

## **Public Health Ontario (PHO)<sup>1</sup>**

### **Annual Business Plan 2014-15 to 2016-2017**

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

## Table of Contents

Executive Summary .....	1
Section 1: Mandate .....	2
Section 2: Environmental Scan.....	4
Section 3: Strategic Directions .....	7
Section 4: Overview of Current and Future Programs and Activities .....	9
A. Priority Initiatives by Strategic Direction .....	9
B. Overview of Principal Public Health Program Areas and Activities .....	14
Section 5: Financial Budget, Staffing & Capital Resource Requirements.....	22
Section 6: Performance Measures .....	26
Section 7: Initiatives Involving Third Parties .....	28
Section 8: Risk Identification, Assessment and Mitigation Strategies .....	32
Section 9: Communication Plan .....	33
Acronyms.....	35

## 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 the Mandate of PHO, organizational 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 Enablers for Success from our 2014-2019 Strategic Plan. Recognizing that 2014-15 is the first year of implementation for our new strategic plan, it also sets forth three overarching organizational priorities for year 1: move to 661 University Avenue; continuing to enhance our PHO products and services; and supporting our people.

**Section 4** sets forth our priority initiatives in relation to each of our five new strategic directions over the horizon of this ABP with a primary focus on 2014-15. It also provides an overview of each of our six principal public health programs, including program-specific priorities for 2014-2015.

**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 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 2014-15 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<sup>1</sup>

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, 2014-15 marks the beginning of our sixth full fiscal year of operation and the first 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.

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<sup>1</sup> From PHO's *Strategic Plan 2014-2019 – Evidence, knowledge and action for a healthier Ontario*

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 10.

### 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, CEO and Board Chair;
- 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 – National and Global

Fiscal challenges dominate the national and global environment as well as the Ontario context. Continued global economic challenges pose a significant risk to the Canadian (and global) economic and fiscal outlook. As noted in the Organization for Economic Co-operation and Development's September 2013 Interim Economic Assessment, there is moderate recovery in the advanced economies, but global growth is sluggish and risks remain.

In Canada, the federal government remains focused on balancing the budget by 2015-16, forecasting annual declines in the deficit and a surplus of \$5.1 billion for 2017-18. In September 2013, the federal government introduced its Economic Action Plan with among other things, a skills training initiative, a federal infrastructure plan, and new investments to support manufacturing and innovation in Canada. The Throne Speech emphasized a balanced budget and leaner, more efficient public service.

The impact of budgetary measures to reduce departmental spending is impacting partner organizations such as Canadian Institutes of Health Research (CIHR), Health Canada, Statistics Canada, and the Public Health Agency of Canada (PHAC). PHO is closely monitoring these changes and may be asked to respond to address gaps in the system.

PHO's federal and international public health partners remain focused on ongoing outbreaks of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and H7N9 in China. Efforts to address global health threats, such as this novel coronavirus, demonstrate how improved international, national, and provincial public health systems support more timely and transparent reporting and collaboration.

In May 2013, the federal [Safe Food for Canadians Action Plan](#) strengthened food safety rules and made changes to Canada's inspection regime. The further step of bringing the Canadian Food Inspection Agency under the federal Minister of Health, along with PHAC and Health Canada further aligned food safety efforts in October 2013. PHO's own surveillance and food-borne outbreak activities and relationships may need to evolve in response to these shifts within the broader network.

Public health efforts of the past century have yielded tremendous success – immunization was recognized as one of the greatest achievements of the 20<sup>th</sup> century during Canada's Immunization Awareness Week and World Immunization Week – yet ongoing challenges of vaccine-preventable disease and diminishing vaccine uptake pose considerable problems for the future. Public health and PHO need new strategies, evidence and knowledge to maintain the gains. Recent tragedies in Lac Mégantic and disastrous floods in Alberta also demonstrate how public health must be prepared for all eventualities.

World Health Organization (WHO) statistics show a narrowing of the health gap between countries with best and worst health status: statistics show the considerable progress made in reducing child and maternal deaths, improving nutrition and reducing deaths and illness from HIV infection, tuberculosis and malaria. Notwithstanding such improvements, these infectious diseases continue to pose serious health threats across the globe and within Ontario's borders. Addressing the potential impacts on Ontarians' health as our global world continues to be more and more mobile is central to PHO's ongoing laboratory, surveillance, and infectious disease activities. We also must rise to meet the challenges of contributing to reducing health inequities within Ontario's own population.

## External Factors – Provincial

The Minister of Health and Long-Term Care's overall health policy remains focused on [Ontario's Action Plan for Health Care](#) and its three priorities: Keeping Ontario Healthy, Faster Access to Stronger Family Health Care, Right Care, Right Time, Right Place while meeting the fiscal challenge of reducing increases in health spending from six or seven per cent annually to two per cent. The creation of community Health Links is a concerted provincial effort to meet the needs of the most complex patients. Key health priorities include a commitment to combat smoking and obesity, implement patient-centred care and evidence-based health policy, expand home care, increase access to mental health services and support efforts to reduce stigma, focus on healthy children, and move forward with a Seniors' Strategy that ensures that Ontario can best respond to the needs of its aging population.

The promotion of health and prevention of disease are a constant focus, placing a greater demand today and tomorrow on PHO to address capacity gaps in chronic disease prevention, health promotion and environmental and occupational health. At the same time, 2013 marked the 10th anniversary of SARS, highlighting the essential role that PHO must play in protecting health, identifying new pathogens, conducting surveillance, and working with local, provincial and international partners to minimize and eradicate these threats.

The MOHLTC along with the Ministry of Children and Youth Services (MCYS) undertook a review of Ontario's 13 health promotion resource centres (HPRCs) to evaluate the effectiveness of the government's 2009 transformation, and examine service delivery across the province to ensure value for money. As of April 2010, PHO assumed responsibility for providing strategic leadership and management oversight for four HPRCs. Due to subsequent changes within two of the centre's host organizations, the operations were internalized within PHO for The Health Communications Unit and Alcohol Policy Network. The results of this review have yet to be shared or implemented, but are expected to take effect over the time horizon of the ABP.

It is expected that key provincial initiatives will be acted upon in 2014-15, notably the *Review of Ontario's Publicly Funded Immunization* and the implementation of recommendations from the *Funding Review – Implementation of New Public Health Funding Model*. New strategies to increase immunization coverage will continue at the local and provincial levels, with particular attention to combatting vaccine hesitancy and exploring the issues related to mandatory health care worker influenza immunization.

In November 2013, Ontario's legislative assembly directed the Standing Committee on Social Policy to conduct a comprehensive review of Local Health Integration Networks. Recommendations from the Commission on the Reform of Ontario's Public Services (2012 Drummond report) as they relate to the *Local Health System Integration Act* will be included in the review and therefore, may have implications for public health in Ontario. Recommendations are expected in late 2014.

Evidence-informed decision making is becoming the standard approach for identifying, implementing, and funding treatments and programs. As this happens, there is greater demand for evidence. This trend is also at the core of PHO's third strategic direction: enable policy, program and practice action. As professionals and policy makers strive to make evidence-informed decisions and actions, PHO will maintain a focus on the generation and synthesis of knowledge, and how to better support clients in applying the evidence to practice. To respond, PHO will also explore how to successfully change professional and institutional practices to ensure the use of evidence is achieving the desired outcomes.

