**Policy Internships and Fellowships Program**
**Final Report**

# National Voluntary Health Organizations: Stakeholders in Canada's Health

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## Preamble

### Home Organization

The Office of the Voluntary Sector (OVS) is located in the Centre for Healthy Human Development, in the Population and Public Health Branch (PPHB) of Health Canada. The Office of the Voluntary Sector works with the voluntary health sector to help Canadians maintain and improve their health. Operating since 1998, the OVS was formally established on April 1, 2002 due to the ongoing nature and complexity of commitments arising from the federal Voluntary Sector Initiative (VSI).

Among its responsibilities, the OVS:

- Leads the implementation of the Health Canada Framework for building the relationship with National Voluntary Organizations Working in Health;
- Spearheads Health Canada's implementation of the *Accord* and *Codes of Good Practice*;
- Provides individual organizational and sector-wide development grants to National Voluntary Health Organizations;
- Provides individual organizational and sector-wide development grants to smaller National Voluntary Health Organizations dealing with non-life threatening or uncommon health issues;
- Manages Health Canada's participation in theVSI;
- Manages 6 projects under Sectoral Involvement In Departmental Policy Development (SIDPD), including the Voluntary Organizations Involved in Collaborative Engagement (VOICE) project;
- Manages the Policy Internships and Fellowships (PIAF) Program;
- Provides support to the Assistant Deputy Minister, Deputy Minister, and Minister; and
- Supports the Ministerial Consultative Committee on the Voluntary Sector.

The Office of the Voluntary Sector links to the voluntary sector through its location in the Centre for Healthy Human Development (CHHD). CHHD operates programs such as the Aboriginal Headstart Program, the Community Action Program for Children and the Canadian Prenatal Nutrition Program and is now working to develop and implement the government's recently announced Healthy Living Strategy. CHHD operates through the following Divisions: the Canadian Health Network; the Division of Childhood and Adolescence; the Division of Aging and Seniors; Healthy Communities Division (including Mental Health, the National Clearinghouse on Family Violence, Office of Rural Health, Physical Activity Unit); and the Health Surveillance and Epidemiology Division (Child Injury Section, Child Maltreatment Section, Reproductive Health Section).[1]

#### Work Space Description

My work space at the OVS is one of the "standard foot print" prescribed by the Department of Public Works and Government Services. My eigth-floor window overlooks the local neighbourhood, and the open concept offices encourage information sharing across cubicles. Meeting space is limited.

Health Canada employees have up-to-date computers and computer support. Gateway and Lotus Notes are standard computer applications, which include e-mail and scheduling applications, and access to various important databases, including departmental libraries, Statistics Canada databases, directories of all kinds, and human resource information.

Security monitors at all outside entrances contribute to a feeling of protection. The departmental library, located in the building, is a benefit as is the cafeteria, open at least part of the day.

OVS is located in Tunney's Pasture with other divisions of the Population and Public Health Branch. I estimate that about 1,500 people work in the Jeanne Mance Building, and about 5,000 in Tunney's Pasture. The concentration of many Health Canada offices in the area facilitates communications and meeting arrangements, though the fact that the offices are in different buildings hinders interaction and joint work to a certain extent. Cross-city public transit is readily available, but the absence of parking requires staff and visitors to spend on taxi fares when coming or going to meetings.

**Host Organization**

The Canadian Public Health Association (CPHA) is a national not-for-profit voluntary association which was organized in 1908, and which received its Dominion Charter in 1912. CPHA is composed of health professionals from over 25 health disciplines, as well as from the public at large, and is active in conducting and supporting health and social programs both nationally and internationally. CPHA stresses its partnership role by working with federal and provincial government departments and international agencies, non-governmental organizations and the private sector in conducting research and health services programs. Since 1910, CPHA has published a bi-monthly journal on Canadian public health interests.

CPHA represents public health in Canada, and links to the international public health community. CPHA'S members believe in universal and equitable access to the basic conditions that are necessary to achieve health for all Canadians. The organization's mission is to "constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy." [2]

CPHA is governed by a Board of Directors which consists of the officers of the Association, one representative from each Provincial/Territorial Branch/Association (PTBA) and six members-at-large responsible for Areas of Interest, as well as the Chief Executive Officer, the Scientific Editor of the Journal, and a PTBA representative as ex-officio members. Between meetings of the Board of Directors, an Executive Board that consists of the Officers of the Association with the Chief Executive Officer and Scientific Editor as ex-officio members conducts the business of CPHA. The Board also has honorary members: an honorary secretary, counsel, and treasurer who attend all meetings.

Membership in CPHA is voluntary, not mandatory for any professional reason. The composition of the members encompasses professionals in public health practice, professors and researchers in universities and colleges, government workers and individuals interested in issues that affect community and public health.[3]

CPHA can be seen as "first among equals" in the public health voluntary sector. It is among the oldest of Canadian voluntary health organizations. CPHA has a broad mandate, is well known in the health sector, and has worked on a wide range of issues. Its activities focus on a number of Areas of Interest that are established by the Association's membership. In order to illustrate the scope of the organization, each Area of Interest is followed by one example of a current project: Disease Surveillance and Control (*Immunization Awareness Coalition*); Health Promotion (*HIV/AIDS and Hepatitis C Information Centres*); Human and Ecosystem Health (*Climate Change and health of children and seniors*); International Health *(Strengthening public*

*health associations and functions in Eastern Europe and Africa)*; Equity and Social Justice *(collaboration with National Aboriginal Health Organization)*; and Administration of Health Services (*health reform*). Projects or programs which span several areas include *work on improving public health infrastructure*; a *Counter-terrorism and Public Health Conference*; *Second Canadian Literacy and Health Conference; Second-Hand Smoke project; Anti-Bullying project follow-up.* This list does not reflect the entire scope of current CPHA projects and programs, but does indicate the breadth of its work.

In voluntary sector parlance, CPHA can be seen as an intermediary or peak organization which brings sectors and disciplines together, monitors developments, has the capacity to mobilize action on issues of importance to many actors, and acts from time to time as a bridge between governments and various parts of the health sector.[4]

CPHA is part of more than twenty national coalitions and working groups which bring together voluntary organizations, governments and the private sector, as discussed later in this paper.

CPHA's public policy processes are of interest. The following quote articulates the processes through which policy positions are developed.[5]

> "The role of the Canadian Public Health Association in advocacy is extensive. We fulfill this responsibility to our members and the general public by taking positions on critical health issues through the development of position papers and resolutions. These are processed through the CPHA Public Policy and Legislation Committee, distributed to the full membership and voted upon by the members at the time of the Annual General Meeting. CPHA members represent the Association on numerous external committees and workshops/meetings. Editorials in the *Canadian Journal of Public Health* address national and international health and social issues, while conferences provide a forum for both members and the public to debate major health topics. Through representation on external committees and task forces, the Association's views are presented and contribute to the decision-making process relevant to public health issues. Another of the Association's major activities is representation through lobbying and presentations to Parliamentary Committees. To keep the membership informed of CPHA'S activities in the area of advocacy, a feature entitled "CPHA in Action" is included in issues of the *CPHA Health Digest*."

CPHA undertakes numerous national and international projects on behalf of various government departments, allocating a portion of each to its core expenses. CPHA also operates several revenue-generating programs that contribute to its core operation, including the Plain Language Service, the Health Resources Centre (international and Canadian public health publications) and a Conference Organizing Service. All externally funded projects contribute a percentage to the overhead of the organization.[6]

<u>Work Space Description</u>

My work space at CPHA is a traditional office – a 10 x 10 enclosed space with a fourth-floor view of offices and a residential area. Security after hours is aided by a "card system". A large, fully equipped kitchen is available and a nearby cafeteria is open during business hours. CPHA has two computer systems – one for the Macintosh crowd, and the other for the PC users. High-level support is available for both. Office configuration generally allows for conference calls or small meetings, and the larger offices and the board room are available for larger

meetings. CPHA has both a “National Programs” and a “Global Programs” section, so information flows through the office regarding CPHA activities in Africa, Europe, and South America as well as across Canada.

CPHA is located in a small office building which is about a 10-minute drive from either Tunney’s Pasture or downtown Ottawa, and is on a major transit route. CPHA has an entire floor of the building; the other eight floors are occupied by various service companies.

## Introduction of Researcher

I have worked in the Office of the Voluntary Sector in Health Canada since January 1999. Since coming to the federal government in 1989, I have worked in strategic policy areas of four government departments. Prior to that, I was employed in the voluntary sector for about fifteen years, working at the local, provincial and national level in social planning organizations. My employment concentrated on social policy and social planning, and I worked mostly on files having to do with citizen participation in policy development. I received a Master’s degree in social policy and social planning in the United States in 1974, and have continued my education in policy and planning through staff development opportunities over the years, including a year-long research fellowship from the (then) National Welfare Grants secretariat in the mid-1980s when I produced an oral history of social work in Canada, audiotaping and videotaping interviews with 56 pioneer social workers.[7]

Though I worked in the OVS where much of the development of the PIAF Pilot Program took place, I was at that time working to generate interest in a research agenda on the voluntary health sector and was not at all involved in PIAF.[8] However, as I learned more about the goals of PIAF, I thought I might be a suitable candidate, given my background in both the government and the voluntary sector. The OVS was of course interested in PIAF, having done the groundwork for it with the Privy Council Office and other government departments, and they were also interested in seeing what a PIAF placement could contribute to the work of the branch and the department upon return from the placement.

