



Health
Canada

Santé
Canada

Sustainable Development Strategy 2000:
Sustaining Our Health



Our mission is to help the people of Canada maintain and improve their health

Health Canada

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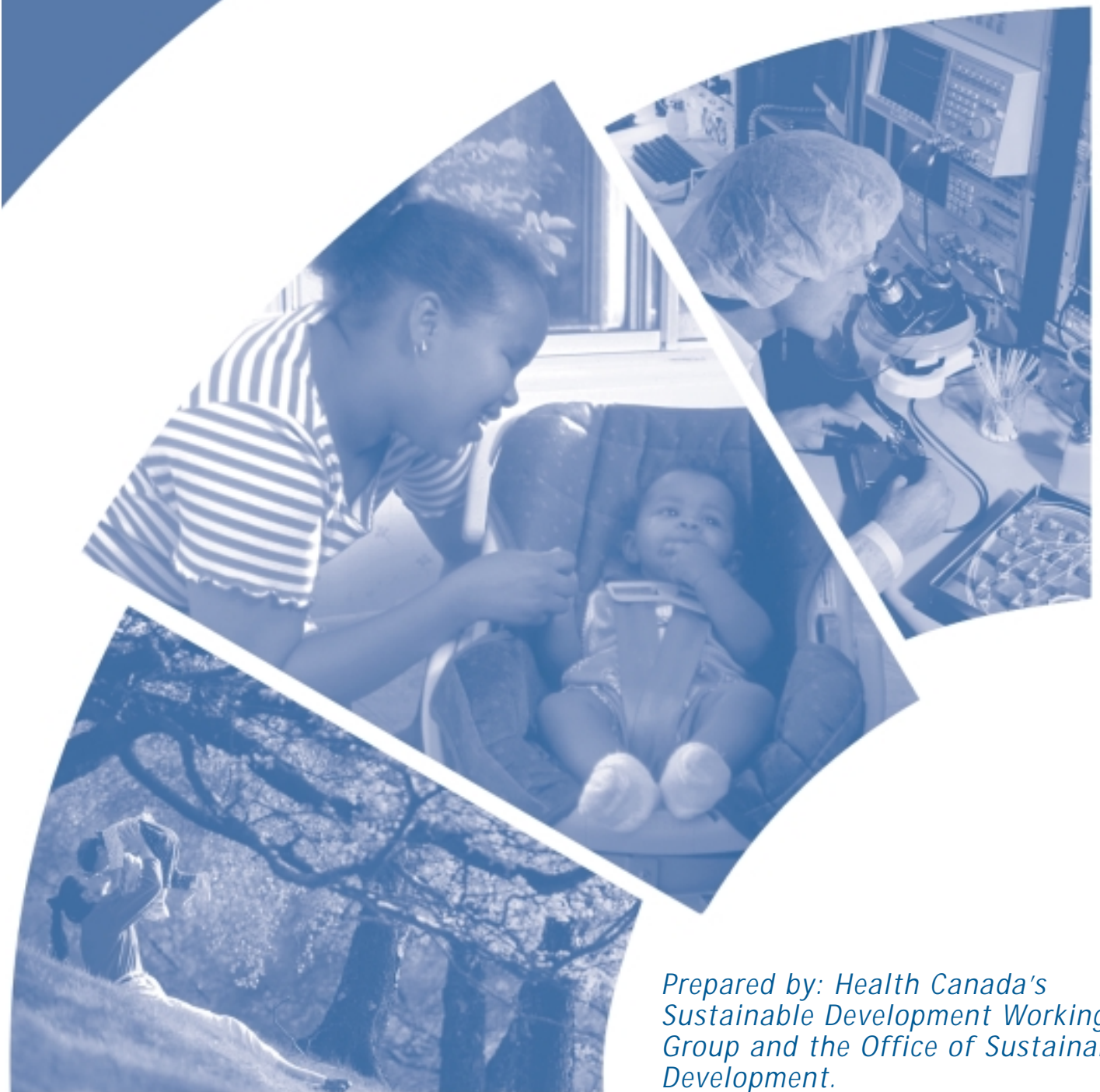
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Sustainable Development Strategy 2000:
Sustaining Our Health



*Prepared by: Health Canada's
Sustainable Development Working
Group and the Office of Sustainable
Development.*

Sustainable development is... “development that meets the needs of the present without compromising the ability of future generations to meet their own needs.”

World Commission on Environment and Development, 1987

“Human beings are the centre of concern for sustainable development. They are entitled to a healthy and productive life in harmony with nature.”

First Principle, Rio Declaration, 1992

“The maintenance and improvement of health should be the centre of concern about environment and development.”

World Health Organization Commission on Health and the Environment, 1992

A MESSAGE FROM THE MINISTER

I am very pleased to present to Parliament and the people of Canada, Health Canada's second action plan for sustainable development. This action plan outlines the department's commitments to implement sustainable development principles and practices in its day-to-day activities over the next three years as we pursue our work of helping the people of Canada maintain and improve their health.

The link between health and sustainable development could not be stronger - the first principle of the Rio Declaration of 1992 states that human beings are "...entitled to a healthy and productive life in harmony with nature."

The influence of environmental, social, economic, cultural and lifestyle factors on our well being is perhaps more easily understood when we consider the world's least developed countries, where one child in five dies before his or her fifth birthday, where malnourishment is the norm rather than the exception, where exposure to agricultural pesticides is widespread, and where treatments for HIV/AIDS are simply out of reach.

Although Canada does not face such serious outcomes, the same forces are nevertheless at work and must be considered in our support of sustainable development. Increasingly, we have come to appreciate the need to look at the social and cultural impacts of our decisions.

This document builds on the lessons learned from our first sustainable development strategy and the advice from our partners, stakeholders and the Canadian public. The strategy we are proposing is focussed on those areas where real, significant advances can be made. We will accelerate the creation of social and physical conditions that maintain and enhance population health, we will integrate sustainable development into the department's decision-making process, and we will continue greening our own operations.

Health Canada's sustainable development strategy is a significant instrument of change. It is also a living document-one that will evolve over time as we meet our targets and create new ones for action. To be successful, we must be able to count on a continued dialogue at all levels. The future of sustainable development - our future - depends on it.

Sincerely,

A handwritten signature in black ink, appearing to read "Allan Rock". The signature is fluid and cursive, with the first name "Allan" and the last name "Rock" clearly distinguishable.

Allan Rock



EXECUTIVE SUMMARY

This, Health Canada's (HC) second sustainable development strategy, contains the Department's commitments to make further significant progress on sustainable development over the next three years (April 2001 - March 2004). The strategy is important for the health of all Canadians and provides many of the tools necessary for collective actions needed to sustain and improve health and well-being. It builds on the lessons learned from implementing Health Canada's first sustainable development strategy *Sustaining Our Health* (1997) and the advice of our partners, stakeholders and the Canadian public.

Sustainable development is fundamental to Health Canada's activities and to its success. As we work with Canadians to attain optimal health, we must take account of the environmental, social/cultural and economic factors that influence health and well-being both now and in the long term. Sustainable development is not an intellectual exercise, or a spectator sport. It is an ideal that must be continuously incorporated into everyday life each time the opportunity presents itself. It is about providing protection for both our 'natural capital' and our 'human capital'.

Most Canadians enjoy good health. Canada is currently among the top three developed countries in the world in life expectancy, self-rated health and low mortality, and the United Nations ranks Canada first in the world on its Human Development Index. Despite these tremendous achievements, some indicators of health are showing negative trends. For example, the incidence of some cancers, including prostate and lung cancer, and the incidence of childhood respiratory diseases continue to increase. Furthermore, good health is not shared equally in all regions of Canada, and certain groups, such as Aboriginal people, children and people living in poverty, are often at greater risk of illness than the Canadian population as a whole.

Health Canada is also fully committed to working with its clients, partners and stakeholders to advance sustainable development and especially other federal departments to make progress on the eight government-wide themes for this round of strategies which link sustainable development to government operations, knowledge/information indicators, eco-efficiency, international issues, northern activities, communities, social/cultural issues and health.

In Canada, there are many sustainable development factors that have a direct impact on health and the quality of life. These overlap with the commonly used 'determinants of health'. Significant sustainable development factors for Canadians include:

- natural and built environments, e.g., climate change and air quality impacts, healthier cities, benefits and costs of energy conservation, food safety, quality and availability; water quantity and quality; and the safety of industrial and consumer products (including tobacco) and industrial activities;

-
- social and cultural conditions, e.g., sustaining families, investing in early childhood development and education, building community capacity for action on the determinants of health, addressing cultural diversity, and making healthy lifestyle choices; and
 - economic conditions, e.g., the effects of low income and income distribution on health, and the impacts of low literacy and unemployment on quality of life, and regional differences and opportunities.

In general, Health Canada's legislation/regulations, policies and programs are supportive of sustainable development. However, the Department can further advance sustainable development in several ways, including:

- providing programs and services that promote sustainable conditions for achieving health and working with clients, partners and stakeholders to adopt sustainable development practices;
- incorporating sustainable development principles and practices into the Department's decision making processes, and its new policies, programs and activities; and
- reducing the adverse effects that Health Canada's physical operations have on the environment.

To maximize Health Canada's positive effect on sustainable development and to minimize the negative ones, the Department has decided to focus its commitments in the second Sustainable Development Strategy (2000) on three theme areas where significant, real advances can be made. The three priority areas are:

- helping to create healthy social and physical environments;
- integrating sustainable development into Departmental decision-making and management processes; and
- minimizing the environmental and health effects of the Department's physical operations and activities.

Within the three themes the specific commitments are organized by objectives and targets.

Themes establish an overall sense of direction and set the parameters for action for the Department while objectives are the overall aims arising under each sustainable development theme. Targets are the detailed performance requirements that the Department has set out to achieve. Each target consists of three sections: a long-term target statement; a short rationale for the long-term target; and one or more short-term targets. To the extent possible, the more than 120 short term targets are outcome oriented, rather than activity oriented, quantitative, time limited and directly related to the eight federal government themes for sustainable development.

Health Canada will monitor the progress it makes on this renewed strategy, will report regularly and encourage dialogue on sustainable development issues of concern to Canadians. It will also implement its Sustainable Development Policy internally and promote the application of sustainable development principles and practices among partners and stakeholders. Our future depends on it.

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INTRODUCTION

THE IMPORTANCE OF THIS STRATEGY

This is Health Canada's (HC) second sustainable development strategy and it provides a blueprint for Health Canada's actions on sustainable development over the next three years (April 2001 - March 2004). This Strategy is important because it contains targets for collective actions to

sustain and improve our health and well-being, and to protect our environment. Its purpose is to chart a course forward so that Health Canada can assist all Canadians to maintain and enhance their health in a way that is environmentally, socially, culturally and economically sustainable now and in the future.

Most Canadians enjoy good health. Canada is currently among the top three developed countries in the world in life expectancy, self-rated health and low mortality, and the United Nations ranks Canada

first in the world on its Human Development Index. In 1999, life expectancy reached a new high of 75.7 years for men and 81.4 years for women, and infant mortality has dropped below the level of six deaths per thousand live births.

Despite these tremendous achievements, some indicators of health are showing negative trends. For

example, the incidence of some cancers, including prostate and lung cancer, and the incidence of childhood respiratory diseases continue to increase (Federal, Provincial and Territorial Advisory Committee on Population Health, 1999a). Furthermore, good health is not shared equally in all regions of Canada, and certain groups, such as Aboriginal people, children and people living in poverty, are often at greater risk of illness than the Canadian population as a whole (Federal, Provincial and Territorial Advisory Committee on Population Health, 1999a).

As a nation, the task now is to ensure that all Canadians can attain optimal health, by taking account of the environmental, social/cultural and economic factors that influence health and well-being. Sustainable development is not an intellectual exercise, or a spectator sport. It is an ideal that must be continuously incorporated into everyday life each time the opportunity presents itself. It is about providing protection for both our 'natural capital' and our 'human capital'.

HEALTH CANADA'S COMMITMENT TO SUSTAINABLE DEVELOPMENT

Sustainable development is fundamental to Health Canada's activities and to its success. Health Canada's activities are directed toward maintaining and improving the health and well-being of all Canadians (Appendix A). By contributing directly to a healthier society and a cleaner, safer environment, the work of the Department fosters sustainable development. Each employee has a role to play in furthering sustainable development

DID YOU KNOW THAT...

there is a direct, intimate and critical connection between sustainable development and health. In getting sustainable development right, we improve the health of Canadians and in applying the determinants of health approach in the population health model, Health Canada contributes significantly to sustainable development.



In 1987, the report of the World Commission on Environment and Development (the *Brundtland Report*) defined sustainable development as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs."

World Commission on Environment and Development, 1987

through his and her day-to-day decisions, advice and actions (Appendix B). We are a sustainable development Department. We are fully committed to further advancing sustainable development by integrating the principles and practices of sustainable development into all our activities from planning to implementation, by adopting best practices and by improving performance on an ongoing basis.

Health Canada's policy commitment to sustainable development extends well beyond the three-year lifetime of this strategy. A long-term commitment is essential because actions to improve health may take many years to show results. For example, programs to reduce the rates of diseases such as cancer may take decades to show results because of the long latency periods of many types of cancer. Similarly, health promotion programs are unlikely to have measurable effects on health in the short-term, but they are effective over the long-term because of the lasting behavioural changes they encourage and support. At Health Canada, implementing sustainable development is about the way the Department does its business.

OVERVIEW OF THIS STRATEGY

This Strategy outlines Health Canada's commitments to make further significant progress on sustainable development. It builds on the lessons learned (Appendix C) from implementing Health Canada's first sustainable development strategy *Sustaining Our Health*, which was prepared and tabled in the House of Commons in 1997 (Health Canada, 1997). Like the first Strategy, this one has been prepared in consultation with the Department's partners, stakeholders and other Canadians.

Our *Sustainable Development Strategy 2000 (SDS 2000)* identifies specific themes, objectives, and measurable targets for Departmental actions on sustainable development over the next three years. Our approach to an outcomes based strategy is described in Appendix D. Subsequent Health Canada sustainable development strategies will focus on other issues within the Department's mandate that need to be highlighted for accelerated progress toward achieving a healthier society.

PARTNERSHIPS AND DIALOGUE



Health Canada is committed to working with its partners and stakeholders to advance sustainable development and health. This is because population health depends on many factors such as clean air and water, working conditions, social cohesion and support, preservation of cultural values and lifestyles, and economic conditions, that lie outside the domain of the traditional health sector. Indeed, the Department's success is largely dependent on its ability to develop partnerships and alliances and its commitment to regular dialogue on sustainable development.

DID YOU KNOW THAT...

Health Canada has a Sustainable Development Policy (see Appendix B for details).

