



Canadian Heart Health Strategy
and Action Plan

Realizing Our Vision...

February 2009

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Letter from the Chair

February 2009

The Honourable Leona Aglukkaq
Minister of Health
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister Aglukkaq,

As Chair of the Canadian Heart Health Strategy and Action Plan (CHHS-AP) Steering Committee, it is my privilege to submit the CHHS-AP Action Plan, *Realizing Our Vision*, a companion document to the CHHS-AP Strategy document, *Building a Heart Healthy Canada*.

As the leading cause of death and hospitalizations among Canadians, cardiovascular disease is a huge health burden, and, at an annual cost of more than \$22 billion, treating those who suffer from it is a major strain on our economy and governments. Fortunately, as this Strategy explains, we have a major opportunity to prevent premature cardiovascular disease, and, for those who do develop heart disease and stroke, there are means to markedly limit personal suffering. Importantly, doing what we know to prevent cardiovascular disease will also impact favourably on other chronic diseases that share common risk factors.

The Government of Canada requested this Strategy in October 2006, and our 29-member Steering Committee worked diligently to propose six key recommendations to make Canada a heart healthy nation. We have involved over 100 expert volunteers and consulted with over 1500 stakeholders to ensure that our Strategy and Action Plan are comprehensive, practical and sensitive to regional differences.

We believe that *Building a Heart Healthy Canada*, and its companion Action Plan, can serve as a pan-Canadian road map for partners to tackle heart disease and stroke. We encourage the Government of Canada to lead the way by adopting this Strategy as the basis for investment in Canada's heart health – an investment that will yield significant financial and health benefits year after year.

Respectfully submitted,



Eldon R. Smith, OC, MD, FRCPC
Chair, Canadian Heart Health Strategy and Action Plan



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Development of the Canadian Heart Health Strategy and Action Plan

In May 2005, a private member's motion calling for Canada to develop national strategies for cancer, mental health and heart disease received all-party support in the Canadian Parliament. On October 23, 2006, the federal Minister of Health announced funding, through the Public Health Agency of Canada, to develop a pan-Canadian strategy for heart health.

The goal? To reduce the growing burden and loss from cardiovascular disease in Canada.

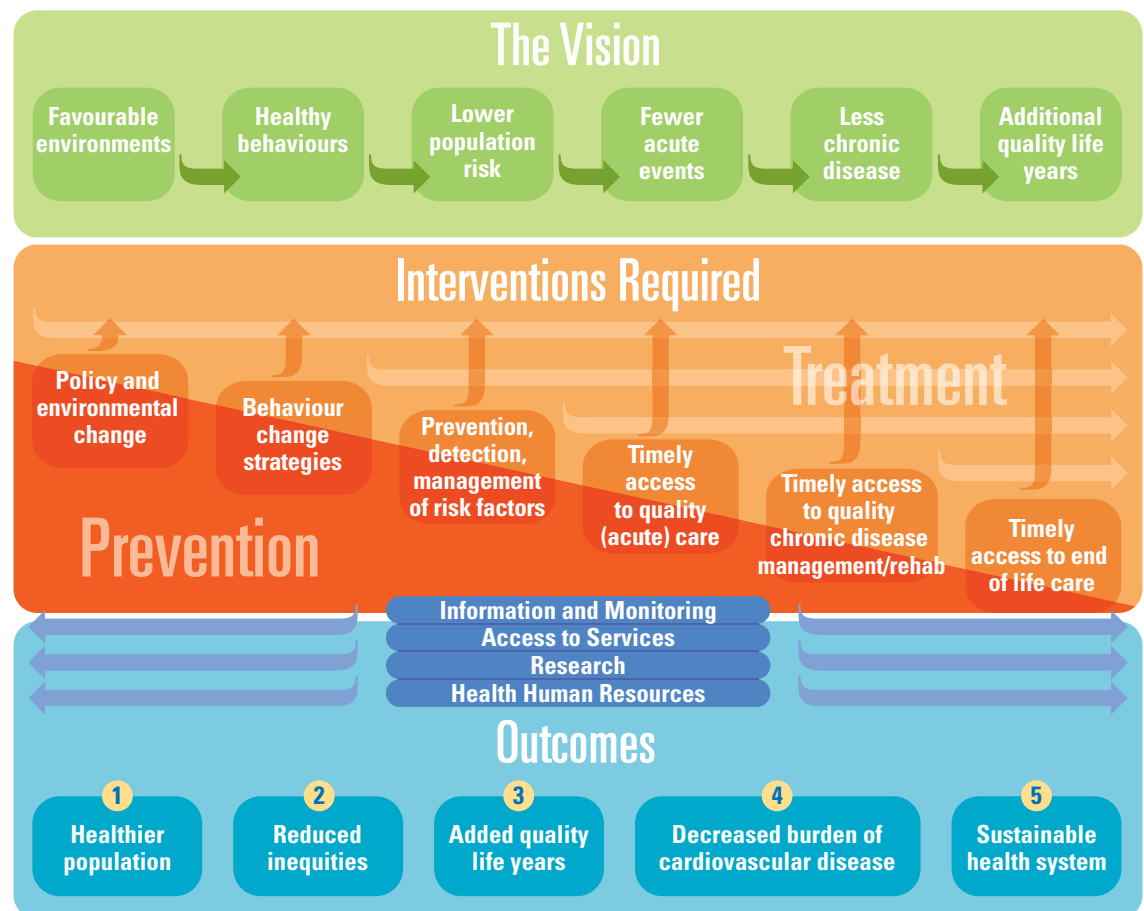
The Canadian Heart Health Strategy and Action Plan (CHHS-AP) was developed over a period of two years by a Steering Committee of 29 experts led by Dr. Eldon Smith and comprising leaders in cardiovascular and cerebrovascular health and disease, population health, health policy, research, information technology and other relevant fields. During the development of the Strategy, three national organizations – the Canadian Cardiovascular Society, the Heart and Stroke Foundation of Canada and the Institute of Circulatory and Respiratory Health at the Canadian Institutes of Health Research – played lead roles, providing guidance to the Chair. A three-person secretariat led by a director provided operational support.

Framework and Vision for the Strategy: Health is More Than Health Care

The Steering Committee developed a framework to define its vision and guide its work (Figure 1). This framework reflects the total spectrum of the “health” system covered by the Strategy – from policy to end-of-life planning and care, and from birth to death. It captures the dynamic relationship

between “upstream” health promotion and disease prevention activities and “downstream” diagnostic and care services throughout people’s lives and across all health services. It illustrates that health promotion and disease prevention play an important role at all stages of life and care. It also highlights the important role of information, access to services, research and health human resources in a comprehensive strategy.

Figure 1
Framework for a Comprehensive Canadian Heart Health Strategy and Action Plan



Understanding the Issues

The Steering Committee established Theme Working Groups to focus on six key issues:

- 1/ Strengthening information systems for monitoring, management, evaluation and policy development
- 2/ Creating environments conducive to cardiovascular health
- 3/ Preventing, detecting and managing risk factors
- 4/ Addressing and enhancing Aboriginal/indigenous cardiovascular health
- 5/ Timely access to quality (acute) care and diagnostics
- 6/ Timely access to quality chronic disease management, rehabilitation services and end-of-life planning and care.

Each working group incorporated five cross-cutting issues in their deliberations: reducing inequities, addressing Aboriginal/indigenous cardiovascular health, evaluating suggested interventions, expanding the knowledge base and translating knowledge into action.

The Theme Working Groups reviewed the literature, commissioned background papers so as to fully understand the issues, and prepared detailed reports; these are available on the CHHS-AP website at www.chhs-scsc.ca.

Considering Diverse Points of View

Recognizing the role that the provinces, territories, municipalities and regional health bodies play in public health and health care delivery, the Chair and the Director of the CHHS-AP met collectively and individually with provincial and territorial Deputy Ministers of Health and other senior officials to provide periodic updates on the Strategy's development. They also regularly updated the Federal/Provincial/Territorial Chronic Disease and Injury Prevention and Control Expert Group and the Population Health Promotion Expert Group. The Steering Committee and the Theme Working Groups also had members who represented provincial/territorial perspectives.

At the federal level, the Public Health Agency of Canada, Health Canada, Statistics Canada, the Canadian Institute for Health Information, the Canadian Institutes of Health Research and Canada Health Infoway provided advice and guidance. The latter three organizations had representatives on the Steering Committee.

When developing the CHHS-AP, the Chair and Steering Committee consulted with over 1500 stakeholders, including professional organizations, non-governmental organizations, the food and pharmaceutical industries, the insurance and banking industries, companies that manufacture medical devices and the public. Seven focus groups were held across the country with Canadians who offered their views on heart health and heart disease, existing services, and the barriers to and supports for prevention and treatment. The Chair also attended conferences and meetings, such as the Canadian Public Health Association Annual Conference and the Canadian Cardiovascular Congress, to discuss the key issues.

To identify opportunities to integrate with and capitalize on other related national disease strategies, the Chair and the Management Group consulted with the leaders of the Canadian Stroke Strategy, the Canadian Diabetes Strategy, the Canadian Partnership Against Cancer, the Mental Health Commission of Canada and the National Lung Health Framework.

The Strategy Looks Beyond “Heart Health”

Although this plan is called the Canadian Heart Health Strategy and Action Plan, it goes beyond what Canadians usually think of as “heart health.” The Strategy document *Building a Heart Healthy Canada* describes a comprehensive, integrated approach to health. However, it recognizes the importance of preventing *all* vascular diseases – regardless of the organ affected. Preventing vascular diseases will not only reduce heart disease and stroke but also will have a positive impact on other common chronic illnesses. For purposes of this document, the term “CV diseases” is used to describe the full range of cardiac and vascular diseases (see box).

