

Public Health Ontario (PHO)¹

Annual Business Plan 2015-16 to 2017-2018

For Posting

¹Note: Public Health Ontario (PHO) is the operating name for the Ontario Agency for Health Protection and Promotion (OAHPP)

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Executive Summary

This ABP is intended to be a focused and concise document that adheres to the requirements of government directives and applicable statutes.

Section 1 describes PHO's mandate, mission and vision and its accountability mechanisms to government.

Section 2 provides an environmental scan targeting key external and internal factors that will influence PHO's business and ability to deliver on its mandate over the horizon of this ABP.

Section 3 describes our strategic directions and associated organizational priorities for 2015-16.

Section 4 provides an overview of our six principal public health programs and corporate services, and setting forth program-specific core activities and priority initiatives for 2015-16.

Section 5 sets forth our financial budget, staffing numbers and capital resource requirements to achieve the work described in this ABP.

Section 6 describes PHO's approach to organizational performance measurement, monitoring and reporting. Where applicable annual performance targets related specifically to core activities are identified.

Section 7 provides an overview of key initiatives involving third parties. It provides highlights of PHO's role and partnerships with the Ministry of Health and Long-term Care (MOHLTC), local public health units (PHUs), various stakeholder groups and professional associations, and ongoing collaborations with other health agencies.

Section 8 summarizes the key organizational high risks facing PHO over 2015-16 and the associated risk mitigation strategies. These are presented in accordance with the Ontario Public Service (OPS) risk management framework.

Section 9 describes the communication plan associated with this ABP.

Section 1: Mandate

Public Health Ontario (PHO) was created by legislation in 2007 as a Crown operational service agency. We emerged as part of the Ministry of Health and Long-Term Care's (MOHLTC) plan to renew Ontario's public health system following the SARS outbreak in 2003. MOHLTC's *Operation Health Protection* committed to creating a public health agency, and made significant program investments in public health renewal, the public health laboratories, infection prevention and control, and public health emergency preparedness. In 2006, the Agency Implementation Task Force (AITF) set the blueprint for our organization in its final report [From Vision to Action](#).

We began operations in the summer of 2008 and accordingly 2015-16 marks the beginning of our seventh full fiscal year of operation and the second year of implementation of our [Strategic Plan 2014-19: Evidence, knowledge and action for a healthier Ontario](#).

We are committed to protecting and promoting the health of Ontarians and reducing inequities in health. We recognize that a focus on health inequities must be maintained and applied across all work streams. The ability to identify, understand and mitigate the disparities in the determinants of health, health behaviours, access to health services and health status, which exist across population groups, is critically important to achieving Ontario's health potential.

We remain vigilant for current or emerging threats to health. We study and evaluate what makes people healthy and how we can help Ontarians live healthier lives. We inform policy, action and decisions of government, public health practitioners, front-line health workers and researchers by linking them to the best scientific intelligence and knowledge.

In accordance with our 11 legislated objects as set forth in Section 6 of the *Ontario Agency for Health Protection and Promotion Act, 2007 (OAHPP Act)*, our Mandate is to provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors.

We build capacity, assemble expertise and guide action through:

- advice, consultation and interpretation
- continuing education and professional development
- health emergency preparedness
- information management
- knowledge and best practices generation
- laboratory services
- library services
- research, ethics and evaluation
- support to policy and program development
- surveillance and population health assessment

Our Vision: Internationally-recognized evidence, knowledge and action for a healthier Ontario.

Our Mission: PHO enables informed decisions and actions that protect and promote health and contribute to reducing health inequities.

We generate timely, relevant and reliable information, results, and guidance and the tools to use them. In so doing, we help to ensure effective and responsive health care delivery, promote health and prevent and

manage public health events. We deliver service throughout Ontario working from our regional and Toronto based sites.

Our areas of expertise include:

- Chronic Disease Prevention
- Environmental Health
- Infectious Disease
- Microbiology
- Emergency Preparedness
- Health Promotion
- Injury Prevention
- Occupational Health

In meeting our Vision, Mission and Mandate, our primary clients include:

- Ontario's Chief Medical Officer of Health (CMOH)
- MOHLTC and other ministries
- Local public health units (PHUs)
- Health system providers and organizations across the continuum of care.

In addition to these clients, our Partners for Health can include academic, research, not-for-profit, community-based and private sector organizations and government agencies working across sectors that contribute to Ontarians achieving the best health possible. Examples of many of these partnerships are provided in Section 7.

Accountability Mechanisms

In accordance with the government's *Agency Establishment and Accountability Directive (AEAD)*, PHO is designated as an operational service agency of the Crown, governed by a Board of Directors appointed by the Lieutenant Governor in Council. Through its Board Chair, PHO is accountable to the Crown through the Minister of Health and Long-Term Care for fulfilling its legislative obligations, the management of the resources it uses, and its standards for any service it provides. Building upon its founding legislation, there are two primary vehicles which define accountabilities for PHO in relation to government: the Memorandum of Understanding (MOU) and the Funding Agreement (FA).

The MOU:

- i. sets forth key roles and responsibilities for the Minister, Deputy Minister, CMOH, Board Chair, Board of Directors and Chief Executive Officer (CEO);
- ii. confirms accountability mechanisms between the parties and identifies principles and administrative procedures to enable PHO to fulfill its legislated mandate.

In accordance with the *Transfer Payment Accountability Directive* and the MOU, the FA is a requirement for PHO to receive transfer payment funding from MOHLTC, its primary funding agent. An evergreen FA was completed between the parties in 2012-13. Schedules to the FA define specific reporting requirements and are refreshed annually.

PHO understands the priority government has placed on enhancing the accountability of its Crown agencies. Accordingly, the Board and senior staff will continue to work with government partners on enhancing transparency and accountability mechanisms. Examples are cited in various sections of this ABP.

Section 2: Environmental Scan

External Factors – Global and National

The world is becoming more interconnected and global health issues continue to evolve. The emergence of diseases such as Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and avian influenza has reinforced the need for a collective defense and joint action against transnational threats to health.

The 2014 epidemic of the Ebola Virus Disease (EVD) in West Africa has in particular been an important call for all countries to be better prepared to respond to any threatening and sustained public health danger. PHO and its international, provincial and federal health partners remain focused on surveillance, preparedness, management and control efforts. Intense coverage in the media has resulted in heightened attention to risk assessment and infection prevention and control issues everywhere. These include implementation of different border entry screening programs in an effort to identify travelers during their early symptomatic phases and scrutiny of the level of preparedness in individual hospitals for the identification and management of suspect cases.

The infections of health-care workers treating EVD patients in Africa, Spain and the United States have raised serious questions about the safety of nurses, doctors, and other frontline staff. There has been a move by governments to review and augment their EVD preparedness in light of these transmissions. In Ontario, safety of front line health workers is a top priority. The province has designated 11 hospitals to handle any suspected EVD cases because they already have sophisticated infection-control systems in place. A three-tier model (treatment, testing and screening hospitals) has recently been established to ensure the best use of resources and care for patients. Ontario has also increased access to personal protective equipment such as biohazard suits, N95 respirators and Powered Air Purifying Respirators to frontline paramedics, nurses and other health care workers. We expect to continue to work closely with the Office of the CMOH, MOHLTC's Public Health Division and participate on the Ebola Command Table to inform background issues, evidence-informed guidelines and any gaps that may exist within the system. Our laboratories have also introduced polymerase chain reaction (PCR) testing for EVD in order to expedite assessment of suspect patients seen in Ontario hospitals.

Other global public health concerns include antimicrobial resistance, immunization and vaccines. Antimicrobial resistance was identified by the World Health Organization (WHO) as a growing and major threat to public health. WHO is leading an effort to address drug resistance that requires collaboration around the world in surveillance, research, knowledge transfer and exchange, and identification of best practices. This timing coincides with the Government of Canada's release (October 2014) of *Antimicrobial Resistance and Use in Canada: A Federal Framework for Action*. The framework highlights the actions necessary to address antimicrobial resistance and use in Canada and outlines three strategic areas of focus: surveillance, stewardship and innovation.

Immunization and vaccines continue to be of critical importance, especially for at-risk populations. Measles has surfaced as a concern with the United States (U.S.) experiencing a record number of cases in 2014 and the highest number of cases since measles elimination was documented in the U.S. in 2000. As global populations continue to be more mobile, participating in mitigation of the potential impacts on the health of Ontarians is central to PHO's ongoing laboratory, surveillance and infectious disease activities (see Section 4).

Obesity is a complex issue that has a negative impact on health and quality of life in many countries. In Ontario, a substantial proportion of the population (13 per cent of children; 11 per cent of youth; 26 per cent of adults and seniors) is obese and an even greater proportion is overweight. Recent data shows dramatically rising rates of childhood obesity worldwide. Tackling childhood obesity will allow countries to reduce the

impact of heart disease, diabetes and other serious non-communicable diseases which are the leading cause of death, while immediately improving the health and wellbeing of children. As outlined in the recent speech from the throne, the Government of Canada is committed to working with all provinces and territories to encourage young Canadians to be more physically active. PHO's related initiatives are outlined in Section 4.

