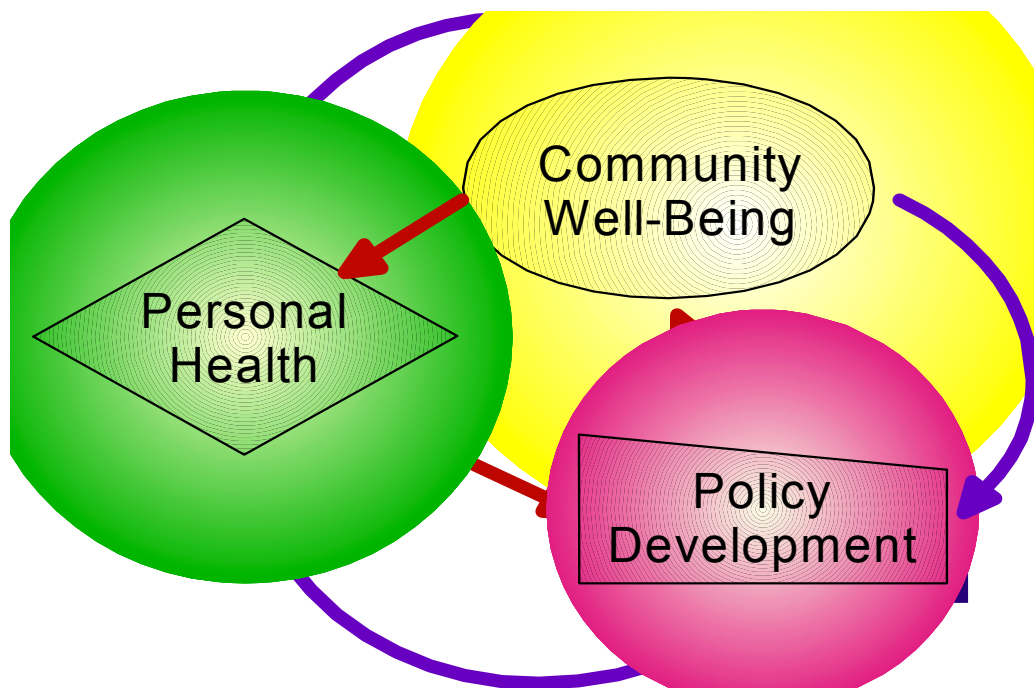


## GOVERNMENT PARTNERING WITH THE VOLUNTARY SECTOR ON HEALTH

EXAMPLES OF GOOD PRACTICE 2002 - 2004

The initiatives undertaken by Health Canada, and now the Public Health Agency of Canada as well, in support of the federal Voluntary Sector Initiative (VSI) are many and varied, encompassing activities and projects directly supported by the VSI as well as those which are part of the ongoing work of Department and Agency programs. In 2003 and 2004, all government departments submitted a progress report on their actions to fulfil the Government of Canada's commitments under the Voluntary Sector Initiative. The following is a sampling of Health Canada projects during the period October 2002 – June 2004 that reflect the commitments of the Government and Voluntary Sector Accord and the Codes of Good Practice on Funding and on Policy Dialogue.

The projects presented here have been grouped into 3 categories: Personal Health, Community Well-Being, and Social Improvement through Policy Development. Please note that these categories are not mutually exclusive, and that some of the projects could have been included in more than one area. The categories have been chosen for illustration purposes. The diagram below highlights the inter-connectedness of Health Canada and the Public Health Agency of Canada work with Voluntary Sector organizations working in health.



## ***I. Community Well-being***

### **a) \*The Canadian Health Network (CHN), Health Canada**

**Organizations:** ▶ \*Health Canada and other non-profit health organizations from across Canada (known as affiliates)

**Details:** ▶ The CHN is an internet-based database, which the public can use to access credible, practical, and up-to-date information about staying healthy and preventing disease.

▶ A fully competitive selection process is used to decide which organizations will become affiliates and provide information to the database. This selection process ensures accountability and transparency.

▶ Stakeholders, including existing affiliate organizations, are consulted during the selection process.

▶ Multi-year funding arrangements are used with many affiliates.

### **b) The Many Paths Toward Common Goals: Evolving a Process for Approaching Policy Through Health Goals**

**Organizations:** ▶ \*Population and Public Health Branch, Atlantic Region of Health Canada; VOICE in Health Policy; Mi'kmaq Native Friendship Centre; Public Health Association of Nova Scotia (PHANS); Health Canada

**Details:** ▶ The purpose of this project is to establish a process and framework that engages First Nations people living off-reserve in Nova Scotia in defining their health goals, identifying indicators that will help them measure their progress toward these goals, and participating in the developing policies that will help them reach their goals.

