Pan-Canadian Public Health Network
Partners in Public Health

Annual Report
2012 - 2013
Table of Contents

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

Executive Summary ........................................................................................................................................................................ ii

Introduction ......................................................................................................................................................................................... 1

The Pan-Canadian Public Health Network (PHN) ................................................................................................................................. 1

I. Reporting on 2012 - 2013 PHN Key Areas of Focus and Deliverables .......................................................... 3

  Health Promotion – Healthy Living Development and Management .................................................. 3

  Control and Prevention of Communicable and Infectious Disease ........................................... 4

  Prepare for and Respond to Public Health Emergencies .............................................................. 6

  Building Public Health Infrastructure and Organizational Supports ....................................... 6

  Focus on Public Health and the Environment .............................................................................. 7

II. Building Relationships with the Public Health Community ................................................................. 8

III. PHN Governance and Structure ......................................................................................................................... 9

IV. Changes to PHN Council Membership ............................................................................................................. 11

V. Looking Ahead to 2013-2014 ......................................................................................................................... 12

Conclusion ...................................................................................................................................................................................... 13

Reference Documents ................................................................................................................................................................. 14

Annex A - Public Health Network Council Members on March 31, 2013 .................................................. 15

Text Boxes

  Textbox 1 - The Pan-Canadian Public Health Network: At-A-Glance ................. 2

Figures and Tables

  Figure 1 – Governance Structure of the Pan-Canadian Public Health Network .......... 10

  Table 1 - Pan-Canadian Public Health Network Strategic Objectives ....................... 12
Message from the Pan-Canadian Public Health Network Council Co-Chairs and P/T Liaison Deputy Minister

It is our privilege to present the 2012 – 2013 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 2012 – 2013 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 continuing to advance *Curbing Childhood Obesity: The Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*; identifying key areas for F/P/T collaboration in mental health promotion and injury prevention; presenting future directions for immunization and guidance for tuberculosis prevention and control; identifying areas for F/P/T collaboration in food safety; refining processes for mutual aid surge requests for health care professionals; developing operational tools for emergency response planning; furthering the development of the *Multi-Lateral Information Sharing Agreement* (MLISA); and working on a collaborative approach to public health surveillance.

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 2013-14, the PHN will continue to respond to F/P/T Minister 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, Alberta¹
Provincial/Territorial Co-chair, Public Health Network Council

*Dr. David Butler-Jones,* Chief Public Health Officer of Canada²
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 the Northwest Territories as Chief Medical Officer of Health. Dr. James Talbot has since been appointed as Alberta’s Chief Medical Health Officer.

² Dr. Gregory Taylor has been acting Federal Co-Chair since July 2012.
Executive Summary

This is the sixth 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 2012 - 2013 the PHN focused its attention on the following:

- Continued to advance *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights* by developing a progress report;
- Continued to build upon past efforts to improve mental health;
- Completed a paper on injury prevention indicators in provinces and territories;
- Completed an analysis of the benefits and gaps of the Canadian immunization programming and drafted recommendations for future direction for the National Immunization Strategy (NIS);
- Approved a pan-Canadian guidance document for tuberculosis prevention and control programs;
- Approved recommendations to improve connections among the health and agriculture sectors on mutually identified food safety priorities;
- Refined the process for mutual aid surge requests for health professionals;
- Continued to renew and improve pandemic influenza and emergency response planning;
- Continued the development of a formalized multi-lateral information sharing agreement; and
- Continued work on a multi-jurisdictional approach to public health surveillance priorities.

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 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

This Annual Report provides an overview of accomplishments, activities and key changes to the PHN in 2012 - 2013. In addition, this Report highlights several priorities and work plan items for 2013-2014.

The Pan-Canadian Public Health Network (PHN)

The PHN was established by Canada’s Federal, Provincial and Territorial (F/P/T) Health Ministers in 2005. It is a key intergovernmental mechanism which exists 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 evidence that highlighted an 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 F/P/T government to manage public health operations within its own domain.  

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

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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. Protect and promote the health of Canadians.
2. Promote the importance of public health in the development of a sustainable Canadian health system.
3. Improve health outcomes and reduce health inequalities.