For many years, Health Canada has been developing partnerships that can maintain and improve the health of Canadians – partnerships that are based on collaborative, participatory approaches, as well as shared decision-making and accountabilities. Much progress has already been made. For example, Health Canada is a partner in the



"Achieving sustainable development will require concerted action by all sectors of Canadian society, including individuals, governments, the private sector and voluntary organizations. Everyone has a role to play".

Allan Rock, Minister of Health, 1997

Northern Contaminants Program¹, which has developed its own *Guidelines for Responsible Research in the North*. The guidelines include encouraging community participation in research design, implementation, and follow-up. Although there are many current examples of partnership approaches, more work remains to be done.

Health Canada is committed to developing more vigorous partnerships with the provincial and

territorial governments on sustainable development. Several provincial and territorial governments have had 'roundtables' on sustainable development and have an active interest in sustainable development.

Health Canada is also committed to strengthening its work with local communities

to enhance their capacity to take action on health and sustainable development. This means working in partnership with all levels of government, stakeholders and communities to identify the issues of concern, and collaborating to design strategies to resolve them in the best interests of the affected communities.

DID YOU KNOW THAT...

the use of low sulphur fuels and low emission vehicles could save up to \$38 billion in health care costs in Canada from 1997-2020.

WORKING WITH OTHER FEDERAL DEPARTMENTS



Health Canada will strengthen its work with other federal departments to develop and implement government-wide approaches to sustainable

development. Eight government-wide sustainable development themes have now been identified, including:



SUSTAINABLE GOVERNMENT OPERATIONS;



KNOWLEDGE AND INFORMATION/SUSTAINABLE DEVELOPMENT INDICATORS AND REPORTING;



PRODUCTIVITY THROUGH ECO-EFFICIENCY;



SUSTAINABLE DEVELOPMENT IN THE INTERNATIONAL CONTEXT;



FEDERAL SUSTAINABLE DEVELOPMENT FOR THE NORTH;



SUSTAINABILITY AT THE COMMUNITY LEVEL;



SOCIAL AND CULTURAL ASPECTS OF SUSTAINABLE DEVELOPMENT; AND



SUSTAINABLE DEVELOPMENT AND HEALTHY CANADIANS.

Health Canada is leading government-wide efforts on the theme **SUSTAINABLE DEVELOPMENT AND HEALTHY CANADIANS**. Many federal departments have programs that directly or indirectly affect health, quality of life and sustainable development. To begin the process of coordinating their activities, Health Canada has initiated an inter-departmental dialogue on 'Sustainable Development and Healthy Canadians.'

In September 2000, Health Canada and several other federal Departments broadened the dialogue to include non-governmental organizations, the private sector, Aboriginal people and provincial representatives, by holding a coordinated consultation on **SUSTAINABLE DEVELOPMENT AND**

¹ For further information on the Northern Contaminants Program, see www.inac.gc.ca/ncp.

HEALTHY CANADIANS. Appendix E outlines the consultation process in more detail. The results of the consultation indicate that there is widespread support for federal action on health and sustainable development and for an approach that emphasises “prevention and promotion” rather than “react and cure”.

Health Canada is committed to continuing this dialogue on SUSTAINABLE DEVELOPMENT AND HEALTHY CANADIANS with other federal departments and developing specific inter-departmental initiatives, e.g. a joint Health Canada/Transport Canada/Environment Canada initiative on sustainable and healthy modes of transportation. These initiatives will be based on measurable targets and will be described in future Health Canada documents on sustainable development.

As well as making progress on the federal theme of SUSTAINABLE DEVELOPMENT AND HEALTHY CANADIANS, Health Canada is also contributing to progress on the other federal themes. Indeed, all eight themes have links to health and the quality of life. Appendix F summarizes how the federal themes are linked to health, and identifies some of the key Health Canada programs that are contributing to progress under each theme. It also identifies targets in this Strategy that will contribute to further progress under each theme.



“Human well-being cannot be sustained without a healthy environment and is equally unlikely in the absence of a vibrant economy.”

Proceedings of the Expert Meeting on the Social Dimension in Sustainable Development, 1998

SUSTAINABLE DEVELOPMENT AND HEALTH

A HISTORICAL PERSPECTIVE

The concept of sustainable development has long been part of the cultural values of Aboriginal people in Canada and other parts of the world. The World Commission on Environment and Development first popularized the phrase ‘sustainable development’ (World Commission on Environment and Development, 1987) as the process of integrating the three ‘pillars of sustainability’ (economy, social/cultural factors and the environment) into decisions about the health and living standards of all people around the world.

DID YOU KNOW THAT...

Canada was the first country to sign and ratify the protocols on the management of persistent organic pollutants (POPs) and heavy metals under the UN Economic Commission for Europe's Convention on Long-Range Transboundary Air Pollution.

While economic development can be linked to significant improvements in health and well-being, it became clear during the 1960s and 1970s, that economic development on its own could not guarantee improved health and living conditions for everyone. Huge development projects raised the profile of the social and cultural impacts of economic development, such as relocation and migration, and it became increasingly apparent that these

types of effects should be considered in decisions about development projects. Since then, there has been a growing appreciation of the need to consider social and cultural impacts of our decisions.

In 1963, Rachel Carson's book *Silent Spring* alerted the world to the negative environmental consequences of development, and subsequently

concerns about environmental quality grew, including concerns about air and water pollution, desertification, and contaminated sites, such as Love Canal. In response, many governments, including the Canadian federal government, enacted environmental legislation and created government departments and agencies responsible for the environment.

The last decade has been marked by the UN Conference on Environment and Development (the Rio Conference), held in 1992, and a recognition that many environmental, social and cultural problems are global in scope and directly related to the health of the population. Emerging environmental issues such as climate change, ozone depletion, toxics and biodiversity are now all recognized as global health and environmental threats that require international action. Public debate has shifted from discussing whether or not there are problems to a discussion of what needs to be done. Although local and national solutions are still essential, there is a new emphasis on global action.

There is also a new emphasis on the interrelated nature of environmental, social/cultural and economic factors. Consideration of all three is needed if we are to create a truly sustainable society. In 1995, UNESCO's² World Commission on Culture and Development published its report *Our Cultural Diversity* that highlighted the social and cultural dimensions of sustainable development.

² The United Nations Educational, Scientific and Cultural Organization.



“Human beings are the center of concern for Sustainable Development. They are entitled to a healthy and productive life in harmony with nature.”

First Principle, *Rio Declaration*, 1992

Indeed, the Director General of UNESCO has stated that “the global crisis facing humanity at the dawn of the 21st century is above all a reflection of our collective values, behaviours and lifestyles. In a word, it is a cultural crisis”. Since the whole western system of beliefs, values, behaviours, institutions and social relations – in other words our entire social and cultural system – shapes the way we perceive the world and how we interact with it, social and cultural changes lie at the very heart of progress towards sustainability. In the long-term, progress on sustainable development will probably depend as much on social and cultural change as on technical or scientific solutions.

Even more recently, the growing intersection between international trade agreements and environmental protection measures highlights the fact that environmental and social/cultural aspects must be considered in decisions about trade and development. Economic development that does not take account of social, cultural and environmental factors is unlikely to be sustainable over the long-term.

This evolution in thinking is leading to a new way of conceptualizing development. Even though economic considerations still dominate decision-making processes, health, social/cultural and environmental concerns are no longer regarded as externalities. Integrating and balancing the three pillars of sustainable development in decision making is the key challenge we face today. To improve health and living standards, we need continued development. However, this development must be sustainable over the short and long-term to ensure that we

can meet our needs for health and well-being, and that future generations can meet their needs.



“The world’s leaders have recognized the importance of investing in improvements to people’s health and their environment as a prerequisite for sustainable development .”

World Health Organization, 1997

A GLOBAL VIEW OF SUSTAINABLE DEVELOPMENT AND HEALTH



At a global level, there has been a revolution in health over the last century that has led to a drop in birth rates, dramatic gains in life expectancy and increases in rates of non-communicable diseases (World Health Organization, 1999). Birth rates in many developed countries are stable or declining, and population growth rate are approaching stability in some developing countries such as South Korea, Taiwan and Thailand (United Nations, 1998). But, like the situation in Canada, improvements in health are not shared equally by everyone. For example, in the world’s least developed countries more than 20% of children die before their fifth birthday, mostly from preventable diseases. In comparison, childhood mortality to age five is less than 1% in developed countries (World Health Organization, 1997). More than one billion people, mostly in the developing world, do not have access to an adequate and safe water supply and approximately 600 million people are seriously malnourished.



“... economic development, social development, and environmental protection are interdependent and mutually reinforcing components of sustainable development, which is the framework of our efforts to achieve a higher quality of life for all people.”

World Summit for Social Development, 1995

Environmental, social, cultural and lifestyle factors play an enormous role in the global burden of death, disease and disability (World Health Organization, 1992 and 1997):

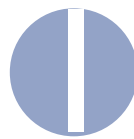
- about one quarter of the global burden of disease can be attributed to environmental factors. Global mortality from exposure to air pollution alone is about 3 million deaths a year - this mortality is equivalent to approximately 10% of the Canadian population a year and largely preventable;
- according to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) the number of people living with HIV worldwide, by the end of 1998, had grown to an estimated 33.4 million - most infections and ensuing deaths are in developing countries where technical capacity is already stretched;
- recent studies suggest that as many as one in two long-term smokers die from their habit. In Canada, more than 300 non-smokers die of lung cancer each year because of exposure to other people's tobacco smoke - these deaths represent avoidable losses to society and communities;
- approximately three million people experience a significant exposure to agricultural pesticides every year, mostly in developing countries. Globally, approximately 700,000 people suffer from the effects of long-term exposure and about 220,000 die annually largely as a result of inappropriate uses - inappropriate use is avoidable; and

DID YOU KNOW THAT...

the hole in the ozone layer over the Antarctic is now larger than North America.

- road traffic accidents take the lives of about 500,000 people every year, with tens of millions of non-fatal injuries. In Canada, in 1996, traffic accidents were the leading cause of death for teenagers aged 15-19 years old - efficient, rapid mass transit could prevent many of these deaths.

ENVIRONMENTAL, SOCIAL/CULTURAL AND ECONOMIC FACTORS THAT AFFECT HEALTH - AN ISSUE SCAN



In Canada, there are many environmental, social, cultural and economic factors that have a direct impact on health and quality of life.

Natural and Built Environments:

Important sustainable development issues in natural and built environments include reducing exposure to potentially dangerous consumer products, chemicals and tobacco products, reducing the use of some modes of transportation, and promoting energy conservation and efficiency. Poor air quality is a major cause of asthma and other respiratory conditions, and in 1990, the total cost of asthma in Canada was estimated at \$504-648 million a year (Health Canada, 1997).

Food safety, quality and availability are critical for population health. Important issues include food-borne bacterial contamination, which results in over 10,000 reported cases of illness a year, and the presence of chemical contaminants in some foods, especially fish and wild game consumed by Aboriginal people. Other food issues include Canada's capacity to produce enough quality food to meet growing national and international demands, the affordability of food and the use of genetically modified foods.

Access to adequate freshwater water supplies is an emerging global issue and there are growing water shortages in Canada and the US. The contamination of water with chemicals, bacteria (e.g. E. coli) and viruses is also a related concern.

Climate change is expected to negatively affect the pattern of morbidity and mortality in Canada and there will be changes in the occurrence of infectious diseases in Canada (e.g. the potential spread of malaria and dengue fever to southern Canada). There will also be significant changes in the pattern of agriculture, resulting in social, economic and health impacts.

Social and Cultural Conditions:

Social and cultural conditions can affect health profoundly. For example, investments in early childhood development and in education can provide the basis for a long, healthy and productive life and reduce the demands on health care, social services and the criminal justice system. Sustainable development activities may include creating environments that promote healthy child development (including protection from risks, assisting parents, families and communities to provide adequately for children promoting parental nurturing skills) and providing intervention strategies for children and other population groups which are at risk.

Building community capacity for action on the determinants of health contributes to overall health status and sustainable communities. This requires information, skills development, networking, and infrastructure development to facilitate action by the voluntary sector and others at a community level. Building community capacity can also involve maintaining and encouraging cultural values that are consistent with sustainable development.

Economic Conditions:

A sound economy is an essential component of a healthy society. Without a healthy economy, it is difficult to pay for health, education and other social services that contribute to our quality of life. In Canada, our economy has traditionally been based on the use of our abundant natural resources, including forests, fish, metals and minerals, oil and gas, agricultural land, etc. In the past, our use of these resources has not always been sustainable over the long-term. We need to ensure that our resource use is more sustainable.

DID YOU KNOW THAT...

the world's richest countries make up only a fifth of global population, but account for 45% of all meat consumption, 58% of total energy use, 84% of paper use and 87% of vehicle ownership.

Economic conditions exert a powerful influence on health. At a societal level, large disparities in income distribution lead to health and social problems. Low income Canadians tend to have poorer health, die younger and have less access to health care than Canadians with higher incomes. Low income Canadians also tend to live in more polluted environments, with consequently greater risks to health.

CHALLENGES AND OPPORTUNITIES THAT INFLUENCE HEALTH CANADA'S PLANS FOR SUSTAINABLE DEVELOPMENT



Health Canada's capacity to take action on these and other key health and sustainable development issues is influenced by many factors. This chapter outlines some of the key challenges and opportunities facing the Department with respect to sustainable development.

■ Changes in the health sector and the views of Canadians:

CHALLENGE: Canadians expect the federal government to continue to play a major role in protecting our national, publicly-funded health care system. Spending on health care has risen significantly over the last 25 years, from \$37 billion in 1975 to \$74 billion in 1997², and it is expected to rise further in the years ahead. At the same time, it is becoming clear that access to health care services is only one of the factors that influences the health of Canadians. The challenge is to ensure that health spending is targeted in ways that will benefit the health of the general population, while meeting the health care needs of individual Canadians.

OPPORTUNITY: Health Canada is committed to taking action on the broad range of health determinants, including social, cultural, environmental and economic factors, while continuing to play a strong role in protecting the national health care system. Health Canada is committed to investing in policies and programs that optimize population health and meet the needs of all Canadians for health care over the long-term. It is also committed to fostering the environmental, social and economic sustainability of the Canadian health care system.

■ Collaboration with the provinces:

CHALLENGE: The Social Union Framework Agreement signed by all governments except the Government of Quebec in February 1999, demonstrates the shared commitment of the Government of Canada and the governments of the provinces and territories to work in partnership to sustain and improve social health policies and programs. It reinforces the long-standing importance of strong, productive relations with the provinces and territories as the necessary base for achieving much of the Health Canada agenda. The challenge is to translate this commitment into more effective collaboration and coordination with the provinces and territories on health.

