



# 2013-14 Report on Plans and Priorities Additional Information for Sub-programs and Sub-sub-programs

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The following tables provide information on each of the elements identified in the Public Health Agency of Canada's (the Agency) Program Alignment Architecture (PAA). The elements are listed in order by the program to which they contribute. By working to achieve the expected results outlined below, the Agency is making progress toward achieving its strategic outcome.

## Strategic Outcome: Protecting Canadians and empowering them to improve their health

### Program 1.1 Public Health Infrastructure

Program	Sub-program
1.1 Public Health Infrastructure	<a href="#">1.1.1 Public Health Capacity Building</a>
	<a href="#">1.1.2 Public Health Information and Networks</a>
	<a href="#">1.1.3 Public Health Laboratory Systems</a>

### Sub-program 1.1.1 Public Health Capacity Building

The Public Health Capacity Program contributes to the development and maintenance of a Canadian public health workforce which has the depth and capability to respond to public health issues and requirements at any time. Working with federal, provincial and territorial partners and stakeholders, the Program provides training and support to public health professionals to support this group to carry out core functions and respond effectively and cooperatively to public health events. The Program takes a leadership role in: developing strategies for public health human resources; identifying core competencies required for

public health workforce; offering training for public health practitioners to be able to carry out core public health functions; strengthening national capacity to quickly respond to disease outbreaks and public health events; and providing funding to academia to strengthen and advance research and innovative methods in public health.

Expected Result(s)	Performance Indicator(s)	Target(s)
Public health partners have the competencies and capabilities to execute their public health functions	Percent of PHAC field and emergency response staff who say that their competencies have improved	80%
	Percent of public health practitioners who took PHAC training who are better equipped to perform public health functions	80%
	Percent of public health host organizations who say that PHAC field staff contributed to their capacity to respond to public health events	80%

### Sub-program 1.1.2 Public Health Information and Networks

The Public Health Information and Networks Program facilitates federal, provincial, and territorial coordination and collaboration, and establishes core structures to facilitate access to accurate and reliable information, tools and models required by Canadian public health professionals to perform their public health duties effectively. Working with federal, provincial and territorial partners through the Public Health Network, the Program provides leadership by consulting and undertaking collaborative planning for public health strategies and addressing issues affecting the sharing of information for effective surveillance and action. The Program also invests in tools and processes to allow public health practice and core public health functions to be informed by evidence and applied knowledge; develops scenarios for population and public health research, and prepares models for economic analysis to support effective decision making.

Expected Result(s)	Performance Indicator(s)	Target(s)
Mechanisms are in place to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues	Number of provincial / territorial governments with whom information sharing agreements have been developed to facilitate access to data and information	4
Public health organizations are engaged and participate in collaborative networks and processes	Percent of collaborative initiatives/projects delivered and/or on track based on work plans by fiscal year	70%
Public health professionals and partners have access to reliable, actionable public health data and information	Percent of public health professionals and partners who responded that the Chief Public Health Officer's report on the State of Public Health in Canada was useful	75%

### Sub-program 1.1.3 Public Health Laboratory Systems

The Public Health Laboratory Systems Program is a national resource providing Canada with a wide range of highly specialized scientific and laboratory expertise and access to state of the art technologies. The Program informs public health professionals at all levels of government to enable evidence-based decision making in the management of and response to diseases and their risk factors. The Program conducts public health research; uses innovative approaches to advance laboratory science; performs reference laboratory services; contributes to public health surveillance; provides outbreak response capacity; and leads national public health laboratory coordination. The Program also addresses public health risk factors arising from human, animal and environmental interactions by conducting research, surveillance and population risk analysis. These combined efforts work to inform infectious and chronic disease-specific strategies and prevention initiatives. The knowledge generated and translated by the Program supports the development and implementation of national and international public health policies, guidelines, interventions, decisions and action that contribute to the lifelong health of the population.

