Annual Report

2011 - 2012
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Message from the Pan-Canadian Public Health Network Council Co-Chairs and P/T Liaison Deputy Minister

It is our privilege to present the 2011 – 2012 Annual Report for the Pan-Canadian Public Health Network (PHN). The purpose of the Annual Report is to demonstrate the contributions and achievements of the PHN each year. The 2011 – 2012 Report provides an overview of activities and accomplishments and summarizes key changes to the PHN during this period.

Over the past year, the PHN has focused its efforts on implementing *Curbing Childhood Obesity: The Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*; furthering the development of the *Multi-Lateral Information-Sharing Agreement* (MLISA); moving forward on a First Nations/Inuit/Métis engagement strategy for the PHN; and streamlining the PHN’s governance and operations.

The PHN has continued to enhance its capacity to be an effective pan-Canadian forum that anticipates, prepares for and responds to emerging public health issues and threats in a coordinated manner across jurisdictions. As well, the PHN continues to collaborate with its public health partners to protect the health of Canadians by promoting healthy living, preventing chronic disease and injury, protecting health status and reducing health disparities.

Looking ahead to fiscal year 2012-13, the PHN will continue to respond to Ministerial and Deputy Minister direction and ensure the Network remains an effective and efficient mechanism for governments to work together to improve the health of Canadians and to strengthen the public health system.

We look forward to building on past successes so that the Network will continue to be a valuable partner dedicated to F/P/T action on pan-Canadian public health matters.

Thank you,

Dr. André Corriveau, Chief Medical Health Officer, Alberta
Provincial/Territorial Co-chair, Public Health Network Council

Dr. David Butler-Jones, Chief Public Health Officer of Canada
Federal Co-chair, Public Health Network Council

Ms. Carolyn MacKay, Deputy Minister, Culture, Tourism and Healthy Living, New Brunswick
Provincial/Territorial Liaison Deputy Minister

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1 In June 2012, Dr. Corriveau returned to Northwest Territories as the Chief Public Health Officer.
Executive Summary

The Pan-Canadian Public Health Network (PHN) was established by Canada’s Federal, Provincial and Territorial (F/P/T) Health Ministers in 2005 as a key intergovernmental mechanism to:

- Strengthen and enhance Canada’s public health capacity;
- Enable F/P/T governments to better work together on the day-to-day business of public health; and
- Anticipate, prepare for and respond to public health events and threats.

This is the fifth annual report on the contributions and achievements of the PHN as it assists governments and other public health partners to collectively advance work on Canada’s public health priorities. During fiscal 2011 - 2012 the PHN accomplished the following.

- Implemented the operational review recommendations which streamlined PHN governance and operations and resulted in greater efficiencies and alignment with Deputy Ministers’ direction.
- Initiated thematic discussions on public health and the environment.
- Developed and implemented a PHN First Nations/Inuit/Métis Engagement Strategy.
- Continued to focus on healthy living by: further implementing a framework for action to promote healthy weights in children, exploring opportunities to build on mental health work across Canada, developing areas of focus for injury prevention in Canada and bringing forward low-risk drinking guidelines.
- Developed a draft multi-lateral information sharing agreement to strengthen existing public health information sharing capacities.
- Developed and implemented a laboratory assessment tool, developed a draft operational framework for mutual aid surge requests for health care professionals, revised Annex F of the Canadian Pandemic Influenza Plan and developed a Pan-Canadian All-Hazard Health Emergency Response Plan.
- Developed an F/P/T public health all-hazards and critical infrastructure risk assessment.

The PHN continued to build relationships within the public health community in Canada. For example, at the Canadian Public Health Association’s annual conference, members attended workshops, met participants at the PHN exhibit booth and hosted a breakfast session on addressing the challenges of public health in social and physical environments. These activities raised awareness about the work of the PHN and its contribution to improving public health in Canada.

The Network also engaged with national Aboriginal organizations on the PHN First Nations/Inuit/Métis (FN/1/M) Engagement Strategy.