### The Match

The original subject matter of the PIAF placement was “asset-mapping” as a means to strengthen the constituency for public health. My interest had arisen from events of September 11, and from my strong belief that the role of individuals and local organizations in dealing with disasters could be highlighted as a means of strengthening community, thereby building resistance to preventable disasters and assisting in recovery from them. Over the months following September 11, I believed that the concept of “asset mapping”, that is building on strengths rather than starting from the “empty glass” of needs assessments, would be a positive way to start a dialogue between government and the voluntary sector about the role of community in changing times.[9]

CPHA seemed to be the most likely organization to have an interest in this conceptual approach to a practical problem – constituency building – which would have multiple benefits: a stronger constituency for their interests; and stronger communities for Canadians. Following a preliminary conversation with a volunteer member of CPHA whom I knew from previous work, I began a dialogue with CPHA staff, and they expressed a strong interest in hosting through a PIAF placement.

CPHA and Health Canada have worked together on many projects, and continue that work. CPHA is now co-sponsoring, with the department, a national conference on Counter-Terrorism and Public Health, with CPHA organizing the event. Other collaborative activities include a project on Environmental Tobacco Smoke, CPHA’s sponsorship of a National Roundtable on

Climate Change and Health; and planning and delivery of the 2nd Canadian national conference on Literacy and Health, among other projects. CPHA is regularly invited to participate in departmental consultations and discussions, most recently in Health Canada's Healthy Living Consultation. As well, CPHA officials meet frequently with senior officials (including Deputy Ministers and Assistant Deputy Ministers), both collectively and individually in Health Canada and in other government departments.

I began my placement at the Canadian Public Health Association in mid-September, 2002 following a brief return to the OVS after the two-week PIAF summer institute in Victoria, which took place in August.

### Description of Project

After arriving at CPHA and spending about six weeks trying to locate funding for the asset-mapping pilot project, it became clear that funding sufficient to do a good pilot would not be available in time to carry out the project. It was agreed that I would continue with the literature review on asset-mapping and public health which was being undertaken by the research assistant who had been assigned to me, because that piece could be useful in the future for either CPHA or Health Canada, and would in any case make a contribution to knowledge about the relevance of a "strength-based approach" to health issues. [10] After further dialogue between the home and host organizations, it was agreed that I undertake a "blended fellowship", taking on the duties of a policy analyst, and providing general policy support to CPHA.

My current role at CPHA might best be described as the "dedicated" policy staff for the organization. As a result of substantial reductions in government funding in the mid-1990s, CPHA now functions without single-focus or "dedicated" policy or communications staff. The organization relies on board and on volunteer input to policy work, as well as on its connections through an extensive network of partner organizations and colleagues.

The revised assignment required a change in focus – from targeted attention to a specific policy issue (can asset-mapping be integrated into policy development for public health?) to a broad focus on a wider field of public policy issues in which CPHA was involved. As described above, the scope of CPHA activity is very broad, ranging from bioterrorism to literacy, from health promotion to protection, and from public health services to reform of the health system.

## Summary Of Your Work

### Restate Goals of Fellowship (as modified)

My primary goal has been to provide CPHA staff and board with expert policy analysis, including information, research, perspective, context, background, interpretation and analysis. In order to achieve the first goal, my second goal has been to increase my own knowledge about public health generally, and about some of the many activities of the organization. My third goal has been to exchange views with CPHA staff on public policy issues and processes.

### Describe your Assignments/Accomplishments

In my work as policy analyst, I have provided support to senior staff and to board committees in their analysis of current policy issues, and in the development and dissemination of policy positions on those issues. I have contributed my views on strategic positioning of the issues within the health sector, and within the broader context of government and society.

Assignments

Working most closely with two of CPHA's Associate Chief Executive Officers, I contributed to **policy analysis and development** on issues such as: Health System Reform, including the (Romanow) Commission on the Future of Health Care and public health infrastructure; advocacy regarding meetings of Ministers of Health and First Ministers; the response to the federal Budget; and the formation of the Health Council.

In order to both increase my knowledge about public health and assist the organization in its **representational** interests, I participated in numerous events on behalf of CPHA. These included: a national Climate Change research conference; a national Emergency Preparedness Workshop; a workshop of the Coalition of National Voluntary Organizations (NVO); the Public Policy Forum workshop on health care reform; a planning meeting on Marijuana Messaging; a special conference on Environment and Children; and a meeting of the Canadian Mental Health Support Network.

My learning and my contribution to CPHA were enhanced by the opportunity to participate in **project development**: I created and developed the concept for the second Canadian Conference on Literacy on Health, which was subsequently written up by a consultant and submitted to the National Literacy Secretariat; and will have the opportunity to develop the concept for a new activity on climate change and its impact on children and seniors.
I have also provided general **policy support** to senior staff and board members, including: writing a speech for the Chief Executive Officer to present to a national American audience in Washington DC; preparing materials on CPHA'S involvement with Aboriginals for the Board President; developing a concept of approaching the inconclusive data on financing of public health infrastructure, and working with a consultant to outline the work required; and contributing to CPHA's *Election Primer*.

I expect to play a supportive role in these areas at CPHA's national conference that will be held mid-May, and at the Board of Director's meeting and a "think-tank" on the Future of Public Health, which are also scheduled at that time.

Accomplishments

In carrying out the above-noted assignments, I believe that I was able to provide professional advice and undertake activities that assisted CPHA not only in achieving the objectives related to each task, but also in demonstrating the added value that professional policy work can provide. Draft press releases and letters to the Prime Minister and to federal and provincial Ministers of Health (on issues related to health care reform, including financing and an innovative method of formation of the Health Council) were usually accepted by the staff and board with few changes. A proposed method of documenting public health infrastructure funding was accepted by a board committee and implemented by a consultant. I felt that my views were taken into account, and I believe that good working relationships were established and maintained with staff, consultants, and board and committee members.

What were your challenges?

I continue to enjoy the challenges of learning about a new field. I have changed areas of focus numerous times over the years, and always like to dive into a field and immerse myself in it. Preparing this paper provided a great opportunity to do something I really find beneficial,

namely, learning about a new field - its history, theory, structures, processes, organizations, stakeholders, constituents, and issues.

A second challenge was adapting to CPHA culture, which differs in subtle but important ways from that of the government office in which I have worked for three years. CPHA is somewhat more formal in some practices such as hours of work and dress codes, but less formal in others such as communication among staff.

The most difficult challenge was being in the first wave of a pilot project that required balancing varying interests, which is a skill I continue to develop. The challenges lessened as unanticipated issues were resolved. The lack of clarity around funding to support the host organization for costs associated with hosting caused some tension early on in several of the placements, but after several months, this was clarified.

**Voluntary Sector - Public Sector Comparisons**

While I can offer my observations about this topic, it is important not to generalize from this comparison. Only two organizations are involved – the Office of the Voluntary Sector, and the Canadian Public Health Association; as well, other observers or participants in the same organizations might well reach different conclusions.

**How can you compare the way work is done in your home and host environments?**

Much CPHA activity is project-focused, with numerous implications. Project staff move in and out of the organization, with some returning regularly because of their expertise. Staffing processes in CPHA occur at an astonishing speed, compared to the widely known and acknowledged slow pace of staffing decisions in the federal public service. Because CPHA project staff focus on a particular program or activity, they are perhaps challenged to continue to be aware of where they fit in the big picture of the organization and the broader policy issues. CPHA's project funding and associated audits heighten the importance of detailed record-keeping to ensure proper accountability. Because of the special focus of project staff, there is not a lot of overlap in activities or functions. So, if someone is absent, there is less possibility of someone else filling in, which is less likely to be the case in OVS where there is complementarity with respect to staff experience and expertise. However, CPHA senior staff are generalists who address many areas across the organization's mandate, and in both organizations there is always more work to be done than there is staff to do it.

Corporate memory in CPHA is longer; many staff have worked for the organization for years. This facilitates the process of "learning from the past".

Officers in OVS (and in other government organizations) do much of their own secretarial work (e.g., Powerpoint, formatting documents, spreadsheets), which is not the case in CPHA.

**How can you compare the way decisions are made?**

CPHA has fewer levels of approval, which speeds up the policy work. Authority for decision making is vested in the CEO, and the Board President can always be telephoned for discussion, as can Board and Executive Committee members. In OVS and government generally, the Minister has the final authority, and is distant from day-to-day decision making, but nonetheless influences decisions. Consequently, officials in the public service properly devote much attention to interpreting the views of their superiors.

OVS works within the articulated frameworks of government planning processes, so its parameters are established and can be referred to in decision making, while in comparable circumstances CPHA relies more on interaction between the CEO, the Board and senior staff.

Much of CPHA's work is focused horizontally, across the board, committees and other organizations. Much of OVS' work is focused "upwards", through the bureaucracy, as is appropriate because of its position in the hierarchy. However, OVS' work with national voluntary health organizations is horizontal, touching many organizations.

