Court File No.: 05-CV-303001PD2

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

CANWEST MEDIAWORKS INC.

Applicant

and

ATTORNEY GENERAL OF CANADA

Respondent

AFFIDAVIT OF DAVID BUTLER-JONES

I, **DAVID BUTLER-JONES**, of the City of Winnipeg, in the Province of Manitoba, **MAKE OATH AND SAY AS FOLLOWS**:

1. I am currently Canada's Chief Public Health Officer. In this capacity, I lead the Public Health Agency of Canada (PHAC). I have held this position since the creation of PHAC in 2004.

2. PHAC is a separate agency within the federal Health Portfolio that delivers on the federal government's commitment to help protect the health and safety of all Canadians and to increase its focus on public health. PHAC carries out its mandate through leadership, partnership, innovation and action in public health.

3. Attached to this affidavit as Exhibit "A" is a copy of my *curriculum vitae*, which describes the details of my education and experience. For the purpose of this affidavit, I will provide some of the more relevant details of my general background as follows.

4. I hold a medical degree from the University of Toronto, which I obtained in 1978, as well as a Masters of Health Sciences in Community Health and Epidemiology, also from the University of Toronto, obtained in 1982. I hold certifications in Family Medicine, Community Medicine and Epidemiology, and Public Health and Preventive Medicine (both Canadian and American). I am licensed to practise medicine in the provinces of Manitoba, Ontario, and Saskatchewan.

5. In 2006, I received an honorary Doctor of Laws degree from York University's Faculty of Health in recognition of my contributions to the field of public health.

6. I have extensive experience in the field of public health. Prior to my appointment to PHAC, I held a number of positions throughout Canada in the field of public health. These include the following: From 1995 to 2002, I served as Chief Medical Health Officer and Executive Director of the Population Health and Primary Health Services Branches for the Province of Saskatchewan. From 1986 to 1995, I served as the Medical Officer of Health and CEO for Simcoe County Health District in central Ontario, and from 1983 to 1986, I served in this same

capacity for the Algoma District Health Unit. In 1982 and 1983, I was involved in developing an experimental program in preventive medicine in northern Newfoundland (Baie Verte Preventive Medicine Project), comprising public health and preventive medicine, occupational health, epidemiological research, and clinical medicine.

7. I also have experience working internationally as a consultant on public health. For example, I acted as a consultant to WHO Europe relating to immunization programs (2003-2004), I was co-chair of the Technical Advisory Committee, CIDA project with the National School of Public Health in Brazil (1998-2003), and I have participated in a number of projects in Chile, Kosovo, Scotland, the Dominican Republic and Turkey.

8. I have taught at both the undergraduate and graduate levels and have been involved as a researcher in a broad range of public health issues. I am a Professor in the Faculty of Medicine at the University of Manitoba as well as a Clinical Professor with the Department of Community Health and Epidemiology at the University of Saskatchewan's College of Medicine. I teach in several areas relating to public health, including the links between clinical prevention and public health, research interpretation and practical analysis, and occupational epidemiology.

9. I have also served with a number of organizations including: President of the Canadian Public Health Association; Vice President of the

American Public Health Association; Chair of the Canadian Roundtable on Health and Climate Change; International Regent on the board of the American College of Preventive Medicine; Member of the Governing Council for the Canadian Population Health Initiative; Chair of the National Coalition on Enhancing Preventive Practices of Health Professionals; Co-Chair of the Canadian Coalition for Public Health in the 21st Century, and Chair of the Executive Society of Medical Officers of Health for Ontario.

10. Throughout most of my career, until the SARS outbreak in 2003, I maintained a part-time clinical practice. I have practised in a variety of settings and venues, including rural and urban communities. Details of these experiences are further set out in my *curriculum vitae*.

11. My evidence and opinions in this affidavit are based on my own knowledge and experience gained through my education and years of experience in the field of Public Health, and in my role as Chief Public Health Officer and as the Deputy responsible for PHAC. Where I have relied on information from other sources, I believe that information to be true. Where I have referred to the opinions of other authors or results of studies, they are widely accepted as experts in the matters on which they have written, and their statements reflect my own opinion as well.

12. The purpose of my affidavit is to reply to evidence submitted in CanWest's affidavits, and in particular the affidavits of Dr. Don Fulgosi and Dr.

Richard Dolinar, regarding the lack of public health education in Canada with respect to prescription drugs and the educational value of direct-to-consumer advertising (DTCA) for the Canadian public.

13. In particular, I will respond to the applicant's assertion that DTCA is beneficial to the Canadian public because it provides education that would not otherwise be available. As I will describe, there is, in fact, much reliable educational content relating to general and specific issues of health that is provided or available through a number of sources. These sources include governmental sources such as PHAC and Health Canada, but also professional associations, non-governmental organizations, and initiatives by private industry. Finally, I will address how, in my opinion, DTCA does not meet the objectives of providing reliable and informative public health education.

A. HEALTH PROMOTION AND PUBLIC HEALTH EDUCATION

1) The Role of the Public Health Agency of Canada

14. PHAC is responsible for developing and implementing policies and programs in support of Canadian public health. In collaboration with its partners, PHAC's primary role is to lead federal efforts and mobilize pan-Canadian action in preventing disease and injury and promoting and protecting national and international public health by:[1]

(a) Anticipating, preparing for, responding to, and recovering from threats to public health;

[1] Public Health Agency of Canada Strategic Plan, 2007-2012, p. 6.

(b) Carrying out surveillance, monitoring, researching, investigating and reporting on disease, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally;

(c) Using the best available evidence and tools to advise and support public health stakeholders nationally and internationally as they work to enhance the health of their communities;

(d) Providing public health information, advice and leadership to Canadians and stakeholders; and

(e) Building and sustaining a public health network with stakeholders.

Attached as Exhibit "B" to this affidavit is a copy of PHAC's Strategic Plan 2007-2012, which sets out PHAC's history, mandate and priorities for the 2007-2012 period.

15. As part of its mandate, PHAC plays an active role in knowledge creation and translation for the benefit of the broader public health community across Canada. This includes sharing and communicating knowledge within the public health community.

16. PHAC also supports non-government organizations throughout Canada under its Grants and Contribution Programs to provide public health education and community action on a variety of health issues, including HIV/AIDS, early childhood development, diabetes prevention, Aboriginal Head Start, Hepatitis C prevention, pre-natal nutrition and health, and healthy living. This may include information on medications where relevant.

2) Public health education/information is a component of health promotion

17. Health promotion is one of the core mandates of PHAC. As defined in the *Ottawa Charter for Health Promotion*, health promotion is the "process of enabling people to increase control over, and to improve their health." Health promotion is grounded in a "population health approach".[2] This approach focuses on the living and working environments that affect people's health, the conditions that enable and support people in making healthy choices, and the services that promote and maintain health. PHAC provides national leadership and coordination in health promotion, improving surveillance, helping to build capacity in communities, continuing to support knowledge development and exchange, providing information to the public and monitoring and evaluating interventions and innovations.

18. In health promotion, various mechanisms are used as levers to effect change, including policies, programs, legislation, regulation and taxation. Although it is necessary to use these levers to promote and support environmental changes that increase opportunities for people to make healthy choices, individuals must also be given helpful, timely and reliable information about how to make these choices. Providing public health education and information is part of PHAC's overall mandate of health promotion.

---

[2] The *Ottawa Charter* is a document that was developed by the WHO at its First International Conference on Health Promotion; *Ottawa Charter for Health Promotion*, Ottawa, 21 November 1986, WHO/HPR/HEP/95.1.

3) What is "public health education"?

19. Public health education can be defined as "the process by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance or restoration of health."[3] It is a continuing process of informing and motivating people to achieve and maintain good health, and of promoting environmental and lifestyle changes to facilitate that objective. Public health education aims to provide information from experts from multiple disciplines to the public that will assist in making decisions based on sound scientific evidence that are related to the prevention and control of diseases, and the improvement and protection of general public health and wellness.

20. Good public health education provides accurate information, provided by unbiased and credible sources, which supports the target audiences to make appropriate decisions given their circumstances. Accurate information has been scrutinized by credible scientific bodies and reviewed for educational appropriateness. Unbiased information is provided by those who do not have any real or potential personal or commercial interest in the information that is provided.

21. Good public health education constitutes a communicative, interactive process. It is understood that just informing people about a particular issue often isn't enough to instigate discussion or change. Institutions such as PHAC and Health Canada employ strategies such as social marketing that ideally

---

[3] Last, J.M., ed., *A Dictionary of Epidemiology*, 4th ed. (Oxford: Oxford University Press, 2001)

seek to influence social behaviour, not to benefit the market but rather to benefit the target audience(s) and society in general.

22. In the context of pharmaceuticals and particularly the use of prescription drugs, the issue of educating the public becomes more complex, because of the potential risks and benefits involved, and because the decision to prescribe a drug requires the expertise of a physician or other licensed health care professional. Determining under what circumstances an individual may need a particular drug requires someone who has the expertise to understand the complexities of the patient's circumstances. Important factors include the individual's current health, personal characteristics including financial circumstances, other medications that he/she may be taking, the seriousness of the situation, and a consideration of the potential risks and benefits of a particular drug therapy for that particular individual.

23. Issues of medical judgment come into play for the health care professional who is supporting the patient about the most appropriate treatment choice in the circumstances. Patients must be informed in order to participate in the decision-making about their own health and appropriate treatment choices, but information alone is not enough without the health care professional's judgment. The determination of what is useful and appropriate public health education must be considered within this context.

B. PUBLIC HEALTH EDUCATION IN CANADA

24. Health promotion and the provision of public health education and information are also carried out by a variety of other organizations, including:

(a) Federal, provincial, territorial and local governments through their ministries of health (including Health Canada) and local health units;

(b) Professional organizations such as the Canadian Medical Association (CMA), the Association of Obstetricans and Gynaecologists of Canada, the Canadian Psychiatric Association, the Canadian Paediatric Society;

(c) Non-governmental organizations (NGOs) and/or patient organizations such as the Canadian Cancer Society, the Lung Association, Diabetes Association, and the Canadian Mental Health Association;

(d) Private industry.

25. Public health education in Canada is carried through all manner of media. These include the internet, newspapers, television, radio, magazines, public announcements and releases, poster campaigns and pamphlets.

1) Public Health Education Resources

26. The provision of information to the public regarding health is an important tool by which PHAC and other organizations educate Canadians and assist them in making informed decisions in order to improve their health, through, for instance, the prevention and control of chronic disease.

27. Both PHAC and Health Canada deliver public health information to Canadians on a range of issues relating to chronic diseases, including health effects, risk factors and how to minimize them, as well as information on how to

maintain overall good health. PHAC and Health Canada use tools such as their web sites, fact sheets, news releases, social marketing campaigns and publications to deliver their messages relating to public health. For example, Health Canada's website currently contains over 17,000 pages of publicly available information on all manner of health-related issues.

28. The following are some examples of public health education resources that have been developed by PHAC and Health Canada.

2) **General Resources on Health**

a) It's Your Health

29. Available on the Health Canada website (www.hc-sc.gc.ca/iyh-vsv/index_e.html), "It's Your Health" is a series of articles, or fact sheets, that cover a wide range of health issues. Each "It's Your Health" article is written in consultation with Health Canada and PHAC's scientists and experts, and may also be reviewed by national experts outside the department. These articles also include internet links and references to more sources of information.

30. The materials available on "It's Your Health" also contain a compilation of consumer-friendly fact sheets on chronic diseases. The fact sheets include information on health risks, risk factors, how to minimize risks, and a list of treatment options, which may include medications. The fact sheets are promoted on Health Canada's website and available from the top menu bar on the Health Canada website. Attached as Exhibit "C" to this affidavit are copies of material

from the "It's Your Health" website, including the homepage, the complete alphabetical listing of topics on the site, and specific pages relating to stroke, and the safe use of medicines.

b) General Information on Diseases and Conditions

31. In addition to the material provided in "It's Your Health", Health Canada also provides a number of informational resources on its website relating to diseases and conditions more generally. For each disease or condition, the website provides general information, risk factors and treatment for the particular disease or condition, and links to other reliable resources. Again, the use of medications may be one of a number of options that may be appropriate. Attached as Exhibit "D" to this affidavit are copies of materials from Health Canada's website relating to "Diseases and Conditions" (www.hc-sc.gc.ca/dc-ma/index_e.html), including the homepage, an index of diseases and conditions and specific pages relating to cancer, heart and stroke, and diabetes.

c) General Information on Drugs and Health Products

32. In addition to its role as a regulator, Health Canada is also committed to providing Canadians with timely access to sound, evidence-based information on drugs and other health products. To this end, Health Canada has extensive resources that educate and inform the public on drugs and health products so that they can make healthy choices and informed decisions concerning their health.

33. On Health Canada's website, there is a portal on "Drugs and Health Products" (www.hc-sc.gc.ca/dhp-mps/index_e.html) that includes materials on drugs and health products in general, the drug regulatory system, and advisories, warnings and recalls. Attached as Exhibit "E" to this affidavit are copies of materials from Health Canada's website on Drugs and Health Products.

34. Another resource is the MedEffect Canada Initiative. The MedEffect program is comprised of a website (www.hc-sc.gc.ca/dhp-mps/medeff/index_e.html), and a partnership initiative involving, for example, professional health care associations and consumer/patient groups. This initiative was developed to provide Canadians with the following:

(a) centralized access to relevant and reliable health product new safety information targeted to consumers/patients, health professionals, and industry, and;

(b) increased awareness about the importance of reporting adverse reactions to Health Canada, and how this information is used to identify and communicate potential risks.

Attached as Exhibit "F" to this affidavit is a copy of the pages from the MedEffect Canada webpages, including the homepage and the page relating to drug advisories, warnings and recalls.

35. Health Canada is currently in the process of completing a new product monograph project, which should be complete in early 2008. The goal of this initiative is to post product monographs for all approved drugs in Health Canada's Drug Products Database. These will then be publicly available through

Health Canada's website. A product monograph is a factual, scientific document on the drug product that, devoid of promotional material, describes the properties, claims, indications, and conditions of use for the drug, and that contains any other information that may be required for optimal, safe, and effective use of the drug.

d) Healthy Canadians Web Portal

36. The Healthy Canadians Web Portal (www.healthycanadians.gc.ca) was launched on February 19, 2007. This portal provides a single website address for all healthy living social marketing campaigns. Healthy living related content can be defined as that which supports making positive health choices that enhance the personal physical, mental, and spiritual health. The portal showcases short features on all current campaigns and links to related sites.

37. The content in the web portal includes consumer information on topics such as healthy eating, healthy pregnancy, physical activity, food and product safety as well as specific resources for First Nations and Inuit populations. Attached as Exhibit "G" to this affidavit is a copy of the home page for the Healthy Canadians Web Portal.

3) <u>Resources on Specific Illnesses</u>

a) Mental Health –The Mental Health Commission of Canada

38. The federal government has made raising awareness and reducing the stigma associated with mental health issues a priority in the area of public health. In this year's budget, the federal government allocated $55 million over the

next five years to establish a new Mental Health Commission of Canada and has named former Senator Michael Kirby as the first Chair of the Commission. The Commission was incorporated as a non-profit corporation in March 2007. Attached as Exhibit "H" to this affidavit are copies of materials from the Mental Health Commission of Canada's website (www.mentalhealthcommission.ca), including pages on the Commission's background and key initiatives, and the message from the Chair.

39. The mandate and structure of the Commission is closely based on the proposals contained in the 2006 final report of the Standing Senate Committee on Social Affairs, Science and Technology, entitled "Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada".

40. Public education on mental health issues is a key part of the Commission's mandate. Its goals are as follows:

(a) **The launch of an anti-stigma campaign** - The Commission will implement a 10-year national anti-stigma campaign aimed at promoting a better understanding of mental illness among the general population and at changing public attitudes towards mental illness;

(b) **The promotion of the development of a national strategy** - The Commission will work with all members of the mental health community to help develop this national strategy; and

(c) **The creation of a Knowledge Exchange Centre** - The Commission will create an internet-based, pan-Canadian Knowledge Exchange Centre to allow governments, service providers, researchers and the general public to access evidence-based information about mental health and mental illness and to enable people across the country to engage in a variety of collaborative activities.

41. In addition to the establishment of the Mental Health Commission of Canada, PHAC and Health Canada also have a number of resources and publications aimed at educating and informing the public on mental health issues. These include:

(a) Web pages on PHAC's and Health Canada's website, including a section on "It's Your Health" with fact sheets on various mental health problems and issues. Attached to this affidavit as Exhibit "I" are copies of materials relating to mental health from PHAC's and Health Canada's websites, including "It's Your Health";

(b) Various publications on mental health issues, including the report *The Face of Mental Health and Illness in Canada*, to make people aware of the signs of depression and what to do about it; all of these publications can be found on Health Canada's and PHAC's website and are also available in hard copy.

b) Diabetes – The National Diabetes Fact Sheet

42. This product, found on PHAC's website (www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/pubs/ndfs-fnrd07-eng.html), provides information for Canadians on risk factors, living with diabetes, reducing the risk of diabetes and reducing the risk of its complications. The fact sheet was launched in November 2007 and is the result of a partnership between PHAC and the following diabetes stakeholders: the Canadian Institutes of Health Research, Canadian Diabetes Association, Diabète Québec, CNIB, Juvenile Diabetes Research Foundation Canada and the Kidney Foundation of Canada. The aim of this communication tool is to streamline public information on diabetes, by developing one product that can be used by the Government of Canada and all NGO stakeholders when developing diabetes information tools. In addition, this information has been made available on PHAC's website in order to allow

Canadians to educate themselves about the disease. Attached as Exhibit "J" to this affidavit is a copy of the National Diabetes Fact Sheet.

c) Heart Disease – The Healthy Heart Kit

43. The Healthy Heart Kit (www.phac-aspc.gc.ca/ccdpc-cpcmc/hhk-tcs/index.html) is a risk management and patient education kit for the prevention of cardiovascular disease and the promotion of cardiovascular health. The online version of the Healthy Heart Kit offers a checklist that can help a person identify where they could improve their cardiovascular health and offers suggestions on how to accomplish health goals, such as quitting smoking or leading a more active lifestyle. An added feature available online is the physicians' guide, which explains how to effectively use the kit in promoting cardiovascular health to patients. Attached as Exhibit "K" is a copy of the homepage from the online version of the Healthy Heart Kit.

d) Chronic Diseases - PHAC's Centre for Chronic Disease Prevention and Control (CCDPC)

44. This website (www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/index.html) offers information organized by topic to Canadians on a range of diseases, including cardiovascular disease and stroke, arthritis, asthma and chronic respiratory disease and cancer. Each topic contains a description of the disease, information on its associated risk factors, other available publications and links to related sites which provide further information. Attached as Exhibit "L" are copies of materials from the CCDPC's website on chronic diseases, including the list of

chronic diseases for which information is provided and specific pages on cardiovascular disease and arthritis.

4) Social Marketing Campaigns for Public Health

45. In line with their respective mandates of health promotion, another tool that PHAC and Health Canada employ is social marketing. Social marketing can be defined as "the application of marketing technologies developed in the commercial sector to the solution of social problems where the bottom line is behaviour change." It involves "the analysis, planning, execution and evaluation of programs designed to influence the voluntary behaviour of target audiences to improve their personal welfare and that of society."[4]

46. The following are examples of recent social marketing campaigns delivered by PHAC and Health Canada, and their partners.

a) Physical Activity and Healthy Eating Tools

47. The federal Health Portfolio supports a number of key public information initiatives that promote both physical activity and healthy eating. These initiatives use various forms of media and are developed with many partners, including the provinces and territories and Aboriginal organizations. These include ParticipACTION, social marketing campaigns to promote tools such as Canada's Physical Activity Guides, Canada's Food Guides, and other web resources.

---

[4] Attributed to Alan Andreasan, www.hc-sc.gc.ca/ahc-asc/activit/marketsoc/index_e.html.

b) West Nile Virus

48. This campaign was carried out from 2003-06 during mosquito season, with the objectives of raising awareness of West Nile Virus and motivating Canadians to take preventive measures. PHAC collaborated with nine national retailers who sell products attractive to the target audience (camping gear, gardening tools, sunscreen, etc.). PHAC produced and distributed posters, counter-top displays and information pamphlets to over 3,200 stores across Canada. The stores set up the posters and counter top displays with information pamphlets in high traffic areas. In all, 3,700 displays and 3,800 posters were set up and more than 950,000 pamphlets were distributed to Canadians.

c) Sudden Infant Death Syndrome (SIDS)

49. The SIDS program was launched in February 1999, in collaboration with the Canadian Foundation for the Study of Infant Deaths, the Canadian Paediatric Society and the Canadian Institute for Child Health. The objectives of the campaign were to raise awareness and reduce the risk of SIDS. The program consisted of several components including a joint statement on SIDS, a poster, a brochure and a partnership with Pampers Canada. As part of the campaign, Pampers printed the message "Back to Sleep" on the waistbands of all newborn and size 1 diapers and distributed the “Back to Sleep” brochure in their prenatal and hospital pack to over 500,000 Canadian parents.

d) Pandemic Citizen Readiness Campaign

50. PHAC developed a Citizen Readiness Information Strategy that presented key activities and tactics that were implemented in response to the call for federal action on pandemic influenza. PHAC created a Pandemic Web Portal for all interested health professionals and the general public to consult for information surrounding pandemic/avian influenza related issues.

51. Also as part of the strategy, PHAC developed information kits that were mailed out to health professionals in collaboration with the Canadian Medical Association (CMA) and the Canadian Pharmacists Association (CPA). The kits included two fact sheet pads for pharmacists and medical doctors to distribute to their patients: 1) a broad pandemic influenza checklist for prevention and 2) the differences between annual flu, avian flu, and pandemic flu. Through this campaign, the kit was delivered to approximately 8,600 pharmacies and 55,000 Canadian physicians, with the fact sheets reaching upwards of 3 million Canadians.

C. THE ROLE OF OTHER ORGANIZATIONS IN DELIVERING PUBLIC HEALTH EDUCATION

52. Outside of PHAC and Health Canada, there are numerous other organizations that play an important role in delivering public health promotion and specifically, public health education. As noted above, such organizations include professional associations such as the Canadian Medical Association, and non-governmental organizations, such as the Canadian Cancer Society, the Lung

Association, the Heart and Stroke Foundation, the Canadian Diabetes Association, the Kidney Foundation, or the Arthritis Society of Canada.

53. Such organizations are important as they are able to reach different audiences and have ways of getting to the target audience that PHAC cannot. Also, because of their history and their built-in expertise, such groups often have a high level of credibility with the Canadian public. In the context of health promotion and education, PHAC often partners with such organizations as a doorway to promoting public health at a community level. Through partnerships with various organizations, PHAC increases its capacity to carry out its overall mandate.

54. Private industry can also play a role in health promotion and public health education. For example, they can assist in raising awareness of diseases and conditions, either through the provision of unrestricted educational grants to non-governmental organizations and can contribute their scientific expertise to non-governmental or public health led health promotion initiatives. Public health information provided by the private sector can be valuable from a public health perspective, when it is unbiased, based on credible, evidence-based research, and is not linked to a specific product.

55. For example, multiple drug companies work together with NGO's (Canadian Public Health Association, the Lung Association, the Heart and Stroke Foundation and others) on an annual influenza awareness campaign to deliver key

messages to the public regarding influenza and the importance of immunization, without any reference to specific products.

D. CONCLUSIONS ON THE EDUCATIONAL VALUE OF DTCA

56. In preparing this affidavit, I have reviewed the affidavits filed by CanWest in this proceeding. In several of the affidavits, particularly the Affidavits of Richard Dolinar and Don Fulgosi, the affiants suggest that "DTCA fulfills a vital educational function that is not generally met by any other means".[5]

57. I disagree. Based on my experiences both as Chief Public Health Officer and as a practicing physician, it is my opinion that DTCA does not fulfill an important educational function. In particular, it is my opinion that DTCA does not meet the objectives of providing reliable and informative public health education.

58. My opinion is based on the following reasons. First, as the availability of all prescription drugs is controlled by statute and regulations and they are not directly available to the patient, but only available through a physician or other licensed health care professional, it follows that rules regarding their advertisement should differ from other consumer products. Prescription drugs are not like typical consumer goods. Unquestionably, such drugs can be of benefit to patients when used properly under the care of a licensed health care professional. At the same time, we recognize that prescription drugs can also pose significant risks and dangers. For that reason, such drugs are not readily available to

---

[5] Affidavit of Richard Dolinar, para. 27.

consumers, but require the prescription of a licensed health care professional, who has the requisite expertise and knowledge to determine whether and under what circumstances a patient should be taking them.

59. Secondly, DTCA does not meet the goal of good public health education because it is not unbiased in its content or its presentation. The primary goal of DTCA is to sell a particular product and not to educate. Research suggests that prescription drug ads exaggerate benefits and downplay risks. Manufacturers often appeal to emotions, rather than using evidence-based information to promote drugs. In many cases, DTCA does not provide a balanced view of the risks and benefits inherent in taking a particular drug, and thus does not assist the viewer in making informed decisions concerning his or her health.

60. Unlike public health education, DTCA information has not necessarily been "filtered" though the lens of health experts, who can weigh and evaluate the perhaps competing, contradictory, and overwhelming amount of information on an issue for the public's consumption and use. A public health perspective can be seen as providing an impartial evaluation from an unbiased viewpoint, that has the interest of the public in mind as the chief priority.

61. In my opinion, there are far better ways of educating the public on health-related issues than DTCA. In its focus on a particular drug, DTCA often presents an imbalanced picture of the health care process. Instead of beginning with an assessment of an individual's medical situation and history, identifying any

medical problems, and canvassing all potential solutions (eg. diet and exercise) and not just medications, drugs are presented as a "one size fits all solution" to a particular health issue or problem. This can often create the expectation of a "quick fix", as opposed to generating a proper understanding or discussion of the complexities of a particular health problem or issue. Permitting DTCA of prescription drugs would increase the promotion of drugs as "fix-its", contravening the public health approach that supports a balanced lifestyle and illness prevention.

62. Researchers have also found that some ads promote unnecessary medicalization of normal life. DTCA has the potential of creating a cadre of the "worried well" – persons who become unnecessarily anxious based on incomplete information about symptoms or signs of diseases that have been suggested to them by such advertising. These include persons who may be experiencing symptoms of a minor condition, but become anxious that they may have a more serious condition based on suggestions from advertising. These may also include persons who have not experienced any real symptoms but for a variety of reasons, may become concerned for their health.

63. Additionally, DTCA stimulates the sale of new drugs that are generally more expensive than older treatments. In many cases, such new drugs are either no more effective, or only marginally more effective than their older counterparts.

64. From a public health perspective, DTCA is not desirable because it does not meet the aims of health promotion. As I have indicated above, public health focuses on the health of communities and individuals. Underlying the concept of public health is the concept of providing the optimum level of health care for the least amount of cost, with the least side effects and in the least intrusive manner. Good public health education provides accurate information, provided by unbiased and credible sources, which support the target audiences to make appropriate decisions given their circumstances. This involves the provision of balanced information regarding all appropriate treatment options, in some cases, and not simply information focused on one possible option.

65. The fact that governments must allocate scarce health care resources is and always will be a reality. The risk in permitting DTCA is the increased possibility that the allocation of these resources will be negatively affected. Ad campaigns will likely encourage unnecessary visits to doctors, from which further unnecessary investigations may result, thereby placing unnecessary strains upon the health care system and deviating or delaying services for those who are truly in need or who are in the most need, as well as deviating resources from the health care system as a whole.

66. I make this affidavit in response to CanWest's application herein and for no other or improper purpose.

SWORN before me at the City of Ottawa, in the Province of Ontario, this 5th day of December, 2007.

(Commissioner for Taking Affidavits)

DAVID BUTLER-JONES

This is Exhibit "A" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

A Commissioner for taking affidavits

DAVID A. BUTLER-JONES, MD

Born: Toronto; November 10, 1953

Married, Three Children

University Degrees:

MD – 1978 University of Toronto
MHSc – 1982 Community Health and Epidemiology, University of Toronto

Specialty Certifications:
CCFP – Family Medicine 1980 – College of Family Physicians of Canada

FRCPC – Community Medicine and Epidemiology 1983 – Royal College of Physicians of Canada

FACPM – Public Health and Preventive Medicine 1984 – American Board of Preventive Medicine

Residency Training
1978-80 Family Medicine, Queen's University, Kingston
1980-82 Community Medicine, University of Toronto

Clinical training included work in Northern British Columbia (Hazelton) and Ontario (Dryden).

Practicums in Community Medicine:
- Primary Care Research
- Experience with two Public Health Units in Ontario
- York Region (rural-suburban) and North York (urban)
- Occupational Health (Ontario Hydro)
- Program Development Branch, Ontario Ministry of Health
- Adult Community Mental Health Unit
- Tropical Diseases Clinic (Toronto General Hospital)

Professional Associations:

College of Family Physicians of Canada

Fellow of the Royal College of Physicians of Canada

Fellow of the American College of Preventive Medicine

Manitoba, Saskatchewan, Ontario and Canadian Medical Associations
Saskatchewan and Canadian Public Health Associations

The Canadian Medical Protective Association

Canadian Public Health Association

American Public Health Association

License to Practise:
Manitoba; College of Physicians and Surgeons
Ontario; College of Physicians and Surgeons
Saskatchewan; College of Physicians and Surgeons Reg. No. 8235

Experience

Current Position:-

Chief Public Health Officer and Deputy for the Public Health Agency of Canada

Past Positions:-

August 2002-September 2004 – Medical Health Officer – Sun Country Health Region –South-Eastern Saskatchewan-Responsible for a range of Public Health Programs as well as Infection Control and Health Need Assessment

September 2001-September 2004 – Consulting Medical Health Officer – Saskatoon Health Region - Working as past of Medical Officer team with particular responsibility for certain program areas-such as the campaign for Saskatoon to go smoke free.

September 1998-September 2004 – Consultant and President – BJ Collective Consulting Services Inc.

September 1995-August 2002 – Chief Medical Health Officer – Province of Saskatchewan:
- First Executive Director of Population Health Branch- and oversaw development of strategies for Population Health Promotion, development of Provincial Health indicators, Diabetes primary prevention, introduction of new vaccines, research, development of Public Health Core Programs and Guidelines etc.
Also actively involved in the management of outbreaks, and testifying before judicial inquiries, legislative committees etc.
Member or co-chair of several FPT committees-including Public Health Capacity Review, Surveillance, Advisory Committee on Population Health etc.

- First Executive Director of Primary Health Services Branch- Oversaw development of provincial framework and establishment of Primary Health Sites.

April 2000-March 2003 – part-time clinical practise and teaching – University of Saskatchewan- Department of Family Medicine involving Resident and Medical student supervision and teaching, patient care and advice and involvement in primary care research.

1987-2000- Part-time clinical practice in various group practices- Barrie, Ontario and Regina, Saskatchewan.

September 1986-August 1995 – Medical Officer of Health and CEO, Simcoe County Health District. Responsible for comprehensive Public Health, Home Care and Community services in an urban and rural population in Central Ontario.

May 1983-August 1986 –Medical Officer of Health and CEO- Algoma District Health Unit. Responsible for Public Health, Home Care and Community services in a large district comprising urban, rural and remote populations in Northern Ontario.

