FSDS. Health Canada's SDS supports the first FSDS in three thematic areas:

- Addressing Climate Change and Air Quality
- Maintaining Water Quality and Availability
- Shrinking the Environmental Footprint – Beginning with Government



Consistent with its vision, Health Canada contributes to the identified themes of the FSDS from the perspective of addressing environmental risks to human health.

For the most part, Health Canada's contribution to the FSDS goals, targets and implementation strategies is achieved through the normal course of departmental programs, activities and decision-making. The goals and targets related to shrinking the government's environmental footprint have been newly enunciated and required the articulation of new implementation strategies and initiatives within existing funding envelopes.

The following provides an overview of the commitments Health Canada has made. Refer to Annexes 1, 2 and 3 for more detailed information on these commitments and their corresponding implementation strategies.

### 4.1 FSDS Theme 1: Addressing Climate Change and Air Quality

Health Canada is actively engaged in addressing climate change and air quality. Although some hazardous contaminants in the air, such as lead, have declined in recent years, others remain and continue to be problematic. Canada, as a large industrialized country, contributes to the atmospheric release of a variety of pollutants. In addition to this, certain areas of Canada are located downwind of industrialized areas of the United States, with resultant higher levels of pollution. The human health effects of poor air quality are far reaching, but principally affect the body's respiratory system and the cardiovascular system. They also increase risk of certain types of cancer. Climate change also affects the health and well-being of Canadians by increasing risks associated with such issues as extreme heat events, respiratory and cardiovascular illnesses, natural hazards, water and food borne contamination, vector borne and zoonotic diseases, certain cancers and socio-economic impacts.

As part of this action plan, Health Canada will pursue scientific research, risk assessment, monitoring and reporting of climate change and air quality factors that impact human health. This information will support Health Canada and other Government of Canada bodies in developing protection, mitigation and response initiatives including: legislative and regulatory compliance;

development of new regulations, policies and programs; and monitoring of and compliance with international agreements to which Canada is a signatory.

Specifically, with respect to climate change, Health Canada is working to increase knowledge about how changing climatic conditions affect human health and to apply that knowledge to supports regulatory program development and greenhouse gas emission reduction initiatives. This knowledge will also be used to develop tools, guidelines and programs to help Canadians adapt to, and protect themselves from, changing climatic conditions.

With respect to air quality, Health Canada is pursuing efforts to address both indoor and outdoor air quality for such substances as indoor radon and mould, existing commercial substances under the *Chemicals Management Plan*, and new chemical substances. Health exposure and risk assessments are completed to develop indoor and outdoor ambient air quality guidelines and standards so that risk management measures are in place to protect human health. Fuels and emission management technologies are also assessed for potential adverse effects.

In addition, Health Canada communicates outdoor pollution health risks to Canadians through such tools as the *Air Quality Health Index* and other focused reports. Health Canada also collaborates with other international and federal government departments to support international agreements for reducing health risks. Such international initiatives include the *Canada-United States Border Air Quality Strategy* which identifies effects of transboundary air pollution on human health under the *Canada-United States Air Quality Agreement* (1991), and the *Gothenburg Protocol to Reduce Ozone, Acidification and Eutrophication* under the United Nations Economic Commission for Europe *Convention on Long-Range Transboundary Air Pollution*.



## 4.2 FSDS Theme 2: Maintaining Water Quality and Availability

Access to clean, safe and secure water is crucial for the health of Canadians. Health Canada will continue to help protect Canadians by developing health-based water guidelines that contribute to increasing the percentage of First Nations communities with acceptable water and wastewater facility risk ratings; and provide provinces and territories with data for establishing their own drinking water quality regulatory requirements. Guidance on water quality includes drinking water, recreational water and water re-use.

The Department will collaborate with First Nations communities and other federal departments to continue to enhance First Nations communities' capacity to protect their public health through monitoring of drinking water quality and wastewater disposal, and to provide First Nations with communications products and tools to enhance public awareness and knowledge about environmental health.



In addition, Health Canada will work with Environment Canada to reduce health risks to Canadians posed by harmful substances by assessing existing commercial substances identified under the *Chemicals Management Plan* and new substances for which Environment Canada has been notified by industry of their intended manufacture, use or import. Health exposure and risk assessments will be completed to develop water quality guidelines and standards so that risk management measures are in place to protect human health.

### 4.3 FSDS Theme 4: Shrinking the Environmental Footprint – Beginning with Government

As part of the FSDS, opportunities to reduce the environmental footprint of federal government operations have been identified. Health Canada commits to implementing a number of initiatives in support of this federal effort to minimize the government's environmental footprint. A sampling of Health Canada's Greening Government Operations (GGO) initiatives include: the assessment buildings and implementation of actions to bring its facilities in line with industry-recognized standards; reducing on-road fleet related greenhouse gas emissions; and making more efficient use of printing resources.

Annex 3 provides additional information on GGO. It includes the three-year federal commitments, a brief description of Health Canada's 2012–2013 commitments and a link to detailed implementation tables.

## 5. Conclusion

Health Canada's first SDS under the FSDS demonstrates its commitment to sustainable development and how that commitment is implicit in its core vision and mission:

*To help Canadians maintain and improve their health and to make Canada's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.*

This strategy improves transparency and accountability of environmental decision-making at Health Canada through the improved use of existing tools such as [Report on Plans and Priorities](#), [Departmental Performance Report](#) and [Strategic Environmental Assessment](#). In essence, it more effectively integrates consideration of environmental sustainable development into the heart of decision-making and reporting.

As the FSDS process matures and evolves, Health Canada will assess its progress and seek ways to improve its integration of the three pillars of sustainable development – environmental, social, and economic. This will better reflect the broad range of activities Health Canada engages in to serve the current and future health needs of Canadians.



## Annex 1



### Theme 1: ADDRESSING CLIMATE CHANGE AND AIR QUALITY

The following implementation strategies reflect Health Canada's initiatives and priorities for environmental sustainability under Theme 1 of the FSDS. Health Canada undertakes these implementation strategies as a means of contributing to the targets set out in the FSDS.

Implementation strategies are organized under federal goals and targets. The following details are available for each implementation strategy listed:

- Description of the implementation strategy
- Relationship between the implementation strategy and the FSDS target
- Link to Health Canada's Program Activity Architecture and an outline of non-financial performance expectations

Additional details about overarching goals are available in the [FSDS](#).

#### 1. Goal: Climate Change

**Reduce greenhouse gas emission levels to mitigate the severity and unavoidable impacts of climate change.**

##### 1.1 Target: Climate Change Mitigation

**Relative to 2005 emission levels, reduce Canada's total greenhouse gas emissions 17% by 2020.**

##### **Implementation Strategy 1.1.5 for the *Clean Air Agenda***

Undertake and deliver scientific research and reporting in support of regulatory and other programs, including data analysis, inventory development, monitoring, modeling and assessment of the effectiveness of efforts as well as research on options, costs and benefits, and technology assessments. (Environment Canada, Health Canada, Natural Resources Canada, Transport Canada)

##### **Description of the Implementation Strategy**

Climate change is expected to increase the risk to the health of Canadians in a number of areas including air and water quality, extreme weather events and infectious diseases. The extent of these effects depends on how quickly our climate changes, and on how well we adapt to the new environmental conditions and risks to health.

Extreme heat poses a growing risk to the health and well-being of Canadians as climate change is expected to produce a greater intensity, frequency and duration of extreme heat events. Public health and emergency management officials in several Canadian communities are already taking

actions to reduce their vulnerability to heat-health risks. As a result, communities and individuals are seeking evidence-based information about the most effective ways to protect themselves, their families and those most at-risk.