Although the same strategies can be used to collect data on and *prevent* all vascular diseases, different skills and services are required to *treat* each vascular disease depending on the organ of the body affected. Because the causes of many CV diseases are the same but the treatments are different, the CHHS-AP recommendations for prevention and knowledge infrastructure are designed to help reduce *all* CV diseases. The care recommendations, on the other hand, focus primarily on the diagnosis and treatment of cardiac diseases, including congenital, heart muscle and heart valve diseases. For cerebrovascular diseases, the Heart and Stroke Foundation of Canada and the Canadian Stroke Network have developed the Canadian Stroke Strategy to guide stroke care and rehabilitation, which is being implemented in many parts of the country.

In the Canadian Heart Health Strategy and Action Plan, the term “CV diseases” includes:

- **cardiovascular (blood vessels of the heart) health and diseases as well as other cardiac conditions (congenital, valvular, heart muscle)**
- **cerebrovascular (blood vessels to the brain) health and diseases**
- **peripheral vascular (aorta and blood vessels to the legs) health and diseases.**

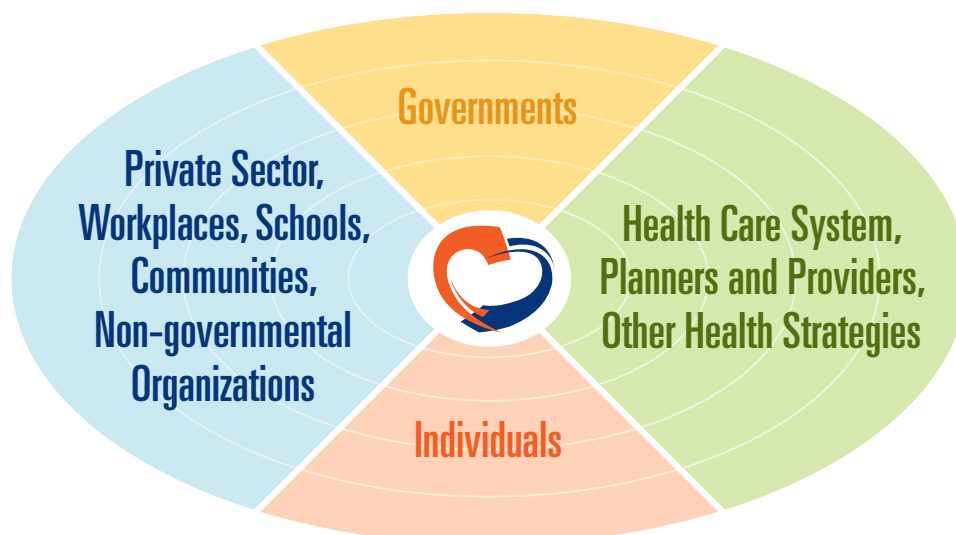
Leadership and Partnership

Stopping CV diseases requires leadership from all levels of government, using whole-of-government approaches.

But, governments cannot do it alone. Partnerships are needed, within and outside the health sector, to engage health professionals and their organizations, non-governmental organizations, industry, the media and citizens in creating a whole-of-society, whole-of-the-country approach (Figure 2).

To be successful, we must invest resources and efforts “upstream” on activities that will prevent CV diseases as well as “downstream” in high-quality efficient treatment services for people with heart and other vascular diseases. We must work together – within government, across governments, across sectors, in communities, and in schools, workplaces

Figure 2
The Canadian Heart Health Strategy and Action Plan



and our homes – to reduce all the risks that threaten our hearts and our blood vessels. We must change our environments and social norms. At the same time, our health care systems and health providers must work closely with Canadians to provide timely, high-quality, integrated, patient-centred prevention services and care.

We must take responsibility for our health and the future health of our country, and we must act now. There is no time for complacency. This Action Plan, a companion to the CHHS-AP Strategy document *Building a Heart Healthy Canada*, is designed to stimulate coordinated action to build a heart healthy Canada.



About the Canadian Heart Health Strategy and Action Plan

The CHHS-AP is composed of three parts:

Part 1 – The Canadian Heart Health Strategy – Building a Heart Healthy Canada, is the “what”: it identifies the gaps in CV health now, describes promising practices that are improving health and care, and recommends solutions.

Part 2 – The Action Plan is the “who, when, how and where”: it describes the concrete steps that must be taken to implement the Strategy.

Part 3 – The Business Plan is the “how much”: it sets out the costs to implement each component of the Strategy.

The Steering Committee’s Vision

The CHHS-AP Steering Committee believes that we have within our grasp the knowledge and skills to create a much brighter, heart healthy future for Canadians – one in which:

Citizens have the knowledge, resources and support they need to reduce their risk of CV diseases and other chronic illnesses, and lead longer, healthier lives.

Governments, the health care system, the private sector, voluntary and community organizations, and individuals work together to create environments and services that promote and enhance CV health.

Patients are active, informed partners in their own health and care. Interprofessional teams of health care providers have the information, skills and tools to promote health, prevent CV diseases, and provide timely, comprehensive, integrated, patient-centred care for Canadians with heart and vascular disease.

Canada is recognized around the world as a productive, economically competitive and heart healthy nation.

Targets

The CHHS-AP sets a number of ambitious but achievable targets for prevention and care of CV diseases.

BY 2020:

- 1/ Decrease the annual mortality rate from CV diseases by 25% (from 227/100,000 population in 2004 to 171/100,000).
- 2/ Decrease the burden of CV diseases in the Aboriginal/indigenous population to the same level as in other Canadians.
- 3/
 - a Decrease the prevalence of hypertension in adult Canadians aged 18-74 years by 32% (from 22% in 1992 to 15%).
 - b Increase the proportion of adult Canadians with hypertension who are aware of their condition by 64% (from 58% in 1992 to 95%).
 - c Increase by six-fold the proportion of adult Canadians with hypertension treated to recommended targets (from 12.1% in 1992 to 75%).
- 4/ Decrease the risk-adjusted 30-day in-hospital mortality rate from heart attacks by 32% (from 10.3% to 7%).
- 5/ Decrease the risk-adjusted 30-day in-hospital mortality rate from stroke by 25% (from 18.2% to 13.6%).
- 6/ Decrease the age-standardized number of hospitalizations per year for treatment of heart failure by 25% (from 132/100,000 population in 2005/06 to 98/100,000).
- 7/ Decrease the age-standardized number of hospitalizations per year for treatment of acute stroke by 25% (from 95/100,000 population in 2005/06 to 71/100,000).
- 8/ Have CV risk assessments performed on 90% of Canadians aged 45 years and older within the previous five years.
- 9/ Work with others to reduce the overall smoking rate by 25%.
- 10/ Abnormal levels of blood cholesterol and other lipids remain a major risk factor for CV diseases. Unfortunately, no population-based measures of lipids are yet available in Canada, so a target cannot be set at this time. However, they are expected soon, and once available a target can be set. In the meantime, aggressive measures to improve this risk factor are encouraged as part of the Strategy.
- 11/ By 2015, achieve the following targets by working with others who have set these targets:
 - Increase the proportion of Canadian children and adults eating at least five servings of vegetables and fruit per day by 20%.
 - Increase the proportion of Canadian children and adults who are physically active by 20%.
 - Decrease the rate of Canadian adults who are overweight/obese by 20% and the rate of childhood obesity from 8% to 5%.

Economic Analysis

Given the complex relationships among the various risk factors, the potential for advances in diagnosis and therapies, and the effect of changing care delivery models, the Steering Committee recognizes the difficulty in estimating the potential for cost savings as a result of achieving these targets. We are continuing to assess various models but believe that the current estimate of savings of \$1 billion per year in direct costs and \$2 billion per year in indirect costs are conservative estimates. This is highlighted by recent studies that estimate direct cost savings of approximately \$2 billion per year just from decreasing average sodium (salt) consumption to recommended levels.

The CHHS-AP Steering Committee believes that it is necessary to develop a governance structure to oversee implementation of the Strategy.

To this end, the Steering Committee recommends to the federal Minister of Health the following governance model for implementing the Strategy:

- 1/ Create a CHHS-AP Implementation Coordinating Council comprising up to 15 experts to coordinate the implementation of the Strategy.
- 2/ Ensure that the Implementation Coordinating Council is composed of:
 - an appropriate cross-section of experts from the health policy, research and practice communities and organizations
 - representative(s) from the public
 - ex officio senior members from the federal and provincial/territorial governments.

- 3/ Establish a dedicated secretariat within the federal health portfolio (in either the Public Health Agency of Canada or Health Canada).

Appendix A presents a description of the recommended governance model for implementation of the CHHS-AP.

The Recommendations and Action Plan

The Action Plan describes the objectives for each recommendation with a reference to a detailed discussion in the Strategy document.

It also outlines the following for each **objective**:

- **Desired outcome:** the “so what,” i.e., what will be achieved
- **Activities:** how the objectives can be achieved
- Examples of **indicators to monitor progress** (within a seven-year period)
- **Timelines**, which assume a start date of April 2009 and seven years for implementation (impact of the Strategy to be assessed in 2020)
- **The lead/facilitator:** the organization(s)/ sector(s) that seem most appropriate to initiate, oversee or facilitate the action and bring together the appropriate **potential partners** or sectors that would need to be involved

- **Cost implications:** the classification of costs, including leveraging opportunities, as being:
 - no additional cost (do things differently)
 - cost enhancement or reallocation of resources (build on existing investments)
 - new investments needed.

Refer to the Business Plan for details on the proposed budget for implementation of the CHHS-AP.

Appendix B presents a list of abbreviations used for some organizations.

1 / Create Heart Healthy Environments

A/ Socio-economic Determinants of Health

Although the focus in the health system tends to be on behavioural risk factors for CV diseases – such as poor diet, lack of exercise and smoking – the CHHS-AP recognizes that these determinants are in fact greatly influenced by the upstream socio-economic determinants of health. We acknowledge the huge opportunity to prevent CV and other chronic diseases by addressing these broader societal issues. To achieve success in this area requires broad intersectoral action and the involvement of all

levels of governments, using whole-of-government approaches within each level of government, working collectively with the volunteer sector, industry and society in general.