The PHN will continue to engage public health stakeholders and leverage partnerships with experts to ensure its work is informed by Canada’s best available public health expertise.
Introduction

The Pan-Canadian Public Health Network (PHN) presents its annual report of activities to F/P/T Ministers of Health and Healthy Living via the Conference of F/P/T Deputy Ministers of Health and Healthy Living (CDMH). The Annual Report provides an overview of accomplishments, activities and key changes to the PHN in 2011 - 2012. In addition, the Report highlights several priorities and work plan items for 2012 - 2013.

The Pan-Canadian Public Health Network

The PHN was established by Canada’s Federal, Provincial and Territorial (F/P/T) Health Ministers in 2005 as a key intergovernmental mechanism to:

- Strengthen and enhance Canada’s public health capacity;
- Enable F/P/T governments to better work together on the day-to-day business of public health; and
- Anticipate, prepare for and respond to public health events and threats.

The PHN was established in response to various public health events and lessons learned that highlighted the urgent need to develop a comprehensive, integrated and responsive system for intergovernmental coherence and collaboration in the field of public health. As it carries out its duties, the PHN strives to remain respectful of the authority and jurisdiction of each P/T government to manage public health operations within their own domain.

A snapshot of the strategic directions of the PHN including the vision, mandate, strategic goals and strategic priorities for 2011- 2014 is provided in Textbox 1.

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Textbox 1: The Pan-Canadian Public Health Network: At-a-Glance

Vision
Canadians benefit from an effective federation dedicated to collaboratively addressing contemporary challenges in public health.

Mandate
• Facilitate information sharing among all jurisdictions.
• Disseminate information regarding best practices in public health.
• Support the public health challenges jurisdictions face during emergencies.
• Provide advice and regular reporting to F/P/T Deputy Ministers of Health and Healthy Living on public health matters and the activities of the Network.
• Collaborate on the day-to-day operations of public health.
• Respect jurisdictional responsibilities in public health.
• Be accountable to the Conference of F/P/T Deputy Ministers of Health and Healthy Living.

Strategic Goals
1. To protect and promote the health of Canadians.
2. To promote the importance of public health in the development of a sustainable Canadian health system.
3. To improve health outcomes and reduce health inequalities.

2011-2014 Strategic Objectives/Priorities
1. Health promotion: healthy living development and management.
2. Communicable disease control and prevention.
3. Prepare for and respond to public health emergencies.
4. Build the public health infrastructure and organizational supports.

Note: The mandate of the PHN was approved in 2005, upon establishment of the PHN by F/P/T Ministers of Health and Healthy Living. The vision, strategic goals and strategic priorities for 2011-2014 were approved by F/P/T Deputy Ministers of Health and Healthy Living in December 2010.
I. Reporting on 2011 - 2012 PHN Key Areas of Focus and Deliverables

A key function of the Public Health Network Council is to provide advice to the Conference of Deputy Ministers of Health and Healthy Living (CDMH) on public health matters in Canada. During the 2011 - 2012 fiscal year, the Network carried out the following activities.

- Continued its focus on healthy living.
- Prepared for and responded to public health emergencies and communicable disease control and prevention issues.
- Enhanced existing surveillance and epidemiological capacity to strengthen public health surveillance.
- Focused on public health and the environment.
- Developed a First Nations/Inuit/Métis Engagement Strategy for the PHN.
- Streamlined PHN governance and operations.

Healthy Living

The PHN continued its efforts on the priority of healthy living by focusing on a variety of key issues such as healthy weights, mental health, injury prevention and low risk drinking guidelines.

Healthy Weights

In March 2011, the F/P/T Ministers of Health and Healthy Living launched *Our Health Our Future: A National Dialogue on Healthy Weights*. This dialogue identified ideas and actions by engaging approximately 1,000 individuals and organizations who represented youth, NGOs, Aboriginal groups, industry and the media.