To support these efforts, Health Canada is taking action to help communities and individuals become more resilient in the face of a changing climate. Health Canada has successfully implemented pilot *Heat Alert and Response Systems* (HARS) in four Canadian communities; produced a set of *Guidelines for Health Care Professionals for Extreme Heat Events*; developed a series of targeted factsheets and brochures on reducing the health risks from extreme heat and released a toolkit designed for public health and emergency management officials for the purpose of communicating health risks associated with extreme heat. By 2012, Health Canada will also have released a *Best Practices Guide in Developing HARS*.

Through 2012–2016, Health Canada will build upon the release of these materials and experiences learned through working with public health, emergency management and health professional to expand the application of heat alert and response systems to additional at-risk communities and regions across Canada.

### Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates indirectly to **Target 1.1 Climate Change Mitigation**. By preparing communities and individuals for extreme heat events, Health Canada is strengthening Canada's adaptive capacity to reduce the health impacts of our changing climate. This implementation strategy also supports the *Clean Air Agenda* under the *Adaptation* theme.

### Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

<b>Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.</b>
<b>Program Activity 2.3: Environmental Risks to Health</b>
<b>Program Sub Activity 2.3.1: Climate Change</b>

### Implementation Strategy 1.1.5: Performance Indicators and Targets

Performance Indicators	Targets
Increased application of heat alert and response systems by Canadian communities.	By 2015, up to three new communities have implemented heat alert and response systems.

## 2. Goal: Air Pollution

**Minimize the threats to air quality so that the air Canadians breathe is clean and supports healthy ecosystems.**

### 2.1 Target: Air Pollutants

**Reduce air pollutants in order to maintain or improve air quality across the country and achieve the emission targets which are currently under development in consultations with provinces and stakeholders.**

#### **Implementation Strategy 2.1.2 for the *Clean Air Regulatory Agenda***

Undertake scientific research and reporting in support of regulatory and other programs delivered, including data analysis, inventory development, monitoring, modeling and assessment of the effectiveness of efforts as well as research on options, costs and benefits including economic and social and technology assessments. (Environment Canada, Natural Resources Canada, Health Canada, Transport Canada)

#### **Description of the Implementation Strategy**

Through this implementation strategy, Health Canada plays an important role in improving ambient air quality and protecting the health of Canadians through the following broad range of activities. Research studies are conducted to determine what substances Canadians may be exposed to from ambient air. Health risk assessments on these and other substances are carried out in order to develop ambient air quality standards that are used by public health professionals and regulators to better manage air quality. Conventional fuels and their alternatives, as well as fuel emission management technologies, are assessed for any potential adverse impacts from their use or introduction into the Canadian marketplace. Economic research supports the development of cost-benefit analyses for proposed government options to control air pollution sources.

#### **Relationship between the Implementation Strategy and the FSDS Target**

This implementation strategy relates to **Target 2.1 Air Pollutants** by supporting improvements to air quality and associated human health risks through research assessing the health risks posed by substances Canadians may be exposed to from ambient air and supporting the development of ambient air quality standards. This implementation strategy also supports the *Clean Air Agenda* under the *Clean Air Regulatory Agenda* theme.

#### **Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations**

**Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.**

**Program Activity 2.3: Environmental Risks to Health**

**Program Sub Activity 2.3.2: Air Quality**

## Implementation Strategy 2.1.2: Performance Indicators and Targets

Performance Indicators	Targets
Trend data shows improvements in air quality and health benefits.	Baseline for air quality and health benefit improvements to be set in 2013–2014. Following that, air quality and health benefit improvements will be reported every three years, by percentage change over the period. Date to achieve target: March 31, 2014
Number of planned regulations, standards and guidelines developed in support of risk management strategies, leading to improvements in air quality.	Publish one particulate matter (PM) and one ozone (O <sub>3</sub> ) ambient air quality standard in Canada Gazette I. Date to achieve target: March 31, 2013
Number of assessments and studies in support of standards and guidelines by product type (assessment, study).	Complete draft assessments for two criteria air pollutants and one multi-pollutant sector-based assessment in support of regulations, standards and guidelines for ambient air. Complete one health impacts assessment of a selected fuel or transportation-related initiative to support policy and risk management actions. Complete three research studies to provide information on health effects of indoor and outdoor air pollutants. Date to achieve target: March 31, 2013
Knowledge generated as needed on health impacts of air pollution using the Air Quality Benefit Assessment Tool.	Air Quality Benefit Assessment Tool is successful in providing information on benefits of proposed air quality management options in support of objectives, standards and regulations. Date to achieve target: March 31, 2013
Number of knowledge transfer activities (e.g. citations, workshops, posters, peer reviewed publications, etc.) by: <ul style="list-style-type: none"> <li>• area of focus (water, air, climate change); and</li> <li>• target group.</li> </ul>	Seven air quality knowledge transfer activities and provision of advice to internal decision-makers on a yearly basis for air quality. Date to achieve target: March 31, 2013

### Implementation Strategy 2.1.3 for the *Clean Air Regulatory Agenda*

Communicate outdoor air pollution health risks to Canadians through the *Air Quality Health Index* (AQHI): Continue development of the AQHI and support implementation into additional census metropolitan areas (CMAs). The AQHI provides current and forecast air quality information and advice on health risks in order to assist Canadians in making decisions on how to reduce their level of exposure. (Health Canada, Environment Canada)

## Description of the Implementation Strategy

The AQHI is a tool designed to help Canadians make decisions to protect their health by limiting short-term exposure to air pollution and adjusting their activity levels during increased levels of air pollution. It also provides advice on how Canadians can improve the quality of the air they breathe. This tool has been developed by Health Canada and Environment Canada, in collaboration with the provinces and key health and environment stakeholders.

This index pays particular attention to people who are sensitive to air pollution and provides them with advice on how to protect their health during air quality levels associated with low, moderate, high and very high health risks.

## Relationship between the Implementation Strategy and the FSDS Target

Through the development and implementation of the AQHI, Health Canada indirectly supports **Target 2.1 Air Pollutants** by providing Canadians with a tool to assess their potential risk associated with air pollution in real time on a daily basis and with research on the impacts of air quality on the health.

This implementation strategy directly relates to **Target 2.1 Air Pollutants** by providing advice on how Canadians can reduce their exposure to air pollution. This implementation strategy also supports the *Clean Air Agenda* under the *Clean Air Regulatory Agenda* theme.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

**Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.**

**Program Activity 2.3: Environmental Risks to Health**

**Program Sub Activity 2.3.2: Air Quality**

## Implementation Strategy 2.1.3: Performance Indicators and Targets

Performance Indicators	Targets
Percent increase in the number of Canadians with access to the AQHI.	10% increase per year in the number of Canadians with access to the AQHI (up to a total of 90% coverage). Date to achieve target: 60% by March 31, 2013

## Implementation Strategy 2.1.8 for the *Clean Air Regulatory Agenda*

Continue to work collaboratively with provinces and territories to develop and implement a coherent approach to managing air quality, including national ambient air quality standards and national industrial emissions requirements for key pollutants. (Environment Canada, Health Canada)

## Description of the Implementation Strategy

Health Canada will provide health information to support the development of a new, national approach to managing air quality. Health risk assessments of priority air pollutants will support the development and implementation of health-based Canadian ambient air quality standards in collaboration with provinces/territories. Consideration of the health and socio-economic benefits will support the cost-benefit analysis of proposed regulatory and non-regulatory actions to address air pollution. Research on the exposure to and health impacts of air pollution among the general and vulnerable populations will further guide development of standards and actions to reduce pollution, now and in the future.

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy supports **Target 2.1 Air Pollutants** through Health Canada's provision of research, assessments and guidelines to provinces and territories, which helps to ensure a coherent approach to managing air quality.

