



Health
Canada

Santé
Canada

HEALTH CANADA

STATUS REPORT 2006/07

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

This publication can also be made available in/on computer diskette/large
print/audio-cassette/Braille upon request.

For further information or to obtain additional copies, please contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
Tel.: (613) 954-5995
Fax: (613) 941-5366
E-Mail : info@hc-sc.gc.ca

Her Majesty the Queen in Right of Canada, 2007
Cat. H18-1/2007
H18-1/2007E-PDF
978-0-662-46253-8

Contents

Preamble	p. 4
Executive Summary	p. 4
General Information	p. 6
Signature	p. 8
List of acronyms	p. 9
Principal Achievements	p. 10
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)	p. 10
Atlantic Region	p. 19
Quebec Region	p. 26
Ontario Region	p. 39
Manitoba/Saskatchewan Region	p. 50
Alberta Region	p. 60
British Columbia Region	p. 68
Funds granted to official language minority communities in 2006/07	p. 76
Headquarters	p. 76
Atlantic Region	p. 85
Quebec Region	p. 86
Ontario Region	p. 87
Manitoba/Saskatchewan Region	p. 88
Alberta Region	p. 89
Yukon Region	p. 90

Preamble

Pursuant to section 41, Part VII of the *Official Languages Act*, Health Canada is committed to enhancing the vitality of official language minority communities in Canada, and to supporting and assisting their development. In co-operation with these communities, the Department takes action to the extent that its mandate allows, while respecting provincial and territorial jurisdiction in the delivery of health services.

The Official Language Community Development Bureau at Health Canada coordinates the implementation of section 41. It ensures that the Department meets its commitments under Part VII, promotes it internally, acts as a liaison between communities and Health Canada and encourages the establishment of partnerships with official language minority communities.

Executive Summary (by main intervention categories)

Awareness

Health Canada has continued its awareness activities with the support of its network of official languages coordinators across Canada. Numerous information sessions were held for both new and current employees and senior management. The Department's Web site and some internal publications have provided employees with updated information about the implementation of Part VII of the *Official Languages Act* (OLA). Moreover, the activities of the Rendez-vous de la Francophonie gave Francophone communities in Canada better visibility.

Consultation

The Official Language Community Development Bureau (OLCDB) and the Official Languages Coordinators in the regions held numerous meetings, teleconferences, and formal consultations with representatives from the Anglophone and Francophone minority communities. These discussions enabled these communities to improve their ability to make informed decisions regarding health. The Department was given an opportunity to present its programs and invite its stakeholders to access the funding available. The Department's Anglophone and Francophone advisory committees played an important role in the success of the discussions.

Communication

Conferences, information fairs, symposia, regional cultural events, site visits and the collection of data on the effectiveness of some programs were used to transmit information to the official language minority communities and to identify their needs and priorities with regard to health. Regular maintenance of databases and mailing lists allowed for the dissemination of numerous documents, including calls for proposals.

Coordination and liaison

The Department's network of regional coordinators helped put the communities in contact with Health Canada's program officials. These coordinators took part in regional official languages committees, and in particular, with the Federal Regional Councils across Canada. Health Canada's ongoing support for the Official Languages Champion Committee and the Committee of Assistant Deputy Ministers on Official Languages, as well as the involvement of the Official Language Community Development Bureau in the activities of the Network of National Coordinators (Part VII of the OLA), and on the Coordinating Committee on Official Languages Research, allowed the Department to play an important role in the completion of projects put forward by the communities.

Funding and program delivery

Health Canada invested large sums to promote health in the official-languages minority communities. The OLCDB oversaw the smooth functioning of 84 contribution agreements. The Department funded the operations of the 17 networks of Société Santé en français and the ten networks of the Quebec Community Groups Network, in addition to training activities for the health care professionals with the Consortium national de formation en santé and McGill University, and activities to promote access to primary health care, coordinated by Société Santé en français and the Community Health and Social Services Network. In addition, a \$10.6M one-year extension (2006-2007) of the Official Languages Minority Communities envelope of the Primary Health Care Transition Fund was provided. Among the Health Canada program areas that the official language minority communities were able to benefit from, we note the fight against tobacco, as well as drug use and controlled substances.

