

PHSA Vision

Province-wide solutions. Better health

PHSA Values

Patients First, Results Matter, Best Value, Excellence Through Knowledge, Open to Possibilities

BCCDC Mandate

Working Together to Protect Health, Prevent Harm & Prepare for Threats

PHSA Goals

Support the health and wellbeing of British Columbians

Deliver a system of responsive and effective health care services across British Columbia

Ensure value for money

BCCDC Actions

Influence and participate in policy development. Provide timely, credible and relevant information and resources.

Ensure Research Activities are aligned with current/emergent public health issues in BC (e.g. Ebola, Zika, Naloxone, Hep C).

Working with partners to prevent foodborne and waterborne illness in BC.

Surveillance and epidemiology staff are working with Public Health Analytics to develop data-marts. These powerful tools are integrated datasets comprised of labs and surveillance data and will be used to monitor trends in BC (e.g. STIBBI 2016/17).

Immunization promotion/public education increases the awareness of immunization through public education and engagement using traditional forms of advertising and new technologies related to social media (for example: www.iboostimmunity.com)

The 2016 overdose response strategy: BCCDCs role in the development and implementation of recommendations, which include expanding education and prevention efforts in order to address BC's overdose crisis.

Vibrio parahaemolyticus (raw shellfish) infection monitoring.

The BC Asthma Monitoring System (BCAMS) to help public health authorities understand daily smoke exposure and its effects across the province.

Do Bugs Need Drugs? is a community program of professional and public education that is meeting targets set for reductions in unnecessary antibiotic use, reducing the risk of emergence of resistant organisms while reducing the cost of antibiotic expenditures in BC.

Produce and disseminate timely, accurate and useful reports to support disease monitoring and program evaluation (e.g. TB, STI, Mass Imms, STIX).

Panorama implementation in the clinics provides an integrated electronic public health record that is meant to improve and support the management of communicable diseases, outbreaks, immunizations and inventory.

Apply evidence-based criteria to investigate enteric disease outbreaks in order to decrease the work investigated in clusters not likely to be solved and have the capacity to respond to outbreaks.

The Syphilis Action Plan to prevent and control syphilis in British Columbia, with a focus on preventing morbidity from syphilis.

Male HPV program: Beginning in September 2015, boys and young men up to age 26 who are at a higher risk of contracting human papillomavirus virus (HPV) can receive the HPV vaccine at no charge.

Sentinel Surveillance and the Test-Negative Design that enables rapid and reliable assessment of influenza vaccine effectiveness, every year, including mid-season, to inform public health communications in real-time.

Hepatitis Testers Cohort: A multi-agency collaboration to assess the burden of HCV and HCV/HIV and other HCV co-infections in BC and to evaluate the effectiveness of HCV prevention and treatment programs.

BC Overdose Action Coalition – Lead and coordinate a provincial response to the public health emergency on overdose deaths, in partnership with the MOH, Coroner's office, regional health authorities, emergency services, peers, community partners and other key stakeholders.

Vaccine procurement, dispensation and distribution - effective and efficient vaccine management practices, from procurement to distribution of vaccines.

Seeking alternative solutions/distributors for costly harm reduction supplies and Take Naloxone Program support.

Developing and sharing in-house expertise for speciality services to avoid contracting out (in house publishing of the annual report, internal facilitation of large group events).

Identify Agency cost pressures and saving opportunities through annual base operation and capital budgeting process.

Developing decision-support tools to design (and evaluate) effective and cost-efficient immunization programs for vaccine-preventable communicable diseases.

Regular review of programs, services and processes including involvement of finance committee.

Ensuring that all staff are working to their full scope of practice.

Streamline contract management process.

Process in place to seek funding support from PHSA.

Utilizing in-house PHSA courses to provide learning opportunities for staff.