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HEALTH CANADA

ACTION PLAN

2006/07-2007/08-2008-09

in support of Part VII of the
Official Languages Act

Canada

Our Mission is to help the people of Canada
maintain and improve their health

Health Canada

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Preamble

Preamble

Health Canada is firmly committed to enhancing the vitality of Canada's francophone and anglophone minorities and supporting their development, in accordance with Part VII of the *Official Languages Act*. Its commitment is reflected in this Action Plan.

This document was prepared under the supervision of the Official Language Community Development Bureau, which is part of the Health Policy Branch. The Bureau coordinates, for Health Canada, the implementation of Section 41, Part VII of the *Official Languages Act*, as cited above. The Plan does not include the contribution of the Public Health Agency of Canada. The Agency prepares its own action plan, which contains objectives related to the health sector that are similar to those in the plan developed by Health Canada. The Bureau's mandate is to manage the Department's responsibilities in relation to Part VII; to promote Part VII of the *Official Languages Act* internally; to serve as liaison office between the official language communities and Health Canada; and to promote and establish partnerships with the official language minority communities. The activities of the Official Language Community Development Bureau also include national activities.

The Action Plan includes the following objectives: 1) a better understanding of the specific needs of official language minority communities; 2) integration of the needs of official language minority communities into the strategic plans of the branches and regions; and 3) greater control by francophone and anglophone communities over Health Canada programs, funded projects and services.

Action Plan 2006/07-2007/08-2008-09

SUMMARY

HEALTH CANADA

Minister: The Honourable Tony Clement

General Information

INSTITUTION

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PERIOD COVERED BY ACTION PLAN

The Action Plan covers the period between April 1, 2006, and March 31, 2009.

Action Plan Contents and Timetable

THE 2006/07-2007/08-2008-09 ACTION PLAN IN SUPPORT OF PART VII OF THE *OFFICIAL LANGUAGES ACT* HAS TWO MAIN COMPONENTS: PART A, WHICH IS AN OVERVIEW OF HEALTH CANADA, INCLUDING THE DEPARTMENT'S MANDATE AND AN ORGANIZATION CHART; AND PART B, WHICH REFLECTS THE ANTICIPATED ACTIVITIES TO BE UNDERTAKEN IN 2006/07-2007/08-2008-09 BY REGIONAL DIRECTORS GENERAL OFFICES AND BY NATIONAL HEADQUARTERS BRANCHES.

Please refer to the Detailed Departmental Plan contained in pages 1 to 98 with respect to Health Canada's commitments.

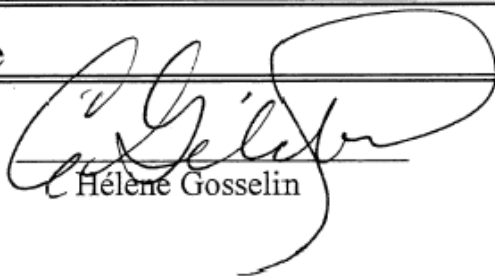
Distribution Plan

MEASURES PROPOSED BY THE INSTITUTION TO PUBLICIZE ACTION PLAN AND REPORT ON ACHIEVEMENTS INSIDE AND OUTSIDE THE INSTITUTION

The Action Plan will be distributed to members of the House of Commons Standing Committee on Official Languages, members of the Senate Standing Committee on Official Languages, the Commissioner of Official Languages, the Consultative Committees for English- and French-speaking Minority Communities, senior management and all Health Canada managers, as well as to members of official language minority community groups and organizations.

Health Canada's Action Plan will be available on the Department's Web site, at <http://www.hc-sc.gc.ca>.

Signature


Hélène Gosselin

AUG 18 2006

Date

HEALTH CANADA

PART VII OF THE *OFFICIAL LANGUAGES ACT*

(A) DEPARTMENTAL OVERVIEW INCLUDING THE DEPARTMENT'S MANDATE AND AN ORGANIZATION CHART

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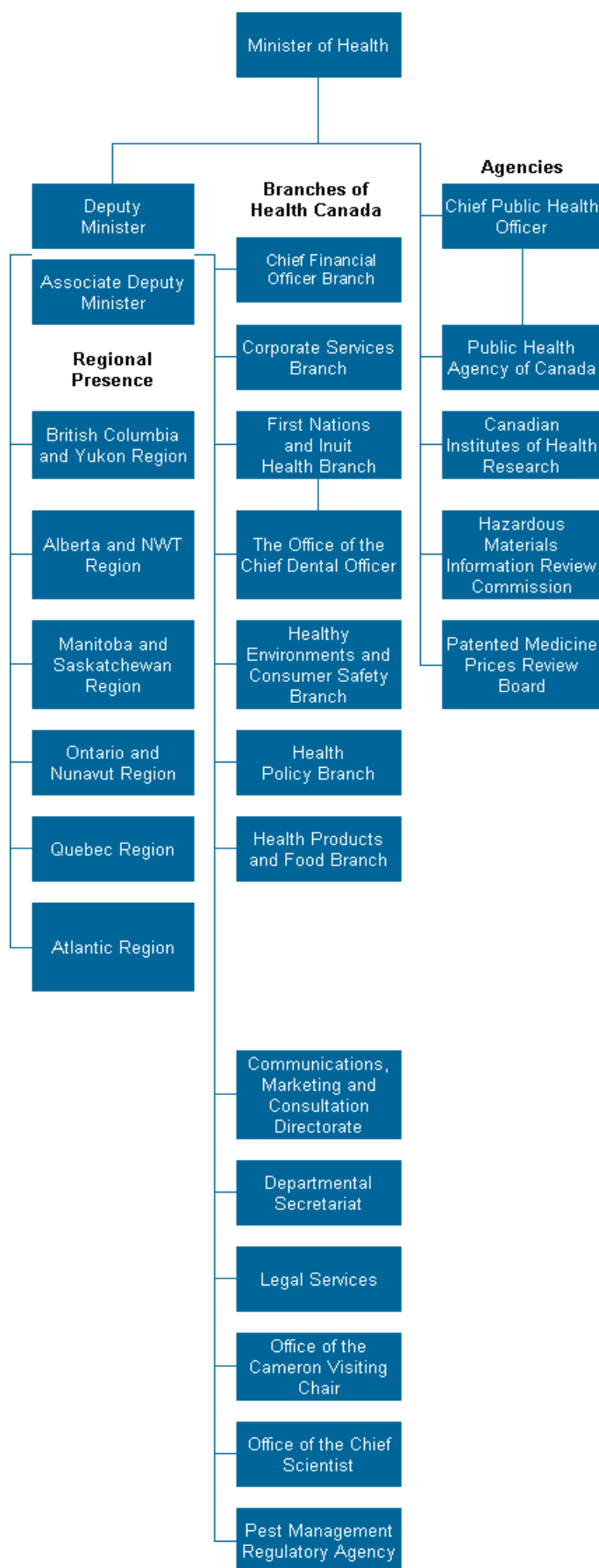
(A) DEPARTMENTAL OVERVIEW INCLUDING THE DEPARTMENT'S MANDATE AND AN ORGANIZATION CHART

INTRODUCTION

This Action Plan reflects the Department's commitments presented by organizational entities at the national and regional levels.

MANDATE OF THE DEPARTMENT OF HEALTH

The *Department of Health Act* clearly defines Health Canada's mandate. The Department of Health is also responsible for the direct enforcement of 18 other acts, including the *Canada Health Act*, the *Food and Drugs Act*, the *Pest Control Products Act* and the *Controlled Drugs and Substances Act*. In addition to assuming its responsibilities under the law, Health Canada plays an important role that has a far-reaching impact on a wide range of Canadians in the area of policy development, program implementation and service delivery. Health Canada's work is carried out largely by departmental employees located in communities across the country, and it affects Canadians as a whole. Health Canada's partners include the provincial and territorial government, First Nations and Inuit communities and other concerned parties.



Nota.: The new org chart including the new Public Affairs, Consultation and Regions Branch was not available when this Action Plan was published. The Manitoba and Saskatchewan Regions have also been separated into two distinct entities during the reorganization of the department which lead to the creation of the new Branch.

In addition to the six Headquarter Branches responsible for cooperating for the implementation section 41 of the *Official Languages Act*, seven regional offices implement departmental programs across the country, although the Manitoba and Saskatchewan Regions share the same Official Languages Coordinator. Under the supervision of the Regional Renewal and the Public Affairs, Consultation and Regions Branch, they provide information on regional trends and issues and work with a large number of partners to deliver departmental programs tailored to local conditions. For further information on Health Canada branches and regional offices, visit the Health Canada Web site at <http://www.hc-sc.gc.ca>.

SUMMARY OF ANTICIPATED ACTIVITIES 2006/07-2007/08-2008-09

In 2006/07-2007/08-2008-09, Health Canada will continue to strengthen ties with the official language minority communities and its commitment to these communities. As suggested by Canadian Heritage, Health Canada is planning to carry out activities by category of anticipated results. The categories are:

Awareness

Health Canada will continue to promote its recently adopted internal policy on official languages so as to reach its employees more effectively and raise their awareness of linguistic duality. This will help ensure that the department's branches and regional offices, including the programs, projects, activities and services associated with public activities, continue to actively support the official language minority communities and promote their development.

Health Canada will continue to organize various activities in association with the *Rendez-vous de la Francophonie*.

Consultations

The Department will continue to participate in departmental consultations on the implementation of the *Government of Canada's Action Plan for Official Languages*. It will continue to hold regular meetings of the Consultative Committees for English- and French-speaking Minority Communities and ensure that the communities are involved in the deliberations concerning the future of the health components of the *Action Plan for Official Languages*. It will also ensure that the official language minority communities' interests are represented when decisions are made on other programs, policies, new initiatives and priorities.

Communications

Information on Health Canada programs and services will continue to be provided to official language minority communities, including the departmental regional coordinators' network and the official language minority community media. As well, of course, the Health Canada Web site is also a major source of bilingual information.

Coordination and liaison

Health Canada will continue to participate in the work of the Citizenship and Immigration Canada Steering Committee. The Department will continue its participation in the Federal Official Languages Champions Network. It remains an active partner in the network of national coordinators responsible for the implementation of Section 41 of the *Official Languages Act*, the Federal Council Official Language sub-committees, and consultative and interdepartmental committees.

Service delivery and funding

The Official Language Community Development Bureau will continue to manage the Contribution Program to Improve Access to Health Services for Official Language Minority Communities, which includes 14 contribution agreements.

