

CENTRE FOR CHRONIC  
DISEASE PREVENTION  
Strategic Plan 2016-2019

# IMPROVING HEALTH OUTCOMES



A Paradigm Shift



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Canada 

TO PROMOTE AND PROTECT THE  
HEALTH OF CANADIANS THROUGH  
LEADERSHIP, PARTNERSHIP,  
INNOVATION AND ACTION IN  
PUBLIC HEALTH.

—Public Health Agency of Canada

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Centre de prévention des maladies chroniques plan stratégique  
2016–2019**

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# MESSAGE FROM The Director General

It is my pleasure to present **Improving Health Outcomes: A Paradigm Shift**, the Centre for Chronic Disease Prevention's (CCDP) strategic plan for 2016 to 2019. This plan sets out a bold vision for our priorities over the next three years, and highlights how we're working to modernize our business and inspire a culture of innovation across the organization.

We've had an impressive past few years in the Centre and I continue to be inspired by the spirit and the expertise of those who work here. The creativity and dedication of our employees are unparalleled, and have been the driving force behind many of our recent successes. Building on the **Preventing Chronic Disease Strategic Plan 2013-2016, Improving Health Outcomes: A Paradigm Shift** illustrates the Centre's evolution as it adapts to a changing landscape.

As you read through this document, you'll notice that it's different than most strategic plans, and that is by design. Our goal remains the same—better health outcomes for all Canadians. But the actions we've chosen to highlight are, in many ways, different. We are all united by the **what**, so to achieve that, we need to be united by the **how**, which is the focus of this plan. The **how** will challenge us. It is my firm belief that the **how** will also cultivate the skillset, mindset, and culture we need to succeed in pursuing one of the most ambitious agendas in the public sector.

Our work is being recognized across the country and around the world. In continuing to implement the vision laid out in this plan, we have the opportunity to chart a new course in public health. This represents a paradigm shift not seen in decades, and will allow us to more effectively engage across sectors, use our financial instruments for measurable impact, and harness technology to more meaningfully communicate with Canadians.

I'm excited about the next three years. I hope that you are too.



**Rodney Ghali**

Director General, Centre for Chronic Disease Prevention  
Public Health Agency of Canada

Chief Strategy Officer, Central Innovation Hub  
Privy Council Office

# Our Context

## CHRONIC DISEASE AND INJURY: PUBLIC HEALTH CHALLENGES

**T**he Canadian population has access to more health information than ever, yet it remains at risk of serious chronic diseases, as well as injuries, that affect physical, mental and cognitive health. At the same time, advances in medical science and technology mean that Canadians are living longer.



### VISION

Canadians living healthier and more productive lives.

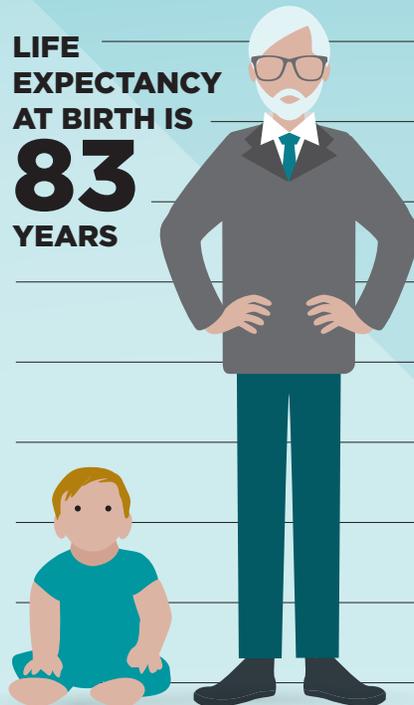
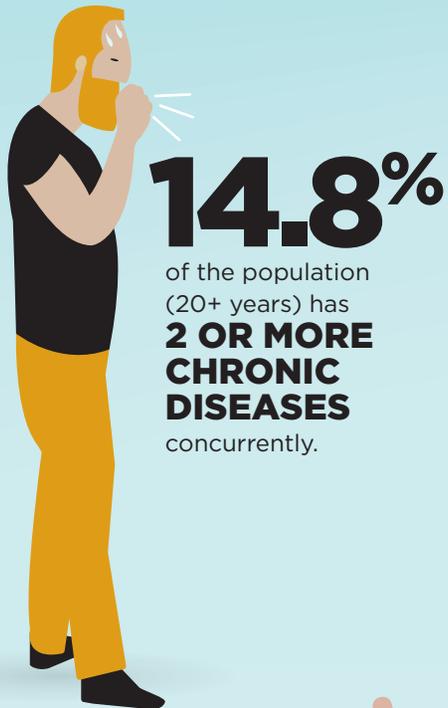
### MISSION

To mobilize multi-sectoral, evidence-based action to promote healthy living and prevent chronic disease and injuries.