External Factors – Provincial

The provincial context has seen considerable change with the appointment of a new Deputy Minister of Health and Long-Term Care, effective June 2, 2014 and the completion of the five-year term of the standing CMOH. After a period of transitional leadership coverage, an acting CMOH was appointed effective September 15, 2014. The election of a majority government in June 2014 further changed the political landscape with the appointment of a new Minister of Health and Long-Term Care and the creation of a new cabinet position of Associate Minister of Health and Long-Term Care and Wellness.

In September, for the first time ever, the Ontario government made public the mandate letters given to each minister and ministry. Common to all mandate letters is an emphasis on fiscal prudence, on meeting the government's program-spending objectives and reinforcement of the commitment to eliminate the deficit by 2017-2018. The themes of accountability, openness and transparency resonate throughout. Like other provincial agencies and system partners, PHO will be required to be more transparent and accountable for how it uses public funds.

In the mandate letter to the Minister of Health and Long-Term Care, there are clear expectations of a continued shift toward a sustainable, accountable system that provides coordinated quality care to people, when and where they need it. Fostering collaboration across system and making the necessary trade-offs to shift spending to where Ontario will get the best value of health care dollars is also a clear theme. The mandate letter to the Associate Minister tasks her with delivering sustainable long-term care to Ontarians and to championing a culture of health and wellness across the province.

In 2015-16, PHO will be providing support to two new high profile programmatic activities that involve several ministries. The *Toronto 2015 Pan American / Parapan American Games* will involve our Laboratories, Infectious Diseases and Emergency Preparedness/Incident Response areas in the planning for and responding to public health threats (refer to Section 4). As part of the Healthy Kids Strategy (HKS), our Health Promotion, Chronic Disease, and Injury Prevention (HPCDIP) team will be providing scientific and technical support and undertaking the evaluation of the *Healthy Kids Community Challenge (HKCC)*, an initiative where 45 communities across Ontario will be delivering local programs and activities that will support children and youth to be more active and healthy (see Section 4).

In addition to local, provincial, national and international outbreaks, PHO's scientific and technical support and capacity have responded to a breadth of public health issues, with continuing focus on influenza and respiratory viruses, vaccine-preventable diseases, sexually-transmitted infections, Lyme disease, environmental hazards, wind turbines and food-borne outbreaks. Likewise, supporting health promotion activities and evidence on provincial priorities such as mental health, poverty reduction, healthy active living and healthy eating and childhood obesity remain a constant focus and will guide many of activities over the horizon of this ABP.

Internal Factors – PHO

Following the resignation of PHO's founding President and CEO, an international recruitment successfully culminated in the appointment of an incoming President and CEO, effective November 3, 2014. Changes have also occurred at the governance level with a new Chair effective July 1, 2014, succeeding the last remaining member of the inaugural Board of Directors who had served with distinction as Chair for the past three years.

We will have achieved another key milestone with the successful relocation of our Toronto laboratory from Resources Road in Etobicoke to 661 University Avenue (MaRS Phase II) in the Discovery District in the heart of downtown Toronto. With new governance and leadership in place, a facility to allow for advanced testing platforms, data and surveillance systems, and enhanced research and operational technologies and the maturing of PHO programs and integration of structures, the stage is set for the organization to optimize the alignment and efficiencies of one organization and strengthen cross-functional activities and collaborations.

Our facilities are integral to our work and operations, and our ability to meet clients' needs. Delays in the relocation of the Operational Support Facility and Bio-Repository Centre (OSF/BRC) require us to maintain these functions at Resources Road, until such time as the new location is secured and the necessary retrofit completed.

Delay has also occurred in the relocation of our London laboratory. A replacement property for the new facility has been secured and the request for proposals for design has been issued by Infrastructure Ontario (IO) and the new facility should be ready by March 31, 2017

While we have considerable resources in communicable and infectious disease, PHO must consider existing gaps in chronic disease prevention, health promotion and environmental and occupational health to meet the breadth of the public health mandate and sector priorities. Balancing the health protection and promotion aspects of our mandate is an ongoing challenge. Within the context of budget constraints and increasing demand, this will increasingly pose strategic challenges to the agency and will demand creative approaches and partnership.

Our 2014 Client Satisfaction Survey assessed satisfaction, awareness, responsiveness and partnership. With an overall high customer experience index rating, indicating a very strong benchmark result, clients reported satisfaction with programs and services. They also reported that they would recommend PHO products to others, and saw use, value and impact in our work.

PHO also conducted its first Employee Engagement Survey in 2014. Defining and implementing targeted improvement activities will be an organizational priority in the year ahead as we continue to build a stronger PHO.

Information management and information technology are critically important to our mandate and the achievement of our vision, mission and strategic directions. Early 2014 saw the culmination of a long-standing priority: the harmonization of the communications, network services, email services and desktop services, within our 11 laboratories with the standard platforms used by the rest of PHO. More than 650 laboratory staff migrated from the Ontario Public Service (OPS) Information Technology (IT) infrastructure to PHO's standard platforms, placing the entire organization on the same communications and IT systems for the first time.

Our website provides a robust, flexible and innovative platform and online gateway to our knowledge, best practices, research data and continuing education. New and evolving systems (e.g. SharePoint, Stakeholder Relationship Management system, Laboratory Information System, key surveillance and computational biology systems) will require sustained efforts.

Section 3: Strategic Directions

PHO's [Strategic Plan 2014-19: Evidence, knowledge and action for a healthier Ontario](#) guides our work and collaborative activities.

Strategic Directions and Associated Priorities for 2015-16

In their 2014 mandate letters, the Minister of Health and Long-Term Care and Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness) were charged with ensuring people receive the right care at the right time at right place; driving accountability, efficiency and transparency across the health system; and promoting healthier lifestyles for Ontarians through shared responsibility across government. PHO's five strategic directions are aligned with these goals; they focus on supporting the public health sector, our mandate to transform data into knowledge, our enabling role, our research agenda, and our people to improve the health of Ontarians. Our priorities and areas of focus in 2015-16 in support of our strategic directions are outlined below.

Strategic Direction 1 – Provide scientific and technical expertise to strengthen Ontario's public health sector and support the achievement of its goals

As described in Section 1, PHO is one of four key components of the public health sector along with the provincial government, the office of the CMOH and local PHUs. Accordingly, PHO has a significant role to play in supporting achievement of the sector's goals. In accordance with our Mandate, we will continue to provide scientific and technical advice and support to our public health sector partners as they work to achieve sectors goals and priorities. We will generate new public health knowledge, support population health monitoring and drive policy and practice action. Our expertise will support the sector in taking actions to achieve its goals through activities that include developing appropriate tools, knowledge products, professional development programs and collaborative opportunities.

Strategic Direction 2 – Accelerate integrated population health monitoring

Our priority for 2015-16 is to **expand our use of data visualization**. Leveraging and building on our early successes of web-accessible analytic and presentation methodologies for population health assessment and surveillance, we will employ effective and compelling data visualization strategies to ensure complex information and interactions are easily understood and can be used to interpret and understand quickly and enable just-in-time decisions to support action.

Strategic Direction 3 – Enable policy, program and practice action

Our priority for 2015-16 is **knowledge mobilization, professional development and education**. We will strengthen our knowledge exchange and mobilization efforts, creating more integrated knowledge exchange (KE) strategies from the earliest conception of a new product so that we can ultimately increase its utilization and uptake. We will also create a more seamless suite of learning and KE opportunities to reflect various approaches to learning such as workshops, seminars, job shadowing, and mentoring. We will ensure that our approaches match the varied needs, geographic locations, and learning styles of our clients and students. The objectives are to build knowledge exchange skills and capacity within PHO and to foster innovative approaches to product development and dissemination.

Strategic Direction 4 – *Advance public health evidence and knowledge*

Implementation science is our priority for 2015-16. PHO will undertake a range of activities in support of this priority, including methods development and application and capacity building in implementation science.

Strategic Direction 5 – *Great people, exceptional teams building a stronger PHO*

Our priority for 2015-16 is to **improve employee engagement** across the organization. A corporate action plan has been developed to support this, with six key areas of focus: Culture/Values, Structure and Processes, Career Opportunities, Leadership Development, Manager Support and Effectiveness, Inspiring Excellent Performance and Employee Health, Safety and Wellness The plan will require effort across all departments to improve engagement.

Section 4: Overview of Current and Future Programs and Activities

Building on the strategic context presented in Section 3, this section provides an overview of each of PHO's six principle public health programs and corporate services and their priorities for 2015-16.

The priority initiatives in this ABP have been informed by the review of government priorities as shared by the CMOH, Public Health Division (PHD) and Health Promotion Division (HPD) of the MOHLTC. These priorities are also considered in the development of departmental operational plans. Where feasible, we have established annual volume targets for various types of products and services, as shown in Section 6 of this ABP.

PHO's Mandate is consistent with [Ontario's Action Plan for Health Care](#), and specifically, two of its three goals:

- *Keeping Ontario Healthy* – PHO services which support the public health sector in its mandate to protect and promote health, and
- *Right Care, Right Time, Right Place* – PHO services which support health care providers in the areas of immunization, communicable disease control, infection prevention and control, environmental health, chronic disease and injury prevention.

PHO is aligned to support the key expectations as expressed in the ministers' mandate letters, specifically:

- Shift toward a sustainable, accountable system that provides coordinated quality care to people, when and where they need it [Minister of Health and Long-Term Care].
- Foster collaboration across the system and make the necessary trade-offs to shift spending to where Ontario will get the best value for health care dollars, which must be shared between health system partners [Minister of Health and Long-Term Care].
- Deliver sustainable long-term care to Ontarians and champion a culture of health and wellness in the province [Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness)].