Accountability

Health Canada will continue to make diligent use of its grant and contribution monitoring system to maintain an efficient financial management system that is always able to identify the required documents and projects supporting the official language minority communities. This enables Health Canada to maintain effective accountability for the assistance it provides to official language minority communities.

Health Canada will submit its annual Status Report which will include the categories of anticipated results and the performance measures requested by Canadian Heritage.

List of Acronyms

ACFA: Association canadienne française de l'Alberta

ADTR: Alcohol and Drug Treatment and Rehabilitation Program

AMC: Atlantic Management Council

ARAD: Applied Research and Analysis Directorate

AROLC: Atlantic Region Official Languages Committee

AsDM: Associate Deputy Minister

BC: British Columbia

CCESMC: Consultative Committee for English-Speaking Minority Communities

CCFSMC: Consultative Committee for French-Speaking Minority Communities

CCHS: Canadian Community Health Survey

CFOB: Chief Financial Officer Branch

CHSSN: Community Health and Social Services Network

CMCD: Communications, Marketing and Consultation Directorate

CSB: Corporate Services Branch

DPMED: Departmental Performance Measurement and Evaluation Directorate

DSCIF: Drug Strategy Community Initiatives Fund

DSCSP: Drug Strategy and Controlled Substances Programme

FNIHB: First Nations and Inuit Health Branch

HC: Health Canada

HECS: Healthy Environment and Consumer Safety Branch

HPB: Health Policy Branch

HPFB: Health Products and Food Branch

HPRP: Health Policy Research Program

HPSPCD: Health Policy, Strategic Planning and Communication Directorate

HRB: Human Resources Branch (Qc)

IMSD: Information Management Services Directorate

IOLN: Interdepartmental Official Languages Network

IPOLC: Interdepartmental Partnership with the Official-Language Communities

MINOLC: Manitoba interministerial network of official languages coordinators

MTC: Management Team Committee

NGO: Non Governmental Organization

NPHCAS: National Primary Health Care Awareness Strategy

List of Acronyms

NWT: Northwest Territories

OCAPI : Office of Consumer and Public Involvement

OFC: Ontario Federal Council

OL: Official Languages

OLA: Official Languages Act

OLCDB: Official Language Community Development Bureau

OLMC: Official Language Minority Community

OLPM: Official Languages Program Manager

OLRRG: Official Language regional reference group

ONPP: Office of Nutrition Policy and Promotion

ONR: Ontario-Nunavut Region

PCH: Patrimoine canadien/Canadian Heritage

PHAC: Public Health Agency of Canada

PHF: Population Health Fund

PMCC: Pacific Management Community Council

PMRA: Pest Management Regulatory Agency

PPD: Plans and Priorities Directorate

PSP: Product Safety Programme

PTCC: Program Training Consultation Centre

QCGN: Quebec Community Groups Network

QFC-OL: Quebec Federal Council on Official Languages

REC : Regional Executive Committee

RIFSSSO: Regroupement des intervenantes et intervenants francophones en santé et en services sociaux de l'Ontario

RD: Regional Director

RDGO: Regional Director General's Office

RFA: Requests for applications

RFP: Requests for proposals

ROLC: Regional Official Languages coordinator

RPP: Regional Priority Plan

RVF: Rendez-vous de la Francophonie

SIMS: Stakeholders Information Management System

SSF: Société Santé en français

TCP: Tobacco Control Program

WHPSP: Workplace Health and Public Safety Programme

(B) ANTICIPATED ACTIVITIES

HEADQUARTERS		
Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch		
A. AWARENESS		
Training, information, orientation, awareness & communication activities carried out in house in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.		
Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Employees and senior managers are aware of the importance of promoting the bilingual character of Canada.</i></p> <p><i>Branches, division and/or regions are informed about linguistic duality and OLMCs and they understand their responsibilities to OLMCs. They consult on a continuous basis with OLMCs with regard to new priorities, initiatives, policies and programs.</i></p>	<p>1. Health Canada will continue to promote its policy to support official language minority communities (OLMCs) and to build awareness and understanding of the various tools/guides/reports/bulletins (such as Bulletin 41-42 of Canadian Heritage) regarding Part VII of the <i>Official Languages Act</i> among departmental employees and managers. New tools will also be created by the Department if deemed necessary.</p> <p>2. Health Canada plans to participate each year in the activities surrounding the <i>Rendez-vous de la Francophonie</i> at interdepartmental events and to organize activities specific to the Department in collaboration with the Diversity and Official Languages Programs (Parts IV, V, VI of the <i>OLA</i>) to increase awareness of the importance of French in Canada and of official languages in general among departmental employees and managers.</p>	<p>1. The number of documents sent, public notices, meetings at which the Policy or tools specific to Part VII of the <i>Official Languages Act</i> were discussed, and training, information or orientation sessions covering the Policy or tools specific to Part VII of the <i>OLA</i>, in whole or in part. Feedback from employees and managers.</p> <p>Development of evaluation tools to monitor the ongoing effectiveness of the HC Policy to Support Official Language Minority Communities and improve it as necessary.</p> <p>2. The number of activities organized and at what location; participation of employees and managers and comments provided regarding the event will be used to analyze the level of awareness achieved.</p>

HEADQUARTERS

Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>3. Health Canada, through certain directorates and branches, will subscribe to OLMC newspapers to increase the awareness of departmental employees and managers of the day-to-day issues facing the communities.</p> <p>4. A number of directorates plan to create subcommittees to support the OL coordinator.</p> <p>5. Analysis and dissemination of information to Health Canada employees and senior managers about linguistic duality and the health priorities and needs of OLMCs.</p> <p>6. Participation in planning and analysis for the Fall 2006 post-censal survey on the Vitality of Official Language Minorities, being carried out by Statistic Canada.</p>	<p>3. Number of OLMC newspapers to which the Department is subscribed and employees' and managers' knowledge of the issues of OLMCs.</p> <p>4. Creation of subcommittees and increased communications on Part VII of the <i>OLA</i> within the directorates in question.</p> <p>5. Up to date information available to HC staff and management on OLMCs, official language usage, trends and community vitality across the country.</p> <p>6. New information from census and post-censal survey analysed to feed into policy and program development on the health issues and needs facing OLMCs.</p>

HEADQUARTERS

Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch

B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have the opportunity to make their needs known and to explain obstacles to accessing Health Canada's programs. The OLMCs are part of the regular clientele of the regional offices and are taken into consideration when new departmental programs and policies are implemented.</i></p>	<ol style="list-style-type: none"> 1. Participation in and support to committees, roundtable discussions, and meetings through which OLMCs are consulted on their health priorities and needs. 2. Support to the Consultative Committees for French- and English-speaking Minority Communities in their strategic and operational planning processes to address health priorities for official language minorities beyond 2008. 3. Consultation through meetings with the public and stakeholders on DSCSP publications and other communications activities to ensure that OLMCs are represented. 	<ol style="list-style-type: none"> 1. Regular meetings held with Consultative Committees to ensure that the the department is aware of the priorities, needs and changing context of official language communities. 2. Strategic Planning carried out by Consultative Committees to establish priority activities for Committees over the coming years. <p>Production of an update report to the Minister from each Consultative Committee, outlining accomplishments and challenges encountered to date under the Action Plan and priorities for future activities beyond 2008.</p> <ol style="list-style-type: none"> 3. Ad-hoc surveys will be conducted to measure OLMC support on the consultation communication process.

HEADQUARTERS

Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch

B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>4. Hold discussions with provincial/territorial authorities with regards to the delivery of the Alcohol and Drug Treatment and Rehabilitation Program (ADTR) and the Drug Strategy Community Initiatives Fund (DSCIF), which will include reference to the need to consider the requirements of OLMCs.</p> <p>5. An annual Health Canada survey will examine the level of satisfaction of OLMCs with the services provided by the Department.</p>	<p>4. Number of consultations and discussions and number of participants.</p> <p>5. Feedback from the survey.</p>

HEADQUARTERS

Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>OLMCs receive up-to-date information on Health Canada's programs and services by various vehicles of communication.</i></p> <p><i>Health Canada becomes a regular user of OLMC media by buying antenna time and advertising space from them.</i></p>	<ol style="list-style-type: none"> 1. Internal and external communications activities carried out to inform OLMCs about the activities, programs and policies of Health Canada and promote the bilingual character of Canada. 2. Communications material developed and disseminated for activities such as the release of Consultative Committee Reports to the Minister and announcements of new projects on access to health services. 3. Development of a web presence highlighting the work of the Official Language Community Development Bureau and the work of the Consultative Committees to the Minister for English- and French-Speaking Minority Communities. 	<ol style="list-style-type: none"> 1. Information on Health Canada activities, policies and programs regularly communicated to official language community groups and Consultative Committees. 2. Effective communication of information on activities and initiatives related to OLMCs to employees and senior management within Health Canada (announcements regularly sent to all staff through Broadcast News, senior management regularly briefed). 3. Up to date information made accessible to the public, over the internet, on the work of the Official Language Community Development Bureau and the work of the Consultative Committees to the Minister for English- and French-Speaking Minority Communities.

HEADQUARTERS

Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	4. All information on Health Canada's Web site will continue to be bilingual. 5. All research reports and other publications will continue to be bilingual and to be offered to Canadians in the official language of their choice.	4. Verification of Health Canada's Web site to confirm the availability of information/research in both official languages. 5. Availability of documents in both official languages. Number of reports distributed to OLMCs.

