

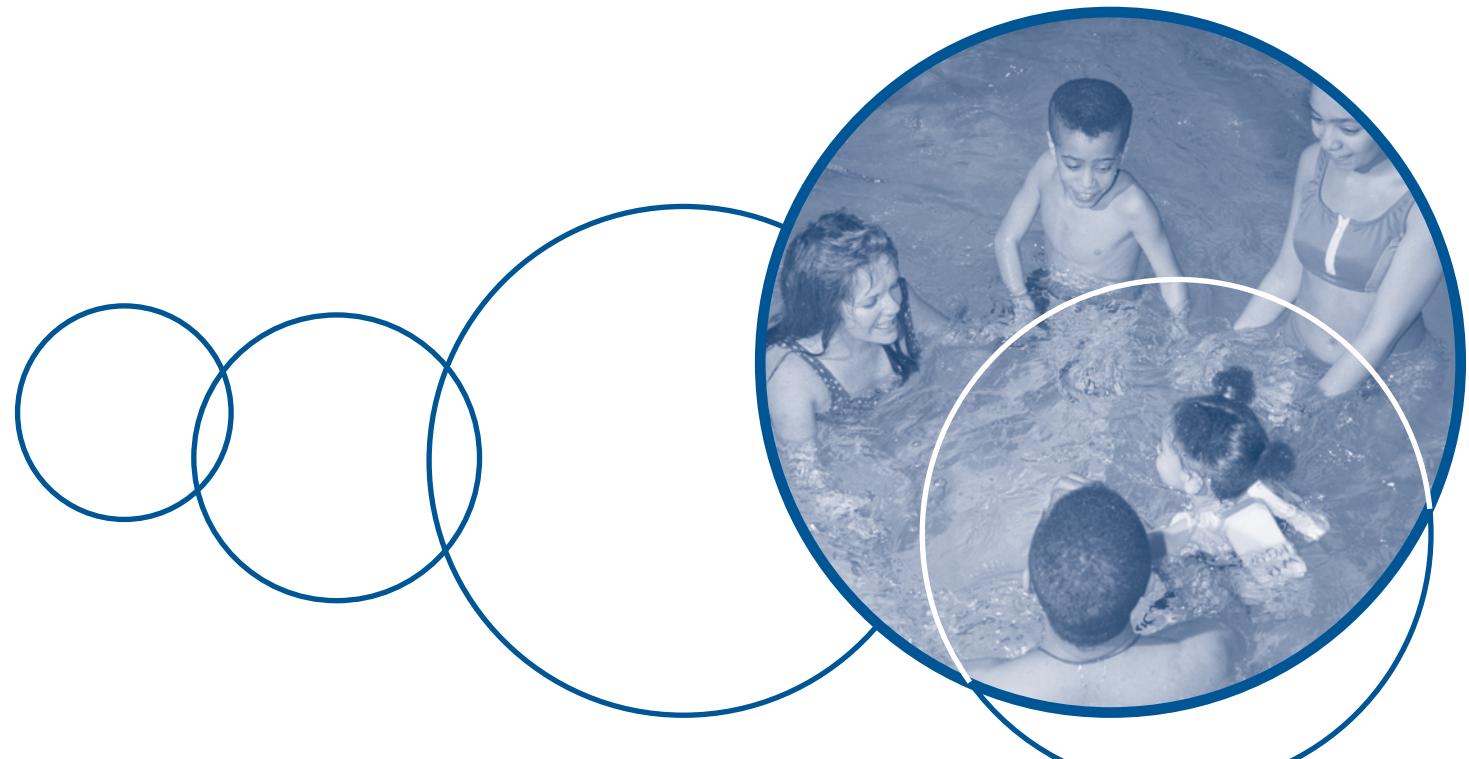


Public Health  
Agency of Canada

Agence de santé  
publique du Canada

## SUSTAINABLE DEVELOPMENT STRATEGY 2007–2010

# Sustainable Development in Public Health: A long term journey begins



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# **Message from the Minister**

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I am pleased to table the Public Health Agency of Canada's (PHAC) second and more fulsome sustainable development strategy. When the Agency's enabling statute has received royal assent, the Agency will have the legislative footing it needs to strengthen Canada's public health system and meet its full potential as the federal focal point for addressing public health issues.

PHAC's mission "to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health" gives it an important role in contributing to Canada's sustainable development. Sustainable development challenges all Canadians to think more holistically about the environment, society and the economy, just as public health challenges them to think holistically about the environment, society and the economy as determinants of population health.

From a global perspective, Canadians are some of the healthiest people in the world, but it is a stark reality that some groups in Canada are not as healthy as others. To become a healthier people, we must address the root causes of chronic diseases while we continue to prevent, prepare for and fight infectious diseases. Our first sustainable development strategy supports the Agency's priorities of developing and delivering integrated approaches to promote health, preventing and controlling infectious and chronic diseases and injuries, preparing for and responding to public health emergencies, and strengthening Canada's public health capacity by working together with our many partners.

As Minister of Health, I am working to deliver on this government's priority of reducing patient wait times. One of the best ways to do so is to reduce the burden of disease on the health care system and increase the system's sustainability by enhancing the overall health of Canadians. I am confident that the commitments made in this strategy will advance the Agency's goal of creating healthier Canadians and communities in a healthier world.

Tony Clement  
Minister of Health

# **Message from the CPHO**

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The Public Health Agency of Canada (PHAC) was created to help protect the health and safety of all Canadians. The Agency's role is to help build an effective public health system in Canada – one that allows Canadians to achieve better health and well-being while protecting them from threats to their health security.

As the Chief Public Health Officer of Canada, I advise the Minister of Health on public health matters and communicate directly to Canadians on key issues of public health.

While this is only our second Sustainable Development Strategy, and our first full one, sustainable development is not a new concept at the Agency. Several of our programs already reflect its principles. Over the next three years, we intend to further incorporate sustainable development into the planning and implementation of our activities, ensure that the Agency conducts its operations in a sustainable manner and build our internal capacity for achieving the first two goals. The implementation of the Strategy will not only advance the Agency's own mission but will also contribute to government-wide efforts to "greening" operations and promote healthy and sustainable communities.

Sustainable development is a long-term journey, and one that we are committed to pursuing over the coming years. Our strategy is not to try to do everything at once, but rather to lay a foundation for future efforts while realizing real achievements in selected priority areas.

The success of our goals depends in part on ensuring that Canada's development is environmentally, socially and economically sustainable. The Public Health Agency of Canada will continue to work closely with the provinces and territories, as well as civil society, to achieve sustainable development, keep Canadians healthy, and help reduce pressures on the health care system.

Dr. David Butler-Jones  
Chief Public Health Officer

# Introduction

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Sustainable development is about human well-being; that is, enabling people to lead healthy and economically productive lives in a clean environment, without compromising the ability of future generations to meet their own needs. Understanding health as a state of physical, mental and social well-being – and not merely as the absence of disease or infirmity – is essential to advancing sustainable development initiatives in the field of public health. Sustainable development cannot take place in societies marked by persistent socio-economic inequalities, large-scale environmental degradation or widespread disease. Similarly, the promotion of public health requires sound physical and built environments, a prosperous economy and a just society.

**Public health is therefore both a precondition to, and an outcome of, sustainable development.**

There is growing international consensus that public health and sustainable development are interrelated, long-term objectives that must be addressed in an integrated manner. Beginning in 1992 at the United Nations Conference on Environment and Development,

and as reiterated in 2002 at the Johannesburg World Summit on Sustainable Development, protecting, promoting and maintaining human health have been at the core of sustainable development initiatives internationally, nationally and locally.

In Canada, a wealth of evidence supports the notion that factors as diverse as social support networks, education, employment and working conditions and the physical environment are all key determinants of public health. Many of these determinants lie outside the control of health agencies. PHAC therefore must work with national and international partners and stakeholders to achieve its mission of promoting and protecting the health of Canadians as well as working towards the overarching and complementary Health Goals for Canada.

In a globalized world, the health of Canadians is affected by the health of people everywhere. Therefore, Canadians and the Public Health Agency of Canada have a stake in the sustainable development of other countries as well as our own.

## 2. Background

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As a listed entity or category I department under the Auditor General Act, the Public Health Agency of Canada (PHAC) is required to prepare a Sustainable Development Strategy (SDS) within two years after its creation and every three years thereafter, and to report on implementation progress to Parliament through its Departmental Performance Report on a yearly basis.

The Government of Canada established PHAC by Order in Council in September 2004. The preamble to Bill C-5, *An Act respecting the establishment of the Public Health Agency of Canada*, signals the intention of the Government of Canada to take public health measures; to foster collaboration within the field of public health; and to promote cooperation and consultation in the field of public health with provincial, territorial and foreign governments, and with other organizations. This preamble also states that the Government of Canada considers that the creation of a public health agency for Canada and the appointment of a Chief Public Health Officer will contribute to federal efforts to identify and reduce public health risk factors and to support national readiness for public health threats. (The Agency's mandate is featured in Appendix 1.)

The Agency has a staff of approximately 2100, located in headquarters in both Ottawa and Winnipeg, six regional offices and a Northern Secretariat. It operates several laboratories, including one of the most secure laboratories in the world, which is capable of handling the most toxic pathogens. PHAC's annual budget is a little over \$500 million, of which it spends over a third in grants and contributions to its various partners. It manages four main program activities related to:

1. Health Promotion;
2. Disease Prevention and Control;
3. Emergency Preparedness and Response; and
4. Strengthening Public Health Capacity.

A more detailed Agency profile appears in Appendix 1.

Agency staff understand that environmental, social and economic conditions affect public health. They recognize that the Agency contributes to:

- economic sustainability, by promoting health and reducing health care costs;
- social sustainability, by building community capacity and empowering individuals;
- environmental sustainability, through its environmentally conscious operations.

PHAC knows the important contribution that it can make to sustainable development (SD) through its public health policies, programs and operations. An important focus for this first full strategy is, however, on internal capacity – building the systems and skills to support further gains in the sustainability of operations and to support greater integration of the principles of SD within public health policies and programs.

This second SDS further develops and refines PHAC's first one, a partial strategy which was deposited with the Clerk of the House of Commons in August 2006, and will form the basis for future reporting to Parliament. In this second and more developed strategy, PHAC has identified three goals that it will pursue on its own or in partnership to promote better public health. In identifying how to meet these goals, the Agency has drawn on

Health Canada's previous and current work in this area. The main links between Health Canada's and the Agency's strategies are listed in Appendix 2. PHAC's strategy also reflects government-wide efforts to the greening of

operations, common objectives for which Environment Canada has taken a lead role, and guidance from the Commissioner on the Environment and Sustainable Development.

“Public health agencies are well-placed to take the lead in a multidisciplinary approach to defining issues, assembling needed data, conducting and stimulating research, and influencing policies nationally and internationally. Public health needs to emphasize the risks associated with overstressing natural resources – nature’s services – to the limit, because neither financial services nor human resources for health services will meet demand if life-support systems were to collapse... Public health agencies can identify those paths of development which increase disease and ill-health, and those which promote health and prevent disease.”

*Global Ecological Integrity and Sustainable Development:  
Cornerstones of Public Health, World Health Organization, 1998*

# **3. Public Health and Sustainable Development**

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## **3.1 What is public health?**

Public health focuses on the well-being of an entire population rather than that of an individual. It includes a range of efforts to keep people healthy and out of the hospital – such as immunization, healthy eating and physical activity programs – as well as infection control measures in hospitals, along with detection activities, laboratory testing and regulation that support action during infectious disease outbreaks and emergencies.

In other words, public health emphasizes health promotion, disease prevention and safety for entire populations and high-risk subgroups, and not just the treatment of disease. For example, tobacco control significantly reduces lung cancer rates. Similarly, healthy weight and fitness programs reduce the need for joint replacements, thus reducing surgery wait times. By helping keep Canadians healthy, public health can relieve some of the pressure on the health care system and contribute to our high quality of life. Changes in Canadian society have resulted in shifts in consumption patterns as well as living and working conditions, some of which have the potential to intensify key risk factors for leading chronic diseases in Canada and to impose significant economic and social costs. For example, it is estimated that over 1 million Canadians have become obese in recent years; this is a significant risk factor for chronic and infectious diseases.

Infectious diseases (e.g. tuberculosis, HIV/AIDS, hepatitis, foodborne and waterborne infections) also impose significant social and economic costs on Canadians.