The mandate letters also describe specific priorities, initiatives and policy directions which may, over the course of the mandate, impact PHO directly, or which may result in specific requests for services related to our scientific and technical supports. These include:

- Supporting evidence informed decisions by providing background data and reports
- Supporting a culture of health and community wellness to help people stay healthy
- Supporting the development of a policy on community hubs
- Participating in efforts to optimize quality and value in the laboratory system
- Supporting the outcomes and value for money review of local delivery structures
- Aligning with the transparency initiative by reviewing the PHO services which directly support actions by our local public health and health care system partners, particularly in the area of infection prevention and control
- Continuing to provide online delivery of services to promote productive and sustainable foundations for our health system partners
- Continuing to partner with government on evaluations of complex population health interventions, with a particular focus on the Healthy Kids Community Challenge and Quality Daily Physical Activity.

PHO is also guided by its legislative mandate to enhance the protection and promotion of the health of Ontarians and to contribute to efforts to reduce health inequities. While specific activities in support of government actions related to the reduction of inequities in health are referenced in departmental plans, PHO

will also routinely consider potential population health implications due to health inequities, with the intention of informing future policy and practice.

In considering the priority initiatives and core activities as outlined, it is important to note that since PHO plays a key role in public health incident and emergency response, flexibility is essential. In the event of a major emergency or exigent circumstance, we will, if deemed appropriate following consultation with the CMOH, delay or defer certain activities, products or services in order to dedicate appropriate expertise and attention to supporting the MOHLTC, CMOH and other partners as the emerging circumstance may require.

Overview of Principal Public Health Program Areas and Activities

PHO’s organizational structure includes three portfolios: Public Health Ontario Laboratories (PHOL), Science and Public Health (SPH) and Corporate Services (CS). We have six principal public health program areas – one being the PHOL and the other five; namely Infectious Disease (ID), Environmental and Occupational Health (EOH), Health Promotion, Chronic Disease and Injury Prevention (HPCDIP), Emergency Preparedness and Service Integration (EPSI) and Knowledge Services (KS) residing within the SPH portfolio.

Public Health Ontario Laboratories (PHOL)

PHOL provide clinical and environmental laboratory testing and related expert advice, services and research in support of the prevention and control of infectious diseases. The laboratories service PHUs, hospital and community laboratories, long-term care facilities, clinicians in private practice and private citizens. PHO’s laboratory system consists of 11 fully accredited laboratories located in Toronto, London, Hamilton, Thunder Bay, Timmins, Sault Ste. Marie, Sudbury, Orillia, Peterborough, Ottawa and Kingston.

The majority of PHOL’s tests are clinical tests performed daily for the detection and diagnosis of infectious and communicable diseases, (e.g., tuberculosis, influenza and West Nile Virus infections, and the provision of specialized testing, such as molecular typing (e.g., DNA fingerprinting)) which has become a routinely utilized tool in daily public health investigative activities. PHOL performs all HIV and syphilis clinical testing in Ontario and operates the largest tuberculosis laboratory in North America, and one of the largest diagnostic mycology laboratories in the world. PHOL works closely with other PHO departments, in support of local, provincial and national responses to outbreaks, epidemics and pandemics, biosafety and other exigent events. Through its work in collaborative and applied research, PHOL develops protocols and tests for new and emerging diseases to support surveillance, infection control, investigation of new and emerging pathogens and epidemiological studies.

2015-16 Priorities
Further develop genomics and bioinformatics system to support high quality testing, laboratory-based surveillance, outbreak management and public health research.
Enhance the laboratory-based data management infrastructure to support PHO surveillance, the Ontario Laboratory Information System (OLIS) and additional web-based tools for greater client access to data.
Evolve the academic and educational programs to enhance collaborations and continue participation by students and public health system staff, including rotations and practicums for students, trainees and health professionals.
Enhance development of programs in surveillance and tools to combat antimicrobial resistance, pathogen discovery for outbreak response, and test method development and validation for optimal clinical and public health delivery.
Optimize the research infrastructure at the new PHOL-Toronto.
Continue to advance work on the PHOL-London redevelopment project.
Relocate the Operational Support Facility/Biorepository to support laboratory operations in the new facility.
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.

Infectious Diseases (ID)

The Infectious Diseases (ID) area supports PHO's mandate for the surveillance, prevention and control of communicable and infectious diseases. Its focus is both scientific and operational. Medical, clinical and scientific resources within Communicable and Infectious Diseases (CID) and Public Health Sciences (PHS) provide overall scientific and technical direction and support to ID's two operational departments – Communicable Diseases Prevention and Control (CDPC) and Infection Prevention and Control (IPAC).

The **Communicable Diseases Prevention and Control (CDPC) Department** includes four units: Enteric, Zoonotic and Vector-Borne Diseases (EZVBD), Communicable Diseases (CD), Immunization and Vaccine-Preventable Diseases (IVPD) and Surveillance Services (SS). The department, in conjunction with CID and PHS, provides operational, scientific and technical support to detect, prevent and control communicable diseases and outbreaks in community and institutional settings. This involves significant resources for routine surveillance, disease control, outbreak detection and response, and reporting functions and may entail specialized surveillance programs, case investigation support, and support to outbreak management as well as immunization guidance. CDPC is the business lead for the provincial integrated Public Health Information System (iPHIS) and its business intelligence tool (Cognos), and provides support and advice to users. The department provides subject matter expertise related to the development of Panorama, including the Immunization module, which was recently implemented in the majority of PHUs. In its area of expertise and leadership in the management of science initiatives, including epidemiological analysis of provincial data, as well as surveillance of vaccine safety and coverage, CDPC supports program evaluation and applied research and develops technical reports and guidelines, evidence summaries, literature reviews, and other products. The department provides scientific and secretariat support to two of the Provincial Infectious Diseases Advisory Committees (PIDAC): PIDAC-Immunization and PIDAC-Communicable Diseases.

The **Infection Prevention and Control (IPAC) Department** assists in the detection and management of institutional outbreaks, develops best practices and guidelines, conducts research and pilot projects that look at infection control in health care settings and provides training, education and field support activities. The department's Knowledge Synthesis and Evaluation Unit generates new knowledge about IPAC practice, builds capacity in knowledge synthesis and best practice development, and facilitates evaluation across IPAC. The unit is also responsible for developing the health care-associated infections (HAI) surveillance strategy and provides support for the [Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control](#) (PIDAC-IPC). The IPAC Resources Unit translates knowledge into practical tools, resources and programs. It supports a core group of programs that include [Just Clean Your Hands \(JCYH\)s](#), [Infection Control Resource Teams \(ICRT\)](#), [IPAC Core Competency Online Learning Course](#), and the [Antimicrobial Stewardship Program \(ASP\)](#). There are 14 RICNs geographically distributed across the province with one in each LHIN to facilitate the regional adoption of best practices in IPAC by enabling, facilitating and coaching to support health care professionals at the local level. IPAC staff facilitates knowledge transfer and information sharing through regional networks in order to enhance patient safety, reduce duplication of effort and ensure that scarce resources are used efficiently. The Department provides secretariat support to PIDAC committees. Scientific and technical input to all of the work in IPAC is provided in an integrated approach with the physicians and scientists in the department.

2015-16 Priorities for Infectious Diseases (including Public Health Sciences)
Achieve and maintain international and national recognition of work through various PHAC, WHO, Pan American Health Organization (PAHO) and other partnerships, conferences, student teaching and supervision.
Provide scientific and technical support to the implementation of new vaccines and vaccine program expansions.
Continue and/or complete internally and externally funded research studies including: <ul style="list-style-type: none"> • Syndromic surveillance research • Health economics studies on health outcomes (illness, mortality), health care resource use and cost attributable to infectious disease • Influenza vaccine impact assessment • Rotavirus vaccine impact assessment.
Continue to develop a focused program of research in vaccine sciences, with both Ontario specific projects, and participation in the Canadian Institutes of Health Research (CIHR) funded Canadian Immunization Research Network (CIRN) Award (June 2014): <ul style="list-style-type: none"> • Rotavirus vaccine safety • Pertussis vaccine effectiveness • Pertussis vaccine immunology • Measles sero-epidemiology • Coverage.
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.
2015-16 Priorities for the Communicable Diseases Prevention and Control Department
Provide interactive, online surveillance reports to enable disease prevention and control at the local and provincial level.
Implement PHO's infectious diseases surveillance framework.
Complete development of the HIV data mart, including determination of data/analysis reports in conjunction with key external stakeholders.
Continue to support the policy and program development of health care worker immunization.
Provide recommendations to the MOHLTC on additions and deletions to the current Ontario Reportable Disease List (ORDL).
Provide support to government's response to the Provincial Auditor's review of immunization programs, and to the response to the Immunization Review Panel by providing scientific and technical consultation and field support to immunization programs (i.e. immunization coverage and adverse events following immunization), health care provider education, cost benefit analysis for new vaccines and vaccine wastage.
Update guidance on the laboratory detection, surveillance and prevention and control strategies for Lyme Disease.
Provide scientific and technical advice to assist the MOHLTC in revising provincial tuberculosis (TB) programs and policies as part of the development of the provincial tuberculosis strategy
Provide scientific and technical support to the MOHLTC review and evaluation of TB medical surveillance of refugees/new immigrants.
Prepare an evidence summary of Enterovirus D68 and Acute Flaccid Paralysis.
Develop an evaluation plan for the control of gonorrhoea, focused on the uptake and impact of the 2013 guidelines for the testing and treatment of gonorrhoea in Ontario.
Develop personal service settings "toolkits" to replace the scientific and technical components of the existing Guidance Document. The tools and resources for the personal settings programs are being created for the PHUs.
Provide scientific and technical advice and support to provincial information technology projects in surveillance

