



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

creating a legacy



annual report

PUBLIC HEALTH AGENCY of CANADA
ONTARIO/NUNAVUT AGENCY REGIONAL OFFICE

06-07

***Mission:* TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.**

***Vision:* HEALTHY CANADIANS AND COMMUNITIES IN A HEALTHIER WORLD.**

HOW TO REACH US:

Public Health Agency of Canada
Ontario/Nunavut Agency Regional Office

180 Queen Street West, 11th Floor
Toronto, Ontario M5V 3L7

Telephone: (416) 973-0003
Fax: (416) 954-8211

Web site: <http://www.phac-aspc.gc.ca>

© Her Majesty the Queen in Right of Canada, as represented by the Minister of Health, 2007

HP2-8/2007

ISBN 978-0-662-05007-0



Printed in Canada on recycled and recyclable paper.

creating a legacy

contents

MESSAGES	1
Joint Message from the Chief Public Health Officer and Director General, Regions.....	1
Message from the Regional Director.....	2
Organizational Chart.....	2
OVERVIEW	3
The Public Health Agency of Canada	3
Ontario/Nunavut Agency Regional Office	3
Landmark Events in the Origins and Creation of the Public Health Agency of Canada	4
Regional Office Ontario Locations and Geographical Reach of Program Funding	5
REGIONAL PROGRAMS	8
Healthy Child Development Section	8
Adult Health Section.....	11
Regional Program Grants and Contributions Funding for Fiscal Year 2006-07	13
REGION-WIDE INITIATIVES & SERVICES	14
Office of the Regional Director	14
Strategic Policy, Planning and Special Projects Section	15
Policy and Knowledge Development Section	15
Emergency Preparedness and Response Section.....	16
Operations Section.....	17
FINAL REMARKS	18
REFERENCES	18

messages

JOINT MESSAGE FROM THE CHIEF PUBLIC HEALTH OFFICER AND DIRECTOR GENERAL, REGIONS

Since its inception, the Public Health Agency of Canada (PHAC) has established itself as a respected and trusted authority in Canada and around the world. The PHAC Regional Offices are playing an important role in helping to fulfil the Agency's mission, mandate and strategic priorities. Public health is essentially a local activity, and the Ontario/Nunavut Agency Regional Office is well placed to work closely with our provincial, territorial, and municipal colleagues, non-governmental organizations, academic institutions and community-based groups to address the key public health issues affecting people living in the Region.

In 2006-07, the Ontario/Nunavut Agency Regional Office and its partners implemented and expanded several effective programs and activities. To name but a few: Healthy Start, a CPNP project which covers an immense area of Northern Ontario, is doing its part to reduce alcohol consumption during pregnancy and to lower Fetal Alcohol Spectrum Disorder rates. With the help of PHAC funding, the group *Ontario's North for the Children* has revitalized *Nobody's Perfect*, a parenting education and support program that promotes positive parenting, while preventing family violence. Major progress has been made in understanding the scope of HIV/AIDS prevention, care and support activities in Ontario thanks to a new reporting tool introduced jointly by the Regional Office and the Ontario provincial government. And, as part of an ongoing goal to increase Canada's preparedness for public health emergencies, the Regional Office began the task of establishing a Regional Emergency Coordination

Centre based in Toronto. As you'll see in the following pages, the list of activities and programs conducted during the year is more than impressive.

We are proud of the work the Ontario/Nunavut Agency Regional Office staff does to continue to address the critical public health needs of Canadians.

Dr. David Butler-Jones
Chief Public Health Officer

Mr. Gary Ledoux
A/Director General, Regions



DR. DAVID BUTLER-JONES, MD,
MHSC, CCFP, FRCPC, FACPM
CHIEF PUBLIC HEALTH OFFICER



MR. GARY LEDOUX,
A/DIRECTOR GENERAL,
REGIONS

MESSAGE FROM THE REGIONAL DIRECTOR



MS. MAURICETTE HOWLETT
REGIONAL DIRECTOR

Creating a legacy – I see it happen every day, in so many ways. I see it in the effort and dedication of our regional staff, who work tirelessly to deliver the Agency’s public health and health promotion programs, contribute to the development of evidence-based public health policies, build capacity in community-based organizations through training and development, forge strong partnerships, and carry out the critical behind-the-scenes work needed for our

operations to function smoothly. I see it in the commitment of our partners at the national, provincial, territorial and community levels, who help guarantee our programs and policies have the greatest impact where they are needed most. But above all, I see it in the

NEW LEADERSHIP IN THE REGION

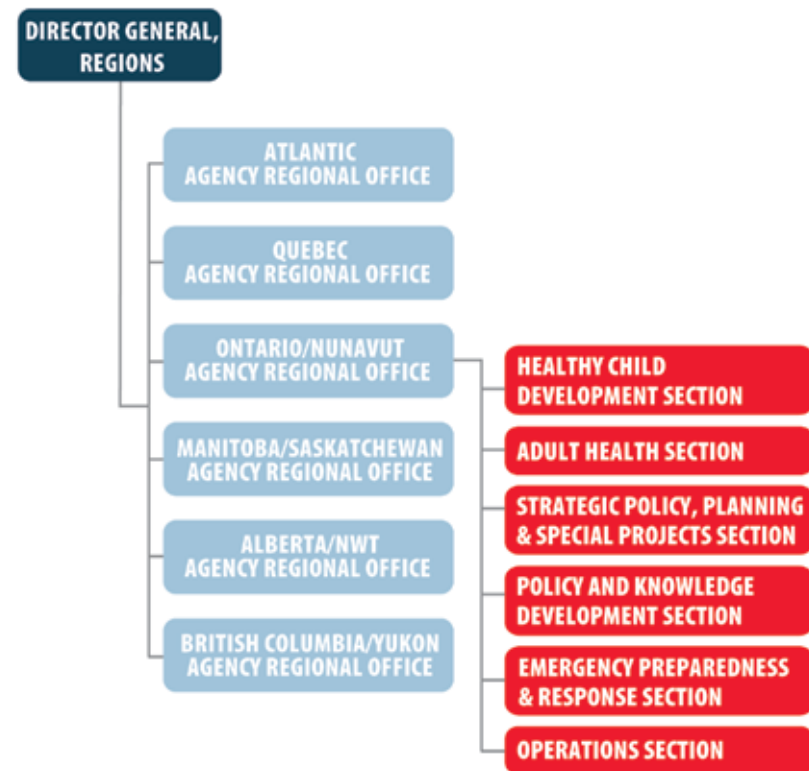
Mauricette Howlett, M.Sc., joined the Ontario/Nunavut Agency Regional Office team as Regional Director in October 2006. Her past work experience includes positions of increasing responsibility in the areas of program delivery, social marketing and policy development within three federal government departments, including Health Canada’s national and regional offices (Alberta/ Northwest Territories Region and the Atlantic Region).