July 1982-April 1983- Baie Verte Preventive Medicine Project.
Developed an experimental program in Northern Newfoundland as a position in Preventive Medicine comprising:
-Public Health and Preventive Medicine,
-Occupational Health; Baie Verte Asbestos Mine, -
-Epidemiological research; emphasizing rural health care and occupational medicine,
-Clinical medicine; as part of the group of physicians.
Under the United Church of Canada's administration, the project was a unique demonstration of the delivery of preventive health services to a rural population. While evaluations and interest were very positive, major cutbacks in health spending by the Newfoundland Government necessitated the end of this project in it's first year.

International Experience:
2003-2004- WHO Europe- consultant to Immunization programs

2003 May- Bangladesh-Meetings with NGOs, and professional associations re: "Lessons from SARS" and "Health Reform in Canada- learning for others?"

1998-2003 Co-chair Technical Advisory Committee – CIDA project with National School of Public Health Brazil

2001 Santiago- Chilean Ministry of Health- Use of Population survey and other Data in Policy and Planning

2001- Kosovo- Health Systems redevelopment

1993 Work Exchange – Dumfries & Galloway Health District, Scotland

1992 Canadian Ecumenical Presence, Dominican Republic
1992 Consultation – Health System Reform, Turkey

1991 Consultation with Rotary – Local Projects San Jose DI Ocoa, Dominican Republic

Teaching Experience:

2006 – Present - Professor in the Faculty of Medicine - University of Manitoba

2001- Present Associate Clinical Professor- University of Saskatchewan- involved in teaching at both the graduate and undergraduate level, as well as seminars for Family Medicine Residents, and with students in the environmental health program at the Indian Federated College (Regina)

1996-2001 Assistant Clinical Professor- University of Saskatchewan- involved in teaching at both the graduate and undergraduate level.

1999 Responsible for development of a master's level graduate course in program planning and evaluation – University of Saskatchewan.

1990-1995 Lecturer – University of Toronto.

Supervision and advice to Graduate Students in MSc Program- University of Saskatchewan, Responsible for supervision of several Residents and Graduate Students in Community Health and Epidemiology in Ontario and Saskatchewan.
Simcoe County Health Unit became a Teaching Health Unit affiliated with the University of Toronto while MOH.

1984 Developed and taught a course in Occupational Epidemiology for Occupational Health Nurses, Sault College, Sault Ste. Marie, Ontario

1982-1983 Active program for elective students and rotating Family Practice Residents in Baie Vente.

Asked for and the opportunity to teach, and conducted seminars for medical students while a Community Medicine Resident – University of Toronto 1980-1982

Community and Professional Activities

Present National Level Committees
Canadian Institutes for Health Research- Institute Advisory Board- Population Health
National Steering Committee on the Canadian Climate Change and Health Vulnerability Assessment- Health Canada
Canadian Public Health Association Executive Board – Past President

Recent Other National Committees
-Canadian Advisory Committee on SARS and Public Health (Naylor)
-Canadian Population Health Initiative- Governing Council
-Council of Chief Medical Officers of Health
-Federal/Provincial/Territorial (FPT) Working Group on Public Health
-Canadian Cancer Society Expert Panel on Environmental Carcinogens
-FPT Advisory Committee on Population Health

Other Activities

2003-Present	Canadian Coalition for Public Health in the 21st Century, founding co-chair
1995-Present	Board of Canadian Public Health Association, President 1999-2001
2002	Chair or member of a broad range of Provincial Committees in Saskatchewan
2000	Canadian Roundtable on Climate Change and Health- chair
2000	American Public Health Association- Vice President
1995	Ontario Provincial Advisory Committee on School Based Drug Education
1999	International Regent- Board of Regents- American College of Preventive Medicine
1990-95	Ontario Heart Health Action Program, Expert Advisory Committee
1995	Ontario Community Health Framework, External Advisory Committee
1998	National Steering Committee on Enhancing Prevention in the Practice of Health Professionals – Chair 1993-98
1995	Medical Advisor – Barrie Community Health Centre
1990	Ontario Heart and Stroke Foundation Task Force on Smoking
1987-95	Ontario Medical Association Special Committee on HIV/AIDS Chairman January 1993-95

1986	Program Review Committee – United Way of Sault Ste. Marie
1995	Board of Directors, Barrie After-Hours Clinic
1990	Executive, Ontario Medical Association Section of Public Health Physicians, Chairman 1987-88
1991 1-91	Executive Board – Association of Local Official Health Agencies of Ontario
1991	Executive – Society of Medical Officers of Health, Ontario, Chairman 1988-89
1985	Canadian Games for Physically Disabled – Medical Committee
1985-86	Medical Advisor & Board Member, Algoma Lung Association
1977-Present	Various Community and Church Choirs
1982-85	Class Representative, Community Health and Epidemiology, University of Toronto
1977-85	Planning Committee and Facilitator to 27th General Council Youth Forum, UCC
1981-85	National Working Group and Youth, Young Adult and Recreational Ministries, UCC
1972	25th General Council, United Church of Canada
1971-77	Division of Mission in Canada, (Policies and Programs for UCC work in Canada)
1970	24th General Council (National Body of UCC) United Church of Canada
1971-72	Student Council President, Victoria Park S.S.

RESEARCH RELATED ACTIVITIES

Involvement in Research has included a mix of primary research design, implementation, reviews, advice and commentary and to a lesser extent publications.

CIHR- Institute Advisory Board, Population and Public Health

CPHI- Canadian Population Health Initiative Governing Council

CJPH- (Canadian Journal of Public Health) – reviewer of articles on a range of public health topics
Other Journals- periodically asked to review articles and books from other publishers.

NHRDP- Review panel for prevention and public health

Climate Change Impacts and Adaptation – Natural Resources Canada- Reviews of research proposals on climate change, pollution and health impacts.

Saskatchewan CIHR regional partnership committee

Supervision of Masters Student – Thesis based on comparative assessment of barriers and supports to health promotion and prevention in clinical practice of doctors, nurses, pharmacists and dieticians.

Frequent advisor to other's research design and activities.

Consultation to Chilean Ministry of Health on how to utilize a national health survey and other data in influencing the development of policy and programs.

RESEARCH GRANTS HELD

FD-U-000976 (Butler-Jones) 9/1/94 to 31/8/97
FDA Final Year: $160,000
Saskatchewan Health – Adverse Effects of Marketed Drugs
The objective of this project is use the Saskatchewan Health administrative databases to conduct Pharmaco-epidemiologic analyses in collaboration with the FDA

(Joint award: McLean, Butler-Jones, Reeder, Green) 1997/98
Population Health Fund, Health Canada $75,000
Saskatchewan Heart Health Program – Dissemination Phase
Development of research in heart health disseminiation.

FD-U-001415 (Butler-Jones) 30/9/97 to 29/8/98
FDA $95,640
Saskatchewan Health – Resources for Pharmaco-epidemiology
in Saskatchewan
The objective of this project is use the Saskatchewan Health administrative databases to conduct Pharmaco-epidemiologic analyses in collaboration with the FDA

(Reeder, on behalf of McLean, Butler-Jones, Reeder, Green) 1997-1999

Heart & Stroke Foundation of Canada $110,000 over 2 years
Saskatchewan Heart Health Program: Dissemination Research
The objective of this research is to evaluate the process and impact of capacity-building cost-effective methods to disseminate heart health promotion interventions to a range of Saskatchewan communities.

(Butler-Jones, Nilson) 1998-99
Saskatchewan Health $600,000
Saskatchewan Population Health Status and Dynamics Research Project
The objective of this project is to identify individual health status, behaviours, risk conditions, utilization and other determinants of health in Saskatchewan population.

(Joint award: McLean, Butler-Jones, Reeder, Green) 1998-2002
Saskatchewan Health $75,000/year
Saskatchewan Heart Health Program – Dissemination Phase
The objective of this research is to evaluate the process and impact of capacity-building cost-effective methods to disseminate heath health promotion interventions to a range of Saskatchewan communities.

(Joint award: McLean, Butler-Jones, Reeder, Green) 1998-2003
National Health Research & Development Program, Health Canada $575,000
Saskatchewan Heart Health Program – Dissemination Phase
The objective of this research is to evaluate the process and impact of capacity-building cost-effective methods to disseminate heart health promotion interventions to a range of Saskatchewan communities.

PUBLICATIONS: Journals and Texts

Darcy, Kosteniuk, Smith, Nilson, Cholowsky, Bowen, and Butler-Jones, "Depression in Saskatchewan: An Analysis of the Saskatchewan Population Health and Dynamics Survey" University of Saskatchewan

MacLean, S., Feather, J., Butler-Jones, D., "Action for Learning, Learning form Action: Building Health Promotion Capacity", in Publication, BC University Press

Beck, P., Butler-Jones, D., _et al, Statin Use and Risk of Breast Cancer, Journal of Clinical Epidemiology, 2003

Krewski, D., Butler-Jones, D., et al, "Managing the Microbiological Risks of Drinking Water" 2003 Managing health risks from drinking water-a report to the Walkerton inquiry. Journal of Toxicology & Environmental Health Part A. 65(21): 1635-823, 2005 (Nov 8).

Krewski, D., Balbus, J., Butler-Jones, D., et al, "Managing Health Risks from Drinking Water" Commissioned Paper 7: The Walkerton Inquiry. Feb 2002

Preddy, G et al, Population Health: Making it relevant in an Integrated Health System, Annals RCPSC. 2002; December

Ebbesen, L.S., Bell Woodard, G., McLean, S., Butler-Jones, D., Green, K., Reeder, B.A., Steer, S.L., Feather, J. Saskatchewan Dissemination Story. (2001). Promotion and Education Journal. (1 suppl): S35-S39.

Butler-Jones, D. "Whither the Health of the Public" in "Health and Welfare Systems Development in the 21st Century"
Proceedings of the Second Global Symposium 29-31, October 2001
WHO-Kobe Center (2001)

McLean, S., Ebbesen, L.S., Green, K., Reeder, B.A., Butler-Jones, D., Steer, S. Capacity for Community Development: An Approach to Conceptualization and Measurement. (2001). Journal of the Community Development Society. 32(2): 251-271.

McLean, S., Ebbesen, L.S., Green, K., Reeder, B.A., Butler-Jones, D., Steer, S. Continuing Education for Health Promotion: A Case Study of Needs Assessment Practice. (2000). Canadian Journal of University Continuing Education. 26(1):11-30.

Butler-Jones, D. "Health Promotion in Clinical Practice" – chapter commentary in "Settings for Health Promotion: L. Green et al editors.
Sage 1999

Butler-Jones, D. Applying a Population Health Approach, Can J Pub Health 1999;90s1:s62-s64.

Stang MR, Wysowski D, Butler-Jones D. Incidence of lactic acidosis in metformin users. *Diabetes Care* 1999;22:925-927.

S. McLean, D. Butler-Jones, K. Green, B. Reeder, J. Feather, L. Ebbesen, M. Moore, and S. Steer, 1999. Capacity-Building: Appropriate Concepts, Strategies and Research Methods for Heart Health Promotion in Developing Countries. Scientific Abstracts from the International Conference on Heart Health in the Developing Countries. 47-48, New Delhi, India.

S. McLean, D. Butler-Jones, K. Green, B. Reeder, J. Feather, L. Ebbesen, M. Moore, S. Steer, 1999. Preventing Cardiovascular Disease in Saskatchewan: Building Capacity in the Health District System. Scientific Abstracts from the International Conference on Heart Health in the Developing Countries, 23, New Delhi, India.

S. McLean, D. Butler-Jones, K. Green, B. Reeder, J. Feather, L. Ebbesen, M. Moore, S. Steer, 1999. Understanding and Assessing Capacity for Community Development Work. Proceedings of

the Community Development Society 31st Annual International Conference, digital publication, Spokane, Washington.

Canadian Heart Health Surveys Research Group. "Obesity: a risk factor for cardiovascular disease. The Canadian heart health surveys". Can Med Assoc J 1997; 157(1suppl).

Bulter-Jones, D. Enhancing Prevention in the Practice of Health Professionals, Can J Pub Health 1996; 87:s75-s78.

Butler-Jones, D. Provincial immunization and communicable disease information system coming on-line. Concern 1996; 25(6):13.

Martin S. Bouchard F, Butler-Jones D, et al. Health policy and public involvement, Vancouver Health Board, British Columbia. Can J Pub Health 1996; 87(1):I1-I56.

CPHA Working Group "The Role of Public Health in Health Systems Restructuring", Can J Pub Health; 1996 (supplement)
Butler-Jones D. Chair, National Enhancing Prevention Steering Committee. "Working Together for Health – Strategies for Today and Tomorrow" – 1995, Health Canada

National Enhancing Prevention Steering Committee "Enhancing Prevention in the Practice of Health Professionals. Strategies for Today and Tomorrow" Health Canada 1993

Morris B., Harason P., Butler-Jones D., " Seroprevalence of Hepatitis B. in a Small Urban STD Clinic". Can J Pub Health 1992; 83:73-74

Morris B, Butler-Jones D. Community advocacy and the MD: physicians should stand up and stand out (editorial). Can Med Assoc J 1991; 144:1316-7

Hands, B., Butler-Jones, D. Hearing Loss: The Silent Epidemic Ont. Med. Review Apr. 1988:26-31

Butler-Jones D. "The Pitfalls of Prevention", Canadian Family Physicians, January 1987; 33:9-10

Butler-Jones D. "Support for Preventive Public Health Programs", Canadian Family Physician, April 1987; 33:1051-1052

Pasteurella Multocida Septicemia During Pregnancy, 1986 CMAJ Dec. 15/86; 135(12):1369-1372

Other:
Publication as part of conference proceedings (WHO, PAHO and others) on such topics as Primary Health, Health System Reform, Immunization, Hepatitis C etc.

Publications in the form of reports as either primary or secondary author-Examples include:
Tobacco or Health – Saskatoon 2003

Primary Health and Public Health – Saskatoon 2004
The role of Public Health and Surveillance – Health Canada 2003
Framework for Infection Control in First Nation's Communities – Health Canada 2003

Publications in the form of reports at the provincial or national level as chair or part of committees occurred on a range of health policy and public health topics.
Examples include:
Provincial Diabetes Strategy – Saskatchewan
Framework for Health Surveillance – Health Canada
Core Programs for Public Health – Saskatchewan
Infection Control manual – Saskatchewan
Population Health Promotion Manual – Saskatchewan
A range of Public Health related committees at the National and Provincial Levels

Invited Papers, Presentations and Keynotes (Prov-Nat-International)
(prior to role as CPHO)

2004-June – Canadian Public Health Association – St. John's "International Public Health Reform"

2004-May – Atlantic Medical Officers – Saint John "Issues in Public Health, Lessons Learned"

2004-May – Estevan – Prairie Rotary Annual Meeting "Understanding Health"

2004-April – Brighton – World Federation of Public Health WFPHA "Commentary on the New Public Health", "Future Directions for WFPHA"

2004-March – International Hepatitis C conference – Vancouver – "Healthy Public Policy"

2004-March - Alberta Boards of Health – Edmonton "Wither the Health of the Public?-Lessons from SARS"

2003-November – American Public Health Associations – San Francisco – "SARS-lessons from Canada"

2003-Oct-Nov – Bioterrorism – Toronto- "Public Health Approaches to Emergencies and Bioterrorism"

2003-October – Immunization – Ottawa – "Public Health capacity and Immunization Strategies"

2003-October – Infectious Disease Conference – Regina – "Is SARS a warm-up to the next Pandemic?"

2003-October – Core Programs in Public Health – Vancouver – "Public Health Programs and Policy-Government's Role"

2003-September – Public Health – Yellowknife – "Emerging Infections" "Public Health Reform"

2003-June – NGOs meeting and Bangladesh medical Association – Dhaka – "Lessons from SARS" "Public Health in Canada"

2003-May – U of Toronto – 25th – "Climate Change and Health"

2003-May – CPHA – Calgary – "Public Health Capacity"

2003-May – Best Start Conference – Saskatoon – "Environmental Tobacco Smoke and Children"

2003-May – Victoria Health Promotion Summer School – Victoria – "Functional Advocacy"

2003-March – CMA Council – Ottawa – Role of the MD in Public Health

2002-Sept – Joint Mtg. Conf of Deputies Health and Environment – PEI – "Environment and Health"

2002-July – Canadian Institute of Public Health Inspectors – Fredericton – "The potential for Health"

2002-February – Corrections Canada Conference – Ottawa – "Population and Public Health"

2001-November – Chilean Health Meeting – "Population Health Promotion" "Using Data to Inform"

2001-November – Prairie Satellite Training – "Health Indicators- What makes sense?"

2001-October – WHO Kobe Center, Japan – Health System Development Consultations – "Principles of population approaches to primary health"

1995-2001 – Keynote presentations from 1995-early 2001 were unfortunately lost on Sask. Health Computer. Topics included a range of health topics and issues at the national and provincial level, including environmental health, chronic disease prevention, infectious diseases, health policy, effective management, and primary health reform.

2001- PAHO – Havana – "Primary Health Reform in Canada"

1999- International Heart Health – Singapore – "Heart Health – Community Approaches"

Mar 1995- National Conference on Dissemination Research, "Enhancing Prevention in the Practice of Health Professionals", Vancouver

Oct 1994- National Immunization Conference – The role of Public Health and Private delivery of Immunization Programs, Quebec City

Oct 1993- Trading Places – Medical Officer Exchanges with the U.K. National Health Service, Toronto, Ont.

1992- Enhancing Prevention in the Practice of Health Professionals – CPHA Annual Conference, Yellowknife, N.W.T.

1991 Canadian Public Health Association Regional Workshops on HIV/AIDS, Toronto

Mar 1990- National Conference on Enhancing Prevention in Medical Practice, Ottawa. "Community Interaction"

Jan 1990- Cooperation, Coordination, Collaboration: Health Promotion in the Community, Ottawa, "Health Promotion in Ontario: Can We Get There from Here?"

Nov 1989- Prevention Congress IV: Healthy and Supportive Communities from Commitment to Action- "The Role of Physicians as Partners in Health Promotion"

Jan 1989- Ontario Health Promotion Conference, Ottawa "Health Promotion and the New Core Programs"

Nov 1988- Conference on Information Technology in Community Health, Vancouver, "Conducting a Community Health Survey. Why is it nobody ever tells you these things?"

Nov 1986- American Public Health Association, Las Vegas, U.S.A. "Fluoridation Referenda in Canada"

June 1986- Canadian Public Health Association, Vancouver, B.C. "Fluoridation Referenda – You Win Some You Lose More"

Feb 1986- Association of Ontario Boards of Health, Toronto. "Raising the Profile of Public Health"

Mar 1985- National Rural Health Conference, Winnipeg, M.B. "Models of Community Development"

June 1983- Canadian Public Health Association, St. John's Nfld. "The Baie Verte Preventive Medicine Project"

Media:

Frequent Commentator on a range of health topics in national and regional media.
1989-95 Health column in 13 daily and weekly Ontario newspapers
1987-93 Weekly radio health program - CHAY FM - Toronto and Central Ontario
1996-Present, bi-weekly health column - CBC Saskatchewan

This is Exhibit "B" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

A Commissioner for taking affidavits

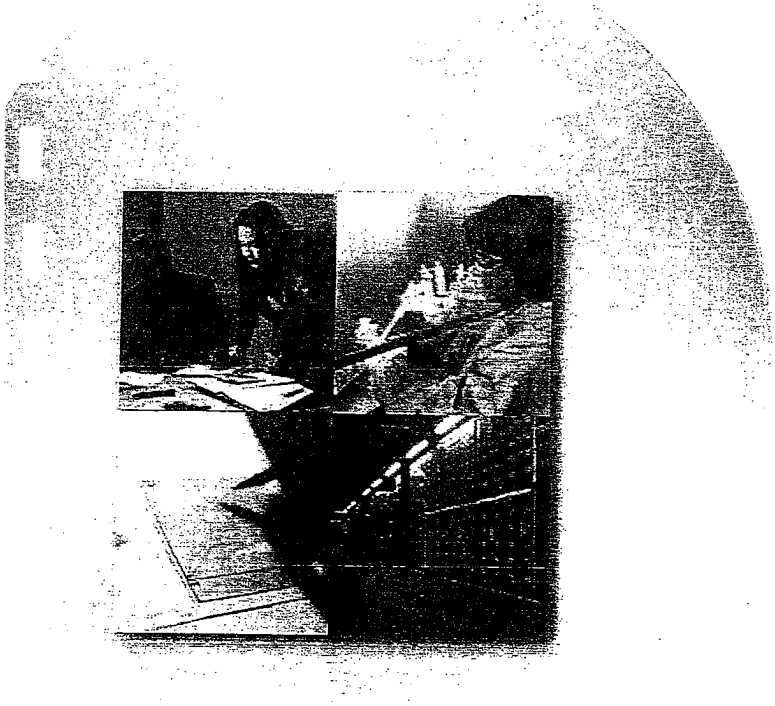
Public Health Agency of Canada | Agence de la santé publique du Canada

PUBLIC HEALTH AGENCY OF CANADA

STRATEGIC PLAN

2007–2012

Information • Knowledge • Action



Canada

To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

— Public Health Agency of Canada

Published by authority of the Minister of Health.

The Public Health Agency of Canada Strategic Plan: 2007 – 2012, Information, Knowledge, Action is available on Internet at the following address:
http://www.phac-aspc.gc.ca

Également disponible en français sous le titre :
Plan stratégique de l'Agence de la santé publique du Canada : 2007 – 2012, Information, Savoir, Action

This publication can be made available on request on diskette, large print, audio-cassette and braille.

PUB.: 9003
Cat.: HP5-47/2007
ISBN: 978-0-662-05066-7

Table of Contents

Message from the Minister of Health

As Minister of Health, it is my pleasure to present the first Strategic Plan of the Public Health Agency of Canada.

Since its creation in 2004 as a federal Agency within the Health Portfolio, the Public Health Agency of Canada has been unwavering in supporting the Government of Canada. The Agency continues to deliver on its commitment to protect and promote the health and safety of all Canadians. For example, the Agency has made significant movement forward in addressing chronic disease from a public health perspective. The creation of the Canadian Partnership Against Cancer in November 2006, the announcement of the Canadian Heart Health Strategy in October 2006, and the launch of the Lung Health Framework in April 2007 are important advances that respond to the growing burden of chronic disease in Canada. In terms of infectious disease, I announced in January 2007 that the Government of Canada would invest in an ambitious new vaccine research and development facility at the University of Saskatchewan which will significantly enhance Canada's capacity to develop vaccines for both humans and animals. The following month, in February 2007, the Government of Canada announced a partnership with the Bill & Melinda Gates Foundation to commit major new funding to support the Canadian HIV Vaccine Initiative, a new effort to accelerate the development of an HIV/AIDS vaccine and address critical research gaps. These announcements have underscored the important work of the Agency and its commitment to delivering on Government of Canada commitments.

As an affirmation of the important role played by the Agency, and as a sign of this Government's firm and broad commitment to public health, my first piece of federal legislation after becoming Minister of Health was the introduction of Bill C-5, *The Public Health Agency of Canada Act*. This *Act* entered into force in December 2006. The Agency operates in concert with and complements the efforts of Health Canada, the Canadian Institutes of Health Research, and all other members of the Health Portfolio. Together, they help make and keep Canadians one of the healthiest populations in the world.

This Strategic Plan represents an important next step for the Agency. It articulates three major objectives to help realize PHAC's vision and mandate. First, anticipating and responding to Canadians' health needs; second, supporting the Agency's own actions and enhancing its accountability with integrated information and knowledge functions; third, developing the Agency's own internal capacity and ensuring its workforce has the tools and leadership it needs to be most effective.

In pursuing these objectives, the Agency will help the federal government maintain its focus on strengthening public health in our country, and pursue its plan for a stronger Canada based on pillars of accountability, security, environmental protection and strong economic management. The Strategic Plan focuses the Agency on protecting Canadians from chronic disease and from emerging infectious diseases, including pandemic influenza. It emphasizes the importance of addressing the determinants of health and reducing health disparities, and underscores the importance of recognizing linkages between the environment and our collective health. It represents a plan to align resources behind these priorities and ensure the effective interplay between information, knowledge and action.

In addition to supporting the federal government in these priority areas, the Agency will continue to play a powerful role in reducing and guaranteeing wait times. By keeping Canadians safe and by creating the conditions for us all to be healthy, the work of PHAC and the entire public health community in Canada is reducing the burden on the health care system.

In effect, this Strategic Plan establishes priorities in public health and aligns the means to achieve them. I look forward to watching the plan unfold over the next five years as the Agency continues to support the vision we all share: healthy Canadians and communities in a healthier world.

Tony Clement
Minister of Health

Message from the Chief Public Health Officer

It has been almost three years since the Public Health Agency of Canada was created as a separate agency within the federal Health Portfolio. Since that time, our Agency has steadily evolved as we build on our achievements and deliver on the Government of Canada's commitment to help protect and promote the health and safety of all Canadians.

Throughout this process, we have become an increasingly effective agent for positive change, in Canada and around the world. We protect and inform the public, and we prepare for and respond to anything that threatens its health. Much more than that, we actively promote health and work with our partners to improve and strengthen the very social foundations that underpin not just our health as individuals, but the health of our society.

Of course, we have much work to do. Preventable chronic diseases and injuries continue to take a significant toll on all populations. We're seeing increasing threats to our environment, with commensurate impacts on our health. Infectious diseases will continue to break out, and as we've learned, we are not immune. Perhaps the greatest of all our challenges, persistent health disparities must be reduced and eventually eliminated.

I believe we all understand and appreciate the importance of our many roles.

In December of 2006, the *Public Health Agency of Canada Act* came into force, giving the Agency the statutory footing required to allow it to continue fulfilling these important roles, building on its achievements and assisting the Minister of Health to deliver on his public health responsibilities.

We are now taking the next step in the ongoing development of the Public Health Agency of Canada. We have been exceedingly effective in responding to short-term requirements and in acting quickly when the need has arisen. To be as effective as possible, however, we need to balance the short term with the long.

Therefore, I am very pleased and proud to present the Public Health Agency of Canada's first Strategic Plan. It will be our guide for the next five years as it sets priorities for our work, aligns our resources behind those priorities, and helps us coordinate our internal planning and management. At the same time, it will assist us in communicating our vision to our partners, stakeholders and to a public that will increasingly look to us for guidance and protection.

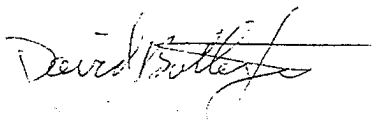
The Strategic Plan is designed around the core theme of delivering on policy and programming priorities. Specifically, we will focus on meeting major public health challenges such as obesity, mental health, HIV/AIDS, pandemic influenza and other emerging infectious diseases. As we address the underlying determinants of health, we will be pursuing public health advancements in Canada and around the globe that leave no one behind. Immediate priorities in this area include, among other areas, increased attention to Aboriginal public health, seniors and healthy aging, and the linkages between our health and our environment.

Delivering on these policies means a continued effort to strengthen the capacity of the public health community in general, as well as building the Public Health Agency's own internal capacity. The Strategic Plan recognizes that to do so, and to continue to anticipate and respond to the health needs of Canadians, the Agency must be supported by the best available science and research, and by a staff that has the resources and culture it needs to be effective.

Further, this plan hinges on the Agency's ability to develop more effective linkages between its information and knowledge development functions and its actions. Science is at the core of what the Agency does. As such, it is imperative that the information and knowledge we acquire is translated for effective use not only in the public health community at large, but by the Agency itself. The knowledge we generate and information we collect must, in turn, be guided by the needs of our actions and policies.

This plan has been developed internally through an inclusive and representative process that makes it truly reflective of the values and character of our Agency. As we move forward together, we will strive to foster and nurture our own unique Agency culture based on respect, results, performance, and accountability to the Minister, the Government, and to the whole of the Canadian public. I fully believe this Strategic Plan will help us become even better at what we do best, and will give each and every one of us a clearer sense of focus and purpose. We should all be very proud what we've achieved together over these last few years, and we should be excited about where we're going and what we've yet to achieve.

Dr. David Butler-Jones



Chief Public Health Officer

Executive Summary

In September 2004, the Public Health Agency of Canada (PHAC) was created as a separate agency within the federal Health Portfolio to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians and to increase its focus on public health. The *Public Health Agency of Canada Act* came into force in December 2006, allowing the Agency to continue with its mandate to assist the Minister of Health in fulfilling his public health responsibilities while it builds on its many concrete achievements since its creation in 2004. As part of fulfilling this mandate, PHAC has developed a five-year Strategic Plan to guide plans for delivering on priorities while supporting the Agency's accountabilities to the Minister of Health and to Canadians as a stand-alone government department in the Health Portfolio.

The fundamental theme of PHAC's Strategic Plan is "delivering on policy and programming priorities." The Plan confirms our vision and mission and sets out objectives and priorities for the next five years. It includes input and comments from internal and external consultations.

The document also provides a description of who we are and what we do, including profiles of PHAC's employees from across the country, in order to explain our work to our stakeholders and Canadians and to help staff identify how their work fits into the bigger picture.

The Agency has set out three objectives:

- To anticipate and respond to the health needs of Canadians
- To ensure actions are supported by integrated information and knowledge functions; and
- To further develop PHAC's dedicated, professional workforce by providing it with the tools and leadership it needs and by ensuring a supportive culture.

PHAC will strive to meet these objectives while delivering on its broad mandate: to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

The Strategic Plan will provide the basis for the Agency's annual corporate business planning and its integrated business and human resources plans, and will align with accountability agreements of senior managers. While the document articulates a five-year vision, it will be necessary to balance the importance of respecting this vision with the need to re-evaluate annually and adjust priorities. This will ensure that the Agency continues to be flexible in anticipating and responding to the needs of Canadians as well as to the Minister's and the Government's priorities. The goal is to align integrated information and knowledge functions with actions accordingly, and to support PHAC employees with the tools and leadership they need.

Public health is complex, and success requires a comprehensive approach that brings in partners from across all sectors. PHAC will strive to reach new levels of engagement of its many partners, including Health Canada and the rest of the Health Portfolio, other federal departments, the provinces and territories, stakeholders, and non-governmental organizations. By working collaboratively to deliver on the priorities outlined in this Strategic Plan, the Agency will be well-positioned to make an effective contribution to achieving the unified vision of the Minister of Health and the Government of Canada of healthier Canadians and communities in a healthier world.

Reference Group in Action

From Left to Right (Top Row): Dr. Patricia Huston, Dr. Paul Payette, Lisa Gomes, Doug Prowse, Tricia Geddes, James Gilbert, Mark Hudson (Bottom Row): Lindsay Noad, Maha Hammoud, Heather Gass

Not Shown: Dr. Amin Kabani, André La Prairie, Andrea Ellis, Elaine McClanaghan, Hank Krueger, Jean-Louis Caya, Judi Fielding, Laura Donetelli, Pierre Labbée, Dr. Susan Read, Wayne McGill, Dr. Yang Mao

Introduction

Public health is truly the foundation of a prosperous society. Health and access to a strong and effective health care system continue to be among the highest priorities for Canadians. These priorities are shared by our government, and they continue to be paramount concerns of the Minister of Health.