**Are there other cultural differences (including languages, customs, and communications protocols) that you would like to note?**

Cultural differences are difficult to specify. Some differences between the two organizations that I noted include: year-round activities for United Way help build group identity in CPHA; CPHA is more formal in dress codes and hours of work; while (as in OVS) English is the usual working language, CPHA staff use three languages with a number of people speaking Spanish as well as English and French. As well, the accessibility of the CPHA lunchroom facilitates interchange among staff over lunch, coffee, or just going to the refrigerator. Finally, it seems that regular staff meetings in OVS assist staff in seeing the bigger picture and in making linkages to corporate priorities.

**What are the underlying assumptions and biases of each?**

OVS knows that government decision making is complex, interrelated, and slow, and that decisions in one area can have repercussions for other areas, have a long-lasting impact and affect the entire country. Therefore the importance of thorough involvement of all levels of the bureaucracy is recognized, as is the time required. CPHA and many voluntary organizations would hope for quicker government decision making, especially around funding issues.
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Government expects staff turnover and plans for it, organizes around it, providing "redundancy" in the sense of overlap in staff expertise and responsibility; this is recognized in some of its internal funding. CPHA, on the other hand, is restricted in its ability to allow for "redundancy capacity" because funding of voluntary sector activities does not take these realities into consideration.

Both organizations recognize the importance of partnership and collaboration for the achievement of their goals.

## CONTEXT

**What was going on in your field/discipline?**

My current field of activity in both government and CPHA is public policy regarding the voluntary sector and health issues. Each is articulated in the following paragraphs.
**Public Policy:** Pal defines public policy as "a course of action or inaction chosen by public authorities to address a given problem or interrelated set of problems". [11] The past ten years have witnessed significant change on the international scene, and some trends have affected Canadian public policy and will likely continue to do so over the next decade. Pal identifies three "undercurrents" in Canada and throughout the industrialized world. Pal believes that the

phenomena of globalization, shifts in political culture and new ideas about governance and public management shape public policy. The *Accord between the Government of Canada and the Voluntary Sector* reflects similar views, citing "globalization, an increasingly diverse population, new economic and social realities, and changing government roles" as some of the reasons for developing the Accord[12]. I would also stress technology, in my belief that it as important as the other trends, and should be recognized as shaping international demand, public expectations and possibilities for government movement on some public policy issues. Each of these trends is explored further in the literature review (presented below); however, in brief, Pal notes that "globalization involves deeper and more intense economic and political interdependencies, and challenges fundamental assumptions about sovereignty and the role of the nation state." He also states that "political culture is less deferential and more individualist and participatory." Pal notes that "changing notions of governance reflect these forces, but also have their own dynamic that stresses smaller government and new forms of public management."[13]

The new forms of governance and public management are of particular interest in this paper, as they affect both the relationships that voluntary sector organizations must develop and maintain in order to influence public policy, and the expectations of policy analysts whether within or outside government.

**Voluntary Sector:** In the Canadian government the Voluntary Sector Initiative has gained attention in policy circles as a model for "horizontal policy" development. (In government vocabulary, this means across departments and sectors.) The VSI involves more than 40 departments and agencies. As described above, the Office of the Voluntary Sector in which I worked carried the lead for Health Canada on the VSI.

The Office of the Voluntary Sector notes the importance of the voluntary sector, as follows: "Health Canada recognizes the important contributions of voluntary organizations to the health and well-being of Canadians. These organizations provide a wide range of support and preventive services, fund and conduct health research and provide programs and services to the people of Canada. Voluntary organizations provide valuable policy advice and public and professional education about a wide range of health-related issues. They mobilize the public by organizing volunteers and by enhancing social bonds and citizen involvement within communities and across the country. Cooperation, collaboration and voluntarism are the backbone of many towns and communities. The voluntary sector has been described as society's vital third pillar, alongside the public and private sectors."[14]

**Public Health:** It is acknowledged that there is no common definition of "public health" in use in Canada: sometimes the term "population health" is used interchangeably with public health; and sometimes the term refers to an approach to health, and to a related set of beliefs. CPHA adopts John Last's definition, "…the practices, procedures, institutions and disciplines required to achieve the desired state of public health."[15] Public health focuses on population groups (e.g., seniors, residents of Ottawa, etc.), while health care focuses on individuals.

In a study completed on behalf of federal and provincial governments in 2001, researchers working under the guidance of CPHA and federal and provincial officials found that while the public health system as defined above is not strained beyond capacity, its capacity is "lacking in depth", that is, it would be difficult to manage more than one crisis at a time, and sustained crises would seriously compromise other programming." It is interest to note that "When key informants from outside the public health system were asked if Canada has an effective, integrated public health system, only 1 of 37 respondents rated the system as very integrated

and effective (62% believe the system is at least somewhat integrated and effective)."[16]

A further indication of the state of the system at that time is found in an editorial in the *CPHA Journal*, where Dr. Murray McQuigge, who as medical officer of health in Walkerton during the public health water quality crisis which killed seven people and made more than 2,300 ill, said in regard to water quality: "The world is changing and we need to reeducate the public and government on the importance of good water distribution systems, the training of water operators, Public Health's role in surveillance and response to water problems. . . Government needs to be convinced of the need for a balance between its role of encouraging business and that of protecting the health and safety of its citizens."[17]

Water quality is acknowledged to be a public health issue across Canada, from the Battlefords in Saskatchewan to some First Nations reserves. Increasing rates of tuberculosis and scares about anthrax, smallpox, and biological warfare put public health systems on the front line in the battle against infectious diseases; and they have long been at the forefront of health promotion around chronic conditions such as diabetes, cancer, and heart disease. Bioterrorism recently (April 2, 2003) received some public attention in the Canadian media[18] and the strains on the public health system are front-page news (month of April 2003), because of the pressures caused by the outbreak of Severe Acute Respiratory Syndrome (SARS).[19]

The current status of the public health system is indicated, at least in part, by a review of funding for public health. The Canadian Institute for Health Information (CIHI) publishes annual updates to its *National Health Expenditure Database*, and while CIHI considers the public health figures to be approximate, the trend in spending on public health indicates that expenditure has increased only marginally since 1975 (see Table 1 on the next page). The fact that these expenditures include administration costs further indicates that increases in actual spending on "public health" are even lower than the small percentages noted.

While the proportion of spending on some items has increased substantially, spending on public health continues to constitute a small percentage of overall health expenditure. CPHA has taken the position that increasing spending on public health (*separating out administration*) would likely lead to improved health outcomes for Canadians.[20] A current front-page story in the Globe and Mail focuses attention on government funding cuts to public health, in relation to Ontario's difficulties in identifying and containing SARS.[21]

| Table 1<br>Total Health Expenditures by Use of Funds, Canada,<br>1975 and 2000, Current Dollars[22] | | | | |
|---|---|---|---|---|
| **Use of Funds** | **1975** | | **2000** | |
| | **$ 000,000** | **%** | **$ 000,00** | **%** |
| Hospitals | 5,454.8 | 44.7 | 31,245.3 | 32.1 |
| Prescription and non-prescription drugs | 1,076.2 | 8.8 | 15,051.0 | 15.5 |
| Physicians | 1,839.9 | 15.1 | 12,999.6 | 13.3 |
| Other professionals | 1,094.6 | 9.0 | 11,603.4 | 11.9 |
| Other institutions | 1,124.3 | 9.2 | 9,139.2 | 9.4 |
| Other health spending | 559.7 | 4.6 | 8,071.5 | 8.3 |
| **Public health & administration** | **514.9** | **4.2** | **5,796.8** | **5.9** |
| Capital | 536.1 | 4.4 | 3,513.4 | 3.6 |
| TOTAL | 12,200.6 | 100.0 | 97,420.0 | 100.0 |

**What were some of the public policies at issue; and related legislation?**

On the broader Canadian scene in mid-2002 when the PIAF placements began, a number of public policies affecting public health were at issue. Health care reform was moving from one stage to another with the anticipated release of the Romanow Report. Canada's relationship with the United States drew considerable energy and attention. The February 2003 federal Budget marked the Chrétien government's final financial statement, creating current promises that obligate future governments. As well, the Voluntary Sector Initiative that began in 2000 was in its final phase. These developments are more fully described in the following paragraphs, and their relationship to public health capacity articulated.

Health care reform relies on the *Canada Health Act*, and on the Canada Health and Social Transfer (CHST), as well as on provincial legislation governing health care expenditures. Following the November 2002 release of the Romanow Report, the government announced a new Canada Health Transfer that will replace the multi-purpose CHST. The *Canada Health Act* itself is, as of now, unchanged. Because public health is a responsibility shared between federal and provincial governments, federal fiscal policies affect public health infrastructure. Public health was not a major factor in health reform despite the efforts of CPHA and provincial public health organizations to get the topic into the public eye.