### **c) Walk the Talk: Meeting the Needs of Diverse Community Groups**

**Organizations:** ▶ \*Population and Public Health Branch, Atlantic Region of Health Canada; Canadian Heritage

**Details:** ▶ This project was designed as a means of creating a positive, long-lasting relationship with the diverse community groups of the four Atlantic Provinces.

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► Heritage Canada provided \$84,000 for the project, which involves role-playing style learning sessions based on a needs assessments; a literature review, and an individualized course of action for each of four community groups:

- Immigrant workers and their families,
- Off-reserve Aboriginal Peoples,
- Established Nova Scotian Black communities, and
- Innu and Inuit People of Labrador.

#### **d) The Rainbow Connection**

**Organizations:** ► Saskatoon Open Door Society

**Details:** ► The Open door Society provides services to immigrants and refugees to enable them to become informed and effective members of Canadian society, and to involve the Saskatoon community in hospitably receiving and accepting them.

► Services are provided in three areas:

- School Outreach Programs work to provide a positive environment for immigrant youth within the schools, as well as cross-cultural and anti-racism training for all students
- A Support Group for Youth which provides immigrant students with a place to discuss the impact of the adjustment and settlement process and racism on their personal self-esteem
- A Youth Advisory Group composed of immigrant students who have successfully adjusted to high school, and who will serve as mentors for new immigrant students. They plan to create a handbook for new immigrants that outlines the challenges to expect, and offers suggestions for a successful adaptation strategy.

#### **e) Fourth World Conference on Breast Cancer / “Spirit of Hope Day”**

**Organizations:** ► First Nations and Inuit Health Branch (FNIHB) of Health Canada’s Atlantic Region

Débuted

**Details:** ► The 4<sup>th</sup> World Conference was held in Halifax from June 8<sup>th</sup> to 12<sup>th</sup>. The three key themes of this conference, community, culture, and connection, were promoted by way of addresses from keynote speakers, a variety of workshops, and poster presentations. All aspects of Breast Cancer were addressed at the conference, including research, community-based health care and prevention initiatives, diagnoses and treatment,

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outreach and support, and education projects. Over 50 countries were represented among the estimated 1000 attendees.

- ▶ FNIHB assisted this conference by selling the insignia pins as a fund-raising project, and by distributing posters and pamphlets.
- ▶ Following FNIBH's suggestion, an invitation was extended to all Aboriginal women in Nova Scotia to participate in the conference.
- ▶ June 10<sup>th</sup>, which the conference committee declared "The Spirit of Hope Day," featured an Aboriginal ceremony, and was opened with a welcome from the Mi'kmaw People.

**f) Downtown Street Youth Voice – A Peer Helping Model for Street Involved Youth**

**Organizations:** ▶ Covenant House Vancouver; B.C./Yukon Region of Health Canada

**Details:** ▶ Peer helper training and leadership skill building programs consisting of workshops and seminars for 12 street involved youth 16-25; addresses relevant topics to youth and directly involves young people at risk.

- ▶ Policy initiatives capture the fullest spectrum of views from those directly affected by policy proposals; promotes the inclusion of youth and other hard to reach members of the community by involving them in all decision- making activities.

**g) The Alberta Community HIV Fund (ACHF)**

**Organizations:** ▶ Alberta Community Council on HIV (ACCH) – A collaboration of 15 non-profit, community-based HIV/AIDS service organizations.

**Details:** ▶ In 1998, Alberta Health and Wellness made a commitment to divest stewardship of their grants for the 1999-2000 fiscal year in accordance with the "HIV in Alberta 1998/99-2002 Alberta Health Strategy". This presented an opportunity for \*Health Canada to explore integrating the AIDS Community Action Plan (ACAP) funds into a parallel divestment. The result was the development of the Alberta Community HIV Fund (ACHF), a joint community/federal/provincial initiative. The model was implemented April 1, 1999, delivers funds to over 35 HIV programs throughout the province, and continues to receive support from all partners.

- ▶ ACHF addresses the Canadian Strategy on HIV/AIDS key policy directions of enhanced sustainability and integration, increased focus on those most at risk, and

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increased public accountability by providing: a more simplified and transparent process reflecting the communities needs; improved coordination among HIV programs and services; increased involvement of community and improved use of community resources; a limit to service/program duplication; opportunities to access additional funds through health and other sectors and by encouraging policy change.