In September 2004, the Public Health Agency of Canada was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians and to increase its focus on public health, and to make a key contribution to improving health and strengthening the health care system. At the same time, Dr. David Butler-Jones was appointed as the country's first Chief Public Health Officer (CPHO). The creation of the Agency and appointment of the CPHO as deputy head, public health advisor to the Minister and lead public health professional in Canada marked the beginning of a new approach to federal leadership and to collaboration with the provinces and territories in the Government's efforts to renew the public health system in Canada. It also signified the enormous value that Canadians place on their health; a value that has become a major part of our cultural identity.

Guaranteeing patient wait times remains one of our government's highest priorities. Reducing the burden on the health care system by improving overall public health continues to be one of the most effective ways of achieving this goal. PHAC is also helping our government to provide Canadians with safe and secure communities by effectively reducing the threat of infectious diseases, such as pandemic influenza, and chemical and biological agents. While leading on federal efforts to prevent disease and injury and to promote and protect national and international public health, PHAC continues to support the federal government's vision and direction on accountability and efficiency in all government operations and initiatives. The priorities identified in the Agency's Strategic Plan support a stronger public health system in Canada and around the world and work to fulfil the government's priority of improving health and access to health care for Canadians.

PHAC is responsible for developing and implementing policies and programs in support of the Canadian public's health. In collaboration with its partners, the Agency's primary role is to lead federal efforts and mobilize pan-Canadian action in preventing disease and injury and promoting and protecting national and international public health by:

- Anticipating, preparing for, responding to and recovering from threats to public health;
- Carrying out surveillance, monitoring, researching, investigating and reporting on diseases, injuries, other preventable health risks and their determinants, and the general state of public health in Canada and internationally;
- Using the best available evidence and tools to advise and support public health stakeholders nationally and internationally as they work to enhance the health of their communities;
- Providing public health information, advice and leadership to Canadians and stakeholders; and
- Building and sustaining a public health network with stakeholders.

VISION

Healthy Canadians and communities in a healthier world

MISSION

To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health

Although the creation of the Agency brought great opportunities, it also brought significant challenges. The new Agency was tasked with managing the transition from a branch of Health Canada to a separate agency in the Health Portfolio, establishing an environment and values that support the Agency's accountabilities to the Minister of Health and to Canadians as a stand-alone government department delivering public health advice and programming in a range of areas.

Over the past two years, most of PHAC's planning efforts have focussed on ensuring that the Agency can respond effectively to short-term priorities or mandatory requirements. Employees should take pride in the fact that, time and again, they have demonstrated an ability to move quickly when the need arises. But there is also a need to find a better balance between PHAC's short- and long-term priorities while maximizing opportunities and overcoming challenges.

The Strategic Plan will guide the Agency's directions over the next five years by establishing our policy and programming priorities, defining the areas where we need to align our efforts to support these priorities, and by organizing our management structures and systems to deliver on our priorities. Clear strategic directions and priorities will provide the policy overlay to ensure that annual business plans are well-integrated, resources are aligned accordingly, and the entire effort is supported by integrated human resources planning and clear accountabilities. The Plan also provides the foundation for the Agency to critically review all of its programs and make decisions concerning rationalization, reallocation, adjustment and re-engineering, with a view to enhance the management and effective delivery of the Agency's programs and to ensure that its interventions have achieved measurable progress.

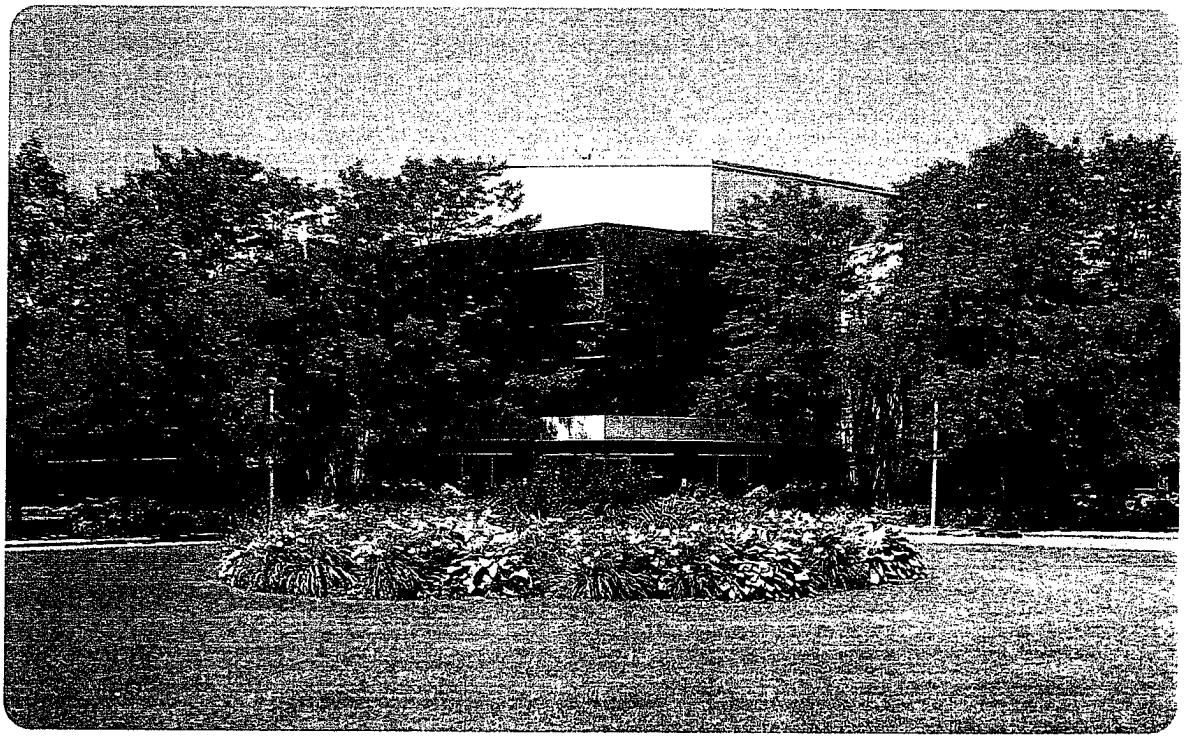
The Agency's Strategic Plan is about setting the objectives and direction to fulfill PHAC's role in anticipating and responding to the health needs of Canadians and, in collaborating with a broad range of partners, to try to make Canadians healthier, reduce health disparities and strengthen public health capacity. It is also about taking pride in PHAC's work and recognizing and supporting our unique team that is working to find creative and innovative ways of promoting and protecting public health in Canada and around the world. As such, the document profiles just a few of our dedicated and highly skilled employees who demonstrate a high level of commitment to the Agency's mandate.

Three Themes for PHAC's Strategic Plan

1 Delivering on policy and programming priorities;

2 Aligning programs and research to support priorities; and

3 Enhancing Agency capabilities and accountability.

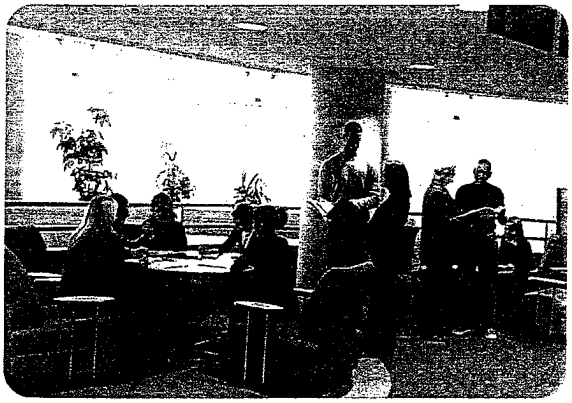


The Public Health Agency's head office in the National Capital Region

Part I - Who We Are

PHAC's enabling legislation, the *Public Health Agency of Canada Act*, establishes the Agency as an organization in the Health Portfolio. It also formally establishes the position of Chief Public Health Officer (CPHO). The CPHO has a unique dual role, serving as deputy head of PHAC and public health advisor to the Minister of Health, as well as Canada's lead public health professional, with the authority to communicate directly with the public on public health matters.

The Agency employs approximately 2,100 staff, consisting of public health professionals, scientists, technicians, communicators, administrators, and policy analysts and planners. Staff members are located in offices, labs and field positions across the country. In the North, Agency programs are delivered through Health Canada's Northern Region.



The Federal Role in Public Health

While health care service delivery is primarily a provincial responsibility, public health is shared across jurisdictions. The federal government plays a key role in public health, in conjunction with provincial, territorial and local governments and other sectors. The federal role in public health is based on the responsibility for infectious disease control at our borders as set out in Canada's Constitution, as with the creation of a federal Department of Health in response to the 1918 influenza pandemic. Over time, this role has grown and evolved to include a broad scope of federal action to protect Canadians from threats to their health, including key federal leadership in the areas of:

- Quarantine Legislation and Programming
- Regulations on the Control of Pathogens
- Emergency and Pandemic Preparedness Initiatives

Since the Lalonde Report of 1974, it is recognized that there is a federal role in public health to promote overall health, including efforts against both infectious and chronic diseases. It is also widely accepted that the federal government has a role to take action on public health issues of national concern, in order to protect, maintain and improve the health of Canadians.

So what does this mean at a practical level? While the federal government has particular responsibility in the event of health emergencies, these powers are rarely used, and there are many public health issues of national concern that fall short of an emergency. For these issues, because public health is shared, the most effective initiatives are those where the federal government works in collaboration with provinces and territories. In these areas, there are opportunities for federal efforts to provide added value, distinct from and complementary to other jurisdictions' activities. These efforts include:

- **National Leadership** – the requirement to set national standards and guidelines, mobilize partnerships, coordinate national efforts or build consensus, such as in the case of coordinating and leading surveillance at the national level, or developing a national public health human resources strategy;
- **Critical Mass** – where the federal government possesses highly specialized technical expertise to provide advice and services in order to build national capacity, such as the public health science capacity housed at the Agency's laboratories and centres, or its surge capacity in the event of an emergency;
- **Economies of Scale** – similar to critical mass, where significant existing capacity makes it more affordable to build on existing investments, such as with the Level Four biosafety facilities at the National Microbiology Laboratory; and
- **Public Good Investments** – where costs are centralized but the potential benefits are widely shared, as with the Agency's work of sharing and communicating knowledge within the public health community in Canada and abroad.

Given its role to take action on public health issues of national concern, the Government of Canada also has led the launch of new initiatives where others lacked the capacity to do so, such as in the creation of the National AIDS Strategy in 1990.

The Agency's Workforce (2007)[1]

PHAC representation in all areas is comparable to the available Canadian workforce and the Public Service as a whole:

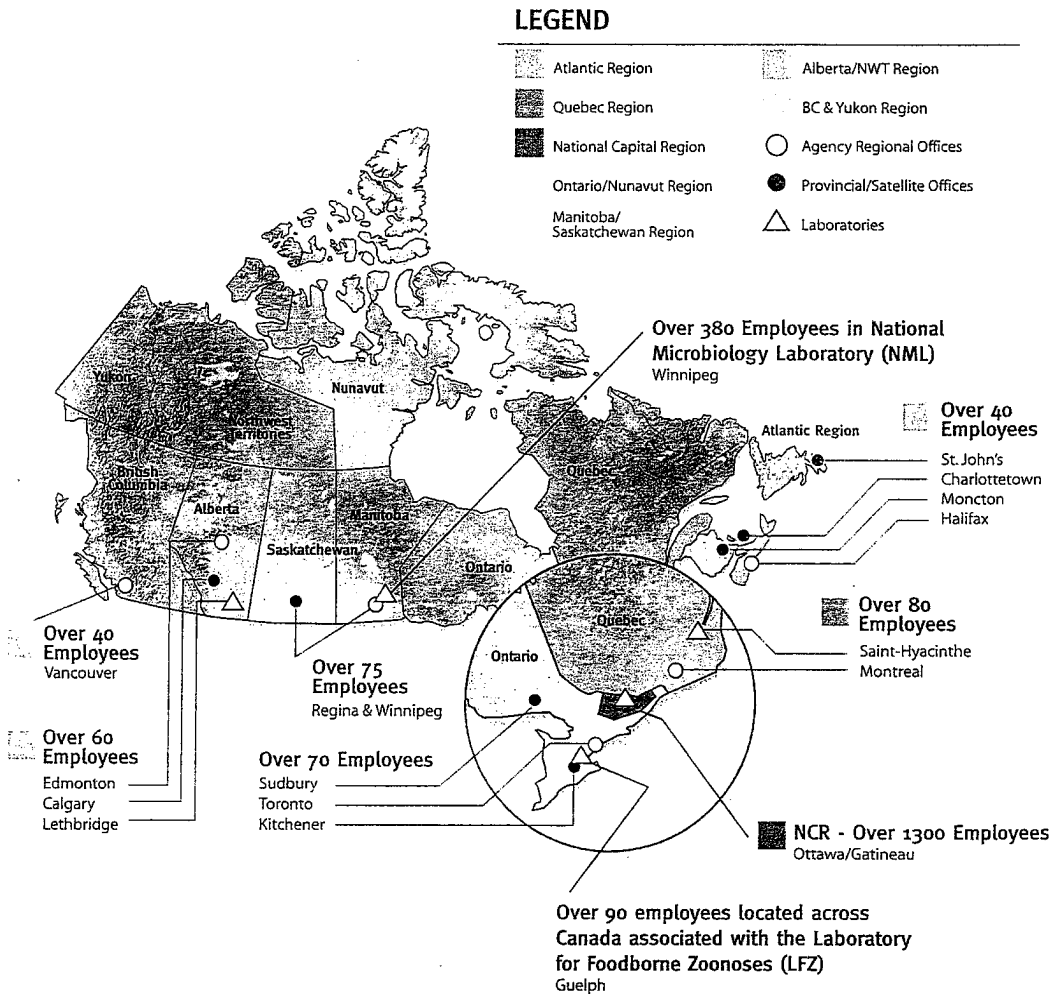
- Average age - 41.5
- Women - 69.6%
- Visible minorities - 11.7%
- Aboriginal peoples - 3.3%
- Persons with disabilities - 4.4%
- 20.9% of employees identify French as their first official language.

PHAC employs a wide range of public health professionals, including over

- 65 biologists
- 40 medical doctors (including those with specializations in community medicine, infectious and chronic diseases, as well as pediatrics)
- 50 public health nurses (including quarantine nurses at Canada's major international airports)
- 20 veterinarians

PHAC is also proud to be a training ground for many of Canada's young public health professionals. At any given time, you can find some 200 students learning and contributing to the work of the Agency.

[1] Taken from the Public Health Agency of Canada Workforce Analysis (January 1, 2007).



PHAC's Organizational Values:

Leadership: We value, at the organization level, leaders who foster long-term planning, innovation, strategic and evidence-based thinking, and open communication and who create an atmosphere of enthusiasm and team collaboration. At the individual level, we value excellence, take ownership and exercise accountability in everyday responsibilities.

Healthy Work Environment: We value an organization that openly acknowledges and recognizes the contributions of its employees, that is supportive of equity, diversity and inclusiveness, and encourages a balance between work life and personal/family life.

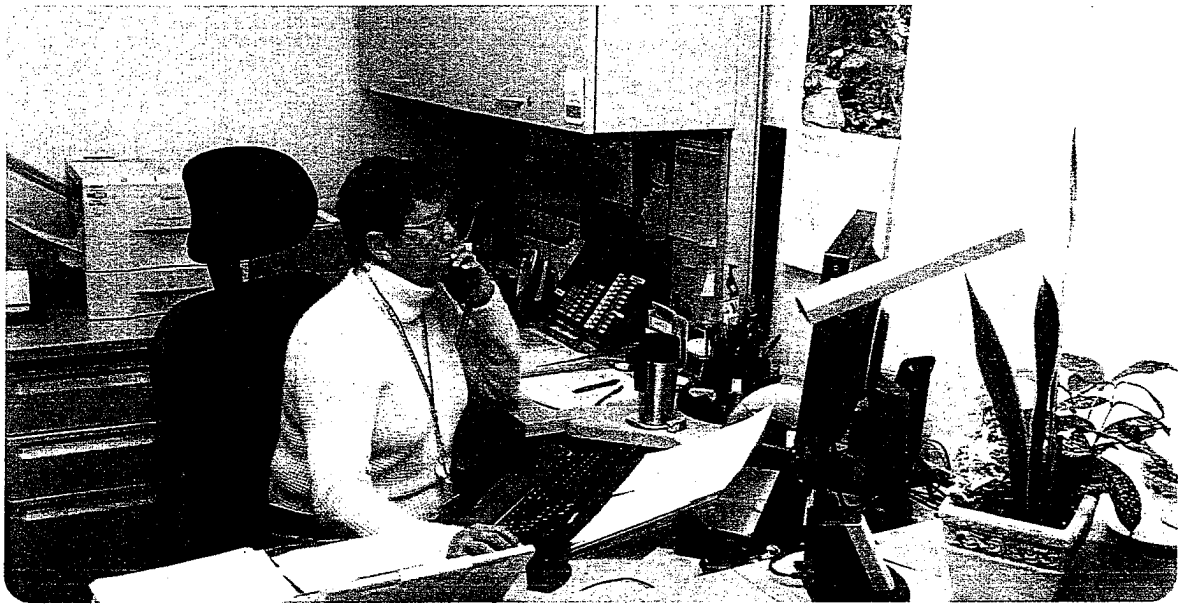
Ethical Behaviour: We value a workplace that fosters respect, courtesy, fairness and equality and where people, at all levels, demonstrate integrity, honesty and trust in fulfilling their roles and responsibilities and their internal and external relationships.

Commitment to Excellence: We value excellence in achieving the mandate of PHAC through professional behaviour, competence, objectivity, impartiality, continuous learning, career development activities, creativity and innovation, effective and efficient use of resources, and a continued commitment to the principles and the science of public health.

Dedication to Service: We value respectful and high quality service and acknowledge the diversity of the individuals and communities with whom we interact on a daily basis; we care about and take pride in our work, helping the Minister of Health serve the public interest, and we contribute to the organization's efforts to reduce health disparities in Canada and the world.

Our Strengths

- The diverse level of expertise, skill and experiences among our staff
- Our deep commitment to public health
- The extent and quality of collaboration between the Agency and provincial/territorial governments and other stakeholders
- Our strong regional presence across the country
- Our world-class laboratories and scientific infrastructure
- The extent to which we have already influenced the public health agenda, both domestically and internationally



Part II - Where We're Going

Strategic Context

Given the range of issues that affect the health of Canadians, the Agency's activities must respond to broad domestic and global trends, to government priorities and constraints and to specific health challenges. These complex influences must be managed to meet our objectives of enhancing the health of Canadians, reducing health disparities and strengthening public health capacity.

Our Changing World

The Changing Face of Canada

As noted in the 2006 Census, Canada has the highest rate of population growth in the G8, with the majority of this growth coming from immigration. Most immigrants settle in major centres, in particular in Montreal, Toronto and Vancouver, and, together with the continuing out-migration from rural areas, form part of the increasing urbanization and suburbanization of our country. While these population shifts have created key centres for economic growth in Canada, they have also led to greater concentrations of poverty in some neighbourhoods, threatening the health and well-being of many of our children and youth. Urbanization has also brought problems of crime, transportation, air quality and infrastructure gaps for our major cities. By contrast, rural regions face fewer economic opportunities, a reduced working-age population and growing gaps in services, all of which are also having significant health impacts.

At the same time, due to a combination of low birth rates and longer life spans, the aging of Canada's population continues to increase. In the next 10 years, Canadians over age 65 will outnumber those under age 15, while the "oldest old" (those aged 80 and over) will become a significant demographic group. While forcing a renewed societal emphasis on seniors' social engagement and independence, these changes will also have impacts in the incidence and distribution of many diseases and injuries, and will place increasing pressures on Canada's health system.

The exception to these demographic changes has been Canada's Aboriginal peoples. While the majority of this population lives in urban settings, over a third still resides in isolated, poorly serviced communities with few economic opportunities. And while the Aboriginal population is younger and faster growing than the rest of the Canadian population, it also faces a number of specific health problems. Strengthening relationships with and improving the quality of life of Aboriginal populations, both on and off reserve, are key challenges for the federal government, given its special role in this area. For PHAC, there is a need to clarify our role in relation to Aboriginal public health and to place increased emphasis on Aboriginal public health considerations, through the development of an Aboriginal public health policy framework.

Environment

Canadians are increasingly recognizing the linkages between health and the environment, not only in areas like the effects of toxins and pollutants, but also in the impacts of climate change and the trade-offs involved in sustainable development. Growing populations are placing an increased pressure on the environment globally while, in Canada, greater urbanization brings with it increased demands for energy, land and other resources, as well as increased concentrations of toxins and pollutants. A strong and comprehensive public health policy is needed to identify and address linkages between health and the environment and to assist affected communities.

Brian Coombes is a scientist in PHAC's Laboratory for Foodborne Zoonoses, trying to find new ways to prevent infections that are passed from animals to humans. Brian won a prestigious international award from the American Society for Microbiology, which rewards early career scientists for research excellence and potential in microbiology and infectious diseases.

Science and Technology

The rate of scientific discovery and technological innovation has increased dramatically in the past decade, but the impact on the health sector has been mixed. On the one hand, advances in treatment and care can offer new opportunities to address illness and improve health. On the other hand, these advances have placed increased cost pressures on our already stressed health system. However, by providing new approaches for improving health and preventing disease, in part through a better understanding of the determinants of health and the impact of health promotion policy and community interventions at the national and international levels, advances in public health can help mitigate these costs. As well, there have been rapid advances in public health genomics – an emerging field that assesses the impact of the interaction between genes and the environment (i.e., physical environment, diet, behaviour, drugs, and agents of infectious diseases) on population health. The idea is that the knowledge from advances in biotechnology and genome-based research can be applied to prevent disease and improve the health of populations. The Agency will therefore continue to form collaborative partnerships with national and international science and policy communities to translate rapidly evolving knowledge to improve health and reduce the impact of both chronic and infectious diseases.

Globalization and Global Public Health

Societies and economies are becoming increasingly interdependent. These interactions are propelling capital, labour, resources, goods, services, technology, ideas and culture around the world. The impacts and opportunities are staggering. Globalization has already had a profound impact on public health in Canada. The vast increase in the volume and speed of trade and travel has brought significant economic benefits to Canadians, while making available a greater range of consumer products and foods. But there are challenges as well. Over the past 30 years, health in Canada and in other migrant-receiving nations has been increasingly influenced by human migration. Migration represents one way in which globalization has meant a greater risk from infectious disease, increasing both the likelihood of an outbreak and the speed of its transmission. Keeping pace with the demands of a global economy has meant greater time pressures for Canadian families, along with a proliferation of convenience foods and reduced time for physical activity. As well, globalization has had a major effect in the area of health security, as the free movement of people and ideas has also facilitated the export of instability and violence, bringing threats to the health and safety of Canadians. And while the risk of a health emergency remains low, the impact of an event, whether natural or man-made, could be catastrophic.

A strong international public health infrastructure and better global health are in Canada's interest: by reducing the risk of illness elsewhere, we help protect Canadians against current and emerging public health threats. As well, through our participation in treaties and agreements such as the International Health Regulations, Canada has specific obligations to meet within the international community. By sharing Canadian expertise and taking a leadership role on behalf of Canada in international fora, the Agency can help achieve these goals, in partnership with foreign governments and international organizations. And as the Government of Canada's central coordinating point for health security issues, PHAC will continue to build Canada's capacity for a robust and comprehensive national response in the event of public health emergencies, in collaboration with other federal departments, other levels of governments and stakeholders.

In June 2005, PHAC's National Microbiology Laboratory in Winnipeg dispatched one of its highly specialized mobile lab units (shown above) to northern Angola, Africa to monitor an outbreak of Marburg virus, a viral haemorrhagic fever disease similar to Ebola. PHAC has been recognized worldwide for its field diagnostic development of vaccines for Ebola and Marburg viruses.

Evolving Values and Governance

Canadian values reflect our increasingly urban and suburban experience, maintaining a high priority for equity and fairness while placing an increasing emphasis on tolerance and diversity. Our health system remains a high profile issue, both as a reflection of Canadian values and as a contribution to Canadians' sense of national identity. Not only is there a growing awareness of public health as a key component within this system, but also an expectation on the part of Canadians that public health will be there to protect their well-being. As well, although the level of formal participation in the political process has declined (i.e., voting or party membership), there have been increasing demands for engagement in decision-making and priority setting. Canadians also insist on honesty, transparency and accountability from governments. The Agency will seek to respond to these demands with continued public consultation and engagement in the development of public health strategies.

Thomas Kind is a Quarantine Officer Supervisor at the Vancouver Quarantine Station. He and his team prevent the introduction and spread of communicable diseases into Canada. They monitor health events around the world, respond to reports of ill travellers, and work closely with port authorities and conveyance operators.

The Government Context for Public Health

In its strategic planning, the Agency must respond not only to changes in the external environment, but also to priorities, opportunities and constraints within the government context.

One key factor in this setting is that the Government of Canada has identified government accountability as a key priority. The Agency values management excellence with regard to public resources, and has received recognition for its consistent oversight of its grants and contributions programs. Under the new *Federal Accountability Act*, the Government is strengthening oversight and management to ensure transparency and accountability to Canadians, with a focus on appointments, contracts and auditing within government departments and Crown corporations. The Agency will continue to emphasize the transparency and accountability of its operations, and will ensure that its programs continue to meet government requirements as these evolve.

Intergovernmental Relations

Another key element in the Agency's context is its relationships with other actors. Progress on public health issues requires close collaboration across governments, including other federal departments and agencies, provincial and territorial public health authorities, and local/municipal/regional governments. While health care is primarily a provincial and territorial responsibility, public health is shared across jurisdictions, and the Agency provides leadership on key federal/provincial/territorial processes such as the development of The Canadian Pandemic Influenza Plan. The Agency therefore will continue to work with provincial and territorial governments through the Public Health Network[2] and the Council of Chief Medical Officers of Health to address public health issues of national importance, while strengthening its collaboration with federal entities (e.g., Health Canada, Environment Canada, the Canadian Food Inspection Agency) that have a key role in addressing public health issues. As the key federal organization responsible for public health issues, the Agency has a clear leadership role to play in developing and coordinating efforts to meet these challenges.

Public Health Capacity

In this context, one of the most significant challenges facing all governments is the traditionally weak and limited public health capacity in Canada. Gaps in this capacity have been identified by all governments, and were highlighted by the events of the SARS outbreak of 2003. Although improvements have been made since that time, there remains a lack of qualified public health professionals across Canada, gaps in systems for communications and information-sharing, and uneven resources and capacity across jurisdictions. The Agency is working in partnership with stakeholders and other governments to develop strategies that will address these gaps in capacity, which limit our ability to take action on major health issues.

Biologist Jay Krishnan is working in a class 3 cabinet at the National Microbiology Laboratory in Winnipeg. Class 3 cabinets protect laboratory personnel by containing all hazardous material in a totally enclosed, ventilated cabinet.

2 The Public Health Network is a mechanism for intergovernmental collaboration and coordination on public health issues -- while respecting jurisdictional responsibilities in public health. It is mandated to develop and implement collaborative Pan-Canadian approaches to public health issues and challenges, and to provide policy advice to the Conference of Federal/Provincial/Territorial Deputy Ministers of Health on public health matters. Through the Public Health Network, new partners are able to share knowledge and expertise, collaborate on shared priorities and strengthen the capacity of the public health system.

Determinants of Health / Health Disparities

As we know, although the overall health of Canadians is excellent, some are being left behind. Because health is determined by interactions between genetic endowments, social and economic factors, the physical environment and individual behaviours, a number of the trends identified above have major health impacts. Urban Canadians living in poorer neighbourhoods, new immigrants cut off from their usual social supports, rural Canadians facing the collapse of local economies, or Aboriginal Canadians lacking a sense of control over their future – all are at risk of worse health. Public health has a key role to play in mobilizing efforts across sectors in order to address these determinants of health. With this in mind, the Agency will continue to place a high priority on action on health disparities, in collaboration with other governments, sectors and partners.

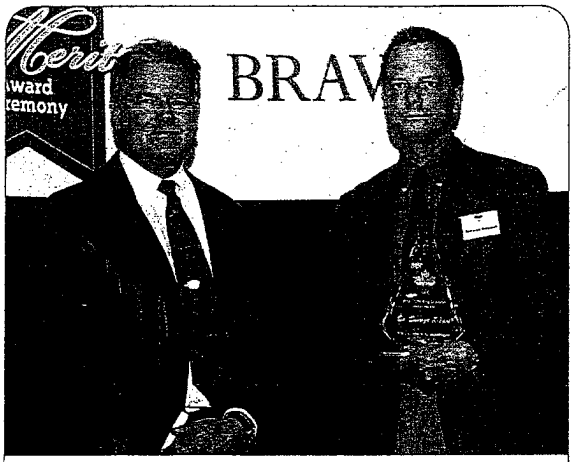
Chronic Disease and Injury

Chronic diseases such as diabetes, heart disease, stroke and cancer account for the majority of deaths and disease in Canada. The burden will continue to grow as our population ages. Many of the underlying causes and risk factors are the same for a number of these diseases. Risk factors such as exposure to environmental toxins and pollutants, unhealthy eating and physical inactivity are becoming more prevalent. As reflected in media coverage and public concerns, Canadians have an increasing awareness of these risks, as well as a growing recognition of the burden and costs of mental illness in Canada. Injuries are a leading cause of death in Canada for people ages 1 to 44, and injury prevention programs are crucial to reducing injury rates in Canada. The Agency will continue to seek integrated approaches to injury prevention, as well as the treatment and prevention of chronic diseases, and will work with partners to develop collaborative methods to address associated risk factors.

Infectious Disease

Although infectious diseases are not among the top causes of death in Canada, the impact of an uncontrolled outbreak of any infectious disease would be immense. As we saw with SARS, even the perception that an infectious disease is out of control can cause major social and economic dislocations. The effects of globalization mean that an outbreak anywhere in the world can swiftly appear in Canada, while climate change and the growing global population increase the risk of a new disease emerging. In addition, several emerging or rare diseases have appeared or reappeared in the world in recent years, including West Nile virus and Lyme disease. To address these risks, the Agency will continue to develop and implement preparedness and disease prevention strategies, while taking a leadership role on infectious disease prevention through participation in national and international organizations and scientific efforts.

Dr. Robert Geneau is a Research Scientist at the World Health Organization Collaborating Centre on Chronic Disease Policy within PHAC. Dr. Geneau's expertise in qualitative research and in-depth understanding of public policy development benefits PHAC's Policy Observatory on Non-Communicable Diseases (NCD). He Holds a Master's degree in Social Sciences, a PhD in Public Health, as well as postdoctoral training in Knowledge Transfer and Exchange.