HEADQUARTERS

Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch

D. COORDINATION AND LIAISON

Coordination of activities (research, studies, meetings, etc) carried out by Health Canada itself along with other federal departments or other levels of government; participation in activities organized by other federal departments or other levels of government, etc; participation of official languages champions, national and regional coordinators, etc., in various government forums.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Coordinators are using the best practices that have been presented at various forums, retreats or at meetings of national coordinators responsible for section 41 of the OLA.</i></p> <p><i>Health Canada is working with multiple partners to meet the priorities of the OLMCs.</i></p>	<ol style="list-style-type: none"> 1. Health Canada's internal network of official language coordinators (consisting of representatives of each branch and region) will hold a conference call every two months and a face-to-face meeting once a year to discuss the activities planned and implemented in support of the development of official language communities and best practices. In addition, ongoing communication between the members will be maintained through telephone calls and e-mails. 2. Health Canada's national coordinator will continue to participate in interdepartmental meetings on Part VII of the OLA organized by Canadian Heritage six times a year, i.e., one in each region. The meetings also provide an opportunity to discuss best practices within each department, to build links and possible partnerships with colleagues from other departments and to be briefed on various issues of interest by Canadian Heritage. Ongoing liaison with Canadian Heritage will also be maintained, particularly for the development of the action plans and status reports. 3. Horizontal coordination and liaison in support of Health Canada's commitments under the federal Action Plan for Official Languages and Part VII of the OLA. 	<ol style="list-style-type: none"> 1. Minutes of meetings will be used to gather statistics on the participation of official languages coordinators in meetings and will summarize the items discussed. 2. Minutes of meetings will be used to verify the participation of Health Canada in these meetings. The partnerships established and the implementation of good practices within the Department will demonstrate the importance of these meetings. The forthcoming action plans and status reports should meet the requirements of both Canadian Heritage and Health Canada. 3. Participation on intra- and inter-departmental working groups to provide advice and input on official language minority community issues in the health sector.

HEADQUARTERS

Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch

D. COORDINATION AND LIAISON

Coordination of activities (research, studies, meetings, etc) carried out by Health Canada itself along with other federal departments or other levels of government; participation in activities organized by other federal departments or other levels of government, etc; participation of official languages champions, national and regional coordinators, etc., in various government forums.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>4. Leadership and provision of strategic policy advice on OLMCs to groups within Health Canada as well as to external partners.</p> <p>5. Monitoring and policy development on emerging issues such as support for services in French in Territories and recent amendments to the OLA as a result of Bill S-3, including the possible development of Memoranda to Cabinet and TB submissions.</p>	<p>4. Effective relationships built within the department, i.e. input and advice on OLMCs solicited by and provided to other branches and divisions of the department on a regular basis.</p> <p>5. Development and submission of Memoranda to Cabinet and TB submissions as necessary.</p>

HEADQUARTERS

Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch

E. FUNDING AND PROGRAM DELIVERY

Implementation of Health Canada's programs and delivery of its services; funding, alone or in cooperation with other federal departments/agencies of OLMC projects; inclusion of needs of OLMCs when delivering the department's programs and services.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have access to Health Canada's programs. The department takes account of the geographical dispersion of the OLMCs in delivering its programs.</i></p>	<ol style="list-style-type: none"> 1. Pursue the management and monitoring of contribution agreements under the Contribution Program to Improve Access to Health Services for OLMCs for Phase II of the project until March 2008; prepare to renew Health Canada's programs for OLMCs and implement those approved by Cabinet; and document the contribution process, from the request for proposals to the signing of the agreements. 2. Pursue the activities associated with the OLMCs Envelope under the PHCTF and implement new activities that will receive additional funding for 2006-2007. 3. Pursue the management of the Interdepartmental Partnership with Official Language Communities (IPOLC). 4. Continue to find funding opportunities for OLMCs under Health Canada programs that are designed for a broader audience (e.g., Tobacco Control Programme). 5. Development of a submission to Treasury Board enabling a one-year funding extension for access to health services for OLMCs under the Primary Health Care Transition Fund (PHCTF). 	<ol style="list-style-type: none"> 1. Results and recommendations of the formative evaluation of the Contribution Program, number of contribution agreements signed in 2008; process is documented and implemented. 2. Number of contribution agreements signed for 2006-2007. 3. Number of applications submitted and eligible; number of IPOLC projects funded. 4. Number of applications for funding received from OLMCs and number of projects actually funded. 5. Necessary approvals obtained in order for program activities to move forward.

HEADQUARTERS

Health Policy Branch, Health Products and Food Branch, Healthy Environment and Consumer Safety Branch, First Nations and Inuit Health Branch, Public Affairs, Consultation and Regions Branch

F. ACCOUNTABILITY

Activities through which Health Canada integrates its OLA section 41 implementation work with the department's planning and accountability mechanisms (e.g. report on plans and priorities, departmental performance report, departmental business plan, status report on implementation of section 41 of the OLA, etc); internal audits and evaluations of programs and services, regular review of programs and services and of policies by senior managers of Health Canada to ensure implementation of section 4 of the OLA.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Systematic evaluations and regular internal audits are being made and they always include criteria pertaining to the way policies, programs and services have affected OLMCs.</i></p>	<ol style="list-style-type: none"> 1. Implementation of the summative evaluation of the Contribution Program to Improve Access to Health Services for OLMCs (submission of the report to the Treasury Board Secretariat planned for November 2008). 2. Identification of key indicators and integration of those indicators in a performance measurement system (Program Management Dashboard) for the Contribution Program to Improve Access to Health Services for OLMCs. 3. Verification of the application of the objectives set out in this Action Plan through annual status reports for each fiscal year indicated (2006-07, 2007-08, 2008-09). 	<ol style="list-style-type: none"> 1. Measurement of the status of the work associated with the summative evaluation. 2. Degree of advancement in the implementation and operationalization of the Program Management Dashboard. 3. Quantitative and qualitative analysis of the activities carried out each year for the application of s. 41 of the OLA.

ATLANTIC REGION

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Employees and senior managers are aware of the importance of promoting the bilingual character of Canada.</i></p> <p><i>Branches, division and/or regions are informed about linguistic duality and OLMCs and they understand their responsibilities to OLMCs. They consult on a continuous basis with OLMCs with regard to new priorities, initiatives, policies and programs.</i></p>	<ol style="list-style-type: none"> 1. The RDGO will continue to support the Atlantic Regional Official Languages Committee (AROLC), as Champion of the committee, by promoting the committee and its activities to the Regional Executive Committee (REC). Yearly commitment for 3 years. 2. Specific performance objectives related to OLA section 41 will be included in Regional Directors'(RD) for CMCD and CMCD Performance Agreements. 3. Program Manager (PM) will provide information/awareness sessions during HC Orientation sessions and Branch/staff meetings. 4. PM will update REC regularly on OLMC priorities and meet regularly with Managers to discuss Official Language Minority Community (OLMC) issues and access to programs & services. 5. Société Santé en français (SSF) will be invited to make a presentation to REC. 6. Bulletin 41-42 (interdepartmental bulletin on Part VII of the OLA prepared by Canadian Heritage in collaboration with other departements) will be circulated to REC. 7. Opportunities for specific research on OLMCs will be sought by HPB; any research undertaken will include OLMC perspective. Results will be shared within Health Canada. 	<ol style="list-style-type: none"> 1. The RDG will commit to attending two AROLC meetings per year. There will have been evidence in the REC records of decisions that the issue has been kept top of mind for REC members. 2. Regional Directors and staff of CMCB with performance objectives related to OLA section 41 will have been evaluated against the commitments set in their performance agreements by March 31. 3. Number of people who attend orientation session(s) and/or branch meetings. 4. Record of decisions of REC show regular updates. Number of information sessions held with managers/staff. 5. Record of Decisions of REC will show SSF was present. 6. REC members will have access to Bulletin 41-42. 7. Research on OLMCs is conducted. OLMCs are included in any research products.

ATLANTIC REGION

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>8. Sponsorship of an Acadian newspaper subscription (each of three years).</p> <p>9. Communications will work with the Official Languages Program Manager to promote in house training, orientation, information and awareness sessions with the goal of educating and sensitizing employees and managers about the priorities and realities of OLMCs in Atlantic Canada (3 years).</p> <p>10. Regional Communications will work with the Program Manager, OL to design and launch an Official Languages page on the Regional Intranet site.</p> <p>11. HPFB internal information tools will include relevant and up-to-date information on OLMCs and OLA section 41, such as new or revised policies and Programs and Services for OLMCs, and are regularly used to raise awareness (2006-09).</p>	<p>8. Staff members will have had access to a French publication from the Region.</p> <p>9. Employees and managers understand and fulfill their commitments to OLMCs within the Region.</p> <p>10. Intranet web page post and maintained; employees routinely review Intranet site for updates and useful information pertaining to Official Languages.</p> <p>11. Number of information tools distributed.</p>

ATLANTIC REGION

B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have the opportunity to make their needs known and to explain obstacles to accessing Health Canada's programs. The OLMCs are part of the regular clientele of the regional offices and are taken into consideration when new departmental programs and policies are implemented.</i></p>	<ol style="list-style-type: none"> 1. The Program Manager (PM) will attend, where possible, meetings of the Société Santé en français or maintain contact with SSF in all 4 Provinces. 2. PM will attend all meetings organized by Canadian Heritage between the OLMC and federal departments in all four Provinces. 3. PM will attend AGAs of organizations representing the OLMCs in all 4 Provinces and maintain regular contact. 4. PM will dialogue on a regular basis with members of the Francophone working group within the Public Health Agency of Canada. 5. Members of the Société Santé en français will be invited to present their mandate at HPC-sponsored policy event(s). 6. HPB staff will participate in activities and events organized by SSF. 7. Working collaboratively with the Public Health Agency of Canada (PHAC) Atlantic Region, communications will undertake a consultation aimed specifically at determining the optimum methods, means, frequency, etc., of consulting with OLMCs in this Region. 	<ol style="list-style-type: none"> 1, 2, 3. Number of meetings attended, contacts established, OLMC priorities presented to REC. 4. Number of areas where PHAC and PM/HC can collaborate. 5. Good working relationship is established with members of SSF in the Atlantic. 6. Number of events attended by staff as shown by registration. 7. OLMCs are consulted in a meaningful, consistent and mutually beneficial fashion on a multitude of issues.