The results of the dialogue will inform the work of the Ministers as they determine future action on this issue. The engagement process also created numerous opportunities for collaboration among stakeholders from industry, the not-for-profit sector, families and researchers. This national initiative revealed a strong appetite for concerted and coordinated multi-sectoral action to reverse the trend of childhood obesity.

In November 2011, the Ministers endorsed the report *Actions Taken and Future Directions 2011 Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights* which included recommendations and key areas of government action to support healthy weights and reduce childhood obesity.
In February 2012, a one-day Summit on Healthy Weights was held in Ottawa. The Summit was co-hosted by federal Minister of Health, the Honourable Leona Aglukkaq and Nova Scotia Minister of Health and Wellness, the Honourable Maureen MacDonald. The Summit reported the findings of the national dialogue Our Health Our Future and highlighted F/P/T recommendations for promoting healthy weights endorsed by Canada’s Ministers of Health and Healthy Living in Curbing Childhood Obesity: An F/P/T Framework for Action, and by Deputy Ministers in Actions Taken and Future Directions 2011 on Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights.

Approximately 100 participants attended the Summit and focused their discussions on three themes: healthy eating and active living opportunities; creating supportive environments; and promoting multi-sectoral partnerships. Participants represented a broad range of experience and expertise including governments, non-governmental organizations, industry and the media. This event has provided an important foundation for ongoing collaboration and action across sectors.

The PHN will continue to work on a measurement and monitoring plan for the childhood obesity framework by confirming national indicators to monitor obesity trends, developing performance measurement methods and providing advice for implementation.

**Mental Health**

During 2011 – 2012 a number of jurisdictions developed or worked on mental health/suicide prevention strategies and/or mental health promotion projects. This provided the PHN with an opportunity to collaborate to enhance knowledge exchange, increase public awareness and provide the necessary tools to promote mental health, particularly in anticipation of the Spring 2012 release of the Mental Health Commission of Canada’s Mental Health Strategy for Canada.

In 2012 - 2013 there will be increased opportunities for F/P/T collaboration on upstream activities to support the promotion of positive mental health and prevention of mental illness in a variety of settings, including public education and awareness of positive mental health.

**Injury Prevention**

The PHN developed a comprehensive, collaborative framework to reduce injuries in Canada over the next 10 years. This framework identified several key focus areas: preventing falls and fall-related injuries among older adults; preventing sport and recreation related injuries; and surveillance, research, evaluation and knowledge translation.

**Low-Risk Drinking Guidelines**

At their November 2011 meeting F/P/T Ministers of Health and Healthy Living received Canada’s Low Risk Alcohol Drinking Guidelines. Ministers acknowledged that the Guidelines represented the best available advice to Canadians and supported their use in each jurisdiction as appropriate. The Guidelines provide Canadians with a single source of information about how to minimize risks from
drinking. They were developed through the National Alcohol Strategy Advisory Committee, which is made up of representatives from non-governmental organizations, academia, federal and provincial governments and industry and were brought forward to the PHN by the F/P/T Liaison Committee on Problematic Substance Use. The Guidelines were publicly launched by the Canadian Centre on Substance Abuse on November 25, 2011.

Preparing For and Responding to Public Health Emergencies and Communicable Disease Control and Prevention

The PHN advanced its efforts to prepare for and respond to public health emergencies and to control and prevent communicable disease through the development and/or review of: a draft Operational Framework for Mutual Aid Surge Request for Health Care Professionals, the revised Annex F of the Canadian Pandemic Influenza Plan, the Pan-Canadian All-Hazards Health Emergency Response Plan, an F/P/T public health all-hazards and critical infrastructure risk assessment and the National Immunization Strategy Review.