The CHHS-AP Steering Committee anticipates the final report of the Standing Senate Committee on Social Affairs, Science and Technology Subcommittee on Population Health and supports actions to overcome health and societal inequalities, including the actions outlined in the 2008 *Chief Public Health Officer's Report on the State of Public Health in Canada*.

B/ Environmental Factors

1.1 IMPROVE THE NUTRITIONAL QUALITY OF CANADA'S FOOD SUPPLY AND ACCESS TO HEALTHY FOODS

Objective: Eliminate processed trans fats in Canada's food supply through regulation as recommended by the Trans Fat Task Force, including replacing trans fats with healthier alternatives to saturated fats. (Pages 26, 34)

Desired Outcome: Processed trans fats are virtually eliminated from Canada's food supply.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop and implement federal regulations to virtually eliminate processed trans fats from foods.	Regulations developed	2010	Lead: Health Canada Potential Partner: Canadian Food Inspection Agency	No additional cost
	Regulations implemented	2012		
Monitor implementation.	Trans fat decreased in food supply	2014		
	Canadians' trans fat consumption decreased			
	Increase in number of Canadians who eat a heart healthy diet	2020		

Objective: Accelerate the work of Health Canada's Working Group on Dietary Sodium Reduction to drive daily levels of sodium (salt) intake down to recommended levels and ensure timely implementation of the Working Group's recommendations. (Pages 26, 34)

Desired Outcome: Daily levels of sodium (salt) intake are down to recommended levels.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Complete report of the Working Group on Dietary Sodium Reduction.	Report available	Fall 2009	Leads: Health Canada and Working Group	No additional cost
Provide resources (people and funds) to ensure that the Working Group's recommendations (to be reported in fall 2009) are implemented.	Recommendations implemented	2010/11		
Monitor and report on progress in implementing the recommendations. Monitor sodium (salt) levels in the food supply, sodium/intake and prevalence of hypertension.	Sodium/salt reduced in food supply Canadians' sodium (salt) consumption reduced	2014		
	Decrease in prevalence of hypertension	2020		

Objective: Improve food labelling regulations and other processes (e.g., guidelines and policies) to make the portion sizes on the mandatory nutrition facts panel consistent across similar products and provide clear, accurate information about the nutritional values, including calories, saturated and trans fats, sodium (salt), simple sugars, fibre and minerals. (Page 36)

Desired Outcome: Canadian consumers can compare the nutrient and calorie contents on all packaged foods and make healthy choices.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Review existing food labelling regulations and other processes (e.g., guidelines and policies) and introduce changes to make portion sizes on the nutrition facts panel consistent across similar products, including testing of proposed changes with consumers.	Legislation /regulations amended	2010	Leads: Health Canada and PHAC Potential Partners: HSFC, Dietitians of Canada, Food and Consumer Products of Canada, Canadian Council of Grocery Distributors, Canadian Council of Food and Nutrition	No additional cost
Develop education tools to enable Canadians to compare products and make healthy choices.	Tools developed	2011/12		
Implement changes to regulations and other processes, and monitor consumer understanding and behaviour.	Improved ability of Canadians to compare the nutritional quality of food products and make informed food choices	2013		
	Increase in proportion of Canadians who meet sodium/salt intake guidelines and eat a healthier diet	2016		
	Decrease in prevalence of hypertension, elevated lipids, obesity, diabetes, CV diseases	2020		

Objective: Develop guidelines, with regular monitoring, for fast food restaurants and food service outlets to post the calorie count per portion for each item at point of purchase. (Page 36)

Desired Outcome: Canadian consumers know the calorie content of servings and can make healthy food choices in fast food restaurants and food service outlets.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop and implement guidelines on posting the caloric content of servings in all federal government eating establishments (e.g., cafeterias, vending machines).	Calorie content of servings posted in federal eating establishments	2010	Leads: Health Canada and PHAC Potential Partners: Canadian Food and Restaurant Association, Dietitians of Canada, provincial/territorial/ municipal governments, relevant health charities	Enhancement Leveraging opportunity
Develop and implement guidelines on posting the caloric content of servings for fast food restaurants and food service outlets (e.g., cafeterias, vending machines).	Calorie content of servings posted in fast food restaurants and food service outlets	2011		
Monitor and report on implementation by fast food restaurants and food service establishments.	100% of government food facilities compliant	2013		
	Increase in number of restaurants and food service outlets posting calories per portion	2015		
	Increase in proportion of Canadians who eat a heart healthy diet Decrease in obesity	2020		

Objective: Ban the advertising and marketing of “unhealthy” foods and beverages to children in all media based on clear definitions of “healthy” foods, and provide incentives to encourage the food industry to voluntarily market “healthy” foods to children. (Page 35)

Desired Outcome: Foods and beverages marketed to children in all media are limited to healthy choices.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Establish an expert group to develop clear definitions for “healthy” foods for Canada, including a review of definitions used in other countries such as Australia and New Zealand.	Expert panel defines “healthy” foods	2010	Lead: Health Canada Potential Partners: PHAC, CDPAC, Advertising Standards Canada, Concerned Children’s Advertising, Food and Consumer Products Canada	No additional cost
Develop and implement advertising regulations.	Regulations implemented	2011-2013		
Monitor compliance.	100% compliance	2016		
	Decrease in childhood obesity	2020		

Objective: Provide sustainable funding to expand the Food Mail Program to more northern and isolated communities. (Page 33)

Desired Outcome: Price is not a significant barrier to access healthy foods in northern and isolated communities.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Conduct a study of communities eligible for the Food Mail Program to identify facilitators and barriers to participation in the program, and make necessary adjustments to the program, including allocation of appropriate sustainable funding; implement changes; and provide support to communities.	Study completed Program modified and implemented	2012	Leads: INAC, Canada Post, Health Canada's First Nations and Inuit Health Branch Potential Partners: northern communities and retailers, Aboriginal/indigenous health organizations, provincial/territorial governments, relevant health charities	Enhancement
Monitor and report on participation and access to healthy foods.	Increase in number of communities participating Improved availability and affordability of perishable and non-perishable healthy foods in participating communities	2014		
	Increase in number of residents who eat heart healthy diets Decrease in obesity and diabetes	2020		

Objective: Identify best practices for providing healthy foods in schools, and disseminate this information to school boards. (Pages 37-38)

Desired Outcome: Schools provide only healthy foods to their students.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Create an inventory of best practices.	Inventory created and maintained	2011/12	Lead: PHAC Potential Partners: Joint Consortium for School Health, provincial/territorial/municipal governments, Canadian Teachers' Federation, school boards, parents, communities, non-governmental organizations, food industry, food services industry	Enhancement
Develop and implement a mechanism for school boards to access information about best practices, disseminate information and monitor uptake of information and quality of food.	Improved quality of foods available in schools	2014		Leveraging opportunity
	Increase in number of children who eat a healthy diet Decrease in childhood obesity	2020		

Objective: Encourage employers to implement healthy food policies in workplaces and to make healthy foods available to employees. Government organizations and hospitals should lead the way by serving only healthy foods. (Pages 37-38)

Desired Outcome: Workplaces are healthy places to eat.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Develop guidelines for healthy food policies in workplaces, including federal government departments and agencies.	100% implementation in all federal departments and agencies	2012/13	Leads: Health Canada, PHAC, and Public Works and Government Services Canada Potential Partners: Provincial/territorial/municipal governments, Workers Compensation Boards, employers, unions, food industry, food services industry, occupational health professionals, employee benefits providers, employee assistance programs	Enhancement Leveraging opportunity
Provide tax and other incentives to employers to implement healthy food policies in their workplaces and monitor implementation of healthy food policies and quality of food available.	Increase in number of workplaces participating	2015		
	Improved quality of foods available in workplaces	2016		
	Increase in number of adults who eat a healthy diet Decrease in adult obesity	2020		

1.2 CREATE MORE OPPORTUNITIES FOR PHYSICAL ACTIVITY

Objective: Increase support for infrastructure development that promotes active, healthy living (e. g., sidewalks, walking paths, recreation centres, parks, and bike paths and lanes) by, for example, designating a specific portion of the \$33 billion Building Canada – Modern Infrastructure for a Strong Canada plan (2007-2014) for this purpose. (Pages 26, 36-37)

Desired Outcome: Design and structure of communities support active healthy living.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Designate a portion of the infrastructure fund to promote active healthy living.	Funding designated	2009/10	Lead: Infrastructure Canada Potential Partners: PHAC, Department of Finance, provincial/territorial/municipal governments, Canadian Institute of Planners, Federation of Canadian Municipalities	No additional cost
Develop and implement a program, and promote uptake by governments and communities.	Improved infrastructure and opportunities for active living for Canadians at the community level	2012-2016		
Monitor and report on uptake of program and changes in community design.	Increased physical activity Decreased obesity	2020		

Objective: Promote and showcase Canadian and international best practices/examples of community planning and design that enhance healthy, active living. (Pages 36-37)

Desired Outcome: Design and structure of communities support active healthy living.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Create an inventory of Canadian and international best practices/examples of community planning and design that enhance healthy, active living.	Inventory created and maintained	2013	Lead: PHAC Potential Partners: Canadian Institute of Planners, Federation of Canadian Municipalities, Canada Lands Company, public health departments/ organizations, citizens/residents, non-governmental organizations	New investment Leveraging opportunity
Develop and implement a mechanism for governments, municipalities and communities to access information about best practices. Monitor and report on uptake of information and physical activity levels.	Increase in zoning and development planning that support healthy, active living	2015		
	Increase in opportunities for healthy active living in communities	2016		
	Increased physical activity Decreased obesity	2020		

Objective: Identify best practices for providing daily opportunities for physical activities in schools that will help children meet Health Canada's physical activity guidelines, and disseminate this information to school boards. (Pages 37-38)