Accountability

The formative evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities has been carried out. The report will be approved and published during fiscal year 2007/2008. The summative evaluation of the Official Language Minority Communities envelope of the Primary Health Care Transition Fund has been completed. A departmental Action Plan for the implementation of Part VII of the *Official Languages Act*, which covers fiscal years 2006/07-2007/08-2008/09 has been developed and published. Many regions have started to produce their own regional Action Plan and Status Report or have included the implementation of Part VII of the *Official Languages Act* in their regional operational plans and performance reports. In many regions, the performance appraisals of executives and managers concerned with the development of OLMCs and the promotion of linguistic duality were produced and contain a section on the duty to achieve objectives in relation with section 41 of the *Official Languages Act*. Evaluation tools have been developed in some regions in order to create better performance indicators in relation to the implementation of Part VII of the *Official Languages Act*, while other regions and branches committed to creating these tools in the coming fiscal year.

2006/07 ACHIEVEMENTS

HEALTH CANADA

General Information

Minister: The Honourable Tony Clement

1. Institution

Health Canada
National Headquarters
Brooke Claxton Building
Tunney's Pasture
Ottawa, Ontario
K1A 0K9

<http://www.hc-sc.gc.ca>

2. Brief description of institution's mandate
--

Health Canada's mission is to help the people of Canada maintain and improve their health.

The *Department of Health Act* formally establishes the Department's mandate. The Minister of Health is also responsible for the direct administration of another 18 laws, which include the *Canada Health Act*, the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Controlled Drugs and Substances Act*. In addition to these legislated responsibilities, the Department has significant policy development, program and service delivery roles that reach a wide range of Canadians. Much of this work is carried out by Health Canada staff in communities throughout the country. Their work touches the lives of all Canadians. The Department's partners include provincial and territorial governments, First Nations and Inuit communities, and other stakeholders.

Through a network of regional offices and its numerous partnerships, the Department helps to maintain effective and sustainable health systems that allow the greatest number of Canadians to enjoy good health throughout their lives. The Department strives to reduce inequalities in health status, particularly among children, youth, the elderly, and First Nations people and Inuit. It also seeks to improve community capacity to deal with health issues, while assisting Canadians in making informed choices about their health. Through research, monitoring and information sharing, Health Canada works to inform the development of policies by others who support health.

3. Officers accountable for Part VII of the <i>Official Languages Act</i>
--

Accountable Senior Officers:

Morris Rosenberg, Deputy Minister

Frank Fedyk, Acting Senior Assistant Deputy Minister

National Coordinator:

Aldean Andersen, Director

Official Language Community Development Bureau

Telephone: (613) 952-3120

Fax: (613) 946-1469

E-mail: aldean_andersen@hc-sc.gc.ca

Associate National Coordinator:

Marc-Olivier Houle, Senior Program Officer

Official Language Community Development Bureau

Telephone: (613) 948-8535

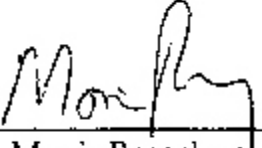
Fax: (613) 946-1469

E-mail: marc-olivier_houle@hc-sc.gc.ca

Branch or Regional Office	Coordinator	Telephone Number
Atlantic Region	Catherine Boudreau	(902) 426-9394
Quebec Region	Christiane Gagné	(514) 283-0949
Ontario/Nunavut Region	Julie Morache	(416) 954-3724
Manitoba/Saskatchewan Region	Annette M. Labelle	(306) 780-7151
Alberta Region	Sylvie Paradis	(780) 495-8427
British Columbia/Yukon Region	Derek Leung	(604) 775-7000
Health Products and Food Branch	Nancy Junkins	(613) 941-6591
Healthy Environments and Consumer Safety Branch	Hyerin Choi	(613) 946-1459
Health Policy Branch	Suzane-Renée Collette	(613) 946-4034