We're living differently than we did even a generation ago. We spend more time stationary, whether in front of a screen—television, computer, mobile device—or sitting at our desks. Canadian children and adolescents are **sedentary for approximately 8.5 waking hours each day**, while **adults clock in at 10 hours** (page6). Unsurprisingly, few of us are meeting the daily guidelines for physical activity, and obesity and hypertension rates are far too high. These factors not only put Canadians at risk for poor physical health, but also have the potential to have a dramatic impact on our mental well-being. We now know that many of the risk factors for chronic disease and injury are common to a number of conditions, including both physical and mental illnesses.

We're also learning about protective factors—**those conditions or attributes that help to increase our likelihood of positive outcomes** (page7)—and the key role that they can play in our research and policy design. Risk and protective factors are embedded at many levels, throughout all stages of life, influenced not only by genetics, but by individual, family, community and societal factors. Given all of this, we need to change the way we look at chronic disease. While we need to continue to monitor targeted disease outcomes, we **must focus efforts on the promotion of healthy living and the prevention** of chronic disease and injury so that Canadians can spend more years living productively and independently.

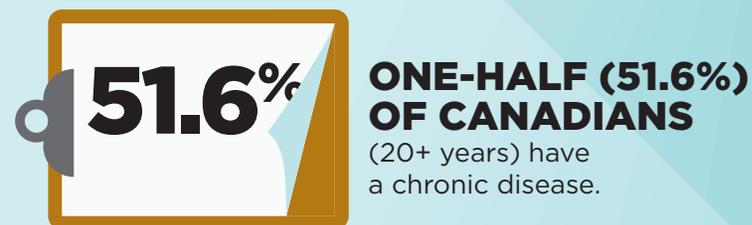




Approximately one in ten Canadian children/adolescents and one in four Canadian adults are obese.



82.1% of Canadian adults (18+years) report being satisfied with life every day or almost every day.



150 min/wk 1 IN 5



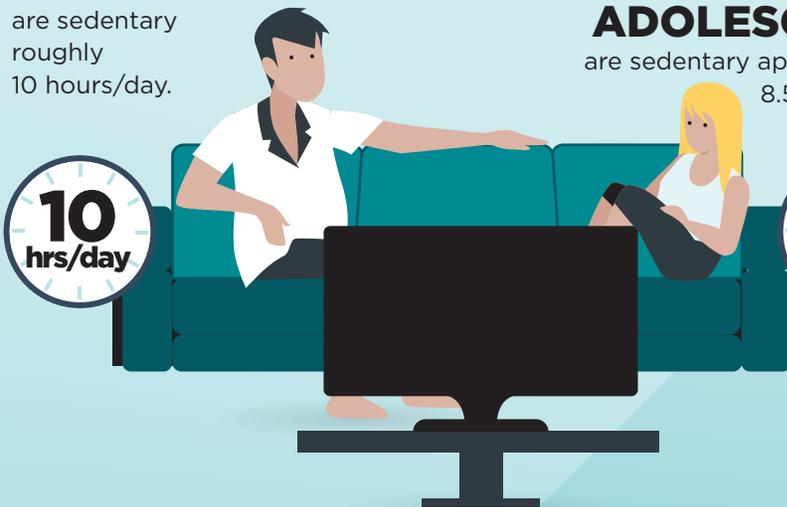
60 min/day 1 IN 10



Approximately one in 10 Canadian **CHILDREN/ ADOLESCENTS** meet the physical activity (PA) guidelines (60 minutes of moderate to vigorous PA/day) and one in five **ADULTS** meet the PA guidelines (150 minutes of moderate to vigorous PA/week).