These costs can be controlled, in part, through activities aimed at detecting and identifying potential sources of infectious disease outbreaks and at reducing and preventing the spread of such diseases.

Environmental, social and economic factors play an important role in the spread and prevalence of both chronic and infectious disease. Public health increasingly addresses these underlying conditions in order to improve health outcomes and to control health costs. Such an approach is what SD is about.

## 3.2 What is sustainable development?

In 1987, the United Nations-mandated World Commission on Environment and Development (also known as the Brundtland Commission) defined sustainable development as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs.” This definition has been widely adopted, including by the Government of Canada.

Several other definitions of SD also exist. Some focus on the three social, economic and environmental “pillars” of development; others are rooted in various principles (see Appendix 3 for list drawn from the *Auditor General Act*); others still emphasize the notion of capital stocks (SD depends on the maintenance of adequate stocks of human, social, environmental, financial and

manufactured capital). At the heart of most of these definitions are the principles of human well-being, participatory approaches, a long-term perspective, integrative decision-making, prevention and precaution, and equity. The *Auditor General Act* specifically mentions that protecting the health of Canadians is related to SD.

Development can, however, also mean getting better. It can imply a qualitative improvement in structure, capacity, skill, ability or understanding at either the individual or the social level (WHO, 1998). Therefore, SD is not only about maintaining stocks and meeting current and future needs, it can be about building public health capacity and making it stronger through improved action and new actions.

## 3.3 Public health and sustainable development

As illustrated in Figure 1, public health and SD are closely interrelated; both emphasize the need to think about the long term, to work in partnership with others and to integrate environmental, social and economic factors in decision making. Public health is both an indicator and a determinant of economic development – SD cannot occur without a healthy population, and the health of the population cannot be maintained without a healthy environment (HC, SDS 2007).

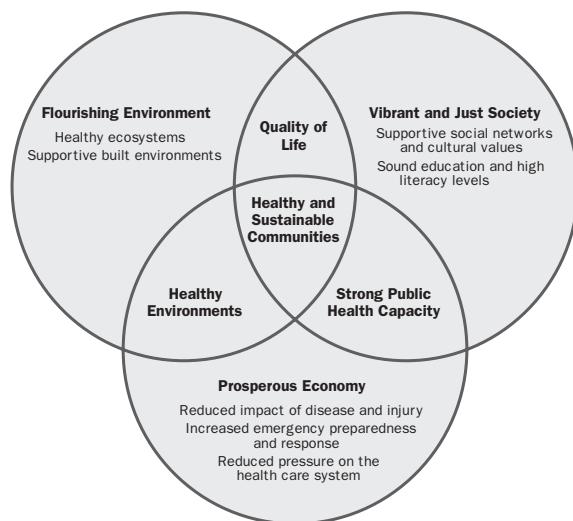
Research by the World Health Organization (WHO) has shown that investing in human health is a powerful means to encourage economic growth, protect the environment and reduce poverty (WHO, 2001). Investments in clean water or immunization programs, for example, consistently yield economic benefits greater than their costs. Conversely,

unsustainable patterns of production and consumption, underdevelopment, environmental degradation and the breakdown of social networks can all adversely affect public health (WHO, 2002). SD is therefore key to improving public health, since factors that drive disease are often linked to unsustainable forms of development such as persistent social inequality, pollution and resource degradation.

“ Governments and policy makers are increasingly recognizing the central importance of health not only to sustainable development but also to human security. Health is now becoming a high priority on the global development agenda. And by health, we mean health promotion and not just the prevention and treatment of disease.”

*Dr. Ala Alwan, keynote address, 2<sup>nd</sup> Global Health and Care Forum, May 2006,  
International Federation of Red Cross and Red Crescent Societies*

**Figure 1: Public Health Outcomes Support Sustainable Development**



## Determinants of Health

Canada has played a leading role in the development of the population health approach for over 30 years. In 1974, the Lalonde Report, entitled *A New Perspective on the Health of Canadians*, gave rise to a number of highly successful, proactive health promotion programs, which increased awareness of the health risks associated with certain personal behaviours and lifestyles (e.g. smoking, alcohol, nutrition, fitness).

In 1986, the *Ottawa Charter for Health Promotion* expanded on the Lalonde Report, by focusing on the broader social, economic and environmental factors or “determinants” that affect health. In 1989, the Canadian

Institute for Advanced Research (CIAR) introduced the population health approach, proposing that individual determinants of health do not act in isolation: it is rather the complex interaction among the entire range of individual and collective factors that can have a far more significant effect on health. For example, unemployment can lead to social isolation and poverty which in turn influences psychological health and coping skills. Together, these factors can then lead to poor health.

In 1994, the federal, provincial and territorial Ministers of Health officially endorsed the population health approach. Unlike traditional

health care, which deals with individuals one at a time when they become ill, population health strategies aim to improve the health of an entire population and reduce inequalities in health status between groups. Population health is concerned with the living and working conditions that affect people's health, the conditions that enable and support people in making healthy choices, and the services that promote and maintain health. This approach recognizes that there is more to health than a good health care system.

The need to make the connections between health, wealth, place, behaviour and biology is increasingly understood by the public policy community, both within and outside the health system. Nevertheless, taking action on a wide spectrum of factors known to influence health requires participation from those sectors whose work affects key determinants of health. Health sector workers must continue to forge new relationships with groups not normally associated with health, but whose activities may have an impact on health.

The determinants of health include economic and social status, social support networks, education and literacy, employment and working conditions, the social environment, the physical environment, personal health practices and coping skills, healthy child development, biology and genetics, health services, gender and culture. These determinants can be grouped according to the social, economic and environmental dimensions of SD, as follows:

- **Physical factors** in the natural environment (e.g. the air we breathe, the water we drink, the food we eat) are key influences on health. Ultimately, human populations are dependent on the integrity of the ecosystems that support them. This is why there is growing concern that human activity is impairing the Earth's life-support systems by altering global biochemical and geochemical cycles, depleting renewable

resources and increasing the rate of species extinction (see Figure 2 on the links between climate change and public health). Factors in the human-built environment such as housing, workplace safety, and community and road design are also important influences on human health.

- **Social factors**, such as education and social support networks (which enable and support healthy choices and lifestyles), as well as people's knowledge, intentions, behaviours and coping skills, are key influences on health. In general, support from families, friends and communities is associated with better health. The caring and respect arising from and in social relationships, coupled with a stable sense of satisfaction, acts as a buffer against health problems. Social or community responses can foster health by adding to an individual's repertory of strategies to cope with changes. Education and health literacy contribute to the health of Canadians by providing people with the knowledge and skills for problem solving and decision making.
- **Economic factors**, such as income levels and employment status, are important determinants of health. Low-income Canadians are more prone to illness than Canadians with a higher income. Unemployment, under employment and stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related job demands are healthier and often live longer than those in more stressful or riskier work and activities. Unemployed people have a shorter life expectancy and suffer significantly more health problems than people who have a job.

Public health is emerging as a critical international issue with economic, security and development dimensions. More and more, the mandate of public health agencies has to

be delivered in a global context. Increased trade and personal travel spread diseases (e.g. SARS) faster than ever before. Large scale environmental trends (e.g. climate change) create new threats to human health. Economic restructuring as a result of closer

international integration or technological change can lead to job losses or greater economic insecurity, a key social determinant of health. PHAC has an important role to play in managing the impact of these challenges to public health and thus in Canada's SD.

In essence, a population health approach consists of:

1. focusing on the health of populations;
2. addressing the determinants of health and their interactions;
3. basing decisions on evidence;
4. increasing upstream investments;
5. applying multiple strategies;
6. collaborating across sectors and levels;
7. employing mechanisms for public involvement; and
8. demonstrating accountability for health outcomes.

*Health Canada, Population and Public Health Branch,  
The Population Health Template: Key Elements and Actions That Define a Population Health Approach,  
2001*

## **Building Public Health Capacity**

Public health capacity-building, both nationally and internationally, also plays an important role in SD. For example, PHAC is involved in strengthening the public health infrastructure, developing tools needed for informed decision making, increasing the

public health knowledge base, improving current practices to meet current needs, and paving the way for the effective and efficient delivery of public health services in the future.

## **Federal Health Portfolio**

As a member of the federal Health Portfolio, PHAC works closely with Health Canada to develop further understanding of the links between health and the environment. Both organizations recognize the critical relation among human health, the physical environment and the economy. They agree that

- Canadians are concerned about negative effects on health stemming from the environment;
- there is growing scientific evidence that environmental factors contribute to many health problems;
- climate change is creating new pressures on the health system; and

- the environmental burden of illness has a direct impact on the well-being of Canadians as well as the country's economy.

PHAC contributes to our understanding of the relation between health and the environment through its public health research, interventions and capacity building. Particular examples include:

- collaboration with Health Canada to increase knowledge of the health dynamics of

climate change, particularly as they affect patterns of disease and the health effects of natural hazards;

- facilitation of knowledge generation by the development and deployment across Canada of innovative tools and practices for information analysis.

**Figure 2: Dynamics of Climate Change and Health**

Climate	Impact Areas	Determinants of Health	Health Impacts
Extreme events: storms, heat waves, drought  Gradual change: warming, dryness/wetness	Natural Environment  Built Environment  Social Environment	Physical environment, ecological systems Water availability and quality Personal health practices Employment and working conditions Health and social services Social environment Disease patterns in reservoir species Population immunity, health status	Temperature-related deaths and disease Diseases transmitted by animals and organisms Diarrheal illness, intoxication by food and water Chronic and acute respiratory diseases Ultraviolet-related cancers, cataracts Social and economic impacts, mental health, chronic disease
<b>Climate Change</b>			

*Adapted from Health Canada, Climate Change and Health Office, 2005*

The Agency is also leading by example both domestically and internationally through the development of knowledge and intersectoral policy initiatives. For example, the new National Collaborating Centre for Determinants of Health will contribute to a better understanding of the ways in which the determinants of health can be more effectively addressed to prevent disease and other health problems. Some of these initiatives (e.g. Healthy Living) represent truly national commitments as they involve the federal government working closely with

its provincial and territorial counterparts and other stakeholders. Some (e.g. programs for children) respond to international commitments Canada has made while others (e.g. support to the World Health Organization Commission on the Social Determinants of Health) will ensure that new knowledge from the international scene is disseminated and appropriately integrated into Canadian policy. Under this strategy, the Agency will build on these relationships and initiatives to achieve measurable progress in selected areas, as described in more detail below.

## 4 Approach

PHAC has developed its Sustainable Development Strategy on the basis of:

**1. An internal issues scan.** A number of Agency employees were interviewed in March 2006 to ascertain their understanding of SD and the risks and opportunities that the Agency faces in relation to SD. The PHAC interviews, as well as a separate Health Canada survey conducted in March and April 2006 to which 166 PHAC employees responded, identified several opportunities, risks and challenges for the Agency in its first SDS. These were presented in background papers, which informed an options discussion paper, which in turn provided the basis for the Agency's choice of goals and objectives for this strategy.

**2. Consultation with selected stakeholders.** PHAC invited selected stakeholders, including federal, provincial and municipal authorities, academics, health associations and nongovernmental organizations (NGOs) to comment on a discussion paper that provided the basis for the SDS.

**3. Government-wide coordination initiatives:**

A. Office of Green Government Operations (OGGO): Public Works and Government Services Canada's OGGO has developed government-wide priorities related to the energy use of buildings (to optimize the reduction of greenhouse gas [GHG] emissions), procurement (to maximize the use of procurement to advance governmental SD objectives) and vehicles (to optimize the reduction of GHG emissions and air contaminants).

B. Federal SD goals: For this round of SDSs, the Government of Canada has worked to develop a set of six SD goals related to clean air, clean water, reduced greenhouse gas emissions, sustainable development and use of natural resources, sustainable communities, and governance

for sustainable development. By specifying how their activities support broad federal goals and objectives in respect of SD, departments and agencies such as PHAC give Canadians a clearer picture of how the Government of Canada works to ensure improvements in our quality of life in an ongoing way. At the same time, improved coordination will strengthen accountability, drive government-wide performance, and focus and stimulate activity in some key areas.

The Public Health Agency of Canada has identified a number of activities, related to the delivery of its mandate, that support progress toward achieving the federal SD goals. These activities and commitments are identified with a leaf symbol . More information on the federal SD goals and on work to green government operations is available on Internet at <http://www.sdinfo.gc.ca/>.