OPPORTUNITY: Health Canada is committed to developing stronger relationships with its partners in other governments. This commitment will guide resource investments, the development of new policies, programs and plans and ensure that the health system evolves based on the changing needs of all Canadians, as well as the opportunities that emerge. Strengthened collaboration with the provinces and territories on the health system also provides opportunities to examine the greening of the current system, as well as its long-term economic and social sustainability.

² Numbers based in 1992 dollars.

■ Demographic change in Canada:

CHALLENGE: Over the next 25 years, the percentage of the Canadian population over age 65 will increase from 12% to 20%, with impacts on health services that remain to be fully assessed. At the same time as the general population is aging, the population growth rate of the First Nations and Inuit population is double the rate of the Canadian population. The challenge for Health Canada is to ensure that the health needs of the aging Canadian population and the younger First Nations and Inuit populations are considered.

OPPORTUNITY: Health Canada will ensure that policy interventions for the general population represent a balance of effort to maintain healthy, disability-free life for as long as possible, while providing appropriate support, care and treatment for those who need it. At the same time, the Department will continue to work with First Nations and Inuit groups to ensure that the special health and social needs of young Aboriginal people are met. The need for inter-generational equity between children, young people, adults and seniors is a key principle of sustainable development.

■ Technological change:

CHALLENGE: New health technologies have significant implications for health care budgets and for service delivery choices in the future. Similarly, new information technologies have enormous potential for improving the collection, analysis and dissemination of health information, and providing it in a more timely and user-friendly manner. The challenge is to ensure that new health and information technologies are used cost-effectively, in light of the range of demands on Canada's health system.

OPPORTUNITY: Health Canada is committed to finding, examining and adopting technologies that bring increased health benefits to all Canadians and that contribute to sustainable development.

■ Globalization:

CHALLENGE: Increasing globalization through growing international trade, commerce, travel and population migration challenges Health Canada's capacity to protect the health of Canadians. For example, rapid international transport of goods and people, combined with less strict control of imports, increases the opportunities for infectious diseases from other countries, such as tuberculosis or the West Nile virus, to spread to Canada. Health Canada's challenge is to ensure that globalization does not result in the introduction and spread of new diseases and other health threats in Canada.

OPPORTUNITY: Health Canada's commitment is to strengthen the national health surveillance system, especially with respect to new and emerging diseases originating in other countries. In addition, Health Canada must also take part in developing international standards that relate to trade, commerce, travel, and population migration. This global approach will, in the long run, reduce risks to the health of Canadians. In the years ahead, it will be important to ensure that globalization and expanding trade benefit the health of Canadians.

■ The physical environment:

CHALLENGE: As we learn more about the complex interplay of environmental factors on health, there is a need for Health Canada to strengthen its commitments to environmental health. These commitments mirror government-wide commitments to make progress on environmental issues with current or potential health impacts. The challenge is to protect population health from environmental hazards, and ensure that conditions in the physical environment promote health.

OPPORTUNITY: Health Canada will strengthen its work on environmental health issues at the community, bio-regional, national and international levels. Health Canada will also augment its work to minimize the negative environmental impacts of its own physical operations. As part of its work, the Department will highlight the role of environmental health in sustainable development activities in Canada and internationally.

HEALTH CANADA'S IMPACTS ON SUSTAINABLE DEVELOPMENT



The challenges and opportunities described above influence the Department's approach on sustainable development by forcing a review of its current activities, policies and practices. This review can be considered under three categories.

Providing programs and services:

Health Canada can affect sustainable development through the programs and services it provides, and through its work with its partners and stakeholders. Although many of the sustainable development impacts associated with this type of activity are indirect, they can still be very significant.

The Department already provides a large number of programs and services and works with other federal departments, the provinces/territories, non-governmental organizations, the private sector and others. Intersectoral action is an essential strategy for making progress on the determinants of population health that lie outside the health sector, and for reducing health inequalities among certain groups in the population (Federal/ Provincial/Territorial Advisory Committee on Population Health, 1999b).

Health Canada can further advance sustainable development by providing programs and services that are based on promoting sustainable conditions for achieving health. It can also influence the actions and decisions of its partners and stakeholders to make progress on sustainable development. For example, under its first sustainable development strategy, Health Canada worked with others to develop risk reduction strategies for dangerous substances, including contaminants of concern, and increased stakeholder advice and information to support sustainable development decision-making by others.

Making decisions on policies, programs, plans and activities:

Health Canada can affect sustainable development through decisions about its own policies, programs, plans and activities. Most of the Department's activities are already supportive of sustainable development. Prior to the 1990s, some programs, plans and activities may not have fully considered environmental, social, cultural and economic consequences decision-making processes.

There is therefore a need to review and, where appropriate, revise current policies, programs, plans and activities to ensure that they are consistent with sustainable development. There is also a need to further integrate sustainable development

principles and practices into management and decision-making systems to ensure that new policies, programs, plans and activities vigorously reflect the principles and practices of sustainable development.

Health Canada's physical operations:

Health Canada is the custodian of over 750 buildings and associated lands and it leases space in approximately 250 additional facilities across the country. These facilities include laboratories, health centres, nursing stations and hospitals, as well as offices, warehouses and other storage facilities. The Department also manages a national fleet of approximately 540 vehicles.

The resources consumed and the wastes generated during the operation of these facilities and fleets result in negative effects on the environment. Since 1997, the Department has conducted audits of its major facilities and identified the following aspects of physical operations that could negatively affect the environment:

- the use of resources including gasoline and vehicle fuels, energy used in buildings, water, and products;
- leaking fuel storage tanks and contaminated sites;
- the use and/or presence of hazardous materials, ozone-depleting substances, polychlorinated biphenyls (PCBs), asbestos and pesticides; and

- wastes and emissions including liquid effluents, mobile and stationary air emissions, hazardous wastes (including biomedical, radioactive and chemical wastes) and non-hazardous waste.

In 1997, Health Canada launched its Environmental Management System as part of the first Departmental sustainable development strategy. The Environmental Management System addresses these and other environmental effects, but more work is needed to further reduce the environmental effects associated with the Department's physical operations.

DID YOU KNOW THAT...

Environmental Management Systems (EMSs) incorporate environmental considerations into business decisions by tracking, evaluating and communicating environmental performance. Health Canada is continuing to improve its Environmental Management System; recent initiatives include the creation of an environmental management database, the Zero Waste Program for recycling across the Department, participation in Environment Week, and completion of Health Canada's First Annual Environmental Report.



THE ACTION PLAN

DID YOU KNOW THAT...

That every target included within this strategy can be directly linked to at least one of the eight federal government themes on sustainable development. The eight federal themes are as follows:

- sustainable government operations;
- knowledge and information/sustainable development indicators and reporting;
- productivity through eco-efficiency;
- sustainable development in the international context;
- federal sustainable development and the North;
- sustainability at the community level;
- social and cultural aspects of sustainable development; and
- sustainable development and healthy Canadians

This Action Plan contains some of Health Canada's commitments for action on sustainable development over the next three years (2001-2004). These commitments are expressed in terms of objectives and targets that focus on the issues on which the Department can make the most substantial progress and improvements in the next three years. Most of Health Canada's program areas are supportive of sustainable development, but the Department has deliberately decided to focus its commitments in this strategy on areas where significant, real advances can be made. Broad program areas that are supportive of sustainable development include work on communicable and non-communicable diseases, prenatal, infant and child health, seniors' health, Aboriginal health, environmental contaminants, air and water quality, climate change, pest management, food quality and safety, radiation and workplace safety, information management, and health technologies and devices. Future Health Canada sustainable development strategies will address other Departmental activities that have the ability to influence sustainable development.

The objectives and targets, both long-term and short-term, in the Action Plan have been grouped under the following three themes (the process used to develop the themes, objectives and targets is summarized in Appendix D):

Theme 1: Helping to create healthy social and physical environments

The commitments under this theme focus on how Health Canada can accelerate the creation of the social and physical conditions that maintain and enhance population health. They are based on the recognition that the Department must strengthen collaboration and cooperation with its partners and stakeholders to make further progress on health and sustainable development. Working with other federal departments, the provinces and territories and non-governmental organizations, Health Canada will use three key approaches to help create the social and physical environments that sustain health:

- promoting conditions, behaviours and lifestyles that enhance health and well-being through, for example, working with others to build capacity, knowledge and skills for sustainable development;



"Sustainable development ... requires an understanding that inaction has consequences...It is about taking action, changing policy and practice at all levels, from the individual to the international ."

International Institute of Sustainable Development

- preventing disease, illness and disability through, for example, working with partners to strengthen health care; and
- protecting health from environmental risks through, for example, working to reduce exposure to environmental contaminants.

Theme 2: Integrating sustainable development into Departmental decision-making and management processes

The focus of the commitments under this theme is to integrate sustainable development considerations in Health Canada's decision-making and management processes. The Department has already developed a Sustainable Development Management System, a Sustainable Development Policy (see Appendix B), and a decision-making framework that fully integrates sustainable development thinking. Further work is needed. In particular, the objectives and targets under this theme strive to ensure that all Health Canada decisions are viewed through the three lenses of sustainable development and to strengthen the Department's capacity for and reporting on sustainable development decision-making and reporting.

Theme 3: Minimizing the environmental and health effects of the Department's physical operations and activities

The objectives and targets under this theme demonstrate Health Canada's commitment to further reducing its ecological 'footprint' and to minimizing any health effects associated with the Department's physical operations and activities.

They are based on commitments made by federal Ministers, including the Minister of Health, when the *Guide to Green Government* was released (Government of Canada, 1995) and reaffirmed earlier this year in *Sustainable Development in Government Operations: A Coordinated Approach* (Government of Canada, 2000).

These commitments are to:

- adopt a pollution prevention approach;
- meet or exceed applicable federal environmental statutes and regulations;
- emulate best practices from the public and private sectors; and
- develop and implement Environmental Management Systems, including action plans.



"If everyone on earth lived like today's North Americans, it would take at least two additional planets the size of Earth to produce the resources, absorb the wastes, and otherwise maintain life-support."

US General Services Administration, 2000

THEME 1: HELPING TO CREATE HEALTHY SOCIAL AND PHYSICAL ENVIRONMENTS

Objective 1.1:
Health Canada commits to reducing health discrepancies by addressing the determinants of health and sustainable development.

Long Term Target 1.1.1:

reduce the health inequities between Canada's First Nations and Inuit and the general population for selected health problems.



Rationale: there are significant health inequities between Canada's First Nations and Inuit and the general population. For example, the 1996 crude suicide rate in Inuit from the Northwest Territories was approximately six times higher than the national rate. There is a need to understand the basis for these inequities and to develop and implement action plans to reduce them.

Short Term Targets

- Develop action plans for targeted priority notifiable diseases, such as tuberculosis and AIDS in partnership with First Nations by the end of March 2002.
- Implement program activities addressing First Nations and Inuit health inequities, such as mental health and injury prevention, by the end of March 2004.

- In collaboration with partners, complete a comparative analysis of at least twenty health indicators for children and youth living in the Canadian Arctic and develop intervention strategies by the end of December 2003.

Long Term Target 1.1.2:

strengthen the Non- Insured Health Benefits Program that provides for medically necessary health-related goods and services for First Nations and Inuit that are not provided through other private or provincial/territorial health insurance plans.



Rationale: through the Non-Insured Health Benefits Program, Health Canada has an important role in ensuring that First Nations and Inuit have access to non-insured health care benefits. Strengthening the program will promote equity and benefit the health of First Nations and Inuit in Canada. Healthy people create healthy communities.

Short Term Targets

- Implement a pharmacy, medical supplies and medical equipment and dental provider audit plan by the end of March 2003.



"Aboriginal people from almost every culture believe that health is a matter of balance and harmony within the self and with others, sustained and ordered by spiritual law and the bounty of Mother Earth. They have long understood that the well-being of people depends on the well-being of the air, water, land and other life forms. This belief has been confirmed by the findings of countless scientific studies of poor health in a compromised environment."

Rachel Carson, *Silent Spring*, 1962

- Establish a mechanism to identify and address policy and financial risks to the Non-Insured Health Benefits Program by the end of March 2004.

Long Term Target 1.1.3:

increase home and community care capacity in First Nations and Inuit communities.



Rationale: many First Nations and Inuit have to leave their homes and communities to receive health care. This can be disruptive to family and community life and distressing for the patient. A First Nations and Inuit Home and Community Care Program will address these problems.

Short Term Target

- Complete the implementation of the development phase of a First Nations and Inuit Home and Community Care Program by the end of March 2002.

Objective 1.2: Health Canada commits to addressing the links between health needs throughout the human life cycle and sustainable development.

Long Term Target 1.2.1: create and maintain community capacity and tools to promote the healthy development of children, young people and their families.



Rationale: in order to foster the development of healthier children, young people, adults and families, there is a need to work with parents and children on skills, practices and behaviors that will promote and sustain health. Healthy children and young people grow up into healthy adults.

Short Term Target

- Promote better practices leading to practical solutions to key issues of child development to at least ten organizations of health professionals by the end of March 2004.

Long Term Target 1.2.2:

ensure progress towards implementation of the United Nations Convention on the Rights of the Child, in collaboration with Justice Canada.



Rationale: Canada signed the United Nations Convention on the Rights of the Child in 1991. Raising awareness of the Convention among federal departments and monitoring implementation will reaffirm Canada's commitment to its articles and assist in building common values about children's rights.

Short Term Target

- Monitor and report on federal implementation of the United Nations Convention on the Rights of the Child, in collaboration with Justice Canada by the end of March 2004.

DID YOU KNOW THAT...

the rate of asthma among Canadian children has increased fourfold over the last 20 years and that about 12% of all Canadian children now have asthma. Asthma accounts for about one quarter of all school absences.

Long Term Target 1.2.3:

reduce the risks to children's health from selected products and environmental hazards and promote healthy environments for children.



Rationale: children's risks from products and environmental hazards are different and often greater than those of adults. Measures to protect adult health may therefore not be adequate to protect children's health. Moreover, healthy child development is a determinant of adult health.

Short Term Targets

- Assess and manage at least one risk to children's health from the environment, in collaboration with key partners and stakeholders by the end of March 2004.
- Provide information to increase knowledge about the environmental exposure of infants and children to hazardous chemicals by the end of March 2004.
- Develop an improved risk assessment/risk management approach for pesticides that strengthens consideration of child-specific issues in an area of health concern by the end of March 2004.

DID YOU KNOW THAT...

population health aims to improve the health of the entire population and to reduce health inequities among different population groups. It recognizes that health depends on many factors including social and economic conditions, the physical environment, personal health practices, healthy child development, biology and genetic endowment, and access to health services.

Objective 1.3:

Health Canada commits to providing information and tools to help Canadians make decisions that contribute to population health and sustainable development.

Long Term Target 1.3.1:

incorporate the principles of sustainable development and population health into public education and awareness campaigns.