ON AVERAGE, DISCOUNTING SLEEP TIME,

Canadian **ADULTS** are sedentary roughly 10 hours/day.



10 hrs/day

Canadian **CHILDREN/ ADOLESCENTS** are sedentary approximately 8.5 hours/day.

8.5 hrs/day

Approximately one in five **seniors (65+ years)** living in the community **EXPERIENCED AT LEAST ONE FALL IN THE PAST YEAR.**

20% 1 IN 5

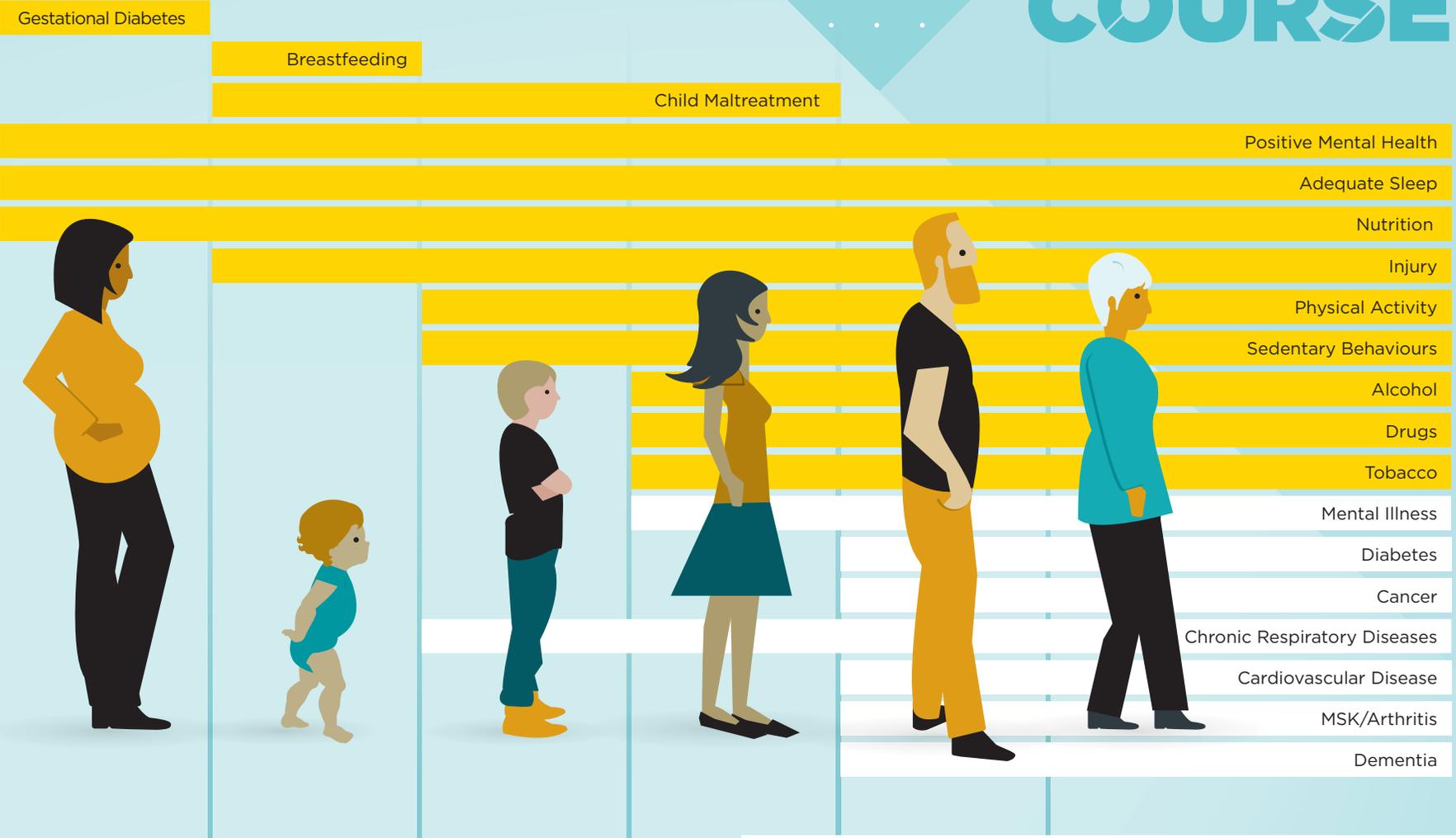


### UNINTENTIONAL INJURIES

are the leading cause of death for Canadians **aged 1-44** and **4<sup>th</sup> leading cause** of death for Canadians of **all ages**.