C. Commissioner of the Environment and Sustainable Development (CESD): In this second and more comprehensive SDS, PHAC has been mindful of comments made in the past by the CESD and the expectations she has articulated concerning the design and management of effective strategies.

D. PHAC capacities and priorities: PHAC is a new agency and needs to set up the systems and capacity to integrate SD into its programs. This SDS therefore includes explicit commitments to develop and put in place knowledge, tools and management systems to support its SD initiatives. This reflects one of the Agency's six strategic priorities over the next three years, as indicated in its 2006-2007 Report on Plans and Priorities: "Develop and enhance the Agency's internal capacity to meet its mandate."

## Results of PHAC Internal Issues Scan

Key opportunities:

- Flexible policies and procedures, as PHAC is a new agency
- Several existing programs (e.g. Healthy Living, Early Child Development) are already well aligned with SD
- The area of green operations

Key risks:

- Growing health disparities among Canadians
- Possible spread of pandemic disease
- Rise in chronic disease (e.g. associated with obesity)

Key challenges:

- Low staff awareness of SD principles and approaches
- Inadequate analytical and decision-making support tools
- Short-term programming focus

### **4. The aspirations and concerns of Canadians:**

A. In the Health Goals for Canada (see Appendix 4), Canadians have articulated their aspirations for a country that meets its people's basic needs (social and physical environment), facilitates belonging and engagement, supports healthy living and provides a strong system for health.

B. Canadians have expressed a number of health-related concerns, for example:

- a commonly held belief (89% of Canadians) that their children's health is being adversely affected by environmental pollution;
- a growing dismay about obesity rates;
- apprehension about the sustainability of the primary health care system;
- increased concern (now 20% of Canadians, up from 7%) about global warming and its effects;

- fear of "superbugs" – recent studies indicate that up to 20% of hospital intensive care unit infections are resistant to common antibiotics.

The Public Health Agency of Canada's discussion of the public health outcomes that support SD and its suite of SD targets reflects many of the aspirations and concerns of Canadians for their health and well-being.

## **5 Goals, objectives and targets**

PHAC's vision of what it wants to help achieve in the long term is "Healthy Canadians and communities in a healthier world." This same vision guides its SDS.

The SDS is structured around three goals:

### **Goal 1:**

Incorporate SD considerations into the planning and implementation of Agency activities;

### **Goal 2:**

Ensure that the Agency conducts its operations in a sustainable manner; and

### **Goal 3:**

Build capacity to implement Goals 1 and 2.

### **Goal 1: Incorporate SD considerations into the planning and implementation of Agency activities**

Given PHAC's mandate and role, this goal will be the central element of the Strategy. The Agency's grants and contributions programs, for example, offer an important vehicle through which to promote community capacity building. In its first SDS, Health Canada modified the guidelines for one of its contribution programs, the Population Health Fund (now administered by PHAC), to permit funding of projects related to SD. This led to financing for a number of projects, especially in Quebec, that link environmental, social and economic objectives, for example green roofs to reduce the "heat island" effect in downtown Montréal and to provide food gardens to low-income people, and the twinning of daycare centres with organic food suppliers to provide chemical-free food to young children.

Under Goal 1, Agency activities will contribute to the Government-wide priority of building sustainable communities and to the Agency's mandate to improve the health

status of Canadians through preventive and collaborative approaches.

### **Goal 2: Ensure that the Agency conducts its operations in a sustainable manner**

The Agency is already active in greening its operations. In this round of SDSs, every federal department and agency is expected to play a role in respect of three Government-wide priorities. PHAC can do little about one of these priorities – to reduce air emissions from vehicles – because it operates very few of them. PHAC intends, therefore, to focus on green purchasing options, hazardous waste management and resource efficiencies in the operation of its buildings. It has identified measurable results in each of these areas.

### **Goal 3: Build capacity to implement Goals 1 and 2**

All departments and agencies have articulated goals around internal capacity in their early strategies, and many continue to do so. Building internal capacity is an essential foundation for all SD-related activities. It reflects the Agency's sixth strategic goal in its 2006-2007 Report on Plans and Priorities, "Develop and enhance the Agency's internal capacity to meet its mandate."

PHAC defines capacity building as having three components: knowledge, tools and management systems. Achieving this third goal will not only reinforce internal Agency capacity to promote SD but will also integrate the latter more closely with healthy public policy. Within this context, PHAC will also be building its capacity to contribute to a federal SDS. (See Appendix 5 for the linkages between PHAC targets and federal goals and objectives.)

## Objectives and Targets

The objectives and targets that support these goals are identified and discussed, sometimes in an abbreviated form, in the pages that follow. The complete targets are listed in Table 1. The targets, and their indicators, are current

examples of Agency activities that support SD. During the three-year Strategy, the Agency will, however, further assess the relevancy of the targets with a view to strengthening the linkages between the targets and SD.

## Greening Operations

Over the last decade, the Canadian Science Centre for Human and Animal Health (Winnipeg) and the Laboratory for Foodborne Zoonoses (Guelph) have implemented the following measures to make their operations more sustainable:

### Electricity savings

- Automatic set-back on parking lot plugs
- Winnipeg – Disconnecting unnecessary lamps on ramps, replacing 250 conventional exit signs with LED (light-emitting diode) models, and installing an automatic shutoff for lights during quiet hours
- Guelph – Installing power quality filters and power factor correction equipment on incoming electrical service

### Energy savings

- Winnipeg – Reprogramming of air systems serving the Containment Level 2 laboratory and offices to reduce the rate of air changes at night
- Guelph – Replacing the electric heating in the chemical storage building with a high-efficiency boiler system

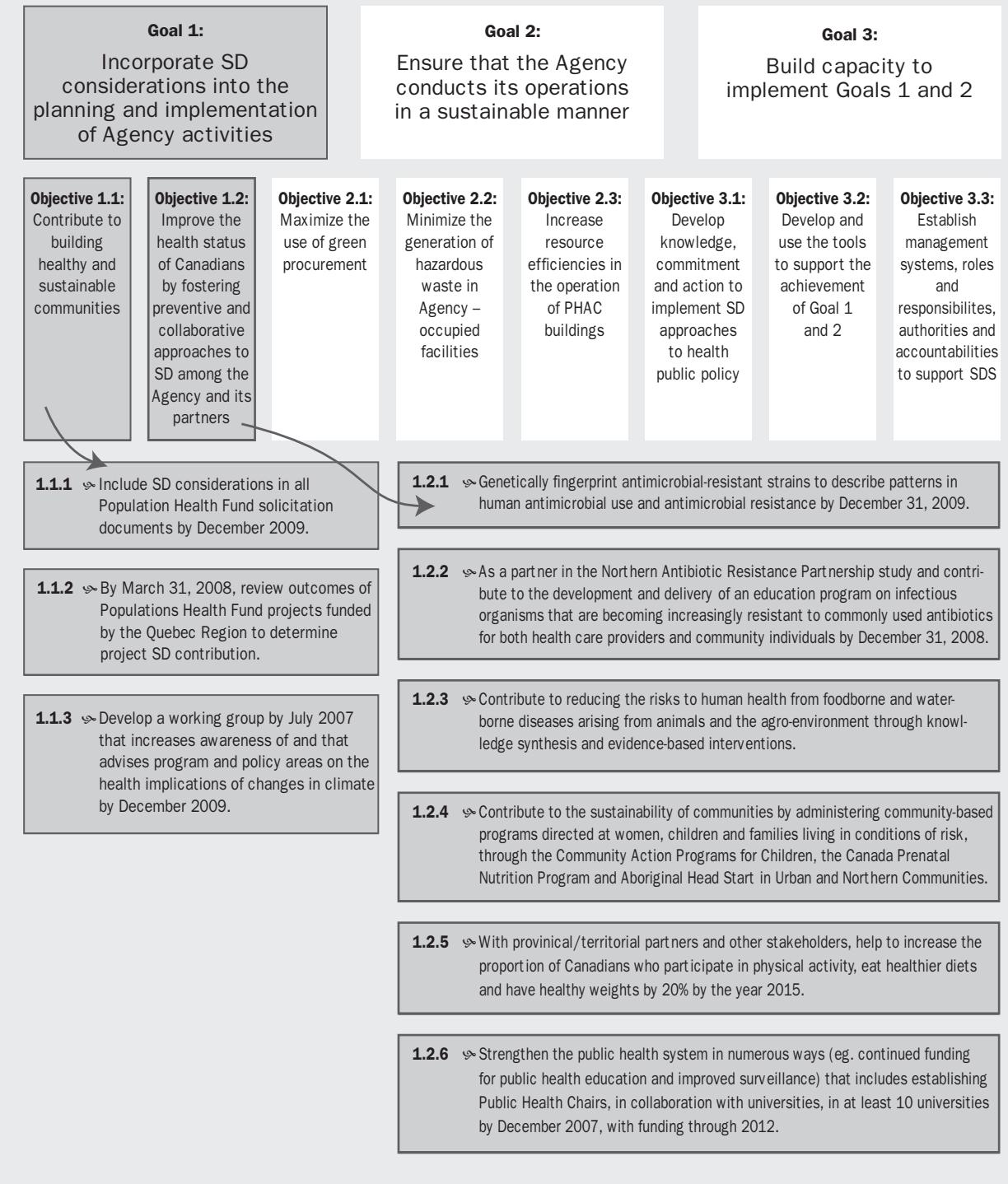
### Water savings

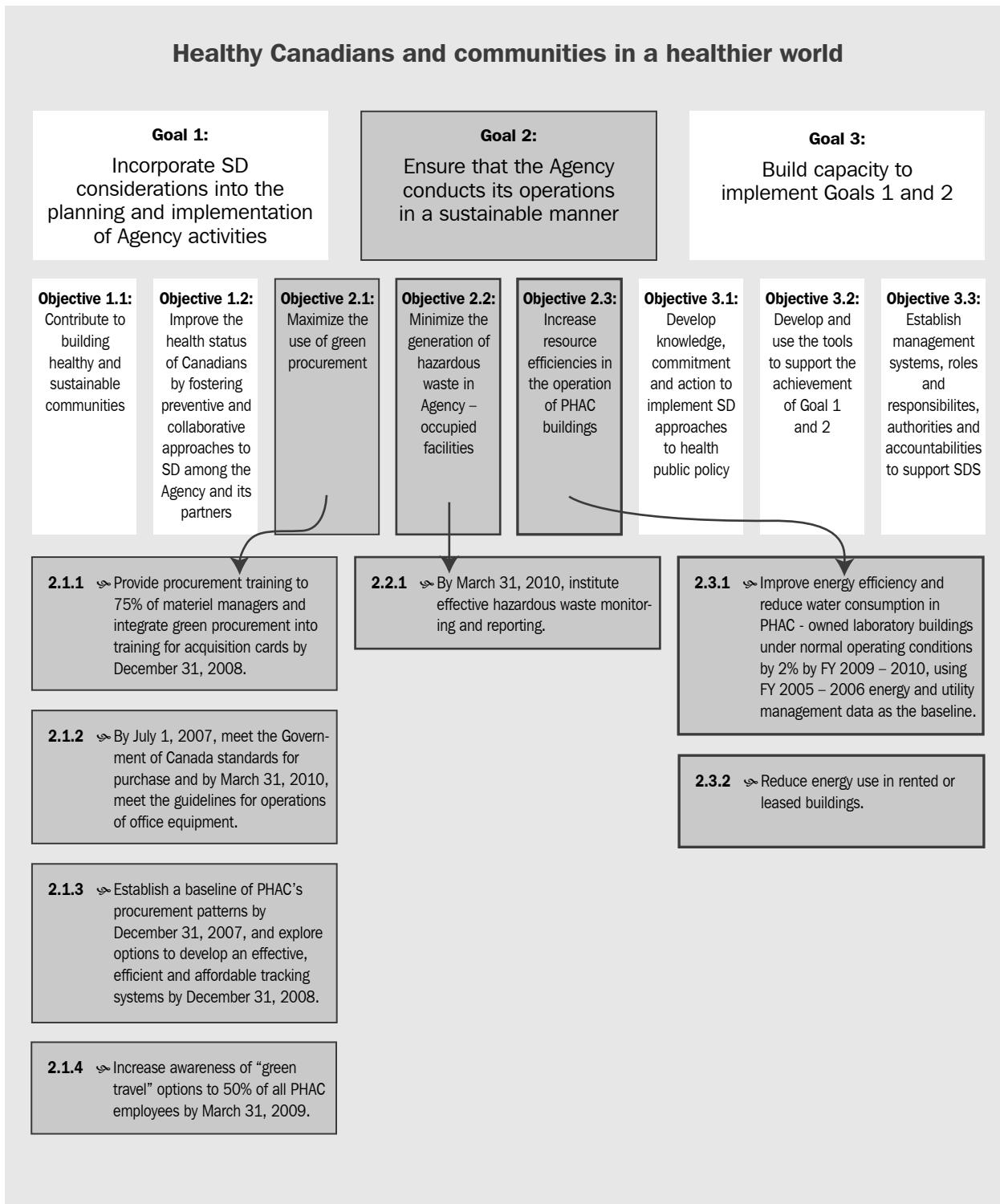
- Low-flow shower heads in showers and adjusted timers in chemical showers
- Winnipeg – Installing water saving devices on 27 autoclaves to discontinue water flow during off hours and installing low-flow shower heads in chemical showers
- Guelph – Replacing the building water distillation unit and installing a new reverse osmosis purification unit