Rationale: public education and awareness campaigns are important tools for providing Canadians with information and tools on sustainable development and health. The Canadian public can make better informed decisions about health and sustainable development.

Short Term Targets

- Launch at least three public awareness campaigns that promote healthy lifestyles by the end of March 2002.
- Produce 15 documents for social and health care providers for distribution through the National Clearinghouse on Family Violence by the end of March 2002.
- Disseminate information about best practices in five areas to health care and other professionals working in the field of family violence prevention by the end of March 2002.

Long Term Target 1.3.2:

build or improve national multi-sectoral and multi-disciplinary networks to provide the public with information and tools on health and sustainable development.



Rationale: there is a need to build sustainable, broad-based representation from various sectors and disciplines on child and youth health issues to collect, analyse, interpret and disseminate information and tools. These tools and this information will help Canadians make better informed decisions about health and sustainable development.

Short Term Target

- Through the Centres of Excellence, build five cross-Canada multi-sectoral and multi-disciplinary networks related to key issues in the healthy development of young people and their families by the end of March 2004.

Long Term Target 1.3.3:

provide information to Canadians so that they can make more informed decisions about their exposure to products and environmental hazards.



Rationale: exposure to environmental hazards including chemical contaminants, biological agents and physical hazards through food, air, water, soil and consumer and blood products can cause health problems. Providing Canadians with information about these hazards and ways in which they can reduce their exposures will enable them to make more informed decisions.

Short Term Targets

- Provide information on the prevention of food-borne diseases and on healthy food preparation annually until the end of March 2004.
- Provide callers to the Pest Management Regulatory Agency's information services with information on non-pesticidal ways to control home and garden pests, as well as pesticides by the end of March 2002.

Long Term Target 1.3.4:

provide information and tools to support healthy prenatal development and postnatal (infant) development.



Rationale: healthy prenatal development contributes to infant and child health, similarly healthy postnatal development contributes to healthy child development and to adult health. There is a need to support healthy prenatal and postnatal development by providing information and tools, based on research, monitoring, surveillance and cross-Canada consensus building to improve infant and child health.

DID YOU KNOW THAT...

the Pest Management Regulatory Agency (PMRA) toll-free information service (1-800-267-6315) fields 6,000 to 7,000 calls annually about the pesticide registration process, federal regulations, Canadian pesticide initiatives, and pesticide labelling and safety precautions.

Short Term Targets

- Increase the number of families of newborn infants who receive educational support through the Post Partum Support Program by the end of March 2004.
- Decrease the rate of Sudden Infant Death Syndrome (SIDS) in Canada by the end of March 2004.

- Enhance environment-related reproductive health surveillance and risk assessment based on the Canadian Perinatal Surveillance System by the end of March 2004.

Long Term Target 1.3.5:

prepare and distribute accurate and up-to-date information on First Nations and Inuit health.



Rationale: there is a need to improve the accuracy, timeliness of health information on First Nations and Inuit. There is also a need to synthesize information from different sources.

Short Term Targets

- Produce and distribute a special report on First Nations health focussing on injury, tuberculosis and diabetes by the end of July 2001.
- On an annual basis, beginning at the end of March 2002, produce and distribute a *Health Report on First Nations and Inuit*, with up-to-date comprehensive information on indicators, trends and emerging issues.

Long Term Target 1.3.6:

complete implementation of the First Nations and Inuit Health Information System (FNIHIS), make progress towards First Nations control of FNIHIS, and ensure compatibility with other health information systems.



Rationale: the FNIHIS is a comprehensive health information system for First Nations people. Completion is dependent on continuing collaboration with First Nations. The long-term outcome of this target will be improved information on First Nations health, better and more focussed local health planning and programming.

Short Term Targets

- Complete deployment of the FNIHIS by the end of March 2002, recognizing that the rate of deployment is dependent on First Nations' acceptance of the system.
- Develop, in partnership with First Nations, a strategy to transfer the FNIHIS to First Nations control and management by the end of March 2002.
- Develop a strategy to integrate FNIHIS with information systems in the First Nations and Inuit Health Branch of Health Canada, relevant provincial and territorial health information systems, and community information and reporting systems by the end of March 2002.

Long Term Target 1.3.7:

increase awareness of contaminants in traditional foods consumed by Aboriginal Canadians together with Northern Contaminants Programme partners.



Rationale: many Aboriginal Canadians, particularly those living in the North and in remote areas, rely on traditional foods as a major component of their diet. As well as being nutritionally beneficial, the gathering, sharing and consumption of traditional foods are vitally important in maintaining Aboriginal cultures, values, communities and traditional ways of life. However, they can also be contaminated with chemicals and radioactivity.

Short Term Targets

- Complete health risk assessments for radionuclides in traditional foods and communicate the results by the end of March 2004.
- Conduct at least two toxicological studies on chemical contaminants in traditional foods and communicate the results by the end of March 2004.
- Provide information on contaminants in traditional foods to Aboriginal Canadians by the end of March 2004.

Objective 1.4:
Health Canada commits to supporting initiatives that contribute to sustainable and healthy communities.

Long Term Target 1.4.1:

support projects, research and initiatives to improve community capacity to take action on health and healthy environments.



Rationale: local communities often want to take action on local environmental and health issues, but lack adequate capacity. This long-term target will support projects that lead to improved community capacity.

Short Term Targets

- Enhance the health of communities and their capacity to take action on health and healthy environments in all six Health Canada Regions by the end of March 2004.

- Maintain and improve the Community Action Program for Children (CAPC) and the Canadian Prenatal Nutrition Program (CPNP) by the end of March 2004.

Objective 1.5:
Health Canada commits to strengthen partnerships on health, environment and sustainable development.

Long Term Target 1.5.1:

promote and participate in international agreements, charters, and programs on health, environment and sustainable development.



Rationale: international agreements, charters and programs are needed to ensure effective, coordinated responses to international environmental, health and sustainable development issues and to provide a 'level playing field' among nations.

The long-term outcome of this target will be strengthened international action to protect the environment and health and to promote sustainable development.

Short Term Targets

- Promote the establishment of at least one international agreement on the risks from hazardous chemicals by the end of March 2004.

DID YOU KNOW THAT...

in 1999/2000, the Government of Canada's Community Action Program for Children (CAPC) supported 474 projects across Canada by delivering over 1,800 programs each week to encourage early investment in children.

DID YOU KNOW THAT...

the Pest Management Regulatory Agency (PMRA) and the US Environmental Protection Agency are jointly reviewing new reduced-risk pest control products.

- Host a meeting of the Ministers of Health of the Pan American Health Organization by the end of March 2004 to consider a new Charter on Health and the Environment in the Americas.
- Evaluate, in collaboration with other governmental and non-governmental organizations, at least five proposals for adding substances to international agreements designed to eliminate or significantly reduce human exposure to toxic substances by March 2004.
- Provide health advice on at least 10 issues related to the sound management of chemicals under the North American Agreement on Environmental Cooperation by the end of March 2004.
- Develop and implement a Green Commute program to encourage Health Canada employees to adopt and/or increase their use of alternative modes of transportation by 25% by March 2004.
- Develop a mechanism to strengthen links between research activities in the federal natural resource departments³ and regulatory activities on pesticides by the end of March 2004.
- Develop a partnership with Agriculture and Agri-Food Canada to promote sustainable pest management in agricultural sectors by the end of March 2004.
- Develop a web page and a database on climate change and health to increase awareness of these issues among federal departments by the end of March 2004.

Long Term Target 1.5.2:

improve coordination with other federal departments and agencies on health, the environment and sustainable development.



Rationale: responsibility for many of the environmental determinants of health and sustainable development lie outside Health Canada's mandate, and within the mandates of other federal departments and agencies. Improved coordination will result in more effective health protection and promotion and progress towards sustainable development.

Short Term Targets

- Develop at least three initiatives with other federal departments under the government-wide theme of 'Sustainable Development and Healthy Canadians', including one on active transportation by the end of March 2003.
- Implement a results-oriented strategic plan under the Inter-departmental Family Violence Initiative to reduce family violence by the end of March 2002.
- Work with other government departments to develop and implement a government-wide award on excellence in sustainable development practice by the end of March 2003.
- Incorporate health, environmental and sustainable development considerations into all interdepartmental and all 'health sector' specific biotechnology strategies and initiatives by the end of March 2004.
- Develop and implement at least three interdepartmental communications and training tools to promote SUSTAINABLE DEVELOPMENT AND HEALTHY CANADIANS across government.

³ The five natural resource departments are Agriculture and Agri-Food Canada, Environment Canada, Fisheries and Oceans Canada, Health Canada and Natural Resources Canada.

Long Term Target 1.5.3:

improve coordination with the provincial and territorial governments, and federal/provincial/territorial advisory committees on issues related to health, the environment and sustainable development.



Rationale: responsibility for many of the environmental determinants of health and sustainable development lie outside Health Canada's mandate, and within the mandates of the provincial and territorial governments. Improved coordination will result in more effective health protection and promotion and progress towards sustainable development.

Short Term Targets

- Provide information on sustainable development to members of the Federal/Provincial/Territorial Advisory Committee on Population Health by the end of March 2004.
- Evaluate the effectiveness of provincial training programs in improving the safety practices of pesticide applicators by the end of March 2004.
- Encourage and augment initiatives for 'greening' at least three aspects of the health care system, in collaboration with provincial and territorial governments by the end of March 2004.

Long Term Target 1.5.4:

strengthen partnerships with stakeholders, such as Aboriginal organizations, non-governmental organizations, community groups, health professionals and the private sector, to take coordinated and effective action on health, the environment and sustainable development.



Rationale: effective action on health, environmental quality and sustainable development requires collaboration across different sectors of Canadian society. The long-term outcome of this target is therefore improved health protection and promotion, and progress towards sustainable development.

Short Term Targets

- Establish an ongoing mechanism with the Assembly of First Nations and the Inuit Tapirisat of Canada to share information on Health Canada's Sustainable Development Strategies by the end of March 2004.
- In collaboration with selected health stakeholders and the provinces and territories, support the development and implementation of at least five health model infrastructure projects (for example, telemedicine) by the end of March 2002.

Objective 1.6:
Health Canada commits to using risk assessment/risk management approaches to identify and reduce the risks to population health and the environment.

Long Term Target 1.6.1:

improve the quality and quantity of information available for use in Health Canada's risk assessment/risk management processes.



Rationale: comprehensive, accurate and up-to-date information is essential to ensure the effectiveness of Health Canada's risk assessment/risk management processes. This includes information on health, the environment, environmental contaminants and different types of products.

Short Term Targets

- Build a surveillance framework for data sharing and integration of food, animal health and environmental data with public health information for enteric pathogens by the end of March 2004.
- Develop the structure for a national database on annual pesticide sales in Canada by the end of March 2004.
- Strengthen knowledge on the health effects associated with energy use in the transportation and building sectors by the end of March 2004.
- Provide new data on Canadian food consumption, nutrient intakes and nutritional status to support risk assessment/risk management processes by the end of March 2004.

Long Term Target 1.6.2:

reduce risks from selected products and environmental hazards by improving risk assessment and risk management processes.



Rationale: comprehensive and accurate risk assessment and risk management processes are needed to reduce the risks associated with products and environmental hazards.

Short Term Targets

- Improve health risk assessment for pesticides in an area of health concern by the end of March 2004.
- Improve environmental risk assessment for pesticides in an area of environmental concern by the end of March 2004.
- Take regulatory action to discontinue registration of pesticides containing formulants of greatest toxicological concern by the end of March 2004.
- Make regulatory decisions on re-evaluated organophosphate pesticides by the end of March 2004.
- Complete at least two studies on the health impacts of indoor and outdoor air pollution by the end of March 2004.
- Complete at least two studies on the exposure of Canadians to chemicals in food (total diet studies) by the end of March 2004.

- Determine the extent of antimicrobial resistance in the Canadian food chain due to agricultural and aquacultural practices by the end of March 2002.
- Conduct at least two risk assessments and recommend at least two risk management strategies for chemicals in food by the end of March 2004.
- Complete at least five research projects a year on microbial pathogens in food, in collaboration with key partners, until the end of March 2004.
- Assess the risks to health associated with the human/animal interface and water consumption in an area of high cattle density by the end of March 2004.
- Develop an integrated surveillance and research program on antimicrobial resistance and use of antimicrobials in the agri-food and aquaculture sectors by the end of March 2004.
- In partnership with governmental and non-governmental organizations, complete and publish two detailed reports on the risks and health implications of human exposure to contaminants in the Arctic by the end of March 2004.

Long Term Target 1.6.3:

reduce risks to health and the environment of new and existing substances, in accordance with the *Canadian Environmental Protection Act (CEPA, 1999)*.



Rationale: the *Canadian Environmental Protection Act* is the federal main instrument for reducing the health and environmental risks associated with new and existing substances. It contains a commitment to sustainable development. The long-term outcome of this target is reduced risks to human health and the environment.

Short Term Targets

- Under the *Canadian Environmental Protection Act*, assess the health risks of 50 existing substances, including reassessing two substances on the Priority Substances List (PSL) and five that have been controlled by another OECD⁴ member country by the end of March 2004.
- Categorize 2,000 of the 23,000 substances on the Domestic Substances List (DSL) (under the *Canadian Environmental Protection Act*) in terms of the potential for human exposure or inherent toxicity by the end of March 2004.
- Identify options to manage the health risks of at least 10 substances declared “toxic” under the *Canadian Environmental Protection Act* by the end of March 2004.

DID YOU KNOW THAT...

the new *Canadian Environmental Protection Act (1999)* contributes to sustainable development by focussing on pollution prevention, and the protection of the environment and human health. The Minister of Health shares responsibility with the Minister of Environment for the implementation of the Act's requirements.

⁴ The Organization for Economic Co-operation and Development.

- Assess 2,100 New Substance Notifications for suspicion of toxicity under *Canadian Environmental Protection Act* and recommend control measures when warranted by the end of March 2004.

Long Term Target 1.6.4:

develop and/or update selected health-based guidelines, standards, or objectives.



Rationale: health-based guidelines, standards and objectives are important risk management tools for protecting health from environmental hazards.

Short Term Targets

- Develop or update at least six drinking and recreational water quality guidelines, in collaboration with the provinces and territories by the end of March 2004.
- Enhance our health risk assessments and risk management tools for evaluating and developing drinking water quality guidelines and recreational water quality guidelines, in partnership with provincial and territorial governments and other stakeholders by the end of March 2004.
- Improve health-based performance standards for drinking water materials and consumer awareness of these materials, in partnership with governments, industries, standards organizations and the public by the end of March 2004.
- Contribute to the development and maintenance of international drinking and recreational water quality guidelines, in partnership with World Health Organization (WHO) and other countries by the end of March 2004.

Long Term Target 1.6.5:

enhance surveillance for chronic diseases and other health problems.