Mauricette and the entire Regional Office team would like to acknowledge and thank Freda Burkholder, a longstanding employee within the Region, for her exceptional work in leading the Office as Acting Regional Director from December 2005 until October 2006.

beneficiaries of our programs, especially those most at-risk. A lion’s share of our Region’s program funding goes toward giving socially and economically disadvantaged people support in terms of access to resources, networks and fundamental skills that contribute to improving health and wellbeing. A legacy of health for all the people of Ontario and Nunavut is one worth creating.

Ms. Mauricette Howlett
Regional Director, Ontario/Nunavut Agency Regional Office

ORGANIZATIONAL CHART



overview

THE PUBLIC HEALTH AGENCY OF CANADA

The Public Health Agency of Canada (PHAC) delivers on the Government of Canada's commitment to help protect the health and safety of all Canadians and to increase its focus on public health. Its mission is **to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.**

Created in September 2004 and incorporating staff and programs of Health Canada's former Population and Public Health Branch, the creation of the Agency marked the beginning of a new approach to federal leadership and collaboration with provinces and territories on efforts to renew the public health system in Canada and support a sustainable health care system. Focused on more effective efforts to prevent chronic diseases, like cancer and heart disease, prevent injuries and respond to public health emergencies and infectious disease outbreaks, PHAC works closely with provinces and territories to keep Canadians healthy and help reduce pressures on the health care system.

The Agency is part of the public service and is headed by the Chief Public Health Officer, who reports to the Minister of Health. It has two pillars, one in Winnipeg and one in Ottawa, along with management, staff and expertise in all regions of the country.

For more information on PHAC, visit the Agency's web site at www.phac-aspc.gc.ca.

ONTARIO/NUNAVUT AGENCY REGIONAL OFFICE

PHAC's Ontario/Nunavut Agency Regional Office is the Agency's primary mechanism for promoting and strengthening integrated action on public and population health in Ontario and Nunavut.

Working collaboratively with other federal departments and agencies, the provincial and territorial governments, academic groups, non-governmental and voluntary organizations, citizens and other partners, the Regional Office leads federal efforts and mobilizes action to prevent disease and injury, and promote and protect public health for the people of the Region.

It is important to note that the Regional Office has a special relationship with Nunavut. Through a Memorandum of Understanding, the Regional Office delegates responsibility for the delivery of all its programs within the Territory to Health Canada's Northern Region. The Regional Office does, however, retain direct responsibility for emergency preparedness and response for Nunavut.

The Region's 65 staff members, who work out of offices located in Toronto, Sudbury, Kitchener, Thunder Bay and Nepean, carry out the PHAC mandate through a number of activities, including policy development, community capacity-building, public and professional education and evaluation, research, analysis and dissemination of information and best practices. The community-based funding programs and initiatives delivered by the Regional Office, which centre on healthy child development and adult health and health promotion, underpin all of these activities.

In addition, there are close to 200 Agency staff who work within the Region but do not report to the Regional Office. These staff work within one of three Agency bodies: The Office of Biotechnology, Genomics and Population Health, based in Toronto; the Laboratory for Foodborne Zoonoses, based in Guelph; and the Centre for Infectious Disease Prevention and Control, Foodborne, Waterborne and Zoonotic Infections Division, whose majority of staff also work in Guelph.

LANDMARK EVENTS IN THE ORIGINS AND CREATION OF THE PUBLIC HEALTH AGENCY OF CANADA

November 2002 Severe acute respiratory syndrome (SARS) emerges in China and in the following nine months becomes a global pandemic causing 774 deaths worldwide. Fatality rates in Canada are the third highest of all countries affected after China and Hong Kong, with 44 reported deaths.

May 2003 The National Advisory Committee on SARS and Public Health is established by the federal Minister of Health. Chaired by Dr. David Naylor, Dean of Medicine at the University of Toronto, the Committee's mandate is to provide a third-party assessment of current public health efforts and lessons learned for ongoing and future infectious disease control.

October 2003 *Learning from SARS – Renewal of Public Health in Canada*, the report of the National Advisory Committee on SARS and Public Health, is published. Chief among the Committee's recommendations to strengthen and renew public health, is the establishment of a new Canadian Agency for Public Health.

November 2003 *Reforming Health Protection and Promotion in Canada: Time to Act*, a report of the Standing Senate Committee on Social Affairs, Science and Technology, chaired by Senator Michael Kirby, is published. The report urges the creation of an arm's length federal agency that would be national in scope and headed by a senior health professional reporting to the Minister of Health.