Renewal and rebalancing at PHO must also recognize fiscal realities. [A Prosperous and Fair Ontario](#), the 2013 Ontario budget released in May, maintains the commitment to eliminate the deficit and return to balanced budgets by 2017-18. It projects an \$11.7 billion deficit for 2013-14 with program spending unchanged. The government committed to a continuing focus on implementing 60 per cent of the recommendations made in

the 2012 Drummond report. Ministries will be required to undertake reviews of their agencies and other government organizations to ensure that all achievement of results and value-for-money are obtained and that risks and required mitigation are addressed. Results of these reviews will be centrally assessed to ensure overall effectiveness of the ministries' oversight processes and that any concerns have been properly managed.

Public sector compensation and labour relations are a focus and the government has stated that various compensation restraint measures will remain in place until the budget is balanced in 2017-18. Going forward, compensation costs must be addressed within Ontario's existing fiscal framework, which means no funding for incremental compensation increases for new collective agreements. An advisory panel will be appointed to review compensation practices for senior executives in the broader public sector. PHO will continue to be guided by transparency, accountability, and effective financial management.

### Internal Factors – PHO

PHO's internal business environment remained relatively stable in 2013-14 in terms of its staffing, programs and services. Ongoing development activities continue in relation to previous transfers, but no additional programs were received. Considerable efforts have been made to create synergies and efficiencies in both programmatic offerings and corporate services. The stability achieved over the year will allow PHO to focus on implementing our new strategic plan 2014-19, while continuing with ongoing our work and operational priorities.

PHO strives to integrate and optimize its programs and services while responding to its environment and client demands. Creating new systems, reinvigorating programs and aligning them across PHO require leadership, innovation and engagement of stakeholders. Renewal will continue over the time horizon of this ABP.

While we have considerable resources in communicable and infectious disease, PHO must address existing gaps in chronic disease prevention, health promotion and environmental and occupational health to meet the breadth of the public health mandate. Balancing the health protection and health promotion aspects of our mandate is an ongoing priority, given the pattern of previous transfers (most of which been related to communicable and infectious disease) from the Ministry of Health and Long Term Care (MOHLTC). Within the context of budget constraints, program review, limited health system growth, and increasing demand, this will increasingly pose strategic challenges to the agency and will demand creative approaches and partnership.

Aligning our internal culture from a set of inherited cultures transferred to PHO into one common and cohesive culture is also essential to moving forward collectively. With our revised Values and new strategic plan to guide us, we will focus on aligning our efforts and engaging employees. Our intent is to strengthen PHO's organizational culture to one that involves our great people and exceptional teams in building a stronger PHO.

The first year of the ABP will see our most ambitious move: PHO's largest laboratory, currently in Etobicoke, will be relocated to 661 University Avenue in the heart of Toronto's Discovery District. This project requires careful planning and timely execution as we will remain fully operational while building and moving approximately 400 people into the new facility.

The use of information and information technology is an essential enabler to PHO's role within the public health sector and to meeting the needs of our clients. With the right governance and management systems in place, PHO is better integrating the disparate information systems that were transferred to the organization or with which it must intersect and is continuously evaluating access or acquiring data and information. Maximizing our Laboratory Information System (LIS) while also creating new surveillance and analytic tools and

building a computational biology infrastructure are current and future priorities to ensure excellent clinical services and public health innovation.

## Section 3: Strategic Directions

Our second strategic plan will take effect April 1, 2014. Our first strategic plan (2010-13) focused significantly on building the new organization, integrating and revitalizing a number of programs, and recruiting a diverse and talented workforce. Accordingly, the development of our new strategic plan involved a comprehensive and inclusive journey. Informed by the work of the International Peer Review Panel in 2012, we engaged our clients, stakeholders and employees, and conducted a thorough evaluation of our programs and services.

[Strategic Plan 2014-19: Evidence, knowledge and action for a healthier Ontario](#) includes our renewed Vision, Mission, Mandate, as articulated in Section 1 of this ABP, together with a renewed set of Values and the five Strategic Directions which are outlined below.

### Strategic Directions and Enablers for Success

Our five strategic directions focus on our alignment with the public health sector, our mandate to transform data into knowledge, our enabling role, our research agenda, and our people. The initiatives which are planned in support of these strategic directions are identified in Section 4.

<b>Strategic Direction 1</b>	<i>Provide scientific and technical expertise to strengthen Ontario's public health sector and support the achievement of its goals</i>
<b>Strategic Direction 2</b>	<i>Accelerate integrated population health monitoring</i>
<b>Strategic Direction 3</b>	<i>Enable policy, program and practice action</i>
<b>Strategic Direction 4</b>	<i>Advance public health evidence and knowledge</i>
<b>Strategic Direction 5</b>	<i>Great people, exceptional teams building a stronger PHO</i>
<b>Enablers for Success</b>	
<i>Governance, Accountability and Performance • Change Management • Privacy and Information Management • Strategic Partnerships and Alliances • Better Integration of Regional Perspectives and Diverse Capacity • Organizational Capacity, Systems and Infrastructure Investments</i>	

### Priorities for Year 1 (2014-15)

As we begin the implementation of [Strategic Plan 2014-19: Evidence, knowledge and action for a healthier Ontario](#), in the first year our focus will be on:

- 1. Move to 661 University Avenue** - Ensuring a successful transition of our Toronto based laboratory activities from the Resources Road Complex in Etobicoke to 661 University Avenue in downtown Toronto, supporting employees and serving our clients throughout the change process. This will require maintaining a concerted effort across the organization and with our partners. We are committed to ensuring staff have the information, tools and resources needed to support a smooth and seamless transition and continuity of operations. The move will allow PHO to remain at the forefront of infectious disease detection and control, opening the doors for PHO staff to connect with other peers at PHO and with the academic and research community, and to work in a modern facility adaptable to future changes.
- 2. Product and Service Enhancement and Delivery** - We will continue to enhance our PHO products and services, ensuring they are timely, credible and available in suitable formats. We will adapt and innovate so that our advice, products, tools, learning and development activities, data and analytics can

be readily used and integrated into our clients' work, introducing new approaches and techniques. We will also more systematically integrate client perspective and feedback into the development of our products and services, striving to balance the latest science with operational realities, to enhance their uptake.

Our programs and services will be further tailored to different client groups, providing customized products for different types of users. Such a focus will draw on our website platform at [www.publichealthontario.ca](http://www.publichealthontario.ca) and its supportive online tools, our extensive engagement of clients in product development, and our ongoing commitment to meeting customer service standards across the organization. With our strong focus on user needs and requirements, we will assess both existing and new programs and services with the goal of an integrative and comprehensive PHO response that brings the best of our organization together for clients' benefit.

3. **Supporting Our People** – PHO has evolved rapidly and has inherited a diverse set of organizational cultures through a series of program and functional transfers. Our goal is to cultivate a strong and cohesive organizational culture aligned with our mandate. A stronger PHO will allow a more seamless client experience, resulting in better service and support to our external partners and clients. Our focus in supporting our people will start with attention to our organization's values as they underpin the way people approach their work, make decisions and interact with each other. All are all critical to shaping PHO's shared organizational culture.

These three overarching considerations have informed our early implementation planning and the development of our priority initiatives and core activities described in Section 4.

## Section 4: Overview of Current and Future Programs and Activities

Building on the strategic context presented in Section 3, the first part (Part A) of this section reflects our early implementation planning and sets forth our priority initiatives for each of our five new strategic directions over the horizon of this ABP, with a primary focus on fiscal year 2014-15. The second part (Part B) provides an overview of each of PHO's six principal public health programs, its core activities and reflects a continuing focus to link the ABP to operational plans implemented in each department. Priorities for 2014-2015 are provided for each of our principal public health program areas.