Rationale: information on the rates of chronic diseases and other health problems is essential for setting priorities, developing programs, health planning and to assess the effectiveness of risk management strategies. The long-term outcome of this target will be better health information, more informed decisions, more targeted health programs, leading to enhanced health.

Short Term Targets

- Ensure that the National Diabetes Surveillance System (NDSS) is functional by the end of December 2001.
- Develop a National Strategy for Chronic Disease Surveillance by the end of March 2002.
- Enhance the asthma and Chronic Obstructive Pulmonary Disease (COPD) prevention and management activities, based on information and knowledge generated by the related surveillance systems in Canada by the end of March 2004.
- Implement the Canadian Diabetes Strategy by the end of March 2004.
- Implement Phase II of the Canadian Breast Cancer Initiative by the end of March 2004.

Long Term Target 1.6.6:

maintain and/or increase surveillance systems for blood-borne pathogens.



Rationale: the Blood Surveillance Program was established further to the recommendations of the Krever Commission. It will strengthen public health programs through enhanced surveillance of blood-borne pathogens, thereby contributing to the sustainable health of Canadians.

Short Term Targets

- Establish nine systems related to the surveillance and/or reporting of blood-borne pathogens by the end of March 2003.
- Enhance surveillance, screening and risk assessment for Creutzfeldt-Jakob Disease (CJD) by the end of March 2003.
- Complete and/or develop three studies on the economic impacts associated with blood-borne pathogens by the end of March 2003.

THEME 2: INTEGRATING SUSTAINABLE DEVELOPMENT INTO DEPARTMENTAL DECISION-MAKING AND MANAGEMENT PROCESSES

Objective 2.1:
Health Canada commits to develop plans to integrate sustainable development into Departmental decision-making and management processes.

Long Term Target 2.1.1:

prepare regional sustainable development strategies for each of Health Canada's Regions.



Rationale: Health Canada has six regions across Canada. Although the regions were involved in the preparation of this sustainable development strategy, there is a need to ensure that each region has its own strategy, so that sustainable development can be more fully integrated into regional activities in the future. Furthermore, regional sustainable development strategies can directly address regional needs and issues.

Short Term Targets

- Establish Sustainable Development Committees (or Working Groups) in each Health Canada region by the end of December 2001.

- Conduct consultations on sustainable development with the Department's partners, stakeholders and other Canadians in each Health Canada region by the end of June 2003.
- Develop regional sustainable development strategies for each of Health Canada's regions by the end of September 2003.

Long Term Target 2.1.2:

develop and provide information and tools on how to incorporate sustainable development into selected legislation, regulations, policies, programs and plans.



Rationale: Health Canada staff need information and tools to help them to incorporate sustainable development into key proposed and existing legislation, regulations, policies, programs and plans. The Department has already prepared a *Guide to Integrating Sustainable Development into the Development of Policies, Programs and Plans* and further work will build on this document.



"Developed social and governing institutions, equal opportunity, social responsibility, social protection, and access to basic social services, mutual trust, and good governance are prerequisites for ecologically sound and socially responsible economic development, and to a responsible attitude towards the natural environment ."

Proceedings of the Expert Meeting on the Social Dimension in Sustainable Development, UNCSO, 1998

Short Term Targets

- Develop a user-friendly tool for integrating sustainable development principles and practices into new and existing legislation, regulations, policies, programs and plans by the end of March 2002.
- Develop at least five case studies on how to assess the sustainable development implications of existing policies, programs or plans by the end of March 2004

Long Term Target 2.1.3:

develop strategies, information and tools to influence Health Canada's 'organizational culture' to support sustainable development.



Rationale: influencing organizational cultures, including people's assumptions and values, is an important means of encouraging sustainable development. Training and awareness programs are ways of achieving this, but there is also a need to build enthusiasm and commitment at all levels of the Department.

Short Term Targets

- Develop three training initiatives on sustainable development for Health Canada staff by the end of March 2004.
- Develop five tools and communications initiatives on sustainable development for Health Canada staff by the end of March 2004.
- Establish and issue a Departmental award for excellence in sustainable development for Health Canada staff by the end of December 2002.

Objective 2.2:

Health Canada commits to integrate sustainable development into Departmental decision-making and management processes.

Long Term Target 2.2.1:

integrate sustainable development into health legislation, regulations, policies, programs, plans and reports, when relevant.



Rationale: there is a need to integrate sustainable development into relevant health legislation, regulations, policies, programs, plans and reports. Recent legislation, including the *Canadian Environmental Protection Act* and the *Canadian Environmental Assessment Act*, incorporates commitments to sustainable development. It is now important to ensure that planned Health Canada legislation and regulations, as well as new and existing Departmental policies, programs, plans and reports incorporate sustainable development, when relevant.

Short Term Targets

- Identify opportunities for including sustainable development considerations in the renewal of Health Canada's health protection legislation by the end of March 2004.
- Integrate sustainable development concepts into at least ten policies, programs, plans or reports (including future biotechnology initiatives) by the end of March 2004.

DID YOU KNOW THAT...

Environment Week is held every year during the first week of June. Health Canada's theme for Environment Week 2000 was 'It Starts With You'. Health Canada employees participated in a Daily Environment Quiz, the Walk and Roll Challenge, and the National Commuter Challenge.

- Ensure that the Departmental process for policy review and analysis incorporates sustainable development principles by the end December 2001.
- Publish and implement Health Canada's 'decision-making framework' for risk assessment/risk management, which includes sustainable development by the end of March 2003.

Long Term Target 2.2.2:

inform and/or update all existing and new Health Canada employees on sustainable development principles and practices.



Rationale: it is important for all Health Canada staff to understand sustainable development concepts, if they are to fully integrate sustainable development into their day-to-day activities.

Short Term Targets

- Provide general training and/or information on sustainable development and its implementation at Health Canada to all new Health Canada employees by the end of March 2004.
- Increase awareness of sustainable development among selected groups of current Health Canada employees by the end of March 2004.
- Ensure that at least four groups of Health Canada staff (such as, procurement officers, laboratory staff, etc.) and 80% of all managers receive detailed training and/or information on sustainable development and its implementation at Health Canada by the end of March 2004.

- Develop and implement a 'Workplace Health Initiative' at Health Canada by the end of March 2004.

Objective 2.3:
Health Canada commits to reviewing and reporting on its integration of sustainable development into Departmental decision-making and management processes.

Long Term Target 2.3.1:

report annually on the Department's progress on the implementation of sustainable development.



Rationale: the Minister of Health is accountable to Parliament for Health Canada's progress on sustainable development. Reporting also enables Health Canada staff and Canadians to track the Department's progress.

Short Term Targets

- Highlight the Department's plans and priorities for sustainable development throughout the annual *Report on Plans and Priorities* on an ongoing basis.
- Highlight the Department's progress and performance on sustainable development throughout the annual *Departmental Performance Report* on an ongoing basis.
- Prepare and disseminate an annual report on the Department's implementation of its Sustainable Development Policy on an ongoing basis.
- Prepare and disseminate two summary documents on Health Canada's progress on sustainable development for Canadians - one by the end of December 2001, and one by the end of December 2003.

- Complete at least three internal and/or third party reviews of Health Canada's progress on implementing aspects of its sustainable development strategies by the end of March 2004.

Long Term Target 2.3.2:

develop and disseminate information on indicators of health and sustainable development to Canadians.



Rationale: it is important for Canadians to have access to information on indicators of change in health status, environmental, social, cultural and economic conditions.

Short Term Targets

- Develop and publish macro indicators of social and environmental change, in collaboration with other governmental and non-governmental organizations by the end of March 2004.
- With partners, develop and disseminate information on at least 15 indicators of health related to environmental, social, cultural and economic conditions to Canadians by the end of March 2004.

THEME 3:

MINIMIZING THE ENVIRONMENTAL AND HEALTH EFFECTS OF THE DEPARTMENT'S PHYSICAL OPERATIONS AND ACTIVITIES

Objective 3.1:
Health Canada commits to greening its operations and to integrating environmental concerns into all decision making processes.

Long Term Target 3.1.1:

implement a Department-wide Environmental Management System, consistent with ISO 14001.



Rationale: the federal government has committed to implement Environmental Management Systems, consistent with the internationally accepted ISO 14001 standard. Health Canada has already made significant progress towards developing and implementing Environmental Management Systems for most of its facilities and operations, but further work is needed to ensure comprehensive coverage. These systems will strengthen environmental management and accountability and reduce the Department's 'ecological footprint'.

DID YOU KNOW THAT...

the ISO 14000 family of standards is a series of internationally accepted, voluntary environmental management standards developed by the International Organization for Standardization. The ISO 14001 standard specifies the requirements of an Environmental Management System (EMS). The key elements of an ISO 14001 EMS are: environmental policy; planning; implementation and operation; checking and corrective action; management review; and continual improvement.

For more information go to <http://www.iso.ch>

Short Term Targets

- Include Environmental Management Systems as a regularly scheduled item at Health Canada Executive Committee meetings by the end of June 2001.
- Implement an Environmental Management System that is compatible with the ISO 14001 standards for hazardous wastes at all Health Canada laboratories and hospitals by the end of March 2003..
- Implement a process for ongoing annual reporting on the status of the Departmental Environmental Management System by the end of March 2002.
- Conduct Building Performance Reviews at all Health Canada laboratories on an annual basis, commencing by the end of March 2002.

Long Term Target 3.1.2:

increase awareness and promote environmental stewardship among all Health Canada employees.



Rationale: there is a need to increase awareness about issues related to health and safety and environmental management among all Health Canada employees, including those in the laboratories. This will promote environmental stewardship, strengthen environmental management and help to ensure a safe and healthy working environment for all Health Canada employees.

Short Term Targets

- Provide updated training to all laboratory managers and employees who require Workplace Hazardous Materials Information System (WHIMS), transportation of dangerous goods, and toxic substances management training by the end of March 2002..
- Train at least 50% of First Nations and Inuit Health Branch fuel operators in safe fuel handling, maintenance and operation of fuel storage tanks at all First Nations and Inuit Health Branch facilities with fuel tanks by the end of March 2004.
- Develop capacity options with other government departments to train First Nations managers/operators in facility management best practices and environmental management by the end of March 2004.
- Provide at least 90% of laboratory employees and at least 50% of all non-laboratory employees with general environmental awareness training by the end of March 2004.

- Train all acquisition card holders, procurement officers and responsibility centre managers on 'green procurement' practices by the end of March 2004.

Objective 3.2:

Health Canada commits to adopting a pollution prevention approach in all its operations and to emulating best practices for conservation efforts from the public and private sectors.

Long Term Target 3.2.1:

reduce resource consumption and environmental risks through 'green procurement'.



Rationale: purchasing products that are less harmful to the environment is an important way that Health Canada can reduce its consumption of resources, such as paper, and reduce its environmental risks.

Short Term Targets

- Increase the recycled content of all office paper products to at least 10% by the end of March 2004.
- Purchase only Energy Star labelled computers and low emission, high efficiency copiers and ensure that the power saving modes are enabled on both by the end of March 2004.

DID YOU KNOW THAT...

'green procurement' means purchasing products and services that are environmentally friendly. The Material Management Division of Health Canada promotes green procurement in the Department through *The Green Pages*, an electronic newsletter.

- Require all newly leased or purchased office printers and copiers to have automatic double-sided printing or copying and increase use of re-manufactured toner cartridges in printers by 50% by the end of March 2004.

Long Term Target 3.2.2:

reduce amount of solid waste generated by Health Canada that is destined for disposal in landfill sites.



Rationale: by reducing the amount of its solid wastes being sent to landfill sites, Health Canada reduce its 'ecological footprint'.

Short Term Targets

- Implement the Zero Waste Program at all Health Canada owned and operated facilities where a municipal recycling program is available by the end of March 2004.
- Publish *Health.ca.Santé* (Health Canada's internal newsletter on information management and technology) electronically, instead of in hard copy by the end of July 2001.
- Provide web based tools and guidance to enable electronic information transfer between Pest Management Regulatory Agency (PMRA) and registrants by the end of March 2004.

DID YOU KNOW THAT...

urban Canadians use, on average, almost twice as much water, per capita, as the urban residents of other industrialized countries.

Long Term Target 3.2.3:

increase water conservation and efficient wastewater management.



Rationale: conserving water will reduce Health Canada's resource use and result in cost-savings. Making wastewater management systems more efficient will reduce the Department's 'ecological footprint'.

Short Term Targets

- Conduct water audits to investigate water saving initiatives at five Health Canada laboratories by the end of March 2003.
- Develop water conservation strategies at all Health Canada owned and operated facilities connected to municipal waste water treatment plants by the end of March 2004.

Long Term Target 3.2.4:

increase energy efficiency and reduce air emissions.



Rationale: increasing energy efficiency through alternative transportation fuels and energy efficient vehicles will help to reduce Health Canada's resource use. Reducing air emissions will result in less air pollution.

Short Term Targets

- Increase the use of alternative transportation fuels, where available, in the existing vehicle fleet and purchase more energy efficient replacement vehicles where it is cost-effective and operationally feasible by the end of March 2004.

- Conduct annual monitoring of the air emissions from all laboratory and hospital facilities managed by Health Canada commencing by the end of March 2002 where operationally feasible.
- Develop a complete inventory of all equipment containing 'ozone depleting substances' (ODS), and prepare phase-out plans by the end of March 2003.

Long Term Target 3.2.5:

control risks to health and the environment through environmentally-responsible land and facilities management.



Rationale: in recent years, Health Canada has made significant progress in managing and reducing the health and environmental risks associated with its lands and facilities. Further work is needed to remediate contaminated sites, implement asbestos management plans, and ensure the development of emergency response plans for all the Department's laboratories.

Short Term Targets

- Remediate at least 75% of the assessed First Nations and Inuit Health Branch's fuel contaminated sites by the end of March 2004.
- Develop asbestos management plans at all Health Canada owned and operated facilities containing asbestos by the end of March 2003.
- Ensure that formal environmental emergency response plans are developed for all Health Canada laboratories by the end of March 2003.

Objective 3.3: Health Canada commits to meeting or exceeding all applicable federal environmental legislation and regulations.

Long Term Target 3.3.1:

zero incidence of regulatory infractions at Health Canada's facilities.



Rationale: Health Canada must ensure that it continues to comply with the *Canadian Environmental Protection Act* and its regulations, as well as other relevant environmental legislation and regulations, to make itself a model of environmental excellence.

Short Term Targets

- Conduct environmental compliance audits at all Health Canada laboratories and at nursing stations in First Nations and Inuit Communities by the end of March 2004.
- Replace all PCB-containing transformers and remove all PCB-containing ballasts at all facilities owned by Health Canada in accordance with the proposed regulations under the *Canadian Environmental Protection Act* by the end of March 2004.