- ▶ Funding allocation decisions are made through a body called the ACHF Provincial Population Health Consortium. The Consortium is made up of 18 upper level government and non-government representatives from various sectors and the community, and is co-chaired by Health Canada and Alberta Health and Wellness. The Consortium meets three times a year, at minimum, to discuss HIV/AIDS realities and trends in Alberta and to discuss ways to respond to these emerging issues in our province.
- ▶ Evaluation continues to be an important component of the ACHF and all partners will have an important role in the evaluation process. Recently, the ACCH, with Alberta Health and Wellness and Health Canada have completed the ACHF Provincial Evaluation Framework - a document that maps out the work done through ACHF, including project and program work, partnership development and intersectoral collaboration. By the end of the 2004 fiscal year, the partners (ACCH, Alberta Health and Wellness and Health Canada) hope to have a comprehensive report documenting the progress and responsiveness of ACHF to HIV/AIDS in Alberta.
- ▶ ACHF was designed using a population health approach and actively involves: a Provincial Population Health Consortium responsible for ensuring ACHF funds are allocated appropriately; ten local Community Planning Committees reflecting a multi-agency community-based approach responsible for reviewing and recommending proposals; support from Health Canada and Alberta Health and Wellness; and transferring responsibility for stewardship of the funding to the ACCH.
- ▶ As a result of this transfer of responsibility, ACCH has played and continues to play an integral role in defining the priorities around HIV/AIDS in Alberta, in participating in funding allocation decisions, in monitoring all ACHF-funded organizations, and in developing a provincial evaluation framework to document the successes and learning of the work supported through ACHF.
- ▶ This partnership between ACCH, the provincial government and \*Health Canada has also resulted in a working relationship where decisions are made jointly, and where consultations and other processes remain transparent and open.

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## **h) Holistic Health Care for Older Adults in Diverse Cultures**

**Organizations:** ▶ Seniors Bridging Cultures Group; \*Atlantic Region of Health Canada

**Details:** ▶ This project consults with seniors from a variety of ethnic backgrounds in an attempt to identify the major problems that older adults from ethnically diverse communities face in the health care system. This information will then be used to identify major health care issues, raise awareness and influence policy in this area.

▶ Regular dialogue will be initiated with leaders and healthcare providers, representing the needs and concerns of this ethnically diverse group. Ontario Seniors' Participation in Health and Housing Policy

**Organizations:** ▶ Ontario Society of Senior Citizens' Organizations

**Details:** ▶ The project provides an opportunity for seniors to actively take part in a process for renewing the health care system through knowledge development and knowledge sharing. It explores alternatives to institutional long term care, such as supportive housing and other aging in place initiatives. The project also aims to create a sustainable health care alliance, an email network and to enhance the policy capacity of the voluntary sector.

▶ Regular dialogue was established with seniors across Ontario and their and policy capacity/knowledge strengthened on housing and health issues. The project has helped to encourage seniors to use a variety of methods, including the Internet, to find information and have their voice heard.

▶ The project demonstrates the commitments of the Code of Good Practice on Policy Dialogue through its continual communication with the senior's community, increasing knowledge and awareness of the government procedures in changing policy and ensuring appropriate representation from across the province.

## **II. Personal Health**

### **a) London Intercommunity Health Centre (LIHC) Latin American Community Outreach for the Prevention of Diabetes**

**Organizations:** ▶ The London Intercommunity Health Centre (LIHC), University of Western Ontario Family Practice Research Unit, the YMCA, the City of London Parks and Recreation department, the Canadian Ethnocultural Council, the Canadian Diabetes Association, and the Latino community itself.

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- Details:**
- ▶ The LICH directly included the local Latino population in the planning, decision-making, and delivery of this project.
  - ▶ The project uses communications tools and vehicles that are recognized and trusted by the community.
  - ▶ The Canadian Ethnocultural Council recognized this approach as a model for effective disease prevention and management in high-risk multi-cultural groups.
  - ▶ In 2002, LICH was the Canadian recipient of the Peter F. Drucker Award for “Innovation in a Non-Profit Sector.”
  - ▶ This project has also amassed a valuable set of data; it is the only database in Ontario with current Latino-Canadian data.

**b) Diabetes in Older Adults from Asian, Black, and Hispanic Populations: A Community-based Prevention Model**

**Organizations:** ▶ Canadian Ethnocultural Council, the Active Living Coalition for Older Adults (Toronto), the Canadian Diabetes Association, the Banting and Best Diabetes Centre (Toronto), Elder Help – Peel, United Chinese Community Enrichment Services Society (Vancouver), ethnic seniors groups, and other ethno-cultural organizations in communities across Canada that provide services to populations of the project.

