



A boriginal Diabetes Initiative



Métis, Off-reserve
Aboriginal and
Urban Inuit
Prevention
and Promotion



Program Framework
July 5, 2000

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Table of Contents

1	INTRODUCTION	page 1
2	PROGRAM PURPOSE	page 1
3	TARGET POPULATION	page 2
4	PROGRAM OBJECTIVES	page 2
5	PRIMARY PREVENTION AND HEALTH PROMOTION PRIORITIES	page 3
6	PROGRAM DELIVERY MODEL	page 3
7	PROGRAM FUNDING	page 5
	7.1 Funding formula	
	7.2 What will not be funded under the MOAUIPP program	
8	PROJECT CRITERIA	page 6
9	HOW TO ACCESS PROGRAM RESOURCES	page 7
	9.1 Who can apply for funding	
	9.2 Review and approval process	
10	MONITORING AND EVALUATION	page 8

1

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Introduction

The Aboriginal Diabetes Initiative (ADI) is one of four main components of the Canadian Diabetes Strategy announced by the Government of Canada in 1999. The ADI has been allocated \$58 million over five years to assist in meeting the needs of Aboriginal people dealing with the epidemic of type 2 diabetes in their communities.

The Métis, Off-reserve Aboriginal and Urban Inuit Prevention and Promotion (MOAUIPP) component of the ADI will deliver diabetes primary prevention and health promotion programs to Métis, off-reserve Aboriginal people and urban Inuit. This component of the ADI is described in this framework document.

The ADI - MOAUIPP program is intended to serve Aboriginal people not served by the ADI First Nations On-reserve and Inuit in Inuit Communities program. This will include Métis, First Nations living off-reserve (status and non-status), and urban Inuit who will access diabetes prevention and health promotion programming, and want these programs to be culturally appropriate.

The program will be delivered on a national basis, administered through the First Nations and Inuit Health Branch (FNIHB) headquarters. A national level sub-committee of the ADI has been created to guide the development of this program.

The ADI program for First Nations living on-reserve or in First Nations communities in the territories, and for Inuit living in Inuit communities, will be delivered through a parallel ADI process and is described in a separate framework document.

2

Program Purpose

The purpose of the ADI - MOAUIPP program is to provide culturally appropriate diabetes primary prevention and health promotion programs that raise awareness of diabetes and its risks and address the occurrence of type 2 diabetes among Métis, off-reserve Aboriginal people and urban Inuit.

3

Target Population

The ADI - MOAUIPP program is intended to benefit the following peoples:

- 3.1 Métis, living in Métis communities, rural or urban centres;
- 3.2 First Nations people living off-reserve in either rural or urban centres;
- 3.3 Inuit living outside Inuit communities or in urban areas.

4

Program Objectives

The objectives of the ADI - MOAUIPP program are to address the high rates of diabetes and its complications among Métis, off-reserve Aboriginal people and urban Inuit by promoting a culturally appropriate approach to diabetes primary prevention and health promotion programs.

Primary prevention programs are generally defined as programs that protect the health of people by personal and community efforts to promote and preserve good nutritional status, physical fitness and emotional well-being, and make the environment safe. In the context of the ADI - MOAUIPP program, diabetes primary prevention programs are those that:

- 4.1 raise awareness of diabetes, its risk factors, and the value of healthy lifestyle practices;
- 4.2 promote Aboriginal/Inuit ownership of diabetes primary prevention and health promotion programs;
- 4.3 promote effective management of diabetes;
- 4.4 ensure the fair and equitable allocation of available resources among all Metis, off-reserve Aboriginal people and urban Inuit;
- 4.5 ensure that programming is delivered as equitably as possible across the country;
- 4.6 promote innovative approaches to diabetes primary prevention and health promotion projects.

5

Primary Prevention and Health Promotion Priorities

Project proposals should support the diabetes primary prevention and health promotion goals of the ADI. The priorities for projects are as follows:

- 5.1 to increase awareness of diabetes and its risk factors among Métis, off-reserve Aboriginal people and urban Inuit;
- 5.2 to promote screening among Métis, off-reserve Aboriginal people; and urban Inuit;
- 5.3 to provide knowledge about the behaviours and skills necessary to reduce the incidence and prevalence of diabetes and its complications;
- 5.4 to identify effective approaches and activities for the understanding and primary prevention of type 2 diabetes;
- 5.5 to contribute to the enhancement and promotion of health and well-being of persons affected by diabetes.

6

Program Delivery Model

The ADI - MOAUIPP program will utilize a project-based model, comprised of two types of projects:

- 6.1 Directed projects for national level strategic investments; and
- 6.2 Solicited projects through requests for proposals. (RFP)

Funding for the ADI - MOAUIPP program will be notionally divided on an equal basis (50/50) between these two types of projects. Directed national level strategic investments will be projects that are national in scope, and could include such projects as the production of diabetes awareness programs to be aired through the Aboriginal media, or the production of brochures, videos, or radio/TV messages targeting for example, Métis people, using Métis role models.

The specific priorities for these projects will be developed by the MOAUIFP committee (a sub-committee of the ADI Steering Committee with membership from national level organizations)¹ and approved by the the ADI Steering Committee. By implementing national strategic projects, it is anticipated that economies of scale will be realized.