or disease control and laboratory testing with specific focus on the support for Panorama, including data extraction, analysis and report generation.
Improve access to/utility of surveillance products through evaluation of existing products, including evaluation of Infectious Diseases Query reports.
Implement the provincial surveillance strategy for the 2015 Pan Am/Parapan Am Games.
Assess whether there has been an early impact from Ontario's Human Papillomavirus (HPV) vaccination program on health care utilization for anogenital warts in the province.
2015-16 Priorities for the Infection Prevention and Control Department
Support the efforts of the provincial community IPC lapse implementation plan through the development of a risk assessment framework and the development of online tools.
Continue to build capacity to respond to emerging infectious diseases/issues through Infection Control Resource Teams (ICRT) and IPAC expert guidance.
Promote the uptake and adoption of IPAC best practices across all health care settings by adopting an implementation science approach across and advancing new and existing knowledge about evidence-based IPAC interventions.
Continue to develop Antibiotic Stewardship activities to support community hospitals in Ontario, including introducing methods to advance and measure the uptake of antimicrobial stewardship programs, and evaluation of antimicrobial use into other IPAC services such as ICRTs.
Continue to enhance surveillance of Healthcare-Associated Infections (HAI) including promoting a streamlined surveillance system in Ontario that provides useful, timely surveillance data to inform infection prevention and control practice.

Emergency Preparedness and Service Integration (EPSI)

EPSI provides scientific and technical advice in preparation for emergencies and in support of the response to an emergency or exigent event. It works with the Emergency Management Branch of the MOHLTC in the development and maintenance of a robust provincial emergency management system as it relates to health and public health, supported through evidence-based emergency planning, research and education. EPSI provides input into health policy standards that address the health needs of diverse and vulnerable populations during an emergency event, and supports PHUs in implementing these standards. PHO operational support during an emergency consists broadly of laboratory services and science, surveillance an epidemiology services and the provision of scientific and technical advice. EPSI liaises with emergency management experts nationally and internationally and engages subject matter experts within and outside PHO to provide rapid integrated scientific response to assist the MOHLTC and PHUs. Service Integration (SI) facilitates planning and response to requests for service, and cross-organizational coordination of work streams. The Incident Response Unit within SI is the primary central point of contact between PHO and MOHLTC for issue and incident management and coordination.

2015-16 Priorities
Support 2015 Pan/Parapan Am Games preparedness, response and recovery.
Based on the evaluation of the pilot phase, review and revise the PHO weekly publication "This Week in Public Health" on notable public health information for public health units.
Consolidate and enhance emergency preparedness tools and education for local public health practitioners, including Train the Trainer workshops and online educational components.
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.

Environmental and Occupational Health (EOH)

The EOH department provides scientific and technical advice and support to public health and health care systems and the Government of Ontario. EOH has been active in providing field support with respect to a variety of emerging and evolving public health issues such as indoor air quality, ambient air pollution, water contaminants, food safety, environmentally transmitted infections, non-ionizing radiation and noise. EOH's multi-disciplinary team works with and supports PHUs and policymakers to better respond to an increasing array of concerns through the provision of situation-specific consultation and advice, evidence-based reviews, research, training workshops, and access to environmental monitoring equipment.

EOH is also committed to supporting the identification of effective environmental risk interventions and improved environmental surveillance systems. EOH provides applied research and knowledge exchange that support environmental risk assessments and risk identification to mitigate health and environmental risks to individuals across the province. Additionally, EOH is responsible for identifying evidence-based strategies that health and safety practitioners can use in protecting health care workers.

2015-16 Priorities
Continue development of geo-based information system for environmental data originating with PHO.
Complete Environmental burden of illness report for Ontario.
Continue development of a provincial environmental health monitoring program, focusing on pilot projects on air, water and (<i>possibly</i>) poison control data sets.
Review lead exposure in Ontario including <ul style="list-style-type: none">• A jurisdictional scan of blood lead reporting requirements in Quebec, BC and the U.S.• Developing options for blood lead surveillance in Ontario.
At the request of government, provide scientific and technical support to inform changes and modernization of Food Safety and Recreational Water Legislation in Ontario.
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.

Health Promotion, Chronic Disease and Injury Prevention (HPCDIP)

Taking a life course, socio-ecological and population health approach to health promotion, chronic disease and injury prevention, HPCDIP provides scientific and technical advice and support to public health partners in the areas of health promotion, chronic disease prevention, injury prevention, including comprehensive tobacco control, alcohol policy, oral health, healthy weights, reproductive, child and youth health, mental health promotion and health equity. Working collaboratively with researchers, practitioners, policymakers, provincial agencies and other organizations, HPCDIP is active in generating, synthesizing, disseminating and building capacity to implement evidence to guide action. HPCDIP also supports public health clients through the provision of high quality evaluation studies for provincial program and policy. HPCDIP provides rapid reviews, evidence briefs and evaluation support upon request, and builds the capacity of local public health intermediaries to respond to population health needs and to support implementation of the Ontario Public Health Standards (OPHS). The department's multi-disciplinary team provides evidence-based reviews, research and evaluation reports, and knowledge exchange events including forums, workshops and webinars.

PHO is guided by its legislated mandate to contribute to efforts to reduce health inequities. HPCDIP supports PHO efforts to consider population health implications of health inequities through applied research, knowledge synthesis and capacity building activities. HPCDIP engages in collaborative work with MOHLTC, the National Collaborating Centre for Determinants of Health (NCCDH), researchers and PHU partners in the advancement of tools and training to support building capacity for health equity in public health. Ongoing activities in this area include the priority population project, health equity impact assessment training, research on use of evidence in health equity assessment, and collaborations with pan-Canadian research projects.

HPCDIP is comprised of two integrated teams: Health Promotion Knowledge Synthesis and Evaluation Services (KSES) and Health Promotion Capacity Building (HPCB). KSES undertake knowledge synthesis and evaluation activities focused on priority research areas and topics identified by the MOHLTC, CMOH, Medical Officers of Health and Associates (MOHs/AMOHs), PHUs and community-based organizations. KSES also supports the design and implementation of major provincial evaluations from planning through to data collection, analysis, report writing and dissemination. HPCDIP has a significant role in health promotion capacity building through oversight of four of the 14 Ontario Health Promotion Resources Centres (HPRCs). HPCDIP convenes scientific advisory committees at the request of government, and generates major reports with recommendations in areas such as comprehensive tobacco control.

2015-16 Priorities
Support government efforts to address childhood obesity by providing scientific, technical and evaluation support to the HKCC, which includes: providing scientific and technical advice to MOHLTC upon request; hosting and providing secretariat support to the multi-year HKCC Scientific Reference Committee (SRC); providing capacity-building services and training to HKCC communities; undertaking the multi-year process and outcomes evaluation; and, supporting the implementation and evaluation of HKCC aboriginal components.
Support an update of the Smoke-Free Ontario Scientific Advisory Committee report, upon request.
Provide (or work with partners to support the provision of) scientific and technical support to the Healthy Smiles Ontario program.
Continue to disseminate Healthy Babies, Healthy Children (HBHC) evaluation results to diverse audiences; explore development Snapshots of selected HBHC ISCS data and may include completing advanced data analysis.
Continue to disseminate the Daily Physical Activity (DPA) study results to diverse audiences and may include completing advanced DPA evaluation data analysis.
Support Ministry-implemented Accountability Improvement Project in the areas of: alignment and coordination; use of evidence; and development of performance measures. Implement recommendations as requested through future work plan deliverables.
Support efforts to generate, analyse or interpret public health data for First Nation communities. At the request of government, provide scientific and technical support to the local PHU and the community of Grassy Narrows as they develop and implement a community health assessment survey.
Continue to support the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.

Knowledge Services (KS)

KS provides a suite of specialized services to advance public health knowledge and practice, and assists with the management of educational events, knowledge generation, exchange and dissemination supports, tools and guides. The KS Department includes four units with distinctive mandates: Analytic Services, Education Services, Library and, Research and Ethics Services.

Analytic Services leads the development of central analytics capacity at PHO, including support for disease and risk factor surveillance and population health assessment.

Education Services (ES) coordinates the active [calendar of events](#) (including Rounds, visiting speakers and special events), manages the annual [Ontario Public Health Convention \(TOPHC\)](#) and assists with planning and event support for symposia and large workshops as well as external event sponsorships.

Library Services (LS) manages and provides library services to staff within PHO and PHD. For the whole of the public health sector, LS manages the Virtual Library (suite of bibliographic databases and access to articles from subscribed journals) as well as coordinates the Shared Provincial Library Partnership, a network of four hub libraries providing library services on a regional basis to health units without libraries.