Legislative support for public health is grounded in provincial laws, with federal responsibilities articulated in the *Quarantine Act* (much of which dates from 1872); and health protection legislation which is said to be scheduled for updating.[23]

Canada's relationship with the United States is affected by, and affects many pieces of Canadian legislation and policy; from softwood lumber tariffs, to trends toward privatization of health and social services, to air safety and national defense. The well-used metaphor of "the elephant in bed with a mouse" continues to describe United States' relationship with Canada,

but a direct relationship between US actions and legislative effects on the Canadian voluntary sector is not easily discerned. The United States has consistently portrayed its domestic “war on terrorism” as first and foremost a public health concern. CPHA has been directly affected by this relationship through program possibilities such as Health Canada’s request for CPHA to organize and co-sponsor a conference on Counter-terrorism and Public Health, as well through pressures on its Global Programs staff working in Africa, Eastern Europe and South America. The recent SARS outbreak and the permeability of all international borders link Canada and the US ever more closely on public health issues.

The federal Budget is codified in legislation usually through amendments to existing legislative Acts. The 2003 Budget contained no mention of “public health” as used in this paper. Of likely relevance to the voluntary sector is the Budget’s announcement of what is being called “Program Review Three”, that is a comprehensive review of spending programs by every department, to enable the government to reallocate $1 billion annually to higher priorities. The effect on the voluntary sector will be better understood through follow-up actions to the federal Budget, which are due to be announced in May 2003.

Though the above issues have legislative supports, the Voluntary Sector Initiative was established at the beginning of the policy process, exploring issues and developing an understanding of current relationships and desired futures. Policy frameworks across federal departments, and with the voluntary sector, were established in the absence of legislation specific to the sector or the project, although Cabinet had approved the policy direction. Currently the VSI relies on contemporary interpretations of the *Financial Administration Act* (*FAA*) and on powers of the various Ministers to allocate grants and contributions. While the Accord between the federal government and representatives of the voluntary sector has moral force, and while the associated *Codes to Good Practice for Funding*, and for *Policy Development* are important guides to the inter-sectoral relationship, none of the documents have legislative support outside of the *FAA* and ministerial mandates. The Accord itself contains a clear outline of its power as a “public commitment”.[24]

The Codes are relevant to CPHA and its provincial/territorial branches (PTBAs), all of which are voluntary organizations, in that they set the stage for discussion of adequate funding for intermediary organizations, and for standards for interaction around policy dialogue between those organizations and the federal government. Because the PTBAs relate most frequently to their respective provincial governments rather than to the federal government, the impact of the Codes on provincial organizations will likely be determined by the force with which provincial voluntary organizations carry them forward.

<u>Media</u>

Until late March 2003, national media attention had focused on international issues; the possibility of war in Iraq received considerable attention and dominated Canadian media completely until the outbreak of SARS successfully competed for attention. Before the SARS outbreak, health news focused on federal/provincial squabbling over the funding of the health care system. As of late April 2003, media attention is turning to the West Nile Virus, another public health issue which emerges with warmer weather. In general, the VSI gained little national media attention over the past months, although in 2001 and early 2002 organizational newsletters did provide some coverage[25], and several articles or books containing relevant chapters were also published.[26]

**Who were the various public health stakeholders on these issues?**

As well as CPHA, other actors involved in these issues include: the provincial/territorial branches of CPHA; the newly formed Office of Public Health that is part of the Canadian Medical Association (CMA); professional associations (CMA, and the Canadian Nurses Association, for example); various specialty groups (e.g., the Canadian Infectious Disease Society); a number of health prevention and promotion groups such as the two immunization coalitions housed at CPHA; and those whose primary focus is either disease and condition (e.g., Heart and Stroke Foundation, Canadian Cancer Society) or population group (e.g., National Aboriginal Health Organization, National Children's Alliance.) There is apparently no public constituency for public health – no national "citizens for public health" group.

CPHA and Coalition Participation

It is appropriate here to examine the various relationships that national voluntary health organizations such as CPHA develop and maintain. It seems that these relationships are part of the "value-added" that these organizations bring to policy discussions. In order to understand the scope of these relationships, I reviewed two types of coalitions of which CPHA is a part: those housed internally and external coalitions.

A review of three "internal" coalitions currently housed at CPHA[27] showed that they (collectively) comprised 53 national organizations, including six that were members of all three coalitions (CPHA, the Canadian Institute of Child Health, CMA, Canadian Paediatric Society, Canadian Pharmacists Association, College of Family Physicians).

A review of three external coalitions[28] of which CPHA is a member showed membership comprising 89 national organizations; four organizations including CPHA were members of two coalitions, and only CPHA was a member of all three. Adding another external coalition, the National Children's Alliance (NCA) allowed me to examine the extent to which CPHA is the "single link" among different organizations in different sectors. Among the 139 organizations included in this review, only CPHA was a member of all four of these national coalitions, although the Canadian Nurses Association and the Canadian Mental Health Association were members of three (NCA, the Mental Health Support Network of Canada, and either Health Charities Council of Canada or Health Action Lobby-HEAL).

Adding the membership of these four external coalitions to the three "internal" ones (totaling seven coalitions out of the 20 of which CPHA was a part in 2002) showed that 11 of the 192 organizations were members of both internal and external coalitions. So CPHA is in contact with no fewer than 181 different national voluntary health organizations through its participation in only one-third (7/20) of the coalitions of which it is an active member. Of further interest is the fact that a number of coalitions which CPHA facilitates have membership and/or sponsorship from the private sector – pharmaceutical companies and the resource sector are just two examples; the participation of organized labour also enriches the organization's work. CPHA generally participates in these particular coalitions through staff; CPHA volunteers represent the organization in many of the others.

This examination of coalitions raised the question of how a national organization manages its relationships with colleagues. Do "stakeholder analysis" methods assist in understanding these relationships?

As noted recently by Ricardo Ramirez, "uses of the term (stakeholder) are not synonymous

with persons or individuals only but also refer to groups and organizations that have an interest or are active players in a system."[29] Ramirez also notes stakeholder attributes that can be analyzed, including: "the relative power and interest of each stakeholder; the importance and influence they have; the multiple 'hats' they wear; and the networks and coalitions to which they belong."[30] Ramirez also recognizes that the relationship between the stakeholder and the problem, and between the stakeholder and the analyst, affects who is seen as a stakeholder. Although Ramirez uses power as a foundation for defining stakeholders, he also recognizes that stakeholder analysis is "complex and ever changing…(and that there are) the challenges of establishing commonly agreeable definitions of issues or problem situations, defining the boundaries, and identifying the relevant stakeholders."[31]

Phillips and Orsini note that part of the problem in looking at the role of citizens (which I extend here to include the voluntary sector) is that "both citizen involvement and policy processes tend to be conceived of as one-dimensional"[32] and I suggest that this observation could also be applied to stakeholder analysis. In order to explore some of the richness of the voluntary health sector's involvement in public policy, I examined the topic of "stakeholders", as related to CPHA interests, in two different ways.

In one stakeholder analysis, I examined the positions taken by several key CPHA colleagues on health care reform as evidenced by submissions to the (Romanow) Commission on the Future of Health Care in Canada. I found that there was some overlap among the organizational positions, which is not surprising, given that all except the Health Charities Council of Canada (HCCC) are members of the HEAL advocacy coalition. I also note that generally there is no direct connection between positions the organizations took on issues and those of the public over the last six years (the *Public Opinion* paper done for the Romanow Commission[33]) or reflected in the Citizens' Dialogue[34]. A notable exception is the (closer) consistency between CPHA's views of the importance of a focus on prevention and promotion, and those reflected in both the Citizens' Dialogue and public opinion.[35]

Several of CPHA's key partners have been supportive of including, in their briefs on health reform and budget issues, population health and public health issues, but according to CPHA sources they apparently do not come to those positions without some encouragement. Perhaps not surprisingly, their support is couched in terms that they understand, which is not always the same perspective as CPHA itself would take. The examination of CPHA participation in coalitions is of interest here.

A second type of stakeholder analysis examined players in the VSI, health care reform, the federal leadership campaign, Canada's relationship with the US and the federal Budget. Regarding the Voluntary Sector Initiative, it has been observed by several individuals close to the scene that the health sector was not as involved in the process as were some other sectors. In the early days of the Voluntary Sector Roundtable (first called together in 1995 to address the changing environment for charities), the health sector was represented by a strong actor from the YMCA of Canada. Later in the process, the Health Charities Council of Canada was formed and CPHA has been involved in the VSI through its membership on the Council. During the VSI discussions, few voluntary health sector actors were highly visible in public settings, although it is likely that some of the powerful organizations used their frequent meetings with government officials on other topics to express views on relevant issues. Health Canada of course was, and continues to be, heavily involved in the VSI, playing a key role in demonstrating both to other departments and to the sector how relationships between government and sector could be positively addressed even in the wake of cuts to core funding.

Built around the views that Ramirez puts forward (e.g., social change is about power), access to information and involvement in the decision-making process are seen here as determining where influence might be focused in order to affect decision making. When stakeholder relationships are examined from a "power perspective", it appears not surprisingly that those closest to key decision makers (the Prime Minister and Cabinet for the most part), most well-informed, and most involved in the decision-making process were seen as most influential in the policy development process.