Further, Health Canada's assessment of the potential adverse impacts of conventional fuels and their alternatives and fuel emission management technologies, as well as our cost-benefit analyses for proposed government options to control air pollution sources support the development of national industrial and transportation emissions requirements for key pollutants. This implementation strategy also supports the *Clean Air Agenda* under the *Clean Air Regulatory Agenda* theme.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

<b>Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.</b>
<b>Program Activity 2.3: Environmental Risks to Health</b>
<b>Program Sub Activity 2.3.2: Air Quality</b>

## Implementation Strategy 2.1.8: Performance Indicators and Targets

Performance Indicators	Targets
Trends in air quality-related health outcomes.	Baseline for air quality and health benefit improvements to be set in 2013–2014. Following that, health outcomes and changes in benefits from actions to improve air quality will be reported every three years, by percentage change over the period.  Date to achieve target: March 31, 2014
Number of planned regulations, standards and guidelines developed in support of risk management strategies, leading to improvements in air quality.	Publish one particulate matter (PM) and one ozone (O3) ambient air quality standard in Canada Gazette I.  Date to achieve target: March 31, 2013

Performance Indicators	Targets
<p>Number of knowledge transfer activities (e.g. citations, workshops, posters, peer reviewed publications, etc.) by:</p> <ul style="list-style-type: none"> <li>• area of focus (water, air, climate change); and</li> <li>• target group.</li> </ul>	<p>Seven air quality knowledge transfer activities and provision of advice to internal decision-makers on a yearly basis for air quality.</p> <p>Date to achieve target: March 31, 2013</p>

### Implementation Strategy 2.1.31 for International Negotiation

Work with the United States to reduce transboundary emissions under the *Canada-United States Air Quality Agreement*. (Environment Canada, Health Canada)

#### Description of Implementation Strategy

The *Canada-United States Air Quality Agreement* was signed by Canada and the United States in 1991, to address transboundary air pollution leading to acid rain. Both countries agreed to reduce emissions of sulphur dioxide and nitrogen oxides, the primary precursors to acid rain, and to work together on acid rain related scientific and technical cooperation.

Health Canada is collaborating with its partners (American officials, other federal departments, provincial and municipal governments, industry and business interests, non-government organizations, health professionals and academics) to identify and assess the negative impacts of transboundary air pollution on human health and contribute to the development of a framework for coordinated airshed management.

Under the renewed Clean Air Regulatory Agenda, Health Canada is involved in the development of a comprehensive air quality system which will lead to new ambient air quality standards and reductions in industrial air emissions and will provide a base for negotiating a *Particulate Matter Annex to the Air Quality Agreement*.

In addition, Health Canada conducts:

- health science assessments in support of regulations to reduce air pollutant emissions from industrial sectors; and
- coordinated science activities under Sub-committee 2 of *Canada-United States Air Quality Agreement*.

#### Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to **Target 2.1 Air Pollutants**. A significant level of air pollution in certain areas of Canada can be directly attributed to United States industrial sources. Additionally, some Canadian industrial facilities contribute to air pollution in the United States. This implementation strategy relates to the FSDS target in providing a forum in which shared air quality strategies can be addressed and agreements to reduce emissions can be reached. This implementation strategy also supports the *Clean Air Agenda* under the *Clean Air Regulatory Agenda* theme.

## Link to Health Canada’s Program Activity Architecture and Outline of Non-Financial Performance Expectations

**Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.**

**Program Activity 2.3: Environmental Risks to Health**

**Program Sub Activity 2.3.2: Air Quality**

### Implementation Strategy 2.1.31: Performance Indicators and Targets

Performance Indicators	Targets
Number of planned regulations, standards and guidelines developed in support of risk management strategies, leading to improvements in air quality.	Publish one particulate matter (PM) and one ozone (O3) ambient air quality standard in Canada Gazette I in support of negotiations of a new PM Annex.  Date to achieve target: March 31, 2013

### Implementation Strategy 2.1.35 for International Negotiation

Participate in negotiations for revisions of the *Gothenburg Protocol to Reduce Ozone, Acidification and Eutrophication* under the United Nations Economic Commission for Europe (UNECE) Convention on *Long-range Transboundary Air Pollution* (LRTAP). (Environment Canada, Health Canada)

### Description of Implementation Strategy

The Convention on LRTAP was signed 1979 to address major environmental problems in UNECE region through scientific collaboration and policy negotiations. The *Gothenburg Protocol to Abate Acidification, Eutrophication and Ground-level Ozone* was added to the Convention in 1999.

Health Canada as a member of the UNECE LRTAP Health Effects Task Group continues to provide advice and guidance into World Health Organization and European Union air quality initiatives, including the *Gothenburg Protocol*.

Discussions are currently underway to incorporate emission ceilings for black carbon (in the context of particulate matter) into the *Protocol*. Other LRTAP protocols include persistent organic pollutants, sulphur, nitrogen oxides, volatile organic compounds, ammonia and heavy metals.

Additionally, Health Canada is a member of the Working Group on Strategies and Review under the UNECE LRTAP Convention.

These venues provide an opportunity for an international exchange on current science and new developments which assists Canada in positioning regulatory initiatives.

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to **Target 2.1 Air Pollutants** by negotiating and setting emission ceilings for 2010 for four pollutants: sulphur, nitrogen oxides, volatile organic compounds and ammonia. This implementation strategy also supports the *Clean Air Agenda* under the *Clean Air Regulatory Agenda* theme.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

<b>Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.</b>
<b>Program Activity 2.3: Environmental Risks to Health</b>
<b>Program Sub Activity 2.3.2: Air Quality</b>

## Implementation Strategy 2.1.35: Performance Indicators and Targets

Performance Indicators	Targets
Participate in meetings of LRTAP working groups and provide advice, as needed, to LRTAP Protocol science assessment process for pollutant emissions.	Participate in discussions to establish an emission level for black carbon component of particulate matter.  Date to achieve target: March 31, 2015 (to be confirmed)

## 2.2 Target: Indoor Air Quality

**Help protect the health of Canadians by assessing indoor air pollutants and developing guidelines and other tools to better manage indoor air quality.**

### Implementation Strategy 2.2.1 for Indoor Air Quality

Conduct exposure and risk assessments and source identification studies to support guideline development on priority indoor air contaminants. (Health Canada)

## Description of Implementation Strategy

Health Canada plays an important role in improving indoor air quality and protecting the health of Canadians through a broad range of activities. Research studies are conducted to determine what substances Canadians may be exposed to in their homes or other indoor environments. Health risk assessments on these and other substances are carried out in order to develop indoor air quality guidelines that are used by public health professionals and regulators to better manage air quality. Communications products will be developed for the general public and public health professionals and will include recommended actions aimed at improving indoor air quality.

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to **Target 2.2 Indoor Air Quality** by developing guidelines and standards to better manage indoor air quality and by developing advice for public health professionals and Canadians on how exposure to air pollutants can be reduced. This implementation strategy also supports the *Clean Air Agenda* under the *Clean Air Regulatory Agenda* theme.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

**Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.**

**Program Activity 2.3: Environmental Risks to Health**

**Program Sub Activity 2.3.2: Air Quality**

### Implementation Strategy 2.2.1: Performance Indicators and Targets

Performance Indicators	Targets
Number of planned regulations, standards and guidelines developed in support of risk management strategies, leading to improvements in air quality.	Publish at least two indoor air guidelines in Canada Gazette Part 1 for consultation.
Number of planned risk management strategies incorporated in building codes, and communicated through targeted information products, thereby reducing risk to health.	Develop at least two communication products to inform Canadians. Date to achieve target: March 31, 2013
Number of assessments and studies in support of standards and guidelines by: product type (assessment, study).	Complete three assessments in support of guidelines and other risk management strategies for indoor air. Date to achieve target: March 31, 2013

### Implementation Strategy 2.2.2 for Indoor Air Quality

Create a database of indoor radon concentrations, map areas of high radon potential in Canada, test for radon in federal buildings in high-risk and radon-prone areas. The strategy includes a radon awareness program. (Health Canada)

## Description of Implementation Strategy

The implementation strategy is comprised of two primary components:

1. Testing of radon in federal buildings located in high risk radon-prone areas: by testing for radon in approximately 10,000 federal sites located in known and/or potentially high-risk radon areas, it is expected there will be increased knowledge of risks, health impacts and mitigation

strategies related to radon.

