



# **Population Health Fund**

## **Request for National Proposals**

**Deadline: October 22, 2001**



**July 2001**



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This Request for National Proposals invites full proposals for national projects that apply a population health approach and that address the current priorities described in Appendix A, for one or more of the three life stages: Childhood and Adolescence, Early to Mid-Adulthood and Later Life.

The goal of the Population Health Fund is to increase community capacity for action on or across the determinants of health.

In keeping with the principles of the Population Health Fund, projects should:

### **Promote Participation**

Project activities and intended outcomes must be relevant to the population being served. This can be achieved by members of the population group and key stakeholders taking an active role in planning, implementing, evaluating the project, as well as disseminating the results.

### **Strengthen Collaboration**

A key factor in the success of a population health approach is the development and support of comprehensive and coordinated action by governments, private, professional and voluntary sectors to address the identified needs and issues of the population(s). Strong intersectoral collaboration is necessary to create effective and co-ordinated activities that positively influence the relevant health determinants.

## SCOPE AND ELIGIBILITY FOR THIS SOLICITATION

### *Only national projects will be considered.*

The scope must be national in terms of objectives and design, implementation and activities, target group and partner participation, and the project impacts and outcomes. For projects that are local, regional or provincial in scope, please contact the appropriate Regional Office to discuss possible opportunities. Addresses are noted in Appendix B of the *Population Health Fund: Guide for Applicants - 2001*.

Canadian voluntary **not-for-profit** organizations and educational institutions are eligible for funding. Recipient organizations must demonstrate their capacity to undertake the proposed activities and to meet the mandatory criteria.

Audiovisual production, creation of new websites and the organization of conferences, symposia and workshops **will not be considered a priority** in this solicitation unless they are only one part of a more comprehensive initiative.

It is anticipated that most requests for funding will generally be in the range of \$20,000 to \$100,000 annually up to a maximum of **twenty-four months** (April 1, 2002 - March 31, 2004).

The following activities and expenses are **NOT** eligible:

- ongoing organizational or a percentage of the overhead fees or administration fees of an organization;
- contingency allowances or other miscellaneous fees;
- pure research, in any discipline;
- profit-making activities;
- provision of direct services which are part of other governments' jurisdictions;
- capital costs, such as, purchase of land, buildings, or vehicles.

## Official Languages Act

The project sponsors must clearly identify the clientele of the project and, if applicable, in consultation with the Department, take the necessary measures to respect the spirit and intent of the Official Languages Act to communicate with the public in the official language i.e. English or French, of their choice, as well as supporting the development of official language minority communities.

## APPLICATION PROCESS

Applicants should forward their proposals, providing detailed information by **October 22, 2001**. Applications not adhering to the *Population Health Fund: Guide for Applicants - 2001* and/or to the format described below or that are received after the deadline for submission will **not** be considered for review.

Your formal application must provide the following information and documentation:

- an **official letter** from your organization, agreeing to sponsor the project;
- a completed and signed **Application for Funding form**;
- a **summary of the project**. In one page, describe briefly your target population(s), the needs identified by the target population(s), the project objectives, activities, partners and expected project results/outcomes. This description could be used as public information about your project; and
- a detailed **description of the project**, no more than **15 pages**, as per the Proposal Development section of the *Population Health Fund - Guide for Applicants - 2001*.

## **REVIEW AND SELECTION PROCESS**

Proposals will be screened for completeness and to determine whether they meet eligibility criteria and address the identified current priorities. Eligible proposals will be assessed by internal and external reviewers for significance and relevancy. Health Canada will work with organizations whose proposals are ranked highest in the further development and/or refinement of their proposal.

Please note that applicants should not assume any commitment on the part of the Department until ministerial approval for the project has been obtained.

Inquiries concerning the administration of the Fund and this solicitation should be directed to: Suzanne Lamesse at (613) 957-8345 or by e-mail address at [suzanne\\_lamesse@hc-sc.gc.ca](mailto:suzanne_lamesse@hc-sc.gc.ca) or Francine Papineau at (613) 954-6684, e-mail address [francine\\_papineau@hc-sc.gc.ca](mailto:francine_papineau@hc-sc.gc.ca).