Desired Outcome: Schools play an integral role in helping children meet Health Canada's physical activity guidelines.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Create an inventory of best practices for providing physical activity in schools.	Inventory created and maintained	2011	Lead: PHAC Potential Partners: Joint Consortium for School Health, provincial/territorial/municipal governments, school boards/teachers/schools, parents, communities, non-governmental organizations	New investment
Develop and implement a mechanism for school boards to access information about best practices.	Increased opportunities for students to be physically active in schools	2014		Leveraging opportunity
Disseminate information and monitor uptake of information and physical activity levels.	Increased physical activity Decreased obesity	2020		

Objective: Provide incentives to employers to implement healthy, active living policies and to offer employees opportunities for regular physical activity. (Pages 37-38)

Desired Outcome: Workplaces provide opportunities and/or incentives for regular physical activity.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop and implement guidelines for physical activity policies in workplaces (including federal government departments and agencies) and methods to reward employers for implementing healthy policies and opportunities for employees.	Implementation in federal departments and agencies	2012/13	Leads: PHAC and Industry Canada Potential Partners: employers, unions, occupational health professionals, employee benefits providers, employee assistance programs, insurance industry	New investment Leveraging opportunity
Provide tax and other incentives to employers to implement healthy, active living policies in their workplaces, and monitor implementation of healthy, active living policies and opportunities for physical activity in workplaces.	Increase in number of workplaces participating	2015		
	Improved opportunities for physical activity in workplaces	2016		
	Increased physical activity Decreased obesity	2020		

Objective: Provide tax incentives to ensure opportunities for children to be more physically active, such as offering refundable tax credits to low-income families and exempting the sale of bicycles, helmets and other sports equipment from GST/HST. (Pages 37-38)

Desired Outcome: Government tax policies support children being physically active.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Introduce changes to federal tax policy to support physical activity for children.	Tax policies implemented	2010	Lead: Department of Finance	Enhancement
Monitor uptake.	Increase in uptake of tax incentives	2012-2014	Potential Partners: PHAC, provincial/ territorial governments	
	Increased physical activity Decreased obesity	2020		

1.3 REDUCE EXPOSURE TO AND USE OF TOBACCO

Objective: Develop regulations to control the sale of flavoured “cigarillos,” and address other tobacco industry measures that attempt to circumvent current tobacco control legislation. (Pages 39-41)

Desired Outcome: Tobacco control legislation is comprehensive and responsive.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop and implement regulations/ guidelines to control sale of flavoured “cigarillos,” including identification of measures that attempt to circumvent current tobacco control legislation, and implement appropriate action.	Regulations developed and implemented	2010	Lead: Health Canada Potential Partners: PHAC, provincial/ territorial/municipal governments, school boards, HSFC, the Lung Association, Canadian Cancer Society, Canadian Council for Tobacco Control, Physicians for a Smoke-Free Canada	No additional cost
Monitor and report on compliance.	Reports produced and compliance improved	2012		
	Decrease in smoking rates	2014		

Objective: Support successful smoking cessation programs, such as the one developed by the University of Ottawa Heart Institute, at other clinical settings in Canada. (Pages 39-41)

Desired Outcome: All clinical settings have implemented successful and effective smoking cessation programs.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Create an inventory of best practices.	Inventory created and maintained	2010	Lead: Health Canada Potential Partners: PHAC, provincial/ territorial governments, regional health bodies, heart institutes, clinicians, hospital administrators, pharmaceutical industry	New investment Leveraging opportunity
Develop and implement a mechanism for clinical settings to access information about best practices, and provide access to programs.	Increase in number of clinical settings accessing information	2011		
Create initiatives to support adoption of effective smoking cessation programs.	Increase in number of clinical settings implementing programs	2012/13		
Monitor uptake of information and smoking rates.	Decrease in smoking rates	2013/14		

Objective: Enhance community programs that keep youth from starting to smoke. (Pages 39-41)

Desired Outcome: Canadian youth do not start to smoke.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Create an inventory of best practices/ examples in communities, and disseminate information.	Inventory created and maintained	2012	Lead: Health Canada Potential Partners: PHAC, provincial/ territorial/municipal governments, HSFC, the Lung Association, Canadian Council for Tobacco Control, Physicians for a Smoke-Free Canada	Enhancement Leveraging opportunity
Monitor uptake of information and youth smoking rates.	Decrease in youth smoking rates	2014		

Objective: Identify best practices for schools to keep children and youth from starting to smoke, and disseminate this information to school boards. (Pages 39-40)

Desired Outcome: Canadian youth do not start to smoke.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Create an inventory of best practices/ examples in schools.	Inventory created and maintained	2011	Lead: Health Canada Potential Partners: Joint Consortium for School Health, provincial/ territorial/ municipal governments, school boards, Canadian Council for Tobacco Control	Enhancement Leveraging opportunity
Develop and implement a mechanism for school boards to access information about best practices.	Increase in number of school boards accessing information	2012		
	Decrease in youth smoking rates	2014		
Disseminate information.	Decrease in overall smoking rates	2020		
Monitor uptake of information and youth smoking rates.				

Objective: Support employers to develop tobacco policies and offer smoking cessation programs to employees, such as improving access to programs and aids that help people become smoke-free. (Pages 39-41)

Desired Outcome: Canadians who smoke stop smoking.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop guidelines for tobacco policies in workplaces, and identify best practices for smoking cessation programs from both private and public sectors.	Guidelines developed	2010/11	Lead: Health Canada Potential Partners: PHAC, provincial/ territorial/municipal governments, employers, unions, insurance companies, employee benefits providers, employee assistance programs	New investment
Monitor implementation of tobacco policies and smoking cessation programs in workplaces.	Increase in the number of employers that have tobacco policies in place and offer cessation programs (and number of employees in those workplaces)	2016		Leveraging opportunity
Provide public update on employers' adopting policies.	Increase in number of smokers who quit	2017		
	Decrease in smoking rates	2020		

2 / Help Canadians to Lead Healthier Lives

2.1 BRING CANADA'S MAJOR DISEASE ORGANIZATIONS TOGETHER

Objective: Develop and communicate clear, consistent messages about common risk factors for chronic diseases. (Pages 45-47)

Desired Outcome: Canadians receive clear, consistent messages about common risk factors for chronic diseases.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Establish a working group of disease-specific charities and non-governmental health organizations to develop common messages.	Funding provided and coordination/collaboration mechanisms and processes developed	2009	Leads: PHAC and HSFC Potential Partners: Health Canada, other disease-specific charities, health non-governmental organizations, provincial/territorial/municipal governments, regional health bodies, primary health care professionals/teams	Enhancement
Test messages with citizens.	Consistent messages developed and tested	2010		
Develop and implement a coordinated, sustained communications plan.	Campaign developed and implemented	2010/11		
Monitor citizens' understanding of common messages.	Improved awareness of risk factors and the potential for prevention by Canadians	2010-2014		
	Decrease in hypertension, obesity, diabetes Decrease in hospitalizations Decrease in CV deaths Decrease in health care costs	2020		

Objective: Create and launch comprehensive, sustained public education/social marketing campaigns targeted at high-risk populations to prevent CV and other chronic diseases, including the signs and symptoms of stroke and heart disease, and the actions to take. (Pages 45-47)

Desired Outcome: High-risk populations receive targeted and sustained messages about CV and other chronic diseases.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Establish an expert advisory group to oversee development of a public education/social marketing campaign for high-risk populations.	Funding allocated and expert group established	2010/11	Leads: PHAC and HSFC Potential Partners: Health Canada, CCS, HSFC/CSN, other disease-specific health charities, health non-governmental organizations, organizations representing high-risk populations, provincial/territorial governments, regional health authorities, primary health care professionals/teams	New investment Leveraging opportunity
Engage a social marketing firm to develop the campaign. Implement the campaign, targeting different high-risk populations.	Sustained social marketing campaign (tailored to risk populations) developed and implemented	2011/12		
Monitor impact of the campaign.	Increase in awareness of CV and chronic disease risk factors and ways to reduce them, among targeted populations Decrease in hypertension, obesity, diabetes Decrease in hospitalizations Decrease in CV deaths Decrease in health care costs	2014 2020		

Objective: Support the Canadian Public Health Association's and the Canadian Council on Learning's work on health literacy. (Page 48)

Desired Outcome: Health literacy of all Canadians is enhanced.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Provide funds to Canadian Public Health Association and Canadian Council on Learning to develop and implement an integrated pan-Canadian health literacy strategy, including strengthening school curricula.	Health literacy strategy developed and implemented	2012/13	Leads: PHAC, CPHA and CCL Potential Partners: provincial/territorial, municipal governments, literacy organizations, disease specific charities, non-governmental health organizations	New investment Leveraging opportunity
Evaluate outcomes and impact of the strategy.	Increased health awareness	2014		
	Decrease in risk factors	2020		

2.2 DEVELOP AND MAINTAIN INTERACTIVE CANADIAN SOURCE(S) OF AUTHORITATIVE INFORMATION ON CV HEALTH AND DISEASES

Objective: Develop and Maintain Interactive Canadian Source(s) of Authoritative Information on CV Health and Diseases. (Pages 47-48)

Desired Outcome: Canadians have access to Canadian source(s) of authoritative CV health information (interactive and others) to improve capacity for self-care.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Identify the appropriate structure and implementation model. Allocate funds for development of structure and processes/mechanisms to develop content and technology.	Structure and implementation model identified Funding provided and processes/mechanisms developed	2011/12	Lead: PHAC Potential Partners: HSFC, Dietitians of Canada, ParticipACTION, Canadian Council for Tobacco Control, provincial/territorial governments, regional health bodies, primary health care teams	Enhancement Leveraging opportunity
Test with citizens and implement the mechanisms to develop and review content established and tools developed.	Increased use of printed and interactive tools by Canadians to assess risk	2013/14		
Make printed materials and online interactive tools (e.g., risk assessment tool) and forums (e.g., online communities, blogs) available.	Increased awareness among Canadians of CV risk factors and ways to reduce them	2015		
Provide ongoing maintenance and monitoring of uptake. Monitor awareness and health status.	Decrease in hypertension, obesity, diabetes Decrease in hospitalizations Decrease in CV deaths Decrease in health care costs	2020		