Research and Ethics Services provides facilitation, administration and ethical support and oversight of research activities within PHO. It coordinates the work of the Ethics Review Board, manages the ethics review process and serves as an ethics resources for PHO staff and PHUs. It also fosters research at PHO through the identification of funding opportunities, and facilitation of protocol development, applications for third party funding and project implementation.

2015-16 Priorities
Expand current Ontario Health Profile and associated products (e.g., infographics, interactive web reports) with new stories.
Provide ethics services to a select group of public health units in a pilot project and evaluate the pilot to assess possibility of expansion.
Build the foundations for place-based analytics (e.g., online dynamic mapping).
Include summary measures of socioeconomic inequalities in health in Snapshots and other analytic products.
Support automation of internal epidemiological analytic processes and external surveillance reports.
Evaluate the provincial Shared Library Services Partnership and implement program enhancements if necessary.
Develop and deliver public health educators' development program to PHO staff responsible for student education, supervision and preceptorship.
Enhance capacity of project teams to develop methodologically rigorous and ethically sound protocols through creation and delivery of research and ethics workshops to PHO staff and select public health units.
Create an ethics community of practice with public health units.

Corporate Services

PHO is guided by best practices, customer service orientation, principles of ethical behaviour, accountability and excellence in management, value for money, equitable access, high-quality service, and openness and transparency while respecting the applicable regulatory and legislative frameworks. We have a series of supporting corporate services that collectively support our principal public health programs and activities as aligned to government accountability requirements and the achievement of our strategic directions.

2015-16 Priorities
Develop and implement multi-year action plans to support improvement in employee engagement.
Support the implementation of innovative organizational processes/technologies to achieve efficiencies <ul style="list-style-type: none"> • Preliminary planning to support implementation of a new Human Resource Information System (HRIS) that will: <ul style="list-style-type: none"> - Create efficiencies in workflow and process timing including data entry; - Allow for cross functional collaboration between all Human Resource (HR) programs, Payroll and Finance; and - Build additional system capacity to support HR programs(e.g., recruitment, performance) and reporting functionality • Undertake at least one significant project to improve existing processes using dedicated teams who can learn and apply basic Business Process Improvement principles and tools • Provide foundation for sustained learning and internalization of process improvement thinking and skills.
Support major capital redevelopment and renovation projects <ul style="list-style-type: none"> • Complete RICN Consolidations • Complete 480 University Avenue renovations • Complete planning and design for the relocation of PHOL-London • Relocation of Toronto Operational Support Facility and Biorepository • Decommissioning of Resources Road
Support government relations and accountability requirements

2015-16 Priorities
<ul style="list-style-type: none"> • Provide leadership and support for all governance and accountability requirements including supporting committee structures (e.g., Business and Accountability Subcommittee (BASC), Joint Liaison Committee (JLC)), plans (e.g., ABP, Annual Accommodation Plan (AAP)) and reporting (e.g., compliance, risk, financial).
<p>Consolidate PHO back office operations</p> <ul style="list-style-type: none"> • Create shared corporate service supports.
<p>Implement recommendations of the Audit Review by the Ontario Internal Audit Division (OIAD).</p>
<p>Implement integrated, organization-wide approach to stakeholder engagement and issues management.</p>

Section 5: Financial Budget, Staffing & Capital Resource Requirements

Overall

From a process perspective, it is important to note that the development of the ABP precedes and informs PHO's detailed annual budget development and approval by the Board. The latter occurs in the spring and reflects the requirements specified in the annual funding letter from government. In that context, this section outlines to the best of our ability as at the end of December 2014 the associated key resource requirements to accomplish the objectives identified in the preceding sections.

For 2015-16, an operating budget of \$168.123 million supporting a staff complement of 998 FTEs is required in order for the organization to deliver on our mandate. Capital funding of \$9.595 million is required to support three priority capital/facilities projects. Other proposed projects will require business case submissions to the MOHLTC.

Operating Resource Requirements

In developing this ABP, we have made assumptions about our operating resource requirement for 2015-16 across our three primary operating segments: Base Operations, Health Promotion Resource Centre (HPRC) Operations and Third Party Grants Administration. Assumptions with respect to each of these segments are summarized below.

Base Operations

Based on PHO's operating model, legislative mandate, collective agreements, occupancy costs and other operational requirements, our proposed base operating budget for 2015-16 is \$163.250 million. Achievement of this budget is based on the following key assumptions:

- Funding for base operations of \$156.148 million from the MOHLTC
- \$1.050 million of miscellaneous recoveries revenue (which incorporates expense recoveries, interest income and severance credit amortization)
- \$6.052 million in respect of the amortization of deferred capital asset contributions.

Health Promotion Resource Centre Operations (HPRC)

Funding of HPRC Operations by HPD of the MOHLTC will continue at 2014-15 levels - \$3.572 million.

Third Party Grants Administration

This ABP submission reflects third party grants revenue of \$ 1.300 million in support of various research projects and the Sheela Basrur Centre.

Summary of Expenditures & Revenue

Table 1 summarizes PHO's planned and projected operating position over the horizon of this ABP, reflecting both expenditures and revenues based on the information available at December 31, 2014.

Table 1

Public Health Ontario Consolidated Statement of Operations	2015-16 Plan	2016-17 Outlook	2017-18 Outlook
	\$	\$	\$
Revenue			
Ministry of Health and Long-Term Care			
Base Operations	156,148,400	156,148,400	156,148,400
Health Promotion Resource Centre Operations	3,572,500	3,572,500	3,572,500
Other			
Amortization of deferred capital asset contributions	6,052,400	6,034,100	6,619,700
Other grants	1,300,000	1,300,000	1,300,000
Miscellaneous recoveries	1,050,000	1,050,000	1,050,000
Total revenue	168,123,300	168,105,000	168,690,600
Operating expenses			
Laboratory Operations	101,517,415	101,517,415	101,517,415
Science & Public Health Operations	45,553,600	45,553,600	45,553,600
General Administration/Corporate Services & Support	13,199,885	13,199,885	13,199,885
Amortization of capital assets	6,052,400	6,034,100	6,619,700
Third Party Grants Administration	1,300,000	1,300,000	1,300,000
Total operating expenses	167,623,300	167,605,000	168,190,600
Excess of revenue over operating expenses	500,000	500,000	500,000
Equipment acquisitions	500,000	500,000	500,000
Excess of revenue over total expenditures	-	-	-

Summary of Staffing Numbers & Compensation Strategy

Since beginning operations in the summer of 2008, PHO has grown to become an organization of close to 1,000 employees through a series of program transfers and newly funded positions. Our workforce is diverse in composition including physicians, nurses, health specialists, scientists, epidemiologists, laboratory technologists and corporate and support staff. While the majority of staff is based in Toronto, we have a regional presence in all 14 LHINs across the province. As a result of the transfers, we inherited OPS collective agreements due to successor rights. As such, approximately 86 per cent of our staff are members of the Association of Management, Administrative and Professional Crown Employees of Ontario (AMAPCEO) or the Ontario Public Service Employees Union (OPSEU). The distribution of our full time equivalent staff by union grouping is shown in Table 2.

For non-union and management staff, PHO has a salary administration policy and guidelines based on the following principles:

- Fiscal Responsibility, Governance, Compliance and Accountability
- Alignment with Organizational Mandate, Strategies and Values
- Focus on the Value of Our Total Compensation Package
- External Competitiveness and Internal Equity
- Transparency and Open Communication.

In typical circumstances, Human Resources (HR) conducts a market survey every three years or as required by government legislation or regulation. Given the constrained fiscal environment over the past few years, our compensation structure has remained static since 2010. Comparator organizations for PHO typically include

other public sector employers who have similar mandates and/or similar skill sets locally, provincially, nationally or internationally depending on the skill set and/or level of position.

Table 2

Public Health Ontario Staffing By Classification	2015-16 Budget	2016-17 Outlook	2017-18 Outlook
	#	#	#
Bargaining Unit			
OPSEU	620	620	620
AMAPCEO	214	214	214
Total Bargaining Unit	834	834	834
Non - Union	52	52	52
Management	93	93	93
Third Party Funded Research Positions	19	19	19
	998	998	998
Students (Various Programs)	30	30	30
Total FTE's	1028	1028	1028

Capital Funding Requirements

Total capital funding of \$9.941 million is required in 2015-16. Of this amount, \$9.595 million is required for three capital projects which were “active” in 2014-15, and for which formal MOHLTC approval is in process. These projects are being planned by PHO and on completion of planning they will be submitted to the MOHLTC for capital planning approvals. \$.346 million is required for other proposed projects to support regional operations.

Funding requirements for the three active projects break down as follows:

- Decommissioning of the 81 Resources Road complex on transfer of Toronto laboratory operations to 661 University Avenue (\$ 1.631 million). Formal capital funding approval has been received from the Ministry.
- Relocation of the Operational Support Facility/Bio-Repository Centre (OSF/OBR) from the 81 Resources Road complex to the Ministry of Government Services (MGS) warehouse at 99 Adesso Drive in Concord (\$3.680 million). While MOHLTC has instructed PHO to proceed with planning and design work, this project still requires formal capital funding approval for both design and construction.
- Relocation of the London laboratory (\$4.284 million). PHO has received funding to cover the planning and design stage of this project. While the capital project has been approved, funds for the construction of the project will be approved once the design is complete. Formal capital approval for the funding and design phase of the project is complete.