Strategic Objectives
1. Health promotion -- Healthy living development and management
2. Control and prevention of communicable and infectious disease
3. Prepare for and respond to public health emergencies
4. Build public health infrastructure and organizational supports

Note: The mandate of the PHN was approved in 2005, when it was established by F/P/T Ministers of Health and Healthy Living. The vision, strategic goals and strategic objectives were approved by F/P/T Deputy Ministers of Health and Healthy Living in December 2010.
I. Reporting on 2012 - 2013 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 2012 - 2013 fiscal year the Network carried out work under the following themes:

1. **Promoted** health through healthy living development and management;
2. **Controlled** and **prevented** communicable and infectious disease;
3. **Prepared** for and responded to public health emergencies; and
4. **Built** public health infrastructure and organizational supports.

Health Promotion – Healthy Living Development and Management

The PHN continued its efforts to promote healthy living by focusing on a variety of key issues such as healthy weights, mental health and injury prevention. As part of its ongoing commitment to a social determinants of health approach, the Healthy People and Communities Steering Committee (HPC SC) invited expert presenters to a face-to-face meeting that explored how to better integrate perspectives on early childhood development, indigenous knowledge and health inequalities.

Healthy Weights

The HPC SC continued to advance *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights* (the Framework) which was endorsed by F/P/T Ministers of Health and/or Health Promotion/Healthy Living in 2010 and by Ministers of Sport, Physical Activity and Recreation in 2011. A progress update was presented to F/P/T Ministers of Health and Healthy Living at their September 2012 meeting via a multimedia presentation, which is available online at: [http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/2011/ccp-foi-eng.php](http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/2011/ccp-foi-eng.php).

The HPC SC is developing a progress report for 2013 on the Framework which is anticipated to be presented to F/P/T Ministers of Health and Healthy Living to highlight concrete, tangible actions underway across Canada. The report will profile joint and/or complementary initiatives that support the strategies of the Framework, such as P/T Champion initiatives and multi-sectoral projects being carried out by the sport, physical activity and recreation sectors at all levels. Recent national data on factors associated with childhood obesity and healthy weights will be collected using a measurement and monitoring approach that will be developed with assistance from the Measurement and Monitoring Task Group (MM TG), composed of representatives from F/P/T governments, nongovernmental organizations and academia.

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4 Except for the province of Québec
A second Summit on Healthy Weights/Healthy Living is being planned. This multi-sectoral summit will further develop the 2012 theme Building Partnerships for Collective Action and will explore innovative approaches and forge new partnerships to improve healthier living for Canadians.

The HPC SC also developed a discussion paper on the opportunities for supporting multi-sectoral planning on healthy eating and physical activity in community design and the built environment. This paper is a result of dialogue among a variety of jurisdictions about opportunities and networks for multi-sectoral collaboration and is intended to inform any current or future work in this area.

**Mental Health Promotion**

In Fall 2012, the HPC SC established a time-limited Mental Health Promotion Task Group (MHP TG) to explore and identify key areas for F/P/T collaboration in mental health promotion. This group will continue to build on past efforts to improve mental health and will be informed by recent expert reports such as the Mental Health Commission of Canada’s *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*.

The MHP TG will work to accomplish progress on the following priorities:

1. Raise awareness on positive mental health and begin to shift the conversation in Canada;
2. Enhance data collection and surveillance to better understand the state of mental health in Canada;
3. Develop and/or enhance strategic partnerships; and
4. Enhance collaboration and engagement across sectors, jurisdictions, etc.

**Injury Prevention**

A paper on injury prevention performance indicators in provinces and territories was completed and will serve as a starting point for discussions on the potential development of a “dashboard approach” to record and share effective practices in injury prevention across Canada.

**Control and Prevention of Communicable and Infectious Disease**

The PHN advanced the control and prevention of communicable and infectious disease by overseeing the establishment of new directions for immunization in Canada, strengthening technical guidance for tuberculosis prevention and control (especially among high-risk populations) and setting up a new structure which will improve connections among the health and agriculture sectors on food safety priorities.

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National Immunization Strategy (NIS)
In 2009, the PHN approved a review of the NIS and in 2011, the Communicable and Infectious Disease Steering Committee (CID SC) moved forward to create a National Immunization Strategy Task Group (NIS TG) to recommend ways to improve structures and processes for evidence-based immunization and ensure that the NIS accomplishes the following objectives:

1. Enhance the protection of Canadians against vaccine-preventable diseases;
2. Contain F/P/T health costs and associated burdens;
3. Promote innovation and efficiencies in immunization programming; and
4. Maintain F/P/T authorities and responsibilities.