2. Radon education and awareness program: through the design, implementation and coordination of a broad-based public awareness and education campaign, the Department aims to improve public awareness of health risks from exposure to elevated levels of radon, and inform Canadians of strategies to reduce their risk. This includes encouraging Canadians to test their homes and to reduce radon levels, if necessary.

In addition, a database of indoor radon concentrations will be developed and will be updated as new information is acquired from testing in federal buildings and residential surveys, radon measurement service providers and members of the public. This information is important to better identify areas of higher indoor radon potential and to perform validation of models used to produce maps of areas with high radon potential in Canada.

### **Relationship between the Implementation Strategy and the FSDS Target**

This implementation strategy relates to Theme 1 **Target 2.2 Indoor Air Quality**.

The Department will create a database of indoor radon concentrations and test for radon in federal buildings within high-risk, radon-prone areas. By assessing indoor air pollutants, including radon there will be increased knowledge of risks, health impacts and mitigation strategies related to indoor air quality. As part of this strategy, the Department will also carry out a radon awareness program, which aims to improve public awareness of health risks from exposure to elevated levels of radon, and inform Canadians of strategies to reduce that risk.

This departmental strategy will lead to increased use of knowledge by government to develop regulations, guidelines and recommendations, and increase the use of knowledge by the public to reduce health risks associated with radon and other pollutants.

Over time, these outcomes will indirectly contribute to reducing the adverse effects of poor indoor air on the health of Canadians. This implementation strategy also supports the *Clean Air Agenda* under the *Clean Air Regulatory Agenda* theme.

### **Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations**

**Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.**

**Program Activity 2.6: Radiation Protection**

**Program Sub Activity 2.6.1: Environmental Radiation Monitoring and Protection**

## Implementation Strategy 2.2.2: Performance Indicators and Targets

Performance Indicators	Targets
Number of federal buildings tested for radon by 2012–2013.	2,000 federal buildings tested by 2012–2013.
Number of hits on Health Canada radon web page; Number of downloads of <i>Radon: A Guide for Canadian Homeowners</i> .	10% increase in hits and downloads over each previous year. Date to achieve target: Ongoing (data to be assessed on an annual basis).
Number of public inquiries.	10% increase in public inquiries over each previous year. Date to achieve target: Ongoing (data to be assessed on an annual basis).
Number of brochures and fact sheets distributed.	10% increase in brochures and fact sheets distributed over each previous year. Date to achieve target: Ongoing (data to be assessed on an annual basis).
Percent of data inputted into database.	100% of data received inputted by end of fiscal year.

### Implementation Strategy 2.2.3 for Indoor Air Quality

Implement the health promotion campaign on mould as part of the *National Strategy to Address Mould in First Nations Communities*. (Health Canada)

#### Description of Implementation Strategy

Clean air is essential to good health and is especially true for indoor air. Health Canada considers mould growth in residential buildings to be a potential health hazard. People living in buildings where mould grows are more likely to suffer from health problems, especially symptoms such as coughing, wheezing, and headaches. Asthmatics are especially at risk as mould may trigger asthma attacks. People respond to mould in different ways depending on the amount of exposure and the person's overall health. While this issue can impact the health of all Canadians, Health Canada has a specific role with respect to First Nations communities.

First Nations residents who are better informed about mould are able to take appropriate actions to prevent mould growth, remediate as needed, and minimize the potential risks to their health and of their family members.

The results of Public Opinion Research, conducted in 2007 showed that 57% of First Nations community members knew something about mould. Only 33% of those with mould could suggest any way of removing it and even less (20%) could suggest methods for preventing mould growth in their home.

In order to enhance public awareness and knowledge of mould issues and increase the confidence of First Nations residents in their ability to do simple actions to prevent, or remediate mould in their homes, Health Canada develops and distributes mould communication products.

## Relationship between the Implementation Strategy and the FSDS Target

The Health Promotion Campaign as a part of the *National Strategy to Address Mould in First Nations Communities* aims to increase awareness of the relationship between prolonged exposure to indoor mould and the risks to personal and family health; increase knowledge of how to identify mould and prevent it; and increase knowledge of what can be done if mould is found (remediation). Thus, the campaign directly contributes to the achievement of **Target 2.2 Indoor Air Quality**.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

<b>Strategic Outcome 3: First Nations and Inuit communities and individuals received health services and benefits that are responsive to their needs so as to improve their health status.</b>
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<b>Program Activity 3.1: First Nations and Inuit Primary Health Care</b>
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<b>Program Sub Activity 3.1.2: First Nations and Inuit Public Health Protection</b>
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<b>Program Sub Sub Activity 3.1.2.2: First Nations and Inuit Environmental Health</b>
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In 2009–2010, Health Canada successfully implemented the campaign which provided First Nations with information on mould in order to improve health. The booklet and the video were reprinted due to their popularity.

Aboriginal Affairs and Northern Development Canada, Canada Mortgage and Housing Corporation, and Health Canada, with the Assembly of First Nations, are currently developing performance indicators to assess the objectives under each strategic direction and evaluate the overall effectiveness of the strategy. The performance indicators are expected to be completed by the end of this fiscal year 2011–2012.

In 2012–13, Health Canada will conduct an evaluation to assess the campaign's success in meeting its objectives.

## 2.3 Target: Chemicals Management

**Reduce risks to Canadians and impacts on the environment posed by harmful substances as a result of decreased environmental concentrations and human exposure to such substances.**

### Implementation Strategy 2.3.4 for Chemicals Management

Assess 100% of existing commercial substances as identified under the *Chemicals Management Plan* for risks to human health and/or the environment (100% of total of 4300 by 2020). (Environment Canada, Health Canada)

## **Description of Implementation Strategy**

Through this program, Health Canada cooperates with Environment Canada under the *Canadian Environmental Protection Act, 1999* to assess and manage the potential risks posed by existing substances produced, imported or used in Canada. Health Canada activities include risk assessments of existing (post-market) substances and developing risk management strategies, policies and regulations for substances determined as harmful to human health, as a complement to Environment Canada's review of environmental impacts. These activities reduce the health risks to Canadians posed by substances by identifying those that may be harmful and taking appropriate steps to reduce this risk.

Health Canada's research on the nature of existing substances and Canadians' exposure to them forms a scientifically grounded foundation from which to assess the impact of chemical substances on Canadian health and to guide risk management or regulatory actions for substances determined to be harmful to human health.

## **Relationship between the Implementation Strategy and the FSDS Target**

This implementation strategy relates to Theme 1 **Target 2.3 Chemicals Management** and Theme 2 **Target 3.12 Chemicals Management**.

By assessing existing commercial substances as identified under the *Chemicals Management Plan* for risks to human health, Health Canada determines if any of those substances present a large enough risk of harm to Canadian health to require risk management or regulatory action to control their use, import and distribution. It is directly through those actions that Health Canada contributes to decreases in environmental concentrations and human exposure to such substances.