- Details:**
- ▶ This is a national project aimed to develop diabetes promotion and prevention tools and strategies, which target older people from different ethno-racial backgrounds.
  - ▶ Project goals are to “increase awareness of type 2 diabetes among older adults from Asian, Black, and Hispanic backgrounds; to provide culturally-appropriate resources on the modifiable risk factors and strategies to help in early diagnoses, treatment, and prevention; and develop a self-help group within each of the communities to promote self-care practices.”
  - ▶ Stakeholders were involved in the planning, development, implementation, ongoing improvement, and evaluation stages this project. Among the stakeholders are members of the Advisory Committee, a Working Group, and a project liaison representative in each province, who serves as the point of contact between CEC and the ethno-cultural communities and ensures dissemination of informational material.

**c) “Chaque jour, moi j’croque cinq fruits et légumes.”**

**Organizations:** ▶ \*Canadian Diabetes Strategy of Health Canada, Association régionale du sport étudiant de Québec et Chaudière-Appalaches (ARSEQCA), and regional health authorities.

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- Details:**
- ▶ The project focussed on creating an environment within primary schools that would encourage the students to consume five fruits and vegetables per day.
  - ▶ Key activities included an inter-school challenge, enrolment of schools in the program, and ongoing support by school through development and dissemination of a tool kit containing activities and educational materials.
  - ▶ The number of schools that participated exceeded expectations. A well-recognized logo from an earlier project was adopted for this initiative, and surveys and questionnaires were used to monitor increasing awareness levels at different stages of the project.

**d) Primary Prevention of Diabetes in Saskatchewan**

- Organizations:**
- ▶ Prairie Region Health Promotion Research Centre, and the \*Canadian Diabetes Strategy of Health Canada.

- Details:**
- ▶ The Prairie Region Health Promotion Research Centre documents the impact of diabetes prevention projects in Saskatchewan, and creates a dialogue between provincial projects that are funded by the Canadian Diabetes Strategy.
  - ▶ The dialogue will create a description of the community capacity each group has built to date, and will provide some indication of potential community capacity needs.
  - ▶ These results will then be analysed for common issues, themes, and trends, which will contribute to overall conclusions and recommendations about the impact of the Canadian Diabetes Strategy's impact in Saskatchewan.

**e) Prince Edward Island (PEI) Caucus on Youth Sexual Health Phase II**

- Organizations:**
- ▶ \*Atlantic Region of Health Canada; Women's Network PEI

- Details:**
- ▶ This program will bring together young people, community organizations and government representatives to develop a policy framework to address the sexual health needs of Prince Edward Island. It will include a two-day workshop to enhance the policy capacity of participants and to work together to develop the framework.
  - ▶ The project provides for regular dialogue, direct involvement and inclusion of youth in the joint policy development process, and mechanisms to encourage policy dialogue with a hard to reach group.

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**f) Culturally Appropriate Intervention to Prevent and Treat Alcohol Birth Defects**

**Organizations:** ▶ \*Atlantic Region of Health Canada; Aboriginal Women's Association of Prince Edward Island

**Details:** ▶ This project aims to increase the capacity of Aboriginal people to enable them to better influence policy relating to Foetal Alcohol Syndrome and Foetal Alcohol Effects. It will also be a joint learning exercise with the aim of increasing an understanding of Aboriginal culture for the agencies that work on this issue.

▶ A variety of methods will be used to engage this diverse group in regular policy dialogue and to enhance their policy capacity.

**g) Back to Sleep Campaign**

**Organizations:** ▶ The Canadian Foundation for the Study of Infant Deaths, the Canadian Institute of Child Health, and the Canadian Paediatric Society.

**Details:** ▶ The *Back to Sleep* campaign was a unique collaboration between \*Health Canada, three voluntary sector organizations and private industry (Procter and Gamble), working together for a common goal.

▶ The campaign (targeted at health professionals, parents and other caregivers) attempted to overcome the ingrained practice of placing infants on their stomachs to sleep, which research had shown increased the risk of Sudden Infant Death Syndrome (SIDS).

▶ Tracking surveys have shown that the campaign had an impact on attitudes and awareness and analysis of data suggests that the campaign has had an impact on reducing the incidence of SIDS.

▶ The work represents an effective collaboration among the voluntary sector, government and the private sector.