### Environmentally friendly practices

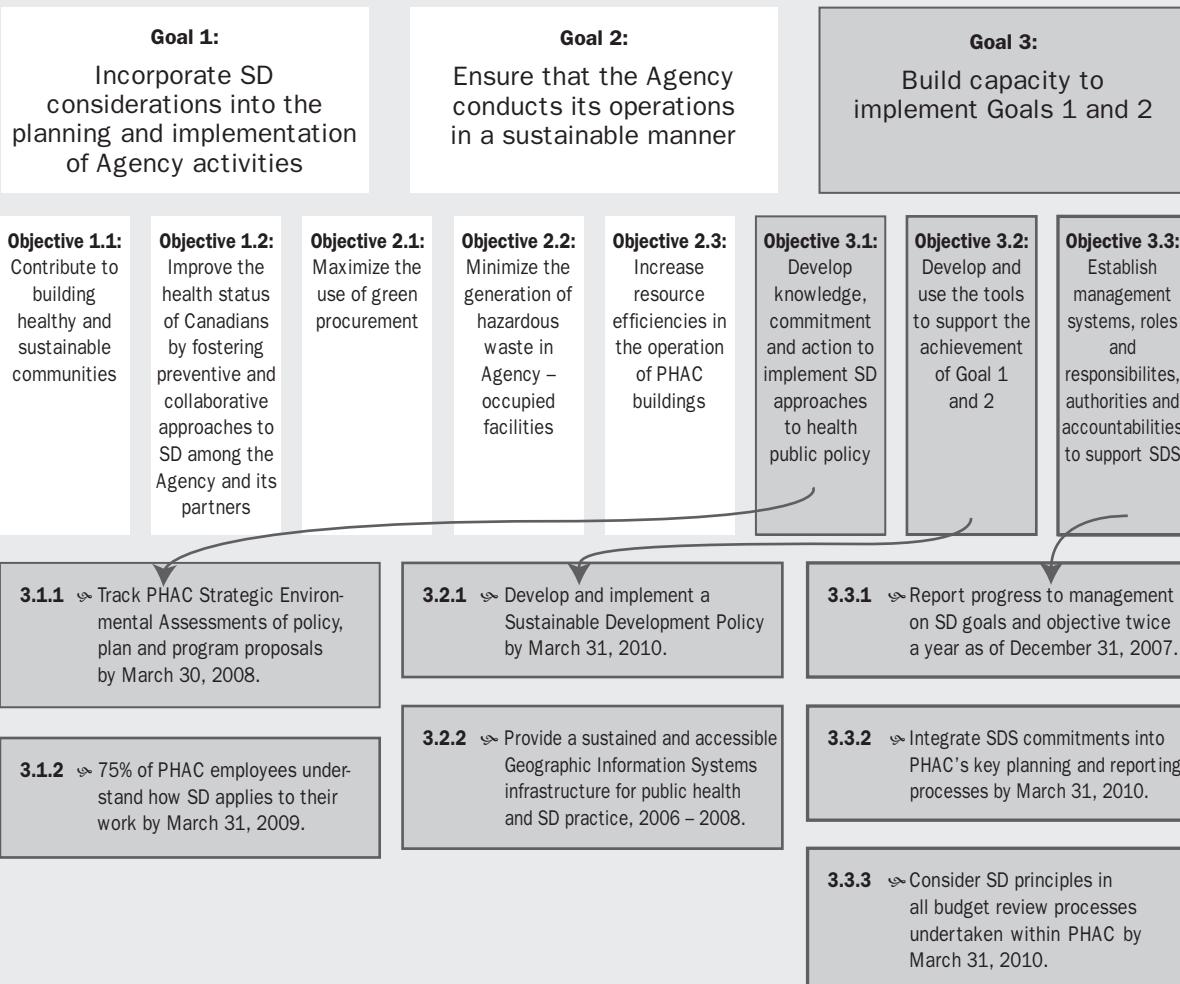
- Converting ethylene glycol systems to a propylene glycol/de-ionized water solution in both laboratories
- Replacing hazardous materials with less harmful substances (replacing mercury thermometers, replacing ethidium bromide with less mutagenic SYBR Green reagents)
- Proper recycling of batteries, installing reseatable relief valves on chillers to mitigate refrigerant loss during over-pressurization, and installing carbon refrigerant recovery canisters on chiller purgers

## Healthy Canadians and communities in a healthier world





## Healthy Canadians and communities in a healthier world



## **Goal 1: Incorporate SD considerations into the planning and implementation of Agency activities**

The targets under Goal 1 demonstrate ways in which PHAC's policies and programs, as currently planned, will support SD for the next three years. Though these targets have been developed for the purposes of this report, the Minister and the Agency retain the capacity to amend the targets as government policy warrants.

### **Objective 1.1: Contribute to building healthy and sustainable communities**

***Target 1.1.1: Include SD considerations in all Population Health Fund solicitation documents by December 2009.***

The Population Health Fund (PHF) focuses its grants and contributions on addressing the determinants of health in order to increase community capacity for action and collaboration in this area. The Fund targets both national and regional community organizations working with high-risk populations and priority health issues. The objectives of the Fund are:

1. to develop, implement, evaluate and disseminate community-based models for applying the population health approach;
2. to increase the knowledge base for program and policy development on population health; and
3. to increase partnerships and develop intersectoral collaboration to address specific determinants of health, or combinations of determinants.

This target will support the integration of SD principles into one of the Agency's programs.

***Target 1.1.2: By March 31, 2008, review outcomes of Population Health Fund projects funded by the Quebec Region to determine project SD contribution.***

Since 2002, PHF projects funded by PHAC's Quebec Region have focused on the development of healthy and sustainable communities through the following objectives:

- addressing the root causes of unsustainability;
- addressing issues comprehensively and working collaboratively with all partners committed to improving health and the quality of life; and
- seeking to introduce changes that will benefit all community members. Stakeholders are encouraged to implement practices that lead to sustainable improvements to the quality of life **socially** (e.g. housing, education, crime reduction, democracy), **economically** (e.g. employment, work conditions, income) and **environmentally** (e.g. air and water quality, protection of natural habitats, efficient use of resources) for individuals, organizations, groups, companies and governments.

By documenting the effectiveness of their projects and submitting supporting evidence to PHAC on their impacts on public health, recipients of PHF grants and contributions will help the Agency learn about the effectiveness of interventions that focus on SD.

***Target 1.1.3: Develop a working group by July 2007 that increases awareness of and that advises program and policy areas on the health implications of changes in climate by December 2009.***

A changing climate is affecting the vectors of many infectious diseases and triggering extreme weather events, which in turn trigger public health emergencies. Changing infectious disease patterns and extreme weather events can also have negative social and economic effects.

Health Canada and PHAC are collaborating on the *Canadian Climate Change and Health*

*Vulnerability Assessment 2007.* Health Canada committed in its 2007-2010 Sustainable Development Strategy (SDS 2007) to better prepare Canadians and health professionals to deal with potential health impacts associated with a changing climate. PHAC's target complements Health Canada's by helping PHAC staff take into account the health implications of a changing climate in policy and program development.

**Objective 1.2: Improve the health status of Canadians by fostering preventive and collaborative approaches to SD among the Agency and its partners**

*Target 1.2.1: Genetically fingerprint antimicrobial-resistant strains to describe patterns in human antimicrobial use and antimicrobial resistance by December 31, 2009.*

The increasing presence of antibiotic-resistant organisms (informally called "superbugs") is of great concern to both medical providers and the general public. Health officials are warning that the propagation of "superbugs" in hospitals and in communities is a worldwide problem that is rapidly increasing. To tackle this situation, the National Microbiology Laboratory, together with the Canadian Nosocomial Infection Surveillance Program, the Canadian Public Health Laboratory Network and other federal partners, will track the horizontal spread of antimicrobial resistance mechanisms as well as emerging clones with increased virulence in the Canadian population. The project will study the following organisms: methicillin-resistant *Staphylococcus aureus* (*MRSA*), *Clostridium difficile* (*C. difficile*), *Pseudomonas*, Enterobacteriaceae, *Escherichia coli* (*E.Coli*), *Klebsiella*, *Salmonella*, *Shigella*, vancomycin-resistant Enterococcus (*VRE*), *Acinetobacter* and *Neisseria gonorrhoeae*.

This project will help develop knowledge about the spread of infectious diseases and ultimately help prevent them and reduce the human and economic costs associated with

them. In addition, it will form part of Canada's contribution to WHO's Global Strategy for Containment of Antimicrobial Resistance.

*Target 1.2.2: As a partner in the Northern Antibiotic Resistance Partnership, study and contribute to the development and delivery of an education program on infectious organisms that are becoming increasingly resistant to commonly used antibiotics for both health care providers and community individuals by December 31, 2008.*

The rise of bacterial resistance to antimicrobial agents has led to more expensive treatment, longer hospitalization of patients and an increase in death rates. Resistance has developed due to the prevalent use of antibiotics, vulnerability and complex interactions. The widespread use of antibiotics and other antimicrobial agents has led to hospital- and community-acquired diseases caused by antimicrobial-resistant pathogens. A recent study found that up to 20% of *Staphylococcus aureus* (*Staph A*) and 1 in 20 *E. coli* infections in intensive care unit patients are virtually untreatable. Often the most vulnerable people within the community are the socially underprivileged: for example, overcrowding in conjunction with poor sanitation and hygiene can lead to the spread of disease.

Antimicrobial-resistant pathogens can be transmitted as a result of interactions between humans, animals and the environment. One example of these interactions is antibiotic use in agriculture. Antibiotics (usually mixed in with animal feed) are routinely given to animals for early prevention of disease and as growth promoters. The wide-scale use of antibiotics in food animals (for example, chickens, cattle and salmon) generates a large reservoir of antibiotic genes in the ecosystem, and some of these genes cause resistance to drugs. An enormous amount of waste is generated by these animal and fish farms. The waste has a potential to contaminate soil and water, and in turn allow the superbugs

to enter the food chain. Recent literature from Taiwan reported that researchers had identified the same type of vancomycin-resistant Enterococcus in both retail chicken carcasses and humans, suggesting animal-to-human transmission. This project will help prevent the spread of infectious diseases and therefore reduce the human and economic costs associated with them.

***Target 1.2.3: Contribute to reducing the risks to human health from foodborne and water-borne diseases arising from animals and the agro-environment through knowledge generation, knowledge synthesis and evidence-based interventions.***

Enteric (gastro-intestinal) and zoonotic (of animal origin) diseases have a significant effect on the quality of life, and cause lost work days to the economy. The translation of new knowledge from research, and the integration of surveillance data from multiple sources, provide information to build health risk models, and to prioritize appropriate interventions for disease prevention and control.

Through multidisciplinary and transdisciplinary collaborations, the Laboratory for Foodborne Zoonoses conducts research, surveillance, health risk modelling, and knowledge synthesis and translation activities. Based on the knowledge created, the LFZ provides expertise and advice on health outcomes and develops integrated approaches to public health risks associated with infectious diseases arising from the interface between humans, animals and the environment (with particular reference to gastro-intestinal diseases).

This target will contribute to cost savings through the development of interventions for the prevention and control of enteric diseases, improve quality of life, and support policy development addressing environmental issues, such as prudent use of antimicrobial agents in the agri-food industry and on-farm

management practices to prevent the spread to humans of diseases from animals, food, water and the environment.