## **Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations**

<b>Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.</b>
<b>Program Activity 2.3: Environmental Risks to Health</b>
<b>Program Sub Activity 2.3.4: Health Impacts of Chemicals</b>

### Implementation Strategy 2.3.4: Performance Indicators and Targets

Performance Indicators	Targets
Level of exposure to substances of concern.	Targets related to level of exposure to substances of concern – baseline to be established by June 30, 2012 based on 2010 <i>Canadian Health Measures Survey</i> baseline data.
Percent of targets/service standards met for existing substances; for 'In Commerce List' substances; and for new substances by: <ul style="list-style-type: none"> <li>• type of regulatory action taken; and</li> <li>• result of regulatory action.</li> </ul>	100% of service standards are met for assessing targeted substances both "in commerce" and "new".  Date to achieve target: March 31, 2013
Efficiency of key Regulatory System Services: <ul style="list-style-type: none"> <li>• Number and percent of existing substances under the <i>Chemicals Management Plan</i> assessed for risk to human health within targets set.</li> </ul>	100% of existing substances under the <i>Chemical Management Plan</i> are assessed within targeted/regulated timelines.  Date to achieve target: March 31, 2013
Percent of substances assessed to be harmful to human health for which at least one risk management instrument was developed within mandated timeframes.	100% of substances assessed to be harmful to human health have at least one risk management instrument developed within mandated timeframes.  Date to achieve target: March 31, 2013
Report on level of exposure in humans of substances of concern by substance.	<i>Canadian Health Measures Survey</i> report published every three years (next report to be published in 2013).

### Implementation Strategy 2.3.5 for Chemicals Management

Assess 100% of new substances, for which Environment Canada has been notified by industry of their intended manufacture or import, to determine if they are suspected of being toxic within the timelines in the regulation or established services standards. (Environment Canada, Health Canada)

### Description of Implementation Strategy

Through this program, Health Canada cooperates with Environment Canada under the *Canadian Environmental Protection Act, 1999* to assess and manage the potential risks posed by new substances produced, imported or used in Canada. Health Canada activities include assessing and managing potential health risks associated with new (pre-market) substances, including products of biotechnology. For new substances in *Food & Drugs Act* regulated products, the Department also assesses potential harm to the environment. These activities reduce the health risks to Canadians posed by substances by identifying those that may be harmful and taking appropriate steps to reduce this risk.

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to Theme 1 **Target 2.3 Chemicals Management** and Theme 2 **Target 3.12 Chemicals Management**.

Health Canada assesses substances and products of biotechnology that are new to the Canadian market to determine the potential exposure to the Canadian public, and whether they are harmful to human health. For new substances in *Food & Drugs Act* regulated products, the Department also assesses potential harm to the environment.

Health Canada's research forms a scientifically grounded assessment that guides risk management or regulatory actions controlling the use, import and distribution of substances determined to be harmful to human health. It is directly through these actions that Health Canada contributes to decreases in environmental concentrations and human exposure to such substances.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

<b>Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.</b>
<b>Program Activity 2.3: Environmental Risks to Health</b>
<b>Program Sub Activity 2.3.4: Health Impacts of Chemicals</b>

## Implementation Strategy 2.3.5: Performance Indicators and Targets

Performance Indicators	Targets
Level of exposure to substances of concern.	Targets related to level of exposure to substances of concern – baseline to be established by June 30, 2012 based on 2010 <i>Canadian Health Measures Survey</i> baseline data.
Efficiency of key Regulatory System Services: <ul style="list-style-type: none"> <li>Number and percent new substances for which Health Canada has been notified by industry of their manufacture or import that are assessed within regulated timelines or established service standards to determine if they are suspected of being harmful to human health or the environment.</li> </ul>	100% of new substances for which Health Canada has been notified by industry of their manufacture or import are assessed within targeted/regulated timelines.  Date to achieve target: March 31, 2013

## Implementation Strategy 2.3.8 for Chemicals Management

Ensure at least one risk management measure is in place within the legally mandated timeframes for 100% of substances added to the List of Toxic Substances. (Environment Canada, Health Canada)

## Description of Implementation Strategy

Through this program, Health Canada cooperates with Environment Canada under the *Canadian Environmental Protection Act, 1999* to assess and manage the potential risks posed by new and existing substances produced, imported or used in Canada. Health Canada activities include risk assessments of existing (post-market) substances and developing risk management strategies, policies and regulations for substances determined as harmful to human health, as a complement to Environment Canada's review of environmental impacts. Health Canada activities also include assessing and managing potential health risks associated with new (pre-market) substances and products of biotechnology that are about to enter the Canadian market. These activities reduce the health risks to Canadians posed by substances by identifying those that may be harmful and taking appropriate steps to reduce this risk. Health Canada's chemical management responsibilities further include acting as an Expert Support Department in helping to assess human health risks in contaminated site management (*Federal Contaminated Sites Action Plan*) and in development projects (*Canadian Environmental Assessment Act*).

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to Theme 1 **Target 2.3 Chemicals Management** and Theme 2 **Target 3.12 Chemicals Management**.

Under the *Canadian Environmental Protection Act, 1999*, the Department develops and implements risk management strategies, policies and regulations to manage the potential risks posed by substances that are assessed to be harmful to human health. This implementation strategy relates to the FSDS targets by implementing timely risk management measures mitigate human exposure and reduce the risk to Canadians posed by harmful substances.

It is directly through these risk management actions that Health Canada contributes to decreases in environmental concentrations and human exposure to harmful substances.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

<b>Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.</b>
<b>Program Activity 2.3: Environmental Risks to Health</b>
<b>Program Sub Activity 2.3.4: Health Impacts of Chemicals</b>

## Implementation Strategy 2.3.8: Performance Indicators and Targets

Performance Indicators	Targets
Percent of substances assessed to be harmful to human health for which at least one risk management instrument was developed within mandated timeframes.	100% of substances assessed to be harmful to human health have at least one risk management instrument developed within mandated timeframes.  Date to achieve target: March 2013

## Annex 2



### Theme 2: MAINTAINING WATER QUALITY AND AVAILABILITY

The following implementation strategies reflect Health Canada's initiatives and priorities for environmental sustainability under Theme 2 of the FSDS. Health Canada undertakes these implementation strategies as a means of contributing to the targets set out in the FSDS.

Implementation strategies are organized under federal goals and targets. The following details are available for each implementation strategy listed:

- Description of the implementation strategy
- Relationship between the implementation strategy and the FSDS target
- Link to Health Canada's Program Activity Architecture and an outline of non-financial performance expectations

Additional details about overarching goals are available in the [FSDS](#).

### 3. Goal: Water Quality

**Protect and enhance the quality of water so that it is clean, safe and secure for all Canadians and supports healthy ecosystems.**

#### 3.10 Target: Drinking Water Quality

**Increase the percentage of First Nations communities with acceptable water and wastewater facility risk ratings by 2013.<sup>3</sup>**

#### **Implementation Strategy 3.10.3 for the Percentage of First Nations Communities with Acceptable Water and Wastewater Facility Risk Ratings**

Work with First Nations communities to increase the frequency of testing drinking water quality.  
(Health Canada)

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<sup>3</sup> Drinking water on reserve remains a primary focus of Aboriginal Affairs and Northern Development Canada's current Key Performance Indicators mapping pilot and targets will be revised based on the pilot's recommendations.

## Description of Implementation Strategy

The responsibility for drinking water quality and adequate wastewater disposal on First Nations communities, south of 60° parallel, is shared among Chief and Council, Health Canada, Aboriginal Affairs and Northern Development Canada, and Environment Canada. Health Canada assists First Nations communities in establishing drinking water quality monitoring programs. This includes the following:

- verification monitoring of the overall quality of drinking water at tap, and reviewing, interpreting and disseminating results to First Nations;
- providing advice, guidance and recommendations for First Nations communities about drinking water safety and safe disposal of onsite domestic sewage; and
- reviewing water and wastewater infrastructure project proposals from a public health perspective.

Health Canada aims to ensure that drinking water quality in First Nations communities is tested as per the *Guidelines for Canadian Drinking Water Quality* (GCDWQ). The latest edition of the GCDWQ set out the basic parameters all drinking water systems should strive to achieve in order to deliver clean, safe and reliable drinking water at tap. Although the overall frequency of drinking water quality testing as per the GCDWQ in First Nations distribution systems has increased over the last few years, not all distribution systems are tested at the frequencies recommended in the GCDWQ.