Branch or Regional Office	Coordinator	Telephone Number
Public Affairs, Consultation and Regions Branch	Eleonore El-Zarka	(613) 941-8260
First Nations and Inuit Health Branch	Lisette Richard	(613) 948-6399

Signature



 Morris Rosenberg

JUL 3 2007

 Date

List of Acronyms

ADTR: Alcohol and Drug Treatment and Rehabilitation Program

BC: British Columbia

CADMOL: Committee of Assistant Deputy Ministers on Official Languages

CCESMC: Consultative Committee for English-Speaking Minority Communities

CCFSMC: Consultative Committee for French-Speaking Minority Communities

CCS: Catholic Community Services

CHSSN: Community Health and Social Services Network

DOLP: Diversity and Official Languages Programs

DSCIF: Drug Strategy Community Initiatives Fund

DSCSP: Drug Strategy and Controlled Substances Programme

HC: Health Canada

INOLCA: Interdepartmental Network of Official Languages Coordinators of Alberta

IOLN: Interdepartmental Official Languages Network

IPOLC: Interdepartmental Partnership with the Official-Language Communities

MB: Manitoba

MTC: Management Team Committee

OCOL: Office of the Commissioner of Official Languages

OL: Official Languages

OLA: *Official Languages Act*

OLCDB: Official Language Community Development Bureau

OLMC: Official Language Minority Community

OROLC: Ontario Region Official Languages Committee

PCH: Patrimoine canadien/Canadian Heritage

PHAC: Public Health Agency of Canada

PHCTF: Primary Health Care Transition Fund

QCGN: Quebec Community Groups Network

QFC-OL: Quebec Federal Council on Official Languages

REC : Regional Executive Committee

RD: Regional Director

RDG: Regional Director General

RPP: Regional Priority Plan

RVF: Rendez-vous de la Francophonie

SIMS: Stakeholders Information Management System

SK: Saskatchewan

SSF: Société Santé en français

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 <u>in house</u> in order to educate Health Canada's employees and/or senior managers about linguistic duality and the priorities of official language minority communities (OLMCs); senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.		
Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the <i>Official Languages Act</i> and OLMCs.		
Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Dissemination of information to Health Canada employees and senior managers on linguistic duality and the OLMCs' priorities and needs.	Various tools for promoting Part VII of the OLA, such as the Health Canada Policy to Support OLMCs and Canadian Heritage's <i>Bulletin 41-42</i> , are available to all employees and senior managers.	Presentation of the policy to senior management; <i>Bulletin 41-42</i> distributed throughout the Department across Canada through Health Canada's network of OL Coordinators.
	Information sessions on Part VII of the <i>Official Languages Act</i> (OLA) were presented to the senior management of two branches.	Information sessions, designed to meet the branches' needs, at which the Department's main accomplishments in relation to development of the official language minority communities (OLMCs) and promotion of linguistic duality were presented. Senior management of the branches was asked to take the OLMCs and linguistic duality into account more, in the spirit of the Policy to Support OLMCs and their respective mandates.
	Participation in the organizing committee for the launch of the <i>Rendez-vous de la francophonie</i> (RVF) (interdepartmental event at the Museum of Civilization).	About 100 people attended the RVF show; about 150 people participated in the quiz, and 20 people attended the symposium.