***Target 1.2.4: Contribute to the sustainability of communities by administering community-based programs directed at women, children and families living in conditions of risk, through the Community Action Program for Children, the Canada Prenatal Nutrition Program and Aboriginal Head Start in Urban and Northern Communities.***

In recognition of the reality that some children and families are at higher risk for poor health outcomes, the Agency offers three community-based programs with multiple partners at all levels: local, provincial/territorial and national.

- The Community Action Program for Children provides funding for community groups to deliver health promotion programs for at-risk children up to six years of age.
- The Canada Prenatal Nutrition Program funds community agencies to increase access to health services and supports for pregnant at-risk women.
- Aboriginal Head Start in Urban and Northern Communities funds local Aboriginal organizations to provide health promotion programs for off-reserve children up to age six.

These community-based programs promote children's rights and supportive environments, and contribute to the development of healthy and sustainable communities, families and children. This current target reflects commitments to healthy child development made in previous Health Canada SDSs and Canada's commitment to the United Nations *Convention on the Rights of the Child*.

***Target 1.2.5: With provincial/territorial partners and other stakeholders, help to increase the proportion of Canadians who participate in physical activity, eat healthier***

*diets and have healthy weights by 20% by the year 2015.*

In 2005-2006, the Agency reached an agreement with participating provinces and territories on the pan-Canadian Healthy Living Strategy. This agreement specifies targets to increase by 20% the proportion of Canadians who participate in physical activity, eat healthily and have a healthy weight by the year 2015. The Healthy Living Strategy targets contribute to the development of healthy and sustainable communities.

Target 1.2.5 expands the focus of a previous PHAC commitment made in Health Canada's SDS 3, Target 1.3.1, "to promote awareness and engagement of Canadians in active transportation." PHAC will also continue to contribute to the Transport Canada-led initiative on active transportation.

*Target 1.2.6: Strengthen the public health system in numerous ways (eg. continued funding for public health education and improved surveillance) that includes establishing Public Health Chairs, in collaboration with universities, in at least 10 universities by December 2007, with funding through 2012.*

*Each recipient university will establish, by 2009, a continuing education strategy aimed at local public health workers and a community-oriented applied public health research program.*

The Strengthening Public Health System Infrastructure Task Group was created in 2004 to build on recommendations from the report of the National Advisory Committee on SARS and Public Health (Naylor Report) as well as other reports. Among the recommendations, one stressed the need to put in place strategies and programs that can address our ability to strengthen the capacity and competency of the public health workforce. This includes putting in place strategies and programs that increase training capacity by providing financial support for individuals and employers so that practitioners can engage in training.

In October 2005, the Joint Task Group on Public Health Human Resources prepared a pan-Canadian framework for public health human resource planning entitled *Building the Public Health Workforce for the 21<sup>st</sup> Century*. This framework stressed the need to develop a public health human resources approach based on skills and competencies, instead of disciplines and professions. One point it emphasized was the need to work with education programs and enhance the capacity to carry out public health research and education.

Both sustainable development and the development of public health have a wide range of possible directions. The long-term emphasis in both approaches places greater demands on the public health workforce. Implementation of this target will help address the capacity, competency and the current shortage of skilled public health workers in Canada.

## **Goal 2: Ensure the Agency conducts its operations in a sustainable manner**

### **Objective 2.1: Maximize the use of green procurement**

*Target 2.1.1: Provide procurement training to 75% of materiel managers and integrate green procurement into training for acquisition cards by December 31, 2008.*

"Green procurement" refers to the purchase of products and services that have a lesser effect on human health and the environment than competing products or services that serve the same purpose. The new government Green Procurement Policy came into effect on April 1, 2006. The objective of this policy is to advance the protection of the environment and support SD by integrating environmental performance considerations into the procurement decision-making process, resulting in more environmentally responsible planning, acquisition, use and disposal practices in the federal government.

This target contributes to environmental protection by enhancing PHAC purchasers' knowledge of green procurement practices and increasing their ability to incorporate SD into their daily operational practices. It also supports the government-wide goal of 100% of materiel managers and procurement personnel having received green procurement training by 2010.

**Target 2.1.2:** *By July 1, 2007, meet the Government of Canada standards for purchase and by March 31, 2010, meet the guidelines for operations of office equipment.*

Implementation of this target will move PHAC toward the use of more environmentally friendly office equipment through purchases of products that meet ENERGY STAR standards and toward more sustainable use of that equipment. This target contributes to environmental protection by ensuring that PHAC office equipment meets energy standards and is operated according to environmentally friendly approaches.

**Target 2.1.3:** *Establish a baseline of PHAC's green procurement patterns by December 31, 2007, and explore options to develop an effective, efficient and affordable green tracking system by December 31, 2008.*

A green procurement baseline will identify areas where the purchase of green products or services could be increased while a green procurement tracking system, if feasible, would allow the Agency to track changes in its green procurement patterns. Implementation of this target will reduce the environmental impact of PHAC procurement.

**Target 2.1.4:** *Increase awareness of "green travel" options to 50% of all PHAC employees by March 31, 2009.*

Travel has environmental consequences in terms of greenhouse gas emissions and waste production. Agency staff make travel decisions every day for themselves: travel to work, travel

to meetings, travel within a region, travel across Canada and travel to international destinations. Its staff also make decisions that can influence travel decisions made by Agency partners and stakeholders. Examples of green travel options include, but are not limited to, video conferencing; telecommuting; using green modes of transportation (walking, biking, public transportation); staying at hotels that conserve water and energy and reduce waste; and respecting community well-being.

PHAC can demonstrate ecological responsibility by choosing travel options that conserve water and energy and reduce the production of solid waste. The Agency can also demonstrate social responsibility by offering green alternatives to travel to partners and stakeholders, particularly those in rural and remote areas, or by holding or participating in events that can benefit local communities. Implementation of this target will reduce the environmental impact of PHAC travel.

**Objective 2.2:** *Minimize the generation of hazardous waste in Agency-occupied facilities*

**Target 2.2.1:** *By March 31, 2010, institute effective hazardous waste monitoring and reporting.*

The safe management of hazardous waste is an integral part of laboratory operations for PHAC. The hazardous waste produced within its laboratories is composed of biological, chemical and radioactive materials. Due to its hazardous nature, this waste cannot be disposed of in the municipal waste stream. PHAC manages its hazardous waste in order to minimize its impact on the environment, humans and property while reducing the risk of releases and contamination to land, air and water.

Monitoring changes in the generation of hazardous materials and in the disposal of waste will help to ensure that PHAC meets

its legal obligations and will provide a tool for long-term planning. The database or databases created will facilitate a review of the hazardous materials being produced and allow the Agency to investigate what disposal methods are available as well as to promote disposal that is less harmful to the environment.

### **Objective 2.3: Increase resource efficiencies in the operation of PHAC buildings**

Federal building property and facility managers play a significant role in helping the federal government meet its environmental stewardship responsibilities in the area of energy efficiency. PHAC occupies office space in five buildings and laboratory space in two buildings in the National Capital Region. The Agency is custodian of two laboratory buildings and one office facility. PHAC also occupies office space at 16 additional sites across Canada. As Agency laboratories range from containment level 2 and 3 facilities to a level 4 laboratory with specialized requirements for environmental control and containment, its energy requirements are high. There remain, however, opportunities for energy efficiency improvement.

***Target 2.3.1: Improve energy efficiency and reduce water consumption in PHAC-owned laboratory buildings under normal operating conditions by 2% by FY 2009/2010, using FY 2005-2006 energy and utility management data as the baseline.***

During the design of a new construction or a renovation, goals have to be established for the overall energy consumption of the laboratory building or renovated area. Energy efficiency improvements may be achieved with regard to heating, cooling, pumps, fans or lighting.

Throughout the building management project cycle, PHAC commits to repair and replace building equipment as required, to replace

equipment with more energy-efficient models and to monitor progress through annual building performance reviews. Accordingly, Building Management Plans for PHAC's custodial buildings will be reviewed annually to ensure that planned projects, where applicable, will reduce energy consumption. PHAC will also report annually on the effectiveness of preventive maintenance and building improvements on use of non-renewable resources; building performance, in terms of energy and utilities management, will be compared to the baseline data of 2005-2006. Workload and extreme weather fluctuations will be monitored, as they will have an impact on energy and utilities consumption.

Because the National Microbiology Laboratory (Winnipeg) is housed in a new building, most of the currently possible energy efficiency improvements have been achieved. However, the Laboratory for Foodborne Zoonoses (Guelph), in an older building, shows more potential for improvement.

Implementing this target will reduce the environmental impact of the Agency's operations.

***Target 2.3.2: Reduce energy use in rented or leased buildings.***

In order to increase resource efficiencies in the operation of leased or rented buildings, PHAC will:

- A. Effective April 1, 2007, initiate actions to maximize its office space occupation density in tenant buildings by reducing the size of workstations, increasing the use of team offices, reducing growth in office space requirements in tenant buildings by meeting Government of Canada standards for cubicle size, encouraging use of hotelling (drop-in workstations) and renewing the Agency's telework policy; and

B. Effective April 1, 2007, request Public Works and Government Services Canada to ensure that all new lease and fit-up projects undertaken on PHAC's behalf include requirements for:

1. the use of environmentally friendly designs and construction in fit-ups, such as increased use of solar heating and recycled construction materials,
2. cleaning contracts to be issued for daytime work only (which would result in lower building lighting, heating and cooling costs), and
3. fit-up to the 8 ft. × 8 ft. (2.3 m × 2.3 m) open office concept for employees and the standard for those entitled to closed offices in most new sites.

Implementing this target will further reduce the environmental impact of the Agency's operations.

Implementing this target will further reduce the environmental impact of the Agency's operations.

### **Goal 3: Build capacity to implement Goals 1 and 2**

#### **Objective 3.1: Develop knowledge, commitment and action to implement SD approaches to healthy public policy**

*Target 3.1.1: Track Strategic Environmental Assessments (SEAs) of policy, plan and program proposals by March 30, 2008.*

PHAC will put the systems in place to meet the requirements of the *Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals*. Ensuring that the environment is a consideration in policy and funding requests will enhance the environmental sustainability of PHAC initiatives.

*Target 3.1.2: 75% of PHAC employees understand how SD applies to their work by March 31, 2009.*

As revealed in surveys conducted in preparation for this strategy, most PHAC staff have never had the opportunity to explore in a substantive way how their work relates to SD. According to social marketing principles, people normally pass through three stages in order to take action on new issues: first they develop understanding, then commitment, and finally they take action. This target advances the first step, acquiring understanding; in addition, it will improve PHAC's capacity to plan to enhance SD and realize the contribution that SD makes to public health.

#### **Objective 3.2: Develop and use the tools to support the achievement of Goals 1 and 2**

*Target 3.2.1: Develop and implement a Sustainable Development Policy by March 31, 2010.*

The Agency's Sustainable Development Policy will articulate such matters as its SD vision, core values and beliefs; the nature and scope of its interest in SD; the principles which will guide future SDSs; mechanisms for coordination with other parties; and overarching commitments to transparency, partnership, review and continuous improvement. The Policy will serve as an important internal and external communications vehicle of the Agency's approach to SD and will guide the development and management of future strategies. This target will help the Agency integrate SD into its policies, programs and management systems.

*Target 3.2.2: Provide a sustained and accessible Geographic Information Systems infrastructure for public health and SD practice, 2006-2008.*

Quality information is key to SD and to sustainable health systems. PHAC's Geographic Information Systems infrastructure is of particular value to public health decision-makers for visualizing, analyzing and communicating new knowledge about the outcomes of their decisions. As of July 2005,

more than 200 professionals from over 90 public health groups across Canada were networked through this tool. For example:

- Initiatives focusing on clean watersheds have identified the need to map indicators to assist in monitoring and assessing policy implementation for drinking water safety at the local level.
- Mapped indicators are used to show the safety, quality and sustainability of the natural environments, built environments and social environments that are key to the health and wellbeing of children.
- Disease mapping is becoming a necessary tool in researching links between waterborne illnesses and the projected impacts of a changing climate.

The implementation of this target will enable PHAC and its partners to geo-reference environmental, social and economic data when planning public health interventions.

**Objective 3.3: Establish management systems, roles and responsibilities, authorities and accountabilities to support the SDS**

*Target 3.3.1: Report progress to management on SD goals and objectives twice a year as of December 31, 2007.*

This target contributes to ensuring that PHAC management has the information it needs to make decisions regarding SD and implementation of the SDS.