Expected Result(s)	Performance Indicator(s)	Target(s)
Decisions and interventions to protect the health of Canadians are supported by research and reference/testing	Percent of accredited reference laboratory tests that are conducted within the specific turnaround times (TAT)	90%

services	Percent of clients indicating overall satisfaction with laboratory reference services as “satisfied” or “very satisfied”	95%
	Citations to Agency laboratory research publications	1500

## Program 1.2 Health Promotion and Disease Prevention

Program	Sub-program	Sub-sub-program
1.2 Health Promotion and Disease Prevention	<a href="#">1.2.1 Infectious Disease Prevention and Control</a>	<a href="#">1.2.1.1 Immunization</a>
		<a href="#">1.2.1.2 Infectious and Communicable Diseases</a>
		<a href="#">1.2.1.3 Food-borne, Environmental and Zoonotic Infectious Diseases</a>
	<a href="#">1.2.2 Conditions for Healthy Living</a>	<a href="#">1.2.2.1 Healthy Child Development</a>
		<a href="#">1.2.2.2 Healthy Communities</a>
	<a href="#">1.2.3 Chronic (non-communicable) Disease and Injury Prevention</a>	

### Sub-program 1.2.1 Infectious Disease Prevention and Control

The Infectious Disease Prevention and Control Program is the national focal point for efforts to help prevent, mitigate and control the spread and impact of infectious diseases in Canada. The Program provides leadership for integrating activities related to surveillance, laboratory science, epidemiology, research, promotion, modeling, intervention and prevention, including immunization. Applying an evidence-based approach, the Program informs targeted prevention and control initiatives for many infectious disease threats including acute respiratory and vaccine preventable infections (e.g., influenza, measles), sexually transmitted and bloodborne infections (e.g., Hepatitis B and C, HIV), hospital associated infections (e.g., C. difficile), and human diseases resulting from environmental exposures to food, water, animals and other vectors (e.g., Listeria, E.coli O157, West Nile virus). This Program reinforces efforts to protect the health and well-being of Canada’s population, reduces the economic burden of infectious disease and provides expert advice to federal, provincial and territorial partners and stakeholders. The knowledge generated and translated by this Program influences and enables the development and implementation of public health policies, guidelines, interventions and action—including those required to meet Canada’s International Health Regulations obligations—and helps to guide the population in their decisions regarding their personal health and that of their families.

Expected Result(s)	Performance Indicator(s)	Target(s)
New emerging and re-emerging infectious disease trends are identified and responded to in a timely manner	Percent of operational plans developed within six months to address new emerging and re-emerging infectious disease trends for non-outbreak situations	75%
Maintain elimination status of measles, rubella, congenital rubella and polio	Percent of surveillance systems for measles, rubella, congenital rubella and polio that satisfy World Health Organization (WHO) standards	100%
Actively engage Canadians on infectious disease issues	Percent uptake of information via social media outreach mechanisms	0.6%

#### Sub-sub-program 1.2.1.1 Immunization

The Immunization Program reduces the burden of infectious disease and contributes to higher life expectancies for Canada’s population and lower costs to the health care system by supporting vaccine accessibility in Canada. Under the framework of the National Immunization Strategy, the Immunization Program seeks to protect all of the population from vaccine preventable diseases by providing a science based approach for the use of existing and the introduction of new vaccines, encouraging maximum vaccine uptake and coverage, providing information on vaccine surveillance and safety, and ensuring a safe and affordable supply of vaccines. In this regard, the Program enables provinces and territories to access vaccines at a reduced cost

through bulk purchases so a supply of vaccine is available in the event of an outbreak. The Program also supports the work of the National Advisory Committee on Immunization which provides expert advice on vaccine use for all jurisdictions in Canada.

Expected Result(s)	Performance Indicator(s)	Target(s)
Canadian P/Ts have access to expert advice on vaccine use	Percent of National Advisory Committee on Immunization statements published within 4 months of a notice of compliance	80%
Constructive engagement and support of public health stakeholders	Percent of jurisdictions with functioning immunization registries	100%

#### Sub-sub-program 1.2.1.2 Infectious and Communicable Diseases

The Infectious and Communicable Diseases Program supports the prevention and control of infectious diseases by monitoring emerging and re-emerging infectious diseases which are identified by the Agency as leading causes of hospitalization and death in Canada, and by developing strategic approaches to reduce the likelihood of infection. The Program monitors and reports risk factors and trends associated with infectious diseases and works collaboratively with federal, provincial, territorial, and international partners to develop national approaches to manage infectious disease threats and decrease the transmission of communicable diseases and infections (such as hospital associated infections, sexually transmitted infections, HIV/AIDS, hepatitis B and C, tuberculosis, vaccine preventable diseases and other respiratory infectious diseases). The Program also seeks to reduce the risk and incidence of infections and injuries associated with blood transfusions and organ transplantation by providing knowledge products to federal, provincial, and territorial health care experts. This Program, informed by science, uses this knowledge to prevent infectious disease outbreaks and generate guidelines, education materials, frameworks and reports to guide decision-making to support public health action. These activities inform national action plans and global responses to prevent and control infectious diseases, in accordance with the *International Health Regulations*.