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 <u>in house</u> in order to educate Health Canada's employees and/or senior managers about linguistic duality and the priorities of official language minority communities (OLMCs); senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.		
Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the <i>Official Languages Act</i> and OLMCs.		
Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Participation in the annual activities surrounding the Rendez-vous de la Francophonie (RVF) at interdepartmental events, in addition to organizing activities specific to the Department in collaboration with Diversity and Official Languages Programs (parts IV, V and VI of the OLA).</p> <p>Development of evaluation tools for monitoring the continuing effectiveness of the HC Policy to Support OLMCs and improving it if necessary.</p> <p>Participation in planning and analysis activities in connection with the post-census Survey on the Vitality of Official Language Minorities conducted by Statistics Canada in fall 2006.</p>	<p>Over ten preparatory meetings for the RVF took place. Over ten employees were assigned to this task to varying degrees.</p> <p>Booth at the interdepartmental launch of the RVF.</p> <p>Organized show; quiz on the French language for employees of the Department across Canada; symposium in Ottawa on the place of French in science.</p> <p>Work plan for evaluation of the policy developed.</p> <p>Six work meetings with the Statistics Canada group responsible for development of survey tools in connection with the planning of the post-census Survey on the Vitality of Official Language Minorities.</p>	<p>Evaluation of the policy is planned for 2007.</p> <p>No request for access to data during the year.</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. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Support to the consultative committees for the French- and English-speaking official language minority communities in their strategic and operational planning processes to reflect the official language minorities' health priorities for 2008.	Four plenary meetings a year and about ten teleconferences and in-person meetings of the subcommittees. Minutes of the meetings available.	<p>The purpose of these meetings is to advise the Minister of Health on the OLMCs' needs. The Committees prepared new recommendations for continuing the activities undertaken under the Action Plan for Official Languages, which will end in March 2008.</p> <p>The report of the committee for the French-speaking minority communities was presented to the Minister in February 2007.</p> <p>The presentation of the Minister of the report of the committee for the English-speaking minority communities is planned for summer 2007.</p> <p>High level of satisfaction of the OLMC representatives with the these meetings (see minutes of meetings).</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. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Annual informal consultations with official language minority communities in connection with the national coordinators' meetings, organized by Canadian Heritage (PCH).	Informal meetings with the OLMCs of Manitoba and the three territories.	<p>Examples of subjects addressed: access to health services in the language of the OLMC; scattering of populations; return of professionals to the communities; population aging in the OLMCs; lack of reliable data on the populations; and sustainability of Health Canada funding.</p> <p>High rate of concordance between the priorities identified by the OLMCs and the priority policy and program activities of Health Canada (see, for example, the preliminary results of the formative evaluation of the Contribution Program to Improve Access to Health Services for OLMCs).</p> <p>OLMCs' concerns heard and taken into account in program and policy development.</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 (Transmission of information to OLMCs) External communications activities to inform OLMCs about Health Canada's activities, programs and policies and to promote the bilingual character of Canada; inclusion of OLMCs in all information and distribution lists; use of Health Canada's Web site to communicate with OLMCs.		
Expected Result: OLMC culture reflects an up-to-date understanding of Health Canada's mandate; OLMCs receive up-to-date and relevant information about Health Canada's programs and services (P&S).		
Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
OLMC-relevant information developed and available.	Plan developed for a complete overhaul of the Official Language Communities Development Bureau (OLCDB) Web site; updating of the Web site to present on it, among other things, the Action Plan, Health Canada's Status Report on Implementation of Part VII of the OLA and the Health Canada Policy to Support Official Language Minority Communities. All information on the Department's Web site is available in both official languages.	Survey of the groups representing the OLMCs on the usefulness of the OLCDB Web site (will be done in 2007-2008). 100% of the Department's Web site is available in French and English.

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Participation by the Health Canada national coordinator in the interdepartmental meetings on Part VII of the OLA organized by Canadian Heritage.	<p>Participation in 100% of the meetings by the national coordinator and/or the national coordinator's representative.</p> <p>Health Canada hosted one of these meetings, in partnership with the <i>Consortium national de formation en santé</i> and <i>Cité collégiale</i>.</p> <p>Participation in development of a training session on performance indicators organized by Canadian Heritage.</p> <p>Participation in the Official Languages (OL) Champions Committee, and to Committee of Assistant Deputy Ministers on Official Languages (CADMOL).</p>	<p>Exchange of information on best practices, meeting with the communities, increased awareness of the OLMCs' needs.</p> <p>Stronger links with Canadian Heritage, the <i>Consortium national de formation en santé</i> and <i>Cité collégiale</i>.</p> <p>Better understanding of the performance measurement objectives of PCH.</p> <p>The champion informed the OLCDB of the minutes of the meetings of the official languages champions and of CADMOL.</p>
Participation in the in-house meetings of the Health Canada Coordinators.	Existence of a departmental network of OL Coordinators in which the branches and regions are represented, and existence of OL subnetworks in these same branches and regions. Participation at a level of 80% or more in each of these meetings.	Exchange of information on current issues and best practices; direction given to the regions and branches.