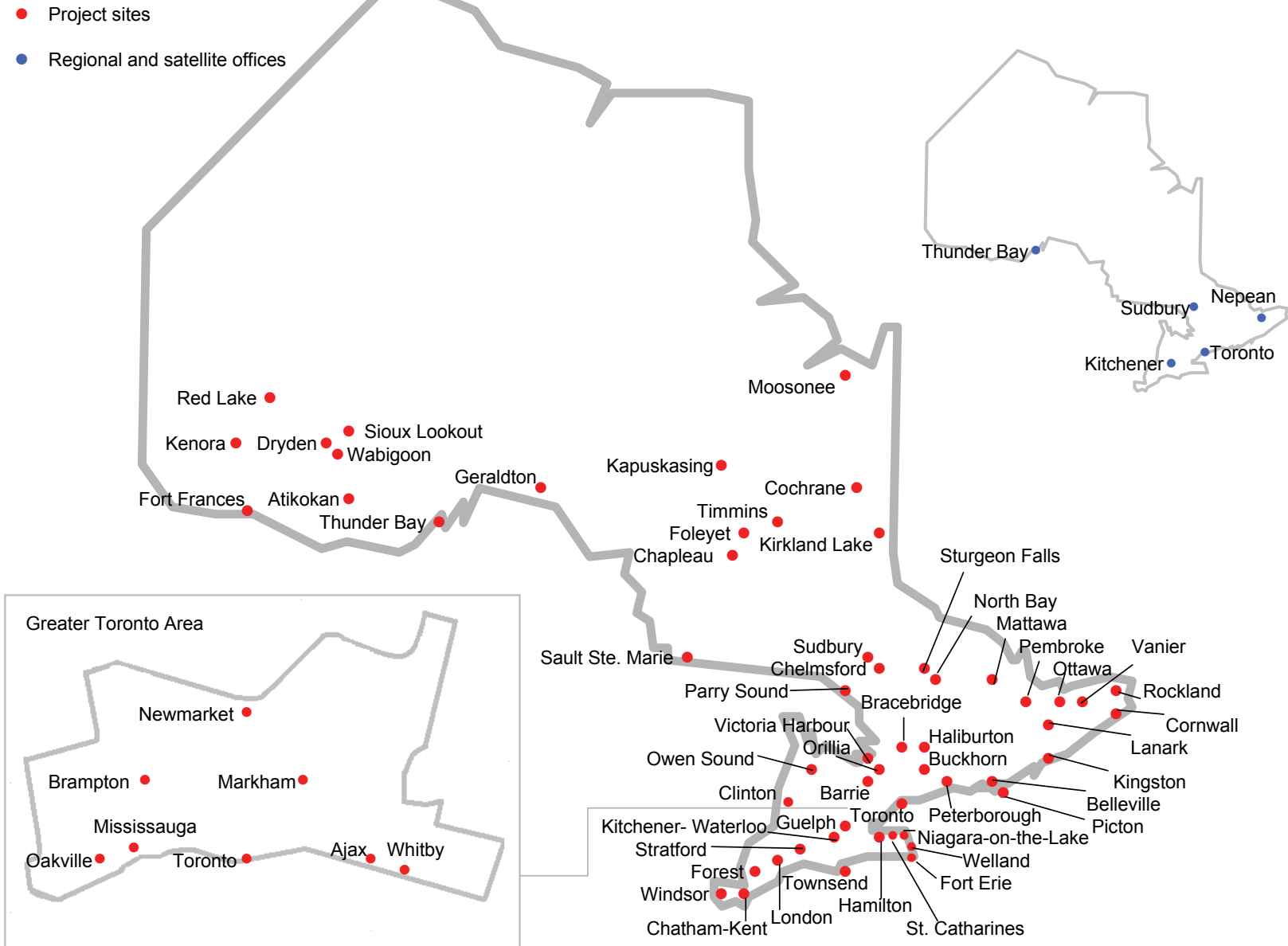
December 2003 *For the Public's Health: Initial Report of the Ontario Expert Panel on SARS and Infectious Disease Control*, a report commissioned by the Ontario Minister of Health and Long-Term Care, is published and underlines the need for federal and provincial coordination of efforts to improve public health and emergency preparedness.

September 24, 2004 The Public Health Agency of Canada is officially launched and Dr. David Butler-Jones is appointed Canada's first-ever Chief Public Health Officer. "Dr. Naylor discusses the need for fulfilling the four Cs – collaboration, communication, cooperation and clarity – which I think is a pretty good description of what this new Agency and myself should strive for", Dr. Butler-Jones says.

December 15, 2006 *The Public Health Agency of Canada Act* comes into force. The Act provides a statutory basis for the Public Health Agency of Canada and confirms the position and duties of the Chief Public Health Officer for Canada.

REGIONAL OFFICE ONTARIO* LOCATIONS AND GEOGRAPHICAL REACH OF PROGRAM FUNDING

*Health Canada's Northern Region, which delivers programs to Nunavut, is based in Ottawa.





KEY PUBLIC HEALTH CHALLENGES IN ONTARIO*:

- Low birth weight rates were at 6.4% in 2005-06, the highest of all provinces except Alberta.⁴
- Over 5% of women and almost 6% of men have diabetes.
- About 16% of men and 14% of women are obese and almost 57% of men and 40% of women are at risk of becoming ill because of their weight.⁵
- About 53% of males and 47% of females over the age of 12 report being active or moderately active.⁵
- Each year, an estimated 16,000 Ontarians die prematurely because of smoking.⁵
- As of the end of 2006, a total of 27,621 Ontarians had been diagnosed with HIV. Most people diagnosed with HIV are men (85%) but women are accounting for a larger proportion of new diagnoses each year (30% in 2006) than in the past.⁶
- As of 2004, approximately 110,000 people were infected with Hepatitis C (about 60% men and 40% women). It is estimated that about 35,000 (32%) are unaware of their infection.⁷
- Approximately 20,500 cases of chlamydia were reported in the province as of 2004. Of those, about 64% were among women and 36% among men. Chlamydia is by far the largest reported Sexually Transmitted Infection in Ontario, with 10-fold the number of gonorrhea cases and 100-fold the number of cases of syphilis.⁷

* Ontario's Aboriginal population is disproportionately affected by many health challenges compared to other Ontarians.

ontario

Ontario is Canada's most populous province by far. Its population of over 12 million people accounts for nearly two-fifths (38.5%) of Canada's population. Between 2001 and 2006, Ontario's population increased by 750,236, representing half of Canada's population growth during the period.¹

International immigration is responsible for much of Ontario's growth. According to data from Citizenship and Immigration Canada, more than 600,000 immigrants settled in Ontario between 2001 and 2006. This represents about half of all those who immigrated to Canada during that period.