**Literature Review**

Public policy development and implementation take place in the context of government, but are not within the exclusive purview of its institutions. By way of example, media reports about SARS clearly demonstrate that successful implementation of a long-established public policy and legislative framework for quarantine for infectious diseases is dependent on the cooperation of citizens. The SARS situation could be seen to be an example of issues related to "governance", rather than strictly to government, or to policy. While definitions of the term "governance" vary, a Canadian view is found in publications by the Institute on Governance, which draws on the United Nations to say: "Governance is the process whereby, within accepted traditions and institutional frameworks, interests are articulated by different sectors of society, decisions are taken, and decisions makers are held to account." [36] Recognizing that governance affects all Canadians helps contextualize the following discussion.

It appears that the majority of public policy literature is written from the point of view of government. The literature review conducted for this paper revealed little in the way of descriptive or analytical articles on how voluntary organizations contribute to public policy, on the capacity they require to do so and on considerations they might take into account when doing so. While some theoretical articles have been written about the contribution voluntary organizations make to civil society, the reality of their contribution to public policy has not been broadly explored, at least as is evident from extensive Internet searches for English-language literature.

Pal defines policy analysis as "the disciplined application of intellect to public problems". He further defines policy capacity as "the institutional ability to conduct policy analysis and implement its results effectively and efficiently". Robert Wolfe shares Pal's definition of public policy, and further states "Policy is a course of action that is anchored in a set of values regarding appropriate public <u>goals</u> and a set of <u>beliefs</u> about the best way of achieving those goals. The idea of <u>public</u> policy assumes that an issue is no longer a private affair."[37] Health Canada's forthcoming *Policy Toolkit* cites the *Code of Good Policy Dialogue*, which offers the following definitions: "Public Policy – a set of inter-related decisions, taken by public authorities, concerning the selection of goals and means of achieving them. Public Policy Dialogue: interaction between governments and non-governmental organizations (in this Code, the voluntary sector) at the various stages of the policy development process to encourage the exchange of knowledge and experience in order to have the best possible public policies. Public Policy Development: the complex and comprehensive process by which policy issues are identified, the public policy agenda is shaped, issues are researched, analyzed and assessed, policies are drafted and approved and, once implemented, their impact is assessed."[38] [39]

Implementation of policy is usually seen as the responsibility of the public service, of what has been called "public administration". But as the SARS example above illustrates, policy implementation is the responsibility of many actors, not just public servants. Focus on new forms of public management provides an interesting contrast to the concern of governance – is

management about economy and efficiency, or should public management be founded on other than economic values, and on broader processes of inclusion, diversity, and the public interest? Which view would be most receptive to inclusion of the voluntary sector?

Regarding new forms of public management, Pal notes that in 2000, a sort of "official line" of public management was articulated at an international conference titled "Progressive Governance for the 21st Century". In that conference, there was a strong political emphasis on certain (management) techniques: "decentralization of budgeting, performance indicators, performance-related pay, an emphasis on quality and standards, the contractualization of relationships, and evaluation coupled with a concern about value for money." [40] While Pal notes that this approach reflects a particular political view, he emphasizes the existence of other views of public administration which reflect an understanding of the difference between politics, where citizens hold sway, and economics, where 'customers' prevail. He further recognizes that in some approaches to public administration the common public interest is the goal; and that democratic decision making requires accountability and public debate. However, for some, the new public management provides improvements to a more conventional bureaucratic and hierarchical model founded on the Westminster Model of governance, where Ministers and the government are responsible and accountable for decisions and actions taken by public administrators.[41]

Looking further into the concept of "New Public Management" (NPM), recent testimony to the Northern Ireland Assembly by a British academic in public policy compares NPM to the idea of "New Public Governance" (NPG). Professor Chris Skelcher's brief to the "Committee of the Centre" contrasted NPM's view of "customers" of public services with NPG's view of customers as citizens; and drew a distinction between NPM's emphasis on separating management from political process and NPG's focus on effective political leadership of a delivery-focused administration. Skelcher says that NPM has an anti-governmental emphasis, which has "undermined trust in public services and democratic processes. Without trust in government, there is a danger that social capital – and hence social cohesion – will weaken."[42] Skelcher concludes his brief by saying that "it is important to strike the right balance between good governance on the one hand and service delivery which is effective and improving on the other."

Other commentators express reservations about NPM. In a case study of Australian administrative reforms, which was presented in 1998, Spencer Zifcak uses the term "managerialism" to connote what is now labelled as NPM. Zifcak speaks of "deliberative democracy", by which "I mean that quality of continuing dialogue and debate between government and its constituents about economic, social and governmental purposes which forms the heart of the democratic project." With that view, it is perhaps not surprising that Zifcak concludes that while "managerialism is a…reasonably effective attempt to improve public sector working practices…as a method it has proven itself incapable of taking the next step and asking what should the state do, how should the state respond to ever more novel, complex and turbulent economic, social, cultural and environmental circumstances." He further observes that "In depoliticising a whole series of social issues and redefining them as problems to be 'managed' or services to be made subject to market discipline…they have left the cupboard of public policy and argumentation very threadbare indeed."[43]

Is public policy about more than financial management? Zifcak concludes:

> "While one task of government is to manage the state's resources effectively, this is not all there is to governance. In a larger sense, governance is about enhancing the state's deliberative capacities so that the social conflicts and

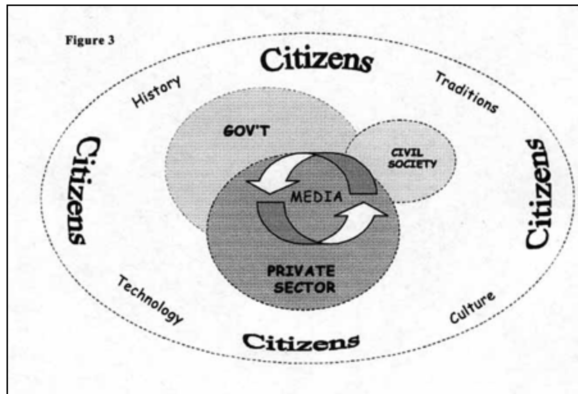
problems we experience collectively as citizens may best be mediated and addressed.

Managerialism has an important role to play but only within a constitutional, political and legal framework which, by fostering civic discussion, engendering contestability, promoting accountability and equalising citizens' entitlements, contributes to the formation of reasoned, considered and democratic policy making."[44]

An "insider", the Deputy Head of the civil service in the government of Poland, shares Zifcak's perspective, commenting, in the current edition of the *Polish Yearbook of Civil Service*, on Poland's integration with the European Union: "It is generally believed that both the theory and practice of New Public Management, which puts the economy, effectiveness and productivity in the first place, fail to ensure fully satisfactory operation of the public sector in the light of challenges of the 21st century." [45]

The United Nations has articulated characteristics of Good Governance. "Efficiency", a key value of NPM, is only one part of one set of ten characteristics, namely: Participation; Rule of Law; Transparency; Effectiveness and Efficiency; Responsiveness; Consensus Orientation; Equity; Accountability; and Strategic Vision.[46]

In a seminar on governance co-sponsored by the Institute on Governance and the Policy Research Secretariat, governance was described as not one activity, but a network of interrelated activities through which societies or communities articulate their interests and reach decisions. Participants also agreed that governance is about the way in which power is exercised: who has influence; who decides; and how decision makers are held accountable. The Institute also sketched out various "architectures of governance" [47] as indicated below.




**Architecture of Governance 1[48]**

This figure sets out some of the elements in what might be a view of Canada. (The voluntary sector is part of "civil society" in this sketch.) The relative sizes of the elements could be argued, but it is clear that governance is about much more than management.

This view of "architecture" complements views of Zifcak and Skelcher, and also those found in development literature where Ramirez summarizes his study of stakeholder analysis quoting work from Metcalfe, as follows: "Public management today operates in a pluralistic context in

which goal consensus cannot be assumed, in which authority is dispersed, in which conflict is legitimate, and in which the various constituents are interdependent and have common interests, however dimly perceived."[49,50]

From the sources reviewed, the relationship between "constituents" as Ramirez terms the stakeholders or those involved in policy development, and public servants does not appear to be an important factor in the values on which NPM approaches are based, or in the way NPM practitioners are expected to carry out their jobs.

How important is the relationships issue for the performance of federal public service managers?
In order to better understand the responsibilities held by current public service managers for "relationships", which affects their understanding of the common interests of those Ramirez calls stakeholders, I reviewed the functions of Assistant Deputy Ministers and Senior Executives, as set out in the Public Service Commission's website on Leadership.[51] "Relationship Competencies" include "Interpersonal Relations and Communications". Other relevant competencies include: "Teamwork" and "Partnering" as part of the Management Competency set. "Partnering" is referred to as follows: "ADMs develop a community of shared interests with diverse levels of government, interest groups, and the non-profit and private sector...(and) partners…work hand in hand for the common good, not only of each partner, but of the Canadian public."

Moving to the level of public service manager, a review of core competencies[52] makes the above statements more specific, noting in the Partnering section that the goal is "to recognize opportunities for partnering". This section also sets out the following objectives: "to identify, as entrepreneurs, better ways of doing business and strategic partners; to research and prepare grounds for agreements; to respect government rules and practices; to manage partnering agreements."