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 8 of this ABP. Where such targets are specified, it is intended that the determination of specific topics over the course of the year will be guided by the priorities established by the Joint Liaison Committee (JLC), Public Health Leadership Council (PHLC) and requests from the CMOH, ministries and other clients, as well as our own analysis of emerging issues.

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 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 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 may following consultation with the CMOH where appropriate, have to 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.

### A. Priority Initiatives by Strategic Direction

Our [Strategic Plan 2014-19: Evidence, knowledge and action for a healthier Ontario](#) builds on PHO's many accomplishments to-date. It describes five strategic directions and related goals which focus on our alignment within the public health sector, our mandate to transform data into knowledge, our enabling role in support of public health programs and services, our research agenda and, with recognition that, as a human service agency, our services are only as strong as our people.

As an expression of business strategy, many of our strategic directions will build on the great work that is performed on a continuing basis by each of our program departments, and is described in Part B. They also reflect our aspiration to address substantial challenges in a concerted/collaborative fashion, involving all parts of our organization and working closely with our partners. Given this complexity, PHO recognizes that to

ensure success, appropriate time and attention needs to be systematically devoted to implementation planning. It is important to note that the horizon for our Strategic Plan is five years, whereas our ABP is prepared annually with a three-year rolling horizon. Our priority initiatives presented in this section have been developed in the three year ABP context.

***Provide Scientific and Technical expertise to strengthen Ontario’s public health sector and support the achievement of its goals (Strategic Direction #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 strengthening Ontario’s public health sector and supporting the achievement of its goals through research generation, development of knowledge tools and resources, professional development and education in key areas, local capacity building, information/data impacts, and data analysis, evidence review and expert technical and scientific advice.

***Accelerate Integrated Population Health Monitoring (Strategic Direction #2)***

**Background**

Monitoring population’s health status and the factors determining health is a longstanding and essential public health function. This effort requires access to new data sources, and the development of methods to monitor population health and its determinants. The specific goals over the five year horizon of our Strategic Plan are to:

- Accelerate the development of a data hub, in collaboration with our health system partners that enables integrated population health monitoring.
- Produce and disseminate tools and resources which transform data to information and knowledge that guide public health action.
- Develop and apply analytic and presentation methodologies that inform population health monitoring.

**Priority Initiatives**

Towards realization of these goals, our priority initiatives for 2014-15 are to:

#	Description
2.1	<p><b>Collaborate with key partners to establish the vision, and requirements for integrated population health monitoring</b></p> <ul style="list-style-type: none"> <li>• Develop requirements and strategy</li> <li>• Ensure that “monitoring” meets the needs of a broad range of public health stakeholders.</li> </ul>
2.2	<p><b>Collaborate with key partners (including Institute Clinical Evaluative Sciences [ICES]) in evolution of a comprehensive population health data repository</b></p> <ul style="list-style-type: none"> <li>• Enhance population health monitoring by building capacity for linkage studies, including projects based at the ICES University of Toronto (U of T) node.</li> </ul>
2.3	<p><b>Develop products and enhance service delivery for population health monitoring and surveillance</b></p> <ul style="list-style-type: none"> <li>• Expand work on a comprehensive electronic Ontario Health Profile to support the work of provincial and local public health clients.</li> <li>• Develop and evaluate new data visualization and information presentation techniques</li> <li>• Expand interactive web-based tools such as Query and Sexually Transmitted Infection (STI) decision support.</li> </ul>

2.4	<p><b>Expand and enhance surveillance initiatives</b></p> <ul style="list-style-type: none"> <li>• Build on the data repositories established in 2013-14 to further develop the Laboratory Surveillance strategy.</li> <li>• Review and implement recommendations from the Provincial Infectious Disease Surveillance Strategy (PIDSS).</li> <li>• Continue development of the environmental health monitoring strategy.</li> <li>• Contribute to the MOHLTC provincial surveillance strategy.</li> </ul>
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***Enable Policy, Program and Practice Action (Strategic Direction #3)***

**Background**

There is a gap between the emergence of new knowledge and its implementation as best practice by health professionals. Addressing this gap will require effective knowledge synthesis, knowledge translation and exchange, professional development and capacity building in order to support the application of knowledge to practice. This is often described as a knowledge-to-action framework. The specific goals over the five year horizon of our Strategic Plan are to:

- Synthesize and disseminate knowledge and leading practices in public health to accelerate their application into practice.
- Provide evidence and tools to influence policy and program development.
- Build skills, capacity and competencies in Ontario’s health workforce to face tomorrow’s public health issues.

**Priority Initiatives**

Towards realization of these goals, our priority initiatives for 2014-15 are to:

#	Description
3.1	<p><b>Expand online program and service delivery options for our clients through:</b></p> <ul style="list-style-type: none"> <li>• Improvements to navigation, searching and mobile-friendly dimensions of our website</li> <li>• Enhancements to our interactive business intelligence platform and tools for user-defined analysis of population health assessment and surveillance information</li> <li>• Introduction of further e-publications and interactive tools in support of knowledge products</li> <li>• Introduction applications aligned with our work (i.e., both open and password-protected)</li> <li>• Increases in client feedback mechanisms for the website and its content (e.g., rate-it and comment functions) and use feedback to improve products.</li> </ul>
3.2	<p><b>Develop an integrated professional development and education strategy (in support of the provincial public health human resources strategy) that incorporates an array of educational activities including PHO’s current offerings:</b></p> <ul style="list-style-type: none"> <li>• Online e-learning strategy</li> <li>• Web-based tools</li> <li>• Regular repeating events (e.g., Rounds)</li> <li>• Annual Ontario Public Health Convention (TOPHC) and topic-specific workshops/seminars/symposia.</li> </ul>
3.3	<p><b>Enhance quality of knowledge products with training and comprehensive suite of supports</b></p> <ul style="list-style-type: none"> <li>• Strengthen staff skills with education/training in essential areas such as critical appraisal and scientific writing;</li> <li>• Establish a menu of supportive tools to facilitate knowledge uptake and practice change.</li> </ul>
3.4	<p><b>Implement flexible and integrated systems for dissemination of knowledge products</b></p>

	<ul style="list-style-type: none"> <li>• Evolve mobile technology environments</li> <li>• Enable tracking and management of client uptake and feedback.</li> </ul>
3.5	<p><b>Contribute focused evaluations of public health programs linked to the review and renewal of the Ontario Public Health Standards (OPHS), protocols and guidance documents.</b></p> <ul style="list-style-type: none"> <li>• Identify program evaluation opportunities in support of OPHS renewal and collective areas of focus.</li> </ul>

***Advance Public Health Evidence and Knowledge (Strategic Direction #4)***

**Background**

The issues facing today’s public health system are increasingly complex. We need new approaches to explain the many forces that contribute to health. With a specific mandate for public health research, PHO is well positioned to support efforts to advance public health evidence and knowledge. Meeting the challenges requires innovations in research across disciplines, and integration of many perspectives. The specific goals over the five year horizon of our Strategic Plan are to:

- Lead the generation of new public health knowledge in priority areas.
- Develop innovative approaches and methodologies for public health implementation science.
- Evaluate and enhance complex population health interventions.