Operational Framework for Mutual Aid Surge Requests for Health Care Professionals
In support of the Memorandum of Understanding (MOU) on the Provision of Mutual Aid in Relation to Health Resources during an Emergency Affecting the Health of the Public signed by F/P/T Ministers of Health and Healthy Living in 2009, the Inter-jurisdictional Health Surge Capacity Task Group developed a draft Operational Framework for Mutual Aid Surge Requests for Health Care Professionals which will support the implementation of the MOU through the PHN.

Revised Annex F of the Canadian Pandemic Influenza Plan
A significant renewal of the Canadian Pandemic Influenza Plan (CPIP) was initiated following the 2009 H1N1 pandemic and its associated response reviews. The CPIP’s updated Annex F, Prevention and Control of Influenza during a Pandemic for All Healthcare Settings (originally published in 2004) reoriented the infection prevention and control response to pandemic influenza using an organizational and point-of-care risk assessment. Annex F is an evidence-based best practices document that describes the prevention of influenza transmission in different professional care settings.

Pan-Canadian All-Hazards Health Emergency Response Plan
In April 2011, a revised Pandemic Governance Structure was presented to the PHN Council proposing to integrate the pandemic response structure with the Pan-Canadian All Hazards Health Emergency Response Plan to ensure a comprehensive pan-Canadian emergency response structure.

Guidance, tools and templates for all scenarios will be developed and tested to complete the Pan-Canadian All-Hazards Health Emergency Response Plan.
F/P/T Public Health All-Hazards and Critical Infrastructure Risk Assessment
This risk assessment will leverage existing F/P/T tools to highlight priority public health risks, identify vulnerabilities with the health sector critical infrastructure and develop a plan to address F/P/T gaps in emergency management.

National Immunization Strategy Review
In 2009, the PHN decided to review the National Immunization Strategy (NIS) to improve the efficiency and effectiveness of structures and processes for evidence-based immunization recommendations in Canada.

An NIS Task Group to oversee this review was established in 2011. This group is assessing a report on recommendations for vaccine governance in Canada and is examining the outcomes of an international workshop on approaches to immunization governance, programming and funding of the Organization for Economic Cooperation and Development (OECD) countries. Both reports will inform the PHN’s review of the NIS.

In 2013-14, the NIS Task Group will provide PHN Council and CDMH with options for a renewed NIS.

Enhancing Existing Surveillance and Epidemiological Capacity to Strengthen Public Health Surveillance
The PHN was involved in a number of activities to enhance existing surveillance and epidemiological capacity such as the further development of the Multi-Lateral Information Sharing Agreement, the Laboratory Assessment Tool, the White Paper on Arctic Zoonoses and Lyme Disease surveillance.

Multi-Lateral Information Sharing Agreement
The National Surveillance Infrastructure Task Group developed a template for the Technical Annexes of the Multi-Lateral Information Sharing Agreement (MLISA) and presented it to the Public Health Infrastructure Steering Committee in March 2012. The Task Group also populated a draft Tuberculosis Technical Annex as an example which will be validated by Tuberculosis experts identified by the PNH Communicable and Infectious Disease Steering Committee. The development of the Annexes will be included in the MLISA, a deliverable intended for CDMH.

Laboratory Assessment Tool
The Pan-Canadian Public Health Laboratory Network (CPHLN) completed a pilot implementation project of the PHN-approved Laboratory Assessment Tool. This tool, which evaluates public health laboratories according to international standards and provides a stakeholder report card of their performance, is now considered operational by the CPHLN. Additional lab assessments may be scheduled in fiscal year 2012-2013.
White Paper on Arctic Zoonoses
The National Non-Enteric Zoonotic Disease Issue Group developed a white paper on zoonoses and related disease management gaps in Canada's Arctic region. The paper established the state of knowledge, infrastructure and action on zoonoses in Canada’s Arctic. Findings included: significant gaps in knowledge about the biology and impact of northern zoonoses; limited capacity to perform public health activities due to the geographic scope of and limited infrastructure in the north; and the need for community engagement to ensure the success of any program or intervention. The paper provides a baseline for future work to address zoonoses in Canada’s Arctic region. Once the white paper was complete, the National Non-Enteric Zoonotic Disease Issue Group was disbanded.