In that light, it is perhaps not surprising that, as Ramirez [53] points out, much of the literature on stakeholders appears to view the contribution of voluntary organizations to public policy as one to be "managed" by government as a superior entity rather than as one between equal partners. The voluntary sector is not seen as a resource to be nurtured, or as indispensable to good public policy. The Accord between Canada and the voluntary sector states that one of its purposes is "to honour the contributions of both (sectors)"[54] but the Canadian public policy literature has yet to reflect the view that the voluntary sector often leads governments to address public policy issues (HIV/AIDS), contributes innovative solutions to public problems (Community Economic Development), and gives substantial human resources to their solution. In that regard, in a research paper prepared for the Office of the Voluntary Sector and presented at CPHA's 2001 Annual Meeting, Jeff Carr of the Applied Research and Analysis Directorate of Health Canada estimated that the value of volunteer work in health could equal between $15 billion and $45 billion annually, depending on what measure of valuation is used (Minimum Wage, Assisting Occupations, Home Care, Economy Wide Average, or Health Industry).[55] The research interest in these topics generated by the VSI will enrich understanding of the voluntary sector and its contribution to public life.

**<u>Conclusions:</u> Governance, Public Policy and the Voluntary Sector**

As is often said, the only constant is change itself. What does that mean for partnering in public policy between the voluntary and public sectors? Recognizing the impact of constant change on the public service, the former Clerk of the Privy Council noted that "a Public Service that

continually learns is better equipped to seize the fleeting opportunities found in our rapidly evolving economy and society."[56] Based on my observations of the policy scene over a number of years, I would suggest that chances to impact specific policy issues are indeed fleeting, and reflect context and coincidence or intersection of circumstances as much as evidence.

Reflecting on the research done for this paper, my experience at CPHA, and my past experience, I have strengthened my belief that the voluntary sector is a key linking mechanism between public sector management and governance, and in some cases (such as CPHA), between the private sector, the public sector and governance. As noted above, governance is more than management – it is process, and emerges through relationships among many elements of society in a framework that promotes democracy. Can public sector actors be accountable for the impact of their methods on governance, as well as on management? A review of the above-noted quote from Dr. McQuigge of Walkerton would suggest that they must, in order to protect the well-being of Canadians.
The Government of Canada has put forward the voluntary sector as "one of three pillars" in Canadian society (the others being government and the private sector).[57] In the past, Canadian authors labelled Canada as a "mosaic", contrasted with the American "melting pot". It seems to me that the relationship is richer and infinitely more interconnected than either the "pillar" or "mosaic" metaphors reflect. I would suggest another metaphor - that Canada can be viewed as a contemporary three-dimensional tapestry woven of materials and threads of diverse colours, varying thickness and texture, with the occasional thick spot that indicates concentration of sectors from the "pillar" metaphor, and lots of "lumpy bits" that indicate areas of extreme complexity. While the overall patterns change slowly, the details evolve constantly through the actions of the society's participants. In my view, the voluntary sector is an essential element of the tapestry working both horizontally and vertically across sectors and across elements of society, and through ties to the larger world.

CPHA is one example of a voluntary organization that is widely connected across society – through links to the private sector, to the public sector, including constituent federal and provincial departments responsible for public health, and to funders, and through coalition participation involving sectors across all the determinants of health.

I observe that many voluntary sector organizations are pressed by some elements of the New Public Management approach. It seems to be a widespread opinion that having to keep track of changes in the public service and to develop new relationships strain already thin resources. Uncoordinated multiple requests for accountability reports from government departments add to the pressure.

I also wonder if the emphasis on "management" moves Canada more toward the "melting pot" metaphor, homogenizing Canada with an economic-focused governance internationally, and if commercial/private sector interests and conduct really reflect the "public interest" as Canadians would define it. Are Canadian values adequately reflected in this approach to management, or is Skelcher correct that NPM damages social cohesion and public trust? NPM seems to equate the public interest with the "bottom line" on a financial statement. Implicit in this approach is a belief that everything that is important can be measured. Can the quality of relationships be measured in terms of "outputs"?

Relationships also are affected by views of the locus of power. In the public service, it seems that the power is in the position, more than in the person, while it seems to me that the opposite is the case in the voluntary sector. Related to locus of power is the idea of turnover. It is my impression that movement at the top of the national voluntary sector is slower than at the senior

level of the public service. While public servants at the level of manager and below may be relatively stable in the positions they hold, it seems that at the level of director and above, movement is quicker, with officials expected to gain experience in various government portfolios in order to obtain promotions. How would a voluntary organization be viewed if its senior management changed every two years? Experience suggests that this would be seen as indicating a problem in the organization.

It has been observed that the voluntary sector staff can form relationships with peers and maintain them because they stay in the same field, and because the sector is relatively small, especially within sub-sectors. It would seem that such long-standing relationships provide an opportunity for voluntary sector actors to form stronger alliances, partnerships and collaborations.

As well, succession planning is different in the two sectors. Because most voluntary organizations are small[58], ideas of natural progression of staff “up the ladder” are generally irrelevant. From personal observation, it appears that staff in voluntary organizations move from one organization to another within a sector, rather than stay with one employer throughout a career. So one might move from a children’s health organization to a larger health organization because there is often only one senior position in most organizations. And the number of national organizations is relatively small – in health, one estimate is less than 300. One wonders how many federal public servants the 300 leaders of those organizations must relate to, in order to discuss programs, obtain funding, provide policy advice, seek information and respond to government requests for action, information and opinion. And, by the same token, how do public sector actors know who to relate to, and who to invest their time in?

**What have you learned about the voluntary sector’s role in public policy development?**

CPHA is a complex organization: it has multiple foci and operates across disciplines and sectors and with various levels of governments. Such complexity and numerous connections may add to its legitimacy in public policy, as government knows whom to call if it wants an “honest broker” to help it connect across the health sector. However, the time, money and energy that the connections and the “honest broker” role require are not recognized when funding requests are on the table. Program Review in the mid-1990s eliminated core funding for CPHA and other “bridging” voluntary sector organizations; and the function played by these organizations continues to be unrecognized or undervalued.

A second learning that was reinforced is the importance of collaboration among voluntary organizations, in order that policy advocacy be legitimized in the eyes of government. CPHA’s participation in numerous coalitions and service on committees, working groups and task forces across health issues have served it well in forming relationships with other key actors in policy processes. The financial cost of maintaining these relationships cannot be under-estimated; nor can the possibilities of capitalizing on them by both the coalition members and funders including government.

Thirdly, the importance of voluntary sector organizations being “mission-driven” cannot be over-emphasized. It would be easy for any organization with multiple interests to drift off-course in the bluster of multiple demands placed upon it by governments and partners. CPHA’s firm commitment to a public health approach through population health and the determinants of health provides a stable benchmark. Its strong linkages to the World Health Organization and to the Pan American Health Organization keep the organization in tune with international developments.

Lastly, the value of the long-term view in policy development is demonstrated by CPHA's continuity since 1908, and by the incumbent's term as CEO, since 1973. When staff would express some frustration at the small steps of progress being made through the organization's long-term work, the CEO could accurately say "not only are we further ahead today than we were yesterday; we've made progress since ten years ago." The value of that perspective to people who are new in the field cannot be overemphasized. How will the organization be affected by an impending change in leadership as the CEO leaves at the end of 2003?

**How can voluntary organizations have greater input into public policy?**

Further to the learnings indicated above, it appears to me that the voluntary sector can benefit through continued emphasis on building relationships within the voluntary, public and private sectors. It has been said that the number of partnerships it holds ensures the success of an organization. It would also seem that forming relationships, then building on them, could increase the impact of collaboration and improve the possibility for more strategic interventions in various issues across policy interests and over time. CPHA's participation in more than 20 coalitions forms a strong base. Organizations will be challenged to continually examine their own participation and organize their staff and volunteer resources with a view to developing, maintaining and capitalizing on these relationships. At the same time, organizations must balance resource investment in relationships with current and potential funders, always bearing in mind the effect of possible policy interventions on funding relationships.

Second, my experience at CPHA suggests to me that a staff complement dedicated to public policy could capitalize on the breadth and depth of expertise among CPHA board and staff. The CPHA board and its members hold vast knowledge across the broadest range of public health issues, and have the scientific expertise to provide evidence on the issues. However, like most volunteers, they all have "day jobs" and do CPHA volunteer work outside office hours. Their time to read outside their special areas of focus is limited as is their time to explore linkages among policy issues, write issue papers, or develop evidence to support policy positions.

Third, the integration of strategic planning into organizational practices can maximize resources. CPHA engaged in a comprehensive strategic planning process in the late 1980s, and at that time, its mission was confirmed. It was decided at that time to use the Public Policy and Legislation Committee to conduct regular environmental scans and to make recommendations to the Board regarding possible adjustment to priorities. As noted earlier the clear mission focus of the organization benefits the appropriate allocation of resources toward the organization's goals and objectives.

Fourth, the relatively recent launching of the VSI-supported "Voluntary Sector Forum" can play a role in improving relationships between the voluntary sector and public servants, and the Forum's focus on three issues key to the entire voluntary sector (Advocacy, Financing, and Liability/Risk Management) is of vital importance[59]. However, such centralized organizations can only complement the ongoing work that it appears every organization must undertake in order to develop and maintain ongoing relationships with government officials. For sectors such as health that are not central to the Forum, organizational decisions about where to invest limited time and energy will be required – more toward central organizations, or more toward potential program/policy partners? The sector will be challenged to expand the connections between "peak" organizations and provincial and local counterparts. (CPHA stands in good stead in this regard, through board representation of its provincial/territorial counterparts.)