**Priority Initiatives**

Towards realization of these goals, our priority initiatives for 2014-15 are to:

#	Description
4.1	<p><b>Identify public health research priorities which align with:</b></p> <ul style="list-style-type: none"> <li>• PHO strategic directions</li> <li>• Public Health Sector areas of focus.</li> </ul>
4.2	<b>Initiate new, innovative and collaborative research projects.</b>
4.3	<b>Review methods and approaches for literature critical appraisal and evidence synthesis and adapt for applied public health practice.</b>
4.4	<b>Review methods for evaluation of complex population health interventions and lessons learned from major PHO evaluation projects.</b>
4.5	<b>Establish research facilities in new laboratory space at 661 University Avenue and enhance collaborations with neighbouring institutions.</b>

***Great People, Exceptional Teams, Building a Stronger PHO (Strategic Direction #5)***

**Background**

In order for PHO to achieve its mandate, it needs to attract and retain great people, boost employee engagement, increase organizational efficiency and improve services. These efforts to build a stronger PHO require an emphasis on development of a cohesive organizational culture, teamwork and leadership capacity. The specific goals over the five year horizon of our Strategic Plan are to:

- Increase connectedness and enhance communication to cultivate a strong and cohesive organizational culture
- Support learning, individual and team development, and building leadership capacity

- Foster a culture of health, safety and wellness that enhances the quality of work life and organizational performance.

### Priority Initiatives

Towards realization of these goals, our priority initiatives for 2014-15 are:

#	Description
5.1	<b>Values Implementation</b> <ul style="list-style-type: none"> <li>• Embed organizational values across the organization in support of the creation of a “one” PHO culture.</li> </ul>
5.2	<b>Employee Engagement</b> <ul style="list-style-type: none"> <li>• Implement PHO's first employee engagement survey and follow up with action planning to respond to survey results.</li> </ul>
5.3	<b>Leadership Development</b> <ul style="list-style-type: none"> <li>• Implement a Leadership Framework &amp; Development strategy</li> </ul>
5.4	<b>Innovative Processes/Technologies Implementation</b> <ul style="list-style-type: none"> <li>• Enhance business process improvement capacity to improve internal and external customer service</li> <li>• Improve and employ project management to implement strategic directions</li> <li>• Develop and track departmental service levels for customer service standards.</li> </ul>
5.5	<b>Internal Communications Enhancement</b> <ul style="list-style-type: none"> <li>• Enhance internal communication to build bridges, improve alignment across the organization and build trust.</li> </ul>
5.6	<b>Health, Safety and Wellness</b> <ul style="list-style-type: none"> <li>• Expand reach of wellness strategy</li> <li>• Continue focus on staff safety linked to a preventative safety culture.</li> </ul>

## B. 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.

<b>2014-15 Priorities</b>
Complete move of PHOL Toronto from Resources Road to 661 University Avenue <ul style="list-style-type: none"><li>• Completion of construction, site commissioning, IT harmonization, space fit-up and CL3 laboratory certification, move planning and implementation and laboratory accreditation (OLA)</li><li>• Successful transition/relocation management resulting in a fully supported, skilled and engaged workforce and seamless continuity of operations</li><li>• Implement new laboratory operational processes to optimize the new space/facility, and the technology, resources and services that will be available.</li></ul>
Complete design and site selection for new London PHOL facility <ul style="list-style-type: none"><li>• Design, site selection and commencement of move planning and construction</li></ul>
Complete relocation of Off-site Support Facility and Biorepository <ul style="list-style-type: none"><li>• Site design, construction, implement new operational processes, staff training</li></ul>
Decommissioning of Resources Road
Work with provincial partners to upload PHO Laboratory test results to OLIS
Work with provincial partners to access Ontario Laboratory Information System (OLIS) data to supplement PHO lab data to enhance infectious disease surveillance and control.
Continued support to 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. It is divided into three principle areas.

The **Communicable Diseases Prevention and Control (CDPC) Department** provides surveillance support for infectious disease programs, and scientific and technical leadership to prevent and control of communicable diseases in community settings. This may entail specialized surveillance programs (e.g., tick and mosquito surveillance, vaccine coverage, vaccine safety), specialized case investigation support, outbreak detection and support to outbreak management. CDPC is responsible for the business operations of the provincial integrated Public Health Information System (iPHIS), and provides support and advice for iPHIS users. The department is also involved in providing support and expertise to the development and implementation of the Panorama Immunization module, and will be actively involved in the development and roll-out of the Investigation and Outbreak Module. CDPC also support applied research and develop technical reports and guidelines, evidence summaries, literature reviews, and other products in their area of expertise and leadership in the management of science initiatives, including epidemiological analysis of provincial data. The Department provides scientific support to the Provincial Infectious Diseases Advisory Committee (PIDAC)-Immunization and PIDAC-Communicable Diseases committees. The department, in collaboration with other areas across PHO that work in infectious diseases, is in the process of developing an ID surveillance framework that will integrate and prioritize ID surveillance activities across PHO over the next five years. The units in the department include: Enteric, Zoonotic and Vector-Borne Diseases, Communicable Diseases, Immunization and Vaccine-Preventable Diseases and Surveillance Services.

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. IPAC manages the Infection Prevention and Control Core Competency Education Program (IPCCC), Antimicrobial Stewardship Program (ASP), Just Clean Your Hands (JCYH) program, and the Infection Control Resource Teams (ICRTs). Department staff facilitate 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. There are 14 individual networks geographically distributed across the province with one in each LHIN, to assist health care providers across the continuum of care achieve best practices in infection prevention and control. The Department provides secretariat support to PIDAC committees, and scientific support to the PIDAC-Infection Prevention and Control committee. The units in the department include IPAC Planning and Operations Support (POS), Regional Infection Control Networks (RICNs), Infection Prevention and Control Resources and Knowledge Synthesis and Evaluation.

The third area is the **Public Health Sciences Group** which serves as an agency-wide resource in the areas of epidemiology, health economics, ethics, and surveillance.

2014-15 Priorities
Provide scientific and technical advice and support to provincial information technology projects in surveillance or disease control and lab testing with specific focus on the planning for configuration, implementation and deployment of Panorama.
Continue to develop a focused program of research in vaccine science.
Develop and implement antimicrobial stewardship program: <ul style="list-style-type: none"><li>• Tool and resource development</li><li>• Evaluation of best practices</li><li>• Implementation support.</li></ul>
Support the improvement of data quality/consistency/analysis/interpretation for reportable diseases/immunizations through activities such as implementing standardized questionnaires, development of

<b>2014-15 Priorities</b>
on-line data entry and annual summaries for priority diseases and vaccine coverage and safety.
Improving access to/utility of surveillance products through implementation of Query @ PHO and evaluation of existing products.
Implement and evaluate the “knowledge to action framework”.
Contribute to a regular review and establishment of protocols related to the Ontario Reportable Disease List
Support professional development/collaboration through development of tools to support learning such as online learning modules and field input through working groups to address science/practice needs. This would also include increasing the ID web presence so that these tools are readily available along with additional infectious disease information.
Continued support to the renewal of the Ontario Public Health Standards and Protocols and Guidance Documents.
Evaluation of the Personal Services Setting Risk Inspection Tool (pending input regarding further needs and timing from MOHLTC)
Scientific and technical support to the implementation of new vaccines and vaccine program expansions.
Scientific and technical support to the Provincial Health Care Worker (HCW) Influenza Immunization Strategy.
Scientific and technical support to the implementation of recommendations from the Immunization Review Panel.