Lyme Disease Surveillance
The Lyme and Other Tick-borne Diseases Working Group (now sunset) provided advice on the development of a national surveillance system for Lyme Disease and for the early identification of Lyme Disease risk areas in Canada. Four provinces are involved in the system to date. Expected outcomes of the surveillance system include: prevention through effective communications to the public about self-protection, early diagnosis and treatment.

Focus on Public Health and the Environment
PHN Council participated in a number of thematic discussions with the Council of Chief Medical Officers of Health (CCMOH) during 2010-2011. These discussions examined blood lead level intervention guidance, wind turbine noise and Wi-Fi. PHN Council and CCMOH also jointly discussed their role and relationship with the Liaison Committee on Health and the Environment and the National Collaborating Centre on Environmental Health.

PHN First Nations/ Inuit/Métis Engagement Strategy
The development of a First Nations, Inuit and Métis (FN/I/M) engagement strategy for the PHN was a key recommendation of the F/P/T Special Task Force report Partners in Public Health. This strategy is needed to ensure that the unique public health circumstances of FN/I/M populations are responded to with relevant expertise.

After considering a number of mechanisms for FN/I/M engagement within the Network, the PHN Council developed a multi-pronged engagement strategy which was approved by the F/P/T Deputy Ministers of Health and Healthy Living in June 2011. An interim FN/I/M Public Health Expert Advisor, Margo Greenwood, PhD was appointed as a PHN Council ex-officio member to facilitate the integration of unique FN/I/M perspectives into the PHN’s work.
In addition, the PHN Council Co-Chairs invited leaders from National Aboriginal Organizations (NAO) including the Assembly of First Nations, Congress of Aboriginal Peoples and Métis National Council to meet bilaterally to discuss their unique needs and perspectives related to public health. Ongoing engagement with NAO’s will be coordinated through the interim FN/I/M Public Health Expert Advisor.

This strategy will facilitate a systematic approach to considering FN/I/M public health issues in the PHN’s work and enable key issues to be identified and appropriately addressed. PHN Council will continue to work with Ms. Greenwood to develop and implement the FN/I/M engagement strategy and review its progress.

**Streamlined PHN Governance and Operations**

As of April 1, 2011 the PHN transitioned to a new governance structure based on the operational review recommendations approved by CDMH in December 2010. Although it was hoped that the revised PHN governance structure would be fully operational by April 1, 2011, additional time was needed to adjust the steering committee and task group structures and to sunset former issue groups. Steering committees were authorized to oversee the work and ensure the task groups completed their work plans. This included forming and sun-setting task groups and developing partnerships with agencies, academia, non-governmental organizations and others.

During 2011 - 2012, steering committees finalized their terms of reference and reviewed their task group structure and potential partnerships. They recommended deliverables and timelines for 2011 - 2012 work plan priorities and identified prospective talent pool members to advance these priorities. Discussions were also held about ways to address cross-cutting areas of PHN work such as partnerships, talent pools, communities of practice, laboratories, surveillance, FN/I/M engagement and communications.

All PHN groups have implemented the new business planning and reporting cycle. Work planning and reporting have been strengthened by establishing a predictable business cycle that includes mechanisms for accountability, project management and strategic alignment with PHN priorities.

Lessons learned through the operational review and transition to the new governance structure include an appreciation of the value of F/P/T collaboration in developing durable approaches for addressing public health issues and a better understanding of the need for improved management and operations to ensure the work of the PHN aligns with collective public health priorities for Canada.

The Operational Review recommendations have established a streamlined governance structure for the PHN that better emphasizes effective and efficient operations.
II. Building Relationships with the Public Health Community

The development and maintenance of partnerships and collaborations with the public health community in Canada is an integral part of the work of the PHN.