The second stream of solicited projects will be a RFP and is intended to address diabetes primary prevention and health promotion by providing culturally specific information and activities for Métis, off-reserve Aboriginal peoples and/or urban Inuit.

The criteria for project proposals will be developed by the MOAUIFP sub-committee. Guidelines for applicants will outline these priorities.

The program will provide diabetes primary prevention and health promotion programs that are:

- culturally appropriate;
- holistic in nature;
- accessible; and
- equitably distributed to Métis, off-reserve Aboriginal peoples and urban Inuit.

The proposals should respond to the unique health and social needs of Métis, off-reserve Aboriginal peoples and urban Inuit and may encourage the use of traditional knowledge and wisdom.

Evaluation plans will be required for all projects to ensure accountability of the program.

¹ Métis National Council, Inuit Tapiriitakt Kaniatani, Congress of Aboriginal Peoples, Assembly of First Nations, Native Women's Association of Canada, National Aboriginal Diabetes Association, Health Canada

Program Funding

7.1 Funding formula

A notional allocation of available MOAUIPP program funding has been made to ensure that there is equity in programming for all Métis, off-reserve Aboriginal peoples and urban Inuit. The following percentages of funding, based on 1996 census data, were agreed upon:

7.1.1 Métis (40%)

7.1.2 Off-reserve Aboriginal peoples (status and non-status living off-reserve) (59%)

7.1.3 Urban Inuit (living outside their communities) (1%)

In order to ensure that each of the targeted population groups has sufficient money to run at least one viable project, a base amount of \$70,000 per year has been notionally allocated to each of the three targeted populations (see section 3).

Project funding for the Aboriginal Diabetes Initiative will flow through the First Nations and Inuit Health Branch agreements as authorized through the Contribution for National Indian and Inuit Time Limited Special Initiatives.

7.2 What will not be funded under the MOAUIPP program

The purpose of the ADI - MOAUIPP program is to provide culturally appropriate diabetes primary prevention and health promotion projects that raise awareness of diabetes and its risks, help prevent the occurrence of type 2 diabetes among the Métis, off-reserve Aboriginal peoples and urban Inuit, and attempt to decrease the complications of diabetes.

As a result, the MOAUIPP program will not:

- 7.2.1 Provide any major capital or construction funding;
- 7.2.2 Fund pure research projects;
- 7.2.3 Fund direct care and treatment services;
- 7.2.4 Provide services that fall under provincial or territorial jurisdiction, such as secondary prevention screening programs;
- 7.2.5 Fund operational activities not directly related to the project.

Project Criteria

There are limited resources for the ADI - MOAUIPP program, therefore partnerships may be necessary to maximize program effectiveness. Before implementing an ADI project, applicants will be required to submit a proposal for approval that will:

- 8.1 Identify what diabetes activities will be provided as a result of the project, the target population, and how the activities tie in to the stated goals and objectives of the ADI;
- 8.2 Identify existing diabetes projects operating in the community/ area/province to which the proposed project will be linked;
- 8.3 Identify how the project will be established, including all support services that will be required;
- 8.4 Identify all the activities and related costs associated with the project;
- 8.5 Demonstrate the ability of the organization submitting the proposal to effectively manage the project;
- 8.6 Include an evaluation and reporting plan.
- 8.7 Include a letter of incorporation

How to Access Program Resources

9.1 Who can apply for funding

The following describes the types of organizations that are eligible to apply for funding under the ADI - MOAUIPP program:

- Métis groups, associations or organizations;
- First Nations, Indian (status or non-status) groups, associations or organizations;
- Inuit groups, associations or organizations;
- Urban Aboriginal groups, associations or organizations, such as Friendship centres;
- Urban centres, groups or organizations who can demonstrate through statistics and letters of support that their programs are used by Métis, off-reserve Aboriginal people and/or urban Inuit.

9.2 Review and approval process

The ADI - MOAUIPP program will be composed of proposals submitted by Métis, Inuit, or off-reserve Aboriginal groups, associations or organizations (see section 9.1). There will be two calls for proposals:

1. A directed call for national level strategic investments;
2. Solicited projects through an RFP.

Guidelines to applicants will be issued, including an application form and checklist.

Proposals will be submitted to Health Canada's FNIHB headquarters office. Review of the proposals will be by an expert peer review panel to ensure that they are complete, meet the eligibility criteria, and adhere to the project criteria as outlined in section 8. This peer review will consist of diabetes subject experts.

Final review and approval of projects will be by the Director, Health Programs Support (HPS) Division, Health Canada.

Monitoring and Evaluation

The accountability framework for the Canadian Diabetes Strategy will form the basis of the evaluation framework for the ADI programs. Interim reports will be prepared and presented by the Minister of Health to Cabinet in 2003. Formal evaluation will take place during the fifth year of the ADI, which will permit the department to return to Cabinet with a report on the successes, gaps and future needs with respect to diabetes.

As a requirement for funding under the ADI, every project must contain an evaluation component, which will detail what the expected outcomes are and how they are to be measured. Specifics pertinent to the projects such as participation rates, client satisfaction surveys, results of site visits, or any product or materials produced will be included.

A final detailed report will be submitted to Treasury Board at the conclusion of the ADI (2004), reporting on whether and how the overall program met its identified objectives, and accounting for all ADI funding.