In order to increase the frequency of drinking water quality testing, Health Canada will continue to work with First Nations communities to identify challenges with meeting recommended testing frequencies and implementing appropriate actions.

## Relationship between the Implementation Strategy and the FSDS Target

There is an indirect relationship between this implementation strategy and **Target 3.10 Drinking Water Quality**. Over time, working with First Nations communities to identify challenges with meeting recommended testing frequencies and implement appropriate actions will increase the frequency of drinking water quality testing at tap. Regular testing of drinking water quality offers timely identification of potential problems with drinking water quality, minimizing potential risks to public health and therefore contributes to increasing the percentage of First Nations communities with acceptable water and wastewater facility ratings by 2013.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

**Strategic Outcome 3: First Nations and Inuit communities and individuals received health services and benefits that are responsive to their needs so as to improve their health status.**

**Program Activity 3.1: First Nations and Inuit Primary Health Care**

**Program Sub Activity 3.1.2: First Nations and Inuit Public Health Protection**

**Program Sub Sub Activity 3.1.2.2: First Nations and Inuit Environmental Health**

### Implementation Strategy 3.10.3: Performance Indicators and Targets

Performance Indicators	Targets	FSDS Target Contribution
Percent of distribution systems meeting the testing frequency recommended in the GCDWQ.	By March 2013, a 10% increase from 2010–2011 levels in the number of distribution systems with five or more connections that meet the testing frequency recommended in the GCDWQ.	Health Canada's contribution will be to minimize potential risk to public health by increasing drinking water quality testing.

#### Implementation Strategy 3.10.6.1 and 3.10.6.2 for the Percentage of First Nations Communities with Acceptable Water and Wastewater Facility Risk Ratings

Continue to enhance capacity to monitor drinking water quality in First Nations communities to protect public health:

- 3.10.6.1 Support all First Nations communities in ensuring access to a trained Community-Based Water Monitor (CBWM) or Environmental Health Officer (EHO). (Health Canada)
- 3.10.6.2 Support all First Nations communities in monitoring drinking water quality as per the *Guidelines for Canadian Drinking Water Quality* (GCDWQ). (Health Canada)

#### Description of Implementation Strategy

In First Nations communities, EHOs and CBWMs share responsibility for drinking water quality monitoring at tap as per the GCDWQ. EHOs monitor drinking water quality for bacteriological, chemical, physical and radiological parameters, interpret drinking water quality results, disseminate results to First Nations authorities and maintain quality assurance. CBWMs are First Nations community members trained by an EHO. They are responsible for monitoring bacteriological water quality and disseminating results.

Capacity to monitor drinking water quality as per the GCDWQ in First Nations communities is supported by Health Canada through the provision of funding to Chief and Council for drinking water monitoring through the CBWM program, and training of CBWMs to monitor the drinking water for potential bacteriological contamination as a final check on the overall safety of the drinking water at tap. EHOs and CBWMs are the primary service providers with respect to drinking water quality monitoring, and it is therefore important to provide them with the support necessary to perform their duties effectively to better protect public health of First Nations residents.

#### Relationship between the Implementation Strategy and the FSDS Target

There is an indirect relationship between this implementation strategy and **Target 3.10 Drinking Water Quality**. Over time, continuing to enhance capacity to monitor drinking water quality in First Nations communities will increase the frequency of drinking water quality testing at tap. Regular testing of drinking water quality offers timely identification of potential problems with drinking water quality, minimizing potential risks to public health and therefore contributing to increasing the percentage of First Nations communities with acceptable water and wastewater facility ratings by 2013.

## Link to Health Canada’s Program Activity Architecture and Outline of Non-Financial Performance Expectations

<b>Strategic Outcome 3: First Nations and Inuit communities and individuals received health services and benefits that are responsive to their needs so as to improve their health status.</b>
<b>Program Activity 3.1: First Nations and Inuit Primary Health Care</b>
<b>Program Sub Activity 3.1.2: First Nations and Inuit Public Health Protection</b>
<b>Program Sub Sub Activity 3.1.2.2: First Nations and Inuit Environmental Health</b>

### Implementation Strategy 3.10.6.1 and 3.10.6.2: Performance Indicators and Targets

Performance Indicators	Targets	FSDS Target Contribution
Percent of First Nations communities that have access to a trained CBWM or an EHO.	In 2012–2013, all First Nations communities will maintain access to a trained CBWM or EHO.	Health Canada’s contribution will be to minimize potential risk to public health by providing First Nations communities access to a trained CBWM or EHO.
Percent of distribution systems meeting the testing frequency recommended in the GCDWQ.	By March 2013, a 10% increase from 2010–11 levels in the number of distribution systems with five or more connections that meet the testing frequency recommended in the GCDWQ.	Health Canada’s contribution will be to minimize potential risk to public health by increasing drinking water quality testing.

### Implementation Strategy 3.10.8 for the Percentage of First Nations Communities with Acceptable Water and Wastewater Facility Risk Ratings

Continue to provide First Nations with communications products to enhance public awareness and knowledge as well as increase the confidence of First Nations residents about the safety of their drinking water supply. (Health Canada)

### Description of Implementation Strategy

Due to the complexities of water quality issues, and because public health is at stake, it is critical for First Nations residents to have access to appropriate information regarding drinking water quality issues. First Nations residents are better informed about their water quality, roles and responsibilities of key stakeholders, and day-to-day actions that they can take to protect the health of their family members minimize risk to their health.

In addition, the results of Public Opinion Research that was commissioned in 2011 showed that 88% of First Nations respondents feel that information on water quality testing procedures, testing frequency, and acceptable levels of contaminants in tap water and tap water quality would help them feel more confident about the quality of their drinking water.

In order to enhance public awareness and knowledge of water quality issues, as well as increase the confidence of First Nations residents about the safety of their drinking water supply, Health Canada develops and distributes drinking water-related communication products aimed at a First Nations audience.

### **Relationship between the Implementation Strategy and the FSDS Target**

There is an indirect relationship between this implementation strategy and **Target 3.10 Drinking Water Quality**. Over time, continuing to provide First Nations with drinking water-related communications products will enhance public awareness and knowledge, as well as increase the confidence of First Nations residents, about the safety of their drinking water supply. Greater awareness of water quality testing procedures and frequency, acceptable levels of contaminants in tap water and tap water quality enables residents to better understand and prioritize the implementation of protective measures (such as drinking water advisories). This will reduce potential risks to public health and therefore will contribute to increasing the percentage of First Nations communities with acceptable water and wastewater facility risk ratings by 2013.

### **Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations**

<b>Strategic Outcome 3: First Nations and Inuit communities and individuals received health services and benefits that are responsive to their needs so as to improve their health status.</b>
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<b>Program Activity 3.1: First Nations and Inuit Primary Health Care</b>
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<b>Program Sub Activity 3.1.2: First Nations and Inuit Public Health Protection</b>
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<b>Program Sub Sub Activity 3.1.2.2: First Nations and Inuit Environmental Health</b>
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This Implementation Strategy was completed on March 31, 2012.

### **3.11 Target: Drinking Water Quality**

**Help protect the health of Canadians by developing health-based water guidelines.**

#### **Implementation Strategy 3.11.2 for Health-Based Water Guidelines**

Update "Guidance for providing safe drinking water in areas of federal jurisdiction." (Health Canada)

### **Description of Implementation Strategy**

This activity focuses on the development and update of a guidance document for federal departments that have responsibilities for producing and/or providing safe drinking water in areas of federal jurisdiction. This includes federal lands (e.g., national parks), federal facilities (e.g. military bases) and First Nations communities. The document is produced by the Interdepartmental Working Group on Drinking Water, for which Health Canada provides the scientific secretariat. Health Canada provides scientific guidance and expertise for the document, which is updated regularly and is founded on a multi-barrier approach to providing safe drinking water. It incorporates the *Guidelines for Canadian Drinking Water Quality* as the minimum standard for safe drinking water.