During the past year, the NIS TG completed an analysis of the benefits and gaps of Canadian immunization programming and recommended future direction in eight policy priority areas. In 2013-14, the NIS TG will develop and propose options for a renewed NIS based on this analysis.

Guidance for Tuberculosis (TB) Prevention and Control Programs in Canada
In May 2012, PHN Council approved the Guidance for Tuberculosis Prevention and Control Programs in Canada document which outlines a national blueprint for a modern, evidence-based approach to TB prevention and control. This resource is based on the work of TB experts across the country and covers topics such as: management of active TB; contact tracing and outbreak investigation; screening; surveillance and data management; TB laboratory services; education and professional practice; community-based awareness; monitoring and evaluation; high-risk populations and settings; strategies to address emerging issues; social determinants of health related to TB; and research.

Food Safety Governance
In 2011, the CID SC established a time-limited Food Safety Governance Task Group (FSG TG) to review governance mechanisms in various provinces and territories (and at the F/P/T level) and to recommend a governance structure that will focus on a public health perspective relative to food safety priorities including: enhanced and integrated food and human illness surveillance; prevention of food-borne illness through targeted interventions; and outbreak preparedness and response.

In late 2012, PHN Council approved the CID SC’s recommendation to strengthen the governance of the F/P/T Food Safety Committee (F/P/T FSC) by improving connections among the health and agriculture sectors on mutual food safety priorities. The F/P/T FSC is supported by a joint Health Canada / Canadian Food Inspection Agency secretariat. The FSC reports to the F/P/T Agriculture Regulatory ADMs Committee and formally links to the PHN via the CID SC. F/P/T FSC Co-Chairs will collaborate with the CID SC Co-Chairs on the F/P/T Deputy Ministers of Health’s food safety priorities in the upcoming year.
Prepare for and Respond to Public Health Emergencies

In 2012 – 2013, the PHN’s Public Health Infrastructure Steering Committee (PHI SC) refined the process for mutual aid surge requests for health professionals and continued to improve pandemic influenza and emergency response planning.

Operational Framework for Mutual Aid Surge Requests for Health Care Professionals
The draft Operational Framework for Mutual Aid Surge Requests for Health Care Professionals supports the implementation of a memorandum of understanding (MOU) on the Provision of Mutual Aid in Relation to Health Resources during an Emergency Affecting the Health of the Public. During the past year, a series of F/P/T exercises were conducted to refine processes, tools and templates for mutual aid requests for health care professionals when using the Operational Framework to request aid. The framework is intended to be finalized by fall 2013 for use within jurisdictions in the event of an emergency.

Canadian Pandemic Influenza Plan
In 2012 – 2013, the PHI SC continued to renew the Canadian Pandemic Influenza Plan (CPIP) by revising the main body of the plan and approving the development of a stakeholder engagement approach which renews F/P/T commitment towards a nationally consistent, pan-Canadian approach to pandemic preparedness and response. The revisions to the main body are intended to be completed towards the 2014-15 fiscal year. As the CPIP is an evergreen document, these first steps in the renewal will be followed by a review and revision of the CPIP Annexes.

Pan-Canadian All-Hazards Health Emergency Response Plan
The Pan-Canadian All-Hazards Health Emergency Response Plan supports F/P/T decision-making and communication during emergencies. This year, the Pan-Canadian All-Hazards Health Emergency Response Plan Task Group of the PHI SC developed a working draft of the plan, including operational tools and templates. A Coordination Response Structure was also drafted and work will continue into the next year to finalize these two draft documents.

Building Public Health Infrastructure and Organizational Supports
The PHN was involved in technical discussions to establish a formalized agreement on multi-lateral information sharing and continued work to address public health surveillance priorities through improvements to national surveillance infrastructure.

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6 Signed by F/P/T Ministers of Health and Healthy Living in 2009
Multi-Lateral Information Sharing Agreement (MLISA)
Discussions within both the PHI SC and PHN Council led to the development of a revised draft of the Multi-Lateral Information Sharing Agreement (MLISA). MLISA will establish a formalized agreement between F/P/T governments to define why, what and when public health information will be shared between jurisdictions in Canada. The PHN will continue the development of the draft agreement over the next year.