PHO is actively engaged with the Health Capital Branch of the MOHLTC, and Infrastructure Ontario (IO) as appropriate, in respect of all identified projects.

Table 3

Public Health Ontario Major Capital Expenditure Estimates¹	Pre 2014-15	2014-15 Forecast	2015-16 Plan	2016-17 Outlook	2017-18 Outlook	Post 2017-18	Total Project Cost
	\$	\$	\$	\$	\$	\$	\$
MaRS Phase II	13,856,671	75,105,000	-	-	-	-	88,961,671
De-commissioning 81 Resources Road	-	386,000	1,630,700	-	-	-	2,016,700
Relocation of the Operational Support Facility/ Bio-Repository Centre	72,000	960,000	3,680,000	-	-	-	4,712,000
Relocation of the London Laboratory	-	213,000	4,284,000	9,084,000	-	-	13,581,000
Proposed projects	-	-	346,000	2,309,000	23,256,000	5,167,000	31,078,000
Total	13,928,671	76,664,000	9,940,700	11,393,000	23,256,000	5,167,000	140,349,371

Note:

(1) This table summarizes the estimated capital expenditures associated with approved and proposed capital projects.

Section 6: Performance Measures

Performance monitoring and reporting is a key responsibility of PHO. Our mechanisms of performance measurement and accountability are diverse and inclusive of both financial and non-financial information. The Funding Agreement (FA) between PHO and MOHLTC is a key accountability instrument that establishes annual reporting requirements to the ministry – examples include quarterly financial reports; mid-year status report on priorities and annual performance targets described in the ABP; the Annual Report (which includes audited financial statements); and semi-annual risk assessment reports. In addition to our internal audit review and compliance program, we also undergo audits/reviews by government.

Achieving our ABP Goals and Priorities

The following table shows the core activities from Section 4 for which we have established specific volume-based performance targets. These are intended to apply each year over the horizon of this ABP and will be reviewed and refreshed as part of our annual ABP development process.

Core Activity	Annual Target
Laboratory tests	5.1 million
<i>Production of surveillance reports:</i>	
Daily surveillance reports	250
Daily issues summary and situation reports	250
Weekly iPHIS notices	50
Weekly respiratory pathogen report	38
Weekly Ontario respiratory virus bulletins and maps	50
West Nile Virus surveillance reports (seasonal)	15-20
This Week in Public Health	50
Monthly surveillance reports	12
Annual surveillance report on Reportable Disease Trends in Ontario	1
Annual Immunization Coverage Report for School Pupils	1
Annual Report on Vaccine Safety	1
Annual vector borne diseases report	1
<i>Development of knowledge products to support clients and stakeholders:</i>	
Review of literature, including knowledge synthesis reports, in response to requests to summarize a body of published evidence	11-13
Major population and environmental health technical reports	1-2
Clinical guidelines to support provider and patient decisions about appropriate health care	1-2
Evaluation reports to support program or policy review	5-7
Jurisdictional/environmental scans	4-6
Best practice or guidance document	12
Statistical reports or data requests	60
<i>Development of peer-reviewed abstracts and publications to support the exchange of knowledge</i>	
Abstracts (either as presentations, posters, or workshops) at scientific conferences	120
Develop peer-reviewed research protocols to address important priorities in public health programs and public health laboratory science	25
Co-sponsor professional development events for public health professional associations and other professional groups	12
Deliver training sessions for infection control in health and community settings (via RICNs)	400

Core Activity	Annual Target
<i>Planning and delivery via the Health Promotion Resource Centres (HPRCs)</i>	
Training and capacity building workshops	85
Consultations	400
Referrals	160

Ensuring Quality of PHO Products

PHO is committed to ensuring that all its scientific and technical information and knowledge products meet the highest quality scientific and technical standards. Clinical testing areas maintain Ontario Laboratory Accreditation (OLA), with specific tests accredited by the Canadian Association for Laboratory Accreditation Inc. (CALA). Annual reports related to compliance with legislation and internal policies are also prepared in areas such as ethics and privacy.

Organizational Performance Reporting

In 2014-2015, PHO replaced its Quarterly Balanced Scorecard (BSC) report with a new Quarterly Performance report. This quarterly report is intended to provide an overarching view of our performance in relation to our mandate and strategic plan. The new report contains two major sections; the performance scorecard and the spotlight feature.

The performance scorecard provides a quantitative assessment of PHO's performance in relation to a defined set of key performance indicators and associated performance measures. The spotlight feature is intended to allow for a more detailed exploration of selected performance domains using a mixed method qualitative and quantitative approach. This feature also permits the introduction of impact considerations and inclusion of related impact stories.

In addition to the revised quarterly performance report, in the context of comprehensive performance measurement system development, we will continue to develop our performance measurement framework with alignment between quarterly, annual and longer-term indicators. This will likely include additional mixed method quantities and qualitative reporting that captures changes over a horizon longer than quarterly, and the introduction of impact stories with respect to particular products and services.

Section 7: Initiatives Involving Third Parties

PHO's values reinforce the importance of collaboration to realize our vision: "Internationally-recognized evidence, knowledge and action for a healthier Ontario." To achieve world-class quality, PHO depends on collaboration and partnership as catalysts to bring together the best of science and public health practice. We recognize that our research, programmatic and operational initiatives are enriched by not only our academic, clinical and public health experts, but by our network of partners and collaborators within Ontario and beyond.

Research Projects

Our researchers lead and collaborate in both investigator-driven and directed projects, responding to the needs of our stakeholders and our mandate. Our ethics review process applies a unique and internationally recognized approach to risk assessment and proportionate review while ensuring that our research and other evidence generating initiatives conducted are consistent with relevant regulations, policies and ethics principles. PHO's Ethics Review Board (ERB) includes a majority of members from outside PHO, with representatives from PHUs across the province, community members, and academics. Established less than two years ago, the ERB brings an important range of perspectives to the review of public health initiatives and informing the ongoing development of PHO's innovative approach. The Risk Screening Tool, a key component of our ethics review process, has garnered significant interest and has been shared upon request locally and as far afield as the U.S. Centers for Disease Control and Prevention, the U.S. Food and Drug Administration and the Weill Cornell Medical College in Qatar.

PHO scientists are expanding the scope and reach of their work through research collaborations with hospitals, universities and other health service organizations. PHO investigators are leaders in large-scale collaborative research networks, such as the *Canadian Immunization Research Network* (CIRN), a multi-year initiative recently funded by the Canadian Institutes of Health Research (CIHR). CIRN is a network of over 100 experts in vaccine-related evaluative research from more than 40 Canadian institutions, with PHO scientists leading five new research network projects involving cross-disciplinary collaborations with hospitals and public health organizations in Ontario, as well as from Alberta, Manitoba, British Columbia, Nova Scotia and Prince Edward Island. Similarly, as a partner in the *PHAC-CIHR Influenza Research Network* (PCIRN), PHO actively leads multiple applied public health research projects to improve the preparation for and management of influenza pandemics. Multi-partner and cross-jurisdictional collaboration is also central to the CIHR-funded project "*Integration of alerting algorithms and response protocols for public health surveillance of respiratory infections*" with a number of PHUs as well as the University of Calgary and Alberta Health Services.

At the institutional level, PHO has also worked with partners to design programs that once launched will advance both knowledge and capacity for use by the public health system. PHO continues as one of four founding partner organizations leading and supporting the [Ontario Health Study](#) (OHS) along with the Ontario Institute for Cancer Research, Cancer Care Ontario and the Canadian Partnership against Cancer. Close collaboration with provincial ministries has shaped PHO's evaluative work on major provincial government programs such as HBHC, HKCC and DPA requirements.

Such gains in the short span of our existence will only grow as our Toronto laboratory moves to 661 University Avenue in the heart of the downtown Discovery District. Positioning our laboratory scientists among their academic health science and university partners along University Avenue also enhances alignment with other PHO and university-based researchers as well as health and technology start-up enterprises at MaRS.

The Institute for Clinical Evaluative Sciences (ICES)

Our partnership with ICES continues to thrive and enables access to valuable health services data to answer critical public health questions. Key to this success is PHO's role as a founding partner in the *ICES UofT Node*, established in 2013-14. In addition to the two ICES appointed analysts and five ICES scientists with continuing appointments, ICES has also approved the addition of another PHO-ICES scientist who specializes in Vaccine-Preventable Diseases. With PHO's onsite and scientific capacity now expanded, there were more than 10 ongoing projects involving ICES data conducted in 2014-15. Furthermore, many PHO-ICES projects were presented at local, national and international meetings.

The most significant advance with respect to data holdings is the linkage of PHO's public health laboratory data with administrative data for various infectious disease outcomes. Linking test results from our laboratories, such as for measles, pertussis, mycobacterium, hepatitis B and influenza, are currently the basis for six research projects that cover epidemiologic, clinical and economic perspectives. This has resulted in a valuable and unique platform for studying the population health impact of various infectious diseases with both laboratory confirmed outcomes and health care outcomes. In addition, validation work is ongoing to validate health services billing codes for infectious diseases outcomes with laboratory-confirmed outcomes, which will enable future research using health administrative databases and expand the scope of the research that is feasible. We expect to see several publications and presentations as we finalize the ongoing research projects, and in particular using the PHO-laboratory and ICES linked data.