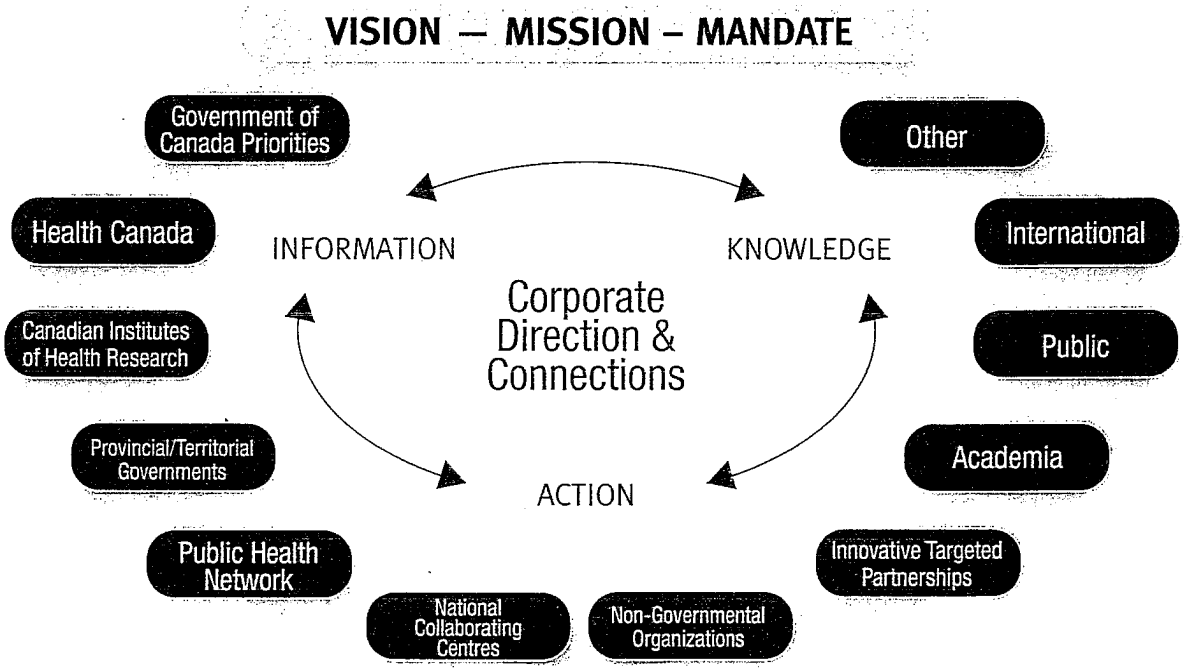


Dr. Darwyn Kobasa is a research scientist at the National Microbiology Laboratory, working on a technique known as reverse-genetics. This new area of research is having a significant impact on public health and could help our ability to respond to an influenza pandemic. In 2006, Dr. Kobasa received PHAC's *Most Promising Scientist Merit Award*.

Growing an Agency Culture: Maximizing Opportunities and Meeting Challenges

The broad domestic and global trends, government priorities and constraints, and specific health challenges outlined above must be managed if the Agency is to enhance the health of Canadians, reduce health disparity, and strengthen public health capacity. Meeting our objectives will require that we foster the development of an agency culture. This means that we must establish an environment, build a set of values and foster relationships with stakeholders that support the Agency's accountabilities to the Minister of Health and to Canadians as a stand-alone government department. In building this agency culture, PHAC will change its approach to stakeholder engagement from a position of consultation and ultimate control to a more inclusive and comprehensive approach to engaging stakeholders as full partners in shaping and delivering results. We will also explore new approaches to partnerships, such as the one exemplified by the Canadian Partnership Against Cancer[3].

AN AGENCY CULTURE

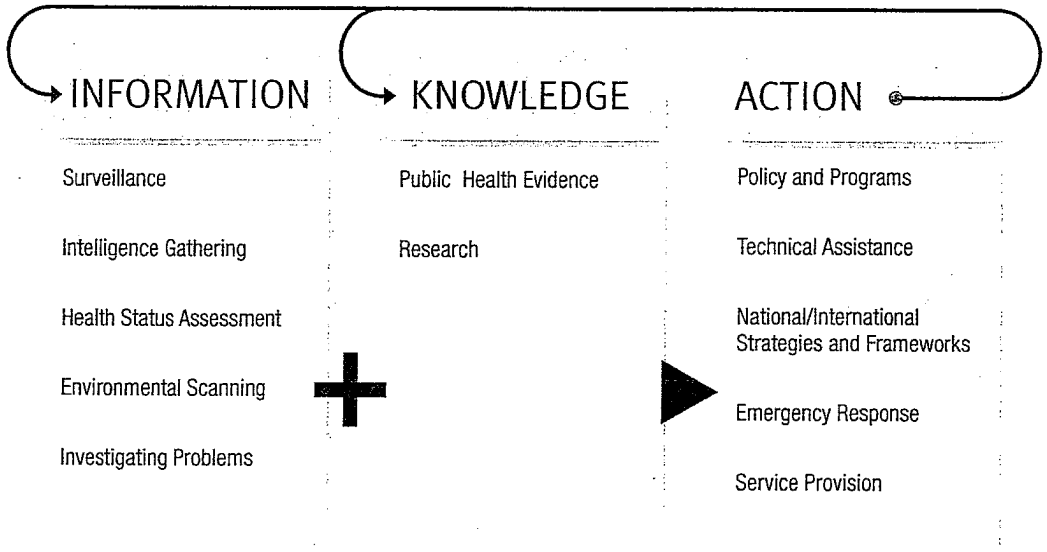


[3] The Canadian Partnership Against Cancer: PHAC will be working closely with the new Canadian Partnership Against Cancer, announced in November 2006, to implement the Canadian Strategy for Cancer Control (CSCC). As a knowledge translation platform, Canadian Partnership Against Cancer will coordinate communities of practice to reduce the number of new cases of cancer, improve the quality of life of those living with cancer, and reduce the number of deaths from cancer.

From cooperating and controlling to influencing and leading

The well-established silos that have been built up will need to be broken down, including those that exist between the areas of chronic and infectious disease prevention, between health promotion and health protection, and between policy, research and programming. Breaking down these silos will require better linkages between PHAC's information and knowledge development functions and its actions, a concept driven by the fact that PHAC is an evidence-based organization. The information that the Agency is collecting and managing must be translated into useful knowledge and shared for the benefit of decision-makers and stakeholders. The information must also be considered in the context of the more general knowledge available in order to inform the actions that the Agency is undertaking. Conversely, the actions that the Agency is undertaking need to direct both the kinds of information that are being generated and collected and the knowledge that is being created.

In practical terms, the Agency's research activities need to support its programs and priorities, ensuring that high quality policy options and advice are available to decision-makers and those managing and delivering programs. Furthermore, the information that is gathered through PHAC's programs must be translated into useful knowledge that can be used by other programs and our partners and stakeholders across the country. In addition, policy and programming decisions need to be based on evidence and context (including context related to society, culture, legal frameworks, capacity, and roles and responsibilities). Results, performance and accountability need to be clearly and effectively articulated.



ACCOUNTABILITY

FROM EVIDENCE TO RESULTS

From programs setting policy to evidence-based policies guiding programming

By strengthening the links between the Agency's information and knowledge development functions and its actions, PHAC will be able to move away from actions based on individual interests and move toward strong Agency positions, based on evidence, on key public health issues and priorities.

Building an agency culture will also require that PHAC's corporate services clearly support integrated business and human resources planning. Integrated planning, in turn, will reflect the Agency's priorities, ensure the appropriate alignment of resources and make sure that accountabilities are clear.

Opportunities

- Increasing recognition of the importance of public health in contributing to improved health outcomes
- Role of CPHO as lead health professional in Canada responsible for communicating with the public on public health issues (e.g., publication of the CPHO's Annual Report on Public Health)
- Established domestic and international networks which can be leveraged
- Global interest in public health and importance of international collaboration

Challenges

- Need to make difficult choices and align resources with priorities
- Changing environment
- Stakeholder expectations
- Increasing complexity of public health system
- Diverse responsibility for public health issues
- Level of resources in Canada's public health system
- Managing as an evidence-based organization in a public service environment
- Determining the appropriate federal role for delivering on priorities
- Difficulties in monitoring, attributing and reporting on impact of our actions on the health of Canadians

Strategic Objectives

The fold-out diagram outlines how the vision and mission, strategic objectives and action areas fit together to allow PHAC to contribute to the strategic outcome, in collaboration with a range of partners.

The left side of the document represents the "backdrop" for PHAC's Strategic Plan. As such, the mission and vision of the Agency remain unchanged and convey the message that the work of the Agency is broader than the areas listed in its Strategic Plan.

The list of public health functions, taken from the Agency's enabling legislation, shows that action on public health is shared and that a range of partners, both within and outside of federal jurisdiction, are involved in achieving health outcomes. They represent the full range of tools that PHAC uses to collaborate with partners to achieve its strategic outcome.

PHAC has identified three strategic objectives, and a set of action areas stemming from each, to guide its actions over the next five years. This section represents the backbone of the Strategic Plan. The Agency must focus on these areas over the next five years to address key public health challenges, deliver in order to maintain credibility, manage change, increase capacity, realign and realize efficiencies, manage key risks, build an agency culture, maximize opportunities and support its organization and people. **These areas do not represent everything that the Agency does nor everything that the Agency considers to be important.**

Dr. Yang Mao has worked in the area of disease surveillance for more than 30 years and has published more than 200 articles in peer-reviewed scientific journals. Dr. Mao is a proud recipient of the Science/Medical Research PHAC Merit Award in 2006 and the Queen's Golden Jubilee Medal (2003) for his remarkable career achievements and strong commitment to the health of Canadians.

1. Anticipate and respond to the health needs of Canadians

In support of this strategic objective, PHAC will focus on a number of priorities that are critical to its abilities to reduce health disparity and contribute to a stronger public health capacity. Central to this objective will be the ability of the Agency to effectively fulfill its mandate, maintaining credibility and enhancing its already strong reputation. The policy and program priorities in this section are not an exhaustive list of all the issues PHAC will continue to work on or consider important. They represent specific areas where the Agency has made a clear decision to make significant headway over the next five years in addressing major public health challenges, as well as key determinants of health, health disparities among Aboriginal peoples, children, and seniors, and gaps in public health capacity.

In delivering on policy and programming priorities under this objective, PHAC will concentrate on establishing integrated frameworks and delivery mechanisms and a cohesive approach to addressing health determinants. As the Agency moves forward, it will be essential to maintain the links between the priorities and work of the broader Health Portfolio, other departments and other governments.

2. Ensure actions are supported by integrated information and knowledge functions

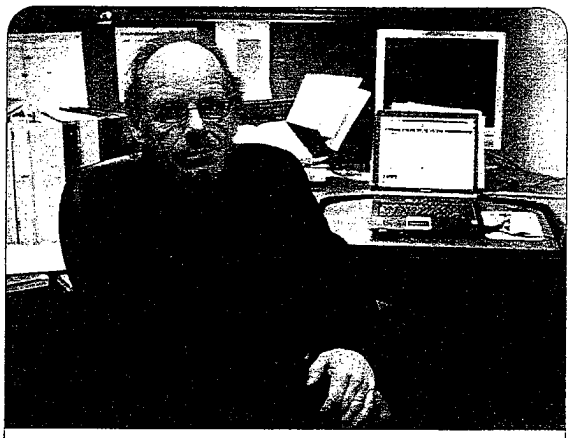
Programs and research in the Agency will be aligned to support the priorities identified under Objective 1. Key to the success of the alignment will be better linkages between PHAC's information and knowledge development functions and its actions, as described previously.

3. Further develop PHAC's dedicated, professional workforce by providing it with the tools and leadership it needs and by ensuring a supportive culture

To continue providing high quality public health programming, research and advice, PHAC needs to ensure that the organization and its people have the necessary organizational, management and cultural supports.

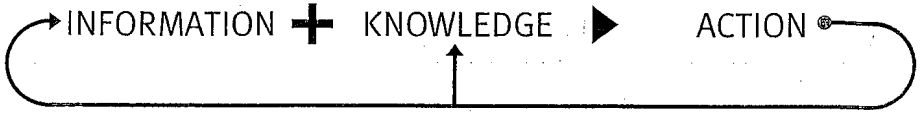
This objective is about making sure that the Agency is well-positioned and equipped to address the first two objectives. Simply put, it is about managing to deliver on priorities.

Dr. Paul Sandstrom, Dr. Sohail Abbas, Dr. Alix Adrien, and Dr. Chris Archibald provide technical assistance on HIV surveillance and laboratory services to Pakistan as part of the Canada-Pakistan HIV/AIDS Surveillance Project. They assist with the analysis and interpretation of data on high-risk groups which is used to enhance the prevention and control of HIV/AIDS in Pakistan.



As a Senior Policy Advisor, Claude Giroux coordinates and facilitates policy development initiatives and special projects in the area of infectious disease and emergency preparedness. In event of a public health emergency, Claude would form part of the emergency management team liaising with the Emergency Operations Centre (EOC). The EOC is the central nervous system for emergency response within the Agency. It is maintained in a constant state of readiness in order to deal with public health emergencies.

PHAC Strategic Plan: 2007-2012



VISION

Healthy Canadians and communities in a healthier world

MISSION

To promote and protect the health of Canadians through leadership, partnership, innovation, and action in public health

PHAC STRATEGIC PLAN

OBJECTIVES

To anticipate and respond to the health needs of Canadians.

To ensure actions are supported by integrated information and knowledge functions.

To further develop PHAC's dedicated, professional workforce by providing it with the tools and leadership it needs and by ensuring a supportive culture.

Delivering on policy and programming priorities

Meeting major public health challenges
- Pandemic influenza and emerging infections
- HIV/AIDS
- Obesity
- Mental health

Addressing determinants and disparities
- Aboriginal public health
- Children
- Seniors & healthy aging
- Environment
- Global public health

Building public health capacity
- Monitoring public health capacity
- Public health human resources
- Vaccines
- National Health Emergency Management System

Fulfilling our mandate
- Agency credibility
- CPHO's Annual Report

Aligning programs and research to support priorities

- Surveillance
- Information regulations and related systems
- Science and research
- Knowledge translation and partnerships
- Stakeholder relations management
- International Policy Framework
- Results & performance

Enhancing Agency capabilities and accountabilities

- People
- Governance
- Portfolio and interdepartmental
- Risk management
- Agency Regional Offices
- Winnipeg presence
- Stewardship and accountability

SHARED PUBLIC HEALTH FUNCTIONS

Population Health Assessment
Health Surveillance
Health Promotion
Disease and Injury Prevention
Health Protection
Public Health Emergency Preparedness and Response

STRATEGIC OUTCOMES

Program Activity Architecture 07/08

Healthier Canadians and a stronger public health capacity

Program Activity Architecture 08/09

Healthier Canadians, reduced health disparities, and a stronger public health capacity

Five-Year Priorities for Action

Strategic Objective 1:

Anticipate and respond to the health needs of Canadians

Delivering on Policy and Programming Priorities

Meeting Major Public Health Challenges:

The Agency will remain flexible to address emerging public health issues and will continue to look for opportunities to address common risk factors and take advantage of integrated platforms. However, we will make significant inroads on a number of public health challenges related to chronic and infectious disease.

The impact of an uncontrolled outbreak of any infectious disease would be significant and serious. Governments, stakeholders and citizens would look to the Agency to take a leadership role in protecting Canadians. Domestically and globally, there are significant concerns related to **pandemic influenza and emerging infections**. Given concerns stemming from the risks associated with an outbreak of avian and/or pandemic influenza, $1 billion was allocated to federal departments and agencies in Budget 2006 to strengthen preparedness. PHAC will take a leadership role with other federal departments, provincial/territorial governments, and stakeholders to carefully manage these resources to enhance and maintain an all-hazards approach. This means that many of the things we would do to prepare for an influenza pandemic would also be useful in the event of a different type of uncontrolled outbreak of infectious disease or public health emergency, such as a natural or man-made disaster.

As we saw during SARS, public health is brought to the forefront in times of crisis, when infection control becomes a primary means of reducing the impact of an emerging infectious disease. The federal government plays a key role in reducing the threat of emerging infectious diseases, in conjunction with provincial, territorial, and local governments. As such, PHAC will ensure that its all-hazards approach allows it to provide leadership in detecting and identifying potential sources of infectious disease outbreaks and reducing and preventing the spread of emerging and or re-emerging infectious diseases.

We will continue to manage the Federal Initiative on **HIV/AIDS**, support Canada-wide action, and sustain a global response, while remaining responsive to shifts in the epidemic and forging new and collaborative relationships to address its emerging issues. PHAC will partner with the Bill & Melinda Gates Foundation to support the Canadian Vaccine Initiative, a new effort to speed up the development of an HIV/AIDS vaccine and address critical research gaps.

Field Epidemiologist Andrea Currie spent seven weeks assisting in the public health response to the powerful earthquake that struck Pakistani Kashmir in October of 2005. PHAC's field epidemiologists are deployed to investigate disease outbreaks and other unexpected public health problems in Canada and internationally.

Although Canadians tend to associate the work of the Agency with infectious disease prevention and health protection, PHAC has an equally important role to play in addressing injuries and chronic diseases, which account for the majority of deaths and disease in Canada. Given the important role of obesity in chronic diseases, such as diabetes and cardiovascular disease, the Agency will work "upstream" to develop a policy framework and action plan on **obesity** in partnership with stakeholders. The plan will include the development of knowledge and expertise in this emerging area of concern, and will focus on how best to intervene and prevent obesity.

The Agency realizes that physical health is only one component of health. At least one in five people will be affected by mental illness during their lifetime. Preserving and promoting **mental health** among Canadians contributes to healthy families, productive workplaces and nurturing communities. The Agency will augment its capacity to address mental health and mental illness and develop a policy framework and action plan focussed on developing information and knowledge, providing effective public health advice concerning effective interventions, and liaising with the new Canadian Mental Health Commission.

Addressing Determinants and Disparities:

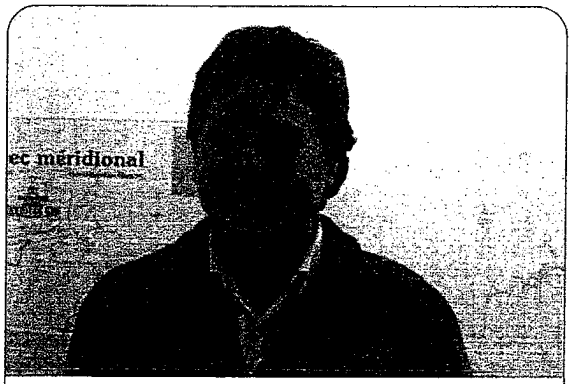
The health of certain groups of Canadians continues to be much poorer than the health of the overall population. PHAC will place a high priority on mobilizing efforts across sectors to address public health disparity and influence the determinants of health.

To address the significant health disparities experienced by Aboriginal Canadians, PHAC will increase its capacity in this area and develop a strong **Aboriginal public health** policy. Currently, the First Nations and Inuit Health Branch of Health Canada provides public health programming and services to on-reserve First Nations communities and the Inuit. Provincial/territorial governments provide programming and services to off-reserve First Nations and other Aboriginal populations, including the Inuit. PHAC provides some programs to off-reserve First Nations and other Aboriginal populations,

including the Métis. and there are Aboriginal components in a number of PHAC's programs, but the need for an over-arching strategic policy on Aboriginal public health is clear. In this analysis, one area of particular concern is the need for better data and information on the health of Aboriginal populations, which will need to be addressed as part of a broader framework. To develop this Aboriginal public health policy and assume a greater role in developing and delivering Aboriginal public health programs across Canada, PHAC will launch and maintain collaborative relationships with national and regional Aboriginal organizations and other federal departments.

PHAC has also identified the importance of child health and development in its five-year plan, given the health disparities experienced by certain groups of **children** (e.g., Aboriginal children and children living in poverty) as well as the significant impact of early childhood development as a key determinant of health. In addition, a priority on children is appropriate given that unintentional injury is the leading cause of death, morbidity and disability among Canadian children and youth. There are a number of programs in the Agency that currently address child health. It is important that we assess this work in light of evolving needs and priorities for Canadian children, current evidence, and Agency directions. As such, we will develop a comprehensive policy for child health and development, focussing on the development of knowledge and tools.

Although upstream interventions are needed on child health, the Agency also recognizes that the aging of Canada's population continues to increase. An aging population brings with it serious concerns with regard to the prevalence of chronic disease, the incidence of injury and the disproportionate vulnerability of this group to the consequences of public health emergencies. A comprehensive strategy on **seniors and healthy aging** will focus on emergency preparedness, injury prevention, mental health and active aging.



Robert St-Pierre is a Policy and Planning Analyst for the Québec Region. He is responsible for scanning and analysing public health issues and programs in Québec and maintains close relationships with provincial government public health representatives.

Calibration Technician Hannah Richards is a key member of the National Microbiology Laboratory. She ensures that lab equipment in the Lab is maintained and calibrated as required by international standards.

While placing a priority on addressing the needs of certain populations, the Agency also recognizes that the impact of the **environment** is a key health issue and priority of governments and Canadians. PHAC will develop a strong and comprehensive policy and program response on the public health impacts stemming from the environment (e.g., infectious disease risks associated with climate change, food contaminant/zoonosis risks, chronic disease and environmental hazards, etc.). We will enhance our partnerships with Health Canada, Environment Canada, Agriculture and Agri-Food Canada and non-governmental partners to allow a strong public health contribution to the broader environment agenda.

Our priorities on addressing public health disparity and influencing the determinants of health cannot be restricted to Canada alone. **Global public health** is in Canada's interest. A reduced global disease burden strengthens global health security and protects Canadians against many current and emerging public health threats. In keeping with this interest, the Agency will work to strengthen the government's policy coherence related to global public health and consider its impact on other areas, such as migration health. This work will involve international leadership and participation in strategic international initiatives to promote approaches to addressing the determinants of health and to build capacity in global public health systems.

Building Public Health Capacity:

There are significant challenges associated with traditionally weak and limited public health capacity in Canada. The Agency will continue working in partnership with stakeholders and other governments to develop strategies to address gaps in public health capacity in order to enhance our ability to take action on major health issues and respond to potential public health emergencies.

As a first step. the Agency needs to augment its efforts to monitor the human, financial, program, policy, research and legal dimensions of public health capacity. The establishment of better mechanisms for **monitoring public health capacity** (e.g., developing benchmarks and markers of performance) will result in more effective strategies to address weaknesses and fill the gaps. PHAC will also place a priority on collaborating with other levels of government to fill gaps in **public health human resources**, both within the Agency and in other jurisdictions, and on working with partners to provide leadership in the areas of training and skills development, core competencies, accreditation, and recruitment and retention policies.

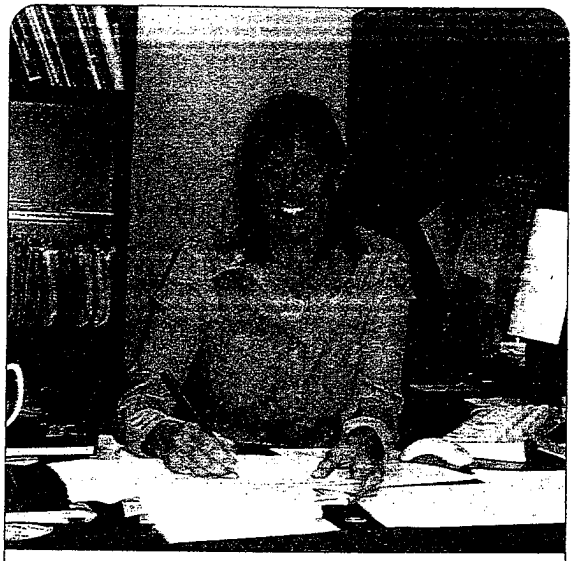
The availability of safe and effective **vaccines** plays a major role in public health capacity. By preventing disease, immunization reduces pressures on the health care and public health systems, by reducing outbreaks of infectious disease, outpatient visits, hospitalizations and long-term disabilities. But there are gaps in terms of the equitable and timely access to safe and sustainable vaccines across the country. PHAC will place a priority on demonstrating leadership toward a federal approach to new vaccine research, development, production and supply, and program monitoring and evaluation in Canada and around the world. To support this work, the federal government has announced an increase in federal funding to support the construction of the International Vaccine Centre, a high-containment animal research facility that will expand domestic capacity for pre-clinical vaccine research on pathogens that affect both animals and humans.

The Agency will develop a robust **National Health Emergency Management System** in collaboration with federal partners, provinces and territories, and social assistance/relief agencies. The System will be seamless and comprehensive and will include development of an Incident Management System, bringing together tried and true operating procedures with the personnel who are trained and exercised to implement these procedures in the event of an emergency. Enhancements will be made to the National Emergency Stockpile System, ensuring that sufficient supplies of appropriate and modern products and materials are available in the event of a public health emergency.

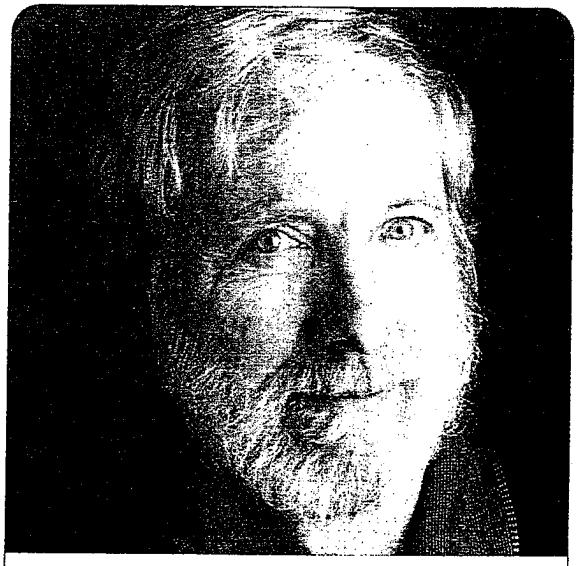
Fulfilling our Mandate:

In order to deliver on these priorities and fulfill our mandate, PHAC needs to be in a position to exert influence and leadership in the broader public health environment. The ability to lead and influence will be enhanced when the Agency has a strong reputation as a world leader in public health and a high degree of **credibility** with citizens, other governments and stakeholders. Reputation and credibility stem from effectiveness. PHAC will demonstrate its effectiveness by delivering on its priorities and by reporting on results to Canadians.

The Agency will also demonstrate effectiveness by ensuring that the most timely, precise and accurate public health advice is available to stakeholders, Canadians and the international community. For example, we will strive to ensure that the **CPHO's annual report**, a requirement stipulated in the Agency's enabling legislation, is viewed as an evidence-based, highly anticipated and respected publication providing leadership on public health issues.



Dr. Paula Stewart is a Senior Medical Officer who is making a difference by raising awareness and increasing knowledge and understanding about the importance of issues pertaining to mental health and mental illness in this country.



Dr. Jamie Hockin leads and directs a number of programs aimed at improving public health human resource capacity in Canada. In particular, these programs aim to develop and maintain high levels of relevant skills and knowledge among public health practitioners, including epidemiologists.

Strategic Objective 2:

Ensure actions are supported by integrated information and knowledge functions

Aligning Programs and Research to Support Priorities

Effective and timely **surveillance** is critical to the ability of the government and provinces/territories to accurately track, plan for and respond to diseases. As such, it is a core competency of PHAC and requires strong partnerships with provincial and territorial governments, and other organizations such as the Canadian Institutes of Health Research and Canada Health Infoway Inc. A successful surveillance system requires a combination of robust and flexible systems with people who know how to use them; data collection, sharing and management across jurisdictions and settings; expert analysis and interpretation; and communication with public health partners. It is essential in planning, implementing and evaluating public health interventions, supporting the Minister of Health by informing action on ministerial and federal priorities, and often serves as an early warning of potential issues of importance to public health. PHAC has a number of strong surveillance systems capturing important information on public health. However, an overall surveillance strategy is needed to provide the basis for an integrated approach to information, knowledge and action in PHAC and to support action at the provincial/territorial level. The Agency will streamline its surveillance into a coherent and integrated national surveillance system, positioning surveillance as a strategic resource for the Agency – one that all key stakeholders can maximize to its full potential. The end result will be a responsive system that provides added value, employs cutting-edge technology and provides timely and accurate information to policy-makers, clinicians and laboratories.

Further to the *PHAC Act*, the Agency will develop its **information regulations and related systems**, permitting it to better collect, use and disclose public health information, protect personal information, and enhance relationships with provinces and territories around information sharing. These regulations will be critical to our ability to conduct effective surveillance and population health assessment to inform programming and policy decisions.

Closely tied to surveillance and information collection, science and research are important strategic resources for the Agency. Over the next five years, PHAC will focus on further developing its strong **science and research** capacity and ensuring that it is responsive to the priorities of the Agency. In this way,

Dr. Theresa Tam is both a pediatric infectious disease specialist and field epidemiologist with a primary interest in vaccinology and respiratory infections. She has spent most of her career working in the area of national and international public health.

Margaret Gillis, Director of PHAC's Division of Aging and Seniors, was invited to Windsor Castle to accept an award from Her Majesty the Queen. The award was given in recognition of the leadership the Agency has provided domestically and internationally to increase the focus on the importance of emergency preparedness for seniors.

Agency science and research will provide the much-needed evidence to support decision-making concerning programming and policies. Unique science capacities and high-containment/lab biosafety expertise will be leveraged to strengthen the Agency's credibility and reputation. A special focus will be placed on technology and development innovation, immunotherapy and biotechnology. Above all, PHAC will maintain a standard of scientific and research excellence, ensuring that its work stands up to expert review and meets or exceeds international standards.

Streamlined surveillance, supported by information regulations and aligned science and research will provide a strong foundation for a focus on **knowledge translation and partnerships.** PHAC will strengthen its internal capacity to enhance knowledge access, appraisal, sharing and application across programs. A more effective knowledge translation function in the Agency will support evidence-based actions on public health. However, this work will also necessitate key strategic partnerships with organizations such as the Canadian Institutes of Health Research and the National Collaborating Centres for Public Health, building on existing strengths and facilitating the sharing of knowledge that can be put into practice at all levels of the public health system across Canada.

Building on the partnerships that will be enhanced with regard to knowledge translation, the Agency will launch a broader strategic approach to **stakeholder relations management.** The approach will involve strengthening the Agency's relationships with partners, resulting in better engagement in coordinated efforts to advance shared public health objectives on common priorities.

Our approach to enhancing stakeholder relations will also apply to the development of an **International Policy Framework.** The Agency will work with other federal departments and international organizations to develop a strategic and coherent approach to the development and implementation of its international policies and activities related to public health, with distinct priorities, measurable objectives, and clear roles and responsibilities. Although the framework will provide a tool for planning and advancing PHAC's international activities, it will be closely linked to domestic and Agency priorities.

The success of our efforts to align our integrated information and knowledge functions will be demonstrated in our reporting on results and performance to Canadians. To improve public reporting on **results and performance**, PHAC must strengthen its evaluation, in the broadest sense, and embed it into the Agency's decision-making processes. Evaluations must be tailored to focus on health outcomes and direct impacts on Canadians. Information on results will be translated into knowledge (e.g., best practices), disseminated to stakeholders and used to make decisions and influence policies and programming. Public reporting will be balanced, transparent and easy to understand.