Expected Result(s)	Performance Indicator(s)	Target(s)
Reduce the annual rate of active tuberculosis (TB) infections in key populations	The annual rate of active TB cases in key populations	4.2 per 100,000
Up-to-date guidance information on prevention and control of infectious disease is available to provincial and territorial public health officials and other stakeholders to support policy and operational decisions	Percent of emerging and re-emerging infectious disease guidance information requiring update that is updated and disseminated annually	90%
Infectious disease surveillance information is available to support evidence based decision making	Percent of surveillance disease reports associated with emerging and re-emerging infectious diseases that are updated and disseminated annually	90%

#### Sub-sub-program 1.2.1.3 Food-borne Environmental and Zoonotic Infectious Diseases

The Food-borne Environmental and Zoonotic Infectious Diseases Program seeks to reduce the risk of food-borne, water-borne, environmental and zoonotic diseases in Canada which have the potential to adversely impact the health of Canada's population. By examining the interrelationship between the environment and human health, the Program develops and disseminates measures to address the risks associated with infectious disease threats such as *Salmonella*, *E.coli* 0157, West Nile virus, *Legionella*, and *Listeria*, including emerging antimicrobial resistance. The Program undertakes national surveillance of zoonotic diseases, targeted research projects with the aim of reducing infectious disease emergence, and manages Canada's national and international response to food- and water-borne disease outbreaks. The Program works with federal, provincial, territorial, and regional stakeholders as well as international public health organizations to address emerging global food-borne, water-borne, environmental and zoonotic infectious diseases, in keeping with Canada's obligations under the *International Health Regulations*.

Expected Result(s)	Performance Indicator(s)	Target(s)
Canadians and public health partners are provided with up-to-date information	Percent of trend reports for food-borne, environmental and zoonotic disease risks that are disseminated	90%

on food-borne, environmental and zoonotic disease risks	within six months of completion of data compilation	
Multi-jurisdictional food-borne and zoonotic illness outbreaks are detected and responded to in a timely manner	Percent of multi-jurisdictional clusters that are assessed for further investigation within 24 hours of notification	90%
Evidence-based travel health information is available to the public, health care providers, and other partners for people living in Canada and travelling abroad	Percent of Travel Health Notices posted in a timely manner (1 – 5 working days, based on the level of risk)	90%

## Sub-program 1.2.2 Conditions for Healthy Living

The Conditions for Healthy Living Program improves health outcomes for Canada's population throughout their lives by promoting positive mental, social, and physical development, and by enabling the development of healthy communities. Population-wide health promotion efforts that respond to the needs of vulnerable and at-risk populations have been shown to improve health outcomes, especially in circumstances where poor social, physical or economic living conditions exist. The Program establishes a positive trajectory for health outcomes in early childhood, sustains healthy living conditions into youth and adolescence and builds individual and community capacity to support healthy transitions into later life. In collaboration with provinces, territories and stakeholders, and individuals directly impacted by a condition or disease the Program advances priorities and initiatives to promote healthy development. It also develops, tests, and implements evidence-based interventions and initiatives that can lead to positive changes in behaviour for those facing socially challenging circumstances (e.g., family violence, poor mental health, injuries, communicable infections, and social isolation). Finally, the Program exchanges evidence-based knowledge to inform public health policies, practices and programs, and helps to build community capacity.

Expected Result(s)	Performance Indicator(s)	Target(s)
Programs, policies and practices to promote health and reduce health inequalities are informed by evidence	Level of usage of science and intervention research evidence in public health policies, practices, programs by key stakeholders	Average rating across key stakeholders is 7 or higher
Communities have the capacity to respond to health inequalities of targeted populations	Percent of Agency funded community organizations that leverage multisectoral collaborations in support of strengthening the social, mental and physical wellbeing and resiliency of at-risk populations	70%
	Percent of funded communities that have leveraged funds from other sources	50%

### Sub-sub-program 1.2.2.1 Healthy Child Development

The Healthy Child Development Program promotes improvement of maternal and child health outcomes, and encourages positive health and development throughout the stages of infancy and childhood. Current research demonstrates that building resilience, developing empathy, exposing children to healthy eating practices and promoting breastfeeding can substantially compensate for adverse socio-economic conditions throughout their life. Through social science research, population health and community-based interventions, the Program works to promote positive physical, social and cognitive development, and reduce health inequalities in order to set a positive trajectory for sustained health throughout the life course. The Program engages key stakeholders to identify and address shared priorities related to healthy childhood and adolescent development, including fetal alcohol spectrum disorder, maternal and infant health, positive parenting practices, and health status in Aboriginal and Northern communities. It supports interventions to assist pregnant women, children, adolescents and families who face circumstances such as low socio-economic status, family violence, poor mental health, and isolation. As well, it facilitates knowledge development and exchange of practice guidelines, frameworks for action, training, tools and supports which benefit the Canadian population, their families, other jurisdictions, national non-governmental organizations, and public health practitioners.