ATLANTIC REGION

B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>8. Work with the Public Health Agency of Canada (PHAC) and Canadian Heritage to encourage capacity building within OLMCs and to develop capabilities to sponsor projects under the Drug Strategy and controlled Substances Programme and Tobacco Grants & Contribution programme.</p> <p>9. HPFB Atlantic Region will meet regularly with potential and current OLMCs clients, and will report results to the HPFB national and regional coordinators and regional senior management. OLMCs will be invited to participate in HPFB regional activities through their inclusion in HPFB Outreach Plan for public involvement initiatives. (2006-09).</p> <p>10. Feedback will be requested from OLMCs by HPFB Atlantic Region and improvements will be made regularly; surveys and/or focus groups will be organized periodically. (2006-09).</p>	<p>8. Increased acceptance for funding of projects sponsored by Francophone groups.</p> <p>9. Participation in HPFB regional activities; number of activities conducted annually to which regional OLMCs are invited and have participated.</p> <p>10. Evaluation or feedback forms from OLMCs will be analysed to determine future considerations by HPFB (OCAP) in terms of OLA.</p>

ATLANTIC REGION

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>OLMCs receive up-to-date information on Health Canada's programs and services by various vehicles of communication.</i></p> <p><i>Health Canada becomes a regular user of OLMC media by buying antenna time and advertising space from them.</i></p>	<ol style="list-style-type: none"> 1. Up-to-date lists of contacts for SSF, OLMCs and francophone media will be provided to all branches on a regular basis. 2. PM will regularly provide OLMCs/SSF with timely & pertinent information, such as important events, announcements, activities, press releases, reports, etc. 3. Articles will be submitted to Bulletin 41-42. 4. OLMC and SSF contacts will be included in all relevant mail-outs. 5. OLMCs Francophone and Acadian media outlets will consistently receive Health Canada's news releases, and public advisories, notices, etc., To achieve this outcome, Regional communications will work with HQ to continually flag the importance of including this critical stakeholder group on our distribution lists. 6. HPFB Atlantic Region will regularly provide OLMCs will timely and pertinent information, such as important events, announcements, activities, reports, programs and services and policy. (2006-09) 	<ol style="list-style-type: none"> 1. Lists will be updated and distributed every quarter. 2. Number of notifications to OLMCs. 3. Number of article will appear in Bulletin 41-42. 4. Number of mail-outs that include OLMCs and SSF. 5. OLMCs Francophone and Acadian media outlets consistently receive Health Canada's news releases, and public advisories, notices, etc. 6. Information shared with atlantic stakeholders will include OLMCs; number of communications sent to regional OLMCs by HPFB.

ATLANTIC REGION

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>7. HPFB has adequate tools to regularly communicate with OLMCs and provide them with up-to-date information; HPFB employees are properly trained and tool is well maintained (2006-09)</p> <p>8. Work with PHAC and Heritage Canada to distribute HECS program information of interest to the OLMCs.</p> <p>9. Survey the use of HC website for bilingual RFP and other information posted related to HECS Atlantic programmes.</p>	<p>7. Addition of new stakeholders from OLMC community to HPFB's Stakeholders Information Management System (SIMS) database which is updated regularly by staff.</p> <p>8. Increased uptake/liaison with OLMCs.</p> <p>9. 2007/08 - survey results will determine use of HC website, adequacy of information and accessibility of information related to RFPs.</p>

ATLANTIC REGION

D. COORDINATION AND LIAISON

Coordination of activities (research, studies, meetings, etc) carried out by Health Canada itself along with other federal departments or other levels of government; participation in activities organized by other federal departments or other levels of government, etc; participation of official languages champions, national and regional coordinators, etc., in various government forums.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Coordinators are using the best practices that have been presented at various forums, retreats or at meetings of national coordinators responsible for section 41 of the OLA.</i></p> <p><i>Health Canada is working with multiple partners to meet the priorities of the OLMCs.</i></p>	<ol style="list-style-type: none"> 1. PM will meet at least once each year with counterparts from across Canada to share information and best practices, discuss problems, receive training. 2. PM will take an active part in organizing any OL activities scheduled by any of the Federal Council OL committees in all 4 provinces. 3. HPB will discuss the issue of health services in French will be discussed (where appropriate) with other levels of government. 4. Over the next 3 years HECSB will work with the Official Languages Program Manager to ascertain the priorities of the OLMCs as they relate to HECS and to be as inclusive as possible within our programs and services. 	<ol style="list-style-type: none"> 1. Meeting held and attended by PM. 2. Number of events worked on or attended. 3. The requirement for health services in french becomes increasingly important to other levels of government. 4. # of priorities identified, participation at OLMC related conferences & events.

ATLANTIC REGION

E. FUNDING AND PROGRAM DELIVERY

Implementation of Health Canada's programs and delivery of its services; funding, alone or in cooperation with other federal departments/agencies of OLMC projects; inclusion of needs of OLMCs when delivering the department's programs and services.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have access to Health Canada's programs. The department takes account of the geographical dispersion of the OLMCs in delivering its programs.</i></p>	<ol style="list-style-type: none"> 1. PM will work with program and services branches to ensure that funding opportunities and or services are directed at OLMCs and that HC has a presence at OLMC events. 2. PM will work with program branches to ensure that Contribution Agreements contain provisions for services to OLMCs. 3. HPB will participate in the implementation of any new Health Canada programs/policies. 4. HPB will seek funding opportunities for projects with OLMCs or SSF. 5. Regional communications will support the Program Manager, OL as well as all branches in disseminating information to OLMCs across the Region. 6. HECS will work with PHAC and Heritage Canada to ensure that OLMCs have access to HECS related funding and programs. 	<ol style="list-style-type: none"> 1. Number of events within the OLMCs where HC promotional is available. Number of funding opportunities accessed by OLMCs. 2. All Contribution Agreements have appropriate clauses relating to OLMCs. 3. Direction provided to implement any new programs/policies. 4. Funding opportunities are realized and implemented. 5. OLMC participation and awareness of Health Canada's programs has increased. 6. # of projects funded to OLMCs will increase 2006/07 - 2007/08.

ATLANTIC REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its OLA section 41 implementation work with the department's planning and accountability mechanisms (e.g. report on plans and priorities, departmental performance report, departmental business plan, status report on implementation of section 41 of the OLA, etc); internal audits and evaluations of programs and services, regular review of programs and services and of policies by senior managers of Health Canada to ensure implementation of section 4 of the OLA.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Systematic evaluations and regular internal audits are being made and they always include criteria pertaining to the way policies, programs and services have affected OLMCs.</i></p>	<ol style="list-style-type: none"> 1. PM will report annually on achievements under Section 41. 2. All complaints will be actively investigated and used as a positive force for positive change and learning. 3. HPB Atlantic will promote the issue of health services in French in any national discussion on health care priorities or policies. 4. PPD will ensure OLA Section 41 is discussed as part of the Regional Executive Committee's (REC) annual planning retreat (each of three years). 5. Inclusion of activities related to OLA Section 41 in the annual Operational Plan for Atlantic Region (each of three years). 	<ol style="list-style-type: none"> 1. Reports are prepared in a timely & efficient manner. 2. Complaints are investigated promptly and used as a force for positive change. 3. National policy branch evaluates how policies affect OLMCs. 4. The record of decisions from the REC annual planning retreat will have reflected a meaningful discussion on OLA Section 41 planning. 5. The Atlantic Regional Operational Plan will have included specific OLA Section 41 planned activities as well as reports against these planned activities.

ATLANTIC REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its OLA section 41 implementation work with the department's planning and accountability mechanisms (e.g. report on plans and priorities, departmental performance report, departmental business plan, status report on implementation of section 41 of the OLA, etc); internal audits and evaluations of programs and services, regular review of programs and services and of policies by senior managers of Health Canada to ensure implementation of section 4 of the OLA.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>6. Regional communications will work with the Program Manager to develop a survey tool for measuring the Department's success in reaching OLMCs in Region. (3 years)</p> <p>7. HECS will ensure RFPs, contribution agreements reflect the priorities of the OLMCs. HR planning takes into account the bilingual nature of the Region. Documents are translated and posted.</p>	<p>6. Survey designed, implemented and results used to inform next Action Plan.</p> <p>7. # of funded G & Cs in the OLMCs have increased. Evaluations of projects have been completed. Survey on priorities as they relate to HECS programmes has been completed and evaluated 2007/08.</p>

QUEBEC REGION

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Employees and senior managers are aware of the importance of promoting the bilingual character of Canada.</i></p> <p><i>Branches, division and/or regions are informed about linguistic duality and OLMCs and they understand their responsibilities to OLMCs. They consult on a continuous basis with OLMCs with regard to new priorities, initiatives, policies and programs.</i></p>	<p>The Quebec Region will:</p> <ol style="list-style-type: none"> 1. where necessary, add official languages to the agenda and give presentations to increase awareness of the OLMCs; 2. ensure that all speeches and addresses given by the members of the MTC promote a society that values linguistic duality; 3. include specific performance objectives relating to section 41 of the OLA to executive performance appraisals; 4. proceed with the appointment of an OL sponsor on the MTC to give impetus in OL matters; 5. create an OL award to honour an employee or manager who has demonstrated exceptional leadership with regard to promotion of linguistic duality; and 6. proceed with the creation and promotion, in the Health Canada regional library, of an OL section in which community newspapers on the English-speaking communities can be consulted; 	<ul style="list-style-type: none"> • MTC members' level of awareness of OLMCs' needs. (Survey) • The MTC's and employees' level of understanding of their responsibilities toward OLMCs. (Survey) • Extent to which linguistic duality has been made part of the work environment. This can be verified by means of surveys and evaluation forms given to all employees at the end of an event. • Use of the OL section of the regional library or the level of consultation of the documents in it.

QUEBEC REGION

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>The Quebec Region will:</p> <ol style="list-style-type: none"> 7. submit articles for Bulletin 41-42 on initiatives carried out with OLMCs; 8. Make sure to consult the OLMCs on new priorities, initiatives, policies or programs; 9. provide OL awareness sessions to all its employees; 10. increase employees' awareness of OL issues using the regional Lotus Notes OL account; 11. promote the science and technology inventory (which is made up mainly of Anglophone candidates) for positions in which there is a shortfall; 12. continue the New Employee Orientation program, promote linguistic duality and include information on implementation of section 41 of the OLA.; 13. provide the branches and the union with advisory services and presentations concerning support for and collaboration with OLMCs; 	<ul style="list-style-type: none"> • Publication of articles in Bulletin 41-42. • Level of inclusion of OLMCs in the Department's policies, programs and services. • Employees' level of understanding of their responsibilities toward OLMCs. (Survey) • Percentage of Anglophone candidates in external processes. • Number of orientation sessions for new employees and employees' level of understanding following the course. (Evaluation form)

QUEBEC REGION

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>14. develop an OLMC subsection for the OL section of the Quebec Region intranet site; and</p> <p>15. write articles for the in-house newsletters (La Clef, Entre Nous and Entre Nous Flash) to inform employees of government policies or events in which the Department has participated in co-operation with OLMCs.</p>	<ul style="list-style-type: none"> • Number of articles in the newsletters and the existence of an OLMC subsection in the OL section of the Quebec Region's intranet site.