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to **Target 3.11 Drinking Water Quality** by providing scientific guidance and advice so that federal departments can meet their responsibilities for providing safe drinking water in a manner that is based on the multi-barrier approach and health-based drinking water quality guidelines.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

**Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.**

**Program Activity 2.3: Environmental Risks to Health**

**Program Sub Activity 2.3.3: Water Quality**

## Implementation Strategy 3.11.2: Performance Indicators and Targets

Performance Indicators	Targets
Number of water quality guidelines/guidance documents approved by federal/provincial/territorial committees by product type (guideline, guidance document).	Five guidelines/guidance documents approved by federal/provincial/territorial committees annually.  Date to achieve target: March 31, 2013

### Implementation Strategy 3.11.7 for Health-Based Water Guidelines

Develop up to five guidelines and guidance on water quality (i.e. drinking water, recreational water and water re-use) in collaboration with provinces/territories, supported by technical documents, as a basis for their regulatory requirements. (Health Canada)

## Description of Implementation Strategy

This includes the development of development of guidelines for drinking water quality. These guidelines are used by all provinces and territories as the basis for establishing their regulatory requirements for drinking water quality. Guidelines for recreational water quality, and for household reclaimed water, are also developed, and collaboration is undertaken on standards for drinking water materials. Work is done in close collaboration with partners and stakeholders, research related to drinking water is directed and supported by this activity, and partnerships are forged with stakeholders to address key challenges to drinking water safety, including small community drinking water supplies.

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to **Target 3.11 Drinking Water Quality** insofar as the guidelines are based on health risk assessment and developed in collaboration with provinces and territories so that the specific challenges to each region are addressed.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

**Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.**

**Program Activity 2.3: Environmental Risks to Health**

**Program Sub Activity 2.3.3: Water Quality**

## Implementation Strategy 3.11.7: Performance Indicators and Targets

Performance Indicators	Targets
Number of water quality guidelines/guidance documents approved by federal/provincial/territorial committees by product type (guideline, guidance document).	Five guidelines/guidance documents approved by federal/provincial/territorial committees annually.  Date to achieve target: March 31, 2013

## Implementation Strategy 3.11.10 for Health-Based Water Guidelines

Support provinces and territories and internationally by sharing and disseminating scientific risk assessments on drinking water contaminants. (Health Canada)

## Description of Implementation Strategy

This strategy includes the development of health risk assessments for microbiological and chemical contaminants to support the development of guidelines for drinking water quality, which are used by all provinces and territories as the basis for establishing their regulatory requirements for drinking water quality.

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to **Target 3.11 Drinking Water Quality** by providing the scientific risk assessments of the impact of drinking water contaminants on human health to support the development of the *Guidelines for Canadian Drinking Water Quality*.

## Link to Health Canada’s Program Activity Architecture and Outline of Non-Financial Performance Expectations

**Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.**

**Program Activity 2.3: Environmental Risks to Health**

**Program Sub Activity 2.3.3: Water Quality**

### Implementation Strategy 3.11.10: Performance Indicators and Targets

Performance Indicators	Targets
Number of water quality guidelines/guidance documents approved by federal/provincial/territorial committees by product type (guideline, guidance document).	Five guidelines/guidance documents approved by federal/provincial/territorial committees annually.  Date to achieve target: March 31, 2013

### 3.12 Target: Chemicals Management

**Reduce risks to Canadians and impacts on the environment posed by harmful substances as a result of decreased environmental concentrations and human exposure to such substances.**

#### Implementation Strategy 3.12.4 for Chemicals Management

Assess 100% of existing commercial substances as identified under the *Chemicals Management Plan* for risks to human health and/or the environment (100% of total of 4300 by 2020). (Environment Canada, Health Canada)

#### Description of Implementation Strategy

Through this program, Health Canada cooperates with Environment Canada under the *Canadian Environmental Protection Act, 1999* to assess and manage the potential risks posed by existing substances produced, imported or used in Canada. Health Canada activities include risk assessments of existing (post-market) substances and developing risk management strategies, policies and regulations for substances determined as harmful to human health, as a complement to Environment Canada’s review of environmental impacts. These activities reduce the health risks to Canadians posed by substances by identifying those that may be harmful and taking appropriate steps to reduce this risk.

Health Canada is in the process of assessing each existing commercial substance identified under the *Chemicals Management Plan*, both to determine whether they are harmful to human health and to determine the risk of exposure to the Canadian public. Health Canada’s research on the nature of existing commercial substances and Canadians’ exposure to them form a scientifically grounded, risk-based foundation from which to assess the impact of chemical substances on Canadian health and to guide risk management or regulatory actions for substances determined to be harmful to human health.

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to Theme 1 **Target 2.3 Chemicals Management** and Theme 2 **Target 3.12 Chemicals Management**.

By assessing existing commercial substances as identified under the *Chemicals Management Plan* for risks to human health, Health Canada determines if any of those substances present a large enough risk of harm to Canadian health to require risk management or regulatory action to control their use, import and distribution. It is directly through those actions that Health Canada contributes to decreases in environmental concentrations and human exposure to such substances.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

<b>Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.</b>
<b>Program Activity 2.3: Environmental Risks to Health</b>
<b>Program Sub Activity 2.3.4: Health Impacts of Chemicals</b>

## Implementation Strategy 3.12.4: Performance Indicators and Targets

Performance Indicators	Targets
Level of exposure to substances of concern.	Targets related to level of exposure to substances of concern – baseline to be established by June 30, 2012 based on 2010 <i>Canadian Health Measures Survey</i> baseline data.
Percent of targets/service standards met for existing substances; for 'In Commerce List' substances; and for new substances by: <ul style="list-style-type: none"> <li>• type of regulatory action taken; and</li> <li>• result of regulatory action.</li> </ul>	100% of service standards are met for assessing targeted substances both "in commerce" and "new".  Date to achieve target: March 31, 2013
Efficiency of key Regulatory System Services: <ul style="list-style-type: none"> <li>• Number and percent of existing substances under the <i>Chemicals Management Plan</i> assessed for risk to human health within targets set.</li> </ul>	100% of existing substances under the <i>Chemicals Management Plan</i> are assessed within targeted/regulated timelines.  Date to achieve target: March 31, 2013

Percent of substances assessed to be harmful to human health for which at least one risk management instrument was developed within mandated timeframes.	100% of substances assessed to be harmful to human health have at least one risk management instrument developed within mandated timeframes.  Date to achieve target: March 2013
Report on level of exposure in humans of substances of concern by substance.	<i>Canadian Health Measures Survey</i> report published every three years (next report to be published in 2013).

### Implementation Strategy 3.12.5 for Chemicals Management

Assess 100% of new substances, for which Environment Canada has been notified by industry of their intended manufacture or import, to determine if they are suspected of being toxic within the timelines in the regulation or established services standards. (Environment Canada, Health Canada)

#### Description of Implementation Strategy

Through this program, Health Canada cooperates with Environment Canada under the *Canadian Environmental Protection Act, 1999* to assess and manage the potential risks posed by new substances produced, imported or used in Canada. Health Canada activities include assessing and managing potential health risks associated with new (pre-market) substances, including products of biotechnology. For new substances in *Food & Drugs Act* regulated products, the Department also assesses potential harm to the environment. These activities reduce the health risks to Canadians posed by substances by identifying those that may be harmful and taking appropriate steps to reduce this risk.

Health Canada assesses substances and products of biotechnology that are new to the Canadian market both to determine whether they are harmful to human health and to determine the risk of exposure to the Canadian public. Health Canada's research on the nature of new commercial substances and the products of biotechnology and Canadians' exposure to them form a scientifically grounded, risk-based foundation from which to assess the impact of chemical substances on Canadian health and to guide risk management or regulatory actions for substances determined to be harmful to human health.

#### Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to Theme 1 **Target 2.3 Chemicals Management** and Theme 2 **Target 3.12 Chemicals Management**.

Health Canada assesses substances and products of biotechnology that are new to the Canadian market to determine the potential exposure to the Canadian public, and whether they are harmful to human health. For new substances in *Food & Drugs Act* regulated products, the Department also assesses potential harm to the environment.

Health Canada's research forms a scientifically grounded assessment that guides risk management or regulatory actions controlling the use, import and distribution of substances determined to be harmful to human health. It is directly through these actions that Health Canada contributes to decreases in environmental concentrations and human exposure to such substances.

## Link to Health Canada’s Program Activity Architecture and Outline of Non-Financial Performance Expectations

<b>Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.</b>
<b>Program Activity 2.3: Environmental Risks to Health</b>
<b>Program Sub Activity 2.3.4: Health Impacts of Chemicals</b>

### Implementation Strategy 3.12.5: Performance Indicators and Targets

Performance Indicators	Targets
Level of exposure to substances of concern.	Targets related to level of exposure to substances of concern – baseline to be established by June 30, 2012 based on 2010 <i>Canadian Health Measures Survey</i> baseline data.
Efficiency of key Regulatory System Services: <ul style="list-style-type: none"> <li>Number and percent new substances for which Health Canada has been notified by industry of their manufacture or import that are assessed within regulated timelines or established service standards to determine if they are suspected of being harmful to human health or the environment.</li> </ul>	100% of new substances for which Health Canada has been notified by industry of their manufacture or import are assessed within targeted/regulated timelines.  Date to achieve target: March 31, 2013

### Implementation Strategy 3.12.7 for Chemicals Management

Ensure at least one risk management measure is in place within the legally mandated timeframes for 100% of substances added to the List of Toxic Substances. (Environment Canada, Health Canada)

### Description of Implementation Strategy

Through this program, Health Canada cooperates with Environment Canada under the *Canadian Environmental Protection Act, 1999* to assess and manage the potential risks posed by new and existing substances produced, imported or used in Canada. Health Canada activities include risk assessments of existing (post-market) substances and developing risk management strategies, policies and regulations for substances determined as harmful to human health, as a complement to Environment Canada’s review of environmental impacts. Health Canada activities also include assessing and managing potential health risks associated with new (pre-market) substances and products of biotechnology that are about to enter the Canadian market. These activities reduce the health risks to Canadians posed by substances by identifying those that may be harmful and taking appropriate steps to reduce this risk. Health Canada’s chemical management responsibilities further include acting as an Expert Support Department in helping to assess human health risks in contaminated site management (*Federal Contaminated Sites Action Plan*) and in development projects (*Canadian Environmental Assessment Act*).

## Relationship between the Implementation Strategy and the FSDS Target

This implementation strategy relates to Theme 1 **Target 2.3 Chemicals Management** and Theme 2 **Target 3.12 Chemicals Management**.

Under the *Canadian Environmental Protection Act, 1999*, the Department develops and implements risk management strategies, policies and regulations to manage the potential risks posed by substances that are assessed to be harmful to human health. This implementation strategy relates to the FSDS targets by implementing timely risk management measures to mitigate human exposure and reduce the risk to Canadians posed by harmful substances.

It is directly through these risk management actions that Health Canada contributes to decreases in environmental concentrations and human exposure to harmful substances.

## Link to Health Canada's Program Activity Architecture and Outline of Non-Financial Performance Expectations

**Strategic Outcome 2: Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating.**

**Program Activity 2.3: Environmental Risks to Health**

**Program Sub Activity 2.3.4: Health Impacts of Chemicals**

## Implementation Strategy 3.12.7: Performance Indicators and Targets

Performance Indicators	Targets
Percent of substances assessed to be harmful to human health for which at least one risk management instrument was developed within mandated timeframes.	100% of substances assessed to be harmful to human health have at least one risk management instrument developed within mandated timeframes.  Date to achieve target: March 2013

#### **4. Goal: Water Availability**

**Enhance information to ensure that Canadians can manage and use water resources in a manner consistent with the sustainability of the resource.**

##### **4.1 Target: Water Resource Management and Use**

**Promote the conservation and wise use of water to affect a 30 per cent reduction or increased efficiency in water use in various sectors by 2025 (based on 2009 water use levels).**

##### **Implementation Strategy 4.1.6 for Water Resource Management and Use**

Continue work on collection of hydrometric data through the Water Survey of Canada. (Environment Canada)

##### **Implementation Strategy 4.1.9 Water Resource Management and Use**

Continue the development and implementation of Water Availability Indicators. (Environment Canada, Natural Resources Canada)

Please note that Health Canada was erroneously identified as having a responsibility associated with this goal in the FSDS and its associated target and implementation strategies. Health Canada's mandate does not extend to water availability.

## Annex 3



### Theme 4: SHRINKING THE ENVIRONMENTAL FOOTPRINT – BEGINNING WITH GOVERNMENT

The following is the list of [Greening Government Operations](#) targets in the FSDS.

#### 8. Goal: Greening Government Operations

##### Minimize the environmental footprint of government operations.

- 8.1 Target: As of April 1, 2012, and pursuant to departmental strategic frameworks, new construction and build-to-lease projects and major renovation projects will achieve and industry-recognized level of high environmental performance.
- 8.2 Target: As of April 1, 2012, and pursuant to departmental strategic frameworks, existing crown buildings over 1000 m<sup>2</sup>, will be assessed for environmental performance using an industry-recognized assessment tool.
- 8.3 Target: As of April 1, 2012, and pursuant to departmental strategic frameworks, new lease or lease renewal projects over 1000 m<sup>2</sup>, where the Crown is the major lessee, will be assessed for environmental performance using an industry-recognized assessment tool.
- 8.4 Target: As of April 1, 2012, and pursuant to departmental strategic frameworks, fit-up and refit projects will achieve an industry-recognized level of high environmental performance.
- 8.5 Target: The Government of Canada will take action now to reduce levels of greenhouse gas emissions from its operations, to match the national target of 17% below 2005 by 2020.
- 8.6 Target: By March 31, 2014, each department will reuse or recycle all surplus electronic and electrical equipment (EEE) in an environmentally sound and secure manner.
- 8.7 Target: By March 31, 2013, each department will achieve an 8:1 average ratio of office employees to printing units. Departments will apply target where building occupancy levels, security considerations, and space configuration allow.
- 8.8 Target: By March 31, 2014, each department will reduce internal paper consumption per office employee by 20%. Each department will establish a baseline between 2005–2006 and 2011–2012, and applicable scope.
- 8.9 Target: By March 31, 2012, each department will adopt a guide for greening meetings.
- 8.10 Target: As of April 1, 2011, each department will establish at least three SMART green procurement targets to reduce environmental impacts.
- 8.11 Target: As of April 1, 2011, each department will establish SMART targets for training, employee performance evaluations, and management processes and controls, as they pertain to procurement decision-making.

In 2012–2013, Health Canada will demonstrate progress against the GGO targets by:

- Assessing buildings owned by the Department according to industry building performance standards as outlined in Health Canada's Green Buildings Strategy Framework (2012) and achieving the first level of certification for three buildings by March 31, 2013.
- Achieving the industry-recognized standards for three fit-up and/or refit projects by March 31, 2013.
- Continuing to reduce on-road fleet-related greenhouse gas emissions to support the achievement of 10% by 2020–2021 (using the 2005–2006 baseline).
- Implementing programs to ensure the environmentally sound and secure reuse or recycling of surplus electronic and electrical equipment by March 31, 2013.
- Achieving an 8:1 average ratio of office employees to printing units by March 31, 2013.
- Reducing internal paper consumption per office employee by 10% in 2012–2013.
- Progressing toward meeting green procurement targets.

A link to the details of Health Canada's implementation strategies is included in Health Canada's [\*Report on Plans and Priorities\*](#).