2.3 DELIVER CV RISK SCREENING, EDUCATION AND FOLLOW-UP PROGRAMS IN A VARIETY OF COMMUNITY SETTINGS

Objective: Develop and Maintain Interactive Canadian Source(s) of Authoritative Information on CV Health and Diseases. (Pages 50-51)

Desired Outcome: Canadians have access to convenient community-based CV risk factor screening, education and follow-up programs.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Create an expert group to identify best practices.	Incentives funding program developed and implemented	2010/11	Lead: PHAC Potential Partners: Health Canada, HSFC/CSN, CCS, provincial/territorial/ municipal governments, regional health bodies, community organizations, health professionals, disease-specific charities, non-governmental health organizations, private sector funding partners, YMCA/ YWCA, pharmaceutical associations/industry	New investment
Develop program outline, costs and implementation plan. Develop partnerships with industries and community organizations for program delivery.	Increased partnerships	2011/12		Leveraging opportunity
Monitor screening and risk detection and citizens’ understanding of risk profiles. Monitor or refine referral and follow-up procedures.	Increased number of high-quality risk factor screening programs Increased detection and management of risk factors Increased understanding of risk factors among Canadians	2013-2016		
Monitor referrals and risk profiles.	Improvements in risk profiles	2016		
Monitor uptake. Evaluate effectiveness of programs.	Decrease in hypertension, obesity, diabetes Decrease in hospitalizations Decrease in CV deaths Decrease in health care costs	2020		

3 / End the CV Health Crisis Among Aboriginal/Indigenous Peoples

Objective: Develop a multi-year action plan to meet the CV needs of Aboriginal/indigenous peoples and communities using a partnership approach involving Aboriginal/indigenous organizations; federal, provincial, territorial and municipal governments; Aboriginal/indigenous communities; and non-governmental organizations. (Pages 53-59)

Desired Outcome: A multi-year action plan is developed to meet the CV needs of Aboriginal/indigenous peoples (as outlined in the CHHS-AP Strategy document).

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Establish a steering committee with representation from Aboriginal/indigenous organizations, federal/provincial/territorial/municipal governments, health regions, Aboriginal/indigenous communities and non-governmental organizations to oversee the development of the action plan, including these activities: • undertaking consultations with Aboriginal/indigenous communities and leaders • making recommendations regarding the creation of the national Aboriginal/indigenous centre, or network of centres for chronic disease prevention and management.	Action plan steering committee created	2009/10	Lead: Health Canada's First Nations and Inuit Health Branch	New investment
	Consultations and community engagement conducted (partnership approach)	2009/10	Potential Partners: PHAC, INAC, Statistics Canada, CIHR, national	
	Aboriginal/indigenous CV action plan developed	2011/12	Aboriginal organizations, national Aboriginal health organizations, Aboriginal/indigenous communities, health professional organizations, provincial/territorial/municipal governments, non-governmental organizations, disease-specific charities	

Objective: Create a national Aboriginal/indigenous centre (or network of centres) for chronic disease prevention and management to coordinate the implementation of the action plan. (Pages 53-59)

Desired Outcome: An effective implementation mechanism is created and appropriately funded to achieve the goals of the action plan.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Establish the centre, or network of centres, to implement the steering committee's action plan.	National Aboriginal/indigenous centre or network of centres for chronic disease prevention and management created and funding provided	2011/12	Lead: Health Canada's First Nations and Inuit Health Branch Potential Partners: PHAC, INAC, Statistics Canada, CIHR, national Aboriginal organizations, national Aboriginal health organizations, Aboriginal/indigenous communities, health professional organizations, provincial/territorial/municipal governments, non-governmental organizations, disease-specific charities	New investment
	Aboriginal/indigenous action plan implementation initiated	2012/13		
Monitor and report on progress.	Aboriginal/indigenous action plan milestones achieved	2114-2116		
	Improved access to CV health services Improved Aboriginal/indigenous health status	2020		

4 / Continue the Reform of Health Services – Provide Timely, Integrated Patient-Centred Cardiovascular Care

4.1 ACCELERATE THE IMPLEMENTATION OF CHRONIC DISEASE PREVENTION AND MANAGEMENT AS THE PREFERRED MODEL FOR DELIVERING MOST CARDIOVASCULAR CARE IN CANADA

Objective: Accelerate the development and training of interprofessional primary care teams with new roles and working relationships. (Pages 62, 91-93)

Desired Outcome: Interprofessional primary care teams are the practice norm.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Collaborate with provincial/territorial governments to develop an incentive funding program for educational institutions and primary care settings to develop and train interprofessional primary care teams.	Incentives program developed and implemented	2012/13	Lead: Health Canada Potential Partners: Provincial/territorial governments, regional health bodies, health care providers (primary and specialty care), health professional faculties	New investment Leveraging opportunity
Launch program and monitor uptake.	Increased number of jurisdictions participating	2014/15		
Monitor and disseminate best practices.	Increased number of interprofessional primary care teams with new roles and working relationships	2015/16		
	Improved access to high-quality CV health services delivered using integrated models Decreased health care costs	2020		

Objective: Implement process improvements and change management. (Pages 63-67)

Desired Outcome: Continuous quality improvement and innovation are hallmarks of chronic disease prevention and management programs.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Collaborate with provincial/territorial governments to develop an incentive funding program to foster innovation in process improvement and change management in chronic disease prevention and management programs.	Innovation funding developed and implemented	2012/13	Leads: Health Canada and PHAC Potential Partners: provincial/territorial governments, regional health bodies, health professional organizations, health care providers, health information organizations	New investment Leveraging opportunity
Launch program and monitor uptake.	Increased number of jurisdictions participating	2013/14		
Monitor and disseminate best practices.	Increased number of settings adopting innovative models of process improvement and change management	2014-2016		
	Improved access to CV health services Decreased health care costs	2020		

Objective: Document and disseminate best practices in patient partnerships, self-care and patient-centred care, and in organizing and delivering of patient-centred care. (Pages 47, 72, 85)

Desired Outcome: Patients are supported in their self-care. Overall CV care is patient-centred.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Create an inventory of best practices/ examples in: - self-care - patient-centred care.	Inventory created and maintained	2011/12	Lead: Health Canada Potential Partners: provincial/territorial governments, regional health bodies, health professional organizations, health care providers, health information organizations, researchers, disease-specific charities, non-governmental health organizations	New investment Leveraging opportunity
Create incentive funding opportunities for innovations in self-care and patient-centred care within the chronic disease prevention and management programs.	Mechanism developed, promoted and implemented	2012/13		
Monitor: - uptake of information on self-care - delivery of patient-centred care.	Increased number of settings providing support for self-care and delivering patient-centred care	2014		
	Improved patient care	2016		
	Improved access to CV health services	2020		
	Decreased health care costs			

4.2 IMPROVE ACCESS TO HIGH-QUALITY, APPROPRIATE, COORDINATED SPECIALIZED CARDIOVASCULAR CARE, INCLUDING DIAGNOSTICS, ACUTE CARE, CARDIAC REHABILITATION AND END-OF-LIFE PLANNING AND CARE

Objective: Provide incentives for the continued development of regional integrated networks of specialized cardiovascular care, for example:

- Establish triage systems that will ensure those in greatest need are seen first.
- Incorporate “system navigation” into regional teams to help patients and their health information move easily between services and providers.
- Continue to develop and implement specialty clinics within integrated networks staffed by interprofessional teams to manage complex cardiovascular conditions such as heart failure, congenital heart disease, certain abnormal heart rhythms and chest pain. (Pages 61-76)

Desired Outcome: Specialized cardiovascular care is organized into regional integrated networks across Canada.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Collaborate with provincial/territorial governments to develop an incentive funding program to foster development of regional integrated networks of specialized cardiovascular care.	Innovation funding developed and implemented	2012/13	Lead: Health Canada Potential Partners: provincial/territorial governments, regional health bodies, regional integrated CV care networks, health care providers	New investment Leveraging opportunity
Launch program and monitor uptake.	Increased number of jurisdictions participating	2014		
Monitor and disseminate best practices, for example: • triage systems • system navigation • specialty clinics with interprofessional teams for complex cardiovascular conditions such as heart failure, congenital heart disease, certain abnormal heart rhythm and chest pain.	Increased number of settings with regional integrated networks of specialized cardiovascular care Improved access to high-quality specialized cardiovascular care	2016		
	Improved access to high-quality CV health services Decreased hospitalizations Decreased health care costs	2020		

Objective: Implement and monitor a system of evidence-based maximum recommended wait times – particularly for consultative services and for diagnostic testing. (Page 70)

Desired Outcome: Patients receive cardiovascular care within evidence-based maximum recommended wait times.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Collaborate with provincial/territorial governments to establish a process to implement and monitor evidence-based maximum wait times for cardiovascular care.	Federal/provincial/territorial process developed to establish evidence-based wait times	2011-2013	Lead: Health Canada Potential Partners: provincial/territorial governments, CCS, CIHI, regional health bodies, regional integrated care networks, health care providers	New investment
Establish evidence-based maximum wait times.	Wait times established	2013/14		
Develop information systems to monitor wait times.	Information systems implemented	2014/15		
Monitor and report on established wait times.	Improved access to services	Beyond 2016		
	Decreased health care costs	2020		

Objective: Expand the use of telemedicine technologies within and between provinces and territories to provide care as well as patient and provider education (e.g., telestroke). (Page 71)

Desired Outcome: Telemedicine technologies are broadly used across the country to enhance access to care.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Create an inventory of best practices of telemedicine technologies.	Inventory created and maintained	2011	Lead: Health Canada Potential Partners: provincial/territorial governments, regional health bodies, regional integrated CV care networks, health care providers	New investment
Collaborate with provincial/territorial governments to develop an incentive funding program to foster development of telemedicine technologies for care, education programs for providers and information for patients.	Innovation funding developed and implemented	2012/13		
Launch and promote funding program.	Increased number of jurisdictions participating Increased number of settings using telemedicine technologies for care, offering education programs to providers and information to patients	2013/14		
Monitor and disseminate best practices.	Improved access to quality care and information	Beyond 2016		
	Decreased health care costs	2020		