PHO partners with ICES to support broader data linkages relevant for public health research, aiming for a broad range of data from education to environmental health indicators, such as air pollution and temperature data. Efforts are underway to create a new ICES program area focused on public and population health as a companion to the efforts to build a more comprehensive population health repository. Such a program would facilitate both our data and research strategic priorities at PHO and would continue to bring leading scientists within ICES together with PHO scientists. With growing support, it is anticipated this program will be in place over the horizon of this ABP.

Locally Driven Collaborative Projects

Since the program launched in April 2011, Locally Driven Collaborative Projects (LDCP) act as an incubator for collaboration, applied research and program evaluation on critical public health issues of shared interest. Operating on a two-year cycle, LDCP enable PHUs to collaboratively identify and prioritize ideas for projects, develop proposals that are scientifically sound and feasible, implement their projects, and engage in knowledge transfer of their findings.

In 2015-16, LDCP will continue to support five collaborative teams, whose projects focus on childhood mental health, surveillance for childhood healthy weights, program evaluation, fall prevention, and health equity. LDCP will also launch a new cycle, its fourth, and facilitate the development of new collaborative teams as they work towards an agreed-upon goal or an emerging public health priority.

This innovative program continues to draw significant participation from across the sector. All 36 PHUs engaged in identifying priorities for current locally driven collaborative projects, and 34 of 36 PHUs have participated as a core team member on at least one of the 17 collaborative projects that LDCP has supported since its inception. In 2015-16, the program will continue to build linkages within PHUs, between PHUs and their partners. Efforts will also seek to enhance knowledge transfer and promote uptake of LDCP products to tackle today's and tomorrow's public health research and evaluation questions of local relevance.

Academic Affiliations, Partnerships and Relationships

PHO's network of researchers and academic affiliations continues to grow, allowing us to tap into a greater breadth of expertise to advance public health programs and to answer clients' requests in a timely and comprehensive fashion. Currently, there are 38 PHO staff with academic appointments at institutions such as the University of Toronto, McMaster University, University of Waterloo, University of Ottawa, Queen's University, University of British Columbia and Simon Fraser University. Such affiliations better position our scientists within the context of Ontario and Canadian scholarly talent and the next generation of public health professionals. These academic affiliations mean that we can reach across academe to attract leading experts to address complex policy and program issues as they emerge.

With the majority of PHO researchers having their academic appointments at the University of Toronto, there are very strong linkages, particularly with the Dalla Lana School of Public Health (DLSPH) and the Faculty of Medicine, which enables PHO to compete for the best faculty, students, and research funding. Given our proximity and existing alliances, PHO will continue to strengthen its relationship with the university, including key programs that are transitioning into DLSPH, such as the Institute of Health Policy, Management and Evaluation, and Toronto's Joint Centre for Bioethics.

Partnerships and relationships with academic and research institutions and public health agencies across Canada, nationally and internationally, are critical to the achievement of PHO's mandate and are fostered at all levels. Long-standing contributions of the laboratories to the Canadian Public Health Laboratory Network and the broader laboratory community have deepened. Beyond Canadian borders, PHO is involved in projects with the US Centers for Disease Control, European Centre for Disease Control, Health Protection Agency, the Pan-American Health Organization and the World Health Organization. Our presence among the international scientific community allows PHO to bring the best of the world to benefit Ontarians and collaborate to address global infectious disease threats as they emerge.

We continue to expand and build on existing collaborations with academic institutions to host students from across Ontario and beyond. The number of students/trainees at PHO increases each year, with a total of 139 student placements in 2013-14 and 69 placements in the first two quarters of 2014-15. To facilitate growth in the number and variety of students completing placements at PHO, several new partnerships and agreements were pursued with universities, colleges and private institutions in 2014-15. These relationships have specifically allowed PHO to not only increase the number of undergraduate medical student placements offered, but have also promoted PHO as a preferred placement location for students in this program. PHO has also broadened its offerings to provide placements to students enrolled in programs such as bioinformatics, computational biology and biosciences, while continuing to cover all public health disciplines at various levels of study. PHO will maintain its commitment to supporting the development of the next generation of professionals and strive to be a student placement of choice.

The Ontario Public Health Convention

The Ontario Public Health Convention (TOPHC) is hosted annually by PHO, the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (alPHA). As TOPHC heads into its fifth year in March 2015, it has become the premier scientific gathering for public health professionals in Ontario and beyond. With its 2015 theme of "*Adapting to a changing world*", TOPHC will allow for a critical reflection on changes to people, environments and technology and their effects on public health issues and practice.

Support for Discipline-Specific Education and Networking

PHO continues to work with discipline-specific professional organizations (e.g., epidemiologists, public health inspectors, public health dentists, public health nutritionists, nursing groups) to support their educational activities through speakers at their meetings, providing space and infrastructure support for meetings, and

sponsoring meetings. Such partnership is assessed on a case-by-case basis against our guidelines and striving for equitable support across disciplines. Whether at PHO's facilities or through our participation in these events, we capitalize to share information, profile our services, and better understand client needs. Shared planning and exchange of ideas/priorities helps shape the offerings of our professional development activities and identifies priorities for our scientific and technical work in response to their education and information needs.

Receipt of External Funds from Third Parties

PHO continues to successfully obtain third-party funds in support of its mandate to pursue relevant and responsive research, continuously surpassing its quarterly targets. Ongoing success in 2014-15 applications resulted in research grants, contracts, sponsorships and fees for services from funders such as CIHR and PHAC. The number of peer-review grants with a PHO principal investigator continues to increase, which has now placed PHO at a central and leading role in applied public health research and scholarship.

In 2014 CIHR implemented a major change in its funding programs, focusing on long-term funding of innovative, high-impact thematic programs of research. PHO is adapting its project development to meet these changing expectations, and has proposed a program of molecular epidemiological research on bacterial pathogens and host-pathogen interactions for CIHR's first ever round of Foundation Scheme funding. At the same time, we are applying a wider lens to our pursuit of research funds. Accordingly, PHO scientists have been successful in obtaining funding for environmental health research from Health Canada, and smaller content-specific funds outside CIHR (e.g., from the Canadian Partnership Against Cancer), and are actively competing for funding from additional sources (e.g., Heart and Stroke Foundation, Ontario Ministry of Agriculture, Food and Rural Affairs).

Research grants are allocated to specific initiatives and are not applied to general operations. PHO directly administers CIHR grants and awards and also provides administrative and facilitation services for grants. To enhance regional capacity and expertise, we would like to have PHO adjunct scientists to be appointed within PHUs to further conduct collaborative research with health units which could also enable PHUs to directly obtain third-party funding for research activities.

Sheela Basrur Centre

The Sheela Basrur Centre (SBC) was established in March 2008 to honour the legacy of Dr. Sheela Basrur, Ontario's former CMOH. The Centre collaborates with other organizations to strengthen public health leaders by equipping them with the knowledge, tools and training to communicate effectively on key issues. PHO is recognized as a qualified donee by the Canada Revenue Agency and is able to accept charitable donations through SBC's partner organization, the Toronto Community Foundation (TCF). These funds are held either at TCF or in segregated funds at PHO. Funds on hand at PHO are reported in the audited financial statements as restricted cash. Further information on the SBC is available at www.sheelabasrurcentre.ca.

Section 8: Risk Identification, Assessment and Mitigation Strategies

Enterprise Risk Management (ERM) is an integrated risk management process that aggregates risks across the enterprise. It informs strategies, processes, people and technology for the purpose of identifying, evaluating and managing future uncertainties.

PHO's ERM Policy serves as the foundation of its ERM framework. The policy outlines key responsibilities of the Board and Management; the framework describes our ERM process including risk identification, assessment, and management, monitoring and reporting.

The following table summarizes known organizational risks identified by Senior Management and the Board that in PHO's assessment have a "High" overall risk rating. Overall risk is determined using a likelihood-impact matrix which combines estimates of likelihood of occurrence and the impact of risk using a high, medium, low rating system.

Risk	H	M	L	Mitigation Strategy
Delay in the relocation of the Operational Support Facility-Bio-Repository Centre (OSF-BRC).	H	M	L	Working with the Ministry and Infrastructure Ontario to maintain effective and secure operations at the existing location until the new facility is brought on-line.
Delay in the relocation of the London Laboratory.	H	M	L	Working with the Ministry and Infrastructure Ontario to maintain effective and secure operations at the existing location until the new facility is brought on-line.
Lack of confirmation of the minimum funding required to deliver on mandate	H	M	L	PHO will implement an operating efficiency savings plan and continue to work with the MOHLTC to confirm \$156.148 million funding for base operations as soon as possible.

Section 9: Communication Plan

PHO Communications supports better informed public health policy and practice by making PHO's scientific and technical advice, support and practice tools widely available, known and utilized. The strategic communications plan and tactics will align with our 2014-2019 Strategic Plan and the development and execution of priorities and activities outlined in this ABP.

Target Audiences

PHO's primary external stakeholders are categorized into two groups: clients and partners.

A. **Clients:** individuals or organizations using PHO's services and products, including:

- Ontario's CMOH
- MOHTC, Ministry of Community and Social Services, Ministry of Children and Youth Services, Ministry of Labour and other government ministries
- 36 local public health units
- Health system providers and organizations across the continuum of care (including acute and long-term care).