Eighty per cent of Ontarians live in urban centres, largely in cities on the shores of the Great Lakes. The largest concentration of people and cities is in the "Golden Horseshoe" along the western end of Lake Ontario including the Greater Toronto Area, Hamilton, St. Catharines and Niagara Falls. About five million people live in the "Golden Horseshoe".²

In 2001, about 190,000 or one per cent of the province's population identified themselves as Aboriginal, which includes North American Indian, Métis or Inuit. (Due to under-reporting on the Census, the true number is estimated to be much higher.) This is about one fifth of Canada's Aboriginal population. They include Algonquian-speaking Cree, Oji-Cree, Algonquin, Ojibwa, Odawa, Potawatomi, and Delaware, plus the Iroquoian-speaking Six Nations (Mohawk, Oneida, Onondaga, Cayuga, Seneca and Tuscarora).³

nunavut

Nunavut spans the two million square kilometres of Canada extending north and west of Hudson's Bay, above the tree line to the North Pole. With a median age of 22.1 years, Nunavut's population is the youngest in Canada. It is also one of the fastest growing of the provinces and territories: the 2001 population of just under 29,000 represented an increase of eight per cent in only five years. Population data from 2006 indicate the population is now at 30,800. Inuit represent about 85 percent of the population, and form the foundation of the Territory's culture.

Nunavut's 26 communities range in size from tiny Bathurst Inlet (population 25) to Iqaluit, the capital (population about 6,000). Grise Fiord, the northernmost settlement, lies at 78 degrees North. None of Nunavut's communities are accessible by road or rail; everything, from people to fuel to food, arrives by plane or sealift. This physical isolation has great implications for emergency preparedness and response.

From a public health perspective, data indicate that the people of Nunavut are disproportionately affected by certain chronic and infectious diseases, higher infant mortality rates and incidence of low birth weight, obesity and other health conditions, as compared to Canadian averages.



KEY PUBLIC HEALTH CHALLENGES IN NUNAVUT:

- Life expectancy for males is 68.3 years and for females 71.3 years, compared to a Canadian average of 75.4 years for males and 81.2 years for females.⁸
- Infant mortality (deaths of children less than one year of age per 1,000 live births) rates have risen from 12.3 to 16.1 between 2000 and 2004, while the Canadian average rate remained stable at 5.3 during the same period.⁸
- In 2005-06 Nunavut had the highest rate of low birth weight babies among the provinces and territories at 7.3%.⁴
- The rate of tuberculosis per 100,000 people in Nunavut was over 21 times higher than the Canadian average in 2004 at 107.8 in the territory compared to 5.0 in Canada. The mortality rate due to tuberculosis was also significantly higher, at 11.8 in Nunavut, compared to 0.2 in Canada.⁹
- Smoking rates are considerably higher in Nunavut at 46.1% compared with 16.5% for the general Canadian population. Close to 45% of youth ages 15-19 smoke in the territory, compared to 10.3% for this age group in Canada overall.¹⁰
- Obesity rates in Nunavut are highest of any province or territory, with 23% of the population being obese.¹¹

regional programs

HEALTHY CHILD DEVELOPMENT SECTION

The Healthy Child Development Section manages several children's funding programs, which provide targeted community-based support for pregnant women, children and parents and caregivers of children ages 0-6. These programs also serve as tools for the Ontario/Nunavut Agency Regional Office to gather information, create knowledge and influence policy to improve the health of children in the early years. The funding programs are: Community Action Program for Children (CAPC), Canada Prenatal Nutrition Program (CPNP) and Aboriginal Head Start (AHS).

The Section also supports national priorities and regional initiatives related to Fetal Alcohol Spectrum Disorder (FASD). The Region supports the FASD National Strategic Projects Fund by mobilizing regional activities that support the goal of assisting organizations who have the capacity to enhance and build on existing FASD activities across the country and create capacity where none exists. The Regional Office has developed two FASD committees: the FASD Intergovernmental Action Network of Ontario (FIANO), which provides a forum for provincial and federal government representatives to meet and build strategies to promote awareness of FASD and to reduce the incidence of Fetal Alcohol Spectrum Disorder in Ontario; and the FASD Stakeholders group, which has developed programming and support in several areas including:

urban Aboriginal, prevention, intervention and support, diagnosis and disability, and justice.

Additionally, over the last 10 years, the Region has been actively supporting the emerging field of father involvement in a number of ways: creating community- and institution-based partnerships; and providing seed funding for a range of activities as part of its Ontario Region Father Involvement Initiative.

The Section works closely with the Ontario government to ensure the programs complement provincial initiatives such as Healthy Babies, Healthy Children, Ontario Early Years Centres and the Aboriginal Healing and Wellness Strategy.

community action program for children (CAPC):

The CAPC program began in 1993 and aims to increase parenting skills, decrease child abuse and support good nutritional habits of families of children aged 0-6 who are at risk of poor child development due to economic or social conditions. Projects vary widely in how they approach these goals. The 84 CAPC projects in Ontario (44 Aboriginal and 40 non-Aboriginal in more than 200 sites in total) serve urban, rural and remote communities across the province working with immigrants, young parents, single moms, Aboriginal women and other families.



CHILDREN ENJOY A YOGA CLASS. CAPC PROGRAM ACTIVITIES ENCOURAGE PHYSICAL ACTIVITY AS AN IMPORTANT ELEMENT OF HEALTHY CHILD DEVELOPMENT.



A YOUNG CAPC PROJECT PARTICIPANT GETS CREATIVE.

canada prenatal nutrition program (CPNP):

This program began in 1995 and provides information, food supplements and parenting education support to pregnant women in order to reduce the incidence of low birth weight in at-risk populations and to promote and support breastfeeding. There are 31 Aboriginal CPNP projects and 49 non-Aboriginal projects in Ontario, with more than 130 sites. Many CPNP projects operate in conjunction with a CAPC project in order to complement programming.

aboriginal head start (AHS):

AHS is a school readiness program that began as the AHS Urban and Northern Initiative in 1996. The six components of the AHS initiative are: education, health promotion, nutrition, culture and language, parental involvement and social support. These are key elements in every project. There are 11 AHS projects operating in Ontario with a total of 14 sites in both major urban settings and smaller communities. Across Ontario, programming and support is provided to 512 Aboriginal preschoolers and their families.