# Risk and Protective Factors IF WE GET THIS RIGHT...

# LIFE COURSE



**... WE CAN REDUCE THE IMPACT OF  
THESE CONDITIONS.**

MATERNAL

INFANTS  
(up to age 2)

CHILDREN  
(2-12)

TEENS  
(13-17)

ADULTS  
(18-64)

SENIORS  
(65+)

# Our Opportunities

## HARNESSING TECHNOLOGY

**T**echnology is evolving at a rapid rate, as is evidenced by the recent proliferation of health-related devices, applications, and other platforms designed to variously monitor, promote, and analyze health information. Syndromic surveillance, digital analytics and social listening techniques, as well as crowdsourcing and other methodologies are also opening the door to new types of analyses and citizen engagement opportunities. These have the potential to significantly enhance our policy and decision making processes in a way that makes them more strategic and responsive.

Citizen expectations regarding **access to data** have similarly evolved, with **user-friendliness, transparency, and timeliness** being paramount. This creates an opportunity for us to explore new information sharing techniques that incorporate, among other qualities, **timely data and analyses, interactivity, and visually persuasive** formats.

Finally, digital communication channels provide a unique opportunity to directly engage Canadians and communicate our work. These platforms will **expose** broader and non-traditional audiences to the Centre, thus creating an opportunity to further reinforce and target our messaging around upstream prevention at various points in the life course.

## USING FINANCIAL INSTRUMENTS AS POLICY LEVERS

The need to develop new and innovative approaches to long-standing challenges has highlighted the strategic importance of the emerging sphere of **social finance**. This area presents an unparalleled opportunity to work across sectors to achieve positive health outcomes at a scale that neither purely philanthropic supports nor traditional investment can reach.

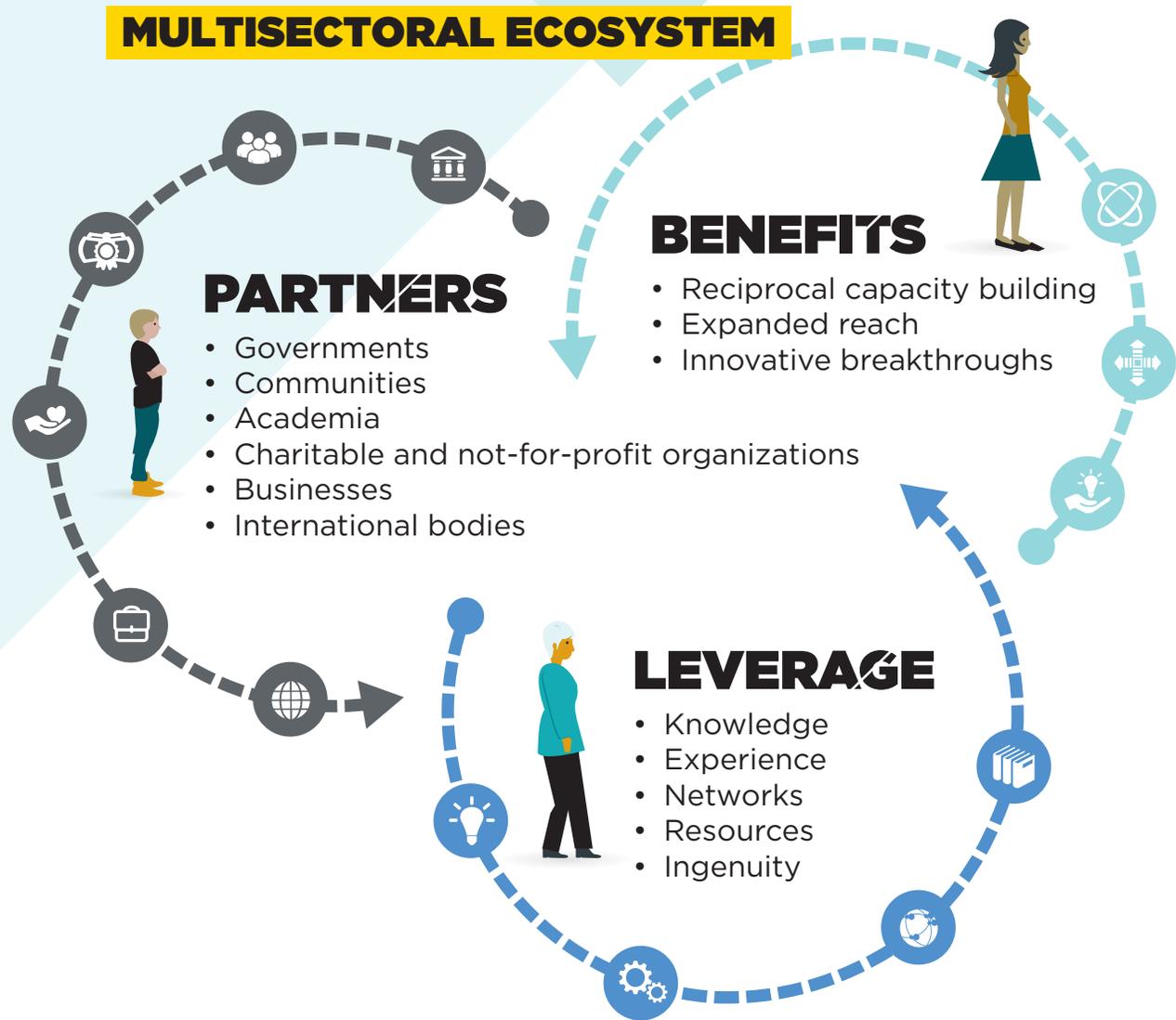
The development and operationalization of a **suite of financial tools**, focussed on outcomes, will enhance the government's ability to target selected areas of interest and to leverage resources and expertise from a range of sectors. Efforts in this area will ensure that government investments in health promotion produce measurable outcomes for Canadians within a sound fiscal framework.