### **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 of a robust provincial emergency management system as it relates to health and public health which is supported through evidence-based emergency planning, research and education. It provides assistance in developing health policy standards that address the health needs of diverse and vulnerable populations during an emergency event, and supports PHUs in implementing these standards. EPSI liaises with emergency management experts nationally and internationally to assist the MOHLTC and other health professionals in developing strategies to respond to health emergency related challenges. It also engages subject matter experts within and outside PHO to provide rapid scientific response to assist MOHLTC and PHUs.

Service Integration facilitates planning and response to requests for service, and cross-organizational coordination of work streams. The Incident Response Unit is the primary central point of contact for the PHD, MOHLTC when making requests to PHO for scientific and technical advice, and support if requested. The unit tracks operational responses to public health incidents and issues of provincial concern and leads PHO's operational engagement with the MOHLTC on these incidents. It prepares and circulates daily public health issues summaries and situation reports to key stakeholders and to the CMOH and others within government.

<b>2014-15 Priorities</b>
Develop and implement further emergency preparedness tools and education for local public health practitioners.
Implement and evaluate a weekly publication on notable public health information for public health units.
Support Pan Am Games preparedness.
Continued support to the renewal of the Ontario Public Health Standards and Protocols.

## **Environmental and Occupational Health (EOH)**

The EOH department provides scientific and technical advice and support to public health practitioners in Ontario who deliver environmental programs or develop the provincial policy framework under which these services are delivered. EOH has been extremely 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 quality, raw milk, Wi-Fi, bedbugs, wind turbines, chlorine byproducts, and physical hazards (noise, vibrations). 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 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.

<b>2014-15 Priorities</b>
Continue development of geo-based information system for non-ionizing radiation, air data.
Environmental burden of illness report for Ontario.
Assess feasibility and where practical begin implementation of a provincial environmental health monitoring program, including systems and structures for collection, analysis and interpretation of data, report generation and publication and dissemination of findings to support application in practice.
Scientific and technical support to the Environmental Health Climate Change Adaptation Action Plan.
Continued support to the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.

## Health Promotion, Chronic Disease and Injury Prevention (HPCDIP)

HPCDIP provides scientific and technical advice and support to public health partners in the areas of health promotion, chronic disease prevention, injury prevention, comprehensive tobacco control, alcohol policy, oral health, reproductive, and child and youth health. Working collaboratively with researchers, practitioners, policymakers, provincial agencies and other organizations, HPCDIP has been active in providing evidence to guide action in areas of comprehensive tobacco control, chronic disease prevention, childhood healthy weights and other areas. HPCDIP also supports public health clients through the provision of high quality evaluation studies for provincial program and policy interventions such as the Healthy Babies, Healthy Children program, and Daily Physical Activity policy. At the local level, HPCDIP provides rapid reviews, evidence summaries 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. Research activities within the department include: physical activity and the built environment; comprehensive school health; awareness and use of nutrition labels, burden of mental illness and addictions; health equity research, and the evaluation of complex public health interventions. HPCDIP also plays a coordinating role within PHO in addressing issues related to health inequities and engages in collaborative work with MOHLTC, the National Collaborating Centre for Determinants of Health, and many researchers and PHU partners in the advancement of tools and training to support building capacity for health equity in public health.

HPCDIP incorporates the work formerly undertaken by the Health Communications Unit and the Alcohol Policy Network. Its capacity building services are provided by HPCDIP field support specialists and by external partner resource centres. Field support specialists address core health promotion skill areas including planning and evaluation, health communication, and policy development. They also deliver services which assist the field in the development of policies associated with alcohol use. The Health Promotion Capacity Building Unit (HPCBU) also provides leadership and coordination for the work of two external partner health promotion resource centres: The [Program Training and Consultation Centre](#) which provides training and technical assistance to health professionals working in comprehensive tobacco control in Ontario and the [Ontario Injury Prevention Resource Centre](#) which is dedicated to helping injury prevention practitioners reduce injury in Ontario.

<b>2014-15 Priorities</b>
HBHC Evaluation Support <ul style="list-style-type: none"><li>• Provide confidential individual reports to health units</li><li>• Complete scientific manuscripts</li><li>• Support ICES to acquire Integrated Services for Children Information System (ISCIS)</li><li>• Support the field in building capacity in the use of Healthy Babies Healthy Children (HBHC) Infectious Reporting Sub System (IRSS)</li><li>• Commence planning for HBHC outcomes evaluation.</li></ul>
Daily Physical Activity (DPA) Evaluation <ul style="list-style-type: none"><li>• Complete DPA study 3 including report to government and scientific manuscripts</li><li>• Develop DPA study 4.</li></ul>
Healthy Kids Strategy Evaluation Support <ul style="list-style-type: none"><li>• Confirm scope and expectations of MOHLTC</li><li>• Develop evaluation plan including indicators and measures</li><li>• Provide evaluation support as requested.</li></ul>
Healthy Kids Community Challenge (HKCC) scientific, technical and evaluation support

- Convene scientific/evaluation committee
- Provide evidence reviews and syntheses upon request
- Provide planning and evaluation support to communities involved in the HKCC.

Continue to create e learning modules and training webcasts for the PHO website related to core competencies and health promotion, chronic disease and injury prevention

Continue to refine our health unit learning plan system (2-3 year health unit capacity building plans) and our consultation intake system in order to more strategically use our field support staff to support specific Ministry priorities (e.g., Healthy Kids Strategy).

Continued support to the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.

## Knowledge Services (KS)

The KS Department includes four units with distinctive mandates: Education Services, Research and Ethics Services, Library Services, and Analytic Services. Education Services coordinates the active calendar of educational events including Rounds, visiting speakers and special events. It also coordinates the annual Ontario Public Health Convention (TOPHC) and assists with planning and event support for symposia, and large workshops. Research and Ethics Services provides assistance and consultation with the planning, development and management of research and ethics activities within PHO. It fosters and facilitates research across the public health sector through Locally Delivered Collaborative Projects and is creating and implementing an ethics framework and infrastructure to support both PHO staff and the PHUs. The Library Services Unit manages and provides library services to staff within PHO and the PHD, MOHLTC. Library Services manages the Virtual Library, which provides a suite of bibliographic databases and access to articles from subscribed journals, for PHO and all the PHUs. Library Services also manages the Shared Provincial Library Partnership which provides a network of four hub libraries that provide library services on a regional basis to health units without libraries. Analytic Services leads the development of central analytics capacity at PHO, including support for disease and risk factor surveillance to support evidence-based public health practice. The unit also houses the PHO staff resource that works at the Institute for Clinical Evaluative Sciences (ICES) node at the University of Toronto (ICES @UofT). The Analytic Services team has expertise in diverse areas including epidemiology, biostatistics and geospatial analysis. KS administers the Supporting Research and Program Evaluation, Education and Knowledge Exchange in Public Health program (SRKE).

<b>2014-15 Priorities</b>
Undertake evaluation activities for initiatives of the Supporting Research and Program Evaluation, Education and Knowledge Exchange in Public Health program (SRKE). These evaluation activities will fit within an overall SRKE Evaluation Framework, and will be appropriate to the stage of implementation for each initiative.
Continue to develop innovative approaches to delivering data and analytic information to support comprehension, recall and decision making. This includes infographic and data visualization products lines of the Ontario Health profile, and enhanced content accessible through the online services of Snapshots and Query.
Develop a strategy to enhance professional development and knowledge exchange that will support developing competencies and enhance the capacity of the public health workforce. Align educational activities, e.g. Rounds, TOPHC, online learning, etc. with identified skills development and learning needs.
Continue to support knowledge development through activities that set research priorities, and provide quality with developmental support and oversight of research activities by PHO and the Locally Driven Collaborative Projects, and provide access to information through library services.
Continued support to the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.