ABORIGINAL FOCUS

The Region recognizes the unique needs of the Aboriginal population, particularly young children and their families. Our Children's Health Aboriginal Team is specially designated to administer off-reserve components of the CAPC and CPNP programs (30% of the Section's budget) which are tailored for this population. The Team also manages the AHS program. Advice and input on Aboriginal programming and funding for CAPC and CPNP is provided by an Aboriginal Management Committee, composed of representatives from the Ontario Federation of Indian Friendship Centres, Ontario Native Women's Association, Metis Nation of Ontario, Ministry of Children and Youth Services, and the Public Health Agency of Canada. AHS programs are all sponsored by Native organizations and each is supported by a Parent Advisory Council.

HIGHLIGHTS FROM 2006-07:

- All CAPC projects took part in an evaluation called the *CAPC 2006 Participant Snapshot Census*. The project consisted of a demographic survey of all participants attending CAPC programs across Canada during the month of May 2006. Its goal is to produce a national picture of CAPC participants throughout the country.
- The Ontario Coalition of CAPC and CPNP Projects produced a series of posters under the series title *How Do CAPC & CPNP Programs Impact the Health of Canadians?*. The posters have started to be disseminated throughout project sites. Preventing FASD, Increasing Food Security, Decreasing Smoking and Reducing Obesity Through Breastfeeding are just some of the poster themes.
- Funding from the Region to Ontario's *North for the Children*, the organization that houses the *Nobody's Perfect* program in Ontario, has helped revitalize this



NOBODY'S PERFECT IS A FEDERAL PARENTING EDUCATION & SUPPORT PROGRAM FOR PARENTS OF CHILDREN FROM BIRTH TO AGE 5.

parenting education program within the province. In 2006, the program, which promotes positive parenting while preventing family violence, held 281 group sessions offered in English, Arabic, Chinese, Urdu, German, Punjabi and Tamil.

- In the previous fiscal year, the Region provided funding to Ka:nen Our Children Our Future to support the development of a CD-Rom, *FASD and the Justice System*. The CD-Rom was produced by the Justice Committee of FASD Ontario, as a resource for justice system professionals who are not always familiar with FASD and its role in affecting individual behaviour. Due to the high demand for this product from legal sources and FASD organizations throughout Ontario, Canada and internationally, in 2006-07, the Region funded the creation of a web site, www.fasjustice.on.ca, modeled after the CD.
- The Region contracted Best Start: Ontario's Maternal Newborn and Early Child Development Resource Centre to produce a report entitled *Implications for Ontario: Awareness of FASD*. The report analyzed the results of three successive national surveys related to FASD commissioned by PHAC between 1999 and 2006. The report explores the new data for Ontario on general public awareness about FASD and considers implications to program planning in the province.

- The Father Involvement Initiative – Ontario Network (FII-ON) collaborated with the Father Involvement Research Alliance to develop a successful provincial conference that served as a launching platform for two new products: A FII-ON booklet called *Kids We Can Count On – A father's guide to building character in children* and an Aboriginal father involvement kit with video, guide and booklet.
- The Region supported several community-based educational events: a two-day facilitator training program for the Father Involvement – Building Our Children's Character Program and three community mobilization workshops.
- Gail King-Seegers, a Resource Teacher at all four Aboriginal Head Start sites in Toronto, won a Prime Minister's Certificate of Excellence in Early Childhood Education in 2006. The prestigious awards are designed to honour the overall accomplishments of teachers. Gail was originally a parent participant in the AHS program before becoming a teacher.



POSTER SERIES CREATED BY THE FATHER INVOLVEMENT INITIATIVE – ONTARIO NETWORK.

ADULT HEALTH SECTION

The Ontario/Nunavut Agency Regional Office's Adult Health Section helps deliver on the Agency-wide priorities of developing, enhancing and implementing integrated and disease- or condition-specific strategies and programs for the prevention and control of infectious disease as well as chronic diseases and injuries. As with the Healthy Child Development programs, the suite of Adult Health programs serve as tools for the Region to gather information, create knowledge and influence policy to improve and protect health. In particular, the Section delivers funding in the form of grants and contributions through four key programs: the AIDS Community Action Program; Hepatitis C Prevention, Support & Research Program; Canadian Diabetes Strategy; and the Population Health Fund. The programs are based on well-established partnerships with non-governmental organizations and the Province of Ontario. Partnerships with local health authorities are an emerging area of focus.

AIDS community action program (ACAP):

Through ACAP, the Region works in tandem with the AIDS Bureau of the Ministry of Health and Long-Term Care to fund a network of community-based organizations which provide a range of education, prevention, outreach and support services for people with HIV, populations at risk and the general public. Most funded organizations are small and concentrated in large urban centres, but there are programs and services operating in most parts of the province.

hepatitis C prevention, support & research program:

The focus of project funding in Ontario is specifically geared at prevention targeted to those at high risk, such as injection drug users, and community-based support – programming to support both a strong community-based response to the needs of persons

infected with or affected by hepatitis C, as well as a strong role for community organizations in the national Hepatitis C program.

canadian diabetes strategy (CDS):

The Strategy's goal is to establish effective diabetes prevention and control strategies for Canada, which involves raising awareness of diabetes and its risk factors. Recently-funded projects in Ontario are designed to address diabetes among priority populations such as high-risk ethno-cultural populations (namely, but not exclusively, people of Hispanic, South Asian, Asian and African descent), children with obesity, adults in mid-life and populations living in situations of risk.

population health fund:

The fund increases community capacity for action on several determinants of health – the complex set of factors or conditions that determine the level of health of Canadians. Three projects funded this year in Ontario are designed to further knowledge to support sustainable development in public health. Another was funded to engage youth-at-risk by building capacity within the youth population in Ontario and providing a national voice from the youth perspective.