DID YOU KNOW THAT...

Health Canada has cut its carbon dioxide emissions by 11% since 1995/1996, by reducing the number of vehicles it owns. Even though the average annual kilometres driven per vehicle has increased, overall emission reductions have been achieved by shifting to newer and smaller vehicles and to alternative fuels such as natural gas and ethanol blended gasoline, whenever possible.

DID YOU KNOW THAT...

two of Health Canada's facilities have been converted from conventional energy sources to an environmentally-friendly ones. Tyendinaga First Nation Health Centre and Gane Yohs First Nation Health Centre have installed ground source heat pumps. The one at Tyendinaga is expected to save \$1,000 per year in electricity costs, and the one at Gane Yohs is expected to save \$10,000 annually in energy costs plus another \$10,000 per year in maintenance.

THE PATH FORWARD



With the tabling of its second sustainable development strategy, Health Canada will accelerate work inside the Department and with its partners and stakeholders on sustainable development and health. The emphasis will be on integrating sustainable development into the development of policies and programs, and into planning, staffing, training, risk assessment, regulatory evaluations, partnership activities, public consultation and more. This will require continuous improvement to learn from experience, ongoing monitoring of progress and a commitment to develop new approaches and methods. In particular, Health Canada proposes to initiate an ongoing dialogue with its partners and stakeholders on health and sustainable development, so that the Department can benefit from the experience, advice and information of a broad range of Canadians.

Over the next 3 years (2001-2004), Health Canada will strive to meet and report on the sustainable development commitments laid out in this strategy. Health Canada believes that sustainable development in general, and the commitments in this strategy in particular, are an important cornerstone in building better health and improving the quality of life of all Canadians, now and in the future.



“The Challenge is not whether to grow but how to develop”

Canadian Choices for Transitions to Sustainability, 1994

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APPENDIX A:

DEPARTMENTAL PROFILE

MISSION AND HEALTH PROGRAM OBJECTIVE



To help the people of Canada maintain and improve their health.

MANDATE



Health Canada's formal mandate is set out in the *Department of Health Act*. The departmental mandate also derives from responsibilities under legislation such as the *Food and Drugs Act*, the *Hazardous Products Act*, the *Controlled Drugs and Substances Act*, the *Tobacco Act*, the *Pest Control Products Act* and the *Canadian Environmental Protection Act*. In total, the Department is responsible for administering twenty acts and many regulations, and it plays an advisory or consultative role in another fourteen acts.

More fundamentally, the mandate that the Government of Canada has given to Health Canada reflects the very high priority that Canadians and their government place on health. Good health is central to how Canadians see their quality of life. It goes beyond the absence of illness or disease to encompass an overall sense of physical, mental and spiritual wellness.

OVERVIEW OF BUSINESS LINES



Health Canada's roles in all aspects of its work are anchored in a pair of key realities. First, a wide range of social, cultural, behavioural, physical and economic determinants interact to affect the health of Canadians. Therefore the Department uses a wide and strategic range of policies and actions to "maintain and improve the health of Canadians."

Second, progress on Canada's health priorities requires collaboration and coordination among many partners. For example, the Department works with the provinces and territories to ensure the long-term sustainability of Canada's health system, while safeguarding the principles of the *Canada Health Act*. In First Nations and Inuit Health, the Department works with the Department of Indian Affairs and Northern Development, the First Nations communities themselves, and the provinces and territories. Across the spectrum of departmental policies and activities, the Department works with the voluntary and community sector, health professionals, the private sector, and individual Canadians.

These two realities lead to Health Canada's three Business Lines:

- Health Care Policy;
- Health Promotion and Protection; and
- First Nations and Inuit Health.

These business lines are assisted by two Support Functions:

- Information and Knowledge Management; and
- Departmental Management and Administration.

BUSINESS LINE: HEALTH CARE POLICY

Objective

To provide a leadership role in collaboration with provinces/territories, health professionals, administrators and other key stakeholders, focussed on developing a shared vision for Canada's health system, and identifying key priorities and implementation approaches to achieve needed changes that will improve the timeliness of access, and the quality and integration of health services (including primary, acute, home, community and long term care) to better meet the health needs of Canadians no matter where they may live or their financial circumstances.

Description

This business line supports policy development, analysis and communications related to leadership on all areas of Canada's health system, with clear emphasis on ensuring the viability and accessibility of Medicare and collaborative efforts, with provinces/territories and other stakeholders, to strengthen, modernize and sustain Canada's health system.

BUSINESS LINE: HEALTH PROMOTION AND PROTECTION

Objective

To provide an integrated approach to the management of risks and benefits to health by promoting healthy environments and behaviours, protecting Canadians against risk factors over which they have little control, and by providing information and tools so that they can make informed decisions about their health.

Background

The Government of Canada and the governments of the provinces and territories recognize the value of a comprehensive approach to population health and public health that provides a coordinated approach between health promotion and protection, community action, health surveillance and disease prevention and control.

Description

This business line is responsible for developing a cohesive, coherent, consistent and horizontal approach to its activities in managing the risks and benefits to health for Canadians. It achieves these results through the development of policies and programs that support disease, illness and injury prevention and health promotion. The business line supports action to promote health by addressing determinants that fall both within and outside of the health sector throughout the human life cycle. The delivery of the population health approach, and its prevention and promotion activities recognizes and emphasizes the importance of health throughout the human life cycle which takes place through a framework based on three

stages of life: childhood and youth, early to mid-adulthood, and later life with a specific recognition of investment in early childhood as a means to better health throughout life.

This business line also promotes healthy and safe living, working and recreational environments by anticipating, preventing and responding to health risks posed by food, water, occupational and environmental hazards, diseases, chemical and consumer products, alcohol and controlled substances, tobacco, pest control products, and peacetime disasters. It ensures that the drugs, medical devices, and other therapeutic products available to Canadians are safe, effective and of high quality.

BUSINESS LINE: FIRST NATIONS AND INUIT HEALTH

Objective

Sustainable health services and programs for First Nations and Inuit communities and people that addresses health inequalities and disease threats so that they may attain a level of health comparable with that of other Canadians, within a context of First Nations and Inuit autonomy and control and in collaboration with the provinces and territories.

Background

Despite improvements in some areas, First Nations and Inuit generally experience lower health status than the Canadian population in general. The Government of Canada ensures the availability of or access to health services for First Nations people living on reserves and to the Inuit.

Description

This business line carries out its mandate through:

- the provision of community-based health promotion and prevention programs on-reserve and in Inuit communities;
- the provision of non-insured health benefits to First Nations and Inuit regardless of residence in Canada; and
- the provision of primary care and emergency services on reserve in remote and isolated areas where no provincial services are readily available.

Health Canada also supports the transition to increased control and management of these health services based on a renewed relationship with First Nations and the Inuit and a refocused federal role. Health Canada participates in government policy development on Aboriginal issues.

SUPPORT FUNCTION: INFORMATION AND KNOWLEDGE MANAGEMENT

Objective

A health system that delivers better health outcomes through: more effective use of information technologies, more and better health research, and the effective use of a base of timely, accessible and reliable health information and analysis for evidence-based decision-making and to support better public accountability.

Description

This business line is responsible for improving the evidence base (both information and analysis) for decision-making and public accountability; updating the long-range strategic framework and policies that establish, direct and redirect the involvement of the federal government in health research policy; developing the creative use of modern information and communications technologies (including the information highway) in the health sector; and, in cooperation with the provinces and territories, the private sector and international partners, providing advice, expertise and assistance with respect to information management and information technology, planning and operations.

SUPPORT FUNCTION: DEPARTMENTAL MANAGEMENT AND ADMINISTRATION

Objective

To provide effective support for the delivery of Health Canada's programs and sound management practices across the Department.

Description

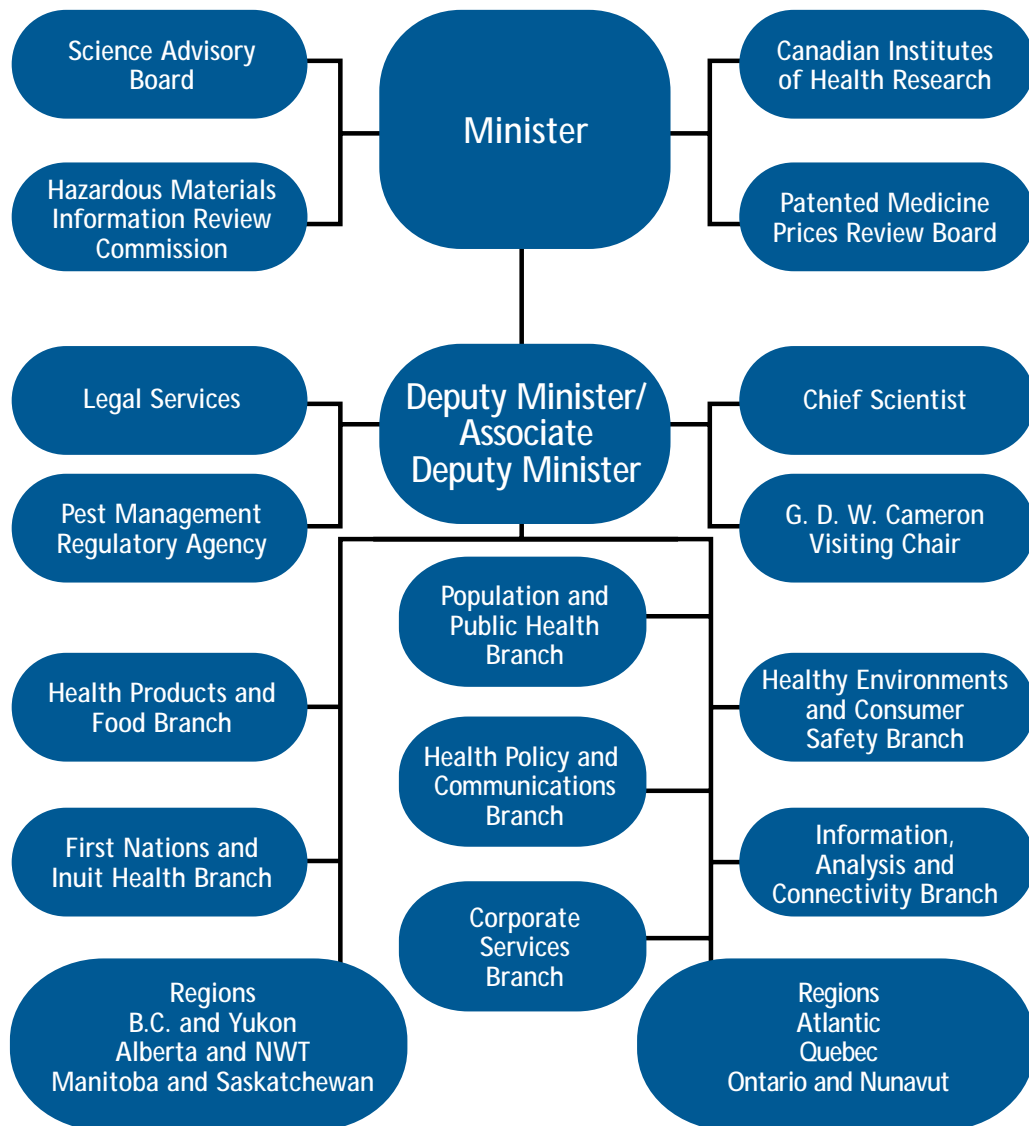
Responsible for providing administrative services to the Department.

HEALTH CANADA'S ORGANIZATIONAL STRUCTURE



Health Canada has recently realigned its organizational structure to meet the challenges of the new millennium (Health Canada, 2000b). The realignment initiatives focussed on modernizing Health Canada's management systems and strengthening

the Department's ability to deliver on its mandate. As part of the realignment, several new branches were created and the responsibilities of existing ones were revised. Health Canada's new organizational structure is shown below:



APPENDIX B: HEALTH CANADA'S SUSTAINABLE DEVELOPMENT POLICY



The Mission of Health Canada is to help the people of Canada maintain and improve their health. This activity is the very essence of the

development of a sustainable Canadian society. It is the Policy of Health Canada that every activity planned and undertaken within the Department must consider this mission and the concept of sustainability. Moreover, the purpose and energy of all Health Canada staff must be engaged in ensuring that the Department's mission is undertaken in a manner that is environmentally, socially, culturally and economically sustainable in the short-term and in the long-term.

POLICY ENVIRONMENT

- The Government of Canada signed the *Rio de Janeiro Declaration* in 1992 and endorsed *Agenda 21* of the United Nations Conference on Environment and Development (UNCED) which stated as its first principle, "Human beings are the center of concern for sustainable development. They are entitled to a healthy and productive life in harmony with nature".
- Health Canada recognizes that sustainable development is required for the maintenance and improvement of health in the long-term and that meeting the health needs of the present generation of Canadians should not compromise the ability of future generations to meet their needs.

- Health Canada has a legislative mandate to address the determinants of health and to incorporate into its work the principles and practices of sustainable development.
- Canada amended the *Auditor General Act* in 1995 to require all departments to prepare sustainable development strategies every three years and to report annually to Parliament on progress.
- Health Canada tabled its first sustainable development strategy in 1997 and committed to implement sustainable development principles and practices in its policies, plans and programs.
- The Commissioner of the Environment and Sustainable Development (CESD) has requested clear articulation of each department's policy on sustainable development.
- Health Canada intends to guide management and staff in the efficient and effective implementation of sustainable development principles and practices through the application of this policy.

POLICY OBJECTIVE

To strive towards making Health Canada's legislation, regulations, policies, plans, programs and physical operations supportive of the Government's commitment to sustainable development and to advance the principles of sustainable development to the extent possible.

GUIDING PRINCIPLES

Shared responsibility:

sustainable development is a shared responsibility among federal departments and agencies and between other levels of government, the private sector, voluntary and community-based organizations and individual Canadians. Health Canada is committed to forming and working in partnerships on sustainable development.

Integrated approaches:

making progress on sustainable development requires integrated approaches to policy development, planning and decision-making; approaches that take account of environmental, social and economic factors and the precautionary approach. Health Canada is committed to considering these interdependent factors in all its activities and ensuring that the sustainable development benefits are optimized to the fullest extent possible.

Equity:

sustainable development requires an equitable distribution of the costs and benefits of development within Canada, among different nations and between generations. Health Canada is committed to evaluating environmental, social, cultural and economic costs and benefits of its decisions and activities.

Accountability:

accountability for making progress on sustainable development should be clearly defined, recognizing that sustainable development is a shared responsibility. Health Canada is committed to ensuring that accountability for its sustainable development commitments is clearly assigned and monitored.

Continuous improvement:

an approach based on continuous incremental improvement is required to make progress on sustainable development. Health Canada is committed to building on its experience and incorporating best practices in its work to achieve sustainable development over the long-term.