**h) Alliance for Breast Cancer Information and Support, British Columbia & Yukon**

**Organizations:** ▶ Canadian Breast Cancer Foundation; British Columbia and Yukon Divisions of the Canadian Cancer Society; British Columbia Cancer Agency; \*Population and Public Health Branch of Health Canada

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- Details:** ▶ The Alliance serves the British Columbia and Yukon area and is organized through six Regional Advisory groups, one Territorial Advisory Group and 80 Community Representatives. The Alliance caters to women affected by breast cancer, local volunteer groups and health care professionals through a network from which they can acquire information, resources and support.
- ▶ Funding through \*Health Canada is small, but has allowed The Alliance to create a *strengthened sustainable capacity* and, as a result, has strengthened the capacity of many other organizations in local communities through their information and support.
  - ▶ This project illustrates how *co-operation and collaboration* help to build a more efficient and effective service. The *collaboration* of the partners involved has been tremendously important and The Alliance would not be as effective without these partnerships.

**i) Violence in Immigrant Families Project: Bridging Gaps**

**Organizations:** ▶ Metropolitan Immigrant Settlement Association (MISA) – Halifax

- Details:** ▶ This project is collecting information across Canada about the needs of immigrants who experience family violence. This information will then be used to influence policy that determines the necessary services and resources.
- ▶ The project is engaging a diverse group in the policy-making process at a grassroots level. It is also building and strengthening relationships with the federal, provincial and local governments on this issue.

**III. Societal Improvement through Policy Development**

**a) Alberta/Northwest Territories Region's Workshops in Risk Management for Organizational Health**

**Organizations:** ▶ The Community Action Program for Children and the Children's Prenatal Nutrition Program of \*Health Canada's Alberta/Northwest Territories Region.

- Details:** ▶ The purpose of the workshops was:
- To increase understanding of the roles and responsibilities of board and staff members in voluntary sector organizations;
  - To discuss capacity issues for the Voluntary Sector;
  - To address capacity and risk management challenges of their organizations;
  - To learn about a governance model and the roles of a Board and Staff; and
  - To explore what risk management within the Voluntary Sector involves.

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## **b) VOICE in Health Policy**

**Organizations:** ▶ Canadian Public Health Association; Coalition of National Voluntary Organizations (NVO); \*Office of the Voluntary Sector, Health Canada

**Details:** ▶ The VOICE in health policy project offers opportunities for voluntary organizations working in health to build on existing expertise and share policy capacity knowledge with other organizations. The project also provides an important opportunity for members of the voluntary health sector to bring their expertise and perspective to health policy issues and engage in discussions with Health Canada about policy development.

▶ The name VOICE in health policy (VOICE stands for **V**oluntary **O**rganizations **I**nvolved in **C**ollaborative **E**ngagement) was chosen because the project is about voluntary organizations working together to build their capacity and to affect change in public policy in health. From the project's inception, voluntary organizations working in health have been involved in the objective and design of the VOICE in health policy project. Almost every aspect of this initiative involves voluntary organizations having a "VOICE" about what this project should look like.

▶ VOICE models the Accord and the Code of Good Practice on Policy Dialogue in many ways, including strengthening capacity and sharing of knowledge and broad engagement of the sector through diverse methods. VOICE is also modeling the Code of Good Practice on Funding through innovative funding of demonstration projects, collaborative decision-making, and transparent accountability.

## **c) Keeping the Good Work Going**

**Organizations:** ▶ \*Atlantic Regional Office of Health Canada, and 17 Voluntary Sector organizations across the Atlantic region, led by the BR.T.I. Murphy Centre of St. John's, Newfoundland.

**Details:** ▶ This initiative explores the theme of project sustainability in the Voluntary Sector.

▶ Dialogue, information sharing, and consultation of available literature will contribute to the creation of a definition of sustainability in a wider context, beyond individual organizations, as well as an examination of the impacts that voluntary sector projects have on the long-term well-being of the community.

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**d) Capacity Building for Public Policy Initiative**

**Organizations:** ▶ \*Population and Public Health Branch of Health Canada’s Atlantic Region Population Health Team; Community Animation Program (CAP) Atlantic, and the consultation of an inter-sectoral working group from across the region.

**Details:** ▶ This initiative includes 80 different projects that share three main goals:

- The creation of more opportunities for dialogue between decision makers and communities relating to the development of healthy public policies affecting seniors, youth, and socially and economically marginalized populations;
- Enhancing the capacity of the community to work on policy issues; and
- Enhancing the capacity of government departments to work collectively with the community to develop healthy public policy.

▶ Recent outputs include a “toolkit” of eight case-study projects that have built their capacity to influence public policy, and ten tips that flow from the lessons learned in these projects.