Strategic Objective 3:

Further develop PHAC's dedicated, professional workforce by providing it with the tools and leadership it needs and by ensuring a supportive culture

Enhancing Agency Capabilities and Accountability

PHAC's greatest asset is its **people.** To maintain standards of excellence and establish in the minds of Canadians that PHAC is a prestigious and desirable organization in which to build a career, PHAC must attract, recruit, retain and rejuvenate a highly qualified, skilled, and motivated workforce. To achieve this result, human resources strategies, policies and practices will be improved and streamlined. PHAC will foster a principle of continuous learning, including specific development stream plans. It will maintain a representative workforce and encourage the use of both of Canada's official languages. Finally, the Agency will foster a culture of fairness, supportiveness, health and safety.

In building its agency culture, PHAC will strengthen its **governance** by establishing transparent and accountable mechanisms for enhanced leadership on policy and program development and for reviews of capacity, risk management,

Emergency Response Assistance Plan members respond to accidents involving dangerous pathogens by containing spills and practicing decontamination procedures.

audit, surveillance and portfolio relations. A system for coordinated governance in the Agency will ensure timely, efficient and effective issue management within the Agency.

More effective Agency governance will also allow for more active participation and leadership in **portfolio and interdepartmental** fora. The Agency must have the ability to lead files across the Health Portfolio and interdepartmentally (e.g., social determinants of health), provide timely and coherent public health input to the priorities of other departments (e.g., public safety and security, seniors' health, disability, drug strategy, healthy food) and coordinate the advancement of public health objectives in concert with other government priorities. Above all, the Agency must show leadership in serving the Minister of Health with clear, high quality and well-respected public health advice.

Recognizing that management of corporate risks and health risks is critical to PHAC's effectiveness and credibility, the Agency's senior executives will adopt a formal, integrated **risk management** framework to oversee, identify, assess, disclose, manage and mitigate risk. This work will involve better integration between risk identification and risk profiling in policy development and decision-making processes of the Agency. A Chief Risk Officer will act as a pivotal centre of responsibility for the systematic and consistent implementation of this function across PHAC business lines.

PHAC will work to realize a vision for Agency Regional Offices that contribute to the range of PHAC's priorities and activities, capitalizing on the fact that **Agency Regional Offices** are close to communities and provincial/territorial partners. This vision involves alignment and coherence between regional and national levels with respect to structure, governance, priorities and accountability to achieve PHAC's strategic objectives. Work will continue to ensure that Agency Regional Offices are fully involved in providing information and strategic advice from regional perspectives to influence and participate in decision-making.

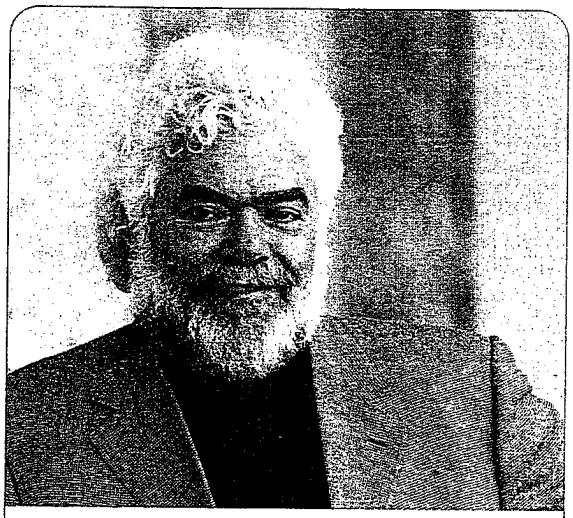
Pam Amulaku is a program consultant in the Alberta/Northwest Territories Region. Through the AIDS Community Action Program, she works closely with community-based organizations mandated to help prevent HIV transmission and promote health for people living with HIV/AIDS.

Lisa Fernando is a biologist with the National Microbiology Laboratory (NML) mobile lab deployment team. She and the rest of the team respond to deadly infectious disease outbreaks throughout the world. The NML maintains two mobile labs, each capable of providing field diagnostic testing with fully transportable equipment. A team of highly trained specialists are ready to be deployed with as little as two-hours notice.

Work will continue to build a strong **Winnipeg presence**, based on good business sense and capitalizing on the city's world-class scientific research capacity. The Agency will build on the reputation of the National Microbiology Lab and strengthen linkages to academia and public health organizations at national and international levels.

The extent of the Agency ability to manage its efforts to deliver on priorities will rely heavily on building effective **stewardship and accountability**. PHAC will enhance its effectiveness of management and control in support of information, assets, money, people and services. A key component will involve the development of effective, coherent and integrated financial and planning systems, mechanisms and processes. A full financial management control framework and robust internal audit capacity will reinforce the Agency's capacity to manage its resources with credibility and comply with central agency requirements. An agency-wide capacity assessment exercise will form the basis for reallocation and realignment. In keeping with principles of management excellence, accountability will be clearly assigned and allow for the effective execution of responsibility.

Myrna Majano works in the area of child and maternal health at PHAC. She tracks emerging issues and trends which impact on community projects in Manitoba and facilitates communication between PHAC, the province, and other stakeholders.



Dr. Frank Plummer is the Scientific Director General of the National Microbiology Laboratory in Winnipeg, the Director General of the Centre for Infectious Disease Prevention and Control, and Chief Science Advisor to the CPHO. Dr. Plummer was named an Officer of the Order of Canada, recognizing his invaluable contributions to global health.

Moving Forward with Accountability

PHAC Strategic Plan: Information • Knowledge • Action is a high-level policy document to guide the implementation of PHAC's strategic objectives through detailed business and human resources plans. The next step will be to identify targets and deliverables to provide a link between the priorities and the concrete steps that will be taken to deliver on them over the next five years. These targets will set the Agency on track toward its strategic outcome of healthier Canadians, reduced health disparities and a stronger public health capacity.

The Agency's planning cycle will link human resource, business, financial and strategic planning more closely. The process will begin early with the setting of annual priorities based on environmental scanning, demographic analysis, public health evidence, and emerging issues and challenges. The second phase will begin with business planning around each Program Activity Architecture (PAA)[4] outcome; the PAA will serve as a tool to elaborate on the priorities outlined in the Strategic Plan. The third phase will include the development of planning tools for central agencies and Parliament, such as the Report on Plans and Priorities and the Sustainable Development Strategy. During the final phase, service level and performance agreements will be finalized and human resources plans will be completed. It is in the integrated business and human resources plan that accountabilities for results will be clearly assigned. Delegations will be regularly reviewed, managers will oversee performance and individual and corporate commitments will be aligned.

PHAC's Strategic Plan is the core document for PHAC's new integrated approach to planning. In implementing this Strategic Plan, the Agency will strive to balance priorities with resources. While the Plan sets out a five-year vision, PHAC will re-evaluate its priorities annually and adjust them as required to ensure that the Agency continues to anticipate and respond to the health needs of Canadians.

We can never predict with absolute certainty what will lie ahead, but we cannot let this uncertainty deter us from planning. With this in mind, we set out to plot a course toward a vision for the Agency that would allow us to deliver on our mandate to Canadians. We can imagine a time five years from now, when we will be afforded the opportunity to reflect back on the plan that we wrote in 2007. It is our hope that we will see that not only did we have the right vision and plot the right course, but that we followed that course, respecting and delivering on priorities and commitments to Canadians. Above all, we hope that we will have exceeded the standards that we set for ourselves and that we will have created an Agency that makes a significant contribution to reduced health disparities, strengthened public health capacity and improved health for all Canadians.

---

[4] The Program Activity Architecture (PAA) is a program inventory that hierarchically links all of the Agency's programs to the Agency's strategic outcome.

Annex

PHAC Strategic Plan - How We Got There

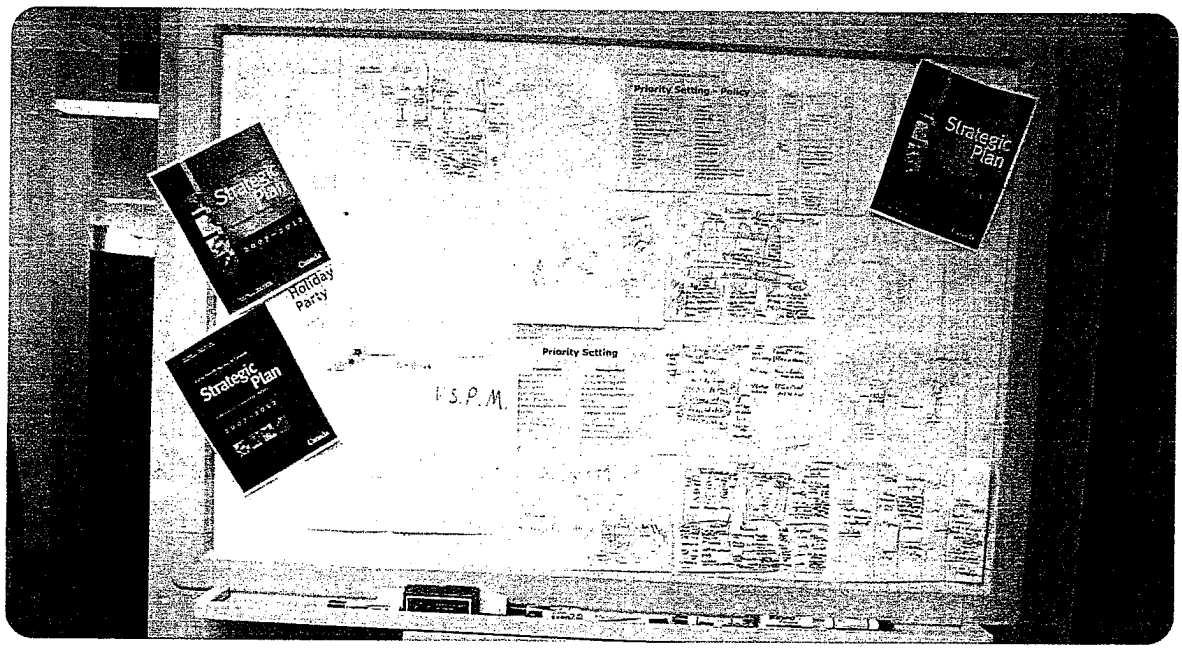
The PHAC Five-Year Strategic Plan was developed through an inclusive and iterative process involving PHAC staff and senior management, and was informed by public health experts and key stakeholders. The process was led by the Strategic Policy Directorate.

An employee Reference Group was integral to the development and credibility of the Plan. Members of the group were selected by senior management as being a representative sample of PHAC employees who are considered leaders among their peers and positive team players in their occupational groups. Throughout the process, they were invaluable in providing input and feedback and engaging staff. They have been and will continue to be the ultimate "champions" of the Strategic Plan by supporting and advocating for both the content of the Plan as well as for the process for its development.

Early in the process, PHAC's executive team and the employee Reference Group hosted a retreat with a group of stakeholders to hear external perspectives about what the public health and policy environment may look like over the next five years and to reflect on the implications for the Agency. Topics included changing Canadian demographics, the political environment, public health human resources and capacity, stakeholder expectations, and significant developments on the public health horizon, including Aboriginal public health and the impact of the environment. The same group of experts was also invited to provide feedback on the draft of the Plan. The information and advice obtained from these stakeholders informed the contextual basis for the Strategic Plan and contributed to the thinking around PHAC's policy priorities for the next five years.

Throughout the process, groups of employees met across the country to share their thoughts and vision for the Agency. Employees agreed that PHAC's work is critical and that the Agency needs to show leadership and vision. They felt that the time is right for a Strategic Plan that reflects current realities and articulates a clear vision of the Agency's directions and priorities to staff, partners and stakeholders. But from a more personal perspective, they also wanted to make sure that the Plan would show how their important work fits into the bigger strategic picture and how the directions and priorities will influence their day-to-day work. They also agreed that it is crucial that the Strategic Plan build in strong mechanisms for implementation and accountability.

PHAC's Strategic Plan is as much about the process as it is about the outcome. In working together toward a vision and a path forward, staff and senior management came together and worked in partnership, gaining a better understanding of the Agency's work, its opportunities and challenges, and the expertise and commitment of its staff. We are proud of the inclusiveness of our process and the consensus that we achieved. The culture of teamwork and level of consensus will provide a strong foundation for us to continue to work together, in partnership with our stakeholders, toward realizing our vision and delivering on priorities.



The results of a typical "brainstorm" on the Strategic Plan

This is Exhibit "C" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

A Commissioner for taking affidavits

It's Your Health

Health Canada

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

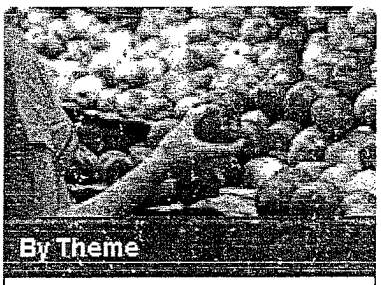
Government Health Partners

Need Larger Text?

Home > It's Your Health

It's Your Health

It's Your Health (IYH) is a joint publication produced by Health Canada and the Public Health Agency of Canada that provides information you can trust on a wide range of health and safety issues. Read more about *It's Your Health*.



- Diseases
- Environment
- Food and Nutrition
- Lifestyles
- Medical Information
- Products

- Educators
- Men
- Parents and Children
- Seniors
- Women
- Young Adults

New and Updated Articles

Coping with Stress
Colorectal Cancer
Radon
Gum Disease
Energy Drinks
Complete List of Articles

Subscribe | Contact us

Contact us for general inquiries on any of our articles.

Date Modified: 2006-12-19

It's Your Health

Health Canada

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Government Health Partners

Need Larger Text?

Home > It's Your Health > Alphabetical List

Alphabetical List

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

- Acne Treatments
- Air
  - Cool-Mist Humidifiers
  - Dampness, Mould and Indoor Air
  - Formaldehyde and Indoor Air
  - Road Traffic and Air Pollution
  - Smog
- Allergic Reactions - Severe
- Antibiotic Resistance
- Arsenic in Drinking Water
- Arts
  - Safe Use of Arts and Crafts Materials
- Asbestos
- Assistive Devices - Seniors and Aging
- Asthma
- Athletic Mouthguards
- Avian Influenza (Bird Flu)

B

- Breast
  - Breast Cancer
  - Breast Implant Questionnaire
  - Breast Implants
  - Mammography

C

- Caffeine
- Canadian Environmental Protection Act (CEPA)
  - Assessing and Managing the Health Risks of Existing Substances
  - Assessing and Managing the Health Risks of Living Biotechnology Products
  - Assessing and Managing the Health Risks of New Substances
  - Human Health and the Canadian Environmental Protection Act (CEPA): An Overview
- Cancer
  - Breast Cancer

    - Cervical Cancer
    - Colorectal Cancer
    - Skin Cancer
- Camphor and/or Eucalyptus Oils
- C. difficile (Clostridium difficile)
- Cellular Phones
- Community Noise Annoyance
- Computer Monitors
- Condoms
- Contact Lenses
- Chlorination
- Cookware
- Cosmetic
    - Cosmetics
    - Cosmetic Products Ingredient Labelling
    - Cosmetic Laser Treatments
- Crafts
    - Safe Use of Arts and Crafts Materials

D

- Dental
    - Dental Health
    - Gum Disease
    - Tooth Whitening
- Diabetes Type 2
- Dioxins and Furans
- Drinking Responsibly
- Drugs
    - Buying Drugs over the Internet
    - Disposal of Medication
    - Generic Drugs
    - Hormone Replacement Therapy (HRT)
    - Insulin
    - Natural Health Products
    - Safe Use of Health Products for Weight Loss
    - Safe Use of Medicines
    - Safe use of Medicines Chart
    - Warfarin

E

- Ear Candling
- Electric and Magnetic Fields
- Emergency - Preparing Your Family
- Energy Drinks
- Eucalyptus Oils and/or Camphor

F

- Fetal Alcohol Spectrum Syndrome
- PBDE Flame Retardants and Human Health
- Flesh-Eating Disease
- Fluorides and Human Health
- Folic Acid and Birth Defects
- Formaldehyde and Indoor Air
- Fruit Juice and Cider - Unpasteurised

G

- Gum Disease
- Garden Safety
- Garlic-In-Oil
- Gonorrhea
- Grapefruit and Interactions

H

- Hamburger Disease
- Extreme Heat and Your Health
- Hepatitis C
- Herpes - Genital
- HIV/AIDS
- Holiday Information
  - Halloween Safety
  - Holiday Food Safety
  - Holiday Safety
  - Responsible Holiday Drinking
- Home Test Kits
- Hormone Replacement Therapy (HRT)
- Human Papillomavirus (HPV)
- Humidifiers
- Hyperbaric Oxygen Therapy

I

- Internet
  - Buying Medical Devices over the Internet
- Indoor Air
- Infant Botulism
- Influenza (the "flu")
- Immunization Registries
- Insulin
- Insulation
  - Asbestos
  - Manmade Vitreous Fibres
  - Vermiculite Insulation Containing Amphibole Asbestos
- Seniors and Aging - Bladder Control Problems (Incontinence)

J

K

L

- Laser Eye Surgery for Vision Correction
- Laser Pointers
- Lawns
- Lead and Human Health
- Lead-based Paint
- Lead Crystalware
- Legionnaires' Disease and Pontiac Fever
- *Listeria* and Food Safety
- Lyme Disease

- Lymphogranuloma venereum (LGV)

M

- Mammography
- Manmade Vitreous Fibres
- Medications
  - Buying Medical Devices over the Internet
  - Buying Drugs over the Internet
  - Disposal of Medication
  - Generic Drugs
  - Home Test Kits
  - Hormone Replacement Therapy (HRT)
  - Insulin
  - Natural Health Products
  - Safe Use of Health Products for Weight Loss
  - Safe Use of Medicines
  - Safe use of Medicines Chart
  - Warfarin
- Meningococcal Vaccine
- Mental Health - Mental Illness
  - Mental Health - Mental Illness
  - Mental Health - Coping with Stress"
- Mercury and Human Health
- Microwave Ovens
  - Microwave Ovens - Radiation Safety
  - Microwave Ovens and Food Safety
- Mouthguards
  - Athletic Mouthguards
- MRI or CT Technology for Whole Body Screening

N

- Natural Health Products
- Noise
  - Aircraft Noise
  - Community Noise Annoyance
  - Hearing Loss and Leisure Noise
  - Personal Stereo Systems
- Nutrition Labelling

O

- Obesity
- Osteoarthritis - Seniors and Aging
- Osteoporosis - Seniors and Aging

P

- Paint Strippers
- PBDE Flame Retardants and Human Health
- PCBs
- Personal Stereo Systems
- Pneumococcal Vaccine
- Preparing for an Influenza Pandemic

Q

R

- Radiation
  - Occupational Exposure
  - Ultraviolet Radiation From the Sun
- Radon
- Reye's Syndrome
- Road Traffic and Air Pollution

S

- Mental Health - Coping with Stress
  - Mental Health - Coping with Stress

- Salmonella Prevention
- Selling Second-hand Products
- Seniors
  - Seniors and Aging - Assistive Devices
  - Seniors and Aging - Bladder Control Problems (Incontinence)
  - Seniors and Aging - Osteoarthritis
  - Seniors and Aging - Osteoporosis
  - Seniors and Aging - Sexual Activity
  - Seniors and Aging - Vision Care
  - Seniors and Aging - Preventing Falls in and around Your Home
- Severe Acute Respiratory Syndrome (SARS)
- Sexuality
  - Genital Herpes
  - Gonorrhea
  - Human Papillomavirus (HPV)
  - Lymphogranuloma venereum (LGV)
  - Seniors and Aging - Sexual Activity
  - Syphilis
- Skin Cancer
- Smog
- Smoke Detectors
- Smoking - Second Hand Smoke
- Sprouts
- Stroke
- Summer Information
  - Drinking Responsibly
  - Energy Drinks
  - Garden Safety
  - Hamburger Disease
  - Hearing Loss and Leisure Noise
  - Lawn Care
  - Road Traffic and Air Pollution
  - Selling Second Hand Products
  - Smog
  - Summer Food Safety
  - Trampoline Safety
  - Travel Health
  - West Nile Virus
  - Wood Smoke
- Sun Safety
  - Skin Cancer
  - Sunglasses
  - Sunscreens
  - Ultraviolet Radiation

- Tanning Lamps

T

- Tampons
- Tanning Lamps
- Tattooing and Piercing
- Tobacco - Second Hand Smoke
- Tooth Whitening Kits
- Toys
- Trampoline Safety
- Trans Fat
- Travel Health
- Tuberculosis (TB)
- Turkey Facts

U

- Ultrasound for Keepsake Videos
- Ultraviolet Radiation From the Sun

V

- Vaccines
  - Chickenpox Vaccine
  - Childhood Immunization
  - Immunization Registries
  - Meningococcal Vaccine
  - Misconceptions about Vaccine Safety
  - Pneumococcal Vaccine
- Vision
  - Laser Eye Surgery for Vision Correction
  - Seniors and Aging - Vision Care
- Vermiculite Insulation Containing Amphibole Asbestos
- Vitamin E Supplements
- Volcanic Ash

W

- Water
  - Arsenic in Drinking Water
  - Chlorination
  - Fluorides
- Warfarin
- Weight
  - Safe Use of Health Products for Weight Loss
- West Nile Virus
- Whooping Cough (Pertussis)
- Wood Smoke

X

- X-rays and Pregnancy

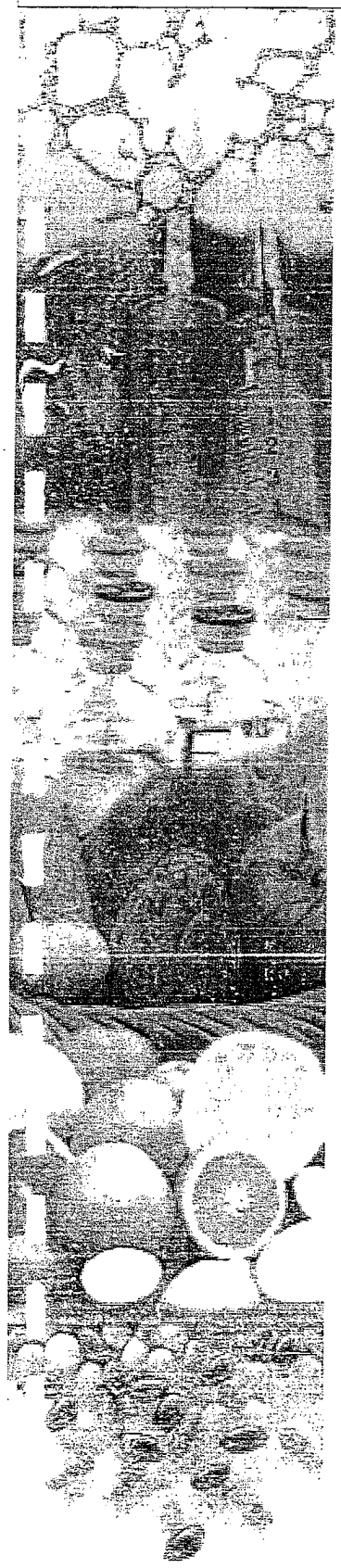
Y

Z

- Zonolite

Date Modified: 2007-08-15

Important Notices



This article was produced in collaboration with the Public Health Agency of Canada.

STROKE

The Issue

Stroke is one of the leading causes of death in Canada. The risk of stroke increases with age, but in many cases lifestyle changes can decrease your chances of having a stroke.

Background

Most strokes occur when a blood clot blocks a blood vessel in the brain, interrupting the supply of blood and oxygen to the brain cells in the area. The breaking of a blood vessel in the brain and the resulting bleeding can also cause a stroke. In both types of stroke, brain cells may die, causing the parts of the body they control to stop functioning.

Between 40,000 and 50,000 Canadians are hospitalized each year for strokes, and about 15,000 of these are fatal. In 2003, about 272,000 Canadians 12 years of age and older were living with the effects of having a stroke.

Although strokes can occur in children, the risk of stroke increases with age. After age 55 your risk of stroke doubles every 10 years. Males have a slightly higher prevalence of living with the effects of having a stroke than females in all age groups, in total 51% males, 49% females. However, 59% of stroke deaths occur in women, likely because women live longer, and men are more likely to die from other causes.

A stroke survivor has a 20% chance of having another stroke within two years.

Symptoms of Stroke

The main warning signs of a stroke are:

- sudden weakness, numbness and/or tingling in the face, arm or leg;
- sudden temporary loss of speech or trouble understanding speech;
- sudden loss of vision, particularly in one eye, or double vision;
- sudden severe and unusual headache; and
- unsteadiness or a sudden fall, especially with any of the above signs.

If you experience any of these signs, see your doctor or go to hospital immediately. There is now medication that, if administered in the early stages of a stroke, can help minimize the effects.

Health Risks of Stroke

Although the risk of stroke increases with age, the risk also rises if you:

- smoke;
- have high blood pressure;
- have hardening of the arteries;
- have heart disease;
- have diabetes; or
- have a family history of heart problems.

Health Effects of Stroke

Strokes affect people in different ways, depending on the type of stroke, the area of the brain which is affected and the size of the damaged area.

The common effects of a stroke include:

- paralysis or weakness on one side of the body;
- vision problems;
- trouble speaking or understanding language;
- inability to recognize or use familiar objects
- tiredness;
- depression;
- exaggerated or inappropriate emotional responses;

- difficulty learning and remembering new information; and
- changes in personality.

Rehabilitation is an important part of recovery from a stroke and should begin as soon as possible. While a stroke usually leaves after-effects, in many cases the brain can learn to compensate for the damaged area.

Minimizing Your Risk

Lifestyle changes can increase your chances of avoiding a stroke.

- If you smoke, your blood pressure temporarily rises with each cigarette. Smoking also leads to hardening of the arteries, which also increases your risk of stroke.
- High blood pressure is the most important controllable risk factor, so have your blood pressure checked regularly.
- If you have high blood pressure, take steps to lower it and take your medication as prescribed.
- A high fibre, low-salt and low-fat diet will help keep your blood pressure down. Salt causes the body to retain water, which increases blood pressure.
- Avoid convenience foods such as canned soup which may contain high levels of salt. Avoid smoked, cured or corned meats which are also high in salt. Read the labels on food products for the sodium content.
- Reduce animal and dairy fat while increasing your intake of fresh fruits and vegetables.
- Achieve and maintain a healthy weight.
- At any age, regular moderate physical activity can help lower and even prevent high blood pressure. Start slowly and build up activity. Talk to your doctor before you start on any new physical activity routine.
- Excessive amounts of alcohol (more than two drinks a day) can increase blood pressure and the risk of a stroke. Limit your alcohol intake.
- Many common over-the-counter remedies can increase blood pressure. Read labels carefully and tell your doctor and pharmacist about any medication you are taking.
- If you have diabetes, make the recommended diet changes and take the medication you are prescribed to keep it under control.
- If you have a family history of heart disease or stroke, have regular medical check-ups so that any risk factor is diagnosed early.

Public Health Agency of Canada's Role

The Public Health Agency of Canada (PHAC) is committed to promoting and protecting the health of Canadians through leadership, partnership, innovation and action in public health. It promotes stroke awareness as part of this overall commitment. PHAC works with stakeholders at all levels to provide Canadian and international leadership in prevention and control of chronic diseases, including stroke, through integrated policy and program development, surveillance, and knowledge development and dissemination.

PHAC's Division of Aging and Seniors is specifically dedicated to seniors' health promotion. It offers seniors practical information on all types of conditions that may arise or worsen with age, including stroke.

Need More Info?

For more information on stroke, go to:

Public Health Agency of Canada's Centre for Chronic Disease Prevention and Control (CCDPC) Heart Disease and Stroke Web site at:
http://www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/cvd-heart-stroke_e.html

The Public Health Agency, The Healthy Heart Kit :
http://www.phac-aspc.gc.ca/ccdpc-cpcmc/hhk-tcs/index.html

Health Canada's Heart and Stroke site :
http://www.hc-sc.gc.ca/dc-ma/heart-coeur/index_e.html

The Canadian Health Network at :
http://www.canadian-health-network.ca/ and search for "Stroke"

Heart and Stroke Foundation of Canada :
www.heartandstroke.ca

Heart and Stroke Foundation of Canada. "The Changing Face of Heart Disease and Stroke in Canada 2000." Ottawa: October 1999. :
http://dsp-psd.pwgsc.gc.ca/Collection/H88-3-30-2001/pdfs/age/face_e.pdf

Heart and Stroke Foundation of Canada. "The Growing Burden of Heart Disease and Stroke in Canada 2003." Ottawa: May 2003. :
http://www.cvdinfobase.ca/cvdbook/CVD_En03.pdf

For more information on seniors' health, go to the Public Health Agency of Canada, Division of Aging and Seniors at:
www.phac-aspc.gc.ca/seniors-aines

For additional articles on health and safety issues go to the It's Your Health Web site at:
www.healthcanada.gc.ca/iyh
You can also call toll free at
1-866-225-0709
or TTY at 1-800-267-1245*

Catalogue # H13-7/9-2006E-PDF
ISBN # 0-662-43533-8

Original: June 2006

Canada

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Government Health Partners

Need Larger Text?

Safe Use of Medicines

The Issue

Prescription drugs and over-the-counter medicines can help cure diseases and make you feel better. However, all medicines should be used carefully.

Background

All medicines carry some risk. Your body can have a mild reaction to a medicine, such as a minor rash, or a serious allergic reaction. Often, such reactions are unexpected. It is important that you are aware of the risks of each medicine and weigh them against the benefits before you decide to take it.

The Risks of Taking Medicine

Some of the risks involved with using medicine include:

- Adverse reactions when the medicine is combined with certain foods, beverages, vitamins, and herbal or other medicines - the more of these you combine, the greater the chance of a reaction
- The medicine not working as prescribed
- The medicine causing additional health problems

Minimizing Your Risk

Only you can decide what level of risk is acceptable for you or your family. There are several steps you can take to help you reach the right decision.

Be informed - Talk to your doctor, pharmacist or other health care professional about all aspects of your medication. Tell them about any health conditions you have, such as allergies and sensitivities, and what medications you are currently taking. Discuss any questions or concerns you might have. Be sure to mention if you are pregnant, breast-feeding or planning to have a baby. Mention any difficulties you might have swallowing medicines or remembering to take them.

Ask your doctor why you are being prescribed the medication, how your medicine should work, whether you need regular check-ups or tests, and ask if there are any side effects or interactions with food, beverages (e.g., grapefruit juice), vitamins, or herbal supplements. Ask about ways to decrease the chance of side effects. Ask when you should expect to start feeling better, and if and when you should report back to your doctor.

Ask your pharmacist for written information about the medicine you are taking. Make sure to read the drug label to be sure that you are using the medicine safely.

Be aware that products with different names may contain the same ingredients, such as acetaminophen (for example, Tylenol and Tylenol Sinus).

Be consistent - It is helpful to use the same pharmacy for all your prescriptions. The pharmacist can help you to identify any possible harmful interactions with other medicines that you are taking.

Keep a record - Keep an up-to-date list of all medicines you are taking. Include vitamins, herbal medicines, and prescription and non-prescription drugs, even if you only use them occasionally. Share this list with your doctor and pharmacist. Make sure that you know the brand names and the ingredients of the medicine you are taking. You should also know what each medicine looks like and how it should be stored.

Pay attention to and record how you feel after taking the medicine. Discuss any changes with your doctor or pharmacist and report any side effects.

Take control - Always use the medicine as directed by your doctor or pharmacist. Know when to take it, how often, and for how long. Know when and under what conditions you should stop using a medicine, and what to do if you miss a dose.