QUEBEC REGION

B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have the opportunity to make their needs known and to explain obstacles to accessing Health Canada's programs. The OLMCs are part of the regular clientele of the regional offices and are taken into consideration when new departmental programs and policies are implemented.</i></p>	<p>The Quebec Region will:</p> <ol style="list-style-type: none"> 1. participate actively in Health Canada's Consultative Committee for English-Speaking Minority Communities; 2. call on the OLMCs in public consultations or "paper" consultations (e.g. mail-outs for feedback and posting on the Web for feedback); 3. invite key OLMC representatives to participate in the round tables or departmental tables; 4. participate actively in the 7th provincial conference on the accessibility of health and social services in English (HPSPCD and all the directorates involved); 5. participate actively in various formal and informal consultations with OLMCs co-ordinated by Canadian Heritage or other departments and central agencies, or in other activities organized by OLMCs; 	<ul style="list-style-type: none"> • OLMCs' level of satisfaction regarding opportunities to communicate their needs and explain what impediments to access to Health Canada programs. (Survey) • OLMCs' perception that they have been able to communicate their needs and concerns at round tables or in consultations. (Survey) • Taking into consideration of OLMCs' priorities, concerns and issues in development and implementation of Health Canada products and services, and a perception by the partners and OLMCs that collaboration has improved. (Survey) • Number of meetings in which Health Canada has participated. • Percentage of distribution lists that include OLMCs. • Number of project solicitations in which OLMCs have been invited.

QUEBEC REGION

B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>6. ensure the continuous updating of the databases of key partners (OCAPI and HPSPCD) to include the OLMCs, with a view to ensuring their presence at round tables or in consultations;</p> <p>7. always include the OLMCs when project solicitations are sent out; and</p> <p>8. visit Anglophone community organizations throughout Quebec to better identify their needs and priorities, and to make sure that their expectations in relation to our programs are met.</p>	

QUEBEC REGION

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>OLMCs receive up-to-date information on Health Canada's programs and services by various vehicles of communication.</i></p> <p><i>Health Canada becomes a regular user of OLMC media by buying antenna time and advertising space from them.</i></p>	<p>The Quebec Region will:</p> <ol style="list-style-type: none"> 1. transmit all bilingual promotional material and information produced by or in collaboration with Health Canada that may interest OLMCs and that concern activities, programs or policies, and maintain close ties with OLMCs through continuous communications with the Quebec Community Groups Network (QCGN) and the Community Health and Social Services Network (CHSSN), two organizations that represent them (informal meetings, telephone conversations, e-mail exchanges and so on); 2. proceed with the ad hoc sending out of health-related information to certain regional weekly newspapers used by the OLMCs; 3. visit the OLMCs to inform them of Health Canada programs and services; 	<ul style="list-style-type: none"> • Volume of mail-outs of promotional material, and the effectiveness of the means used to reach OLMCs. • Percentage of OLMCs that have received the up-to-date information. • OLMCs' level of satisfaction with the effectiveness of the means of communication used to inform them. • Number of OLMCs visited and the groups' satisfaction with the information shared. (Survey)

QUEBEC REGION

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>4. publish, on the Internet sites of the Quebec Community Groups Network and the Community Health and Social Services Network, project solicitations and information on all new programs launched at Health Canada;</p> <p>5. publish requests for proposals and information regarding public consultations in the regular Francophone and Anglophone media;</p> <p>6. invite OLMCs, through the Quebec Community Groups Network and the Community Health and Social Services Network, to fairs, exhibitions, booths and other public participation activities;</p> <p>7. take OLMCs into account in invitations to tender;</p> <p>8. give an information session on the roles and responsibilities of the HPFB and on activities in Quebec, and invite OLMCs to the session;</p> <p>9. participate, on request, in public events not organized by Health Canada (booths, shows, conferences, and so on) to communicate well our programs and services; and</p> <p>10. contribute to the updating of information on programs and services on the Health Canada Web site for outside clients.</p>	<ul style="list-style-type: none"> • Number of times this information and these documents from Health Canada are published on the QCGN and/or CHSSN Internet sites(s). • OLMCs' level of satisfaction with the effectiveness of the means of communication used to inform them. (Survey) • Number of notices that appear in the Anglophone newspapers. • Scope of OLMCs' participation in the various public participation activities. • Number of invitations to tender sent to OLMCs.

QUEBEC REGION

D. COORDINATION AND LIAISON

Coordination of activities (research, studies, meetings, etc) carried out by Health Canada itself along with other federal departments or other levels of government; participation in activities organized by other federal departments or other levels of government, etc; participation of official languages champions, national and regional coordinators, etc., in various government forums.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Coordinators are using the best practices that have been presented at various forums, retreats or at meetings of national coordinators responsible for section 41 of the OLA.</i></p> <p><i>Health Canada is working with multiple partners to meet the priorities of the OLMCs.</i></p>	<p>The Quebec Region undertakes to:</p> <ol style="list-style-type: none"> 1. participate actively in the Quebec Federal Council's Official Languages Committee (QFC-OL), which brings together high-level public servants from various departments and agencies, and which sees to the exchanging of good practices; 2. provide support in the area of intergovernmental relations with regard to activities under the Primary Health Care Transition Fund and the Government of Canada's Action Plan for Official Languages; and 3. participate actively in the Official Languages Information Network (OLIN) and its community of practice, a multimedia tool for the real-time sharing of knowledge among its members. 	<ul style="list-style-type: none"> • Co-ordinator's level of participation in the meetings of the QFC-OL. Percentage of the best practices identified that have been put into action. • Number of interdepartmental partnerships established to support OLMCs. • Level of use of the community of practice of OLIN members.

QUEBEC REGION

D. COORDINATION AND LIAISON

Coordination of activities (research, studies, meetings, etc) carried out by Health Canada itself along with other federal departments or other levels of government; participation in activities organized by other federal departments or other levels of government, etc; participation of official languages champions, national and regional coordinators, etc., in various government forums.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>The Quebec Region undertakes to:</p> <ol style="list-style-type: none"> 4. have ongoing meetings and discussions with Canadian Heritage on our respective programs and services to identify ways to promote the development and vitality of OLMCs; 5. participate in organization of a Quebec Federal Council OLA awareness day for employees of the various federal institutions; 6. organize a presentation for the MTC on the new Bill S-3 in co-operation with Justice Canada and Canadian Heritage for managers and program advisors; 7. participate in the workshops and lectures at the 7th provincial conference on accessibility of health and social services in English and networking with partners from various levels of government; 8. participate actively in OLCDB and DOLP conference calls and retreats; 9. co-ordinate a regional network of OL liaison officers at Health Canada, Quebec Region; and 10. participate actively in the Quebec Federal Council's Communications Co-ordination Committee, which is made up of the communications directors of all the federal departments. 	<ul style="list-style-type: none"> • OLMCs' perception regarding improvement in collaboration. (Survey)

QUEBEC REGION

E. FUNDING AND PROGRAM DELIVERY

Implementation of Health Canada's programs and delivery of its services; funding, alone or in cooperation with other federal departments/agencies of OLMC projects; inclusion of needs of OLMCs when delivering the department's programs and services.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have access to Health Canada's programs. The department takes account of the geographical dispersion of the OLMCs in delivering its programs.</i></p>	<p>The Quebec Region undertakes to:</p> <ol style="list-style-type: none"> 1. make available to OLMCs, for consultations/future reference, all documents and research work done in both official languages by all the branches; 2. submit all information and achievements for preparation of the various reports; 3. work in close co-operation with the program advisors in relation to their efforts to obtain funding under the Interdepartmental Partnership with the Official Language Communities (IPOLC); 4. provide support in the area of intergovernmental relations with regard to activities under the Primary Health Care Transition Fund (2006-2007 extension), the Contribution Program to Improve Access to Health Services for OLMCs and the federal government's Action Plan for Official Languages; 5. inform the programs and OLMCs (through the QCGN and CHSSN) of funding opportunities (requests for proposals) offered by federal institutions that can assist OLMCs; 	<ul style="list-style-type: none"> • OLMCs' perception regarding ease of access to Health Canada programs and services. (Survey) • Volume of documents and studies/research published in both official languages and disseminated to OLMCs. • Number of projects submitted and number of projects funded. • Effectiveness of the means used for support in the area of intergovernmental relations with regard to activities under the Fund, the Program and the Action Plan. • OLMCs' perception regarding their access to programs. (Survey)

QUEBEC REGION

E. FUNDING AND PROGRAM DELIVERY

Implementation of Health Canada’s programs and delivery of its services; funding, alone or in cooperation with other federal departments/agencies of OLMC projects; inclusion of needs of OLMCs when delivering the department’s programs and services.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>The Quebec Region undertakes to:</p> <p>6. fund one or more OLMC projects, alone or in partnership with Canadian Heritage, when projects are solicited; and</p> <p>7. ensure that English-speaking minorities in Quebec are able to benefit from development of certain projects in their community, especially in remote areas, by providing translation services for documents that will have been created in French by other community groups and that could be disseminated in English-speaking communities.</p>	<ul style="list-style-type: none"> • Number of projects submitted to Canadian Heritage under the Interdepartmental Partnership with the Official Language Communities (IPOLC) for each HECSB program.

QUEBEC REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its OLA section 41 implementation work with the department's planning and accountability mechanisms (e.g. report on plans and priorities, departmental performance report, departmental business plan, status report on implementation of section 41 of the OLA, etc); internal audits and evaluations of programs and services, regular review of programs and services and of policies by senior managers of Health Canada to ensure implementation of section 4 of the OLA.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Systematic evaluations and regular internal audits are being made and they always include criteria pertaining to the way policies, programs and services have affected OLMCs.</i></p>	<p>The Quebec Region undertakes to:</p> <ol style="list-style-type: none"> 1. make a commitment to employees in its open letter (means of communication employed) regarding Part VII of the OLA, and develop specific objectives and indicators of success; 2. include in appraisals of the performance of executives and managers concerned with OLMCs' participation a section on the duty to achieve objectives in connection with section 41 of the OLA; 3. provide a 2006-2007 report on achievements in relation to the 2006-2009 Official Languages Action Plan and produce a regional action plan that includes the plans of the various branches operating in the region; 4. evaluate the programs, where applicable, once evaluation has been done at the national level, with the possibility that this will lead to regional audits or evaluations; 5. include evaluation at the end of all projects under programs that have received funding in the form of a contribution; 6. conduct internal audits on projects underway. External audits are done randomly on a certain number of funded projects; 	<ul style="list-style-type: none"> • Achievement of the objectives when the performance appraisals are done. • Achievement of the regional commitments when the annual performance report is prepared. Report submitted annually to the Official Language Community Development Bureau. • Number of evaluation or audit reports produced, activities evaluated, and visits made to or interviews done with the groups. • Frequency of audits/evaluations. Existence of evaluation reports.