**e) Atlantic Region Public Consultations on Health Protection Legislative Renewal**

**Organizations:** ▶ Health Products and Food Branch, Atlantic Region of Health Canada; and Policy Link NB.

**Details:** ▶ This comprehensive review of Health Canada’s health protection legislation began in 1998, with nation-wide consultations with health professionals, industry, advocacy groups, and the public, to identify issues that the new legislation should address.

▶ The second round of consultations were held in February and March 2004, in the Atlantic Region. Health Canada partnered with Policy Link NB, a Voluntary Sector organization, to deliver two consultation sessions in New Brunswick. The consultations also involved a multi-sectoral network of federal and provincial government departments, academia, business groups, and voluntary sector organizations.

▶ The final stage of the renewal process will be to finalise a Bill and initiate the parliamentary process.

▶ Policy Link NB’s involvement in the consultations enhanced the capacity of community, private sector, and government organizations in New Brunswick engage in federal policy development initiatives.

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**f) Third National Summit of the Best Medicine Coalition (January 2004)**

**Organizations:** ▶ Best Medicines Coalition; Health Products and Food Branch, Health Canada

**Details:** ▶ The theme of this summit was *Patient Engagement in Canada's Health and Drug Review Reform – Moving Words to Action*.

▶ Attendees at the summit included 100 patient and consumer delegates, and voluntary, government, and industry associations

▶ A key goal of the summit was to develop attainable mechanisms that will assist patients and patient groups respond to current issues and ensure that they are engaged in all levels of policy development that affect patient outcomes.

▶ Prior to the summit, staff from Health Canada attended a panel discussion, featuring the summit's keynote speakers, and focussing on the dynamics of increased stakeholder involvement in the regulatory process. Follow-up sessions were also held to generate concrete recommendations on how to increase transparency and public involvement in HPFB.

**g) Aboriginal Head Start (Alberta)**

**Organizations:** ▶ Ben Calf Robe Society, Peavine Metis Settlement, High Level Native Friendship Centre, Chip Child Development Society, Hinton Friendship Centre Society, Peerless Lake Community Association, Grande Prairie Friendship Centre, Awasisak & Family Development Circle, Rocky Native Friendship Centre, Mannawanis Native Friendship Centre Society, Bonnyville Canadian Friendship Centre, Niciwasimsinank Education Society.

**Details:** ▶ A collaborative working relationship between \*Health Canada and the voluntary sector is essential in ensuring an effective positive capacity building process in delivery of the Aboriginal Head Start program in Urban and Northern communities. Good practices have been, and continue to be, used in Alberta from the onset of the Aboriginal Head Start program. These are collaboratively revised to meet changing program needs of the various voluntary sponsoring organizations. A supported, community-driven approach for the delivery of the Aboriginal Head Start program is the key to success.

▶ In 1995 a regional committee consisting of professionals who are involved in the area of childhood programs sat on an aboriginal head start committee as volunteers with the mandate of selecting sponsors and sites for the initial and newly created AHS

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programs in Alberta. Health Canada personnel continue to provide support when requested to organizations that sponsor AHS programs.

► Between April 2002 and March 2004, the \*Alberta Region of Health Canada's Population and Public Health Branch provided a total funding support of close to \$9 million to 12 Aboriginal sponsoring organizations to deliver 18 Aboriginal Head Start sites in Alberta. The average amount of funding is \$245 K per site, which supports a program that services an average 30 children. The sites offer an early childhood intervention program for 3- 4 years old and a pre-school/ kindergarten program for 4-5 years old children.

► The growth and development of this very worthwhile project is a direct result of the efforts of the ongoing, positive dialogue between \*Health Canada and the voluntary organizations who sponsor Aboriginal Head Start sites. It is with the combined assistance of the parent volunteers, community volunteers that work in the sites, the Alberta Aboriginal Head Start Committee and the voluntary agency support for AHS that the accomplishments and proven success to date have been reached. The ultimate outcome is evident within the children and families that participate in the Aboriginal Head Start program in Alberta.

► As in all the successful projects, the Alberta AHS projects supports parents in their role as the primary teachers of their children and empowers them to play a major role in planning, developing, operating and evaluating the project. All the projects strive for excellence while meeting or exceeding relevant, applicable provincial and territorial childcare and preschool standards and regulations.

#### **h) \*Community Action Program for Children (CAPC), Health Canada**

**Organizations:** ► A variety of members make up advisory committee for CAPC including program representatives, early childhood development experts, parent and Public Health Services representatives, and other representatives from both government and voluntary sector.