Keep medicines safe - Always keep medicines in their original containers, and never combine different medicines in the same bottle. Make sure you are taking the right medicine. Always read the label and follow the directions closely.

Health Canada's Role

The reporting of adverse reactions to medicines is coordinated by the Marketed Health Products Directorate of Health Canada with the assistance of five Regional Adverse Reaction Reporting Centres (British Columbia, Saskatchewan, Ontario, Québec and the Atlantic Region). Manufacturers of medicines are legally responsible to provide Health Canada with reports of serious adverse effects for health products they sell in Canada. Voluntary reporting by health professionals and consumers assists in monitoring the safety and effectiveness of marketed health products.

Need More Info?

Health Canada's Medication Kit includes a personal medication record and a list of questions you can ask your health professional Medication Kit.

To report adverse drug reactions, call toll-free: 1-866-234-2345.

For more information on safe drugs issues, visit: The Canadian Health

Network and search for **safe drugs** or **safe medications**.

Keep a record of the medications you are taking by using the medication chart.

For additional articles on this subject and other issues go to the It's Your Health Web site. You can also call (613) 957-2991.

Updated: May 2004
Original : March 2003

Date Modified: 2006-12-15

This is Exhibit "D" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

Lisa Henke

A Commissioner for taking affidavits

Diseases & Conditions

Health Canada

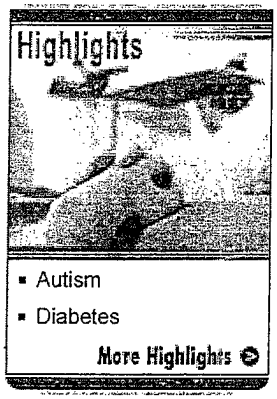
About Health Canada
Consumer Product Safety
Diseases & Conditions
Autism
Avian Influenza
Cancer
Diabetes
Heart & Stroke
Hepatitis
HIV & AIDS
Influenza (Flu)
Mental & Behavioural
SARS
Sexually Transmitted Infections (STIs)
Tuberculosis
West Nile Virus
Tracking
More Diseases...
Legislation & Guidelines
Reports & Publications
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Government Health Partners

Need Larger Text?

Home > Diseases & Conditions

Diseases and Conditions



- Autism
- Diabetes

More Highlights

One of Health Canada's mandates is to reduce the incidence of disease and conditions among Canadians. Many science and health experts research and monitor diseases and you'll find many of their reports and publications in this section.

You'll find information about many diseases and conditions, including their symptoms and treatments. Because healthy lifestyle choices reduce the risk of many diseases, this section provides tips on the choices you can make to stay healthy.

If you work in the health industry, you can use this section as a resource for current research and surveillance. In addition to reports and other publications, you'll find links to information on the programs supported by the Public Health Agency of Canada.

Looking for current, reliable and easy-to-understand articles on the topic of diseases? There are over 100 It's Your Health articles on various topics you can download or print for free. See the complete list of It's Your Health articles.

Date Modified: 2007-11-01 Important Notices

About Health Canada
Consumer Product Safety
Diseases & Conditions
Autism
Avian Influenza
Cancer
Diabetes
Heart & Stroke
Hepatitis
HIV & AIDS
Influenza (Flu)
Mental & Behavioural
SARS
Sexually Transmitted Infections (STIs)
Tuberculosis
West Nile Virus
Tracking
More Diseases...
Legislation & Guidelines
Reports & Publications
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Government Health Partners

Need Larger Text?

Home > Diseases & Conditions > More Diseases & Conditions

More Diseases and Conditions

In this section you will find links to information on several diseases and conditions, including their symptoms and treatments.

- AIDS
- Anthrax
- Arthritis
- Arthritis *It's Your Health*
- Asthma
- Bovine Spongiform Encephalopathy ("Mad Cow Disease")
- Cancer
- Cardiovascular Disease
- Celiac Disease
- C. difficile (Clostridium difficile)
- Chikungunya
- Chlamydia
- Chronic Diseases
- Chronic Obstructive Pulmonary Disease (COPD)
- Clostridium difficile (C. difficile)
- Colonization botulism
- Creutzfeldt-Jakob Disease (human form of "Mad Cow Disease")
- Dementia
- Dengue Fever
- Diabetes
- E. Coli
- Ebola
- Flesh-Eating (Necrotizing Fasciitis) Disease
- Food Allergies and Intolerances
- Food-Related Illnesses
- Genital Herpes
- Gonorrhoea
- Heart Disease
- Hepatitis
- Hemorrhagic Fevers
- Human Papillomavirus (HPV)
- Infant Botulism
- Infectious Diseases
- Influenza (Flu)
- Kidney Disease
- Lupus
- Lyme Disease
- Lymphogranuloma venereum (LGV)
- Mad Cow Disease (BSE)
- Malaria
- Measles
- Meningococcal Disease

- Mental Health
- Multiple Sclerosis
- Necrotizing Fasciitis/Mytositis ("Flesh-eating Disease")
- Obesity
- Osteoporosis
- Osteoporosis
- Parkinson's Disease
- Rabies
- Respiratory Disease
- Reye's Syndrome
- Sexually Transmitted Infections
- Severe Acute Respiratory Syndrome (SARS)
- Spina Bifida and Hydrocephalus
- Stroke
- Sudden Infant Death Syndrome (SIDS)
- Syphilis
- Tuberculosis (TB)
- Vaccine-preventable diseases
- West Nile Virus
- Yellow Fever

Can't find what you are looking for? Consult our A-Z index section.

Date Modified: 2007-11-28 Important Notices

About Health Canada
Consumer Product Safety
Diseases & Conditions
Autism
Avian Influenza
Cancer
Diabetes
Heart & Stroke
Hepatitis
HIV & AIDS
Influenza (Flu)
Mental & Behavioural
SARS
Sexually Transmitted Infections (STIs)
Tuberculosis
West Nile Virus
Tracking
More Diseases...
Legislation & Guidelines
Reports & Publications
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Government Health Partners

Need Larger Text?

Home > Diseases & Conditions > Cancer

Cancer

There are many different types of cancers. All of them are characterized by uncontrolled growth and spread of abnormal cells in some part of the body.

An estimated 153,100 new cases of cancer and 70,400 deaths from cancer will occur in Canada in 2006. The most frequently diagnosed cancer will continue to be breast cancer for women and prostate cancer for men. The leading cause of cancer death for both sexes continues to be lung cancer.

Health Canada, in partnership with the Public Health Agency of Canada, continues to monitor this disease, identifying the trends and the risk factors, developing programs to reduce cancer risks, and undertaking research to evaluate risks from the environment and behaviours.

Reduce your risk:
- Eat better
- Be more active
- Protect yourself from the sun
- Don't smoke
- Avoid second-hand smoke
- Tell your doctor when your health changes
- Screen for cancer
- Handle hazardous materials carefully

Risk Factors

There are many known risk factors for cancer:

- **Tobacco Use** is the cause of almost 30 per cent of all fatal cancers in Canada and a major cause of lung cancer, one of the most preventable cancers.
- **Poor Diet** - one with a high proportion of dietary fat - causes about 20 per cent of fatal cancers. Colon and prostate cancers are associated with diets high in fat.
- **Other Risks** include workplace hazards, family history, alcohol use, reproductive factors, sexual activity, sunlight, drugs, and ionizing radiation.

Learn more about quitting smoking, eating healthy and sun protection.

Types of Cancer

Breast Cancer

- Breast Cancer - It's Your Health fact sheet
- Mammography - It's Your Health fact sheet
- Breast Cancer - Public Health Agency of Canada

Cervical Cancer

- Cervical Cancer - It's Your Health fact sheet
- Cervical Cancer - Public Health Agency of Canada

Childhood Cancer

- This Battle Which I Must Fight: Cancer in Canada's Children and Teenagers
- Diagnosis and Initial Treatment of Cancer in Canadian Children 0 to 14 Years, 1995-2000
- Canadian Childhood Cancer Surveillance and Control Program (CCCSCP)

Colorectal Cancer

- Colorectal Cancer Association of Canada
- Message from Tony Clement, Minister of Health - National Colorectal Cancer Month - March 2007
- Screening for Colorectal Cancer - It's Your Health fact sheet

Lung Cancer

- Lung Cancer - Public Health Agency of Canada
- Lung Cancer and Smoking

Prostate Cancer

- Prostate Cancer - Public Health Agency of Canada
- Monograph Series on Aging-related Diseases: X. Prostate Cancer

Skin Cancer

- Preventing Skin Cancer - It's Your Health fact sheet

Reports, Research and Statistics

- Cancer Surveillance Online - managed by the Public Health Agency of Canada
- Cancer Statistics presented by the Canadian Cancer Society
- Publications on Cancer
- Diagnosis and Initial Treatment of Cancer in Canadian Adolescents 15 to 19 Years of Age, 1995-2000
- Team Links Cancer Risks to How and Where We Live

More Information

- Canadian Strategy for Cancer Control
- Centre for Chronic Disease Prevention and Control - Cancer
- Canadian Cancer Society
- Canadian Health Network - a consumer health information service brought to you by the Public Health Agency of Canada and major health organizations

For more information about cancer, call the Canadian Cancer Society's Cancer Information Service toll-free at 1-888-939-3333.

Date Modified: 2007-03-27 Important Notices

About Health Canada
Consumer Product Safety
Diseases & Conditions
Autism
Avian Influenza
Cancer
Diabetes
Heart & Stroke
Hepatitis
HIV & AIDS
Influenza (Flu)
Mental & Behavioural
SARS
Sexually Transmitted Infections (STIs)
Tuberculosis
West Nile Virus
Tracking
More Diseases...
Legislation & Guidelines
Reports & Publications
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Government Health Partners

Need Larger Text?

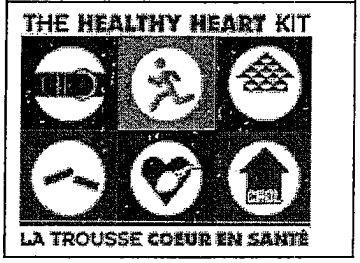
Heart and Stroke

Cardiovascular disease or heart disease is the number one killer in Canada. It is also the most costly disease in Canada, putting the greatest burden on our national health care system.

A number of factors, individually or in combination, can lead to heart disease:

- Smoking;
- Diets rich in saturated fat;
- Physical inactivity;
- Stress;
- A family history of heart disease; and
- Being overweight.

Features



Medical conditions such as high blood pressure, high blood cholesterol, obesity and diabetes are also potent risk factors.

Men are generally more likely to develop heart disease. An increasing number of women are experiencing heart disease but they are under-diagnosed. For both sexes, the risk of heart disease increases with age.

For more information on symptoms and health effects of stroke and how to minimize your risk, consult *It's Your Health* factsheet on stroke.

Heart Healthy Tips

- **Don't smoke.**
  Not smoking or quitting smoking reduces your risk of developing heart disease and not smoking may help to increase the "good" cholesterol in your blood. It also reduces your risk of having a heart attack, stroke, and common cancers.
- **Eat a wider variety of foods.**
  According to Canada's Food Guide, as part of a balanced diet, we should enjoy a variety of foods and choose lower-fat foods more often.
- **Get moving.**
  As little as 60 minutes a day of accumulated physical activity will help keep your heart in shape. Not sure how to start? Try the Physical Activity Guide for some ideas.
- Eating well and staying physically active will help you to control your weight. **Avoid fad or miracle diets.**
- **Have regular medical check-ups that include measurement of your blood cholesterol level.** You can also be tested for diabetes, one of the major risk factors for heart disease.

If you have any concerns about your heart health, be sure and ask your doctor.

Resources

The Public Health Agency of Canada offers the following information and tools:

- Cardiovascular Disease
- Healthy Heart Kit
- The Changing Face of Heart Disease and Stroke in Canada, 2000
- Glossary of Cardiovascular Related Terms

For other information on Heart/Cardiovascular Disease prevention visit the Canadian Health Network, a consumer health information service brought to you by the Public Health Agency of Canada and major health organizations across Canada.

Date Modified: 2007-10-30 Important Notices

Diabetes

Diabetes Awareness Month and World Diabetes Day 2007

Diabetes is a lifelong condition where either your body does not produce enough insulin, or your body cannot use the insulin it produces. Your body needs insulin to change the sugar from food into energy. There are three main types of diabetes:

- **Type 1**, where the body makes little or no insulin;
- **Type 2**, where the body makes insulin but cannot use it properly; and
- **Gestational Diabetes**, where the body is not able to properly use insulin during pregnancy. This type of diabetes goes away after the baby is born.

Nine out of ten people with diabetes have Type 2.

General Information

- Miracle Cure for Diabetes?
- Health Canada advises diabetic patients not to use the antibiotic Tequin - February 2006
- Insulin Products - It's Your Health
- Diabetes Type 2 - It's Your Health fact sheet
- Are You at Risk? Learn more about the risk factors and complete a quiz to help you determine whether or not you are at risk of type 2 diabetes
- Get serious to prevent the complications of diabetes

Related Resources

Canadian Diabetes Strategy
Diabetes is a complex health problem and a national challenge. The purpose of the Canadian Diabetes Strategy, managed by the Public Health Agency of Canada, is to articulate and establish effective diabetes prevention and control strategies for Canada.

Eat well. Be active. Have fun.
You Can Prevent Type 2 Diabetes. Type 2 diabetes is one of the fastest growing diseases in Canada and around the world. It is estimated that two million Canadians have diabetes and one-third of those affected are unaware they have the disease. The cost of diabetes

in Canada is estimated to be up to $9 billion annually.

But there is good news. You can prevent the onset of type 2 diabetes by making some simple lifestyle changes, including healthy eating, regular physical activity and maintaining a healthy weight.

Aboriginal Diabetes Initiative

In Canada, Aboriginal people are at greater risk for developing type 2 diabetes than other Canadians. Even Aboriginal children are now being diagnosed with type 2 diabetes -- a condition that once occurred mainly in older adults. Although Inuit rates of diabetes are not as high as other Aboriginal populations, there is concern that the rates of type 2 diabetes are increasing among Inuit as well.

For other information on Diabetes prevention visit the Canadian Health Network, a consumer health information service brought to you by the Public Health Agency of Canada and major health organizations across Canada.

Date Modified: 2007-11-01

Important Notices

This is Exhibit "E" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

A Commissioner for taking affidavits

Health Canada — Drugs & Health Products

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Advisories, Warnings & Recalls
Biologics, Radiopharmaceuticals & Genetic Therapies
Compliance & Enforcement
Controlled Substances & Precursor Chemicals
Drug Products
Funding & Fees
International Activities
MedEffect Canada (adverse reactions)
Medical Devices
Medical Use of Marihuana
Natural Health Products
Progressive Licensing
Public Involvement & Consultations
Regulatory Requirements for Advertising
Special Access to Drugs & Health Products
Veterinary Drugs
Legislation & Guidelines
Reports & Publications
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living

Home > Drugs & Health Products

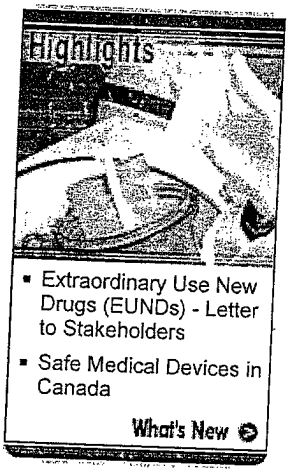
Drugs and Health Products

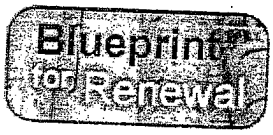
Health Canada plays an active role in ensuring that you have access to safe and effective drugs and health products. The Department strives to maintain a balance between the potential health benefits and risks posed by all drugs and health products. Our highest priority in determining the balance is public safety.

Working together with other levels of government, health care professionals, patient and consumer interest groups, research communities and manufacturers, our department endeavours to minimize the health risk factors to you and maximize the safety provided by the regulatory system for these products.

We also strive to provide you with the information you need to make healthy choices and informed decisions about your health.

Health Canada is not a manufacturer or distributor of drugs and health products. We are the federal regulator. For additional drug information related to treatment options or where drugs or health products are sold, please contact your health professional or the individual company directly.





What is Available?

Health Canada is committed to providing timely access to sound, evidence-based information. We want to ensure that Canadians remain up-to-date on current developments and issues pertaining to drugs and health products in Canada.

Related Resources

- The Progressive Licensing Project has been initiated to develop a drug regulatory system for the future, and gives details of the plan for developing a new framework, and provides an opportunity for discussion with Canadians regarding drug licensing.
- Access to Therapeutic Products: The Regulatory Process in Canada. This publication describes how therapeutic products in Canada make their way from the laboratory to the marketplace.
- National Pharmaceuticals Strategy (NPS)

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Advisories, Warnings & Recalls
Biologics, Radiopharmaceuticals & Genetic Therapies
Compliance & Enforcement
Controlled Substances & Precursor Chemicals
Drug Products
Funding & Fees
International Activities
MedEffect Canada (adverse reactions)
Medical Devices
Medical Use of Marihuana
Natural Health Products
Progressive Licensing
Public Involvement & Consultations
Regulatory Requirements for Advertising
Special Access to Drugs & Health Products
Veterinary Drugs
Legislation & Guidelines
Reports & Publications
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living

Home > Drugs & Health Products > Advisories, Warnings & Recalls

Advisories, Warnings and Recalls

Topics
- Natural Health Products
- Veterinary Drugs

Health Canada believes that staying informed can help you stay healthy. To this end, the Department posts safety alerts, public health advisories, press releases and other notices related to therapeutic health products from industry to health professionals, consumers and other interested parties.

What information is available?

- Advisories, warnings and recalls about marketed health products,
- The Canadian Adverse Reaction Newsletter (CARN), a quarterly publication providing information about adverse reactions and safety alerts to health care professionals,
- MedEffect e-Notice, a free e-mail service that distributes CARN, as well as e-mail notices of all issued advisories, warnings and recalls, and
- The Adverse Reaction Database, which includes information about reported adverse reactions.

This information is available through MedEffect.

Separately, a listing of veterinary drug-related advisories, warnings and recalls is also available.

A complete listing of Health Canada issued advisories, warnings and & recalls can be found in the About Health Canada section.

Science & Research

Government
Health Partners

Need
Larger
Text?

Date Modified: 2005-12-06

Important Notices

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Advisories, Warnings & Recalls
Biologics, Radio-pharmaceuticals & Genetic Therapies
Compliance & Enforcement
Controlled Substances & Precursor Chemicals
Drug Products
Funding & Fees
International Activities
MedEffect Canada (adverse reactions)
Medical Devices
Medical Use of Marihuana
Natural Health Products
Progressive Licensing
Public Involvement & Consultations
Regulatory Requirements for Advertising
Special Access to Drugs & Health Products
Veterinary Drugs
Legislation & Guidelines
Reports & Publications
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living

Home > Drugs & Health Products > Drug Products

Drug Products

Before drug products are authorized for sale in Canada, Health Canada reviews them to assess their safety, efficacy and quality. Drug products include prescription and non-prescription pharmaceuticals, disinfectants and sanitizers with disinfectant claims.

Prior to being given market authorization, a manufacturer must present substantive scientific evidence of a product's safety, efficacy and quality as required by the *Food and Drugs Act and Regulations*.

Topics
- Activities
- Applications & Submissions
- Drug Product Database
- Fees
- Legislation & Guidelines
- Notice of Compliance
- Patent Register
- Projects
- Summary Basis of Decision

What's New

When a product is offered for sale in Canada to treat or prevent diseases or symptoms, it is regulated as a drug under the *Food and Drugs Act*.

What information can you find here?

This section contains fee information, guidance documents, forms and policies needed to submit all the different types of applications.

The Activities section contains information supporting Health Canada's regulation of drug products, including announcements, consultations and fact sheets as well as various projects and committees.

Complete listings of Advisories, Warnings and Recalls for health professionals and the public are available in the MedEffect section.

There are links to our Patent Register Database, an alphabetical listing of patented medicines, and our Drug Product Database, which contains product and company information on drug products marketed in Canada. There is also a link to the Notices of Compliance.

Summary Basis of Decision documents are available, which outline the scientific and benefit/risk based decisions that factor into Health Canada's decision to grant market authorization for a drug or medical device.

We also provide information to support the role of the federal regulatory authority such as the International Harmonization of drugs for human use, Science Advisory Committees, Association Meetings and Performance Reports. Many of these activities are carried out with the participation of clients, stakeholders and the general public.

Science & Research

Government Health Partners

Need Larger Text?

The Progressive Licensing Project has been initiated to develop a drug regulatory system for the future, and gives details of the plan for developing a new framework, and provides an opportunity for discussion with Canadians regarding drug licensing.

Related Links

Date Modified: 2007-04-23

Important Notices

This is Exhibit "F" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

Lissa Herring

A Commissioner for taking affidavits

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Advisories, Warnings & Recalls
Biologics, Radiopharmaceuticals & Genetic Therapies
Compliance & Enforcement
Controlled Substances & Precursor Chemicals
Drug Products
Funding & Fees
International Activities
MedEffect Canada (adverse reactions)
Medical Devices
Medical Use of Marihuana
Natural Health Products
Progressive Licensing
Public Involvement & Consultations
Regulatory Requirements for Advertising
Special Access to Drugs & Health Products
Veterinary Drugs
Legislation & Guidelines
Reports & Publications
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living

Advisories, Warnings and Recalls | Guidance Documents

Adverse Reaction Reporting | Adverse Reaction Database

Sign-up for MedEffect e-Notice

Topics
- About MedEffect Canada
- Adverse Reaction Database
- Adverse Reaction Information
- Adverse Reaction Reporting
- Advisories, Warnings & Recalls
- Canadian Adverse Reaction Newsletter (CARN)
- Consultations
- Expert Advisory Committee on the Vigilance of Health Products
- Frequently Asked Questions
- Learning Centre
- MedEffect e-Notice
- Reports and Research
- Resource Centre

Updates

Foreign Product Alert - Axcil and Desirin
Date: 2007-11-28

Important Safety Information and availability of Trasylol (aprotinin)
- Notice to Hospitals
- Bayer Inc.
Date: 2007-11-26

Release of Draft Guidance Document - Risk Communications under Canada's Access to Medicines Regime (CAMR)
Date: 2007-11-22

...more

What's New

Blueprint for Renewal

Frequently Asked Questions

1. What is MedEffect?
2. Is there a difference between a side effect and an adverse reaction (AR)?

Science & Research

Government Health Partners

Need Larger Text?

3. How can I report an adverse reaction?
4. What information should I report?
5. How are adverse reaction reports used?
6. What information is in the Adverse Reaction Database?
7. What is the Canadian Adverse Reaction Newsletter (CARN)?

...more

Date Modified: 2007-11-29

Important Notices

Links
- MedEffect Canada Home
- Adverse Reaction Reporting
- Adverse Reaction Database
- MedEffect e-Notice

If you are currently suffering from an adverse reaction to drugs or health products, contact your health professional or local health authorities.

Health Canada posts safety alerts, Public Health Advisories, Warnings, Recalls, press releases and other notices from industry on marketed health products, including Natural Health Products and medical devices.

This service to health professionals, consumers, and other interested parties informs and educates Canadians about new health risks associated with the use of certain marketed health products. Recalls are initiated by importers and manufacturers after recognizing that there may be a safety concern related to a specific health product. Health Canada works with the health product industry to ensure hazardous products are removed from the marketplace in an effective and efficient manner.

In this topic...

Subscribe to MedEffect e-Notice

Additional Resources

- Fact Sheet - Health Canada Risk Communication Products
- Health Canada Advisories, Warnings and Recalls page
  - More information and more advisories, warnings and recalls concerning consumer products, food and nutrition, drugs, natural

Science & Research

Government Health Partners

Need Larger Text?

health products, medical devices, foreign products, and veterinary drugs

- Canadian Adverse Reaction Newsletter (CARN)
- Subscribe to MedEffect e-Notice
  - to receive daily advisories, warnings and recalls free by e-mail, as well as the quarterly Canadian Adverse Reaction Newsletter (CARN)
- Contact the Marketed Health Products Directorate

Note: Although Health Canada grants market authorizations or licenses for therapeutic products, Health Canada does not endorse either the product or the company. If you have any questions regarding product information, you should discuss them with your health professional.

Date Modified: 2007-07-25

Important Notices

This is Exhibit "G" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

A Commissioner for taking affidavits

Government of Canada / Gouvernement du Canada

Canada

Healthy Canadians

Food & Product Safety | My Food Guide

Healthy Eating - It's for Life!
Healthy eating builds a healthy body and is important for maintaining a healthy body weight. Healthy eating means eating a variety of foods.

Active kids are unstoppable
When you start them off with a healthy, active lifestyle, kids have more energy and self-confidence to pursue their goals for the future. The new **Children's Fitness Tax Credit** can help you keep your child moving.

Go Smoke-Free
Quitting smoking is the best thing you can do to improve your life and health. Any attempt to quit smoking will make you stronger.

Healthy Pregnancy
You've got what it takes to have a healthy pregnancy. Especially when you have the simple, up-to-date facts on the Healthy Pregnancy Website.

First Nations and Inuit
The Government of Canada is working with First Nations people and Inuit to improve their health.

Date Modified: 2007-05-15

This is Exhibit "H" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

A Commissioner for taking affidavits

LATEST NEWS

→ Commission announces names of inaugural Board of Directors and Advisory Committee Chairs

THE MENTAL HEALTH COMMISSION OF CANADA

People living with mental illness have the right to obtain the services and supports they need. They have the right to be treated with the same dignity and respect as we accord everyone struggling to recover from any form of illness.

The goal of the Mental Health Commission of Canada is to help bring into being an integrated mental health system that places people living with mental illness at its centre.

To this end, the Commission encourages cooperation and collaboration among governments, mental health service providers, employers, the scientific and research communities, as well as Canadians living with mental illness, their families and caregivers.

The organization of publicly funded mental health services and supports to the general population is the responsibility of each provincial and territorial government, not of the Commission.

The Mental Health Commission of Canada will:

- Be a catalyst for the reform of mental health policies and improvements in service delivery;
- Act as a facilitator, enabler and supporter of a national approach to mental health issues;
- Work to diminish the stigma and discrimination faced by Canadians living with mental illness;
- Disseminate evidence based information on all aspects of mental health and mental illness to governments, stakeholders and the public.

ion of this website has been made possible through a financial contribution
ealth Canada. The views expressed herein represent the views of the Mental
Commission of Canada.

1145 Carling Ave - Suite 5400, Ottawa ON Canada K1Z 7K
info@mentalhealthcommission.ca

ire to read our privacy statement.

LATEST NEWS

→ Commission announces names of inaugural Board of Directors and Advisory Committee Chairs

BACKGROUND

The proposal to create the Mental Health Commission of Canada was first made by the Standing Senate Committee on Social Affairs, Science and Technology in November 2005. Almost two years earlier, in February, 2003, the Committee, under the leadership of Senator Michael Kirby, had undertaken the first-ever national study of mental health, mental illness and addiction.

During the final phase of its study, the Committee held more than 50 meetings, comprising more than 130 hours of hearings. The Committee heard from more than 300 witnesses, whose testimony filled more than 2,000 pages. The Committee travelled to every province and territory, and supplemented its public hearings by two separate e-consultations through the committee's website that gathered hundreds of individual stories.

Based on this evidence, the Committee tabled its final report, "Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada" in May, 2006. In it, the Committee reaffirmed the need for a Mental Health Commission to provide an ongoing national focus for mental health issues.

The Government of Canada announced funding for the Mental Health Commission of Canada in its March 2007 budget, and indicated that the mandate and structure of the Commission would be closely based on the proposal contained in the Senate Committee report.

The creation of the Commission was also endorsed by all provincial and territorial governments (with the exception of Québec) at a meeting of Ministers of Health in October 2005, and all these governments have since confirmed their support for the Commission. In addition, the creation of the

THE MENTAL HEALTH COMMISSION OF CANADA

BACKGROUND

KEY INITIATIVES

MESSAGE FROM THE CHAIR

BOARD OF DIRECTORS AND ADVISORY COMMITTEE CHAIRS

NEWS AND EVENTS

EMPLOYMENT OPPORTUNITIES

ABOUT THE LOGO & WEBSITE

CONTACT US

Commission has been enthusiastically welcomed by all mental health stakeholder communities.

The Government of Canada has named Former Senator Michael Kirby the first Chair of the Mental Health Commission of Canada, and the Commission was incorporated as a non-profit corporation in March 2007.

[illegible] been made possible through a financial contribution
ealth Canada. The views expressed herein represent the views of the Mental
[illegible]
re to read our privacy statement.

1145 Carling Ave - Suite 5400, Ottawa ON Canada K1Z 7K
info@mentalhealthcommission.ca

LATEST NEWS

Commission announces names of inaugural Board of Directors and Advisory Committee Chairs

KEY INITIATIVES

The Commission will concentrate on three key initiatives:

- Launch of an anti-stigma campaign;
- Promotion of the development of a national strategy; and
- Creation of a Knowledge Exchange Centre.

ANTI-STIGMA CAMPAIGN

Many people living with a mental illness report that the stigmatization of mental illness causes them more suffering than their disease itself. A systematic effort to reduce the stigma of mental illness and combat the discrimination that people with mental illness and their families experience is a key element in the Commission's mandate. The Commission will implement a 10-year national anti-stigma campaign aimed at promoting a better understanding of mental illness among the general population and at changing public attitudes towards mental illness.

NATIONAL STRATEGY

Canada is currently the only G8 nation without a national strategy to address mental illness. The lack of a national approach to mental health issues represents an important national deficiency and also prevents implementation of concrete initiatives at a national level that would benefit people living with mental illness throughout the country. The Commission will work with all members of the mental health community to help develop this national strategy.

THE MENTAL HEALTH COMMISSION OF CANADA

BACKGROUND

KEY INITIATIVES

MESSAGE FROM THE CHAIR

EXECUTIVE TEAM

BOARD OF DIRECTORS AND ADVISORY COMMITTEE CHAIRS

ion of this website has been made possible through a financial contribution
the views expressed herein represent the views of the Mental Commission of Canada.

EMPLOYMENT OPPORTUNITIES

ABOUT THE LOGO & WEBSITE

CONTACT US

KNOWLEDGE EXCHANGE CENTRE

Currently, there is no easy way for mental health stakeholders across Canada to share knowledge and exchange information. The Commission will create an internet-based, pan-Canadian Knowledge Exchange Centre to allow governments, service providers, researchers and the general public to access evidence-based information about mental health and mental illness and to enable people across the country to engage in a variety of collaborative activities.

1145 Carling Ave - Suite 5400, Ottawa ON Canada K1Z 7K
info@mentalhealthcommission.ca

LATEST NEWS

→ Commission announces names of inaugural Board of Directors and Advisory Committee Chairs

MESSAGE FROM THE CHAIR - MICHAEL KIRBY

MORE ABOUT THE HONOURABLE MICHAEL KIRBY

When I was asked by Prime Minister Harper and Minister Clement to take on the job of being the first Chair of the Commission, I was honoured to be able to follow through on one of the key recommendations of Out of the Shadows at Last, the final report of the Senate Committee that I had chaired.