HIGHLIGHTS FROM 2006-07:

- The Region and the AIDS Bureau of the Ontario Ministry of Health and Long-Term Care introduced a joint reporting tool – the Ontario Community HIV/AIDS Reporting Tool (OCHART). A first annual report, *The View from the Front Lines*, was launched in March 2007, summarizing and analyzing the data collected during OCHART's first year. The report, based on data collected from funded community-based HIV/AIDS services in Ontario from 2001-02 to 2005-06, for the first time provides a comprehensive picture of HIV/AIDS prevention, care and support activity in the province. The reporting tool and annual reports are aimed at helping to

better understand the demand for services and identifying shifts or emerging trends.



WORKING IN PARTNERSHIP, THE REGIONAL OFFICE'S ADULT HEALTH SECTION AND ONTARIO GOVERNMENT'S AIDS BUREAU HAVE CREATED THE ONTARIO COMMUNITY HIV/AIDS REPORTING TOOL (OCHART).

○ Four representatives from the Region's ACAP and the Hepatitis C programs attended the International AIDS Conference in Toronto in August 2006, one of the major global conferences of the year. The conference theme, Time to Deliver, underscored the continued urgency in bringing effective HIV prevention and treatment strategies to communities the world over. PHAC staff co-presented an abstract on OCHART with the Ontario government's AIDS Bureau. Staff benefited from attendance at a number of abstract sessions, poster presentations, skill building workshops, plenary sessions and symposiums, and synthesized key highlights from the conference for colleagues.



REGIONAL STAFF ATTEND THE 2006 INTERNATIONAL AIDS CONFERENCE IN TORONTO.

○ During the year, the Canadian Diabetes Strategy funded the Ontario Chronic Disease Prevention Alliance (OCDPA) to conduct a scan of existing resources and services, report on the economic impact of prevention, host a determinants of health workshop, develop a comprehensive and accessible database, and analyze the existing capacity of programs and services in Ontario to address chronic disease prevention.

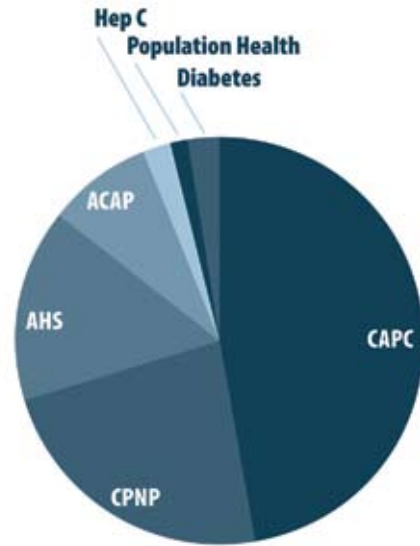
○ Staff of ACAP and the Hepatitis C program area examined how to better coordinate and integrate their work, given that the same vulnerable populations are at risk of contracting one or both of these diseases. Planning took place to invite proposals from external groups who can develop initiatives which will address HIV, hepatitis C and sexually-transmitted diseases.

○ During the year, team members of the Diabetes program began to broaden the focus of their work to include healthy living activities, in addition to chronic diseases. The approach focused on exploring the impact of physical activities and healthy eating on reducing the incidence of diabetes and management of the disease. In support of this, the Healthy Living/Chronic Disease team commissioned a scan of relevant literature to: identify existing programs, services, events and activities in healthy living and related areas such as active living, physical activity and nutrition in Ontario; summarize provincial government directions and strategies; identify key stakeholders and their roles in healthy living in Ontario; and to capture the determinants of health related to healthy living.

○ The Section commissioned an environmental scan of youth engagement in Ontario. The goal of the scan was to explore programming for youth engagement around the determinants of health at youth-serving organizations across Ontario. Sixteen interviews were conducted with 15 youth-serving agencies, investigating youth engagement with a particular focus on HIV/STIs (sexually-transmitted infections) and Hepatitis C prevention. The report *Youth Engagement in Ontario: Towards a Community of Practice*, recommends strategies and next steps for the Region in terms of funding, training, best practices and networking.

REGIONAL PROGRAM GRANTS AND CONTRIBUTIONS FUNDING FOR FISCAL YEAR 2006-07

ontario

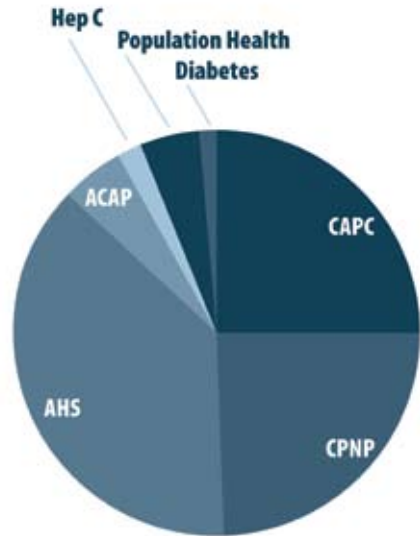


	PROGRAM	NO. OF PROJECTS	FUNDING AMOUNT
HEALTHY CHILD DEVELOPMENT SECTION	CAPC	90	\$17,038,688*
	CPNP	79	\$8,233,961**
	AHS	12	\$5,497,351
ADULT HEALTH SECTION	ACAP	45	\$3,017,000
	HEP C	20	\$734,366
	POPULATION HEALTH	4	\$536,429
	DIABETES	11	\$837,139
TOTAL		261	\$35,894,934

* THIS FIGURE INCLUDES A \$63,000 TRANSFER FROM FASD NATIONAL STRATEGIC PROJECTS FUND TO THE REGIONAL OFFICE.

** THIS FIGURE INCLUDES A \$50,000 TRANSFER FROM FASD NATIONAL STRATEGIC PROJECTS FUND TO THE REGIONAL OFFICE.

nunavut



	PROGRAM	NO. OF PROJECTS	FUNDING AMOUNT
HEALTHY CHILD DEVELOPMENT SECTION	CAPC	6	\$713,214*
	CPNP	5	\$693,395**
	AHS	7	\$1,073,271
ADULT HEALTH SECTION	ACAP	1	\$135,925
	HEP C		\$60,800
	POPULATION HEALTH	2	\$127,788
	DIABETES	1	\$39,228
TOTAL		22	\$2,843,621

* \$227,500 UNDER CPNP WAS PROVIDED IN SUPPORT OF JOINT CAPC/CPNP PROJECTS.