**Details:** ► CAPC provides long term funding to community coalitions to deliver programs that address the health and development of children (0-6 years) who are living in conditions of risk. It recognizes that communities have the ability to identify and respond to the needs of children and places a strong emphasis on partnerships and community capacity building.

► The CAPC advisory committee makes funding recommendations and acts as a policy forum regarding implementation, management and evaluation of the program. The involvement of the voluntary organizations goes beyond mere consultation and

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issue identification; the committee also takes an active part in the renewal/timeline process and is required to review specific project applications as a group.

► The voluntary sector participates in the analysis, design, implementation and evaluation of policy initiatives and takes part in regular dialogue by actively participating in the formally constituted advisory committees.

**i) Canadian Breast Cancer Initiative: Community Capacity Building Program**

**Organizations:** ► Canadian Cancer Society; Canadian Breast Cancer Foundation; Canadian Breast Cancer Network; 12 provincial/territorial coalitions of breast cancer information and support providers; \*Population and Public Health Branch of Health Canada

**Details:** ► In 1999, the Community Capacity Building Committee of the Canadian Breast Cancer Initiative Phase 2, co-chaired by \*Health Canada and a representative chosen by the voluntary sector participants, met for the first time to develop the National Collaboration Model, in which key stakeholders in the Voluntary Sector assumed responsibility for developing inclusive networks of information and support providers.

► Health care providers, community health promoters, affected individuals, their support networks and regional health authorities all came together by province/territory to develop community priorities, establish and deliver actions plans, and share information and best practices with national voluntary sector organizations and each other. The Committee has collaborated with other aspects of the Canadian Breast Cancer Initiative, such as the Canadian Breast Cancer Screening Initiative, the Clinical Practice Guidelines group, and the Canadian Breast Cancer Research Initiative as organizers of Reasons for Hope research conference.

► The Community Capacity Building Committee and the involvement of the voluntary Sector in the CBCI has realized a system change, in which the involvement of affected individuals in the policies and programs impacting their health has altered the way breast cancer is detected, diagnosed, cared for and treated over the course of the last decade. An unanticipated outcome is that the level of involvement of affected individuals and collaboration among lay and health provider communities has served as a model for related strategies at provincial and territorial levels.

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**j) Community Collaboration Project (CCP) – Empowering Communities and Building Capacity**

**Organizations:** ▶ Regional Roundtables (Manitoba): Northern Vision; Bayline; Southwest & Kivalliq, and the \*Manitoba and Saskatchewan Regions of Health Canada

**Details:** ▶ The CCP is an agreement between selected communities working together in different Regional Roundtables. Its objective is to assist communities in building policy capacity in order to improve their overall health. The CCP management committee consisted of representatives from both federal and provincial governments, as well as community development organizations and university research institutes.

▶ This project provided important lessons about working with communities and the value of horizontal approaches and input and engagement from many different levels. A full spectrum of views was put forward by very diverse groups; regular dialogue was established and policy capacity and knowledge strengthened.

**k) Integrated Prevention System**

**Organizations:** ▶ Chronic Disease Prevention Alliance of Canada (CDPAC); Canadian Cancer Society; Canadian Council for Tobacco Control; Coalition for Active Living; Canadian Diabetes Association Dieticians of Canada; Heart and Stroke Foundation of Canada; \*Population and Public Health Branch of Health Canada

**Details:** ▶ Through \*Health Canada's Sectoral Involvement in Policy Development (SIDPD) funding, a project entitled Integrated Prevention System supports CDPAC to design and implement a uniquely Canadian comprehensive prevention system to significantly reduce the human and financial costs of health care in Canada and ensure that the system is developed and implemented by collaborative partnership of the voluntary sector with government.

▶ CDPAC also proposed to develop a common vision and action plan for an integrated chronic disease prevention system that is evidence-based, consultative in nature and adequately resourced to ensure sustainability. Successful achievement of this vision entailed: ongoing consultation, communication with and engagement of key stakeholder groups nationally, provincially/territorially and regionally/locally; the collection of information about current chronic disease prevention activity at these levels; and the enhancement of the capacity of national non-governmental organizations in chronic disease prevention.

▶ Short-term outcomes have been a rapid increase in membership across sectors, a sophisticated internet-based communication system, and a high degree of momentum, all resulting in a relatively high actual and potential for policy contributions across

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health jurisdictions. An unanticipated outcome was that CDPAC was named in the Kirby Report as being a key stakeholder/leader in the development and implementation of a National Chronic disease Prevention Strategy.