## 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 generally 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 2013 the associated key resource requirements to accomplish the objectives identified in the preceding sections.

In 2014-15 an operating budget of \$162.070 million and a staff complement of 1,075 full-time equivalents (FTEs) are required. In addition, PHO has identified the requirement for capital project funds of \$76.989 million, of which \$68.808 million is approved and \$8.181 million relates to funding required for proposed projects that address requirements associated with the relocation of the PHOLs in Toronto and London (\$7.950 million) and projects in support of PHO's regional operations (\$.231 million).

### Operating resource requirements

In developing this ABP, the following operating resource assumptions have been made for 2014-15:

#### *Base funding from MOHLTC*

It is assumed that the fiscal budget from MOHLTC of \$150.515 million will be continued. Additional MOHLTC funding is required for incremental costs for approved capital projects (Table 1).

#### *Health Promotion Resource Centres*

It is assumed that funding for the Centres will continue at 2013-14 levels (\$3.572 million).

#### *Miscellaneous Revenue*

Miscellaneous revenue related to expense recoveries, interest income and severance credit amortization (in the amount of \$1.050 million) is included in total revenue for 2014-15.

#### *Other Grants Revenue*

Other grants revenue of \$1.300 million is included in total revenue for 2014-15. These are third party grants in support of various research projects and the Sheela Basrur Centre.

## Summary of Expenses and Revenues

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 as at December 31, 2013.

<b>Table 1</b>			
<b>Operating Position - Expenditure Based - 000's</b>			
	Plan	Outlook	Outlook
	2014-15	2015-16	2016-17
Base MOHLTC Funding	\$ 150,515	\$ 150,515	\$ 150,515
Additional MOHLTC funding required (re Incremental Occupancy Costs for Approved/Proposed Capital Projects)	5,633	4,142	3,944
Health Promotion Resource Centres	3,572	3,572	3,572
Miscellaneous Revenue	1,050	1,050	1,050
Other Grants Revenue	1,300	1,300	1,300
Total Revenue	162,070	160,579	160,381
Public Health Ontario Laboratories (PHOL)	97,973	97,973	97,973
Science and Public Health Programs (Note 1)	44,001	44,001	44,001
Corporate Services, Governance and Stewardship	13,163	13,163	13,163
Additional Occupancy Costs (re Approved and Proposed Capital Projects)	5,633	4,142	3,944
Other Grants Expenditures	1,300	1,300	1,300
Total Expenditures	162,070	160,579	160,381
Difference between Revenue and Expenditures	\$ -	\$ -	\$ -
Note 1 - Science and Public Health Programs includes \$3.572M for Health Promotion Resource Centres			

## Summary of Staffing Numbers and Compensation Strategy

Our staffing numbers in 2014-15 reflect full implementation of previously transferred programs with a provision for modest growth in third-party funded research related positions (the contemplated increase reflecting the requirement to ensure adequate support of the research grant base) and an increase in the number of students supporting the initiatives of various program areas. Overall staffing projections by category for the three year horizon of this ABP are summarized in Table 2 below, which reflects annualized FTE positions. An annualized FTE position is in the FTE count for the entire year, regardless of what point in the year the position was filled.

<b>Table 2 Staffing</b>		<b>2013 -14</b>	<b>Plan 2014 - 15</b>	<b>Outlook 2015 - 16</b>	<b>Outlook 2016 - 17</b>
Bargaining Unit					
OPSEU		620	620	620	620
AMAPCEO		205	210	210	210
Total Bargaining Unit		825	830	830	830
Non-Union		54	54	54	54
Management		93	93	93	93
3rd Party Funded Research Related Positions		16	19	19	19
Students (Various Programs)		20	25	30	30
Total		<b>1008</b>	<b>1021</b>	<b>1026</b>	<b>1026</b>

Approximately 88 per cent of PHO staff are members of the Association of Management, Administrative and Professional Crown Employees of Ontario (AMAPCEO) or the Ontario Public Service Employees Union (OPSEU).

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 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, market conditions have been relatively unchanged. 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.

## Capital resource requirements

For clarity, the projects described as “approved capital projects” are those for which approved funding allocations have been confirmed by MOHLTC. Projects described as “proposed capital projects” are those for which MOHLTC funding allocations have yet to be approved. It is recognized that the proposed capital projects will require further discussion, substantiation and government approval.

### Approved capital projects

In 2014-15 PHO requires capital funding in the amount of \$68.808 million for PHOL - Toronto (661 University Avenue), in accordance with the requirements of the build-finance procurement model.

### Proposed Capital Projects

In addition to the amount required for the government approved PHOL - Toronto project noted above (661 University Avenue), project approval and capital funding will also be required in 2014-15 for:

- Replacement of the Operational Support Facility - Biorepository Centre (OSF-BRC) - \$3.067 million
- PHOL - London - \$4.883 million (approval received on November 28, 2013 for a Capital Planning and Design Grant in the amount of \$1.534 million)
- Other projects to support regional operations - \$.231 million
- Business cases have been developed for the PHOL - London and OSF-BRC and approval has been sought from IO and MOHLTC.

<b>Description</b>	<b>Forecast 2013/14</b>	<b>Plan 2014/15</b>	<b>Outlook 2015/16</b>	<b>Outlook 2016/17</b>	<b>Total</b>
<b>Approved Projects</b>					
Relocation PHOL - Toronto	\$ 7,472	\$ 67,644	-	-	\$ 75,116
Resource Road Complex Exit Costs	\$ 85	\$ 1,164	\$ 7,754	-	\$ 9,003
<b>Total Approved Projects</b>	<b>\$ 7,557</b>	<b>\$ 68,808</b>	<b>\$ 7,754</b>	<b>-</b>	<b>\$ 84,119</b>
<b>Proposed Capital Projects</b>					
Replacement of Operational Support (OSF)					
Warehouse Bio Repository Centre(BRC)	\$ 448	\$ 3,067	-	-	\$ 3,515
Relocation PHOL - London	\$ 266	\$ 4,883	\$ 8,432	-	\$ 13,581
Other Projects	\$ 28	\$ 231	\$ 1,953	\$ 26,619	\$ 29,957
<b>Total Proposed Capital Projects</b>	<b>\$ 742</b>	<b>\$ 8,181</b>	<b>\$ 10,385</b>	<b>\$ 26,619</b>	<b>\$ 47,053</b>
<b>Total Capital Projects</b>	<b>\$ 8,299</b>	<b>\$ 76,989</b>	<b>\$ 18,139</b>	<b>\$ 26,619</b>	<b>\$ 131,172</b>

## Section 6: Performance Measures

Performance management is multi-dimensional and includes elements that capture both the financial and non-financial aspects of performance. The funding agreement (FA) between PHO and the MOHLTC is a primary accountability instrument that establishes annual reporting requirements. Performance monitoring and reporting is also undertaken with: quarterly financial and performance reports; a mid-year status report on achievement of performance deliverables and annual performance targets described in the ABP; and the Annual Report (which includes audited financial statements). PHO also undergoes audits/reviews initiated by government in addition to an internal audit review program. Our performance report (scorecard) provides an overarching view of PHO's overall performance in relation to its strategic goals.

### Ensuring achievement of the ABP

The following table shows the core activities for which PHO has established specific performance targets. These are intended to apply each year over the horizon of this ABP and will be reviewed and refreshed as part of the annual ABP development process.