Expected Result(s)	Performance Indicator(s)	Target(s)
Participation in PHAC funded interventions is positively associated with protective factors for healthy child development	Percent change in school readiness for Aboriginal participants in funded interventions relative to an Aboriginal population of non-participants	15% improvement in overall school readiness
	Percent of participants reporting positive parental-child interaction in funded interventions relative to a	Baselines to be established by March 31, 2014, with

	population of non-participants with comparable socio-demographic characteristics	targeted degree of positive change to follow
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### Sub-sub-program 1.2.2.2 Healthy Communities

The Healthy Communities Program aims to improve the community capacity to contribute to better health outcomes for Canada's population, including those who are vulnerable and at-risk. Evidence demonstrates that supportive social and physical community environments can have a positive impact on health status through the life course. Certain populations such as seniors, new Canadians, aboriginal peoples or those living with a communicable or infectious disease, are more likely to experience health challenges that can be prevented or mitigated in a community context. By engaging federal departments, other levels of government and stakeholders, the Program implements shared priorities and health promotion initiatives. The Program develops, adapts and implements promising, innovative population health and community-based initiatives and interventions that equip communities to support the population including those affected by a communicable disease in living the healthiest, most productive lives possible. The Program facilitates the exchange and uptake of evidence-based knowledge to inform decision-making for policy and programs and improve public health outcomes within communities.

Expected Result(s)	Performance Indicator(s)	Target(s)
Health promotion, policies and practices for supportive community environments are in place	Percent of provinces and territories participating in Age Friendly Communities	69%
Communities have the capacity to improve access to prevention and support services	Percent of communities (where there are funded interventions) participating in integrated communicable disease partnerships with health, research, and social service agencies	Baseline to be established March 31, 2014, with targeted annual increases to follow

### Sub-program 1.2.3 Chronic (non-communicable) Disease and Injury Prevention

The Chronic (non-communicable) Disease and Injury Prevention Program mobilizes and supports government and non-governmental organizations at national, provincial/territorial and local levels, and collaborates with international/national multi-sectoral stakeholders in designing, evaluating and identifying best practices, with the goal that policies and Programs support healthy living, decrease chronic disease rates and reduce the impact of these diseases on Canada's population. This is necessary because two in five persons in Canada are living with a chronic disease (e.g., diabetes, cancer, cardiovascular disease, lung diseases) and four in five are experiencing at least one risk factor for chronic disease such as physical inactivity, overweight, or obesity. This Program works to track injuries, chronic diseases, their risk factors and related inequalities, and analyses the risks to public health, and determines priorities for action. It also identifies what works in chronic disease prevention and mitigation, according to scientific criteria, and disseminates these approaches widely to increase the use of effective interventions. Finally, it facilitates collaboration among stakeholders to increase the efficiency and effectiveness of chronic disease prevention and mitigation. Program activities are geared toward developing a coherent national approach to chronic disease prevention and mitigation with stakeholders and partners, which will reduce the impact of chronic diseases for persons living in Canada and the health care system.

Expected Result(s)	Performance Indicator(s)	Target(s)
Chronic disease prevention priorities for Canada are identified and advanced	Percent of key stakeholders who agree that chronic disease and injury priorities have been advanced through collaboration with PHAC	70% of key stakeholders agree priorities have been advanced
Chronic disease prevention practice, programs and policies for Canadians are informed by evidence	Level of usage of evidence in chronic disease and injury policies and programs by key stakeholders	Average rating across key stakeholders is 7 or higher.
	Percent of key stakeholders using best and promising practices / interventions to inform chronic disease and injury prevention practice	70% of key stakeholders use best and promising practices / interventions

## Program 1.3 Health Security

<b>Program</b>	<b>Sub-program</b>
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1.3 Health Security	<a href="#">1.3.1 Emergency Preparedness and Response</a>
	<a href="#">1.3.2 Border Health Security</a>
	<a href="#">1.3.3 Biosecurity</a>