**THIS FIGURE INCLUDES A \$42,340 TRANSFER FROM FASD NATIONAL STRATEGIC PROJECTS FUND TO THE NORTHERN REGION.

region-wide initiatives & services

OFFICE OF THE REGIONAL DIRECTOR

The Regional Director represents the Chief Public Health Officer and the Minister of Health in Ontario and Nunavut and is the official Agency spokesperson in the Region. The Regional Director is responsible for carrying out the mission and mandate of the Agency in the Region, and for contributing regional perspective, experience and intelligence toward the development of Agency-wide plans, policies, programs and activities.

A key function of this Office is to work in close partnership and collaboration with many regional stakeholders (including those with jurisdictional responsibilities for public health) to ensure the successful promotion of cooperative and integrated public health approaches in the Region. One of the many areas where such partnerships and close coordination is critical is in emergency preparedness and response.

The Regional Director is responsible for the innovative and successful delivery of the full range of programs, initiatives and services, and the implementation of Agency priorities and business lines, in the Region. Among these responsibilities is the planning, design, implementation and evaluation of Agency grants and contributions programs. Furthermore, the Regional Office develops

and contributes strategic information and scientific evidence (on emerging problems, issues, trends and opportunities in the Region) to assist in the formulation of national goals, priorities, programs and management frameworks.

In addition to these responsibilities, the Regional Director for the Ontario/Nunavut Agency Regional Office is the regional liaison with PHAC's Office for Public Health Practice, which has leadership over the advancement of one of the Agency's key priorities – to strengthen public health within Canada and internationally by facilitating public health collaboration and enhancing public health capacity.

From an internal perspective, the Regional Director manages all the resources of the Region, human and financial, and is ultimately accountable for the integrity and performance of the work carried out within each Section of the Regional Office.

STRATEGIC POLICY, PLANNING AND SPECIAL PROJECTS SECTION

Both the Strategic Policy and Planning function and the Special Projects functions provide direct support to the Regional Director's office. They work on long-term overarching initiatives, as well as respond to immediate ad hoc needs of the Regional Director.

Strategic planning was a focal point of activity in fiscal year 2006-07. In April 2006, a high-level review of the Region's internal and external environments was produced. Its purpose was to identify key issues, concerns, opportunities and external factors that may have an impact on the ability of the Region to achieve its strategic priorities.

Work was also undertaken to ensure that regional-level plans, priorities and operating procedures were consistent and integrated with those of the Agency.

Meanwhile, during the fiscal year, the Region embarked on an extensive exercise to more clearly delineate and define roles and responsibilities of staff. This was an important step in working to align each staff person's role with others within the organization and more clearly understand the interconnectedness of how each member of the team works together. A values exercise was conducted with the management team to help align perspectives on how to support each other's work. An all-staff event aimed at initiating the process of defining regional values was also conducted as part of this project.

There is recognition of the importance of continuing our regional liaison with Health Canada, in working together with Health Canada's Ontario Regional Office on various committees and initiatives. One such committee, the Learning Employee Awareness and Diversity (LEAD) Committee was launched in January 2007

to address areas of concerns raised by employees as part of the government-wide 2005 Public Service Employee Survey.

POLICY AND KNOWLEDGE DEVELOPMENT SECTION

The Policy & Knowledge Development (PKD) Section provides strategic analysis, direction and information to assist the Region and Agency in planning and decision-making, and enhances the Region's policy and knowledge development capacities in a number of ways.

As part of its contribution to overall organizational planning during the fiscal year, PKD conducted and coordinated quarterly environmental scans to provide a provincial profile of public health issues used for regular national and regional review. As an active member of several Agency networks, including the PHAC Regional Policy Network and the Knowledge Transfer-Evidence-Based Decision Making Working Group, PKD was involved in the development of a number of discussion papers and special initiatives such as a joint preparation of the regional portion of the Memorandum to Cabinet on Mental Health for the Interdepartmental Task Force on Mental Health. PKD also provided regional analyses on one provincial and two federal budgets.

Contributing to increased access to and integrated use of information for decision-making purposes, PKD actively promotes knowledge exchange among regional staff, and has instituted several methods of facilitating sharing of information and expertise. For example, a weekly 'Info Swap' meeting provides an opportunity for regional staff to share information, knowledge and resources to help keep the region up to date in the rapidly changing and growing sphere of public health. The sessions have also led to fruitful spin-offs, such as the development and submission of an abstract by regional Healthy Child Development (HCD) staff

to the International Union of Health Promotion and Education Conference (IUHPE). To further assist staff in keeping up to date with current issues related to public health, the Section manages a Resource Centre providing access to a variety of national and international public health journals, texts and documents.

Regional staff is kept informed of local, regional, national and international conferences and events related to public health through PKD's Conferences and Events Strategy. The strategy encourages active staff participation to help build a regional public health presence. PKD also facilitates staff participation in both Agency-wide policy and research forums and specialty teleconferences such as *From Red Tape to Clear Results: The Findings of the Blue Ribbon Panel on Grants and Contributions*, part of a discussion series hosted by the Canada School of Public Service.

PKD contributes to advancing leadership in public health through strategic alliances. For example, the Section worked within the federal health portfolio partnership through a collaborative relationship with Health Canada's Strategic Policy and Intergovernmental Affairs Unit. This involved informal consultation and information sharing. PKD also played an active role in the development and delivery of the Francophone curriculum stream of Ontario's annual Health Promotion Summer School, run by the Centre for Health Promotion, University of Toronto.

The Ontario/Nunavut Agency Regional Office is committed to maintaining a diverse and supportive work environment. The Region's *Workplace Inclusiveness Advisory Team (WIAT)*, also under PKD management, continued to fulfill that mandate by organizing various staff events throughout the year. A highlight was the panel held for Black History Month in February 2007 at which three Regional Directors spoke about their personal experiences, challenges and triumphs working in the federal public service.