Research may provide a further opportunity to strengthen voluntary sector involvement in policy development, e.g., perhaps university/community-led research on how the voluntary sector itself manages relationships. One might ask how complex organizations such as CPHA, the Coalition of National Voluntary Organizations and the Centre for Canadian Philanthropy manage multiple partnerships and relationships within and outside the sector. It might also be useful to explore what the concept of "stakeholder management" means for organizations within the sector? More research is needed to understand the Canadian context. Health Canada's VOICE project will also greatly aid voluntary sector health organizations in their policy work.[60]

**How can government more effectively engage the voluntary sector in public policy development?**

Both government and the voluntary sector are in the early days of recognizing the new relationship that is possible through the Accord signed in December 2001. The possibilities are exciting, as both sectors are committed to this document which, as the Prime Minister said: "marks the launch of a new era of co-operation and respect."[61] In implementing the Accord, both the voluntary sector and government will have many opportunities, through their current complex interactions, to improve the relationship so that, as the government and sector co-chairs of the VSI process said regarding the Accord: "It will be judged a success when it results in a more effective working relationship based on the shared values and principles…"[62]

An early but continuing step that governments at all levels must take is to be clear on the terminology – that "voluntary sector" means the organizations that serve Canadians as well as the individuals who work through those organizations. The confusion in terminology, among the public and among officials in government, causes difficulty in policy making; first, the terms have to be defined, then the value of the sector has to be put forward and accepted, then the actual issue at hand can be discussed. It seems to me that the voluntary sector has a long road to travel in addressing this key issue.

Government will continue to find the principle of transparency difficult to balance against the precepts of the Westminster model of government that guides Canada's political and governance processes.[63] Recent observations that governments tout freedom of information and privacy laws during election campaigns, then systematically weaken them following election bear some thought in the Canadian context.

As well, I believe governments' adoption of some of the New Public Management approaches works against involvement of the voluntary sector in policy development. The belief seems to be that "management is management" wherever it takes place, and the link between management and good governance is not articulated. It is my view that the value of wisdom and experience that one can gain through years of continuity in one organization, sector or sub-sector has been shunted aside as business management skills are sought and encouraged at senior levels. This change in culture creates specific issues for the voluntary sector. As well, this phenomenon has an adverse impact on "stakeholder relations" as well as on relations between the public sector and civil society, when civil society actors with years of experience working on a particular issue communicate with a manager who has substantial decision-making authority but little knowledge of the issue.

One issue for the voluntary sector arising from the NPM approach, which only government can address, is the frequent turnover in public servants, especially at the level of director general and above. With managers being assessed at least partly on their ability to manage for results in any government sector, the change in incumbent every 18-24 months creates ongoing

problems for all voluntary sector organizations that deal with government. I would suggest that, if public policy in the public interest is facilitated by trust, then relationships must be formed and maintained. The ability of both public and voluntary sector to successfully carry out their mandates is hampered by such frequent turnover.

Another action that government could take to offset the NPM mind-set is that relationship building and maintenance could become key indicators of success for senior officials and managers, as reflected in job descriptions, evaluation results and accountability frameworks, as has been suggested by Phillips and Orsini. [64]

Key to improved partnerships is government's recognition that the voluntary sector will continue to be challenged by the lack of policy capacity to participate to the fullest extent possible. Policy capacity, especially in multi-focus, multi-sectoral organizations, requires special expertise, a long-term view, continuity and a broad perspective that can only be cultivated by having a cadre of permanent staff.

As well, government bodies could recognize, in funding arrangements, the financial costs in terms of expertise, reputation, legitimacy, and the honest broker role that organizations such as CPHA provide, aside from any service the organization is contracted to provide. Each time a staff person participates in a meeting with another organization, time is taken away from management or board development activities. CPHA, among others, develops and maintains relationships with dozens of national organizations in public, voluntary and private sector. As well, funders could recognize that maintaining a national organization involves costs for travel and communication, on the part of staff, the board and committees. All funders, including government, could recognize that good management costs money. As in government and in the private sector, all functions must be carried out professionally. Prestige, legitimacy and respect in the private sector are affected by an organization's economic circumstances, location and office space; the same applies in the case of large national voluntary organizations.

Governments could allow overhead and administrative costs (consistently across the public service) for projects, programs, and policy development activities. As well, government compensation of organizations for staff and volunteer time spent on policy activities requested by government, as is the case with the private sector, would enhance the ability of voluntary sector organizations to more fully participate in policy development work.

Governments could also recognize that mobilizing the expertise of volunteers has a cost in terms of staff time, communication and travel costs. As local voluntary organizations realize, volunteers are not "free": organizations require staff time to recruit, train, coordinate, retain and recognize volunteers. The same holds true for national organizations. Will government funders come to recognize that there is a requirement for long-term stable funding to the central operations of organizations so that they can retain the capacity to mobilize volunteer effort? As well, funders who value the expertise, reputation and legitimacy of multi-focus, multi-disciplinary, multi-sectoral organizations could come to recognize that there is a cost to developing and maintaining the relationships which bring these attributes into reality. Just as volunteering is not "free", neither are the maintenance of relationships, earning and sustaining an honest-broker role, and achieving multi-sectoral legitimacy.

Governments could also avoid placing an unnecessary workload on voluntary organizations through: greater transparency in planning; involvement of the sector early in the process of issue identification; and consistency across governments in Terms and Conditions of transfer payments. Adapting audit and accountability processes to the term of a grant or contribution,

and to its size, would also assist the organizations that of course wish to be accountable for public funds, but find themselves engaged in identical audit processes for grants or contributions which vary widely in size.

Governments who wish policy advice, or participation in policy processes, could support organizations through in-kind contributions as has occurred in the past. Many in the voluntary sector would welcome a reinstatement of a previous policy which allowed government employees to volunteer to work on organizational activities, and which paid for organizational membership as well as for subscriptions to professional journals. The provision of resources such as the PIAF fellows and interns can help make links among and between governments and voluntary sector organizations.

While the above conclusion focuses largely on funding for the voluntary sector, readers are encouraged to recognize the quandary in which some voluntary sector organizations find themselves. On the one hand, government wishes to improve the relationship and values the sector for its many positive qualities. On the other hand, because of government policy of limiting "core funding" organizations spend increasingly more time and energy to obtain funds to support the very qualities which government values – connections to community, issue identification, multi-sectoral work and legitimacy of citizen involvement. How will this paradox be resolved?

The *Code of Good Practice on Funding* provides some suggestions for the voluntary sector, as well as for government. To what extent does the voluntary sector continue to demonstrate and communicate value in policy issues, as well as in the delivery of programs and services that the Code recognizes? To what extent do voluntary sector organizations explore, and insist on, the benefits of multi-year funding agreements? Do voluntary sector organizations include expenses of audits in their evaluation and management budgets? The Codes raise expectations of government; the voluntary sector can use the opportunities every-day interaction with government provides to continue to bring those expectations to the attention of officials charged with implementing the Codes.

The Codes provide a useful springboard for future improvements in the relationship between the voluntary sector and government. Long-term political commitment and money are required to back up the assurances made by both sides; and goodwill on both sides is needed to carry these dramatic improvements forward.

The PIAF fellowship has provided an invaluable occasion for me as a federal public servant to understand better the value of the voluntary sector, its contribution, and pressures to be resolved. I am very grateful for this opportunity.