QUEBEC REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its OLA section 41 implementation work with the department’s planning and accountability mechanisms (e.g. report on plans and priorities, departmental performance report, departmental business plan, status report on implementation of section 41 of the OLA, etc); internal audits and evaluations of programs and services, regular review of programs and services and of policies by senior managers of Health Canada to ensure implementation of section 4 of the OLA.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>The Quebec Region undertakes to:</p> <p>7. design and apply evaluation tools and performance measurements for regional initiatives aimed at promoting the development of the OLMCs (e.g. studies, surveys, focus groups, impact questionnaires and compilation of statistics);</p> <p>8. include OL in the management accountability framework (regional lens);</p> <p>9. take the OLA into account in producing the performance report for the Quebec Region; and</p> <p>10. respect the accountability framework put in place in Diversity and Official Languages Programs, as well as that of the Official Language Community Development Bureau.</p>	<ul style="list-style-type: none"> • Existence of evaluation tools and plans, and regular report to the MTC.

ONTARIO AND NUNAVUT REGION

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Employees and senior managers are aware of the importance of promoting the bilingual character of Canada.</i></p> <p><i>Branches, division and/or regions are informed about linguistic duality and OLMCs and they understand their responsibilities to OLMCs. They consult on a continuous basis with OLMCs with regard to new priorities, initiatives, policies and programs.</i></p>	<p>On behalf of the Regional Director General (RDG), the OL Coordinator will:</p> <ol style="list-style-type: none"> 1. Raise awareness among managers and employees of HC's mandate under section 41 of the OLA by presenting information sessions on Part VII, OLA to managers, program officers and employees; awareness sessions on the Francophone community in Ontario and Nunavut; 2. Ensure that regional issues, trends and developments of OLMCs are addressed by meeting with each Regional Director (RD) in ONR to discuss OLMCs development and access to programs; meetings with the ONR Interbranch OL Committee and reporting to REC; articles on the initiatives undertaken and the activities carried out in the area of OL throughout the year in the ONR; 3. Ensure partnerships are established with OLMCs by meeting with program officers, associations, health networks, etc; 4. Establish close ties with other stakeholders in Ontario and Nunavut, including organizations at the national, provincial and community levels by participating in retreats, forums, meetings, etc; and 5. Disseminate good practices in relation to Part VII of the OLA in ONR by preparing a package for distribution on good practices on Part VII and on OLMCs to branches and using the ONSite intranet to list francophone events/activities happening in Ontario. 	<ul style="list-style-type: none"> • Delivery of at least one information session per branch, per year, on section 41, Part VII of the OLA; Delivery of at least two information sessions on section 41 to employees via the Learning Centre; one information session on the new legislation S-3 to Ontario Nunavut Region Executive Committee (ONR-REC) and program managers/officers. • Annual meeting with all RD's; bi-monthly meetings of the ONR Interbranch OL Committee and regular status updates to REC; completion and dissemination of articles on the initiatives undertaken and the activities carried out in the area of OL throughout the year in the ONR. • % of increase in frequency of meetings between program officers, associations, health networks, etc. • % of increase in participation in retreats, forums, meetings, etc of organizations at the national, provincial and community levels.

ONTARIO AND NUNAVUT REGION

B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have the opportunity to make their needs known and to explain obstacles to accessing Health Canada's programs. The OLMCs are part of the regular clientele of the regional offices and are taken into consideration when new departmental programs and policies are implemented.</i></p>	<p>The OL Coordinator will:</p> <ol style="list-style-type: none"> 1. Actively promote HC's policy to support OLMCs; 2. develop and maintain partnerships with OLMCs throughout the Region (North-West, North-East, East, Centre, South-West and Nunavut); 3. liaise with Société Santé en français (SSF) health networks (réseaux) in ONR by participating in their activities at least twice per year; 4. ensure the ONR's francophone community has access to all information about HC's programs and funding; 5. ensure adequate participation of OLMCs in HC's consultations held in the ONR; and 6. ensure the communities needs are taken into account during the development of the Department's program priorities, services and policies. 	<ul style="list-style-type: none"> • Significant increase in frequency and level of communication with OLMCs (meetings, assemblies, conference calls, etc.); % of participation in Ontario Federal Council (OFC) Forum and conference calls. • Completion of at least one joint research project (partnership between branch representatives on ONR's OLMCs). • % of increase travel to OLMCs outside urban centres. • Existence of a current list of all francophone communities and stakeholders in ONR. • Existence of current list of health related concerns/needs in the ONR.

ONTARIO AND NUNAVUT REGION

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>OLMCs receive up-to-date information on Health Canada's programs and services by various vehicles of communication.</i></p> <p><i>Health Canada becomes a regular user of OLMC media by buying antenna time and advertising space from them.</i></p>	<p>The OL Coordinator will:</p> <ol style="list-style-type: none"> 1. act as the key contact for OLMCs in ONR; 2. ensure visibility of OLMCs as interested stakeholders by providing quarterly email updates to RDGO and REC on ONR's health issues/concerns; attendance at two REC meetings per year on current developments and main issues with respect to OLMCs; 3. maintain links with the francophone community; 4. provide advice to OLMCs upon request; and 5. ensure sharing of current work with OLMCs within the ONR to maximize contacts and information and determine strategies and approaches concerning OLMCs. 	<ul style="list-style-type: none"> • % of implementation of the ONR-OL Action Plan; attendance at as many francophone events throughout the province as possible (book fairs, general assemblies, festivals, etc.). • Steady flow of information received from stakeholders and associations and provided to program officers.

ONTARIO AND NUNAVUT REGION

D. COORDINATION AND LIAISON

Coordination of activities (research, studies, meetings, etc) carried out by Health Canada itself along with other federal departments or other levels of government; participation in activities organized by other federal departments or other levels of government, etc; participation of official languages champions, national and regional coordinators, etc., in various government forums.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Coordinators are using the best practices that have been presented at various forums, retreats or at meetings of national coordinators responsible for section 41 of the OLA.</i></p> <p><i>Health Canada is working with multiple partners to meet the priorities of the OLMCs.</i></p>	<p>The OL Coordinator will:</p> <ol style="list-style-type: none"> 1. implement regional activities and initiatives to promote Part VII of the OLA; 2. support OLMCs activities and continue to examine ways to cultivate stronger ties between Ontario Nunavut OLMCs and Health Canada through participation of the OLMCs on the Ontario and Nunavut Regional Interbranch OL Committee; 3. identify and implement best practices in the Region for OLMCs; 4. Maintain regular attendance at branch meetings and participation in focus groups relating to OLMCs; and 5. maintain good relations with HC Official Language Community Development Bureau (OLCDB) through participation in the annual three-day OL Coordinators' retreat and active participation in the bi-monthly teleconferences with on Part VII. 	<ul style="list-style-type: none"> • Revitalised Ontario and Nunavut Interbranch OL Committee. • % of participation in the Regional branch consultations with OLMCs.

ONTARIO AND NUNAVUT REGION

E. FUNDING AND PROGRAM DELIVERY

Implementation of Health Canada’s programs and delivery of its services; funding, alone or in cooperation with other federal departments/agencies of OLMC projects; inclusion of needs of OLMCs when delivering the department’s programs and services.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have access to Health Canada’s programs. The department takes account of the geographical dispersion of the OLMCs in delivering its programs.</i></p>	<p>The OL Coordinator will:</p> <ol style="list-style-type: none"> 1. identify funding opportunities that have an OLMC component by making presentations to program managers and officers of the existence of complementary funding by Heritage Canada ie, the Interdepartmental Partnership with the Official Language Communities (IPOLC); 2. identify potential areas of interest to OLMCs through regular consultation with programs; 3. include OLMC stakeholders in calls for proposals and funding program launches; and 4. ensure programs geared towards the OLMCs are delivered via HC's branches in ONR. 	<ul style="list-style-type: none"> • OMLC's are considered when funding proposals are developed.

ONTARIO AND NUNAVUT REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its OLA section 41 implementation work with the department’s planning and accountability mechanisms (e.g. report on plans and priorities, departmental performance report, departmental business plan, status report on implementation of section 41 of the OLA, etc); internal audits and evaluations of programs and services, regular review of programs and services and of policies by senior managers of Health Canada to ensure implementation of section 4 of the OLA.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Systematic evaluations and regular internal audits are being made and they always include criteria pertaining to the way policies, programs and services have affected OLMCs.</i></p>	<p>The OL Coordinator will:</p> <ol style="list-style-type: none"> 1. include OL objectives in Health Canada's Ontario Nunavut Region Strategic Plan (HC-ONR); 2. develop a policy on OLMCs specific to HC-ONR; 3. ensure that OL obligations are respected and that the policies flowing from those obligations are applied in the ONR; 4. provide regional input to national reviews/exercises; 5. monitor ONR's progress in implementing Official Language Act section 41; and 6. promote new legislation (S-3) to increase awareness. 	<ul style="list-style-type: none"> • Senior managers' performance agreements include obligation to achieve objectives relating to OLMCs participation in the programs and services. • Policy approved by REC-ONR. • OL action plans and status reports 100% completed. • Quarterly reports on OLMCs activities and achievements completed.

MANITOBA AND SASKATCHEWAN REGIONS

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Employees and senior managers are aware of the importance of promoting the bilingual character of Canada.</i></p> <p><i>Branches, division and/or regions are informed about linguistic duality and OLMCs and they understand their responsibilities to OLMCs. They consult on a continuous basis with OLMCs with regard to new priorities, initiatives, policies and programs.</i></p>	<ol style="list-style-type: none"> 1. Inform managers and employees of their obligations with regard to OLMCs. 2. Work in conjunction with other OL coordinators from other departments to distribute resources during training, workshops, meetings and information gatherings on the OLMCs from Manitoba and Saskatchewan. 3. Partake in the OL regional reference group. 4. Incorporate the OLMCs in all scans from RPIA. 	<ol style="list-style-type: none"> 1. Weekly presentations on OLA given to managers and employees. 2. Weekly meetings of regional OL coordinator with all branches to become familiar with the needs of the community. 3. Quarterly meetings of the OLRRG. 4. Enhanced internal awareness of OLMCs' needs and integration of OLMCs in the regional strategic plan and the RPIA scans; twice a year an OLMCs' scan is presented.