	<b>Core Activity</b>	<b>Annual Target</b>
	Laboratory tests	4.3 million
<i>Production of surveillance reports:</i>		
	Daily surveillance reports	260
	Weekly iPHIS notices	50
	Weekly respiratory pathogen report: <ul style="list-style-type: none"> <li>• Respiratory pathogen reports</li> <li>• Ontario respiratory virus bulletins</li> </ul>	50
	West Nile Virus surveillance reports (seasonal)	15-20
	Monthly surveillance reports	12
	Annual surveillance report on Reportable Disease Trends in Ontario	1
	Annual vaccine reports: <ul style="list-style-type: none"> <li>• Immunization Coverage Report for School Pupils</li> <li>• Annual Report on Vaccine Safety</li> </ul>	1 1
	Annual vector borne diseases report	1
<i>Knowledge products to support clients and stakeholders:</i>		
	Major population and environmental health technical reports	1-2
	Knowledge synthesis reports	4-5
	Literature reviews in response to questions to summarize a body of published evidence	7-8
	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
	Statistical reports or data requests	60
	Best practice or guidance document	12
<i>Produce peer-reviewed abstracts and publications to support the exchange of knowledge</i>		
	Abstracts (either as presentations, posters, or workshops) at scientific conferences	40
	Manuscripts to facilitate broad international translation of research outcomes	50
	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)	350
<i>Plan and deliver via the Health Promotion Resource Centres (HPRCs):</i>		

	<b>Core Activity</b>	<b>Annual Target</b>
	Training and capacity building workshops	80-100
	Consultations	250
	Referrals	120

### Ensuring quality of PHO products

As a scientific and technical organization PHO assures quality through a number of internal and external peer-review mechanisms. Examples include Laboratory accreditations by Ontario Laboratory Accreditation (OLA) and the Canadian Association for Laboratory Accreditation (CALA), external funding agency review of research proposals, peer review by conference organizers and journals of abstracts and papers and periodic targeted external program reviews. Annual reports are also prepared by areas such as ethics and privacy.

### Organizational performance reporting

Measurement of PHO's performance across a wide-range of measures is needed for strong accountability and as a basis for ongoing improvement.

PHO's Balanced Scorecard (BSC) was developed to provide an overarching view of PHO'S overall performance in relation to its strategic goals. It has been produced and reviewed on a quarterly basis since 2010-11 and has become part of PHO's regular reporting to the MOHLTC.

To date, the indicator measures in our BSC have been quantitative and have primarily reflected activities, outputs and some organizational outcomes. The process of completing our second strategic plan (2014-19) and preparing for its implementation has provided us with an excellent opportunity to review and refresh our approach to organizational performance measurement, monitoring and reporting to support its success, starting with the BSC.

To support alignment of our quarterly performance report (scorecard) with the new strategic directions, our report framework will move from having measures grouped in four quadrants to measures grouped around each strategic direction. The different quadrants of the original BSC framework will be considered in selecting indicators across the strategic directions. We will include the development of robust indicators which characterize outcomes and impacts of PHO's activities on stakeholders and the broader goals of the public health system.

Since 2012, PHO has engaged in a program of research to examine how to most appropriately assess the impact of knowledge organizations such as ours. As we gain experience and develop supporting methods and data collection mechanisms, we will progressively shift toward information on the outcomes of our activities and the impact of our work as a knowledge organization at the organizational, client, system and population levels. Based on the research conducted to date, it is clear that to fully describe organizational outcomes and impacts, qualitative information needs to be systematically included in performance management systems. Over the course of this ABP we will add such information – for example, impact stories and a spotlight section will provide opportunities for targeted review/analysis of organizationally important performance themes. A mix of pre-scheduled and ad-hoc spotlight features is anticipated with the ad-hoc features varying from quarter to quarter based on emerging performance issues.

## Section 7: Initiatives Involving Third Parties

Our renewed values reinforce the importance of collaboration for PHO to realize our vision: “Internationally-recognized evidence, knowledge and action for a healthier Ontario.” To achieve this world-class quality and caliber, PHO depends on collaboration as a catalyst 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. In line with our values of innovation and integrity, our newly established Ethics Review Board applies a unique, and internationally lauded approach to risk assessment and proportionate review while ensuring that research and other evidence generating initiatives conducted under the auspices of PHO are consistent with the principles within the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Second Edition* as well as other relevant regulations, policies and guidelines. Within this framework, PHO leads or participates in collaborative initiatives with provincial and national partners.

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. The OHS is expected to become one of the largest cohort studies in the world, and it will operate across Ontario for decades to come.

At the institutional level, PHO has also worked with partners to design programs that once launched will advance knowledge and capacity for use by the public health system. We are developing innovative methodologies as part of our evaluation of complex population health interventions such as Ontario’s Daily Physical Activity requirement for the Healthy Babies, Healthy Children program. New analytical tools such as our Meta QAT critical appraisal tool (a universal tool applicable across all research designs with a public health/policy lens) bring a consistent framework for critical appraisal to our scientific and technical work. Together, these efforts are responsive to provincial government policy priorities and will allow for evidence-informed decision-making.

### The Institute for Clinical Evaluative Sciences

PHO’s early partnership with the Institute for Clinical Evaluative Sciences (ICES) culminated in the release of three groundbreaking burden of illness reports: [Ontario Burden of Infectious Disease Report](#), [Seven More Years: The Impact of Smoking, Alcohol, Diet, Physical Activity and Stress on Health and Life Expectancy in Ontario](#), and [Opening Eyes, Opening Minds: The Burden of Mental Health and Addictions in Ontario](#). These seminal reports brought together PHO’s public health expertise with ICES’ unique capacity in support of population-level studies and reports, to inform local and provincial policy needs and increase understanding of factors affecting and influencing the health of Ontarians.

Our ability to respond quickly to our clients’ research questions is further enabled by our role as a founding partner in the ICES@UofT node. With PHO’s onsite capacity now established, 10 new research projects were conducted in 2013-14, expanding the potential for population health and evaluation research. As we bring together relevant public health data holdings, including the first-ever linkages of PHO’s public health

laboratories' data with administrative data (currently the basis for six of the research projects), we created a unique and valuable platform for studying the population health impact of various infectious diseases.

In addition, PHO is working closely to support other novel linkages relevant for public health research, with data ranging from education to environmental health indicators, such as air pollution and temperature data. PHO, our four ICES adjunct scientists and our PHO-affiliated ICES scientists will continue to strategically utilize the data holdings held at ICES and the PHO's access through the node to accelerate integrated population health monitoring and evaluation in Ontario. We will also support ICES' efforts to acquire broader population health data sets such as the Integrated Services for Children Information Systems (ISCIS), Ministry of Children and Youth Services (MCYS)' primary data system for its signature Healthy Baby, Healthy Children program.

### **Locally Driven Collaborative Projects**

Since they were launched in April 2011, Locally Driven Collaborative Projects (LDCP) have served as an incubator for research and program evaluation in Ontario's PHUs. The program brings together health unit representatives to collaboratively identify, develop and implement research protocols on critical public health issues of shared interest. With PHO supports and guidance, 17 collaborative teams involving 34 of the 36 PHUs have been established through three cycles of the program. Each team is led by a PHU and must feature collaborators from other PHUs, all working towards an agreed-upon goal linked to the OPHS or an emerging public health priority.