The support for the creation of the Commission that has been expressed to date by everyone interested in mental health is truly remarkable.

By having all stakeholders work together, I believe there is an excellent opportunity for the Mental Health Commission of Canada to help make a real difference in the lives of Canadians living with mental illness, their families, caregivers and communities.

Let me stress that to achieve this goal we must all work together. The Commission can be a catalyst to help stimulate change and innovation in the organization and delivery of mental health services and supports. But it cannot do the work itself.

The Commission will take a very active role in public education, and will strive to change perceptions and attitudes about mental health and mental illness amongst the general public, in policy circles as well as within the health care system itself. But it will take the work of all of us to ensure

that mental health issues never again disappear into the shadows.

I look forward to the day when we can say that we live in a country that has put an end to the stigmatization of mental illness and has eliminated discrimination against people living with mental illness; to the day when we can say that we have put in place a truly seamless continuum of care across the lifespan that allows people living with mental illness to find their individual road to recovery.

With your help I believe we can get there.

THE HONOURABLE MICHAEL KIRBY: BIOGRAPHICAL NOTES

The Honourable Michael Kirby retired from the Senate of Canada in 2006, after 22 years of service. From 1999-2006, he chaired the Standing Senate Committee on Social Affairs, Science and Technology. Under his leadership, the Committee produced 11 health care reports, including the first-ever national report on mental health, mental illness and addiction, Out of the Shadows at Last.

Before he was called to the Senate of Canada, Michael Kirby held numerous senior appointments in the civil service. From 1980 to 1983, he was Secretary to the Cabinet for Federal-Provincial Relations and Deputy Clerk of the Privy Council. In this capacity, he was deeply involved in the negotiations which led to the patriation of the Canadian Constitution and the adoption of the Charter of Rights and Freedoms.

THE MENTAL HEALTH COMMISSION OF CANADA

BACKGROUND

KEY INITIATIVES

MESSAGE FROM THE CHAIR

EXECUTIVE TEAM

BOARD OF DIRECTORS AND ADVISORY COMMITTEE CHAIRS

NEWS AND EVENTS

ion of this website has been made possible through a financial contribution
[illegible] the views expressed herein represent the views of the Mental
Commission of Canada.

ABOUT THE LOGO & WEBSITE

re to read our privacy statement.

CONTACT US

Prior to first entering government in 1970 as the Principal Assistant to the Premier of Nova Scotia, Michael Kirby taught at the Schools of Business Administration and Public Administration at Dalhousie University, as well as at the Business Schools of the University of Chicago and the University of Kent, in England.

Michael Kirby was born in Montreal on August 5, 1941. He has a B.Sc. and an M.A. in Mathematics from Dalhousie University. In 1965, he received a Ph.D. in Applied Mathematics from Northwestern University. In 1997, he received an honorary degree of Doctor of Laws at Dalhousie University.

1145 Carling Ave - Suite 5400, Ottawa ON Canada K1Z 7K
info@mentalhealthcommission.ca

This is Exhibit "I" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

A Commissioner for taking affidavits

Mental Health Promotion
+ What's New
+ Publications
- Partners' Publications
+ Youth Projects
+ Frequently Asked Questions
+ Contact Us

The Mental Health Promotion Unit (MHPU) was created in 1995 as the focal point of Health Canada's efforts to maintain and improve positive mental health and well-being for the Canadian population. In 2001, mental health service-related functions of the former Health Systems Division (HPCB) were incorporated into the Unit. These functions relate to information on mental disorders and collaborative work with the provinces on mental health service renewal. The new MHPU addresses mental health promotion from a population health perspective that takes into account the broad range of determinants of mental health.

The mandate of the restructured unit is to promote and support mental health and reduce the burden of mental health problems and disorders, by contributing to

- the development, synthesis, dissemination and application of knowledge;
- the development, implementation and evaluation of policies, programs and activities designed to promote mental health and address the needs of people with mental health problems or disorders.

The MHPU work, identified within the mandate, is carried out within the scope of Policy Analysis and Development, Research Knowledge and Development, Community Mobilization and Capacity Building, Networking With NGO's, Professional Associations, and International Organizations, as well as Activities in Mental Health Systems Reform.

In our fast-paced, technology-mediated world, we must constantly move and change with the times... or be left behind. The Mental Health Promotion Unit recognizes the need for a strong online presence to announce ourselves to the world, share and exchange our ideas, create strong partnerships and harness the power of many minds.

Disclaimer: The MHPU website provides general information and is not intended as a substitute for professional advice. If you feel you need advice, please see your health care professional. The MHPU makes every effort to ensure the accuracy and reliability of the information that appears on this website. The MHPU partner organizations are responsible for the content that appears on thier own sites.

Last Updated: 2003-01-15

Important Notices

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Alcohol
Assisted Human Reproduction
Children & Adolescents
Drug Prevention
Funding
Healthy Babies
Healthy Eating
Healthy Pregnancy
Just for You
Mental Health
Oral Health
Physical Activity
Safety & Injuries
Seniors
Sexual Health & Promotion
Tobacco
Travel Health
Violence & Abuse
Women
Reports & Publications
Science & Research

Government Health Partners

Home > Healthy Living > Mental Health

Quick Links

- Prime Minister launches national Mental Health Commission
- Canadian Mental Health Association
- Coping with Stress *It's Your Health*
- Depression in Pregnancy
- Mental & Behavioral Health Issues
- Mental Health Promotion
- Mental Illness - It's Your Health

Mental health is a crucial dimension of overall health and an essential resource for living. It influences how we feel, perceive, think, communicate and understand. Without good mental health, people can be unable to fulfil their full potential or play a active part in everyday life. Mental health issues can address many areas, from enhancing our emotional well-being, treating and preventing severe mental illness to the prevention of suicide.

Provincial and territorial governments have primary jurisdiction for the planning and delivery of mental health services in Canada. The federal government, primarily through Health Canada and the Public Health Agency of Canada, collaborates with the provinces and territories in a variety of ways to develop responsive, coordinated and efficient mental health service systems.

Health Canada and the Public Health Agency of Canada support mental health research, develop programs and policies designed to promote and support the needs of people with mental health problems and disorders.

What Information is Available?

In this section, you will find information about the promotion of mental health, evaluation of mental health programs and services in Canada and the mental health issues, problems and disorders encountered by Canadians.

The Public Health Agency of Canada's Mental Health Web site provides a range of online materials related to:

- Mental Health Promotion
- Mental Health Problems and Mental Disorders
- Mental Health Service Systems

Need Larger Text?

For other information on mental health, visit the Canadian Health Network.

Related Resources

- Mental Health - Mental Illness
- Mental Health during Pregnancy
- Suicide Prevention in First Nations
- Suicide in the Northwest Territories (1998)
- Coping with the Stress of Terrorism and Armed Conflict (2002)

Date Modified: 2007-09-05

Important Notices

Diseases & Conditions - Health Canada

Mental and Behavioural

Mental and behavioural health issues can address many areas, from enhancing our emotional well-being to treating and preventing severe mental illness and disorder. Depression, stress, Alzheimer's disease, anxiety disorders, and schizophrenia are all examples of mental and behavioural health conditions. In 1998, Health Canada estimated that these types conditions were the third-highest source of direct health care costs.

What Can You Do?

More research is required to understand the causes, treatment, and prevention of many mental and behavioural conditions. We do know that a respect for personal dignity and a sense of control over one's life are important in maintaining and improving mental health. For some people, exercise and good nutritional habits can help alleviate conditions associated with stress and anxiety. For other people, therapy and medication is necessary. Health Canada encourages you to keep your physician informed of any changes in your health.

What is Being Done?

In Canada, the planning and delivery of mental health services is an area in which the provincial and territorial governments have primary jurisdiction. The federal government primarily through the Public Health Agency of Canada collaborates with the provinces and territories in a variety of ways to develop responsive, coordinated and efficient mental health service systems.

The Mental Health Promotion Unit (MHPU) is the focal point of the Public Health Agency of Canada's efforts to maintain and improve positive mental health and well-being for the Canadian population. The MHPU supports research to increase our knowledge of mental health issues and develops policies, programs and activities designed to promote mental health and address the needs of people with mental health problems or disorders.

Resources

Help on accessing alternative formats, such as PDF, MP3 and WAV files, can be obtained in the alternate format help section.

- Exploring the Link Between Work-Life Conflict and Demands on Canada's Health Care System - Report 3 (March 2004)
- A Report on Mental Illnesses in Canada (October 2002)
- Coping with the Stress of Terrorism and Armed Conflict (2002)
- All Together Now: How families are affected by depression and manic depression (1999)

- Suicide in the Northwest Territories (1998)
- Exploring the Links Between Substance Use and Mental Health: A Discussion Paper and A Round Table (1996)
- Impact of Family Violence on Mental Health
- Suicide in Canada (1994) with an appendix on First Nations and Inuit

For more information on mental health, visit the Canadian Health Network, a consumer health information service brought to you by the Public Health Agency of Canada and major health organizations across Canada.

Date Modified: 2007-10-30

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Government Health Partners

Need Larger Text?

Mental Health - Mental Illness

This article was produced in collaboration with the Public Health Agency of Canada.

Help on accessing alternative formats, such as PDF, MP3 and WAV files, can be obtained in the alternate format help section.

PDF (62 KB)

The Issue

Most Canadians are affected by mental illness, either directly or indirectly, through family, friends or colleagues. Yet there is still a stigma attached to this range of diseases that is a barrier to correct diagnosis and treatment, as well as to the acceptance and support of people with mental illness within the community.

Background

Twenty percent of Canadians will personally experience a mental illness during their lifetime. Although most mental illnesses begin during adolescence and young adulthood, people of all ages, cultures, educational and income levels experience mental illnesses.

In the course of a lifetime, most people experience feelings of isolation, loneliness, sadness, emotional distress or disconnection from things. These feelings are often short-term, normal reactions to difficult situations, such as the death of a loved one, loss of a job, romantic breakup or sudden change of circumstances. People learn to cope with these difficult feelings just as we

learn to cope with other difficult situations.

However, mental illness, by definition, is quite different. It has a serious impact on a person's ability to function effectively over a long period of time. Depending on the illness, a person may have a serious disturbance in thinking, mood or behaviour. They may not be able to cope with the simplest aspects of everyday life and may need help in regaining balance in their lives.

Along with the profound costs to livelihood, the economic costs of mental illness are also enormous. In 1993, the cost of mental illness in Canada was estimated to be at least $7.331 billion. Most people with mental illness can be helped through health professionals and community-based services while some may need hospitalization to stabilize their symptoms. Eighty-six percent of hospitalizations for mental illnesses take place in general hospitals. Mental illness accounts for about four percent of all hospital admissions.

Types of Mental Illnesses

Mental illnesses take many forms, including:

- mood disorders, such as depression and bipolar disorder, which affect how one feels;
- schizophrenia, which affects how one perceives the world;
- anxiety disorders which affect how fearful one perceives places, events or situations to be;
- personality disorders, which affect how one sees oneself in relation to others; and
- eating disorders, such as anorexia or bulimia, which influence how one feels about food and one's body image.

Although suicide is not itself considered a mental illness, it is often the result of some underlying mental illness. It accounts for two percent of all deaths, but 24 percent of deaths among those aged 15 to 24, and 16 percent of deaths among those aged 25 to 44.

Causes of Mental Illness

A complex interplay of many factors cause mental illness. Contributing factors include:

- genetics;
- biology;
- personality;
- socio-economic status; and
- life events.

Symptoms of Mental Illness

Mental illnesses take the form of changes in thinking, mood or behaviour or some combination of all three. The person affected shows symptoms of significant distress and the inability to function as needed over an extended period of time. These symptoms can vary from mild to severe, depending on the type of mental illness, the individual, the family and the patient's environment.

Health Effects of Mental Illness

Mental health is as important as physical health. In fact, the two are intertwined. Our mental health directly affects our physical health and vice versa. People with physical health problems often experience anxiety or depression that affects their recovery. Likewise, mental health factors can increase the risk of developing physical problems such as:

- diabetes;
- heart disease;
- weight gain or loss;
- gastrointestinal problems;
- reductions in immune system efficiency; and
- blood biochemical imbalances.

In the case of eating disorders, those affected may die from lack of nourishment.

Treatment of Mental Disorders

Most mental illnesses can be effectively treated. Treatment methods may include one or more of the following:

- medication;
- scientifically based psycho-therapies - such as cognitive therapy - which help patients learn to effectively change their thinking, feelings and behaviour;
- counselling;
- community support services; and
- education.

However, because of the stigma of mental illness, many people avoid or delay treatment.

If you or someone close to you shows signs of mental illness, it is important that you seek treatment as soon as possible. Talk to a regulated health professional (e.g. family physician, psychologist, mental health nurse, social worker) or another trusted professional - such as a counselor or religious leader - about your concerns.

Minimizing Your Risk And Helping In Recovery

Seeking help early, along with focusing on maintaining or improving your mental wellness - or 'positive mental health' - are the best ways to minimize your risk for mental illness.

Positive mental health can help you cope with life's challenges and enjoy life to the fullest. It can also help your recovery if you develop a mental illness.

The following suggestions can help you develop and maintain positive mental health.

- eat a well-balanced diet based on Canada's Food Guide to Healthy Eating;
- take part in physical activity regularly;
- get enough sleep each night;
- avoid overuse of alcohol, such as binge drinking or drinking to cope with problems;
- avoid the use of illegal drugs;
- learn to deal with the stresses of modern life and take steps to minimize

the stress in your life; and
- talk to others - your family, friends, colleagues - about things that concern you. Sharing feelings and anxieties can help you cope with them.

Government of Canada's Role

The Government of Canada has an important role to play in helping Canadians maintain and improve their mental health and cope with mental illness and addiction. Within its jurisdiction, the Government of Canada works to strengthen public health capacity in mental health and mental illness; set in place public health infrastructure to support mental health issues; provide knowledge generation and development; strengthen the capacity of the primary health care, home care and acute care sectors to effectively deliver mental health programs and services; provide leadership and governance; and develop social marketing campaigns.

The federal government also delivers primary and supplementary mental health services and addiction treatment to approximately one million Canadians, including: Status Indians and Inuit living "on reserve;" the military; veterans; civil aviation personnel; the RCMP; inmates in federal penitentiaries; arriving immigrants; and federal public servants. The Mental Health Promotion Unit (MHPU) of the Public Health Agency of Canada was created in 1995 to maintain and improve positive mental health and well-being for the Canadian population. The mandate of MHPU is to:

- promote and support mental health;
- reduce the burden of mental health problems and disorders by contributing to the development, synthesis, dissemination and application of knowledge;
- develop, implement and evaluate policies, programs and activities designed to promote mental health; and
- address the needs of people with mental health problems or disorders.

The MHPU conducts policy analysis, development and research. It works on community mobilization and capacity building and partners with non-governmental organizations (NGOs), professional associations and international organizations. The Unit also promotes activities in mental health systems reform.

The Centre for Chronic Disease Prevention and Control in the Public Health Agency of Canada conducts surveillance on mental illness to guide decisions and programs, policies and services.

Need More Info?

For more information on mental health, go to:

- The Mental Health Promotion Unit, Public Health Agency of Canada.
- Health Canada's Mental Health section.
- The Canadian Health Network
- The Canadian Mental Health Association or contact the local Canadian mental Health Association in your community, listed in the phone book.

- The National Network for Mental Health
- The Canadian Psychological Association
- The Mood Disorders Society of Canada
- The Schizophrenia Society of Canada

For additional articles on health and safety issues go to the It's Your Health Web site. You can also call toll free at 1-866-225-0709 or TTY at 1-800-267-1245*

Original: May 2006

Date Modified: 2006-12-07 Important Notices

About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Government Health Partners

Need Larger Text?

Home > It's Your Health > Lifestyles > Mental Health - Coping With Stress

Mental Health - Coping With Stress

The Issue

Stress is a fact of daily life and is the result of both the good and bad things that happen. Too much stress can cause serious health concerns, but there are many ways of dealing with stress that can reduce your risk.

Background

Stress can come from major events in life such as getting married or changing jobs, or from minor daily incidents, such as job pressures or holiday planning. The things that cause you stress may not be a problem for someone else. If you did not feel stress of some sort, you would not be alive. Good stress, such as winning a game or going on vacation, can make you feel more involved and energized. But the negative effects of too much stress associated with being under pressure can affect your health.

When you find an event stressful, your body undergoes a series of responses. These come in three stages:

- **Mobilizing Energy**
  Your body releases adrenaline, your heart beats faster and you start to breathe more quickly. Both good and bad events can trigger this reaction.
- **Consuming Energy Stores**
  If you remain in the mobilizing energy stage for a period of time, your body begins to release stored sugars and fats. You will then feel driven, pressured and tired. You may drink more coffee, smoke more and drink more alcohol. You may also experience anxiety, negative thinking or memory loss, catch a cold or get the flu more often than normal.
- **Draining Energy Stores**
  If you do not resolve your stress problem, your body's need for energy will become greater than its ability to provide it. At this stage, you may experience insomnia, errors in judgement and personality changes. You

may also develop a serious illness such as heart disease or be at risk of mental illness.

Symptoms of Stress

Signs that you are over-stressed may include:

- Feelings of irritability, sadness or guilt
- Change in sleep patterns
- Change in weight or appetite
- Difficulty in concentrating or making decisions
- Negative thinking
- Loss of interest, enjoyment or energy in something you used to enjoy
- Restlessness

Health Effects of Stress

While some people may appear to thrive on it, stress is considered to be a risk factor in a great many diseases, including:

- heart disease
- some types of bowel disease
- herpes
- mental illness

Stress also makes it hard for people with diabetes to control their blood sugar.

Stress is also a risk factor in alcohol and substance abuse, as well as weight loss and gain. Stress has even been identified as a possible risk factor in Alzheimer's Disease.

Severe stress can cause biochemical changes in the body, affecting the immune system, leaving your body vulnerable to disease.

Minimizing Your Risk

Here are several strategies to help you deal with stress.

Understanding stress

Notice and remember when you experience the signs of stress. This will help you figure out what triggers stress in you. It may be:

- Major events such as getting married, changing jobs, moving your home, getting divorced or coping with the death of a loved one
- Long term worries such as financial problems, your children's future, your job or an ongoing illness
- Daily hassles such as traffic jams, rude people or machines that don't work.

Coping with stress

Because everyone is different, there is no single way to cope with stress. However, there are a number of approaches you can try to deal with short and long term stress.

- Identify your problems. What is causing your stress? It can be your job, a relationship or another source altogether. Is an unimportant surface problem masking a deeper one? Once you know what the problem is, you can do something about it.
- Work on solutions. Start thinking about what you can do to relieve the problem. Take control over the issues you can manage. This might mean looking for another job, talking with a health professional about personal problems or a financial counsellor. Also ask yourself what will happen if you do nothing. Once you make some changes to deal with the issue, you will take pressure off yourself.
- Talk about your problems. Friends, work colleagues and family members may not know you are having a hard time. If you talk to them about it, it may help in two ways. First of all, just by venting your feelings, you will relieve some stress. Secondly, they may suggest solutions to your problems. If you need to talk to someone outside your circle of family and friends, speak to your family physician or contact a mental health professional.
- Learn about stress management. In addition to health professionals who specialize in stress, there are many helpful books, films, videos, courses and workshops available to help you learn stress management techniques.
- Reduce tension. Physical activity is a great stress reducer. Walk, do some exercises or garden to relieve your stress. There are also relaxation exercises you can learn that will take the pressure off, such as deep breathing and stretching your whole body. Tension meditation and progressive relaxation are techniques that work for many people.
- Take your mind off your problems. By reading, taking up a hobby or becoming involved in sports, you can give yourself a 'mental holiday' from stress. It will also give you distance from your problems, so that they become easier to solve.
- Try not to be too hard on yourself. Stress can cause lots of negative thinking. You may notice yourself saying things like "I can't, won't, should, must". Be realistic. Find realistic solutions you can achieve in steps that will bring success.

Stress prevention

Once you have lowered your stress level, there are techniques that will help prevent it from building up again.

- Make decisions. Worrying about making a decision causes stress.
- Avoid putting things off. Make up a weekly schedule that includes leisure activities as well as things you must do.
- Delegate to others. Let others take on some of the tasks you have set yourself so that you are not trying to do everything yourself.
- Keep your thinking positive and realistic.

Government of Canada's Role

The Government of Canada works to help Canadians maintain and improve their mental health, including coping with stress. Within its jurisdiction, the Government of Canada works to:

- generate and disseminate knowledge, and support both knowledge generation and dissemination activities undertaken by other organizations
- strengthen the capacity of the primary health care, home care and acute care sectors to effectively deliver mental health programs and services
- provide leadership and governance
- develop social marketing campaigns

- conduct surveillance on health trends in the population
- In 2007, the federal government provided funding to establish and support a Mental Health Commission to lead the development of a national mental health strategy.

Need More Info?

For more information on stress, contact the following.

The Mental Health Promotion Unit, Public Health Agency of Canada

Health Canada's Mental Health section

The Canadian Health Network,click on "Mental Health"

The Canadian Mental Health Association
Or contact the local Canadian Mental Health Association in your community, listed in the phone book

Canadian Psychiatric Association

The National Network for Mental Health

The Canadian Psychological Association

The Mood Disorders Society of Canada

For additional articles on health and safety issues go to the It's Your Health Web site.
You can also call toll free at 1-866-225-0709 or TTY at 1-800-267-1245*.

Original: August 2007

Date Modified: 2007-08-15 Important Notices

This is Exhibit "J" mentioned and referred

to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

A Commissioner for taking affidavits

National Diabetes Fact Sheet Canada 2007

What is diabetes?

Diabetes is a chronic condition that stems from the body's inability to sufficiently produce and/or properly use insulin. Your body needs insulin to use sugar as an energy source. Diabetes can lead to serious complications and premature death. However, if you have diabetes you can take steps to control the disease and lower the risk of complications.

Types of diabetes

Type 1 diabetes occurs when the beta cells of your pancreas are destroyed by the immune system and no longer produce insulin. You need an adequate supply of insulin to help your body function. There is no known way to prevent type 1 diabetes; it usually develops in childhood or adolescence..

Type 2 diabetes occurs when your body does not make enough insulin and/or does not respond well to the insulin it makes. People are typically diagnosed with type 2 diabetes after the age of 40, although it is now also being seen in children and adolescents. This type of diabetes is associated with excess body weight, and in most people, it is preventable by following a healthy meal plan and exercise program and maintaining healthy weight.

Gestational diabetes is a form of diabetes that develops in women during pregnancy and disappears after delivery. Gestational diabetes affects about 4% of all pregnancies and increases the risk of developing type 2 diabetes.

Pre-diabetes

Pre-diabetes is a key risk factor for type 2 diabetes. It is a risk condition where your blood glucose levels are elevated, but not high enough for a diagnosis of diabetes. Pre-diabetes is diagnosed by measuring impaired fasting glucose or impaired glucose tolerance. Impaired fasting glucose pre-diabetes is associated with fasting blood glucose levels from 6.1 to 6.9mmol/L; impaired glucose tolerance is where blood glucose levels range from 7.8 to 11mmol/L after a 2-hour oral glucose tolerance test.

In Canada, it is estimated that 4 million people between the ages of 40 and 74 have impaired fasting glucose and 1.8 million have impaired glucose tolerance.

Living with diabetes

Living with diabetes involves working with your health care providers to monitor and manage your blood glucose levels, along with making important changes in your lifestyle.

For all types of diabetes, educating yourself is also an important part of medical care. Learning about diabetes will give you the skills, knowledge and resources needed to help you manage your condition.

If you have type 1 diabetes, you need to take insulin by injection, continuous insulin infusion (pumps) or inhalation. Watching your diet and taking part in physical activity are also important.

If you have type 2 diabetes, you may be able to control your blood glucose by following a healthy meal plan and exercise program and losing excess weight. If you cannot achieve glucose control, you may have to take oral anti-diabetic drugs and/or insulin to maintain your target glucose levels.

Exercise regularly with strength, endurance and flexibility activities. You can tailor physical activities to your particular needs by following the guidelines in *Canada's Physical Activity Guide*.

If you have gestational diabetes, in most cases, eating a balanced diet and getting regular exercise will help to keep blood glucose levels within an acceptable range. If blood glucose levels are not controlled after at least 2 weeks of eating a balanced diet and exercising regularly, you will need insulin injections.

People living with diabetes may also need to take medications to control cholesterol (lipids) and blood pressure because of an increased risk of cardiovascular disease.

Risk factors

Several factors contribute to a person's risk of developing diabetes. Scientists do not know exactly what causes type 1 diabetes, but they believe that both genetic factors and exposure to viruses are involved.

Besides being overweight or obese, other risk factors that contribute to developing type 2 diabetes include:

- pre-diabetes
- being older than 40 years of age
- having high blood pressure and/or high cholesterol
- having a family history of diabetes
- belonging to certain high-risk ethnocultural populations (e.g. Aboriginal, African, Hispanic, Asian)
- a history of gestational diabetes
- having other conditions which may include vascular disease, polycycstic ovary syndrome, acanthosis nigricans and schizophrenia

Reducing the risk of diabetes

Like most serious health conditions, the likelihood of developing type 2 diabetes can be reduced. You can minimize your risk of diabetes by making healthy lifestyle choices, such as controlling your diet, losing excess weight and exercising. Weight loss of 5% to 10% has been shown to significantly reduce risk—about 4.5 to 9 kg (10 to 20 lbs.) for a 90-kg (200-lb.) person. Here are some more lifestyle factors to consider:

Body Mass Index

The Body Mass Index (BMI) is a simple, widely accepted way of assessing body weight in relation to health for most people aged 20 to 65 (exceptions include people who are very muscular, athletes, and pregnant or nursing women).

According to World Health Organization (WHO) guidelines, for adults over 20 years old, BMI falls into one of the following categories:

Below 18.5	Underweight
18.5–24.9	Normal
25.0–29.9	Overweight
30.0–39.9	Obese
Above 40.0	Very obese

Body fat stored around your abdomen (rather than the hips and thighs) is also a risk factor for developing type 2 diabetes.

You can calculate your BMI and obtain additional information at: www.hc-sc.gc.ca

Eating a healthy, balanced diet

By eating foods that are rich in fibre, reducing the amount of fat in your food selections and adding more fruits and vegetables you can help control your diet and maintain or lose weight. It is also possible to decrease the size and quantity of servings while still ensuring that you meet healthy nutrient intakes.

Increasing physical activity

Increasing physical activity is a key element in controlling your weight and reducing the likelihood of developing type 2 diabetes.

Physical activity also helps you maintain better posture and balance, stronger muscles and bones, more energy, reduced stress and continued independent living in later life.

Managing high blood pressure, cholesterol and glucose

Diabetes and high blood pressure are often found together. Up to 60% of people with undiagnosed diabetes have high blood pressure. Studies show that good control of blood pressure, cholesterol and glucose can substantially reduce your risk of developing complications and slow their progression.

Common complications of diabetes

If you have diabetes, you may have other health problems that increase your risk for heart attacks, stroke, kidney disease and eye disease. Some of the common complications are listed below:

Cardiovascular disease

- Having diabetes increases your risk of developing high blood pressure and other cardiovascular problems, because diabetes adversely affects the arteries, predisposing them to atherosclerosis (hardening of the arteries). Atherosclerosis can cause high blood pressure, which if not treated, can lead to blood vessel damage, stroke, heart failure, heart attack or kidney failure.
- Heart disease and stroke account for about 80% of deaths in people with diabetes. People with diabetes have higher heart disease rates than people without diabetes—2 times higher for men and 3 times higher for women.

Kidney disease

Diabetes is the leading cause of kidney failure, accounting for 42% of new cases in 2004.

- In 2004, 2,139 people with diabetes began treatment for end-stage renal (kidney) disease
- In 2004, 8,624 people with end-stage kidney disease due to diabetes were undergoing dialysis or had a kidney transplant.

Blindness

- Diabetic retinopathy causes 600 new cases of blindness each year.
  It affects almost all people who have lived with diabetes for more than 30 years.

Other complications

- If you have diabetes, you are more susceptible to many other illnesses. For example, you may be more likely to die of pneumonia or influenza than people who do not have diabetes.

The cost of diabetes*

- Individuals and families bear the cost of diabetes through medical expenses, inconvenience and deteriorating health. These personal burdens translate into significant cost for Canadian society as a whole.
- Diabetes resulted in $884 million in direct health care costs in 2000.
- Indirect costs in lost productivity and premature death added another $1.7 billion, for a total cost of $2.6 billion to the Canadian economy.

*Data used to calculate these figures are based on the costs associated with the primary health reason for hospitalization. Generally, Canadians are admitted to the hospital due to the complications associated with diabetes, limiting the true cost of this disease. These estimates do not include the costs from lost potential years of life or missed days of work. Nor do they take account of the costs of related ailments, such as cardiovascular disease, kidney disease and eye disease. Without these elements, the estimates understate the real economic cost of diabetes in Canada.

Reducing your risk of complications

Working with your health care providers you can reduce the occurrence of the complications listed above and other diabetes complications by controlling levels of blood glucose, blood pressure and blood lipids, and by receiving other preventive care treatments and advice in a timely manner.

You can help reduce the risk of diabetes complications by:

- not smoking
- being physically active
- eating a healthy, balanced diet
- controlling blood glucose levels
- maintaining a healthy cholesterol level
- controlling blood pressure
- taking care of your feet by regularly examining toes and skin
- visiting your dentist
- having regular eye examinations by an eye care specialist
- having regular kidney function testing

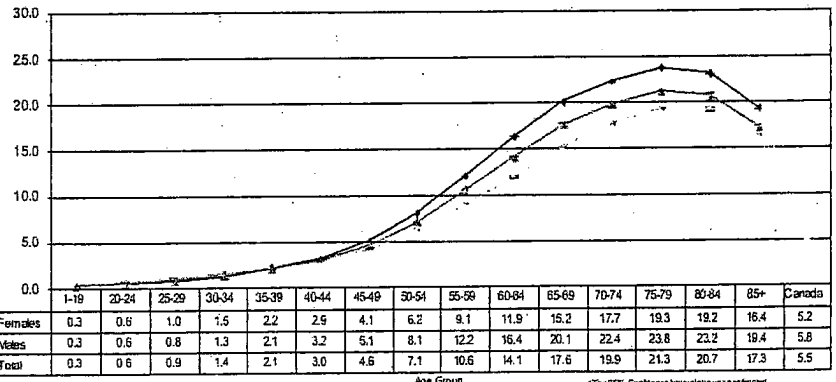
The face of diabetes in Canada

In 2005, 1.8 million Canadians[1]–5.5% of the population—had diagnosed diabetes.

The information provided in the graphs below present a picture of diabetes in Canada. The data come from the National Diabetes Surveillance System (NDSS).