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 institutions, of OLMC projects; inclusion of the needs of OLMCs in the delivery of Health Canada's programs and services.		
Expected Result: OLMCs are part of Health Canada's regular clientele and have adequate access to its programs and services; OLMC needs (eg. geographic dispersion, development opportunities) are taken into account.		
Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Management and monitoring of the contribution agreements in connection with the Contribution Program to Improve Access to Health Services for OLMCs for Phase II of the project, until March 2008, and in connection with the OLMC Envelope of the Primary Health Care Transition Fund (PHCTF), in addition to implementing new activities that received additional funding in 2006-2007.</p> <p>Preparation for renewal of the Health Canada OLMC programs.</p> <p>Documentation of the contribution process from the call for proposals to the signing of the agreements.</p> <p>Management of the memorandum of understanding in connection with the Interdepartmental Partnership with the Official Language Communities (IPOLC).</p>	<p>Complete audit of the contribution agreements.</p> <p>Documentation of the process related to the contribution agreements is completed.</p> <p>Strategic planning of the renewal of the program.</p> <p>Visit to 6 recipients, 3 PHCTF projects and 3 community networks.</p> <p>Termination of 60 projects of the OLMC envelope of the Primary Health Care Transition Fund.</p> <p>Complete audit of the contribution files.</p> <p>2 new contribution agreements with the Société Santé en français and the Community Health and Social Services Network.</p> <p>Treasury Board submission developed for renewal of the PHCTF OLMC Envelope.</p>	<p>Contribution program with designated recipients in follow-up to the recommendations of the consultative committees for the French-speaking and English-speaking official language minority communities.</p> <p>Funds not allocated for 2007-08.</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 institutions, of OLMC projects; inclusion of the needs of OLMCs in the delivery of Health Canada's programs and services.		
Expected Result: OLMCs are part of Health Canada's regular clientele and have adequate access to its programs and services; OLMC needs (eg. geographic dispersion, development opportunities) are taken into account.		
Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
OLMCs' needs taken into account in the delivery of other Health Canada programs.	<p>5 IPOLC projects funded in 2006-2007.</p> <p>OLMC needs were included in the delivery of the Alcohol and Drug Treatment and Rehabilitation Program (ADTR) and the Drug Strategy Community Initiatives Fund (DSCIF).</p>	<p>Information transmitted to the OL Coordinators in the regions, who share it with the OLMCs.</p> <p>11 projects funded for English-speaking minority communities and 17 projects for French-speaking minority communities.</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

F. ACCOUNTABILITY

Activities through which Health Canada integrates its work on the implementation of section 41 of the *Official Languages Act* (OLA with its 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 as well as policies by senior managers of Health Canada to ensure implementation of section 41 of the OLA.

Expected Result: Full integration of the OLMC perspective and OLA section 41 into Health Canada's policies programs and services; the reporting structure, internal evaluations, policy reviews determine how to better integrate OLMC perspectives.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Implementation of formative evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities.</p> <p>Implementation of evaluation of the PHCTF OLMC Envelope.</p> <p>Setting out of three-year Departmental objectives for Part VII of the OLA.</p> <p>Audit of implementation of the objectives set out in the 2006-07/2007-08/2008-09 Action Plan.</p>	<p>Report in the process of being approved and published.</p> <p>Report on the fund as a whole being developed. Report on the OLMC Envelope completed.</p> <p>2006-07/2007-08/2008-09 Action Plan produced and distributed to governmental partners and community stakeholders.</p> <p>2006-2007 Status Report produced.</p>	<p>Program objectives largely achieved.</p> <p>PHCTF OLMC Envelope objectives largely achieved.</p> <p>Action Plan showing clear objectives for the Department, to be fully achieved by the end of fiscal year 2008-09.</p> <p>Quantitative and qualitative analysis done. Need to develop effective performance measurement tools to obtain more precise data.</p>