*Target 3.3.2: Integrate SDS commitments into PHAC's key planning and reporting processes by March 31, 2010.*

To ensure that the SDS is effective and influences the Agency's programs, the Agency must ensure that SD becomes fully integrated into its planning processes. As a result SD considerations will be addressed at the same time as all others in the Agency's management processes. PHAC will, therefore, incorporate

its SD commitments into its strategic, business and human resources plans.

*Target 3.3.3: Consider SD principles in all budget review processes undertaken within PHAC by March 31, 2010.*

PHAC will review its internal budgetary processes to ensure that they reflect its commitment to SD. The purpose of such reviews will be to ensure that budget decisions continue to support and even enhance SD.

## **6 Management framework**

PHAC has developed an internal accountability framework that provides a roadmap for how the Agency will plan, monitor, evaluate and report on the SDS's results. The framework describes the Strategy's governance and the roles and responsibilities of Agency staff involved with its implementation.

PHAC recognizes the importance of integrating this management accountability framework with the Agency's Management, Resources and Results Structure (MRRS) and the resulting Program Activity Architecture (PAA). Given that many of the Agency's internal management structures are still under development, this integration is not yet possible, but will be pursued now that Treasury Board has approved the PAA.

PHAC will report annually to Parliament on the SDS's implementation through its Departmental Performance Report. This second and more comprehensive SDS, rather than the first SDS deposited with the Clerk of the House of Commons in August 2006, will form the basis for reporting.

PHAC's Office of Sustainable Development has overall responsibility for reporting on SD performance measurement to PHAC's Management Committee. OSD provides the necessary tool for collecting and analyzing performance measurement information; it will issue regular call letters to all working group members with responsibility for

accomplishing particular targets to update information in the tracking tools.

Performance will be assessed against results-based indicators developed for each of the targets (Table 1). While the emphasis of this report is currently on process or output indicators, the Agency has provided some outcome indicators, and will be working over the next three years to improve and

define the indicators to ensure that they are results-based (eg. value for money, accountability, transparent and effective management). PHAC will review the strategy's implementation before preparation of its next SDS. Conducting reviews on a three-year cycle facilitates a continuous improvement approach to implementing the SDS in the Agency.

**Table 1: List of Performance Indicators**

<b>Target</b>	<b>Performance Indicators</b>
<p><b>Target 1.1.1</b></p> <p>Include SD considerations in all Population Health Fund solicitation documents by December 2009.*</p> <p><i>*The Population Health Fund, in future calls for proposals, will identify priorities for new projects to address issues of SD that focus on the social, economic and environmental determinants of health.</i></p>	<ul style="list-style-type: none"> <li>• Percentage of solicitations that address SD issues</li> <li>• Percentage of eligible employees that received SD training</li> <li>• Percentage of funding that involves SD criteria</li> <li>• Number of solicitations where SD is mentioned</li> </ul>
<p><b>Target 1.1.2</b></p> <p>By March 31, 2008, review outcomes of Population Health Fund projects funded by the Quebec Region to determine project SD contribution.</p>	<ul style="list-style-type: none"> <li>• Number of funded projects with SD elements</li> <li>• Number of families and/or individuals reached through projects either directly or indirectly</li> </ul>
<p><b>Target 1.1.3</b></p> <p>Develop a working group by July 2007 that increases awareness of and that advises program and policy areas on the health implications of changes in climate by December 2009.</p>	<ul style="list-style-type: none"> <li>• Number of programs that consider the health implications of a changing climate</li> <li>• Number of PHAC policies that consider the health implications of a changing climate</li> <li>• Integration of climate change considerations in PHAC policy and program development</li> <li>• Cross-jurisdictional consideration of climate change in its relation to activities associated with human health</li> <li>• Development of a PHAC approach to the human health implications of a changing climate</li> <li>• Number of files receiving input from climate change committee</li> <li>• Number of presentations to senior management, interdepartmental fora, meetings, conferences, etc.</li> </ul>

<b>Target</b>	<b>Performance Indicators</b>
<p><b>Target 1.2.1</b></p> <p>Genetically fingerprint antimicrobial-resistance strains to describe patterns in human antimicrobial use and antimicrobial resistance by December 31, 2009*</p> <p><i>*The National Microbiology Laboratory, the Canadian Nosocomial Infection Surveillance Program and the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS) collaborative group will genetically fingerprint antimicrobial-resistant strains of eleven community – or hospital – acquired organisms.</i></p>	<ul style="list-style-type: none"> <li>• Number of databases developed/integrated</li> <li>• Number of tools developed</li> <li>• Number of collaborations</li> <li>• Number of meetings</li> <li>• Number of presentations delivered</li> <li>• Number of articles published</li> <li>• Number of documents created</li> <li>• Number of educational/training sessions delivered</li> <li>• Number of recognitions received</li> <li>• Number of viable suggestions to improve treatment</li> <li>• Number of fingerprinted strains of antimicrobialresistant community- or hospital-acquired organisms</li> </ul> <p><i>Note: Performance against this target depends on successful collaboration.</i></p>
<p><b>Target 1.2.2</b></p> <p>As a partner in the Northern Antibiotic Resistance Partnership, study and contribute to the development and delivery of an education program on infectious organisms that are becoming increasingly resistant to commonly used antibiotics for both health care providers and community individuals by December 31, 2008.</p>	<ul style="list-style-type: none"> <li>• Education program delivered</li> <li>• Active surveillance programs developed and implemented</li> <li>• Number of presentations delivered</li> <li>• Number of articles published</li> <li>• Number of health care providers and community individuals accessing the education program</li> <li>• Number of recognitions received for research</li> <li>• Number of viable suggestions to improve treatment</li> <li>• Number of case control studies</li> <li>• Number of active surveillance programs</li> </ul> <p><i>Note: Performance against this target depends on successful collaboration.</i></p>
<p><b>Target 1.2.3</b></p> <p>Contribute to reducing the risks to human health from foodborne and waterborne diseases arising from animals and the agro-environment through knowledge generation, knowledge synthesis and evidence-based interventions.</p>	<ul style="list-style-type: none"> <li>• Availability of rapid molecular typing system</li> <li>• Availability of phage therapy for <i>E. coli</i> O157:H7 in food animals</li> <li>• Reporting on results of research activities at the Laboratory for Foodborne Zoonoses</li> <li>• Reporting on activities undertaken at the high-performance disease modelling and Health Geographic Information Systems (GIS) laboratory</li> </ul>

<b>Target</b>	<b>Performance Indicators</b>
<p><b>Target 1.2.4</b></p> <p>Contribute to the sustainability of communities by administering community-based programs directed at women, children and families living in conditions of risk, through the Community Action Program for Children, the Canada Prenatal Nutrition Program and Aboriginal Head Start in Urban and Northern Communities.</p>	<ul style="list-style-type: none"> <li>• Number of community-based groups receiving funding</li> <li>• Number of community-based groups receiving strategic guidance on programming</li> <li>• Number of children and families receiving program benefits</li> </ul>
<p><b>Target 1.2.5</b></p> <p>With provincial/territorial partner and other stakeholders, help to increase the proportion of Canadians who participate in physical activity, eat healthier diets and have healthy weights by 20% by the year 2015.</p>	<ul style="list-style-type: none"> <li>• Percentage of Canadians reporting participation in physical activity</li> <li>• Percentage of Canadians reporting healthy eating</li> <li>• Percentage of Canadians reporting healthy weight</li> </ul> <p><i>Note: Performance against this target depends on successful collaboration.</i></p>
<p><b>Target 1.2.6</b></p> <p>Strengthen the public health system in numerous ways (e.g. continued funding for public health education and improved surveillance) that includes establishing Public Health Chairs, in collaboration with universities, in at least 10 universities by December 2007, with funding through 2012.</p> <p>Each recipient university will establish, by 2009, a continuing education strategy aimed at local public health workers and a community-oriented applied public health research program.</p>	<ul style="list-style-type: none"> <li>• Number of teaching positions funded</li> <li>• Number of exchanges between university training centres and local public health organizations (e.g. workshops conducted, joint activities)</li> <li>• Number of continuing education strategies established</li> <li>• Number of community-oriented applied public health research programs established</li> </ul> <p><i>Note: Performance against this target depends on successful collaboration.</i></p>
<p><b>Target 2.1.1</b></p> <p>Provide procurement training to 75% of materiel managers and integrated green procurement into training for acquisition cards by December 31, 2008.</p>	<ul style="list-style-type: none"> <li>• Percentage of materiel managers trained</li> <li>• Number of training courses offered</li> <li>• Number of participants in training courses</li> <li>• Percentage of acquisition card holders that have received green procurement training</li> </ul>

<b>Target</b>	<b>Performance Indicators</b>
<p><b>Target 2.1.2</b></p> <p>By July 1, 2007 meet the Government of Canada standards for purchase and by March 31, 2010, meet the guidelines for operations of office equipment.</p>	<ul style="list-style-type: none"> <li>• Percentage of inventory that is ENERGY STAR – compliant</li> <li>• Number of LCD monitors vs. CRT monitors</li> <li>• Percentage of LCD monitors</li> <li>• Number of duplex printers vs. regular printers</li> <li>• Percentage of printers with duplex capacity</li> <li>• Number of stand-alone printers replaced</li> <li>• Number of individual printers replaced with group printers</li> <li>• Percentage of group printers moved to well-ventilated areas</li> </ul>
<p><b>Target 2.1.3</b></p> <p>Establish a baseline of PHAC's green procurement patterns by December 31, 2007, and explore options to develop an effective, efficient and affordable green tracking system by December 31, 2008.</p>	<ul style="list-style-type: none"> <li>• Baseline of PHAC's procurement patterns established</li> <li>• Report on tracking options</li> </ul>
<p><b>Target 2.1.4</b></p> <p>Increase awareness of "green travel" options to 50% all PHAC employees by March 31, 2009.</p>	<ul style="list-style-type: none"> <li>• Level of awareness of green travel options among PHAC employees</li> <li>• Number of people attending information sessions on green travel options</li> <li>• Number of times telephone, video and Web conferencing services used</li> <li>• Percentage of employees using green travel options</li> <li>• Percentage of employees using alternative modes of transportation</li> <li>• Percentage of employees using telephone, video and web conferencing services</li> </ul>
<p><b>Target 2.2.1</b></p> <p>By March 31, 2010, institute effective hazardous waste monitoring and reporting.</p>	<ul style="list-style-type: none"> <li>• Tools developed for effective hazardous waste monitoring and reporting</li> </ul>
<p><b>Target 2.3.1</b></p> <p>Improve energy efficiency and reduce water consumption in PHAC-owned laboratory buildings under normal operating conditions by 2% by FY 2009-2010, using FY 2005-2006 energy and utility management data as the baseline.</p>	<ul style="list-style-type: none"> <li>• Percent reduction in water and energy consumption</li> </ul>

<b>Target</b>	<b>Performance Indicators</b>
<p><b>Target 2.3.2</b></p> <p>Reduce energy use in rented or leased buildings.*</p> <p>*In order to increase resource efficiencies in the operation of leased or rented buildings, PHAC will:</p> <ul style="list-style-type: none"> <li>A. effective April 1, 2007, initiate actions to maximize its office space occupation density in tenant buildings by reducing the size of workstations, increasing the use of team offices, reducing growth in office space requirements in tenant buildings by meeting Government of Canada standards for cubicle size, by encouraging use of hotelling (drop-in workstations) and renewing the Agency's telework policy.</li> <li>B. effective April 1, 2007, request Public Works and Government Services Canada to ensure that all new lease and fit-up projects undertaken on PHAC's behalf include requirements for: <ul style="list-style-type: none"> <li>• the use of environmentally friendly designs and construction in the fit-ups, such as increased use of solar heating and recycled construction materials,</li> <li>• cleaning contracts to be issued for daytime work only (which would result in lower building lighting, heating and cooling costs), and</li> <li>• fit-up to the 8 ft. × 8 ft. (2.3 m × 2.3 m) open office concept for employees and the standard for those entitled to closed offices in most new sites.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Number of offices that meet the 8 ft. × 8 ft. (2.3 m × 2.3 m) standard cubicle size</li> <li>• Number of hotelling workstations</li> <li>• Number of employees who telework</li> <li>• Percent change in energy use in PHAC tenant buildings</li> </ul>
<p><b>Target 3.1.1</b></p> <p>Track Strategic Environmental Assessments (SEAs) of policy, plan and program proposals by March 30, 2008.</p>	<ul style="list-style-type: none"> <li>• Number of SEAs conducted for new policies, plans and programs</li> <li>• Percentage of policy, plan and program proposals entered in the system that have completed SEAs, on an annual basis</li> </ul>
<p><b>Target 3.1.2</b></p> <p>75% of PHAC employees understand how SD applies to their work by March 31, 2009.</p>	<ul style="list-style-type: none"> <li>• Percentage of PHAC employees who understand how SD applies to their work</li> <li>• Number of awareness-building activities</li> </ul>
<p><b>Target 3.2.1</b></p> <p>Develop and implement a Sustainable Development Policy by March 31, 2010.</p>	<ul style="list-style-type: none"> <li>• Percentage of PHAC employees who understand their responsibilities in relation to SD</li> <li>• Policy implemented by March 31, 2010</li> </ul>