Canadian Public Health Association Conference
The PHN hosted a breakfast session and sponsored an information booth at the 2011 Canadian Public Health Association Conference. The breakfast session detailed the PHN’s revised governance structure and highlighted priority examples of the promotion of healthy weights in children and youth as well as secure vaccine procurement. The information booth and the breakfast session were well attended by CPHA conference delegates and served as important communication mechanisms to public health stakeholders about the work of the PHN.

The PHN will continue to support the development and maintenance of partnerships and collaboration with the public health community in Canada by sharing information about public health activities, building important relationships and working in partnership with public health stakeholders and experts both within and external to government.
III. PHN Governance and Structure

The PHN is governed by a seventeen member Council that represents the public health leadership of each jurisdiction. Each member is appointed by the Deputy Minister of Health and Healthy Living for his or her jurisdiction.

Dr. André Corriveau (Chief Medical Officer of Health for Alberta through 2011-2012) had his term renewed as Provincial/Territorial Co-Chair for an additional two years until March 31, 2014. Dr. David Butler-Jones (Chief Public Health Officer for Canada) serves as the Federal Co-Chair. Ms. Carolyn MacKay (Deputy Minister, Culture, Tourism and Healthy Living, New Brunswick) was appointed as P/T Deputy Minister Liaison to the PHN Council, in February 2012 for a term ending March 31, 2013.

The PHN also appointed an interim First Nation, Inuit, Métis (FN/I/M) Public Health Expert Advisor – Ms. Margo Greenwood, PhD. Ms. Greenwood serves as an ex-officio member to PHN Council to facilitate the integration of unique FN/I/M perspectives into the planning and advancement of PHN initiatives.

In 2011 - 2012, the PHN implemented a new committee structure which was approved by F/P/T Deputy Ministers in December 2010. This new structure consists of three steering committees: Communicable and Infectious Disease; Healthy People and Communities; and Public Health Infrastructure. Each steering committee enjoys full F/P/T representation and is supported by expert-based, time-limited task groups. The Council of Chief Medical Officers of Health consists of the most senior medical officer of health employed by each jurisdiction.

There are also four F/P/T Liaison Committees which report through the PHN to the F/P/T Deputy Ministers of Health and Healthy Living: Health and Environment; Problematic Substance Use; Tobacco Control; and HIV/AIDS. Figure 1 depicts the high-level structure of the PHN.
Figure 1: Governance Structure of the Pan-Canadian Public Health Network
IV. Changes to PHN Council Membership

There were several changes in PHN Council membership between April 1, 2011 and March 31, 2012.

The PHN wishes to thank the following individuals for their service as members of Council:
- Ms. Jan Sanderson, former P/T Liaison Deputy Minister to the PHN (February 2011 – February 2012)
- Dr. Joel Kettner, former Manitoba member (July 2007 – January 2012)

The PHN welcomed the following new members to Council:
- Ms. Carolyn MacKay, P/T Liaison Deputy Minister to the PHN (as of February 2012)
- Ms. Marie Perchotte, Manitoba member (as of January 2012)
- Ms. Margo Greenwood, ex-officio interim First Nations/Inuit/Métis (FN/I/M) Public Health Expert Advisor (October 2011)

A complete list of PHN members is provided in Annex A.
V. Looking Ahead to 2012-2013

It is anticipated that the following items will be PHN priorities for 2012-2013.

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<tr>
<th>Objective 1: Health Promotion – Healthy Living Development and Management</th>
<th>Objective 2: Control and Prevention of Communicable and Infectious Disease</th>
<th>Objective 3: Prepare for and Respond to Public Health Emergencies</th>
<th>Objective 4: Build Public Health Infrastructure and Organizational Supports</th>
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<td>Mental Health Promotion</td>
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<td>Operational Framework for Mutual Aid Surge Requests for Health Care Professionals</td>
<td>Continued Implementation of the Recommendations of the Operational Review</td>
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<td>Injury Prevention</td>
<td>Food Safety</td>
<td>Canadian Pandemic Influenza Plan (CPIP)</td>
<td>2011 - 2012 Annual Report</td>
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<td>Antimicrobial Resistance</td>
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<td>Sexually Transmitted and Blood Borne Infections</td>
<td>Pan-Canadian All-Hazards Health Emergency Response Plan</td>
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<td>F/P/T Public Health All-Hazards and Critical Infrastructure Risk Assessment</td>
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Enhanced focus on Aboriginal Canadians and social determinants of health