Objective: Continue to develop rehabilitation programs in underserved regions, and incorporate cardiac rehabilitation services into primary care-based chronic disease prevention and management programs. (Pages 73-74)

Desired Outcome: There are no underserved regions for rehabilitation programs.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Collaborate with provincial/territorial governments to develop an incentive funding program to foster development of rehabilitation programs.	Funding mechanism developed	2012/13	Lead: Health Canada Potential Partners: Canadian Association of Cardiac Rehabilitation, provincial/territorial governments, regional health bodies, regional integrated CV care networks, health care providers	New investment Leveraging opportunity
Launch and promote funding program.	Increased number of jurisdictions participating	2013/14		
Monitor and disseminate best practices.	Increased number of settings offering rehabilitation programs in underserved regions and integrating rehabilitation services into primary care chronic disease prevention and management programs	2014/15		
	Improved access to rehabilitation programs			
	Improved quality of care	2020		
	Decreased health care costs			

Objective: Provide support for end-of-life planning and care information and services, including episodic support and respite services for informal caregivers. (Pages 74-75)

Desired Outcome: End-of-life planning and care information and services for CV diseases are broadly available across the country.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Collaborate with provincial/territorial governments to develop an incentive funding program to foster development of end-of-life planning and care information and services.	Funding mechanism developed	2012	Lead: Health Canada Potential Partners: provincial/territorial governments, regional health bodies, regional integrated CV care networks, health care providers, palliative care organizations	New investment
Launch and promote funding program.	Increased number of jurisdictions participating	2013/14		
	Increased number of settings offering end-of-life planning and care information	2016		
Monitor and disseminate best practices.	Improved access to quality end-of-life planning and care services	2020		

4.3 ESTABLISH, MAINTAIN, PROMOTE AND EVALUATE CONSISTENT USE OF UPDATED, EVIDENCE-BASED, INTERPROFESSIONAL CLINICAL GUIDELINES IN PREVENTING AND MANAGING CARDIOVASCULAR RISK AND DISEASE, TREATMENT, REHABILITATION AND END-OF-LIFE PLANNING AND CARE

Objective: Support the ongoing development, implementation and regular updating of best practice guidelines in the Canadian Stroke Strategy, the Canadian Hypertension Education Program, and the Canadian Cardiovascular Society's Heart Failure Knowledge Translation Program and guidelines for lipids/cholesterol. (Pages 75-76)

Desired Outcome: Care for CV diseases is improved based on regularly updated and used best practice guidelines.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Allocate funding for the ongoing development, implementation and regular updating of best practices to: - the Heart and Stroke Foundation of Canada and the Canadian Stroke Network - the Canadian Hypertension Education Program - the Canadian Cardiovascular Society's Heart Failure Knowledge Translation Program - the Canadian Cardiovascular Society for the development of guidelines for lipids and cholesterol.	Resources allocated	2009/10	Leads: Health Canada and respective Guideline leads (e.g., HSFC/CSN, CHEP, CCS etc.), CIHR Potential Partners: PHAC, health professional organizations, health professional faculties, provincial/territorial governments, regional health bodies, other disease-specific charities, provincial/territorial health research organizations, researchers, clinicians, other health professionals	Enhancement
	Systematic multi-year process for guideline development/update/implementation in place	2010/11		
	Guidelines developed/updated	2011-2014		
	Activities and mechanisms to promote uptake and embed guidelines in practice	2012-2014		
	Reduction of evidence-practice gaps in practice areas delineated by guidelines	2016		
Facilitate a process among all of the guideline synthesis organizations to produce harmonized and simplified guidelines to address the needs of patients with multiple co-morbidities for use by all members of the health care team.	Guidelines harmonized	2013-2015		
	Improved quality of care Decreased health care costs	2020		

Objective: Create a pan-Canadian initiative to develop a comprehensive set of quality indicators for CV prevention and care programs – to include recommended monitoring methods. (Pages 76, 83)

Desired Outcome: CV prevention and care programs in Canada are improved through the use of, and regular reporting on, a comprehensive set of quality indicators.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop terms of reference and establish expert working groups, in collaboration with provincial and territorial governments, and develop work plan.	Work plan to develop pan-Canadian quality indicator approved/ funded	2009/10	Leads: Health Canada and Statistics Canada in collaboration with CIHI Potential Partners: CCS, CIHR, Canadian Patient Safety Institute, provincial/ territorial governments, provincial/territorial health quality councils, provincial/territorial health information organizations, regional health bodies, health professional organizations, researchers, disease-specific charities, health non-governmental organizations	New investment
Develop quality indicators.	Quality indicators adopted	2011/12		
Design and implement monitoring system.	Monitoring system designed and implemented	2012/13		
Promote use and reporting of indicators.	Increased number of jurisdictions using indicators	2014-2016		
	Increased number of jurisdictions reporting indicators to health care providers/institutions and the public	2015/16		
Review reports and monitor improvements.	Improved health care delivery and outcomes	2016		
	Improved quality of services	2020		
	Decreased health care costs			

Objective: Create a pan-Canadian task force to develop clinical practice guidelines for end-of-life planning and care for individuals with advanced CV disease. (Pages 75-76)

Desired Outcome: End-of-life planning and care for CV patients is improved through the use of clinical practice guidelines.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Create expert working group to identify research gaps.	Pan-Canadian expert working group created Research funded	2010/11	Leads: HSFC/CSN and CIHR-ICRH Potential Partners: provincial/territorial governments, regional health bodies, health professional organizations and faculties, palliative and end-of-life care organizations, researchers, disease-specific charities	New investment
Develop and implement clinical practice guidelines and education program.	Guidelines disseminated	2011/12		
Guidelines, education program and monitoring/key performance indicator system implemented.	Increased uptake of guidelines in practice	2013/14		
Monitor and report on end-of-life planning and care programs and initiatives.	Change in clinical practice	2014-2016		
	Improved care to individuals	2020		

Objective: Support the development of user-friendly self-care guidelines for patients and effective ways for patients to access this information. (Pages 79, 85)

Desired Outcome: CV patients have access to information and tools for self-care.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Allocate funding for ongoing development, implementation and regular updating of user-friendly self-care guidelines for patients and ways for patients to access them to: - the Heart and Stroke Foundation and the Canadian Stroke Network - the Canadian Hypertension Education Program - the Canadian Cardiovascular Society's Heart Failure Knowledge Translation Program - the Canadian Cardiovascular Society for the development of guidelines for lipids and cholesterol.	Self-care guidelines for different CV conditions developed	2010-2012	Leads: HSFC/CSN, CHEP and CCS Potential Partners: PHAC, Health Canada, provincial/territorial governments, regional health bodies, health professional organizations and faculties, disease-specific charities, researchers, non-governmental organizations, patients	New investment
	Systems developed to disseminate guidelines to patients	2012-2014		
	Increased access to self-care guidelines and information for patients (and primary care teams)	2016		
	Improvements in self-care	2020		

5 / Build the Knowledge Infrastructure to Enhance Prevention and Care

5.1 GATHER CANADIAN DATA ON THE PREVALENCE AND INCIDENCE OF CV RISK FACTORS, DISEASES AND HEALTH INEQUITIES IN CANADA

Objective: Work with the Canadian Partnership Against Cancer to develop and support a Canadian cohort study of chronic disease that includes risk factors for CV diseases. (Page 82)

Desired Outcome: Canada's chronic disease cohort study informs our understanding of the causes and interrelationships of common chronic diseases.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Provide funds for the collection and analysis of data to monitor development of CV risk factors and relationships to ethnicity, socio-economic determinants and behaviours.	Resources allocated	2009-2011	Leads: PHAC and CPAC	New investment
	Improved understanding of causes and interrelationships of common chronic diseases	2020 and beyond	Potential Partners: HSFC, CIHR, researchers	Leveraging opportunity

Objective: Facilitate the development of pan-Canadian data standards for regional CV patient registries to improve data quality and allow data to be linked and pooled. (Pages 80-81, 83)

Desired Outcome: Canada has a set of common data standards and definitions for CV patient registries.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Establish a working group to develop consensus recommendations for electronic data standards with common definitions to be used in Canadian patient registries.	Working group established	2010/11	Lead: CCS Potential Partners: leads from existing registries (ICONS, APPROACH, CCN, etc.), CIHI, Statistics Canada, PHAC, provincial/territorial governments, regional health bodies, privacy commissioners, academic institutions, e-health teams	Enhancement
Identify approaches to overcome barriers in data linkage and pooling among registries.	Standards and implementation strategy developed	2011/12		
Provide incentives to facilitate the adoption of the new common data standards across all jurisdictions and relevant database custodians, to facilitate future linkages.	Increased adoption and implementation of standards	2013		
	Reduced barriers to data linkage	2012-2016		
	Improved quality of information	2020		
	Improved CV outcomes			

Objective: Provide resources to the Public Health Agency of Canada to expand CV disease surveillance in Canada to include conditions such as heart failure, heart attack, stroke, hypertension and congenital heart disease. (Pages 80-82)

Desired Outcome: Canada has improved information on the prevalence and incidence of CV risk factors and CV diseases.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop terms of reference and establish an expert advisory group for CV surveillance, and develop work plan to increase capacity and ensure timely improvements in CV surveillance.	Expert advisory group established	2011/12	Lead: PHAC Potential Partners: Statistics Canada, CIHI, provincial/ territorial governments, regional health bodies, privacy officials, disease-specific charities, non-governmental health organizations, researchers	Enhancement
Develop systems for data acquisition, linkage and analysis.	CV surveillance activities implemented	2013/14		
Produce regular reports on prevalence and incidence of CV risk factors and CV diseases.	Data analyzed and reports produced	2014-2016		
	Improved decision making	2016 and beyond		
	Enhanced care systems	2020		