NDSS

Figure 1. Prevalence of Diagnosed Diabetes Among Females and Males Aged 1 Year and Older, Canada, 2004-2005



	1-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Canada
Females	0.3	0.6	1.0	1.5	2.2	2.9	4.1	6.2	9.1	11.9	15.2	17.7	19.3	19.2	16.4	5.2
Males	0.3	0.6	0.8	1.3	2.1	3.2	5.1	8.1	12.2	16.4	20.1	22.4	23.8	23.2	19.4	5.8
Total	0.3	0.6	0.9	1.4	2.1	3.0	4.6	7.1	10.6	14.1	17.6	19.9	21.3	20.7	17.3	5.5

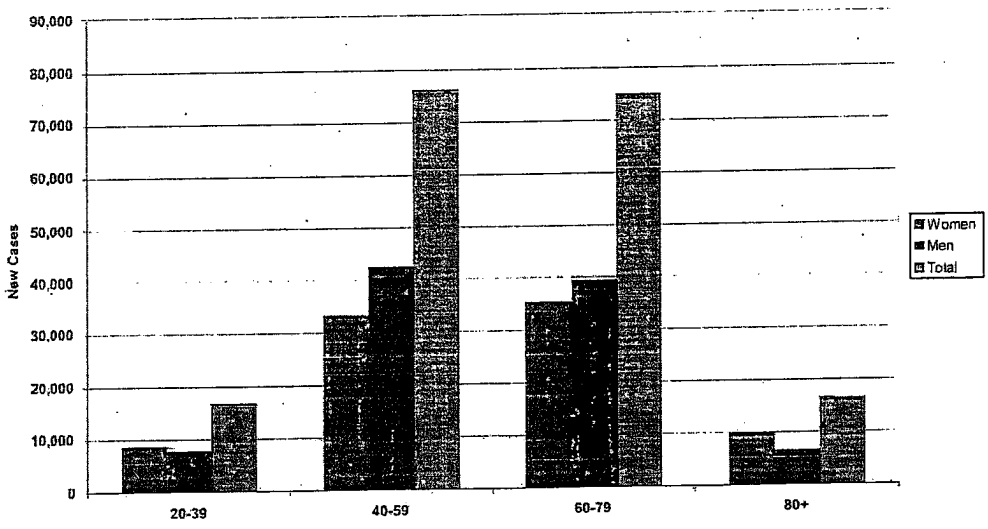
Source: Public Health Agency of Canada, Using NDSS tables compiled by provinces and territories, as of October 31, 2007

Age Group

[1]The 95% Confidence Intervals shows an estimated range of values which is likely to include the true prevalence rate 19 times out of 20.

[1]The reference to 1.8 million Canadians refers to individuals aged 1 year and older who have confirmed diagnosed diabetes. The number excludes individuals who are unaware the have diabetes or pre-diabetes.

Figure 2. Number of New Cases of Diagnosed Diabetes in People Aged 20 and Older, by age Group Canada 2004-2005

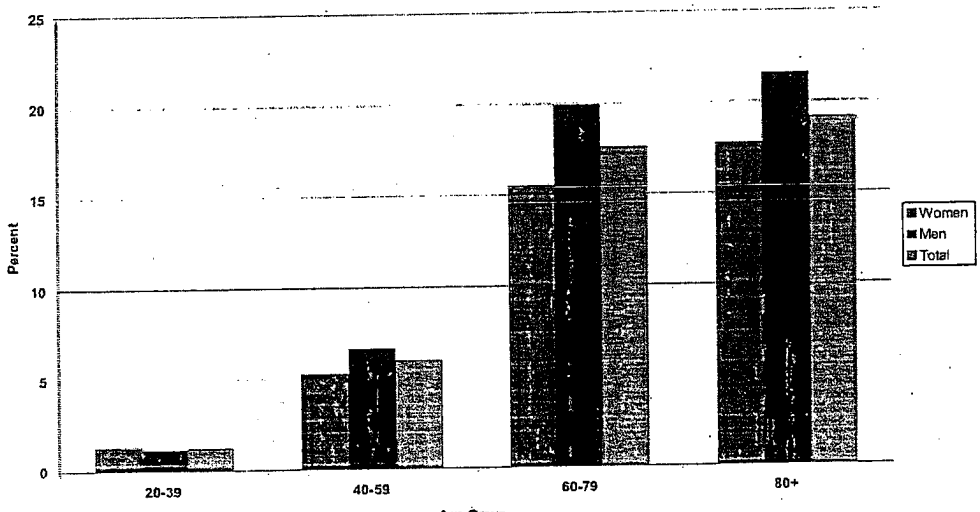


Source: Public Health Agency of Canada,
Using NDSS Data files contributed by all provinces and territories as of Oct 31, 2007

As illustrated in the charts above and below, your likelihood of developing diabetes increases with age:

- 7.1% of all Canadians 20 years and older have diabetes.
- 18% of all Canadians 60 years and older have diabetes.

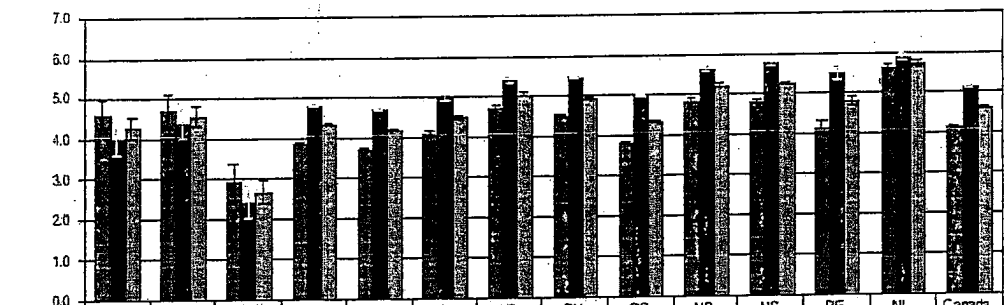
Figure 3. Prevalence of Diagnosed Diabetes in People Aged 20 and Older, by age Group Canada 2004-2005



Source: Public Health Agency of Canada,
Using NDSS Data files contributed by all provinces and territories as of Oct 31, 2007

NDSS

Figure 4. Age-Standardized Prevalence Rates* of Diagnosed Diabetes Among Females and Males Aged 1 Year and Older, by Province and Territory, Canada, 2004-2005



	YT	NT	NU	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	Canada
Females	4.6	4.7	2.9	3.9	3.7	4.1	4.7	4.5	3.8	4.9	4.8	4.2	5.6	4.2
Males	4.0	4.4	2.5	4.8	4.7	5.0	5.4	5.5	5.0	5.7	5.8	5.5	5.9	5.1
Total	4.3	4.6	2.7	4.3	4.2	4.5	5.0	5.0	4.4	5.2	5.3	4.8	5.7	4.6

Source: Public Health Agency of Canada, Using NDSS main files contributed by all provinces and territories, as of October 31, 2007

‡The 95% Confidence Interval shows an estimated range of values which is likely to include the true prevalence rate 19 times out of 20.

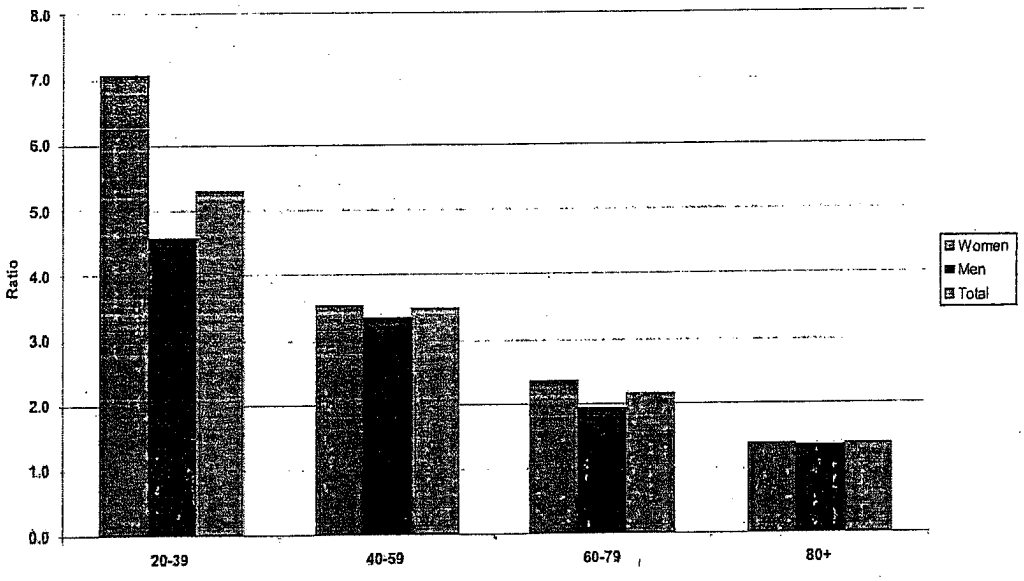
*Age-standardized to 1991 Canadian Population

- The Public Health Agency of Canada uses an age-standardization method for chronic diseases in Canada. This method addresses the varying age structures across Canada's provinces and territories. This is useful for diabetes, where the prevalence rates differ significantly among age groups and increases with age. The formula to calculate these rates uses the 1991 Canadian population based on census data. This method of age-standardization lowered the overall prevalence rate as opposed the age-specific rates in Figure 1 (4.6 to 5.5 respectively).

- The prevalence of diabetes rates vary across Canada. Age-standardized rates, which take account of the different age structure of each province and territory, range from a high of 5.7% in Newfoundland and Labrador to a low of 2.7% in Nunavut.

- The rate for males is lower than for females in Yukon, Northwest Territories and Nunavut. In all of Canada's provinces, the prevalence for males is higher.

Figure 5. Ratios of Death Rates of Women and Men Aged 20 and Older with Diagnosed Diabetes Compared to Adults Without Diagnosed Diabetes, Canada, 2004-2005



Source: Public Health Agency of Canada,
Using NDSS Data files contributed by all provinces and territories as of Oct 31, 2007

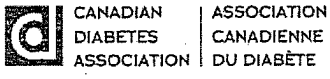
- The chart compares the death rates of people with diabetes compared to those without diabetes in the same age group.

- Overall, death rates were about twice as high among persons with diabetes compared to those without diabetes. For younger people, the consequences are particularly severe. People aged 20 to 39 years with diabetes have death rates approximately 5 to 7 times higher than those of the same age without diabetes (the actual death rates are 4.6 for men and 7.1 for women).

Acknowledgements

The following organizations collaborated in compiling the information for this fact sheet:

- Canadian Diabetes Association
  www.diabetes.ca
- Canadian Institutes of Health Research
  www.cihr.gc.ca
- CNIB
  www.cnib.ca
- Diabète Québec
  www.diabete.gc.ca
- Juvenile Diabetes Research Foundation Canada
  www.jdrf.ca
- Public Health Agency of Canada
  www.phac.gc.ca
- The Kidney Foundation of Canada
  www.kidney.ca



Sources

Boctor, M.A. (2003). Diabetes mellitus. In J. Gray (Ed.), *Therapeutic choices* (805 p.). 4th ed. Ottawa: Canadian Pharmacists Association.

Buchanan, T.A. and Xiang, A.H. (2005). Gestational diabetes mellitus. *Journal of Clinical Investigations*, 115, 485–491.

Canadian Diabetes Association (2003) Canadian Diabetes Association (2003) clinical practice guidelines for the prevention and management of diabetes in Canada, Canadian Journal of Diabetes, 27 (2), pp S10-S13.

Canadian Institute for Health Information. (2006). *Treatment of end-stage organ failure in Canada, 1995 to 2004* [2006 annual report].

Coutinho, M., Gerstein, H.C., Wang, Y..i, et al. (1999). The relationship between glucose and incident cardiovascular events. A meta regression analysis of published data from 20 studies of 95,738 individuals followed for 12.4 years. *Diabetes Care*, 22, 233–240.

Health Canada. (2007). *Eating Well with Canada's Food Guide*. Retrieved October 15, 2007, from www.hc-sc.gc.ca

Health Canada. (2002). *Canada's Physical Activity Guide*. Retrieved October 15, 2007, from www.phac-aspc.gc.ca

International Diabetes Federation. Prevention. Retrieved October 15, 2007, from www.idf.org

Leiter L.A. et al. (2001). Diabetes Screening in Canada (DIASCAN) Study: Prevalence of undiagnosed diabetes and glucose intolerance in family physician offices. *Diabetes Care*, 24(6), 1038–1043.

Public Health Agency of Canada. Economic Burden of Illness Database, Custom Tabulation, Retrieved May 15, 2007, from www.phac-aspc.gc.ca

Public Health Agency of Canada, Using National Diabetes Surveillance System (NDSS) data files contributed by all provinces and territories, as of October 31, 2007.

Norris, S.L. et al. Long-term effectiveness of weight-loss interventions in adults with pre-diabetes: A review. (2005). *American Journal of Preventive Medicine*, 28(1), 126–139.

Rao S.S. et al. (2004). Impaired glucose intolerance and impaired fasting glucose. *American Family Physician*, 15, 69(8), 1961–1968.

Statistics Canada. (2003). Canadian Community Health Survey (CCHS) *The Daily* (self-reported data). Retrieved October 15, 2007, from www.statcan.ca

Statistics Canada. (2004). Canadian Community Health Survey (CCHS) Cycle 2.2, Nutrition. *The Daily*. Retrieved October 15, 2007, from www.statcan.ca

Tuomilehto, J., Lindstrom, J., Eriksson, J.G., et al. (2001). Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *New England Journal of Medicine*, 344, 1343–1350.

U.S. Department of Health and Human Services and American Diabetes Association. (March 27, 2002). HHS, ADA warn Americans of "pre-diabetes" [press release]. Washington, D.C.: DHHS. Retrieved May 15, 2007, from www.hhs.gov

World Health Organization (WHO). (n.d.) Global Database on Body Mass Index (BMI). Retrieved October 15, 2007, from www.who.int

Terms to know

Acanthosis nigricans is a skin condition, which leads to dark markings found typically around the neck, underarms or groin area. It is most often associated with obesity and may occur at any age.

Age-standardized rates A technique called age-standardization dampens the influence of the underlying difference in age distributions from each province or territory, enabling fairer comparisons among populations and over time. For example, before age-standardization, a province with an older population than another will have a higher prevalence of diabetes, all other things being equal. Age-standardization reduces the effect of different age structures when we compare across jurisdictions and time periods. This is useful for diseases, such as diabetes, where the prevalence rates differ significantly among age groups and increases with age. It should be noted though that the formula to calculate these rates uses the 1991 Canadian population based on census data.

Blood glucose is the main sugar found in the blood and the body's main source of energy. The A1c blood test is used to measure a person's average blood sugar level over the past 2 to 3 months.

Blood lipid is a term for fat in the blood stream, and is measured with a lipid profile blood test. The lipid profile test measures total cholesterol (the fat produced by the liver and found in some foods), triglycerides (the storage form of fat in the body), high-density lipoprotein (HDL) cholesterol (fat that takes extra cholesterol from the blood to the liver for removal), and low density lipoprotein (LDL) cholesterol (fat that takes excess cholesterol around the body to where it's needed, but excess ultimately rests on the inside of artery walls).

Blood pressure is the force of blood on the inside walls of blood vessels. It is measured by analyzing both the systolic blood pressure, the pressure when the heart pushes blood out into the arteries, and the diastolic blood pressure, when the heart is at rest.

Diabetic retinopathy is diabetic eye disease that results from damage to the small blood vessels in the retina, the back part of the eye that contains the cells that respond to light. It may lead to loss of eyesight. Laser therapy, one possible treatment option, uses a strong beam of light to seal the leaking blood vessels in the eye.

End-stage renal disease is kidney failure requiring dialysis or a transplant to survive.

Impaired fasting glucose is defined as glucose levels of 6.1 to 6.9 mmol per L in fasting patients.

Impaired glucose tolerance is defined as two hour glucose levels of 7.8 to 11.0 mmol per L on the 75-g oral glucose tolerance test.

Insulin is a hormone responsible for storing energy in the body. When we eat, insulin signals liver and muscle cells to take in glucose and store it in the form of glycogen, and fat cells to take in glucose and store it in the form of blood lipids and turn them into triglycerides.

National Diabetes Surveillance System (NDSS) is a network of provincial and territorial diabetes surveillance systems. It was created to improve the breadth of information about the burden of diabetes in Canada so that policymakers, researchers, health practitioners, and the general public could make better public and personal health decisions. The NDSS has a broad stakeholder base including the federal and all provincial and territorial governments, non-governmental organizations, national Aboriginal groups, and researchers. In each province and territory the health insurance registry database is linked to the physician billing and hospitalization databases to provide a rich data source on diabetes in Canada.

Polycystic Ovary Syndrome, sometimes called Polycystic Ovarian Disease, is a hormonal disorder that affects between 6 to 10% of women. It causes the ovaries to produce higher than normal amounts of androgens (male hormones) which interferes with egg production. As a result, the ovary produces a cyst instead of an egg.

Schizophrenia is an illness characterized by delusions, hallucinations, disturbances in thinking and withdrawal from social activity. The exact cause is unknown but it is believed to be caused by a biochemical imbalance.

Vascular Disease is mainly caused by atherosclerosis or hardening of the arteries. The arteries are blood vessels that supply blood, oxygen and nutrients, to the body from the heart.

This is Exhibit "K" mentioned and referred

to in the Affidavit of David Butler-Jones

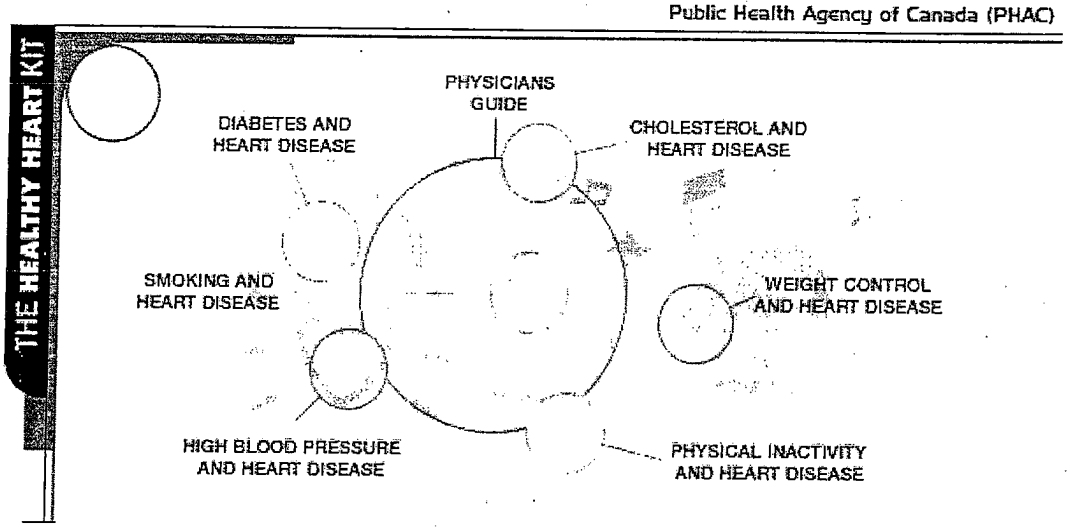
Sworn before me this 5th day of December, 2007

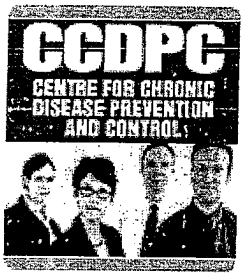
A Commissioner for taking affidavits

Public Health Agency of Canada | Agence de la santé publique du Canada

Canada

Public Health Agency of Canada (PHAC)





Co-sponsored by: Health Canada and Heart and Stroke Foundation of Canada

In partnership with: The College of Family Physicians of Canada
Heart and Stroke Foundations of Canada and Quebec

"The Healthy Heart Kit" has been endorsed by:
The College of Family Physicians of Canada
Canadian Cardiovascular Society
Canadian Medical Association
Heart and Stroke Foundations of Canada and Quebec
Canadian Coalition for High Blood Pressure Prevention and Control

[Home] [Cholesterol and Heart Disease]
[Diabetes and Heart Disease] [High Blood Pressure and Heart Disease]
[Physical Inactivity and Heart Disease] [Smoking and Heart Disease]
[Weight Control and Heart Disease]

top

Last Updated: 2003-12-29

This is Exhibit "L" mentioned and referred

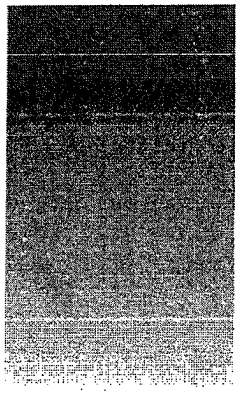
to in the Affidavit of David Butler-Jones

Sworn before me this 5th day of December, 2007

Lissa Fenger

A Commissioner for taking affidavits

About the Agency
Media Room
Chronic Diseases
Emergency Preparedness
Health Promotion
Immunization & Vaccines
Infectious Diseases
Injury Prevention
Public Health Practice
Surveillance
Travel Health
Quick Links



Home : Chronic Disease

Chronic Diseases

Related Links

Arthritis

Canadian Best Practices Portal

Cancer

- Breast Cancer
- Breast Cancer - *It's Your Health*
- Cervical Cancer
- Cervical Cancer - *It's Your Health*
- Colorectal Cancer - *It's Your Health*
- Canadian Strategy for Cancer Control
- The Canadian Childhood Cancer Surveillance and Control Program (CCCSCP)
- Lung Cancer
- Prostate Cancer
- Skin Cancer - *It's Your Health*
- Canadian Health Network - Cancer

Canadian Heart Health Initiative

Cardiovascular Disease

- Glossary of Cardiovascular Related Terms
- Healthy Heart Kit
- Hypertension
- Stroke - *It's Your Health*
- Canadian Health Network - Cardiovascular Disease and Stroke

Chronic Respiratory Diseases

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Publications
- Canadian Health Network - Respiratory Diseases

Countrywide Integrated Noncommunicable Disease Intervention (CINDI)

Diabetes

- Canadian Diabetes Strategy

Canadian Best Practices Portal

Topics
+ Arthritis
+ Cancer
+ Canadian Heart Health Initiative
+ Cardiovascular Disease
+ Chronic Respiratory Diseases
+ CINDI
+ Diabetes
+ Economic Burden of Illness in Canada (EBIC)
+ Surveillance

Centre
+ Centre for Chronic Disease Prevention and Control (CCDPC)

- National Diabetes Surveillance System
- Aboriginal Diabetes Initiative
- Diabetes Awareness Month and World Diabetes Day (2005)
- Canadian Health Network - Diabetes
- Diabetes Type 2 - *It's Your Health*

Economic Burden of Illness in Canada (EBIC)

Surveillance

- Cancer Surveillance On-Line
- Cardiovascular Disease On-Line
- Chronic Disease Infobase
- Major Chronic Diseases Surveillance On-Line

See Also

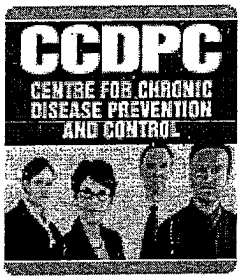
- Chronic Diseases in Canada (CDIC)
- WHO Global Forum IV on Chronic Disease Prevention and Control

Centre

- Centre for Chronic Disease Prevention and Control (CCDPC)

Last Updated: 2007-10-17 Important Notices

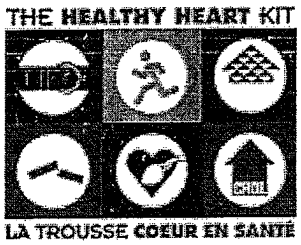
Home
Facts & Figures
Publications
Links to Partners
Terms & Definitions
Inventory of Databases
Healthy Heart Kit
Cardiovascular Disease Online



Centre for Chronic Disease Prevention and Control
Cardiovascular Disease

Heart disease and stroke are major causes of illness, disability and death in Canada which causes an increase in personal, community and health care costs.

Features



Risk factors of cardiovascular disease:

- smoking
- high blood pressure
- high cholesterol
- physical inactivity
- obesity
- diabetes

The Canadian Heart Health Initiative

The Canadian Heart Health Initiative is a countrywide multi-level strategy for the prevention of cardiovascular disease (CVD), the major cause of death and disability and of rising health care costs in Canada. Heart health is an integrated approach to the control of the multiple risk factors responsible for CVD. This is an area where major health gains can be made in Canada. In 1987 Health Canada offered a partnership to the provincial departments of health to participate in the Canadian Heart Health Initiative which was planned with a fifteen year horizon (1987-2000). The Initiative has resulted in extensive networks and coalitions involving Health, all provincial departments of health, the Heart and Stroke Foundation of Canada, and over 1,000 voluntary, professional, and community organizations across the country.

Coalition building and maintenance is the hallmark of the Canadian Heart Health Initiative as is the successful implementation of partnerships and coalition-based models to further heart health policy and program implementation through a linkage system involving the national, provincial and community levels. The Canadian Heart Health Network is maintained by Health Canada, the Conference of Principal Investigators (COPI) and the Heart and Stroke Foundation. Every other year, several hundred practitioners and stakeholders gather to share scientific information and opportunities for training, skills development and networking.

The Initiative made Canada an internationally recognized leader in CVD prevention, and created a unique platform for health services research which has application to population health and quality of care issues beyond heart health, thus contributing to the goals of health care renewal in Canada.

The goals of the Canadian Heart Health Initiative are as follows:

- To reduce Canada's rate of morbidity, disability and premature mortality due to CVD.
- To enable Canadians to improve their CV health by controlling/reducing their risk levels, and to improve the environments in which they live and work - namely, their communities.
- For Canadian children and their families to adopt healthy patterns of eating and physical activity and to avoid smoking.
- For Canadians to have access to, and to be able to afford, a healthy diet.
- To reduce differences in cardiovascular health that result from socio-economic or regional disparities.
- For high risk individuals (or those having clinical symptoms of CVD) to be identified early for management and/or rehabilitation.

Health Canada provided technical and policy support to the provincial departments of health. The former National Health Research Development Program (NHRDP) extended research contributions which were matched and indeed exceeded by the provinces. The funding was subject to the following conditions: (1) co-funding by the provincial health departments; (2) approval by a scientific site visit of the protocols for the demonstration projects and the evaluation plan; and (3) implementation of a public health approach.

Hypertension

Hypertension, also known as high blood pressure, is widely prevalent in Canada. What makes the condition an issue of particular concern is that symptoms can be absent even in cases of high blood pressure. This poses a challenge to early diagnosis and long term control. To minimize those suffering from hypertension, public awareness is considered key.

The prevalence, incidence, and strategies to control hypertension were first reported through a working group consisting of federal and provincial representatives in 1984. Based on the recommendations of this working group, the Canadian Coalition for High Blood Pressure Prevention and Control was established in 1985. Its mandate was to prevent and control high blood pressure among Canadians. Many of the stake holders from professional societies, volunteer organizations, and government sectors (including Health Canada) became members of this umbrella organization. A report entitled The Prevention and Control of High Blood Pressure in Canada was published subsequently in 1986.

In December, 1996, it was determined that the Canadian hypertension strategy was in need of reevaluation. A new strategy was to be developed for the next fifteen years with a new perspective on hypertension issues. A new committee was established to evaluate and deal with these issues in February, 1997 and named the National Hypertension Control Strategy Committee (NHCSC).

Objectives

The objective of NHCSC is to address and improve upon the detection, control, and treatment of hypertension among Canadians. This is done through the examination of several issues. First, the current status of hypertension in Canada, and the status of improvement in hypertension since 1970 is to be reflected upon. Specific areas of concern, such as non-pharmacological therapy and professional education, shall also be evaluated. The setting of strategic direction and policy planning for hypertension control is the mandate of NHCSC.

Partners and Collaborators

- Canadian Coalition for High Blood Pressure Prevention and Control
- Canadian Hypertension Society
- Laboratory Centre for Disease Control-Health Canada
- Unité habitude de vie santé du cour
- Heart and Stroke Foundation of Canada and its provincial counterparts
- World Hypertension League
- World Health Organization

top

Last Updated: 2003-12-29

Important Notices

Home
What's new
About CCDPC
CCDPC Major Programs
Health Topics
Surveillance
International Activities
Conferences

Musculoskeletal Diseases - Arthritis

Description

Arthritis and other rheumatic conditions make up a large group of disorders affecting the joints, ligaments, bones and other components of the musculoskeletal system. While osteoarthritis is one of the most common forms of arthritis, more than 100 different conditions exists, ranging from relatively mild forms of tendinitis and bursitis to illness in systemic forms, such as rheumatoid arthritis. Pain syndromes such as fibromyalgia, arthritis-related disorders such as systemic lupus erythematosus, which affects the entire body, and gout, are also included in the disease's many forms.

Arthritis and other rheumatic conditions affect around 4 million Canadians of all ages, with numbers expected to double by 2020. Although arthritis is most prevalent among seniors, it is not solely confined to the elderly population and many are affected in the prime of their lives. There is no known cure for arthritis, but the causal mechanisms and risk factors are better understood and significant improvements in medications and treatments have been made.

Arthritis is one of the most common causes of physical disability (pain, activity limitation) among Canadians. Arthritis-related pain and disability affect many aspects of life including daily activities, leisure, labour force participation, and social activities. Arthritis carries an economic burden estimated at $4.4 billion (Economic Burden of Illness in Canada, 1998).

Risk factors

Each form of arthritis has its own particular risk factors. However, here are some of the most common risk factors for the development of arthritis and other rheumatic conditions:

- age
- excess weight
- injury and complications from other conditions

- genetic or heredity factors
- lack of physical activity
- immune system abnormalities or autoimmune disease

How the Government of Canada is taking action

The Public Health Agency of Canada, in collaboration with key partners, is contributing to the enhancement of systematic national surveillance in the area of arthritis and other related conditions. In particular, the Agency released, in September 2003, a surveillance publication entitled: "Arthritis in Canada: an ongoing challenge". This publication is pulling together all available data on the impact of arthritis in Canada. The publication provides an overview of the magnitude of the impact of arthritis, use of health services, and health & social outcomes in the Canadian population; identifies strategies that might be used to reduce its adverse consequences, and to enhance access to care and services; and explores approaches to arthritis surveillance in Canada.

Publications

- Arthritis in Canada

Related Sites (Links)

- **The Arthritis Society**
  www.arthritis.ca
- **The Canadian Arthritis Network**
  http://www.arthritisnetwork.ca/
- **The Arthritis Community Research and Evaluation Unit**
  http://www.acreu.ca
- **Lupus Canada**
  http://www.lupuscanada.org/
- **Arthritis Info-sheet for seniors**
  www.phac-aspc.gc.ca/seniors-aines/pubs/info_sheets/arthritis/arthritis_e.htm
- **Alliance for the Canadian Arthritis Program (ACAP)**
  http://www.arthritisalliance.ca

FORM 4C – BACKSHEET – Rules of Civil Procedure, Rule 4.02(3)

05-CV-303001PD2

CANWEST MEDIAWORKS INC.
Applicant

AND

ATTORNEY GENERAL OF CANADA
Respondent

ONTARIO
SUPERIOR COURT OF JUSTICE

Proceeding Commenced at Toronto

AFFIDAVIT OF DAVID BUTLER-JONES
(Sworn December 5, 2007)

Department of Justice
Ontario Regional Office
The Exchange Tower
130 King Street West
Suite 3400, Box 36
Toronto, Ontario
M5X 1K6

Per: Gina Scarcella/Miriam Flynn/
Joseph Cheng
Tel: (416) 954-8111/952-5005/973-3169
Fax: (416) 973-3004
Our File: 2-563638
Law Society No.: 22213V / 24046K / 45356W

Solicitors for the Respondent