POLICY REQUIREMENTS

Health Canada will:

- prepare or update a sustainable development strategy and table it in the House of Commons at least every three years, in compliance with the requirements of the *Auditor General Act*;
- prepare an annual report on the progress made on the commitments in the Strategy;
- integrate the principles and practices of sustainable development into all of its corporate planning processes and in Branch, Regional and Agency planning processes, as outlined in its sustainable development strategies;
- fully consider environmental, social, cultural and economic factors when developing or amending legislation, regulations, policies, and programs, and ensure compliance with the 1999 Cabinet Directive on the Environmental Assessment of Policy, Plans and Program Proposals (Canadian Environmental Assessment Agency, 1999);

- implement sustainable development principles and practices within its programs including the Departmental Environmental Management System in a manner that is compatible with the International Organization for Standardization's management criteria described in ISO 14001 and 14004;
- develop and implement strategies to educate staff on the concepts of sustainable development and the incorporation this policy and other information on sustainable development into Departmental training and communication initiatives;
- take into consideration the principles and practices of sustainable development when developing contracts, grants, contribution agreements and transfers to external organizations and individuals;
- comply with all legal, policy, and other requirements pertinent to and bearing on its sustainable development strategy and obligations to advance sustainable development; and
- evaluate its managers on their contribution and leadership with respect to sustainable development.

APPLICATION

This policy applies to all of Health Canada's Branches, Regions and Agencies.

ROLES AND RESPONSIBILITIES

- The Deputy Minister is responsible for ensuring that Health Canada adopts the principles and practices of sustainable development, prepares and implements a triennial sustainable development strategy, and reports annually on progress on achieving sustainable development objectives in the *Departmental Performance Report*.
- The Assistant Deputy Minister, Healthy Environments and Consumer Safety Branch, is responsible for the coordination of sustainable development policies and strategies in Health Canada and chairing the Departmental Steering Committee on Sustainable Development.
- The Departmental Steering Committee on Sustainable Development is responsible for advising the Departmental Executive Committee (DEC) on policies and initiatives respecting the implementation of sustainable development in Health Canada.
- Branch Assistant Deputy Ministers (ADMs), Agency Executive Directors and Regional Directors General (RDGS) are responsible for the application of this policy within their respective Branch, Agency or Region.
- Directors General (DGS) are responsible for reviewing the policies, plans, and programs in areas under their responsibility to ensure that they have been developed with due application of the principles and practices of sustainable development. They are also responsible for providing sustainable development targets and progress statements.
- The Office of Sustainable Development (OSD) is responsible for coordinating the preparation of the Department's sustainable development

strategy. It will also coordinate implementation, training and communication aspects of sustainable development on behalf of the Department.

REPORTING AND MONITORING

The Office of Sustainable Development (OSD) will coordinate the preparation of the reports of progress on the Department's sustainable development strategy required under the *Auditor General Act* and the information on sustainable development prepared for the *Departmental Performance Report*.

The Office of Sustainable Development, in conjunction with internal auditors, will provide an annual report to the Departmental Executive Committee on the implementation of this policy. ADMs, RDGs and Executive Directors will be responsible for providing information to the Office of Sustainable Development to facilitate the preparation of this report.

The Departmental Executive Committee will prepare revisions to the Policy as needed in response to the review of the annual report on implementation of the Policy and based on the Department's commitment to the principle of continuous improvement.

EFFECTIVE DATE

This policy becomes effective when approved by the Departmental Executive Committee.

ENQUIRIES

Any enquiries concerning this policy should be directed to the Office of Sustainable Development.

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APPENDIX C: LESSONS LEARNED: AN ASSESSMENT OF HEALTH CANADA'S FIRST SUSTAINABLE DEVELOPMENT STRATEGY (1997)

INTRODUCTION

This Appendix contains an assessment of Health Canada's first sustainable development strategy *Sustaining Our Health* (Health Canada, 1997). This assessment was conducted using a three phase process:

Phase I - Information Collection: information on the implementation of the first strategy was collected from a variety of sources, including the Department's sustainable development management system, audits conducted by the Commissioner of the Environment and Sustainable Development, especially the implementation and capacity audits, the Commissioner's report *'Moving Up the Learning Curve'* (Commissioner of the Environment and Sustainable Development, 1999a), and internal audits and reviews conducted by Health Canada.

Phase II - Analysis: the collected information was analysed and reviewed by the Health Canada's Office of Sustainable Development and the

Departmental Working Group on Sustainable Development to identify the key sustainable development achievements of the last three years, as well as the lessons learned.

Phase III - Reporting: Health Canada has reported on its key sustainable development achievements in its Departmental Performance Reports for 1997/98, 1998/99 and 1999/00 (Health Canada, 1998a;1999a;2000c)⁵. The lessons learned are summarized below.

This assessment is divided into four main sections:

- A brief overview of Health Canada's first Sustainable Development Strategy:
- A summary of key achievements since 1997;
- An outline of the benefits of advancing sustainable development for the Department; and
- A description of what the Department has learned and how this has influenced the preparation of this, its second Sustainable Development Strategy.

⁵ Additional information on progress is available in two supplementary reports (Health Canada, 1998b; 1999b).



"I expect each department to conduct and document an assessment of its first sustainable development strategy and to use that assessment in its consultations for its second strategy. And I expect the second strategy to describe the assessment process and its outcome."

The Commissioner for the Environment and Sustainable Development, *Moving up the Learning Curve*, 1999

OVERVIEW OF HEALTH CANADA'S FIRST SUSTAINABLE DEVELOPMENT STRATEGY

In December 1997, Health Canada tabled its first Sustainable Development Strategy *Sustaining Our Health* (Health Canada, 1997). The first chapter described key issues related to health, sustainable development and the environment, and examined the links between health and sustainable development. The second chapter contained the Department's action plan and targets for making progress on sustainable development.

In 1998, the Department revised its targets, in response to the recommendations of the Commissioner of the Environment and Sustainable Development and made them more quantifiable. The targets, published on the Departmental web site (www.hc-sc.gc.ca/susdevdur), are arranged under four strategic themes:

- promoting and supporting population health;
- identifying and reducing health risks from the environment;
- strengthening partnerships on health, environment and sustainable development; and
- integrating sustainable development into Departmental decision-making and physical operations.

KEY ACHIEVEMENTS

Health Canada has made much progress on sustainable development since its first sustainable development strategy was tabled in 1997. Highlights of Health Canada's progress are summarized below under the four themes:

Promoting and Supporting Population Health

Key achievements under this theme include:

- building community capacity to take action on issues related to health, the environment and sustainable development, through the Community Animation Program and other initiatives;
- strengthening programs aimed at enhancing early child development, such as the Community Action Program (CAP), the Canadian Prenatal Nutrition Program (CPNP) and the Aboriginal Headstart Program; and
- working with Canada's First Nations and Inuit to improve their health and to reduce the discrepancies with the health of the general Canadian population.

Identifying and Reducing Health Risks from the Environment

Key achievements under this theme include:

- implementing the *Canadian Environmental Protection Act*, which includes a commitment to contribute to sustainable development through pollution prevention activities;
- strengthening risk assessment procedures (including those under the *Pest Control Products Act*, the *Hazardous Products Act*, and the *Food and Drugs Act*) to take account of groups of Canadians who may face greater than average health risks, such as children, pregnant women and Aboriginal people; and

- revising the Department's risk assessment/risk management processes to take account of sustainable development, and to be more comprehensive and science-based.

Strengthening Partnerships on Health, Environment and Sustainable Development

Key achievements under this theme include:

- working with stakeholders through advisory groups, such as the Pest Management Advisory Council which was established in 1998, and establishing new mechanisms for public consultation, such as the Office of Consumer Affairs and Public Involvement (OCAPI);
- seeking partnerships and negotiating international agreements to address global environmental problems that may affect the health of Canadians, such as the transboundary movement of persistent organic pollutants and climate change; and
- initiating a dialogue with other federal Departments and the provinces and territories (through federal/provincial/territorial committee mechanisms) on sustainable development and the health of Canadians.

Integrating Sustainable Development into Departmental Decision-making and Physical Operations

Key achievements under this theme include:

- establishing a Health Canada Office for Sustainable Development to lead, coordinate and report on Departmental initiatives on sustainable development;

- continuing to develop and refine an Environmental Management System to manage the Department's physical operations in a manner that minimizes the risks to health and the environment, and meets or exceeds legislative standards; and
- preparing a draft Sustainable Development Policy (see Appendix B) to ensure that Health Canada's legislation, regulations, policies, programs and physical operations support sustainable development.

THE BENEFITS OF SUSTAINABLE DEVELOPMENT FOR HEALTH CANADA

Making progress on sustainable development is having many benefits for Health Canada.

- **Strengthening management systems and decision-making processes:**
sustainable development is providing a new and efficient framework for management and decision-making at Health Canada because it requires the identification of the environmental, social/cultural and economic factors involved in any activity. It is also encouraging a comprehensive, systematic, inter disciplinary approach to management and decision-making by facilitating horizontal dialogue and collaboration across all branches and agencies. Health Canada's Sustainable Development Strategy is based on the management principles of ISO 14001 (International Organization of Standardization, 1996), which is a 'state of the art' and an internationally accepted approach to environmental management;

■ Promoting dialogue and building partnerships:

developing and implementing a sustainable development strategy is providing opportunities to consult and discuss with the Department's partners and stakeholders on issues related to sustainable development and health, as well as opportunities to build new partnerships with diverse types of organizations, including other federal departments and agencies, provincial and territorial organizations, non-governmental organizations, Aboriginal organizations, universities and the private sector. This is generating new perspectives and insights on the Department's mandated responsibilities for health;

■ Minimizing the Department's impacts:

the Department's sustainable development strategy is providing a policy and planning tool to help identify and reduce any adverse impacts associated with the Department's activities, including effects on health and the environment. Furthermore, the incorporation of the Department's Environmental Management System into the Sustainable Development Strategy minimizes any environmental liabilities; and

■ Measuring progress on health and sustainable development:

Health Canada's sustainable development strategy is benefiting the Department because it is facilitating the measurement of progress towards sustainable development objectives and targets, and providing benchmarks for improving the health of Canadians in a sustainable manner. By measuring progress towards its Sustainable Development commitments, the Department continuously improve its approaches for making progress on sustainable development.

LESSONS LEARNED

Health Canada has also learned many useful lessons about sustainable development in general, and about preparing and implementing a sustainable development strategy that have helped to make this Strategy a more focussed and action-oriented document.

Specific 'lessons learned' from the first Department's sustainable development strategy that have been incorporated into this Strategy.

■ A better assessment of how Health Canada can influence sustainable development has allowed this Strategy to focus on key issues where the most progress can be made:

Health Canada has learned that there is a need to identify and assess how its policies, programs and operations affect sustainable development - both directly and indirectly. Therefore, this Strategy is based on a better understanding of how the Department's activities influence sustainable development and what its major impacts are. This has allowed the Department to target actions to maximize the positive impacts on sustainable development and to minimize the negative ones. This has helped to make the objectives and targets in this Strategy more strategic and effective, and will enable Health Canada to make even more progress on key sustainable development issues.

■ **Better targets have been set:**

There was a need to set better targets that focus on the Department's major sustainable development impacts. This meant narrowing the focus of the Department's sustainable development activities and concentrating on a few critical issues. This Strategy identifies a few well-thought out priorities for action, rather than addressing a broader range of issues. Health Canada has also learned that targets should be clear, achievable, measurable, outcome based, have start and finish dates, and be supported with adequate resources. These lessons are reflected in the targets contained in this Strategy.

■ **The roles and responsibilities for sustainable development should be clearly defined:**

Health Canada has learned that it is important to be clear about roles and responsibilities for sustainable development commitments, especially in a large, complex Department. This issue has been addressed in Health Canada's draft Sustainable Development Policy (see Appendix B), which contains clear accountabilities for sustainable development activities. In addition, there are clear accountabilities for the targets in this Strategy.

■ **Regional Participation in sustainable development has been strengthened:**

Although Health Canada's regions were involved in the preparation of the first Strategy and in implementing sustainable development in Health Canada, more regional involvement was needed. This is because many Departmental policies and programs are

based in the regions and are targeted at regional and local needs. Furthermore, regional knowledge and experience are essential to make sustainable development a reality in a country as large and as diverse as Canada. Therefore, the Department's regional offices have played a larger role in preparing this Strategy. Eventually, each Health Canada Region will have its own sustainable development strategy.

■ **Preparing a sustainable development strategy takes time and resources:**

It takes time and resources to prepare a sustainable development strategy for a Department as large and complex as Health Canada. It takes time to assess how the Department influences and affects sustainable development, to build a consensus internally about what should be done, to develop themes, objectives and targets, to consult with partners and stakeholders and to obtain the necessary approvals. Allocating more time to preparing this Strategy has improved the quality of the product, enabled us to build understanding about sustainable development, and strengthened sustainable development within Health Canada.

These lessons have helped to make this sustainable development strategy a clearer, more focussed and inclusive document that will allow Health Canada to take the next steps towards achieving sustainable development.

APPENDIX D: DEVELOPING THEMES, OBJECTIVES AND TARGETS

FACTORS CONSIDERED

The themes, objectives and targets described in the Action Plan are based on the following considerations:

- The directions provided in the *Guide to Green Government* (Government of Canada, 1995) and the reports and statements of the Commissioner for the Environment and Sustainable Development (Commissioner of the Environment and Sustainable Development, 1998;1999a;1999b; and 2000);
- The Department's mandate (Appendix A), its Sustainable Development Policy, (Appendix B), strategic directions and proposed activities as described in the *Report on Plans and Priorities* (Health Canada, 2000a), the realignment report (Health Canada, 2000b) and other Departmental planning documents;
- The challenges and opportunities influencing Health Canada's plans for sustainable development, and the lesson's learned from the assessment of the Department's first sustainable development strategy (see Appendix C); and
- The findings of the consultation on Health Canada's draft *Sustainable Development Strategy 2000* (see Appendix E).

The objectives and targets under Theme 3 (Minimizing the Environmental and Health Effects of the Department's Physical Operations and Activities) are based on commitments already made by Health Canada to 'green' its operations. These commitments are part of the government-wide effort to ensure the sustainability of federal

operations and they are described in *Sustainable Development in Government Operations: A Coordinated Approach* (Government of Canada, 2000).

THEMES AND OBJECTIVES

Themes establish an overall sense of direction and set the parameters for action for the Department while objectives are the overall aims arising under each sustainable development theme. The themes and objectives represent many of the key sustainable development issues for Health Canada. Progress on many of them requires a long-term commitment from the Department that will go beyond the lifetime of this three-year Strategy.

The themes and objectives were developed by the Office of Sustainable Development and the Health Canada Working Group on Sustainable Development.