National Surveillance Infrastructure (NSI)
The National Surveillance Infrastructure Task Group (NSI TG) of the PHI SC continued to work on a multi-jurisdictional approach to public health surveillance priorities. Future work will focus on obtaining consensus on content and developing the components of a Blueprint for a Federated System of Public Health Surveillance in Canada.

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 2012-2013. These discussions examined wind turbines, personal service establishments and fracking for shale gas. 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.
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 discussion forum and sponsored an information booth at the annual 2012 Canadian Public Health Association Conference (CPHA). This allowed PHN members to engage with participants in a wide-ranging open discussion on public health issues relevant to the social and physical environment such as: injury prevention, healthy eating, active living, built environment, tuberculosis, Wi-Fi, wind turbines and First Nations, Inuit and Métis health. Dialogue also focused on potential areas for inter-sectoral and inter-governmental collaboration to address current issues and jurisdictional initiatives that may have potential for broader application.

The information booth and the discussion forum 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 in each of its jurisdictions. All members are 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) was renewed as Provincial/Territorial Co-Chair for an additional two years ending March 31, 2014. Dr. Gregory Taylor was acting Federal Co-Chair for Dr. Buttler-Jones, Chief Public Health Officer of Canada. *Ms. Carolyn MacKay*, New Brunswick Deputy Minister of Culture, Tourism and Healthy Living was appointed as P/T Deputy Minister Liaison to the PHN Council in February 2012 for a term ending March 31, 2013.

*Ms. Margo Greenwood*, PhD continued to serve as interim First Nation, Inuit, Métis (FN/I/M) Public Health Expert Advisor and acted 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.

The PHN structure consists of three steering committees: Communicable and Infectious Disease; Healthy People and Communities; and Public Health Infrastructure. Each steering committee has full F/P/T representation and is supported by expert-based, time-limited task groups. The task groups are established to advance the development of deliverables for PHN priorities and work plan items.

The Council of Chief Medical Officers of Health (CCMOH), consisting of the most senior medical officer of health employed by each jurisdiction, provides direction, guidance and recommendations on technical issues relating to PHN work. CCMOH reports to the Conference of F/P/T Deputy Ministers of Health through PHN Council.

Figure 1 below depicts the high-level structure of the PHN.
Figure 1: Governance Structure of the Pan-Canadian Public Health Network

Note:
The Public Health Agency of Canada supports the PHN through a variety of measures including provision of secretariat and policy support for the Pan-Canadian Public Health Network Council (PHNC), the Council of Chief Medical Officers of Health (CCMOH) and each of the three steering committees that report through the PHNC. Provinces and territories support the network with annual contributions for general policy support, research and specific policy support for the PT co-chair and Liaison DM.

With changes to the federal HP travel directive in November 2012, the Agency is no longer able to pay the travel and accommodation costs for provinces and territories for face-to-face meetings. However, along with its ongoing secretariat and policy support, the Agency continues to fund PHN-related meeting costs including meeting space, hospitality, audio-visual support, and information technology services.

Since its establishment in 2005, the Agency has covered the cost of travel and accommodations for the PHNC and all of its committees. While the change to the federal travel policy could have affected provincial and territorial attendance at face-to-face meetings, PT member participation (either in person or via teleconference/WebEx) has remained unchanged.
IV. Changes to PHN Council Membership

There were several changes in PHN Council membership between April 1, 2012 and March 31, 2013.

The PHN wishes to thank the following individuals for their service as members of Council:

- Dr. Geraldine Osborne, former Nunavut member (April 2011 to September 2012)
- Ms. Margaret King, former Alberta member (September 2007 to August 2012)
- Mr. Rick Trimp, former Saskatchewan member (June to 2008 to November 2012)
- Ms. Marie Perchotte, former Manitoba member (January 2012 – April 2012)
- Dr. Alain Poirier, former Quebec member (June 2005 – June 2012),
- Ms. Rosemary Boyd, former Newfoundland and Labrador member (April 2010 to May 2012)
- Dr. Paul Gully, former federal member (Oct 2009 - December 2012)

The PHN was delighted to welcome the following new members to Council:

- Dr. Maureen Baikie, Nunavut member (as of October 2012)
- Mr. Neil MacDonald, Alberta member (as of September 2012)
- Dr. Saqib Shahab, Saskatchewan member (as of December 2012)
- Mr. Terry Goertzen, Manitoba member (as of May 2012),
- Dr. Horacio Arruda, Quebec member (as of July 2012)
- Ms. Colleen Stockley, Newfoundland and Labrador member (as of December 2012)
- Dr. Robert Cushman, federal member (as of December 2012)

A complete list of PHN members is provided in Annex A.
V. Looking Ahead to 2013-2014

It is anticipated that the following items will be included in the PHN work plan for 2013-2014.