MANITOBA AND SASKATCHEWAN REGIONS

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
	<p>5. Advise employees on activities in the francophone community.</p> <p>6. Commitment to include articles written in French in each regional newsletter and Coup de pouce.</p> <p>7. Coordinate departmental events, exhibits, public relations activities to ensure conformity with the OLA.</p>	<p>5. Attendance of HC staff to Friday night gatherings at Carrefour des Plaines, plays at the Language Institute, visiting of book fairs in March, different organizations and departments serving the OLMC visited during the different brown bag lunches and power point presentation done in collaboration with the COL for all employees.</p> <p>6. Number of articles published in French in the regional newsletter and in Coup de pouce.</p> <p>7. Weekly coordination of HC activities such as events, exhibits, public relations activities to ensure conformity with the OLA.</p>

MANITOBA AND SASKATCHEWAN REGIONS

B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have the opportunity to make their needs known and to explain obstacles to accessing Health Canada's programs. The OLMCs are part of the regular clientele of the regional offices and are taken into consideration when new departmental programs and policies are implemented.</i></p>	<ol style="list-style-type: none"> 1. Participating in some of the activities of the OLMCs. 2. Participate in meetings organized by the federal government to consult with the national/provincial coordinators of the communities, and in meetings of the various subcommittees of the federal and regional councils to become more familiar with the needs of the communities. 3. Establish partnerships with OLMCs. 4. All programs will continue to consult as needed with the OLMCs in order to better their response to the needs of the community. 	<ol style="list-style-type: none"> 1. Calendar of events of OLMCs shared with all staff and % of attendance to these activities by regional staff. 2. Number of meetings attended. 3. % of raise in partnerships developed with the OLMCs for example cultural associations. 4. % of increased uptake of HC programs by OLMCs.

MANITOBA AND SASKATCHEWAN REGIONS

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>OLMCs receive up-to-date information on Health Canada's programs and services by various vehicles of communication.</i></p> <p><i>Health Canada becomes a regular user of OLMC media by buying antenna time and advertising space from them.</i></p>	<ol style="list-style-type: none"> 1. Ensure news releases on HC activities with the OLMCs and other information pieces are available in French for the OLMCs. 2. Distribution of OL action plan and status report of HC on Part VII of the OLA to OLMCs (13 provincial associations and 12 regional associations). 3. Outreach in French to stakeholders and target audiences through fairs and exhibits, speaking engagements and conferences, using bilingual or French material. 	<ol style="list-style-type: none"> 1. % of news releases and other information pieces are available in French. 2. Distribution of Action plan and status reports of HC on Part VII of the OLA to OLMC 3. Number of outreach activities in French to stakeholders such as fairs and exhibits, speaking engagements and conferences, using bilingual or French material.

MANITOBA AND SASKATCHEWAN REGIONS

D. COORDINATION AND LIAISON

Coordination of activities (research, studies, meetings, etc) carried out by Health Canada itself along with other federal departments or other levels of government; participation in activities organized by other federal departments or other levels of government, etc; participation of official languages champions, national and regional coordinators, etc., in various government forums.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Coordinators are using the best practices that have been presented at various forums, retreats or at meetings of national coordinators responsible for section 41 of the OLA.</i></p> <p><i>Health Canada is working with multiple partners to meet the priorities of the OLMCs.</i></p>	<ol style="list-style-type: none"> 1. Participation on various Federal Council sub-committee such as French Retention and Quality of services. 2. Establish partnerships with regional coordinators from other branches and departments who work in the same region with the OLMC. 3. Establish close ties with the regional coordinators of agencies and departments that work in the same region. 	<ol style="list-style-type: none"> 1. Number of sub-committees attended. 2. A number of partnerships developed with regional coordinators from other branches and departments who work in the same region with the OLMC. 3. Regular meetings (weekly) with regional directors of agencies and departments that work in the same region.

MANITOBA AND SASKATCHEWAN REGIONS

E. FUNDING AND PROGRAM DELIVERY

Implementation of Health Canada’s programs and delivery of its services; funding, alone or in cooperation with other federal departments/agencies of OLMC projects; inclusion of needs of OLMCs when delivering the department’s programs and services.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have access to Health Canada’s programs. The department takes account of the geographical dispersion of the OLMCs in delivering its programs.</i></p>	<p>1. Programs having G&C components will continue to invite Francophone groups to submit proposals for funding and fund projects as per recommendations of the provincial Peer Review Committees in each province.</p>	<p>1. Increased uptake of HC programs.</p>

MANITOBA AND SASKATCHEWAN REGIONS

F. ACCOUNTABILITY

Activities through which Health Canada integrates its OLA section 41 implementation work with the department's planning and accountability mechanisms (e.g. report on plans and priorities, departmental performance report, departmental business plan, status report on implementation of section 41 of the OLA, etc); internal audits and evaluations of programs and services, regular review of programs and services and of policies by senior managers of Health Canada to ensure implementation of section 4 of the OLA.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<i>Systematic evaluations and regular internal audits are being made and they always include criteria pertaining to the way policies, programs and services have affected OLMCs.</i>	1. Participation to the annual Part VII Action Plan and Status Report.	1. % of objectives met.

ALBERTA AND NORTHWEST TERRITORIES REGION

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Employees and senior managers are aware of the importance of promoting the bilingual character of Canada.</i></p> <p><i>Branches, division and/or regions are informed about linguistic duality and OLMCs and they understand their responsibilities to OLMCs. They consult on a continuous basis with OLMCs with regard to new priorities, initiatives, policies and programs.</i></p>	<p>1. The Office will raise awareness among directors, managers, supervisors, employees of Part VII of the OLA, particularly to new Bill S-3, that received sanction in November 2005. Presentations to be given to members of the Regional Executive Committee, to the individual Regional Branch and at the New Employees Orientation sessions.</p>	<p>1. Number of presentations given and comment/feedback received.</p>

ALBERTA AND NORTHWEST TERRITORIES REGION

B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have the opportunity to make their needs known and to explain obstacles to accessing Health Canada's programs. The OLMCs are part of the regular clientele of the regional offices and are taken into consideration when new departmental programs and policies are implemented.</i></p>	<ol style="list-style-type: none"> 1. The Regional Program Manager, Official Languages will continue to attend OLMCs Annual General Meetings, the provincial/territorial Interdepartmental meetings for Official Languages (41-42). 2. The Regional Program Manager, Official Languages will continue to develop strong ties with Francophone communities to keep the Department informed of current issues in order to recognize opportunities for interaction. 3. The Regional Program Manager, Official Languages will continue to sit, as an observer, on the Réseau santé albertain's board of directors. 4. Drugs Strategy and Controlled Substances Programme will continue to liaise with Francophone stakeholder groups. 	<ol style="list-style-type: none"> 1. Number of meetings attended, participation to provincial/territorial Interdepartmental meetings. 2. Number of requests received from OLMC to support their activities by providing: in kind services, brochures and/or promotional items. 3. Number of Board of Directors' meetings attended. 4. List of Health related stakeholders and assistance in promoting participation by OLMCs provided to branch representative. Number of activities where OLMCs participated to branch activities.

ALBERTA AND NORTHWEST TERRITORIES REGION

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>OLMCs receive up-to-date information on Health Canada's programs and services by various vehicles of communication.</i></p> <p><i>Health Canada becomes a regular user of OLMC media by buying antenna time and advertising space from them.</i></p>	<ol style="list-style-type: none"> 1. The Regional Program Manager, Official Languages will continue to inform/invite OLMCs to participate to information sessions and/or training offered within the four Western provinces. 2. The Product Safety Programme, Workplace Health and Public Safety Programme, and Tobacco Control Programme continue to ensure publications and educational materials are available in French for the benefit of OLMCs in the region. 3. The Regional Program Manager, Official Languages will continue to work with branch representatives to ensure that OLMCs have access to all information about Health Canada programs and funding. 4. The Product Safety Programme will continue to be prepared to respond to the inquiries and complaints related to the <i>Hazardous Products Act's</i> mandate and to cosmetic regulations from Francophone media, NGOs, business community, and citizens in a timely manner. 	<ol style="list-style-type: none"> 1. Number of invitations sent and number of training sessions attended by OLMCs. 2. Number of publications and educational materials available in French in the region. 3. Number of branch meetings attended. 4. Number of Francophone inquiries received and addressed in collaboration with the Communications Branch.

ALBERTA AND NORTHWEST TERRITORIES REGION

D. COORDINATION AND LIAISON

Coordination of activities (research, studies, meetings, etc) carried out by Health Canada itself along with other federal departments or other levels of government; participation in activities organized by other federal departments or other levels of government, etc; participation of official languages champions, national and regional coordinators, etc., in various government forums.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Coordinators are using the best practices that have been presented at various forums, retreats or at meetings of national coordinators responsible for section 41 of the OLA.</i></p> <p><i>Health Canada is working with multiple partners to meet the priorities of the OLMCs.</i></p>	<p>1. The Regional Program Manager, Official Languages: a. will continue to be an active member of the Interdepartmental Network of Official Languages Coordinators of Alberta. b. will continue to be an active member of the Alberta Linguistic Duality Network of the Alberta Federal Council. c. will continue to examine ways to cultivate stronger ties between OLMCs and Health Canada.</p> <p>2. The Regional Director General will continue to develop awareness at the Alberta Federal Council meetings.</p> <p>3. The Regional Director General is committed to being an active Health Canada participant on the services committee for the Alberta Federal Council and inter-government working group to promote Francophone initiatives.</p> <p>4. Health Environments and Consumer Safety Branch will continue to work with the Alberta Linguistic Duality Network on OL best practices, such as: facilitating meetings, organizing Discovery Meetings.</p>	<p>1. a and b As Chair of the Network, number of meeting scheduled. Number of interdepartmental activities proposed, led and/or attended. c: Number of outreach activities through formal and informal, national/provincial/territorial, consultations with OLMC's.</p> <p>2. Number of meetings of Alberta Federal Council meetings showing OLMCs were taken into consideration during discussions.</p> <p>3. Support for a minimum of 3 Alberta Federal Council' official languages initiatives with financial and/or in-kind services.</p> <p>4. Number of meetings attended with the Alberta Linguistic Duality Network.</p>

ALBERTA AND NORTHWEST TERRITORIES REGION

E. FUNDING AND PROGRAM DELIVERY

Implementation of Health Canada’s programs and delivery of its services; funding, alone or in cooperation with other federal departments/agencies of OLMC projects; inclusion of needs of OLMCs when delivering the department’s programs and services.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have access to Health Canada’s programs. The department takes account of the geographical dispersion of the OLMCs in delivering its programs.</i></p>	<ol style="list-style-type: none"> 1. The Regional Program Manager, Official Languages will continue to work with branch representatives to identify funding opportunities. 2. The Drug Strategy and Controlled Substances Programme and Tobacco Control Programme will continue to solicit proposals and facilitate funding for OLMC projects. 	<ol style="list-style-type: none"> 1. Number of funding proposals received. 2. Number of request for proposal sent and proposals received. Branch representatives maintain contact with the Regional Program Manager, Official Languages to ensure access to up-to date OLMC stakeholders list.