Please submit six (6) copies of your full proposal to the Population Health Fund on or before 5:00 pm EDT **October 22, 2001** to:

**Population Health Fund  
Management Planning and Operations Directorate  
Population and Public Health Branch  
Health Canada  
8th Floor - Room B845 - P.L. 1908C1  
Jeanne Mance Building  
Tunney's Pasture  
Ottawa, ON K1A 1B4  
Tel: (613) 957-3507  
Fax: (613) 952-5310**

**NATIONAL ORGANIZATIONS ARE ENCOURAGED TO SHARE THIS  
REQUEST FOR PROPOSALS WITH AFFILIATE MEMBERS WHERE  
INTEREST AND EXPERTISE FOR PROJECTS NATIONAL IN SCOPE  
WOULD WARRANT**

### 2001/2002 PRIORITIES FOR NATIONAL PROJECTS

The priorities for projects beginning in April 2002 is for the development of comprehensive, integrated cross-sectoral approaches with a focus in the following:

#### Childhood and Adolescence Priorities

**1. *Creating Optimal Conditions for the Healthy Development of Young Children***

It is widely recognized that the first six years of life, as well as the preconception/prenatal period, impact profoundly on later development and adult functioning. Investing in conditions that maintain or enhance optimal child development is more effective, has greater impact and is less costly than absorbing the inevitable costs of remedial interventions later.

**2. *Supporting Families***

Families constitute the basic unit of society responsible for the overall provision of emotional, financial and material support essential for the growth and development of children. Research has found a clear association among social and other supports and the well-being of children and families, with positive nurturing environments being a critical factor in the healthy development of children.

**3. *Creating Safe, Supportive and Violence-Free Physical and Social Environments***

Children are more vulnerable to changes in their physical and social environments because of their rapid physical and mental growth, and smaller body size. The health and well-being of children depends on the safety and quality of their natural, built and social environments at home, at school and in the community. Children also need to be in environments which protect them from violence, abuse, exploitation, injuries and neglect.

#### **4. *Fostering Healthy Adolescent Development***

Children, particularly adolescents, ages 13 to 18, have specific developmental tasks, the completion of which prepares them for successful transition to work roles, community and family life. Their voices are important in the decision-making process, particularly in issues that affect them. They are also in need of supportive environments that challenge and enable them to reach their full potential as contributing members of society.

### **Early to Mid-Adulthood Priorities**

#### **1. *Creating Supportive Community Environments for Action on the Leading Causes of Preventable Illness and Death***

In Canada, cardiovascular disease, cancer and diabetes are the leading causes of death, illness and disability among adults younger than 65 years of age. Many of the risk factors for these diseases are mutable and research has shown that a number of health promotion and early detection procedures can reduce this burden. Evidence-based prevention and early detection actions can improve the health and the quality of life of many Canadians and reduce the economic burden of these diseases.

#### **2. *Creating and Promoting Healthy Work Environments and Economic Competitiveness***

While action on all the determinants of health is important in order to maintain and improve the health of Canadians and their families, a key determinant is the creation of safe, healthy and supportive work environments. Most Canadians in their early to mid-adult years spend much of their time in the workplace. It is recognized that the workplace has a significant impact on the physical, mental and social well-being of Canadians and their families. The challenge is to address the varied issues and elements of the work environment in a comprehensive and integrated manner and with due regard to the other determinants of health, and to foster participation and coordinated action by stakeholders.

Comprehensive workplace health, with its focus on healthy and productive workers and safe workplaces, can strengthen the capacity of human capital and is the foundation for a workforce which is capable and committed to meeting the economic and competitiveness challenges of today and the future. Key priority areas include the following:

- **Leadership/policy development:** Promotion of an increased awareness/understanding of the links between employee and organizational health - the work environment and sustainable high organizational performance.
- Development of **national strategies** for enhancing sustainable high performance/economic competitiveness and comprehensive workplace health.
- **Capacity Building:** Development and establishment of workplace health/economic competitiveness marketing and education strategies at national levels.
- **Program/Resources/Model Development** for sector specific business cases, workplace health evaluation tools, best practices, employee health questionnaire and analysis systems to support national comprehensive workplace health/competitiveness initiatives.