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[2] Mandate Statement, Canadian Public Health Association 2003.
[3] CPHA Annual Report 2001, p. 1
[4] See "Rethinking Civil Society - State Relationships: Quebec and Canada at the Crossroad", Laforest, R. and Phillips, S. for a discussion of the role of intermediary organizations in promoting citizenship. Accessed online at: www.cvsrd.org/eng/discussion_papers/engP_S.doc on April 4, 2003
[5] Canadian Public Health Association "Advocacy and Liaison, and Representation on External Committees and Workshops/Meetings" http://www.cpha.ca/english/policy/advoc/advoc.htm, accessed on March 19, 2003
[6] It is of interest to note that at the time I arrived at CPHA there were four audits underway, all being undertaken by the same government agency. I later learned that the government project officers had allowed certain expenses, but three years later the auditors disallowed some previously approved by the project officer.
[7] Audiotapes, videotapes and transcripts are all available at the National Archives of Canada, Ottawa.
[8] For one outcome of that research generation work, see Voluntary Health Sector Working Papers 2002, Volumes 1 and 2, available online at: http://www.hc-sc.gc.ca/hppb/voluntarysector/knowledge/working_papers/index.html
[9] For more information on asset-mapping, see http://www.northwestern.edu/ipr/abcd.html
[10] The literature review will be completed by end of May 2003. It is of interest to note that in early March, the RCMP began recruiting volunteers to help patrol prairie borders with the United States; and that with the SARS outbreak later that month, questions of citizen compliance with quarantine issues were raised. Both of these were included in the rationale for the original PIAF proposal.
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[13] Pal, p. 43.
[14] "The Canadian Voluntary Health Sector: An Introduction", from http://www.hc-sc.gc.ca/hppb/voluntarysector/vhs/index.html , accessed on March 11, 2003.
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[16] Survey of Public Health Capacity, p. 84.
[17] McQuigge, Murray."Water, a Clear and Present Danger". *Canadian Journal of Public Health*, vol 93 (1), Jan-Feb 2002, p. 10-11.
[18] Avery, Don "Are we ready for a germ war?" Globe and Mail, Thursday April 3, 2003, p. a-17.
[19] CPHA sources tell me that influenza causes 2,000 deaths annually in Canada, compared to the less than 30 at this point in the SARS outbreak. Influenza's annual pressures on public health, and on the health care system, could serve as as an indicator of need to strengthen the public health system, but that warning has not yet been acted upon.
[20] The sight of Ontario's Minister of Health going on national television to demonstrate proper hand-washing techniques in the SARS outbreak could serve as a "poster" supporting the public health approach! (March 31, 2003)
[21] "Cutbacks fed SARS calamity, critics say" Globe and Mail, May 3, 2003.
[22] Canadian Institute for Health Information, *National Health Expenditure Trends 1975 – 2002*. Accessed online at: http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_+31_E. Thanks to Dianne Kinnon who compiled this chart for CPHA.
[23] Federal sources say health protection legislation is on the government's agenda for the Fall Session in 2003.
[24] "While the Accord is not a legal document, it is designed to guide the evolution of the relationship by identifying the common values, principles and commitments that will shape future practices. It focuses on what unites the two sectors, honours the contributions of both, and respects their unique strengths and different ways of working.
The Accord represents a public commitment to more open, transparent, consistent and collaborative ways of working together. When working together, the Government of Canada and the voluntary sector seek to fulfill the commitments set out in the Accord and in so doing enhance the quality of life of all Canadians." Accord, p. 10
[25] See for example "Coast to Coast: St. Leonard' Society of Canada" newsletter vol 7, # 2, Summer 2001, p. 1; Canadian FundRaiser Enews October 31,2002 http://www.canadianfundraiser.com/newsletter/article.cfm?Article1; Newsletter of the Association of Fund-Raising Professionals http://www.afpnet.org ; 'In the Know', newsletter of the Canadian Centre for Philanthropy.

[26] See for example, Phillips; Good; Brock, etc.
[27] Canadian Immunization Awareness Program Coalition, Canadian Coalition for Influenza Immunization, National Health and Literacy Program Partners.
[28] Health Charities Council of Canada, HEAL, Mental Health Support Network of Canada.
[29] Chapter 5, "Stakeholder analysis and conflict management" by Ricardo Ramirez, in Daniel Buckles, ed. *Cultivating Peace: Conflict and Collaboration in Natural Resource Management.* IDRC/World Bank. 1999 at http://www.idrc.ca/books/899/205ramir.htm, accessed on March 11, 2003.
[30] Ramirez p. 3
[31] Ramirez p. 4
[32] Phillips, S, and Orsini, M. "Mapping the Links: Citizen Involvement in Policy Processes" Canadian Policy Research Networks, discussion paper No.F/21. April 2002, p. iii.
[33] Mendelsohn, Mathew "Canadians' Thoughts on Their Health Care System: Preserving the Canadian Model Through Innovation: A Review of Public Opinion" prepared for the Commission on the Future of Health Care in Canada June 2002, accessed online at http://www.healthcarecommission.ca/default.asp?DN=cn=1100,cn=1099,cn=8,cn=2,ou=Stories,ou=Suite247,o=HCC on April 2, 2003
[34] "Report on Citizens' Dialogue on the Future of Health Care in Canada" prepared for the Commission on the Future of Health Care in Canada by the Canadian Policy Research Networks, Viewpoint Learning, Inc. in collaboration with the Commission. June 2002. Available online at: http://www.cprn.com/pubs/files/pubs-c_e.html#cdfh
[35] HEAL - "The Health Action Lobby (HEAL) is a coalition of national health and consumer associations and organizations dedicated to protecting and strengthening Canada's health care system. It represents more than half a million providers and consumers of health care. HEAL was formed in 1991 out of concern over the erosion of the federal government's role in supporting a national health care system. HEAL is committed to working with other organizations and governments to ensure an effective health care system that meets the needs of Canadians." From http://www.cna-nurses.ca/heal/healframe.htm, accessed on April 24, 2003
[36] This formulation draws upon a definition proposed by Louise Fréchette, Deputy Secretary General of the United Nations: "Governance is the process through which ... institutions, businesses and citizens' groups articulate their interests, exercise their rights and obligations and mediate their differences." Speech to the World Conference on Governance, Manila, May 31, 1999. Cited in Plumptre, Tim and John Graham "Governance in the New Millennium: Challenges for Canada". Institute on Governance, January 2000 accessed at http://www.iog.ca/publications/governance.pdf.
[37] Wolfe, Robert "Definitions of Public Policy", from "Approaches to Public Policy" cited in Ginsler, and accessed at http://www.ginsler.com/html/toolbox.htp on April 1, 2003.
[38] Office of the Voluntary Sector, Health Canada. "The Public Policy Toolbox: A Guide for the Voluntary Sector on Successful Involvement in the Public Policy Dialogue in Canada" forthcoming, p. 6.
[39] It is interesting to note that neither the Pal definition nor the Code definition refers to a value base for public policy. This may reflect the tension between the earlier view of political scientists that policy is objective and value free, and later recognition of the value base of any policy choice.
[40] Pal, p. 81
[41] Pal, p. 81
[42] Professor Chris Skelcher, testimony to the Committee of the Centre – Membership and Powers, Northern Ireland Assembly, May 1 2002, accessed April 28, 2003 at /http://www.ni-assembly.gov.uk/centre/moe010501.htm
[43] Spencer Zifcak. "From Administrative Reform to Democratic Reformation: Towards a Deliberative Public Administration", accessed April 28, 2003 at http://www.enap.gov.br/reforma_gerencial/pub_ref_emp/Semin%E1rios%20da%20Reforma/Semin%E1rio%20Reforma%20Gerencial%20Estado/From_administrative_reform_democratic_reformation.pdf.
[44] Zifcak, p. 32
[45] Jacek Czaputowicz. "Implications of Poland's Integration with the European Union for the Polish Civil Service" in The Polish Yearbook Of Civil Service, 2002, p.7 – 36, accessed May 1, 2003 at http://www.usc.gov.pl/yb/2002/ar/01.pdf
[46] "Sound Governance: A perspective from the United Nations" in Plumptre, Tim and John Graham "Governance in the New Millennium: Challenges for Canada". Institute on Governance, January 2000, accessed May 1, 2003 at http://www.iog.ca/publications/governance.pdf.
[47] IOG, p. 22.

[48] IOG, p. 22.
[49] Ricardo Ramirez "Stakeholder analysis and conflict management" chapter 5 in Cultivating Peace and Collaboration in Natural Resource Management. Buckles, Daniel (ed.), Ottawa: IDRC/Work Bank. Available at http://www.idrc.ca/books/899/205ramir.htm.
[50] From a practical point of view, the availability of three Canadian "toolkits" on public policy development which were prepared with the voluntary sector in mind are important contributions. Milne's "Making Policy"[50]; Ginsler's "Voluntary Sector Toolbox"[50], and the forthcoming "Public Policy Toolbox"[50], from the Office of the Voluntary Sector at Health Canada, provide invaluable resources for the "how-to" of public policy.
[51] Leadership Competencies. "Assistant Deputy Minister Prequalification Process" accessed on April 23, 2003 at http://www.psc-cpf.gc.ca/admpqp/leader_e.htm.
[52] Core competencies for public service managers, accessed on April 23, 2003 at http://www.managers-gestionnaires.gc.ca/career_development.competency_profiles/partnering_e.html.
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[56] Jocelyne Bourgon, President Canadian Centre for Management Development, in "Using Horizontal Tools to Work Across Boundaries: Lessons Learned and Signposts for Success". Report of the CCMD Roundtable on Horizontal Mechanisms. Ottawa, 2002, in the Forward.
[57] Prime Minister's Reply to the Speech from the Throne, January 31, 2001, accessed at http://pm.gc.ca/default.asp?Language=Epage+newsroom&sub=speeches&doc=replysft_20010131_e.htm
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[59] Voluntary Sector Forum – National Issues, accessed on May 2, 2003 at http://www.voluntary-sector.ca/VSF/National-issues/index.htm.
[60] for more information about VOICE, see http://www.projectvoice.ca/Voice_Explained.html
[61] An Accord Between the Government of Canada and the Voluntary Sector, December 2001, Voluntary Sector Task Force, Privy Council Office. Government of Canada, p. 2
[62] *An Accord Between the Government of Canada and the Voluntary Sector*, December 2001, Voluntary Sector Task Force, Privy Council Office. Government of Canada, p. 3.
[63] An opportunity for applying the transparency principle was not recognized when a senior manager of the "Program Review Three" exercise in a government department apparently replied to a voluntary sector suggestion of a "reference group" to discuss program reductions by essentially saying "trust me".
[64] Phillips, Susan D. and Michael Orsini. "Mapping the Links: Citizen Involvement in the Policy Process". CPRN discussion paper # F 21, April 2002, p.26.