# ENGAGING ACROSS SECTORS

Traditionally, government investments have targeted individual diseases, with the public sector acting as the sole funder of issue-specific projects. There is a clear recognition that economic, social and other interconnections make **addressing public health issues more challenging**. Canadians expect that when we invest in healthy living, chronic disease and injury prevention we do so **focussed on outcomes**, with a view to securing solid return on investment. Similarly, the very nature of upstream prevention means that the Centre—and indeed the federal government—rarely has all required levers at its disposal. As such, we must place a greater emphasis on leveraging resources and expertise from other sectors—public, non-profit, and business.

Such a multisectoral approach recognizes the **power of co-creation and co-investment** by leveraging the knowledge, expertise, reach and resources of all partners. This allows each partner to do what it does best, working together to achieve a shared outcome.



# Our Strategy

**B**y encouraging healthy living and promoting positive behaviour change, we can help Canadians maintain or improve their health and prevent injury and the development of chronic disease. Through its work over the next three years, the Centre will cultivate a strong public health brand that is focused on incubating effective evidence, policy, and programmatic initiatives. Working in concert with a broad range of partners beyond those traditional to public health, we will advance outcomes-based initiatives that contribute to modernized public health approaches in healthy living and chronic disease and injury prevention.

This **strategic plan** provides a frame that structures our efforts over a three year period. Our work will be framed across three spheres of work: **Discovery, Innovation, Breakthrough**. While each space has its own purpose and strategic objectives, they are connected by common corridors of innovation, transformation and a focus on outcomes, supported by a high performing, adaptable and skilled workforce.

## THREE SPHERES OF WORK



**DISCOVERY**



**INNOVATION**



**BREAKTHROUGH**



# DISCOVERY

In order to advance the work of the Centre in the prevention of chronic disease and injury, we need to identify public health risks, trends, and emerging issues that affect Canadians. This is accomplished through our surveillance function, and over the next three years, the Centre will continue to harness the power of discovery that is inherent in it. Understanding that what we know today may not always equip us to address the challenges of tomorrow, the Centre will strive to be at the forefront of **generating new knowledge and new analyses** in fields such as mental health, physical activity, and sedentary behaviour. To fully support the focus on prevention, **we will pursue new data on risk and protective factors**, investigating how and when they develop across the life course. We will still hold a finger on the pulse of disease outcomes, of course, but our focus will continue to shift upstream.