Objective: Provide resources to Health Canada and Statistics Canada to co-lead the regular collection of comprehensive, standardized food and nutrient consumption data. (Page 81)

Desired Outcome: Canada regularly collects comprehensive food and nutrition consumption data.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop plan for ongoing data collection.	Resources allocated and plan approved	2012/13	Leads: Statistics Canada and Health Canada Potential Partners: PHAC, provincial/territorial governments, researchers, Dietitians of Canada, disease-specific charities, non-governmental health organizations	New investment
Review methodology and lessons learned from the 2004 Canadian Community Health Survey on nutrition.	Review completed and survey methodology approved	2013/14		
Collect data.	Data collected	2014/15		
Analyze data.	Analysis completed	2016 and beyond		
Produce and disseminate reports.	Reports released	2016 and beyond		
	Better nutrition for Canadians	2020		

Objective: Facilitate the linkage of death certificates with health services utilization data. (Pages 80-82)

Desired Outcome: Death certificates, health status and health care utilization data are linked.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Collaborate with provinces and territories to develop memoranda of understanding under the Longitudinal Health Administrative Data initiative.	Memoranda of understanding signed with provinces and territories	2011/12	Lead: Statistics Canada Potential Partners: provincial/territorial governments, CIHR, CIHI, PHAC, researchers, health information organizations, regional health bodies, privacy officials	Enhancement
Implement data linkage systems.	Data linkage systems in place	2012/13		
Promote access to data by researchers.	Linked data available for research and analysis	2013/14		
	Research results used in decision making	2016 and beyond		
	Improved utilization of health care resources	2020		

Objective: Provide resources to create a Canadian pre-hospital cardiac arrest registry. (Page 81-82)

Desired Outcome: A comprehensive Canadian cardiac arrest registry is established and maintained.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Establish an expert working group, in collaboration with provincial and territorial governments, and develop work plan.	Resources allocated	2012/13	Lead: HSFC Potential Partners: CIHI, CIHR-ICRH, provincial/territorial governments, regional health bodies, privacy officials, health professional organizations, disease-specific charities, non-governmental health organizations, researchers	New investment
Registry developed.	Registry implemented	2014/15		
Promote use of data.	Cardiac arrest data analyzed and regularly reported	2016 and beyond		
	Enhanced capacity to manage cardiac arrest in communities, resulting in improved outcomes	2020		

Objective: Enhance capacity in Statistics Canada’s biennial Canadian Health Measures Survey by oversampling key target populations such as certain ethnic groups (e.g., South Asians), Aboriginal/indigenous persons on reserves and in the Far North, and the elderly. (Page 81)

Desired Outcome: Canada regularly collects information about health status, risk factors and health service needs of high-risk populations.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Increase capacity to carry out surveys of key target populations.	Resources allocated and capacity enhanced	2011/12	Lead: Statistics Canada Potential Partners: PHAC, Health Canada, Aboriginal/indigenous organizations (including the proposed national Aboriginal/indigenous centre), representatives of other target population groups, population health researchers and decision makers, disease-specific charities, non-governmental health organizations	Enhancement
Establish an expert advisory group to identify priority populations and develop multi-year work plan for data collection.	Expert working group formed, populations identified and multi-year plan developed for data collection	2012/13		
Collect and analyze data.	Data collected and analyzed	2014 and beyond		
Release reports.	Regular reporting of CV health indicators of key target groups	2016 and beyond		
	Improved decision making			
	Improved services	2020		
	Improved health outcomes			

5.2 SUPPORT CANADA HEALTH INFOWAY'S EFFORTS TO ACCELERATE THE DEVELOPMENT OF THE ELECTRONIC HEALTH RECORD (EHR), THE ELECTRONIC MEDICAL RECORD (EMR), CHRONIC DISEASE PREVENTION AND MANAGEMENT INFORMATION SYSTEMS, AND CONSUMER HEALTH SOLUTION CAPABILITIES ACROSS CANADA

Objective: Review the barriers and facilitators to the use of the eMR in primary care in Canada, and develop an action plan to speed its adoption. (Page 84)

Desired Outcome: Canadians have all their health information in a confidential and comprehensive eHR.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Collaborate with provincial/territorial governments to develop an incentive funding program to foster development of eMRs in primary care.	Funding mechanism developed	2011-2013	Lead: Canada Health Infoway Potential Partners: Health Canada, PHAC, CIHR, Statistics Canada, CIHI, provincial/territorial governments, regional health bodies, medical organizations, health professional organizations, researchers	Enhancement
Launch and promote funding program.	Number of jurisdictions participating	2013-2015		
Monitor use of eMRs and disseminate best practices.	Increased number of settings using eMRs	2016 and beyond		
	Improved decision making			
	Better CV health outcomes	2020		
	Enhanced patient safety			

Objective: Develop effective ways for health information systems to support the chronic disease prevention and management programs that leverage the eHR and can bridge the gap until the eMR is more widely available. (Page 84)

Desired Outcome: Chronic disease prevention and management programs across the country are better supported by health information systems.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/Facilitator	Cost Implications
Collaborate with provincial/territorial governments to develop an incentive funding program to foster development/adoption of information systems to support chronic disease prevention and management. Create an inventory of best practices.	Funding mechanism developed Inventory created and maintained	2011/12	Lead: Canada Health Infoway Potential Partners: provincial/territorial governments, Health Canada, PHAC, CIHR, Statistics Canada, CIHI, regional health bodies, health professional organizations, researchers	Enhancement
Launch and promote funding program.	Increased number of jurisdictions participating	2013/14		
Monitor development of chronic disease prevention and management information systems, and disseminate best practices.	Increased number of settings with chronic disease prevention and management information systems	2014-2016		
	Enhanced care of patients with chronic diseases	2020		

Objective: Develop effective ways for patients to access their clinical information. (Page 85)

Desired Outcome: Patients can readily access their clinical information to better enable self-care.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Collaborate with provincial/territorial governments to create an inventory of best practices, and develop and implement a mechanism to disseminate effective approaches.	Inventory created and maintained	2011/12	Lead: Canada Health Infoway Potential Partners: provincial/territorial governments, regional health bodies, health information organizations, health professional organizations	Enhancement
Monitor uptake of clinical information by patients.	Mechanism developed, promoted and implemented	2013/14		
	Improved patient access to their clinical information	2015/16		
	Improvements in self-care	2020		

Objective: Develop mechanisms to facilitate the use of clinical information from the eHR and eMR (while respecting citizen privacy and confidentiality) to support surveillance, system management, policy research and ongoing assessment of the effectiveness of Canada's health care system and disease prevention strategies. (Pages 84-85)

Desired Outcome: Clinical information/data from eHRs and eMRs are available to better inform decision making in both prevention and care.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Collaborate with provincial/territorial governments to create an inventory of best practices, and develop mechanisms to access clinical information for purposes of assessing and informing health system function while respecting privacy and confidentiality.	Inventory created and maintained	2011-2013	Lead: Canada Health Infoway Potential Partners: PHAC, provincial/territorial governments, CIHI, Statistics Canada, CIHR, regional health bodies, researchers, health professional organizations	Enhancement
Monitor uptake and use of clinical information from eHRs and eMRs.	Increase in number of settings using clinical data from eHR and eMR to assess the effectiveness of services	2014-2016		
	Improved surveillance of CV risk factors and diseases More effective use of services and strategies	2020		

5.3 IMPROVE KNOWLEDGE TO INFORM CV PREVENTION AND CARDIAC CARE

Objective: Hold a pan-Canadian CV research summit, involving the Canadian Institutes of Health Research, the Public Health Agency of Canada, the Heart and Stroke Foundation of Canada and the members of the National Alliance of Provincial Health Research Organizations, to develop a strategic, coordinated CV research agenda to address the future needs of our country. (Pages 86-87)

Desired Outcome: A strategic coordinated CV research agenda exists to support the future needs of Canada.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Convene all of the relevant CV research funding partners to analyze the funding database over the past five years to determine the overall investment and scope of funding of CV-related research. With all of the partners and stakeholders, hold a CV research summit to develop an overall national CV research strategy that is forward-looking, promotes excellence, is responsive to both national needs and capabilities, matches the goals of the CHHS-AP, and maximizes health and economic benefits.	Funding allocated	2010/11	Leads: CIHR and HSFC Potential Partners: PHAC, Health Canada, Statistics Canada, Industry Canada, CIHI, CHI, CCS, provincial/territorial health research organizations, provincial/territorial governments, regional health bodies, policy makers, researchers, health professional organizations	Enhancement
	Analyses completed			Leveraging opportunity
	Summit planned			
	Summit held	2010/11		
	Coordinated cardiovascular research agenda developed	2011/12		
	Research funding initiatives aligned with priorities specified in agenda	2013-2016		
	Improved decision making	2020		
	More technology transfer			
	Improved health outcomes			

Objective: Establish a network of centres of excellence in vascular health to improve our basic understanding of both large and small vessel diseases, identify promising (bio)markers as well as new targets for prevention and therapy, and pursue knowledge translation (clinical trials) and commercialization. (Pages 86-87)

Desired Outcome: Improved understanding of the causes of both large and small vessel diseases supports the development of novel approaches for prevention and care of CV diseases.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Fund the establishment of five vascular research nodes/centres, within a pan-Canadian network, to facilitate innovation and knowledge translation. The nodes within this network will provide research innovations in areas such as early markers to detect vascular disease, detection and treatment of microvascular disease (important in stroke, diabetes, dementia and heart failure), and innovative solutions to vascular disease (e.g. regeneration, tissue engineering, etc.). The network will enhance the synergy and cross-fertilization of innovation, and bring closer together the interface between the research innovations and applications at the bedside.	Resources allocated	2011/12	Lead: CIHR-ICRH	New investment
	Proposals submitted and reviewed	2013/14	Potential Partners: PHAC, Health Canada, Industry Canada, HSFC and provincial/territorial research funders, researchers, academic centres, ministries of health, faculties of medicine, private sector partners	Leveraging opportunity
	Network of centres created	2014/15		
	More collaborative research projects	2015 and beyond		
	Innovation and opportunities for wealth creation	2020		