### Sub-program 1.3.1 Emergency Preparedness and Response

The Emergency Preparedness and Response Program is the central coordinating point among federal, provincial, territorial and non-governmental public health partners. The Program is also responsible for strengthening the nation's capacity to help prevent, mitigate, prepare and respond to public health emergencies. In order to meet these goals, the Program's interventions include emergency preparedness, emergency planning, training and exercises, ongoing situational awareness and risk assessment, maintenance of a Health Portfolio Emergency Operations Centre, coordination of inter-jurisdictional mutual aid, deployment of surge capacity to provinces and territories, and deployment of Microbiological Emergency Response Teams and associated mobile laboratories. The Program seeks to protect all persons living in Canada and provides surge capacity to provinces and territories and fulfills Canada's international obligations for outbreak events, such as infectious disease, pandemic influenza and bioterrorism. In addition, it coordinates response to national or manmade disasters and preparedness for mass gathering and high profile events. The Program supports the continued implementation of the *Emergency Management Act* and *International Health Regulations*, and it also makes a significant contribution to the Beyond the Border Initiatives<sup>1</sup> and to the North American Plan for Animal and Pandemic Influenza.

Expected Result(s)	Performance Indicator(s)	Target(s)
Canada has the capacity to prevent, mitigate, prepare and respond to public health emergencies including infectious diseases	Percent of all-hazards and disease specific plans and procedures developed, maintained and kept current at all times	80%
	Percent of inter-jurisdictional mutual aid assistance requests coordinated for domestic and international response and resource sharing within negotiated timelines	90%
	Percent of required health portfolio capabilities ready to respond to events/ emergencies on 24/7 basis	100%

### Sub-program 1.3.2 Border Health Security

The Border Health Security Program builds and maintains the health security of the Canadian population by implementing public health measures across borders. The Program includes communicable disease control and environmental health services activities to help maintain public health and provide information to international travellers. This is done by helping to prevent the introduction of communicable diseases into or from Canada. This Program administers and enforces the *Quarantine Act* as it relates to international travelers and conveyances arriving in or departing from Canada. The issuance of Ship Sanitation Certificates to international vessels, the implementation of passenger terminal and passenger transportation inspection Programs (conveyances), and responding to passenger conveyance gastrointestinal disease outbreaks also help to prevent the introduction and spread of communicable diseases. The Border Health Security Program promotes coordinated border health measures by creating linkages between key border departments and agencies, including the Canadian Border Services Agency, Royal Canadian Mounted Police, and the Canadian Food Inspection Agency.

Expected Result(s)	Performance Indicator(s)	Target(s)
Risks associated with import and export of communicable diseases into and out	Percent of inspected passenger conveyances (ships, planes, trains) that meet federal guidelines	75%

<sup>1</sup> The reference to "Beyond the Border Initiatives" (BTB) belongs within this Sub-program rather than in the Border Health Security (BHS) Sub-program as BHS is about making the border safer, while BTB is about initiatives to make the border more fluid during health emergencies.

of Canada are mitigated and/or controlled	Percent of Canadian points of entry that have capacities implemented as stated in the International Health Regulations	100%
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### Sub-program 1.3.3 Biosecurity

The Biosecurity Program is responsible for administration and enforcement activities related to the use and manipulation of human, terrestrial animal pathogens, and toxins. This Program has specific responsibility under the *Human Pathogens and Toxins Act* and the *Human Pathogens Importation Regulations*, and select sections of the *Health of Animals Act* to promote and enforce safe and secure biosafety practices and laboratory environments. The Program's main methods of intervention include the issuance of import permits, laboratory inspections, lab certification and verification, education through the provision of knowledge products and training, and compliance and enforcement activities. Researchers, industries, hospitals and laboratories that handle pathogens and toxins are provided with regulatory oversight—including laboratory certification, inspection, guidance and the issue of importation permits. This Program further contributes to the health security of the population by mitigating risks posed by pathogen misuse such as a deliberate release or the intentional production of bioterrorism agents.

Expected Result(s)	Performance Indicator(s)	Target(s)
Safe and secure biosafety practices and laboratory environments	Percent of federally registered laboratories working with moderate risk pathogens and toxins compliant with requirements	Target to be established
	Percent of federally registered laboratories working with high risk pathogens and toxins compliant with requirements	80%
	Percent decrease of laboratory acquired infections and undesired events	Establish baseline