<b>Target</b>	<b>Performance Indicators</b>
<p><b>Target 3.2.2</b></p> <p>Provide a sustained and accessible Geographic Information Systems infrastructure for public health and SD practice, 2006-2008.</p>	<ul style="list-style-type: none"> <li>• Number of provinces where the GIS services are available to public health professionals</li> <li>• Percent increase in the number of public health professionals using the GIS services between June 2006 and December 2008</li> </ul>
<p><b>Target 3.3.1</b></p> <p>Report progress to management on SD goals and objectives twice a year as of December 31, 2007.</p>	<ul style="list-style-type: none"> <li>• Number of progress reports submitted per year</li> <li>• SD listed as a standing item on Management Committee meeting agenda</li> <li>• Number of SD discussions in Management Committee meetings</li> </ul>
<p><b>Target 3.3.2</b></p> <p>Integrate SDS commitments into PHAC's key planning and reporting processes by March 31, 2010.</p>	<ul style="list-style-type: none"> <li>• Number of strategic, human resources and planning documents in which SD considerations are integrated</li> </ul>
<p><b>Target 3.3.3</b></p> <p>Consider SD principles in all budget review processes undertaken within PHAC by March 31, 2010.</p>	<ul style="list-style-type: none"> <li>• Number of budget review processes that consider SD principles</li> <li>• Percentage of budget review processes that consider SD principles</li> </ul>

## 7 Conclusion

We invite your input and comment on this strategy. Please address any comments to:

Manager, Office of Sustainable Development  
 Public Health Agency of Canada  
 100 Colonnade Road  
 Ottawa, ON K1A 0K9

## **8 References**

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# **Appendix 1: Profile of the Public Health Agency of Canada**

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A vision, mission and mandate drive PHAC's policies and programs and define its position within the Government of Canada's Health Portfolio.

## **Vision**

Healthy Canadians and communities in a healthier world

## **Mission**

To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health

## **Mandate**

In collaboration with our partners, lead federal efforts and mobilize pan-Canadian action in preventing disease and injury, and promoting and protecting national and international public health:

- anticipate, prepare for, respond to and recover from threats to public health;
- carry out surveillance, monitor, research, investigate and report on diseases, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally;
- use the best available evidence and tools to advise and support public health stakeholders nationally and internationally as they work to enhance the health of their communities;
- provide public health information, advice and leadership to Canadians and stakeholders; and
- build and sustain a public health network with stakeholders.

The Public Health Agency of Canada (PHAC) was created within the federal Health Portfolio

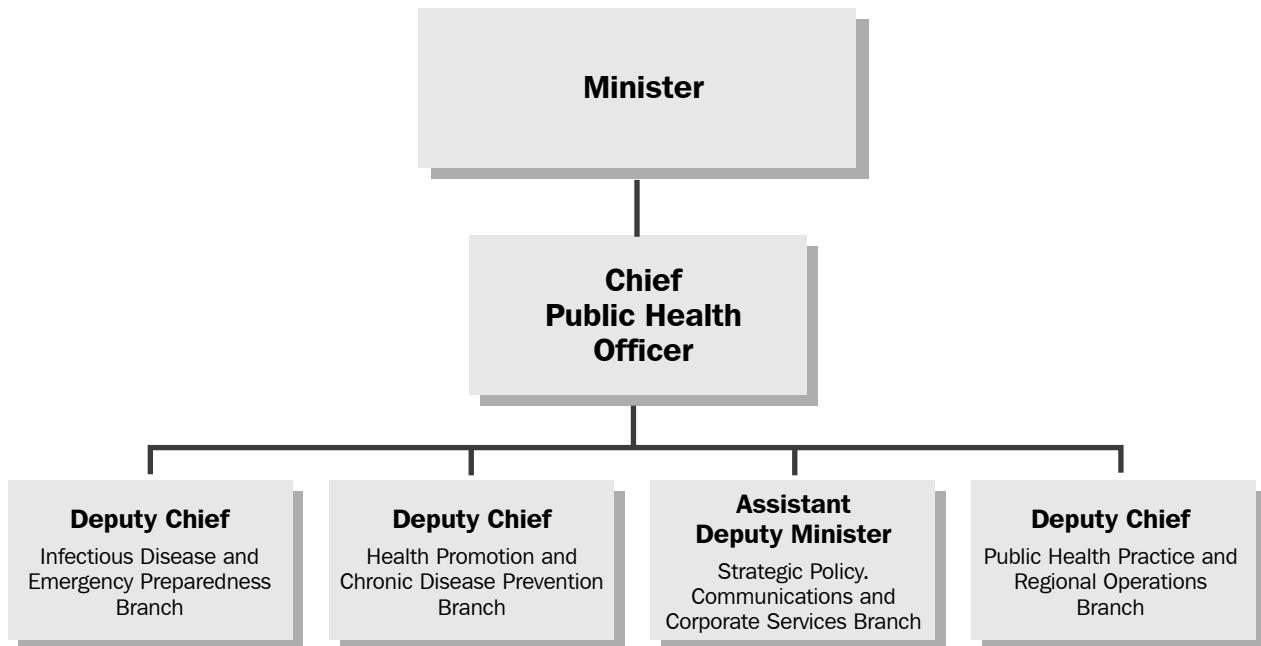
to deliver on the Government of Canada's commitment to increase its focus on public health. The Agency's role is to assist with building an effective public health system while protecting Canadians from threats to their health security. It is focused on applying effective efforts to prevent chronic diseases such as cancer and heart disease and respond to public health emergencies and infectious disease outbreaks.

The Agency will, therefore, take public health measures, including measures relating to health protection and promotion, population health assessment, health surveillance, disease and injury prevention, and public health emergency preparedness and response. Within this context, the Agency will foster collaboration, coordinate federal policies and programs, and promote cooperation and consultation among provincial and territorial governments, foreign governments and international organizations as well as other interested parties.

By working closely with the provinces and territories and other partners, PHAC strives to keep Canadians healthy and helps reduce pressures on the health care system.

## **Organizational Structure**

The Agency is headed by the Chief Public Health Officer (CPHO), who reports to the Minister of Health on the daily operations of the Agency and advises the Minister on public health matters. An Assistant Deputy Minister and three Deputy CPHOs support the CPHO. Figure 3 presents an illustrative summary of the various components that make up the Agency.

**Figure 3: PHAC Organizations Components**

## Employees, Branches and Divisions

The Agency's headquarters are shared between Winnipeg and Ottawa. PHAC also maintains regional representation in all provinces and territories. In total, it employs approximately 2,100 people and manages roughly \$500 million on an annual basis.

The Agency is supported by four branches that provide a variety of services in areas ranging from infectious and chronic disease to health promotion, emergency preparedness and strategic policy. Each branch is further supported by specialized centres and/or directorates.

The Infectious Disease and Emergency Preparedness Branch enables the prevention of infectious diseases and improvement in the health of infected people. This branch also houses:

- the Centre for Infectious Disease Prevention and Control (CIDPC);
- the Centre for Emergency Preparedness and Response (CEPR);

- the National Microbiology Laboratory (NML);
- the Laboratory for Foodborne Zoonoses (LFZ); and
- the Pandemic Preparedness Secretariat (PPS).

The Health Promotion and Chronic Disease Prevention Branch works in conjunction with stakeholders at all levels to provide guidance and leadership at the national and international levels on health promotion and chronic disease prevention, surveillance and control. It is also responsible for creating and evaluating programs that address common risk factors or specialized issues, and managing certain aspects of the Agency's grants and contributions program. This branch operates:

- the Centre for Chronic Disease Prevention and Control (CCDPC);
- the Centre for Health Promotion (CHP); and
- the Transfer Payment Services and Accountability Division.

The Public Health Practice and Regional Operations Branch is responsible for providing strategic direction in public health surveillance and in building PHAC's regional capacity. The Office of Public Health Practice works in conjunction with the Branch; it is responsible for collaborating with health stakeholders on the development and implementation of health surveillance information, tools and skills.

The Strategic Policy, Communications and Corporate Services Branch provides integrated and coordinated strategic direction along with communication, financial and human

resources advice to all other branches. Six directorates operate under this Branch, providing services to the Agency on an ongoing basis:

- Strategic Policy Directorate;
- Communications Directorate;
- Finance and Administration Directorate;
- Human Resources Directorate;
- Information Management and Information Technology Directorate; and
- Audit Services Division.

# Appendix 2:

## Links Between PHAC and Health Canada SDSS

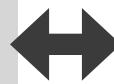
The Public Health Agency of Canada (PHAC) was created in 2004 in order to lead federal efforts and cross-Canada action in preventing disease and injury, and promoting and protecting national and international public health. PHAC and Health Canada both focus their activities on how the key determinants

of health (located in the economic, social and environmental pillars of SD), interact and impact the overriding goal of sustained health and well-being for Canadians. The two entities differ in their approach to reaching this goal, thus creating a “two-pronged” federal response to health and SD issues in Canada:

### **Health Care Approach**

#### **“Health Canada”**

Through a health care approach, Health Canada helps Canadians maintain and improve their health, while respecting individual choices and circumstances. This approach emphasizes preventing and reducing risks to individual health and the overall environment; promoting healthier lifestyles; ensuring equal access to high quality health services; long-term health planning; reducing health inequalities in Canadian society; and providing health information to help Canadians make informed decisions.



### **Public Health Approach**

#### **“Public Health Agency of Canada”**

Rather than focusing on the individual, public health focuses on improving the health and well-being of entire populations through broadly based, preventive approaches. Public Health emphasizes health promotion, disease prevention and safety for populations and high-risk subgroups; emergency preparedness and response; and strengthening public health capacity. This approach addresses the root causes of health risks before they impact on the health care system and issues such as wait times.

**Healthy Canadians  
Sustainable Development**

With these distinct approaches, activities in both SDSs provide complementary mechanisms to reach the goals shared by the

two entities. Specific connections can also be drawn between the two strategies, including:

Area of Complementarity	Health Canada SDS 4	PHAC SDS 2
<b>Healthy and Sustainable Communities</b>	<p>Helping to create healthy social and physical environments is the first goal of Health Canada's SDS 4. Activities include providing guidance, indicators and communication/awareness regarding pesticide use (by the Pesticide Management Regulatory Agency), promoting a high level of environmental quality in communities through environmental site assessments of health centres, guidelines on the health effects of noise for environmental assessments, and education and awareness to promote healthy choices.</p> <p><b>HC SDS 4 targets:</b> 1.3.5, 1.3.7, 1.3.6, 1.3.8, 1.3.9, 1.3.3, 1.3.4, 1.3.11, 1.3.12</p>	<p>PHAC has a population-oriented approach to meeting the goal of healthy and sustainable communities. Because of the potential impacts of a changing climate on the vectors of infectious disease and public health emergencies, PHAC will create a committee to advise program and policy areas on the health implications of a changing climate. PHAC's SDS includes an education program on infectious disease organisms that are becoming increasingly resistant to antibiotics, as well as a program to reduce the risks to human health from foodborne and waterborne diseases arising from animals and the agro-environment.</p> <p><b>PHAC SDS 2 targets:</b> 1.1.3, 1.2.2, 1.2.3</p>
<b>Healthy Food / Healthy Living</b>	<p>Health Canada's Health Products and Food Branch (HPFB) has several programs involved in ensuring a healthy and sustained food supply for all Canadians. HPFB works towards minimizing health risk factors to Canadians while maximizing safety with regard to health products and foods, and promotes conditions to enable Canadians to make healthy choices and informed decisions about their health. Under its SDS 4, HC will establish policies and standards under the Smart Regulations initiative including policies related to the nutritional quality of foods (trans fats, food fortification, product-specific health claims).</p> <p><b>HC SDS 4 targets:</b> 1.4.1, 1.4.2, 1.5.1, 1.5.2, 1.5.3</p>	<p>PHAC is working with participating provinces and territories and other stakeholders to help increase the proportion of Canadians who participate in physical activity, eat healthier diets and have healthy weights.</p> <p><b>PHAC SDS 2 target:</b> 1.2.5</p>