Objective: Support the Canadian Institutes of Health Research to fund additional research into genetic/ proteomics-based diagnostics, markers of prognosis, and tools for personalized prevention and care. (Pages 86-87)

Desired Outcome: Create capability for personalized prevention and care for CV diseases.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop research programs, in collaboration with partners, to support the discovery of novel biomarkers for clinical risk prediction, prevention and monitoring of therapies.	Resources allocated	2011-2013	Leads: CIHR and Genome Canada Potential Partners: researchers, clinicians, health technology industry, Industry Canada	Enhancement Leveraging opportunity
Support, with partners, the evaluation of these markers for prevention, risk assessment and monitoring of therapies.	Relevant initiatives funded	2013/14		
Disseminate results.	Increased evidence translated into clinical applications	2016 and beyond		
	Enhanced ability to determine individual risk, prevention, earlier diagnosis and response to specialized therapies Increased opportunities for wealth creation	2020		

Objective: Provide more support for population health research and community intervention research to evaluate the impact of policies and programs on health. (Pages 86-87)

Desired Outcome: Government policies (including economic policies) and programs, as well as community policies and programs, are evaluated to determine their impact on population health.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Consult with partners (including international) to develop parameters for a multi-year and multi-pronged population health intervention research program. This will include development of funding partnerships and mechanisms for knowledge exchange and translation.	Funding program developed and partnerships negotiated	2012/13	Leads: CIHR-IPPH and HSFC (Co-Chairs of Population Health Research Initiative of Canada) Potential Partners: CIHR-ICRH, PHAC, Health Canada, Statistics Canada, CIHI, other federal agencies/departments, provincial/territorial health ministries and research organizations, international partners, non-governmental organizations, population health researchers, academic institutions	New investment Leveraging opportunity
Launch application process.	Program launched	2013/14		
Research programs/projects funded.	Relevant research funded	2016 and beyond		
Monitor the programs/projects.				
Research results.	Informed policy development and more effective community prevention interventions Impacts of government legislation, policy and programs on health better understood	2020		

Objective: Evaluate the impact of economic policies such as tax incentives to increase physical activity (e.g., the children's fitness tax credit), and advocate to enhance incentives that are found to be effective and do not increase health inequities. (Pages 86-87)

Desired Outcome: Government policies (including economic policies) and programs, as well as community policies and programs, are evaluated to determine their impact on population health.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop and implement mechanisms to stimulate ongoing assessment and evaluation of the health impact of tax policies and incentives to increase physical activity among Canadians, with special attention to children.	Resources allocated	2010/11	Leads: Department of Finance and PHAC Potential Partners: researchers, policy experts, disease-specific charities, non-governmental health organizations	Enhancement
Conduct analysis.	Mechanisms to evaluate tax and other incentives developed and implemented	2011-2013		
Prepare reports and disseminate findings.	Evaluation studies carried out and results reported	2014-2016		
Make adjustment in tax policy and investments as needed.	Evaluation-informed policy direction developed regarding tax incentives for physical activity	2016 and beyond		
	Increased physical activity Decreased obesity	2020		

Objective: Support knowledge translation initiatives to help prevention programs and clinical settings translate research findings rapidly into practice and to market. (Pages 86-87)

Desired Outcome: Research findings are translated quickly into improved prevention programs and clinical practice across Canada.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Develop, with partners, simplified tools to facilitate the translation of evidence into actual action in population health, prevention and clinical care.	Relevant knowledge translation initiatives funded	2011-2013	Leads: CIHR, HSFC, and CCS Potential Partners: provincial/territorial health research organizations, researchers, clinicians, other health professionals	Enhancement
Monitor the outcomes of different strategies for knowledge translation to maximize broad impact.	Evidence translated into prevention and clinical applications	2014-2016		
	Increased effectiveness of programs and practice	2020		

6 / Develop the Right Service Providers With the Right Education and Skills

Objective: Strengthen and maintain the CV prevention and care workforce. (Pages 89-93)

Desired Outcome: Canada's CV work force meets the current needs and adapts to changing needs for prevention and care.

In collaboration with federal, provincial and territorial governments' efforts to implement the Pan-Canadian Health Human Resource Strategy:

- Identify the number and mix of health providers and skills required to meet population needs.
- Recruit and/or develop people with key skills, including epidemiologists, experts in public health/population health, primary care providers, specialists, informatics professionals, social scientists, community planners, program evaluators and policy specialists.
- Improve the curricula of faculties of health sciences to ensure that health education programs teach an integrated approach to chronic disease prevention and management, provide more education on health promotion and disease prevention, and prepare a workforce that can adapt quickly to new knowledge and technologies.
- Provide incentives for education programs to prepare providers to work in interprofessional teams.
- Provide incentives for health care providers to work in interprofessional teams.
- Challenge educational programs to critically review the length of their training programs and their impact on efforts to ensure an adequate supply and mix of health professionals and skills to meet Canada's health needs.

Activities (how)	Indicators to Monitor Progress	Timelines	Lead/ Facilitator	Cost Implications
Establish a CV human resource expert advisory group to assess models of interprofessional training in collaboration with federal, provincial and territorial governments and the Pan-Canadian Health Human Resource Strategy.	Models assessed	2011/12	Leads: Health Canada, PHAC, and the Pan-Canadian Health Human Resource Strategy Potential Partners: provincial/territorial governments, CIHI, Statistics Canada, CIHR, regional health bodies, health science faculties, national health professional organizations	Enhancement Leveraging opportunity
Develop dialogue with faculties of health sciences to address needed curricular changes and program duration.	Faculties become engaged in addressing challenges	2013/14		
	Urgent shortages and priorities for recruitment/development identified	2014/15		
Develop and implement mechanisms for ongoing monitoring and evaluation of the CV workforce needs.	Improvements in CV prevention and care work force	2020		



Appendix A

Recommended Governance Model for Implementation of the Canadian Heart Health Strategy and Action Plan

Background

The Canadian Heart Health Strategy and Action Plan (CHHS-AP) Steering Committee believes that it is necessary to develop a governance structure to oversee implementation of the Strategy. The Steering Committee discussed options with a number of individuals within government and those associated with other disease strategies. The Committee also reviewed the governance structures of other relevant organizations, including the Health Council of Canada, the Canadian Institutes of Health Research, the Mental Health Commission of Canada, the Canadian Partnership Against Cancer and the Canadian Patient Safety Institute. Finally, the services of a consultant on governance were retained to provide expert advice.

Proposal – An Implementation Coordinating Council

The Implementation Coordinating Council will:

- provide advice to the federal Minister of Health and his/her officials on the allocation and reallocation of committed funds
- facilitate the development and support of partnerships
- assess the progress on the implementation of the CHHS-AP and recommend course corrections as required
- present annual reports to the Minister and the public.

APPOINTMENT OF MEMBERS

The CHHS-AP Implementation Coordinating Council (ICC) will be an advisory body to the federal Minister of Health and be composed of recognized experts. As such, members of the ICC should be appointed by the federal Minister of Health (i.e., not by Order in Council) and serve for an agreed term. The initial appointments should have staggered terms and be renewable to ensure continuity.

REPORTING RELATIONSHIP

The ICC should report to the federal Minister of Health. This would be done formally on an annual basis through a written report, which would be made public. More frequent interaction – either in person or in writing – would occur as deemed necessary.

ICC MEMBERSHIP

The Council should be large enough to reflect the diversity of knowledge, skills and experience required to meet the mandate, but not so large as to be unwieldy. It is recommended that no more than 15 individuals, including the Chair, be appointed.

Appointees to the ICC should include:

- appropriate expert representatives of the health policy, research and practice communities and organizations recognized as stakeholders in the CHHS-AP
- representatives of consumers (the public)
- ex officio senior members from the federal and provincial/territorial governments.

SUPPORT TO THE COUNCIL

It is recommended that a secretariat be created and appropriately resourced within the federal health portfolio, in either the Public Health Agency of Canada or Health Canada. The secretariat should be headed by an executive director and include a dedicated team with the knowledge and skills required to effectively support the work of the Council.

Summary

The CHHS-AP Steering Committee recommends to the federal Minister of Health the following governance model for implementing the Strategy:

- 1/ Create a CHHS-AP Implementation Coordinating Council comprised of up to 15 experts to coordinate the implementation of the Strategy.
- 2/ Ensure that the Implementation Coordinating Council is composed of:
 - an appropriate cross-section of experts from the health policy, research and practice communities and organizations
 - representative(s) from the public
 - ex officio senior members from the federal and provincial/territorial governments.
- 3/ Establish a dedicated secretariat within the federal health portfolio (in either the Public Health Agency of Canada or Health Canada).

Appendix B

List of Abbreviations for Organizations

APPROACH Alberta Provincial Project for Outcome Assessment in Coronary Heart Disease

CCL Canadian Council on Learning

CCN Cardiac Care Network

CCS Canadian Cardiovascular Society

CDPAC Chronic Disease Prevention Alliance of Canada

CHEP Canadian Hypertension Education Program

CHHS-AP Canadian Heart Health Strategy and Action Plan

CHI Canada Health Infoway

CIHI Canadian Institute for Health Information

CIHR Canadian Institutes of Health Research

CPAC Canadian Partnership Against Cancer

CPHA Canadian Public Health Association

CSN Canadian Stroke Network

HSFC Heart and Stroke Foundation of Canada

ICONS Improving Cardiovascular Outcomes in Nova Scotia

ICRH Institute of Circulatory and Respiratory Health

INAC Indian and Northern Affairs Canada

IPPH Institute of Population and Public Health

PHAC Public Health Agency of Canada