We will also **use our information differently**, by improving timely access to our data through public-facing platforms and experimenting with data visualization techniques. Through surveillance-focussed grants and contributions, we will **seek new partners** who can help us identify alternate ways to collect and disseminate data. This emerging surveillance information will, in turn, inform our public health guidance and multisectoral interventions. Ultimately, it will guide us in designing initiatives to incent positive behaviour change, by helping to determine the **what, where, and when**.

## AREAS OF FOCUS



Utilize new **surveillance methods** and complementary data sources to survey risk and protective factors, as well as disease incidence, prevalence and mortality



Expand the **use of communications channels** to **proactively engage** stakeholders on data and analysis



Revitalize our **digital platforms with mobile** capabilities



Host **Emerging Issues Forums**



**Explore** new markets for and **increase access** to our data



Implement a new surveillance grants and contributions partnership approach to **discover new ways of collecting, connecting and reporting data**



# INNOVATION

Having recognized that traditional awareness-based approaches in healthy living and chronic disease and injury prevention have not led to the desired results, the Centre is seeking **new solutions to these complex problems**. By engaging partners outside of the health sector and by embracing new perspectives and approaches, we will **test, evaluate**, and **refine new ideas**.

Within this stream of work, we will harness surveillance data, evidence syntheses and science; research new policy approaches including concepts of behavioural economics and social financing; and consider opportunities arising from new technologies. Above all, **we will embrace smart risk taking and learn from our smart failures as much as we will from our successes**.

We will share our learnings domestically, and internationally with our partners at the Pan American Health Organization (PAHO) and World Health Organization (WHO), and will actively seek to learn from the experience of others.

## AREAS OF FOCUS



Develop and **refine social financing approaches** within a public health context



**Pilot** behavioral economics approaches



Work with PAHO/WHO to share expertise, coordinate action and **provide international leadership** on healthy active living and combatting childhood obesity



Apply a systematic approach to the application of **social return on investment methodology**



Harness surveillance, economic and policy knowledge to **inform multi-sectoral partnerships**, interventions and public health guidance



# BREAKTHROUGH

Evidence and knowledge from both the Discovery and Innovation spheres are applied to **target behavioural change**. Work here is action-oriented and outcomes-focussed, and breakthrough **solutions** are deployed for **broad and durable impact**.

We will **harness** our own financial resources, our new knowledge discoveries, our policy research, and use our convenor role to create partnerships that **further leverage** financial resources, multisectoral expertise, innovation, and audience reach with our public, non-profit, and private partners. We will **focus** on accountability, moving towards payment based on outcomes.

If a new solution is found to be effective, we will **share results**, and promote scaling up the program. If a program was not particularly effective, we will also share results, as this information is just as valuable.

## AREAS OF FOCUS



Launch a “pay for success” intervention pilot and additional **incentive-based** interventions targeting different populations/settings



Promote **alignment** with key public and private foundations which are investing in activities related to healthy living, chronic disease and injury prevention



Build on successes and failures to **refine or expand** our investments and partnerships

# Our Talent

## FOSTER A CULTURE OF EMPLOYEE AND MANAGEMENT EXCELLENCE

The Centre benefits from a highly professional, skilled, and committed workforce. Employees have expertise in a wide range of disciplines, such as **policy development and analysis, program management, administration, epidemiology, medicine, and other scientific areas**. **Collaboration and dialogue** are key to the Centre's continued innovation and modernization, supported by enhanced use of social media tools, such as GCconnex. The Centre is increasingly **working horizontally**, beyond traditional organizational lines or disciplines, to meet public health objectives. It continues to implement an integrated approach to healthy living and chronic disease and injury prevention, aligning efforts for maximum efficiency and impact. At the same time, employees are being encouraged to find opportunities to **innovate and explore new approaches**—including behavioural economics, social innovation, and the possibilities of big data—to address complex policy and program challenges.