B. **Partners for Health:** Those individuals and organizations that take part in shared or collaborative undertakings with PHO.

Partnerships span the breadth of our scientific and technical or corporate activities, seeking to advance shared goals and often with shared risks and benefits. Our partners for health may be clients and can also include academic, research, not-for-profit, community-based and private sector organizations and government agencies working across sectors that contribute to Ontarians achieving the best health possible. The same person or organization can be both a client and a partner at different times.

Internally, PHO employs a wide range of communications vehicles to provide information and resources to PHO staff in multiple locations across Ontario, contributing to a cohesive, effective, integrated corporate culture based on timely, open and transparent internal communication.

Communication Vehicles

Key messages are communicated to target audiences in a format and manner that is appropriate for the nature of the message and audience. PHO utilizes a suite of communication vehicles for external communication, including:

- website www.publichealthontario.ca
- social media tools Facebook and Twitter (<https://www.twitter.com/PublicHealthON>);
- e-newsletters such as the *PHO Connections* monthly corporate newsletter, monthly *PHO Events* newsletter, and program-specific newsletters targeted to specific stakeholders such as infection prevention and control practitioners;
- targeted vehicles to specific and limited audiences such as our Daily Issues Summary and Situation Report and *This Week in Public Health* that provide timely and more sensitive information to the CMOH, key government leaders, and local PHUs; printed and on-line materials such as scientific and technical reports, clinical guidelines, fact sheets, and best practice guidelines;
- media releases;
- in-person and virtual (teleconference, webinar or videoconference) stakeholder meetings including workshops, webinars and consultations;
- in-person and virtual educational events as well as a wide range of online learning mechanisms;

- operational information such as laboratory test information, Lababstracts, requisitions and instruction sheets;
- corporate and program-specific e-blasts, invitations and announcements;
- telephone support and service delivery, including the Laboratory Customer Service Centre; and
- corporate products such as the Annual Report and Strategic Plan.

PHO's annual communications plan supports the goals, objectives and priorities outlined in the ABP focusing on promoting the products and services of the agency as well as making its advice and support easily available and known to clients. PHO will enhance service and program delivery through the development and dissemination of products, tools, resources and other mechanisms that increase client access, usage and uptake, understanding and impact, including:

- Further enhancement and expansion of PHO's website at www.publichealthontario.ca. The website is the foundational communications vehicle to realize our vision and deliver PHO's services, resources, tools and information. We will continue to improve on the client experience, awareness and access to PHO services and resources with increased usability, ease of access and responsiveness.
- Continue to implement and support a cohesive, unified visual identity to ensure consistent, strong brand awareness across all PHO programs, services and resources.
- Pursue media and promotional strategies to increase PHO's profile, visibility and advancement of internationally recognized evidence, knowledge and action.
- Produce, submit and disseminate our Annual Report.
- Maintain a close relationship and ongoing coordination with the MOHLTC Communications and Marketing Division.

Acronyms

AAP	Annual Accommodation Plan
ABP	Annual Business Plan
AEAD	Agency Establishment and Accountability Directive
AFSC	Audit and Finance Standing Committee
AIDS	Acquired Immune Deficiency Syndrome
AITF	Agency Implementation Task Force
alPHa	Association of Local Public Health Agencies
AMAPCEO	Association of Management, Administrative and Professional Crown Employees of Ontario
AMOH	Associate Medical Officer of Health
APN	Alcohol Policy Network
ASP	Antimicrobial Stewardship Program
BASC	Business and Accountability Subcommittee
BCCDC	British Columbia Centre for Disease Control
BSC	Balanced Scorecard
BORN	Better Outcomes Registry and Network
CALA	Canadian Association for Laboratory Accreditation
CCAC	Community Care Access Centre
CCO	Cancer Care Ontario
CD	Communicable Diseases
CDC	Centers for Disease Control and Prevention
CDPC	Communicable Diseases Prevention and Control
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CID	Communicable and Infectious Disease
CIHI	Canadian Institute of Health Information
CIHR	Canadian Institutes of Health Research
CIO	Chief Information Officer
CIRN	Canadian Immunization Research Network
CMOH	Chief Medical Officer of Health
COOP	Continuity of Operations Plan
CPAC	Canadian Partnership Against Cancer
CPHLN	Canadian Public Health Laboratory Network
CPOH	Chief Public Officer of Health
CS	Corporate Services
DARATOSA	Detailed Agency Risk Assessment Tool for Operational Service Agencies
DLSPH	Dalla Lana School of Public Health
DNA	Deoxyribonucleic Acid
DPA	Daily Physical Activity
DSA	Data Sharing Agreement
DW	Data Warehouse
EMB	Emergency Management Branch
EOH	Environmental and Occupational Health
EPSI	Emergency Preparedness and Service Integration
ERB	Ethics Review Board
ERM	Enterprise Risk Management
EVD	Ebola Virus Disease
EZVBD	Enteric, Zoonotic and Vector-Borne Diseases

FA	Funding Agreement
FPT	Federal/Provincial/Territorial
FTE	Full Time Equivalent
GAAP	Generally Accepted Accounting Principles
HAI	Healthcare Associated Infections
HAST	Health Audit Service Team
HBHC	Healthy Babies Healthy Children
HCW	Health Care Worker
HEIA	Health Equity Impact Assessment
HIV	Human Immunodeficiency Virus
HKCC	Healthy Kids Community Challenge
HKS	Healthy Kids Strategy
HPC	High Performance Computing
HPCB	Health Promotion Capacity Building
HPCDIP	Health Promotion, Chronic Disease and Injury Prevention
HPD	Health Promotion Division
HPPA	Health Protection and Promotion Act
HPRCs	Health Promotion Resource Centres
HPV	Human Papillomavirus
HR	Human Resources
HRIS	Human Resources Information System
HSC	Health Services Cluster
IAA	Identity Authorization and Authentication
ICES	Institute for Clinical Evaluative Sciences
ICRT	Infection Control Resource Team
ID	Infectious Disease
INSPQ	Institut national de santé publique du Québec
IO	Infrastructure Ontario
IPAC	Infection Prevention and Control
iPHIS	Integrated Public Health Information System
IQMH	Institute for Quality Management in Healthcare
IR	Incident Response
IRIS	Immunization Record Information System
ISO	International Organization for Standardization
IVPD	Immunization and Vaccine Preventable Diseases
JESC	Joint Executive Steering Committee
JCYH	Just Clean Your Hands
JLC	Joint Liaison Committee
KE	Knowledge Exchange
KPI	Key Performance Indicators
KS	Knowledge Services
KSES	Knowledge Synthesis and Evaluation Services
LDCP	Locally Driven Collaborative Projects
LHIN	Local Health Integration Network
LIS	Laboratory Information System
LS	Library Services
MECC	Ministry Environment and Climate Change
MCYS	Ministry of Children and Youth Services
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MGS	Ministry of Government Services

MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
MOU	Memorandum of Understanding
NCC DH	National Collaborating Centre Determinants of Health
NML	National Microbiology Laboratory
OAHPP	Ontario Agency for Health Protection and Promotion (operates as PHO)
OHA	Ontario Hospital Association
OHIN	Ontario HIV Treatment Network
OHS	Ontario Health Study
OIAD	Ontario Internal Audit Division
OICR	Ontario Institute for Cancer Research
OIPRC	Ontario Injury Prevention Resource Centre
OLA	Ontario Laboratory Accreditation
OLIS	Ontario Laboratory Information System
OPHA	Ontario Public Health Association
OPHS	Ontario Public Health Standards
OPS	Ontario Public Service
OPSEU	Ontario Public Service Employees Union
ORDL	Ontario Reportable Disease List
ORION	Ontario Research and Innovation Optical Network
OSF-BRC	Operational Support Facility and Bio-Repository Centre
PAHO	Pan American Health Organization
PCR	Polymerase Chain Reaction
PHA	Public Health Architecture
PHAC	Public Health Agency of Canada
PHD	Public Health Division
PHLC	Public Health Leadership Council
PHO	Public Health Ontario (operating name for OAHPP)
PHOL	Public Health Laboratories
PHU	Public Health Unit
PHS	Public Health Sciences
PIDAC	Provincial Infectious Diseases Advisory Committee
PIDSS	Provincial Infectious Disease Surveillance Strategy
PSAS	Program Specific Accommodation Space
PTCC	Program Training and Consultation Centre
RICN	Regional Infection Control Network
RSF	Rentable Square Feet
SARS	Severe Acute Respiratory Syndrome
SBS	Sheela Basrur Centre
SCORM	Sharable Content Object Reference Mode
SD	Strategic Direction
SI	Service Integration
SLA	Service Level Agreement
SPH	Science and Public Health
SPSC	Strategic Planning Standing Committee
SRC	Scientific Reference Committee
SRKE	Supporting Research and Knowledge Exchange (formerly PHRED)
SRM	Stakeholder Relationship Management
SS	Surveillance Services
STI	Sexually Transmitted Infection

TCF	Toronto Community Foundation
THCU	The Health Communication Unit
TOPHC	The Ontario Public Health Convention
U of T	University of Toronto
U.S.	United States
WHO	World Health Organization

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