► The high level of collaboration represented by CDPAC has highlighted the importance of integrative and collaborative mechanisms, such as the Steering Committee, and clearly defined roles and responsibilities, such as terms of reference, a clear mission, and group norms. A pivotal role of an active partner, in this case \*Health Canada, was that of building trust, particularly during the expansion of CDPAC membership.

**l) All Together Now: A Multicultural Coalition for Equity in Health and Well Being and Ontario Seniors' Participation in Health and Housing Policy**

**Organizations:** ► Multicultural Health Brokers Co-op and the \*Population and Public Health Branch of Health Canada

**Details:** ► The project is designed to create a multicultural health coalition made up of leaders of ethnic minority communities, government and community organizations, committed to equity in health. The coalition will become an organizational vehicle through which ethnic minority communities can articulate a policy agenda for health, and create the space for progressive and meaningful participation.

► Through this project, the Multicultural Health Brokers Co-op has created a strengthened sustainable capacity on the health issues facing the multicultural health community in Alberta. Information sharing and support has also strengthened the capacity of many other organizations in local communities.

► The multicultural coalition for equity in Health models the Good Practices through regular dialogue and strengthening policy capacity and knowledge.

**m) Citizens for Mental Health**

**Organizations:** ► Canadian Mental Health Association and the \*Population and Public Health Branch of Health Canada

**Details:** ► The purpose of this project is to develop integrated policy options and collaborative working alliances across a broad base of mental health stakeholders. Regional interactive forums, discussing mental health issues in Canada, have been held across the country with a range of voluntary organizations active in mental health and illness.

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- ▶ Knowledge sharing across the sector has also been enhanced through a web-based national discussion forum. This forum has led to the creation of greater communication and dissemination tools for a wider audience.
- ▶ The Citizen for Mental Health exemplifies the Codes of Good Practice through continuous collaboration with the regions and by strengthening alliances to develop sustainable capacity.

**n) Aboriginal Health Planning in the North Okanagan**

**Organizations:** ▶ Social Planning Council of the North Okanagan

- Details:** ▶ The project is developing a framework for collaborative work between the aboriginal communities, voluntary sector organizations and regional stakeholders. It identifies processes for the meaningful engagement of stakeholders in addressing health issues.
- ▶ The project has moved beyond historical differences to eliminate traditional hostilities between the participants. A phased approach, grounded in reflection, respect and awareness, has helped to build consensus and collaboration resulting in a stronger voice for policy change.
  - ▶ The Codes of Good Practice are reflected in a strengthened policy capacity within the community and inclusion of the fullest spectrum of views.

**o) National Consultation on Placebo**

**Organizations:** ▶ Various organizations; Office of Consumer and Public Involvement, Health Products and Food Branch of Health Canada

- Details:** ▶ The aim of the national consultation was to better understand the different issues related to the use of placebo trials, especially regarding ethical and appropriate use issues. Patient representative are also participating in the Working Group that is developing a national policy on placebos.
- ▶ The consultation allowed both sides to engage in regular dialogue to develop a national policy. This dialogue was planned and coordinated, and the Government actively sought out expertise and first hand knowledge from patient groups.

**p) Consultations on Natural Health Products Regulations, Office of Consumer and Public Involvement, Health Products and Food Branch, Health Canada**

**Organizations:** ▶ A variety of organizations with an interest in Natural Health Product regulation were involved in the consultations. Local, regional and national

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organizations took part in Health Canada's Health Products Directorate's consultations and working groups.

- Details:**
- ▶ The Natural Health Products Directorate conducted consultation sessions on a proposed regulatory framework for natural health products. Areas of discussion included the requirements for product labeling, product quality and health claims of natural health products, (i.e., vitamins, minerals, herbal remedies, and homeopathic preparations). These consultations allowed Canadians from across the country to share their ideas, and to assist the Department in developing an appropriate regulatory policy for natural health products, one that reflects the concerns and interests of Canadians.
  - ▶ A broad spectrum of views was received during these consultations and, where appropriate, the proposed regulatory system was adjusted to reflect the views and concerns of Canadians. Throughout the development and implementation of the regulatory framework, the ONHP was guided by principles that closely relate to the Code of Good Practices on Policy Dialogue, including transparency, clarity of scope, issues and use of results, use of a variety of methods and mechanisms to ensure equitable access, communications of full range of views to decision-makers and a commitment to on-going dialogue.

Prepared by the Office of the Voluntary Sector, Public Health Agency of Canada  
March 2005

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