TARGETS

Targets are the detailed performance requirements that the Department sets out to achieve. Each target consists of three sections: a long-term target statement; a short rationale or explanation of the long-term target; and one or more short-term targets. Targets are outcome oriented, not activity oriented and follow the format proposed in the *Guide to Green Government*.

The long-term targets were developed by the Office of Sustainable Development, in collaboration with the Health Canada Working Group on

Sustainable Development and the Department's branches, regions and agencies. The short-term targets were developed largely by the branches, regions and agencies.

To facilitate preparation of the short-term targets, the Office of Sustainable Development prepared a *Guidance Document on Preparing Input to Health Canada's Sustainable Development Strategy 2000* (Health Canada, 2000d). Subsequently, the Office organized a total of ten training sessions for Departmental staff. Four sessions were held in the National Capital Region and six were held in Health Canada's Regional offices. In total, approximately 120 staff were trained in the principles and practice of sustainable development and in how to develop short-term targets for the sustainable development strategy.

The key features of the short-term targets can be summarized by using the acronym 'SMART'. Short-term targets should be:

S - supportive of strategic themes


M - measurable

A - action oriented and achievable


R - resourced, relevant and realistic

T - time limited

APPENDIX E: CONSULTATION ON HEALTH CANADA'S DRAFT SUSTAINABLE DEVELOPMENT STRATEGY 2000

 s part of its commitment to working with its partners and stakeholders to advance sustainable development, Health Canada has consulted extensively on its *Sustainable Development Strategy 2000*. This appendix outlines the strategy and approaches used in the consultations and the key findings. A separate report summarizing the consultations process, the key findings, and how Health Canada has taken account of the findings, is available from Health Canada.

HEALTH CANADA'S CONSULTATION AND INFORMATION SHARING PLAN FOR THE DRAFT SUSTAINABLE DEVELOPMENT STRATEGY 2000

 t the same time as the draft *Sustainable Development Strategy 2000* was being prepared, Health Canada also prepared a draft *Consultation and Information Sharing Plan*, which outlines the Department's approach to consultation with its partners, stakeholders and other Canadians on the Strategy. Over the summer of 2000, the Plan was revised to reflect input received, the need to work closely with other federal departments and changing circumstances. A final version of the plan is available from Health Canada.

The final *consultation and Information Sharing Plan* describes several different approaches for Health Canada to consult on its draft sustainable development strategy. All of the recommended approaches were used over the late summer and early fall of 2000, except that information sharing with Aboriginal organizations was more limited than originally anticipated because of changes in leadership and management in the two organizations involved (the Assembly of First Nations and the Inuit Tapirisat of Canada) at the same time as the planned information sharing sessions.

CONSULTATION APPROACHES

- **The Leaders' Forum on Sustainable Development:**
in April 2000, the federal government held a national consultation on sustainable development. The objective of the consultation was to solicit the views of chief executives of major corporations and stakeholder organizations, as well as senior officials from the federal, provincial and territorial governments, on the key federal themes for sustainable development. The national consultation affirmed the eight themes and provided guidance on the path forward for many of the themes, including SUSTAINABLE DEVELOPMENT AND HEALTHY CANADIANS.

■ Coordinated consultation on 'Sustainable Development and Healthy Canadians':

In September 2000, a coordinated consultation on 'Sustainable Development and Healthy Canadians' was organized by four federal departments - Health Canada, Environment Canada, Agriculture and Agri-Food Canada and Veterans Affairs Canada. Representatives of several other federal departments participated in the consultation. Approximately 60 participants from non-governmental organizations, the private sector, Aboriginal organizations, and government attended the consultation. Its objectives were:

- to provide an opportunity to discuss and comment on the four departments' draft sustainable development strategies, focusing on areas that relate to health;
- to discuss possible action items on health that could be included in these strategies; and
- to initiate a longer-term dialogue with key stakeholders on health and sustainable development.

■ Other Coordinated Consultations:

Health Canada participated in the coordinated consultation on Productivity through eco-efficiency in August 2000, organized in collaboration with the Canadian Environmental Industries Association. The Department is also an active participant in the consultations on the Northern sustainable development strategy.

■ Regional Consultation Sessions:

regional multistakeholder consultation sessions have been held in each of Health Canada's six Regions. Sessions were held in: Victoria, British Columbia (September 22); Regina, Saskatchewan (September 25);

Edmonton, Alberta (September 26), Winnipeg, Manitoba (September 26), Toronto, Ontario (September 26); Longueuil, Quebec (September 27); and Dartmouth, Nova Scotia (September 28).

The objectives of the sessions were:

- to solicit views on Health Canada's draft sustainable development strategy;
- to identify specific regional concerns relating to health and sustainable development; and
- to initiate a dialogue on health and sustainable development in each of Health Canada's regions with the Department's stakeholders and partners.

■ Aboriginal Consultation:

copies of the draft strategy and the questionnaire were mailed out to other Aboriginal organizations in Canada, including the Congress of Aboriginal Peoples, the Métis National Council, the Native Women Association of Canada, and the National Association of Friendship Centres, with a request for them to distribute the documents within their organizations to provide comments.

■ Questionnaire and Electronic Consultation:

Health Canada posted the draft sustainable development strategy on its web site in August 2000 (at www.hc-sc.gc.ca/susdevdur), together with a questionnaire to solicit public comments. Completed questionnaires were received electronically or by fax from over 30 people or organizations.

KEY FINDINGS



ighlights resulting from the consultative process on ‘Sustainable Development and Healthy Canadians’ are summarized below :

The Concept of Sustainable Development Should be Clarified

Five of the consultation sessions (the coordinated consultation session, as well as the Regional sessions in Edmonton, Regina, Winnipeg, and Toronto) and several of the completed questionnaires contained comments recommending that the concept of sustainable development should be clarified in the final Strategy.

At the coordinated consultation in Toronto, participants said that the Federal Government should adopt a more strategic, visionary approach to sustainable development. The Regina and Winnipeg sessions discussed the need for the concept of sustainable development to be translated into specific issues, and in Edmonton participants asked about international activities on sustainable development. One respondent to the questionnaire wrote: “I would like to see a clearer definition of sustainable development. It seemed too abstract to me”. Another wrote: “The major challenge is that I do not believe that we, as a society, have explicitly agreed upon what sustainable development is.”

The Need to Strengthen Partnerships

Seven of the consultation sessions and many of the completed questionnaires stressed the need for Health Canada to build partnerships on sustainable development and health. People stressed the need for federal departments to work together on health and sustainable development, as well as the need for strengthened partnerships between the federal, provincial/territorial and municipal governments. The sessions in Victoria, Edmonton, Regina, and Winnipeg specifically mentioned the need for the

Department to work in partnership with non-governmental and local community organizations. Participants at the Winnipeg session saw partnership approaches and collaborative initiatives as a way of avoiding issue fragmentation.

The views expressed at the consultation sessions are consistent with the responses to the questionnaire. One respondent said: “Sustainability is interdisciplinary. How will Health Canada improve its capacity here?” Another person commented that: “decisions made by other departments will have a greater impact on sustainable development. I’m not clear about what role Health Canada plays in influencing the policy decisions of other departments.”

The Need to Respond to Regional Issues and to Build Community Capacity

Issues related to regional needs and community capacity were discussed at all of the consultation sessions. Four of the regional consultation sessions (Dartmouth, Longueuil, Winnipeg, and Regina) identified regional issues related to sustainable development and health, and the session in Edmonton questions were raised specific to the Northwest Territories. In Dartmouth, participants said that Health Canada should work more closely with communities to identify their needs and priorities, and in Edmonton participants suggested that scientists should develop dialogues with local communities. Participants at the Toronto session asked how Health Canada’s Strategy will be implemented regionally, acknowledging the cultural diversity in Canada and the need for national consistency.

The written questionnaire responses also contained comments on regional needs and community capacity to take action on sustainable development and health. Question 14 asked respondents what specific issues the Department should address in working towards sustainability in individual regions, provinces or territories.

A summary of the responses is shown in Section 4 of this report.

The Need for Education and Information

Most of the consultation sessions discussed the need for information and education on sustainable development and health. There was a consensus that there is a need for more work on this issue. The coordinated consultation session and the regional sessions in Edmonton and Longueuil mentioned the need to educate children at school about the environment and other issues related to sustainable development, together with an awareness that other groups of Canadian society need to be educated and to become involved. At the Regina and Longueuil sessions, participants suggested more use of communications technologies and the Internet. Other approaches mentioned included social marketing (like *Participaction*), focus groups, town hall meetings, tool kits in libraries, etc.

In contrast, the responses to the questionnaire contained only a few comments on information and education for sustainable development and health. One person suggested that the Department should add a point on using available technology to promote efficient dissemination of data and another commented that there should be an acknowledgement of the gaps in scientific information about toxic chemicals, but otherwise there was very little provided on this issue.

The Need for Accountability and Tracking the Department's Progress

Participants at two of the consultation sessions (the coordinated consultation and the Toronto Session) mentioned the need to ensure clear accountability for the targets in the final Strategy. The Toronto and Dartmouth sessions discussed the need for Health Canada to be more open and transparent with communities and the public.

Participants in Toronto also questioned how the Strategy will be implemented.

Three of the consultation sessions discussed indicators of progress on sustainable development and health. At the coordinated consultation session, participants discussed the need for measurable indicators whenever possible. The Edmonton session mentioned the need for innovative measures of progress on sustainable development, such as the Genuine Progress Indicator. At the Winnipeg session, the discussion focussed on the need for local indicators that are ecological, multi-sectoral and interdisciplinary in nature.




There were a few comments on accountability and progress in the questionnaire responses, including the need to include an environmental monitoring component in the Strategy and the need to be clear which branches are accountable for which targets.



The Language of *Sustainable Development Strategy 2000*




Participants at two of the consultation sessions (the coordinated consultation session and the consultation session in Toronto) commented that the Strategy should be written using clear, straightforward language. Participants at the Toronto session said that the targets in the Strategy should be explained and that more context should be provided. A few of the questionnaire responses agreed with the point that clear language should be used. One person wrote: "There must be more user-friendly words to bring this forward."

In conclusion, Health Canada would like to thank everyone who participated in the consultation on *Sustainable Development Strategy 2000*. The comments and suggestions received have helped to strengthen the final version of Health Canada's *Sustainable Development Strategy 2000: Sustaining Our Health*.

APPENDIX F: LINKAGES BETWEEN HEALTH CANADA'S SUSTAINABLE DEVELOPMENT STRATEGY AND THE EIGHT FEDERAL GOVERNMENT THEMES FOR SUSTAINABLE DEVELOPMENT

Theme	Links to Health	Key Health Canada Programs/ Initiatives	Long-Term Targets in Health Canada's sustainable development strategy
Sustainable Government Operations 	<p>The federal government is committed to providing safe and healthy workplaces, to the extent possible</p> <p>The health of people living near federal facilities will be protected by government operations that are more sustainable</p> <p>By conserving resources, minimizing wastes and improving environmental management, the federal government will allow future generations to meet their health needs</p>	<p>Health Canada has launched a 'healthy workplace' initiative</p> <p>Health Canada's Environmental Management Systems</p>	3.1.1, 3.1.2, 3.2.1, 3.2.2, 3.2.3, 3.2.4, 3.2.5, 3.3.1
Knowledge and Information/ Sustainable Development Indicators and Reporting 	<p>Indicators of health and well-being are important measures of progress towards sustainable development</p>	<p>Health Canada publishes regular reports on the health of Canadians (see for example the Federal, Provincial and Territorial Advisory Committee on Population Health, 1999)</p>	1.1.1, 1.3.5, 1.3.6, 1.6.2, 1.6.5, 1.6.6, 2.3.2
Productivity through Eco-efficiency 	<p>Conserving resources through eco-efficiency means that future generations will be able to meet their health needs</p>	<p>Health Canada's Environmental Management Systems</p>	1.5.4, 3.2.1, 3.2.2, 3.2.4

Theme	Links to Health	Key Health Canada Programs/ Initiatives	Long-Term Targets in Health Canada's sustainable development strategy
<p>Sustainable Development in the International Context</p> 	<p>International trade and development should benefit health and the quality of life, especially for people living in developing countries</p> <p>Canada depends on trade, both imports and exports. Canadian imports and exports must be safe and promote health,</p> <p>International agreements are needed to control transboundary problems, such as pollution</p>	<p>Health Canada has a variety of programs to monitor the safety of imported foods and products into Canada</p> <p>Health Canada is actively supporting the development of a global agreement on Persistent Organic Pollutants, as well as the development of a globally harmonized system for classification and labelling of chemicals, and is past-chair of the Intergovernmental Forum on Chemical Safety.</p>	<p>1.1.1, 1.2.2, 1.3.6, 1.5.1, 1.6.4</p>
<p>Federal Sustainable Development strategy for the North</p> 	<p>Sustainable resource use, sustaining traditional ways of life, reducing exposure to contaminants, and ensuring the availability of quality health services will benefit the protection and enhancement of health in the North</p>	<p>Health Canada is an active participant in the development of the federal SDS for the North</p> <p>The Department contributes to the international Arctic Monitoring and Assessment Program.</p> <p>The Northern Contaminants Program assesses and manages the health risks of contaminants in the North</p>	<p>1.1.1, 1.1.3, 1.3.5, 1.3.6, 1.3.7, 1.5.1, 1.5.4, 1.6.2,</p>

Theme	Links to Health	Key Health Canada Programs/ Initiatives	Long-Term Targets in Health Canada's sustainable development strategy
<p>Sustainability at the Community Level</p> 	<p>Strong, cohesive and sustainable communities contribute to population health</p>	<p>Health Canada has several programs that support sustainability at the community level including its programs on rural and farm health, and initiatives to improve access to quality health services in remote communities</p>	<p>1.1.3, 1.2.1, 1.2.2, 1.2.3, 1.3.6, 1.4.1, 1.5.2, 2.1.1</p>
<p>Social and Cultural Aspects of Sustainable Development</p> 	<p>Social support systems and networks are an important determinant of health. Maintaining and encouraging culture is also an important factor in enhancing population health.</p>	<p>Health Canada is working to address the social and cultural determinants of health through building capacity at the local level</p>	<p>1.1.1, 1.1.3, 1.2.1, 1.2.2, 1.3.1, 1.3.4, 1.3.5, 1.3.6, 1.3.7, 1.4.1, 1.5.2, 1.5.4, 2.1.1, 2.1.3, 2.2.2, 2.3.2, 3.1.2</p>
<p>Sustainable Development and Healthy Canadians</p> 	<p>The health of Canadians, both now and in the future, depends on a healthy environment, a healthy economy and positive social/cultural conditions.</p>	<p>Health Canada's programs are supportive of sustainable development.</p>	<p>All</p>