### AREAS OF FOCUS



Research, develop and deploy governance, performance management and business practices to **achieve maximum efficiency** and strategic impact through greater integration of functions



Incubate excellence by encouraging employees to **pursue new ideas and approaches** which contribute to modernized public health approaches



Support the **development** of a high performing, adaptable and skilled workforce

# Measuring Our Success

This plan lays out a bold new course to help achieve better health outcomes for Canadians. The Centre will operationalize the vision and direction of the plan in our daily operations, and progress will be monitored through the development of annual Management Implementation Plans, in addition to the ongoing Planning, Reporting and Financial Monitoring Cycle. Particular attention will be paid to tracking whether the evidence we generate (surveillance data, contribution funding learnings, policy) informs public health interventions, and to checking whether our investments lead to strong, measurable return on investment.

The foundation for success of this plan is the **Centre's strong governance and commitment to accountability**, as well as the **talent of its workforce** and **employees' dedication to the cultural shift** implicit in this Strategic Plan.



# REFERENCES

- 82.1% of Canadian adults (18+years) report being satisfied with life every day or almost every day (Measuring Positive Mental Health in Canada, Public Health Agency of Canada, 2015. <http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/pmh-smp-eng.php>. Data source: Canadian Community Health Survey, Mental Health, 2012).
- Life expectancy at birth is 83.0 years (Chronic Disease and Injury Indicator Framework, Public Health Agency of Canada, 2015. <http://infobase.phac-aspc.gc.ca/cdif>. Data source: Canadian Chronic Disease Surveillance System 2009–2011).
- Approximately one in 10 Canadian children/adolescents meet the physical activity (PA) guidelines (60 minutes of moderate to vigorous PA/day) and one in five adults meet the PA guidelines (150 minutes of moderate to vigorous PA/week) (Public Health Agency of Canada, 2015. <http://infobase.phac-aspc.gc.ca/cdif>. Data source: Canadian Health Measures Survey 2012–2013).
- One in four Canadian women report exclusively breastfeeding their baby for at least the first six months of life (Chronic Disease and Injury Indicator Framework, Public Health Agency of Canada, 2015. <http://infobase.phac-aspc.gc.ca/cdif>. Data source: Canadian Community Health Survey 2012).
- Approximately one in four Canadian adults (24.0%) have high blood pressure (7.2% are undiagnosed or “poorly controlled” and 16.8% are “controlled”) (Chronic Disease and Injury Indicator Framework, Public Health Agency of Canada, 2015. <http://infobase.phac-aspc.gc.ca/cdif>. Data source: Canadian Health Measures Survey, 2012–2013).
- Approximately one in ten Canadian children/adolescents and one in four Canadian adults are obese (Chronic Disease and Injury Indicator Framework, Public Health Agency of Canada, 2015. <http://infobase.phac-aspc.gc.ca/cdif>. Data source: Canadian Health Measures Survey, 2012–2013).
- On average, discounting sleep time, Canadian children/adolescents are sedentary approximately 8.5 hours/day. Adults are sedentary roughly 10 hours/day (Public Health Agency of Canada, 2015. <http://infobase.phac-aspc.gc.ca/cdif>. Data source: Canadian Health Measures Survey, 2012–2013).
- 14.8% of the population (20+ years) has 2 or more chronic diseases concurrently (Chronic Disease and Injury Indicator Framework, Public Health Agency of Canada, 2015. <http://infobase.phac-aspc.gc.ca/cdif>. Data source: Canadian Community Health Survey 2014).
- One-half (51.6%) of Canadians (20+ years) have a chronic disease. Data source: Canadian Community Health Survey 2013.
- Unintentional injuries are the leading cause of death for Canadians aged 1–44 and 4<sup>th</sup> leading cause of death for Canadians of all ages (Injury in Review, 2012 Edition: Spotlight on Road and Transport Safety, Public Health Agency of Canada, 2012. <http://www.phac-aspc.gc.ca/injury-bles/chirpp/injrep-rapbles/ir-eb-2012-eng.php>. Data source: Canadian Vital Statistics 2007.
- Approximately one in five (20.0%) of seniors (65+ years) living in the community experienced at least one fall in the past year (Seniors Falls in Canada, Second Report, Public Health Agency of Canada, Ottawa, 2014. [http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors\\_falls-chutes\\_aines/assets/pdf/seniors\\_falls-chutes\\_aines-eng.pdf](http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/assets/pdf/seniors_falls-chutes_aines-eng.pdf). Data source: Canadian Community Health Survey, 2008–2009).