In 2012 – 2013, the PHN will continue to refine its governance structure and business operations. In addition, the Network will build relationships and enhance communication within the public health community by participating in conferences and taking advantage of other suitable opportunities to partner where appropriate with Provincial Public Health Agencies and National Collaborating Centres and to improve utilization of the Canadian Network for Public Health Intelligence (CNPHI).
Conclusion

Since its creation in April 2005, the Public Health Network has focused on meeting the commitments and priorities identified by the Conference of F/P/T Deputy Ministers of Health and Healthy Living and the F/P/T Ministers of Health and Healthy Living.

This past year, through the PHN, governments and other public health stakeholders took collective action to address many public health priorities in Canada. The PHN and its partners focused on healthy living and public health and the environment; strengthened public health surveillance; and prepared for and responded to public health emergencies, as well as communicable disease control and prevention issues. These actions further emphasized the commitment of F/P/T governments to jointly work with public health partners to promote and protect the health of Canadians and prevent disease and injury.

The PHN looks forward to building on its successes as we work toward a high-quality, efficient and responsive public health system for all Canadians.
Reference Documents


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<th><strong>Federal Co-Chair</strong></th>
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<tr>
<td>Dr. David Butler-Jones</td>
<td>Dr. André Corriveau&lt;sup&gt;3&lt;/sup&gt;</td>
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<td>Chief Public Health Officer</td>
<td>Chief Medical Officer of Health</td>
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<td>Alberta Health and Wellness</td>
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<td>Ms. Carolyn MacKay</td>
<td>Ms. Sherri Wright</td>
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<td>Deputy Minister, New Brunswick</td>
<td>Assistant Deputy Minister, Health Services</td>
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<td>Department of Wellness, Culture and Sport</td>
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<th><strong>Northwest Territories</strong></th>
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<td>Mr. Dana Heide</td>
<td>Dr. Geraldine Osborne</td>
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<td>Assistant Deputy Minister, Operational Support</td>
<td>Chief Medical Officer of Health</td>
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<td>Dr. Perry Kendall</td>
<td>Ms. Margaret King</td>
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<td>Provincial Health Officer</td>
<td>Assistant Deputy Minister, Community and Population Health, Alberta Health and Wellness</td>
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<td>Mr. Rick Trimp</td>
<td>Ms. Marie Perchotte</td>
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<td>Executive Director, Population Health</td>
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<td>Dr. Arlene King</td>
<td>Dr. Alain Poirier</td>
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<td>Chief Medical Officer of Health</td>
<td>Directeur national de santé publique et sous-ministre adjoint, Ministère de la Santé et des Services sociaux</td>
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<tr>
<th><strong>Newfoundland and Labrador</strong></th>
<th><strong>Prince Edward Island</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Rosemary Boyd</td>
<td>Dr. Heather Morrison</td>
</tr>
<tr>
<td>Director, Government Relations</td>
<td>Chief Health Officer</td>
</tr>
<tr>
<td>Department of Health and Community Services</td>
<td>Department of Health and Wellness</td>
</tr>
</tbody>
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<th><strong>Federal</strong></th>
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<tbody>
<tr>
<td>Dr. Paul Gully</td>
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<tr>
<td>Senior Medical Advisor</td>
</tr>
<tr>
<td>Health Canada</td>
</tr>
</tbody>
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<sup>3</sup> In June 2012, Dr. Corriveau returned to Northwest Territories as the Chief Public Health Officer.