PANELISTS AT A BLACK HISTORY MONTH 2007 FORUM HELD AT THE REGIONAL OFFICE. FROM LEFT TO RIGHT: CORITA HARTY, REGIONAL DIRECTOR OF HUMAN RESOURCES, HEALTH CANADA'S ONTARIO REGION; VANESSA PEARSON, REGIONAL DIRECTOR, STRATEGIC POLICY, ANALYSIS AND INTER-GOVERNMENTAL AFFAIRS; HEALTH CANADA'S ONTARIO REGION, MAURICETTE HOWLETT, REGIONAL DIRECTOR, PHAC ONTARIO/NUNAVUT AGENCY REGIONAL OFFICE; HEATHER RAMSAY, MANAGER OF THE REGIONAL OFFICE'S POLICY AND KNOWLEDGE DEVELOPMENT SECTION (FACILITATOR).

EMERGENCY PREPAREDNESS AND RESPONSE SECTION

The focus of the emergency preparedness and response work carried out by the Regional Office is to support one of the key priorities of the Agency, namely, to increase Canada's preparedness for and ability to respond to any public health emergency, including pandemic influenza. The Emergency Preparedness and Response (EPR) Regional Coordinator position was created by the Agency to ensure all Regional Offices have dedicated resources to collaborate with provincial and territorial emergency preparedness authorities. The Coordinator refines region-specific planning and acts as liaison with provincial and/or territorial ministries as well as the regional offices of other federal departments. In the event of a public health emergency, the Coordinator acts as the federal health portfolio liaison officer and contact point.

The EPR Section is also responsible for design, coordination and implementation of a Business Continuity Plan (BCP) for the Regional Office. The BCP's objective is to reduce the consequences of any disruptive event to an acceptable level and to enable continuous work operations.

In January 2007, the EPR Coordinator for this Region, Mark Samadhin, was hired. Since starting, Mark has established operational links with, among others, Public Safety Canada (Ontario); Emergency Management Ontario and the Provincial Emergency Operations Centre; the Ontario Ministry of Health and Long Term Care, including the Emergency Management Unit; as well as the Northern Federal Emergency Coordination Group. The Section has undertaken planning to establish both a central and an alternate regional Emergency Coordination Centre. In addition, the EPR Section finalized the framework and planning to form the Public Health Agency and Health Canada Regional Emergency Preparedness Committee, whose role is to oversee the federal joint health portfolio response to all health emergencies in the Ontario/Nunavut Region.

OPERATIONS SECTION

This Section provides administrative, financial and human resources support for the Regional Office. It manages overhead costs and oversees daily operations.

The 2006-07 fiscal year was a period of transition, greatly impacting the Operations unit. With the Agency's regional offices working together more than ever before, the year saw a heavy increase in monitoring, analysis and reporting duties. Meetings and information exchange among regional offices increased ten-fold from the previous year, with the goal of ensuring consistency and integrated strategic planning. Furthermore, since the Agency's inception, Regional Office roles relating to financial and administrative management have evolved and increased, along with

continued commitment to enhancing transparency, accountability and stewardship over Agency funds.

From a human resources perspective, the Section developed an Integrated Human Resources and Business Plan, serving as a guide for long-range human resources planning in light of considerations such as predicted levels of retirement, career progression, official languages and diversity.

Another major project overseen by the Section was the Toronto office's move in October 2006 to a new downtown location at 180 Queen St. West to be co-located with Health Canada. The Office's close proximity to the seat of the provincial government and other major partner organization head offices has facilitated partnership and collaboration.

The Section oversaw the greening of several operational products during the year, and implemented a number of systems improvements to ensure the smooth and efficient running of the office.



180 QUEEN STREET WEST, TORONTO
– NEW HOME OF THE PHAC ONTARIO/NUNAVUT
AGENCY REGIONAL OFFICE (TORONTO).

final remarks

It has been a pleasure to present the work of the PHAC Ontario/Nunavut Agency Regional Office, with an emphasis on the activities carried out during fiscal year 2006-07. The Region looks forward to continued collaboration with its partners at the federal, provincial, territorial, regional and local levels, who are equally dedicated to creating a legacy of health for all Canadians.



THE PHAC ONTARIO/NUNAVUT AGENCY REGIONAL OFFICE TEAM

We welcome your feedback. If you have any suggestions or questions, please contact our office or visit our website.

HOW TO REACH US:

Public Health Agency of Canada
Ontario/Nunavut Agency Regional Office

180 Queen Street West, 11th Floor
Toronto, Ontario M5V 3L7

Telephone: (416) 973-0003
Fax: (416) 954-8211

Web site: <http://www.phac-aspc.gc.ca>

references

1. STATISTICS CANADA 2006 CENSUS: PORTRAIT OF THE CANADIAN POPULATION IN 2006
2. GOVERNMENT OF ONTARIO WEB SITE: WWW.GOV.ON.CA
3. STATISTICS CANADA 2001 CENSUS: PORTRAIT OF THE CANADIAN POPULATION IN 2006
4. CANADIAN INSTITUTE OF HEALTH INFORMATION – GIVING BIRTH IN CANADA: REGIONAL TRENDS FROM 2001-2002 TO 2005-2006
5. ONTARIO'S HEALTH SYSTEM PERFORMANCE REPORT 2004
6. THE VIEW FROM THE FRONT LINES: SUMMARY OF PRELIMINARY ANALYSIS OF DATA PROVIDED BY COMMUNITY-BASED HIV/AIDS SERVICES IN ONTARIO
7. THE EPIDEMIOLOGY OF SEXUALLY TRANSMITTED INFECTIONS, HIV AND HEPATITIS C IN ONTARIO, 1992-2004
8. STATISTICS CANADA, CANSIM
9. STATISTICS CANADA. 2007. MORTALITY, SUMMARY LIST OF CAUSES
10. STATISTICS CANADA – SMOKERS BY PROVINCE AND TERRITORY (TABLE). VERSION UPDATED APRIL 30, 2007
11. STATISTICS CANADA CANADIAN COMMUNITY HEALTH SURVEY: A FIRST LOOK - 2000/01