Area of Complementarity	Health Canada SDS 4	PHAC SDS 2
<b>First Nations Health</b>	<p>HC has numerous targets in its SDS 4 that are focused on achieving equality in access to health care for First Nations and Inuit communities. It will help build First Nations' capacity for water quality monitoring to ensure these communities have continued access to sufficient quantities and a reliable quality of drinking water and promote SD and environmental management in First Nations communities.</p> <p><b>HC SDS 4 targets:</b> <b>1.2.1, 1.2.3, 1.3.1, 1.3.2, 1.3.4</b></p>	<p>PHAC offers community-based programs directed at women, children and families living in conditions of risk. One of these programs provides funds to local Aboriginal organizations to provide health promotion programs for off-reserve children up to age six.</p> <p><b>PHAC SDS 2 target:</b> <b>1.2.4</b></p>
<b>Green Procurement</b>	<p>Health Canada's SDS 4 puts forth several targets aimed at minimizing the environmental and health effects of its physical operations and activities. Activities focusing on green procurement include purchasing more energy-efficient computers and monitors, developing tracking tools to monitor green purchases, providing a course on green procurement to all materiel managers and procurement personnel, and developing a directive and action plan on responsible paper use.</p> <p><b>HC SDS 4 targets:</b> <b>2.3.1, 2.3.2, 2.3.3, 2.6</b></p>	<p>PHAC is already active in greening its operations and has included three targets in its SDS 2 to ensure that it conducts its operations in a sustainable manner. PHAC's green procurement initiatives include providing green procurement training to 75% of materiel managers, integrating green procurement into training for acquisition cards, moving toward establishing effective and efficient green procurement tracking processes, and committing to meet the Government of Canada standards for operations of office equipment.</p> <p><b>PHAC SDS 2 targets:</b> <b>2.1.1, 2.1.2, 2.1.3</b></p>
<b>Sustainable Transportation</b>	<p>Health Canada's Office of Sustainable Development will follow sustainable transportation principles to pilot a local business travel initiative. This target advocates travel planning and management that considers environmental principles, economic requirements and employee needs, to rationalize local business travel and improve the range of sustainable transportation services.</p> <p><b>HC SDS 4 target:</b> <b>2.5</b></p>	<p>PHAC's SDS recognizes that integrating sustainable transportation programs into daily operational practices can reduce environmental impacts, including the emission of greenhouse gases. This SDS proposes to increase awareness of green travel options to 50% of all PHAC employees, in order to integrate sustainable transportation programs into PHAC travel practices.</p> <p><b>PHAC SDS 2 target:</b> <b>2.1.4</b></p>

Area of Complementarity	Health Canada SDS 4	PHAC SDS 2
<b>Integrating Sustainable Development into Processes</b>	<p>Training policy planners and analysts in SD is necessary in order to strengthen federal governance and decision making, one of the six government-wide priorities for the 2007-2009 Sustainable Development Strategies. To achieve this, Health Canada will join with other departments and the Canada School of Public Service to design and implement Government of Canada sustainable development training material.</p> <p><b>HC SDS 4 target: 2.4.1</b></p>	<p>PHAC's SDS 2 establishes a target aimed at ensuring that employees understand how their work relates to SD. It calls for 75% of employees to understand how SD applies to their work. Other targets have been designed to build the governance structures required to incorporate SD into PHAC decision-making: an SD policy, mechanisms for planning and reporting on SD, incorporation of SD concepts into financial reviews and use of existing management structures for oversight of the SD strategy.</p> <p><b>PHAC SDS 2 targets: 3.1.2, 3.2.1, 3.3.1, 3.3.2, 3.3.3</b></p>

# **Appendix 3: List of Sustainable Development Principles From the 1995 Amendments to the Auditor General Act**

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Sustainable development means development that meets the needs of the present without compromising the ability of future generations to meet their own needs.

It is a continually evolving concept based on the integration of social, economic and environmental concerns, which may be achieved by, among other things,

- A. the integration of the environment and the economy;
- B. protecting the health of Canadians;
- C. protecting ecosystems;
- D. meeting international obligations;
- E. promoting equity;
- F. an integrated approach to planning and making decisions that takes into account the environmental and natural resource costs of different economic options and the economic costs of different environmental and natural resource options;
- G. preventing pollution; and
- H. respect for nature and the needs of future generations.

# **Appendix 4:**

## **Health Goals for Canada**

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At their annual meeting in October 2005, federal, provincial and territorial Ministers of Health agreed on a set of goals for improving the health of Canadians. The Health Goals for Canada were developed collaboratively among Canadian governments, experts in public health and other areas, stakeholders and citizens. Ministers agreed that the goals would inform each provincial and territorial government in development of their own initiatives.

The goals statements are broad and meant to express the collective hopes and expectations of Canadians regarding their health. Rather than a detailed map that lays out exactly how to get there, the goals are intended to be guideposts indicating a path to improve the health and quality of life of Canadians. Quebec intends to determine its own objectives, standards and criteria.

### **Overarching Goal**

As a nation, we aspire to a Canada in which every person is as healthy as they can be – physically, mentally, emotionally, and spiritually.

### **Health Goals for Canada**

Canada is a country where:

#### **Basic Needs**

(Social and Physical Environments)

- Our children reach their full potential, growing up happy, healthy, confident and secure.

- The air we breathe, the water we drink, the food we eat, and the places we live, work and play are safe and healthy – now and for generations to come.

### **Belonging and Engagement**

- Each and every person has dignity, a sense of belonging, and contributes to supportive families, friendships and diverse communities.
- We keep learning throughout our lives through formal and informal education, relationships with others, and the land.
- We participate in and influence the decisions that affect our personal and collective health and well-being.
- We work to make the world a healthy place for all people, through leadership, collaboration and knowledge.

### **Healthy Living**

- Every person receives the support and information they need to make healthy choices.

### **A System for Health**

- We work to prevent and are prepared to respond to threats to our health and safety through coordinated efforts across the country and around the world.
- A strong system for health and social well-being responds to disparities in health status and offers timely, appropriate care.

# Appendix 5: Linkages Between PHAC Targets and Federal Sustainable Development Goals and Objectives

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For this round of SDSs, the federal government has worked to develop a set of six SD goals related to Clean Air, Clean Water, Reduced Greenhouse Gas Emissions, Sustainable Development and Use of Natural Resources, Sustainable Communities, and Governance

for Sustainable Development. The following matrix shows the linkages between the federal government goals and PHAC targets. (In some cases, targets respond to more than one Federal Goal.)

## **3. Federal Goal: Reduce greenhouse gas emissions**

### **3.1 Federal Objective: Increase resilience to a changing climate**

3.1.1 Federal Outcome: Impacts of climate change are understood and vulnerability is reduced.	Target 1.1.3: Develop a working group by July 2007 that increases awareness of and that advises program and policy areas on the health implications of changes in climate by December 2009.
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### **3.3 Federal Objective: Mitigate and reduce emissions that contribute to climate change**

3.3.1 Federal Outcome: Emissions are reduced.	Target 2.3.1: Improve energy efficiency and reduce water consumption in PHAC-owned laboratory buildings under normal operating conditions by 2% by FY 2009-2010, using FY 2005-2006 energy and utility management data as the baseline.  Target 2.3.2: Reduce energy use in rented or leased buildings.
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**4. Federal Goal: Sustainable communities – communities enjoy a prosperous economy, a vibrant and equitable society, and a healthy environment for current and future generations**

**4.1 Federal Objective: Maintain and foster social well-being within communities**

**4.1.1 Federal Outcome:**

Communities are well positioned to advance sustainable social development.

**Target 1.1.1:**

Include SD considerations in all Population Health Fund solicitation documents by December 2009.

**Target 1.1.2:**

By March 31, 2008, review outcomes of Population Health Fund projects funded by the Quebec Region to determine project SD contribution.

**Target 1.2.2:**

As a partner in the Northern Antibiotic Resistance Partnership, study and contribute to the development and delivery of an education program on infectious organisms that are becoming increasingly resistant to commonly used antibiotics for both health care providers and community individuals by December 31, 2008.

**Target 1.2.4:**

Contribute to the sustainability of communities by administering community-based programs directed at women, children and families living in conditions of risk, through the Community Action Program for Children, the Canada Prenatal Nutrition Program and Aboriginal Head Start in Urban and Northern Communities.

**Target 1.2.5:**

With provincial/territorial partners and other stakeholders, help to increase the proportion of Canadians who participate in physical activity, eat healthier diets and have healthy weights by 20% by the year 2015.

**Target 1.2.6:**

Strengthen the public health system in numerous ways (eg. continued funding for public health education and improved surveillance) that includes establishing Public Health Chairs, in collaboration with universities, in at least 10 universities by December 2007, with funding through 2012.

Each recipient university will establish, by 2009, a continuing education strategy aimed at local public health workers and a community-oriented applied public health research program.

## 5. Federal Goal: Sustainable development and use of natural resources

### 5.1 Federal Objective: Reduce adverse effects on ecosystems and public health from the use of resources

#### 5.1.1 Federal Outcome:

Integration of knowledge about health and environmental effects into decisions is increased.

#### Target 1.2.3:

Contribute to reducing the risks to human health from foodborne and waterborne diseases arising from animals and the agro-environment through knowledge generation, knowledge synthesis and evidence-based interventions.

### 5.3. Federal Objective: Encourage responsible use of natural resources that conserves and protects environmental quality

#### 5.3.1 Federal Outcome:

Environmentally sustainable use of natural resources is promoted.

#### Target 2.1.1:

Provide procurement training to 75% of materiel managers and integrate green procurement into training for acquisition cards by December 31, 2008.

#### Target 2.1.2:

By July 1, 2007, meet the Government of Canada standards for purchase and by March 31, 2010, meet the guidelines for operations of office equipment.

#### Target 2.1.3:

Establish a baseline of PHAC's green procurement patterns by December 31, 2007, and explore options to develop an effective, efficient and affordable green tracking system by December 31, 2008.

#### Target 2.1.4:

Increase awareness of "green travel" options to 50% of all PHAC employees by March 31, 2009.

#### Target 2.2.1:

By March 31, 2010, institute effective hazardous waste monitoring and reporting.

#### Target 2.3.1:

Improve energy efficiency and reduce water consumption in PHAC-owned laboratory buildings under normal operating conditions by 2% by FY 2009-2010, using FY 2005-2006 energy and utility management data as the baseline.

#### Target 2.3.2:

Reduce energy use in rented or leased buildings.

## **6. Federal Goal: Strengthen federal governance and decision-making to support sustainable development**

### **6.1 Federal Objective: Organizational structures and processes support meaningful and significant sustainable development objectives**

#### **6.1.1 Federal Outcome:**

SDS commitments are integrated into the key planning and reporting processes of departments and agencies.

#### **Target 3.3.1:**

Report progress to management on SD goals and objectives twice a year as of December 31, 2007.

#### **Target 3.3.2:**

Integrate SDS commitments into PHAC's key planning and reporting processes by March 31, 2010.

#### **Target 3.3.3:**

Consider SD principles in all budget review processes undertaken within PHAC by March 31, 2010.

#### **6.1.2 Federal Outcome:**

Clear and effective governance mechanisms to integrate sustainable development in decision making.

#### **Target 3.1.1:**

Track Strategic Environmental Assessments of policy, plan and program proposals by March 30, 2008.

#### **Target 3.2.1:**

Develop and implement a Sustainable Development Policy by March 31, 2010.

#### **6.1.2 OGGO Targets**

#### **Target 2.1.1:**

Provide procurement training to 75% of materiel managers and integrate green procurement into training for acquisition cards by December 31, 2008.

#### **Target 2.1.2:**

By July 1, 2007, meet the Government of Canada standards for purchase and by March 31, 2010, meet the guidelines for operations of office equipment.

#### **Target 2.1.3:**

Establish a baseline of PHAC's green procurement patterns by December 31, 2007, and explore options to develop an effective, efficient and affordable green tracking system by December 31, 2008.

#### **Target 2.1.4:**

Increase awareness of "green travel" options to 50% of all PHAC employees by March 31, 2009.