## **Later Life Priorities**

### **1. *Promoting Healthy Aging and Addressing Factors Leading to Illness, Disability and Death to Support Healthy Aging***

Individuals have considerable capacity for healthy aging by adopting positive lifestyle choices, and coping strategies and maintaining strong personal relationships. At the same time, increased risk of illness, disability and premature death in later life are associated with many factors, including social isolation, unadaptive coping mechanisms, poverty, poor literacy, poor nutrition, and lack of physical activity. The challenge for action is to develop the most effective strategies to expand the disability-free years of life, to reduce the occurrence of chronic diseases and disabilities, and to improve the health of seniors.



- Increasing the knowledge base on the effectiveness of interventions pertaining to **personal health practices**, including nutrition, healthy eating, physical activity, appropriate medication use and smoking cessation. This includes gaining practical knowledge through demonstration or pilot projects; addressing challenges, barriers and factors affecting motivation; and using evidence-based best practices to reach under-served areas and to develop appropriate adaptations for those seniors who are most at risk (e.g., seniors with low income, senior women, isolated seniors, institutionalized seniors, older seniors, etc.).
- Identifying seniors in community or institutional settings who are at risk for **mental health problems**, identifying opportunities and challenges in addressing the mental health needs of seniors, and developing effective mechanisms and approaches for promoting seniors' mental health.
- Developing, testing and evaluating innovative interdisciplinary models to reduce and prevent **seniors' injuries** in institutions or in the community.

## 2. *Strengthening the Capacity to Support Healthy Aging*

As Canadians live longer, it is important to enhance their capacity to age well, through supportive informal networks, enabling communities, and formal service systems that support their health and well-being. The challenge for action is to foster personal support networks, caring communities, appropriate health, and other social systems that support healthy aging.

- Strengthening the **capacity of organizations and networks**, at both the national and community levels, to identify and effectively address issues relating to seniors and healthy aging, with a focus on enhancing knowledge and skills, developing innovative approaches, tools and resources, and establishing coalitions, networks and collaborative partnerships.

### 3. *Enhancing Personal Autonomy and Independence*

Enabling seniors to maintain personal autonomy and influence over decisions that affect them, particularly during critical periods of transition (e.g., loss of a spouse, disabling conditions, institutionalization, etc.) contributes significantly to healthy aging. Safe and supportive living environments are essential to compensate for a decline in physical or mental capacity for healthy aging and for reducing the risk of injuries and harm. Furthermore, ageist attitudes and stereotypes can create barriers to social participation and personal fulfilment. The challenge for action is to find the best ways to foster the personal, social and physical environments which enable seniors to remain integrated and fully participating members of society.

- Fostering well-being among **older seniors** (seniors aged 80+), in response to physical, psycho-social, economic and environmental vulnerabilities associated with the very senior years.
- Promoting the well-being of seniors with **cognitive impairment** and/or of informal caregivers of seniors with cognitive impairment.
- Enhancing and supporting the independence, participation and safety of seniors with **physical disabilities** in communities or institutions, with the focus on promoting the safe use of the assistive devices and caregiver support.
- Developing and testing tools as well as strategies to identify and counter **myths and stereotypes about aging** and address age discrimination by promoting concepts and positive aging in society.

#### 4. *Addressing Concerns Surrounding the End of Life*

End-of-life care and ethical and legal concerns are becoming increasingly urgent as the population ages. Continuing advances in medical technology, evolving health care needs and increased ethical and legal challenges around individual treatment will generate greater public attention. The challenge will be to develop appropriate models for care strategies and ethical-legal responses with and for Canadian seniors.

- Enhancing our understanding of, and sharing information on, a range of **end of life/palliative care** delivery models, practices and approaches that respond to the needs of seniors who are facing probable death associated with varied illness conditions.