<table>
<thead>
<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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<tr>
<td>Healthy Weights</td>
<td>National Immunization Strategy (NIS)</td>
<td>Canadian Pandemic Influenza Plan (CPIP)</td>
<td>Multi-Lateral Information Sharing Agreement (MLISA)</td>
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<td>Mental Health Promotion</td>
<td>Tuberculosis (TB)</td>
<td>Operational Framework for Mutual Aid Surge Requests for Health Care Professionals (OFMAR)</td>
<td>PHN First Nations, Inuit, Métis Engagement Strategy</td>
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<td>Injury Prevention</td>
<td>Antimicrobial Resistance (AMR)</td>
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Enhanced focus on Aboriginal Canadians and social determinants of health

In 2013 – 2014, the PHN will continue to refine its 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 development and management by addressing issues such as healthy weights, mental health and injury prevention. In addition, the PHN advanced the control and prevention of communicable and infectious disease by overseeing the establishment of new directions for immunization in Canada, strengthening tuberculosis prevention and control and improving connections among those concerned with food safety.

The PHN further strengthened the Canadian infrastructure to prepare for and respond to public health emergences by refining the process for mutual aid surge requests for health professionals and renewing and improving pandemic influenza and emergency response planning. Public health infrastructure and organizational supports were built through F/P/T discussions that advanced the development of a formal agreement on multi-lateral information sharing and continued to improve public health information sharing.

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 all work toward a high-quality, efficient and responsive public health system for Canadians.
Reference Documents


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<tr>
<th>Region</th>
<th>Federal Co-Chair</th>
<th>Acting Federal Co-Chair</th>
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<td><strong>Dr. David Butler-Jones</strong>&lt;br&gt;Chief Public Health Officer&lt;br&gt;Public Health Agency of Canada</td>
<td><strong>Dr. Gregory Taylor</strong>&lt;br&gt;Deputy Chief Public Health Officer&lt;br&gt;Public Health Agency of Canada</td>
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<td><strong>P/T Co-Chair</strong></td>
<td><strong>P/T DM Liaison</strong></td>
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<td><strong>Dr. André Corriveau</strong>&lt;br&gt;Chief Public Health Officer&lt;br&gt;Alberta Health and Wellness</td>
<td><strong>Ms. Carolyn MacKay</strong>&lt;br&gt;Deputy Minister, New Brunswick&lt;br&gt;Department of Wellness, Culture and Sport</td>
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<td>Yukon</td>
<td><strong>Ms. Sherri Wright</strong>&lt;br&gt;Assistant Deputy Minister, Health Services&lt;br&gt;Department of Health and Social Services</td>
<td><strong>Mr. Dana Heide</strong>&lt;br&gt;Assistant Deputy Minister, Operational Support&lt;br&gt;Department of Health and Social Services</td>
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<td><strong>Nunavut</strong></td>
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<td><strong>Dr. Maureen Baikie</strong>&lt;br&gt;Chief Medical Officer of Health&lt;br&gt;Health and Social Services, Government of Nunavut</td>
<td><strong>Dr. Perry Kendall</strong>&lt;br&gt;Provincial Health Officer&lt;br&gt;Ministry of Health</td>
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<td>Alberta</td>
<td><strong>Mr. Neil MacDonald</strong>&lt;br&gt;Acting/Assistant Deputy Minister&lt;br&gt;Family and Population Health, Alberta Health</td>
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<tr>
<td>Quebec</td>
<td><strong>Dr. Horacio Arruda</strong>&lt;br&gt;Directeur de la Protection de la santé publique&lt;br&gt;Ministère de la Santé et des Services sociaux</td>
<td><strong>Dr. Eilish Cleary</strong>&lt;br&gt;Chief Medical Officer of Health&lt;br&gt;Department of Health</td>
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<td>Prince Edward Island</td>
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<td><strong>Dr. Robert Cushman</strong>&lt;br&gt;Senior Medical Advisor&lt;br&gt;Health Canada</td>
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