ALBERTA AND NORTHWEST TERRITORIES REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its OLA section 41 implementation work with the department’s planning and accountability mechanisms (e.g. report on plans and priorities, departmental performance report, departmental business plan, status report on implementation of section 41 of the OLA, etc); internal audits and evaluations of programs and services, regular review of programs and services and of policies by senior managers of Health Canada to ensure implementation of section 4 of the OLA.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Systematic evaluations and regular internal audits are being made and they always include criteria pertaining to the way policies, programs and services have affected OLMCs.</i></p>	<ol style="list-style-type: none"> 1. Accountability will be included as part of the Performance Discussion Process for designated managers. 2. Official languages, section 41 component will be identified in the Regional Business Plan. 3. The Regional Program Manager, Official Languages will continue to participate in the Official Language Community Development Bureau' Formative Evaluation Steering Committee. 4. The Region will monitor complaints under section 41 of the Official Language Act as and if they arise. 5. Regional Program Manager, Official Languages will consult branch representatives to monitor progress on the Action Plan. 	<ol style="list-style-type: none"> 1. Performance Discussion Process evaluation of designated managers. 2. Official languages, section 41 component included in the multi-year Regional Business Plan. 3. Number of meeting attended. 4. Number of complaints received and assessments on recommended correctives measures. 5. Increased communications between branch representatives and the Regional Program Manager, Official Languages. Activities shown in Status Report.

BRITISH COLUMBIA AND YUKON REGION

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate employees and/or senior managers of Health Canada about linguistic duality and the priorities of OLMCs; senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Employees and senior managers are aware of the importance of promoting the bilingual character of Canada.</i></p> <p><i>Branches, division and/or regions are informed about linguistic duality and OLMCs and they understand their responsibilities to OLMCs. They consult on a continuous basis with OLMCs with regard to new priorities, initiatives, policies and programs.</i></p>	<ol style="list-style-type: none"> 1. The Coordinator will raise awareness among employees and senior management regarding Part VII of the OLA through the delivery of information sessions to employees, new employees and senior management. 2. The Coordinator will maintain an official languages component at Discovering Health Canada orientation sessions and ensure the distribution of official languages information to new employees. 3. The Coordinator will provide access to internal tools on information and activities regarding official languages through the regional official languages intranet site. 	<ol style="list-style-type: none"> 1. Number of information sessions given to each group. 2. Presentations at all Discovering Health Canada orientation sessions. 3. Access to and number of visits by staff to relevant and up-to-date internal information tools found on the regional intranet site.

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B. CONSULTATIONS

Activities (e.g. committees, discussions, meetings) through which Health Canada consults the OLMCs and dialogues with them to identify their needs and priorities or to understand potential impacts on their development; activities (e.g. round tables) to explore possibilities for cooperation within the existing mandate of Health Canada or as part of developing a new program or new policy; participation in consultations with OLMCs coordinated by other government bodies; consultation of OLMCs by regional offices to determine their concerns and needs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have the opportunity to make their needs known and to explain obstacles to accessing Health Canada's programs. The OLMCs are part of the regular clientele of the regional offices and are taken into consideration when new departmental programs and policies are implemented.</i></p>	<ol style="list-style-type: none"> 1. The Region has an implemented formal consultative mechanism to ensure an active integrated approach with OLMCs on health related issues and regularly meets with OLMCs. For example, the Region has a non-voting seat on the board of RésoSanté Colombie-Britannique. 2. The Region participates in activities and informal consultations organised by OLMCs and gives OLMCs opportunities to provide feedback and make suggestions for improvement. 3. The Region will ensure, where appropriate, adequate OLMCs participation in Federal consultations. 	<ol style="list-style-type: none"> 1. Number of meetings the Region attends and participates in to identify OLMCs concerns and needs. 2. Number of meetings and activities attended. 3. Number of consultations where OLMCs were invited.

BRITISH COLUMBIA AND YUKON REGION

C. COMMUNICATIONS

External communications activities to inform OLMCs about the activities, programs and policies of Health Canada and to promote the bilingual character of Canada; inclusion of OLMCs in all information lists and distribution lists; use of the Health Canada's Web site to communicate with OLMCs.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>OLMCs receive up-to-date information on Health Canada's programs and services by various vehicles of communication.</i></p> <p><i>Health Canada becomes a regular user of OLMC media by buying antenna time and advertising space from them.</i></p>	<ol style="list-style-type: none"> 1. The Region will continue to include OLMCs in information sessions and/or training offered with the four Western provinces. The Region will provide OLMCs with timely and pertinent information on important events, announcements and activities. 2. The Region will ensure regular notification and utilisation of francophone media for Ministerial events. 3. The Region will maintain adequate and current communication tools, such as publications and educational materials in both official languages in order to provide OLMCs with the information they need. 	<ol style="list-style-type: none"> 1. Frequency that information and invitations to participate at these events are provided to OLMCs. 2. Number and timely inclusion of francophone media buys for all Ministerial events. 3. The availability and supply of communication tools in all designated Health Canada offices in the Region.

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D. COORDINATION AND LIAISON

Coordination of activities (research, studies, meetings, etc) carried out by Health Canada itself along with other federal departments or other levels of government; participation in activities organized by other federal departments or other levels of government, etc; participation of official languages champions, national and regional coordinators, etc., in various government forums.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Coordinators are using the best practices that have been presented at various forums, retreats or at meetings of national coordinators responsible for section 41 of the OLA.</i></p> <p><i>Health Canada is working with multiple partners to meet the priorities of the OLMCs.</i></p>	<ol style="list-style-type: none"> 1. Training for Coordinator to ensure adequate knowledge and skills to implement OLA section 41. 2. Maintain strong working relationships with regional and national coordinators through the participation at regular meetings and activities. 3. The Coordinator will participate as a member of the Pacific Federal Council Official Languages Committee. 4. The Coordinator will be an active member on the 41-42 Interdepartmental Coordinating Committee chaired by Canadian Heritage and cooperate in achieving common results regarding section 41. 5. The Region will continue to work closely with key partners: the Office of the Commissioner of Official Languages in BC, the Pacific Federal Council, Canadian Heritage and the regional Public Health Agency office to meet the priorities of the OLMCs. 6. The Region will coordinate and liaise with other levels of government such as provinces and municipalities for the benefit of OLMCs. 	<ol style="list-style-type: none"> 1. Number of training events and courses attended. 2. Number of meetings and activities attended. 3. Number of Committee meetings attended 4. Number of meetings attended. 5. Participation in meetings with partners. 6. Increased communications with other levels of government through meetings, events and teleconferences.

BRITISH COLUMBIA AND YUKON REGION

E. FUNDING AND PROGRAM DELIVERY

Implementation of Health Canada’s programs and delivery of its services; funding, alone or in cooperation with other federal departments/agencies of OLMC projects; inclusion of needs of OLMCs when delivering the department’s programs and services.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>The OLMCs have access to Health Canada’s programs. The department takes account of the geographical dispersion of the OLMCs in delivering its programs.</i></p>	<ol style="list-style-type: none"> 1. The Coordinator will work with regional branches and divisions to identify opportunities for support (financial and in kind) for OLMCs thereby strengthening its relationships with OLMCs. 2. The Coordinator will continue to work with Branch representatives and program managers to ensure that OLMCs have access to Health Canada programs and funding. 3. The Coordinator will chair the Official Language Regional Reference Group (OLRRG) and work with the group to develop and manage the implementation of short and longer term action plans for the BC-Yukon Region. 	<ol style="list-style-type: none"> 1. Number of funding requests received and number of projects that actually received funding. 2. Action plan developed and implemented with strategies to ensure that OLMCs are included in calls for proposals, funding program launches and has access to information about Health Canada programs. 3. Continued regular meetings of the OLRRG

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F. ACCOUNTABILITY

Activities through which Health Canada integrates its OLA section 41 implementation work with the department's planning and accountability mechanisms (e.g. report on plans and priorities, departmental performance report, departmental business plan, status report on implementation of section 41 of the OLA, etc); internal audits and evaluations of programs and services, regular review of programs and services and of policies by senior managers of Health Canada to ensure implementation of section 4 of the OLA.

Main Expected Outcomes	Main Activities planned in order to achieve expected outcomes	Indicators to measure achievement of outcomes
<p><i>Systematic evaluations and regular internal audits are being made and they always include criteria pertaining to the way policies, programs and services have affected OLMCs.</i></p>	<ol style="list-style-type: none"> 1. Where appropriate, accountability will be included as part of the Performance Discussion Process for designated managers. 2. Examination of regional Health Canada programs and services to evaluate how they may impact and enhance OLMC development and vitality. 3. The Region shall monitor and resolve complaints related to OLA section 41 and ensure improvements to programs and services are implemented. 4. The coordinator will consult Branch representatives to monitor progress on the Action plan. 	<ol style="list-style-type: none"> 1. The results from the Performance Discussion Process evaluation of designated managers. 2. Number and results of evaluations and meetings conducted with Branch program managers. 3a. Complaint mechanism developed and implemented. 3b. Number of complaints received and assessments on recommended corrective measures. 4. Increased communications between Branch representatives and the Coordinator measured through the number of conference calls and meetings.

Feedback: What do you think of the Action Plan?

General comments:

Strong points:

Areas requiring improvement:

Suggestions:

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