In 2013-14, funded projects focused on mental health, childhood healthy weights and nutrition, program evaluation, falls across the life span and equity and access to services. PHO manages all steps of the program to strengthen research and evaluation skills, foster collaboration and information-sharing and generate new public health evidence. This innovative program continues to draw very large participation from across the sector as health units come together with PHO to tackle today's and tomorrow's public health research 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 answer clients' requests in a timely and comprehensive fashion. Currently, there are 40 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 network of Ontario and Canadian scholarly talent and the next generation of public health professionals. Our academic affiliations mean that we can reach across academe to address complex policy and program issues as they emerge.

The Dalla Lana School of Public Health became the first new Faculty at the University of Toronto in 15 years, positioning it to better compete for the best faculty, students, and research funding. Given our proximity and existing alliances, PHO will continue to strengthen its relationship with the School.

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 being fostered at all levels. Long-standing contributions of the PHOLs 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.

## The Ontario Public Health Convention

The Ontario Public Health Convention (TOPHC) is hosted annually by PHO, the Ontario Public Health Association and the Association of Local Public Health Agencies and aims to advance public health in Ontario by increasing the knowledge and skills in the workforce. It serves as a launching pad for key priorities of the CMOH and enables collective action and networking on shared sector priorities as it attracts government stakeholders from local, provincial and federal levels, and front-line public health professionals, such as health promoters, epidemiologists, public health nurses, physicians, researchers, policy makers and other groups. TOPHC heads into its fourth year in April 2014 with a theme of *“Knowledge to Action”*, a new location, and an expanded menu of interactive sessions and dynamic speakers. Planning for TOPHC 2015 will begin in early 2014 and continue throughout the year.

## Placement Agreements

PHO continues to expand collaborations with academic institutions to enable PHO to host students from across Ontario and beyond. The number of students/trainees continues to increase each year, with numbers for the first two quarters of 2013-14 increasing by 62 per cent and 80 per cent over the same quarters last year. To facilitate more laboratory attendant/technical placements at PHO, several new agreements were pursued with colleges and private institutions offering this program (e.g. Humber College and St. Lawrence College) deepening the pool of professionals for this significant operational aspects of our work. The types of student placements broadened to include public relations, biological engineering, quality improvement and patient safety and biostatistics, and continued to cover all public health disciplines and all levels of study. With its new Strategic Plan, PHO will keep a focus on the next generation of professionals and strive to be a student placement of choice.

## 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 by supporting speakers at their meetings, providing space and infrastructure support for meetings, and sponsorship of meetings. Such partnership is assessed on a case-by-case basis against our guidelines and intending to ensure 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 apply for third-party funds in support of its mandate to pursue relevant and responsive research, continuously surpassing its targets on a quarterly basis. Ongoing success in 2013-14 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, placing PHO at the centre of the research and publication effort.

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. Our goal is for PHO adjunct scientists to be appointed within PHUs to further collaborative research with health units and increase capacity for health units 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](http://www.sheelabasrurcentre.ca).

## Section 8: Risk Identification, Assessment and Mitigation Strategies

Enterprise Risk Management (ERM) is a holistic and 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.

Approved by the Board in October 2013, 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 the organizational risks identified by Senior Management and the Board that in PHO's assessment have a "High" overall risk rating (current as of June 2014). 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
<b>Delay in construction and/or move to 661 University Avenue</b>	H	H	H	Working with Ministry and Infrastructure Ontario (IO) to maintain timelines.  The move will be phased to ensure continuity of laboratory operations.
<b>Delay in the Operational Support Facility-Biorepository Centre (OSF-BRC)</b>	H	H	H	Continue to work with Ministry to secure timely approvals.
<b>Delays in the replacement of PHOL London</b>	H	H	H	Ministry approval has been received for planning and design grant. PHO and IO are working toward relocation of the current facility.

## 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

External target audiences will vary from activity to activity, but our primary clients include Ontario's CMOH; the MOHLTC and other ministries; local public health agencies; and health system providers and organizations across the continuum of care. In addition to these clients, audiences 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.

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, aligned with directions established in our 2014-2019 Strategic Plan.

### 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](http://www.publichealthontario.ca) and related social media tools Facebook and Twitter;
- 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;
- 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.

The PHO annual communications plan to support the goals, objectives and priorities outlined in the ABP include:

- Further enhancement and expansion of PHO's website at [www.publichealthontario.ca](http://www.publichealthontario.ca). The website is the foundational element to implement our vision and mandate and deliver PHO's services, resources, tools and information. We will continue to improve on the client experience, understanding 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

ABP	Annual Business Plan
AEAD	Agency Establishment and Accountability Directive
AITF	Agency Implementation Task Force
AMAPCEO	Association of Management, Administrative and Professional Crown Employees of Ontario
ASP	Antimicrobial Stewardship Program
BSC	Balanced Scorecard
CALA	Canadian Association for Laboratory Accreditation
CDPC	Communicable Diseases Prevention and Control
CEO	Chief Executive Officer
CIHR	Canadian Institutes of Health Research
CMOH	Chief Medical Officer of Health
COOP	Continuity of Operations Plan
CS	Corporate Services
DPA	Daily Physical Activity
EPSI	Emergency Preparedness and Service Integration
EOH	Environmental and Occupational Health
ERM	Enterprise Risk Management
FA	Funding Agreement
FTE	Full Time Equivalent
HBHC	Healthy Babies Healthy Children
HCW	Health Care Worker
HKCC	Healthy Kids Community Challenge
HPCDIP	Health Promotion, Chronic Disease and Injury Prevention
HPD	Health Promotion Division
HPRCs	Health Promotion Resource Centres
HSC	Health Services Cluster
ICES	Institute for Clinical Evaluative Sciences
ID	Infectious Disease
IO	Infrastructure Ontario
IPAC	Infection Prevention and Control
IPCCC	Infection Prevention and Control Core Competency Education Program
iPHIS	Integrated Public Health Information System
IPRC	Infection Prevention and Control Resources
IRSS	Infection Reporting Sub System
ISCIS	Integrated Services for Children Information System
JCYH	Just Clean Your Hands
JLC	Joint Liaison Committee (MOHLTC/PHO)
KS	Knowledge Services
LIS	Laboratory Information System
MCYS	Ministry of Children and Youth Services
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MOHLTC	Ministry of Health and Long-Term Care
MOU	Memorandum of Understanding
OAHPP	Ontario Agency for Health Protection and Promotion (operates as PHO)
OHS	Ontario Health Study
OLA	Ontario Laboratory Accreditation

OLIS	Ontario Laboratory Information System
OPHS	Ontario Public Health Standards
OPSEU	Ontario Public Service Employees Union
OSF-BRC	Operational Support Facility and Bio-Repository Centre
PHAC	Public Health Agency of Canada
PHD	Public Health Division (of MOHLTC)
PHLC	Public Health Leadership Council
PHO	Public Health Ontario (operating name for OAHPP)
PHOL	Public Health Laboratories
PHU	Public Health Unit
PIDAC	Provincial Infectious Diseases Advisory Committee
PIDSS	Provincial Infectious Disease Surveillance Strategy
RICN	Regional Infection Control Network
SARS	Severe Acute Respiratory Syndrome
SBC	Sheela Basrur Centre
SPH	Science and Public Health
SRKE	Supporting Research and Knowledge Exchange (formerly PHRED)
STI	Sexually Transmitted Infection
TCF	Toronto Community Foundation
TOPHC	The Ontario Public Health Convention
U of T	University of Toronto
WHO	World Health Organization