ATLANTIC REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Informed, trained and raised awareness of employees and senior management regarding the issues specific to Official Language Minority Communities (OLMC).	<p>10 new employees of Health Canada Atlantic Region at all levels attended Orientation Program with Official Languages component.</p> <p>OL information sessions were provided to members of Regional Management Committee, Regional Managers Network and to Managers of Program Branches.</p> <p><i>Bulletin 41-42</i> and all 4 Acadian newspapers are circulated to Regional Executive Committee and staff to increase their knowledge of challenges faced by Official Language Minority Communities.</p> <p>Targeted presentations were developed and presented to Healthy Environments and Consumer Safety Management and staff to ensure Official Language Minority Communities were included in Requests for Proposals, and to Policy and Intergovernmental Affairs and First Nations Inuit Health with respect to OL requirements.</p>	<p>High level of interest among participants. Questions were pertinent and allowed for clarification of many issues related to Official Languages.</p> <p>Management and staff indicate greater knowledge of Official Language Minority Communities.</p> <p>Policy and Intergovernmental Affairs now includes Access to Health Services in French as a regular item in Health System Scans.</p> <p>Item on the needs of OLMCs has been added to the overall Health Human Resource agenda.</p>

ATLANTIC REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Developed partnerships and networks with other stakeholders from various sectors: OLMCs, various levels of government.	The OL Coordinator is a member of Federal Council OL Committees in all 4 Provinces and participates in meetings coordinated by Canadian Heritage with Official Language Minority Communities.	High level of satisfaction regarding issues covered at meetings and with the projects undertaken by the various OL Committees.
Integrated specific objectives relating to section 41 of the OLA in the performance agreements of regional directors.	The OL Coordinator has established a positive working relationship with the OL Coordinators in the Nova Scotia Department of Health and the Nova Scotia Department of Health Promotion and Protection.	Official Language Minority Communities, <i>Société Santé en français</i> and the Nova Scotia Government were highly satisfied with Health Canada's involvement.
Informed the Regional Management Committee of changes to the OLA and their responsibilities under the Act.	Section 41 activities will be integrated into Performance Agreements of Regional Directors beginning in 07/08.	Future Performance Agreements should show increased activity with Official Language Minority Communities.
	Meeting agendas and minutes indicate sessions were given to Regional Management Committee.	High degree of knowledge of requirements under new OLA shown by Regional Management Committee.

ATLANTIC REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Participated in and supported consultation mechanisms, round tables and meetings through which OLMCs were consulted regarding their health priorities and needs.</p> <p>Established and maintained partnerships with OLMCs.</p>	<p>Health Canada participates in 90% of activities organized by Official Language Minority Communities (OLMC) which involve the Health Canada mandate. Health Canada participates in 90% of activities organized by Canadian Heritage for the Official Language Minority Communities (OLMC).</p> <p>Health Canada participates in all Annual General Meetings of OLMCs in all 4 Provinces.</p> <p>The Official Language Coordinator is a non-voting member of Réseau Santé Nouvelle-Écosse and is on the planning committee for their Health Promotion Forum and is supporting conference planning. The OL Coordinator has established a relationship with <i>Société Santé en français de l'île-du-Prince-Edouard</i> and with <i>Société Santé en français de Terre-Neuve et du Labrador</i>.</p> <p>Relationships have been established in New Brunswick with the Directors of the Medical School at Université de Moncton and with members of <i>Mouvement des Acadiens et Acadiennes en Santé au Nouveau-Brunswick</i>.</p>	<p>Official Language Minority Communities and Canadian Heritage express a high degree of satisfaction with Health Canada's involvement and participation in their activities.</p> <p>Members of <i>Société Santé en français</i> and Official Language minority groups are highly satisfied with the support given by Health Canada Regional Office and by the Provincial Coordinators in each Atlantic Province.</p>

ATLANTIC REGION

C. COMMUNICATIONS (Transmission of information to OLMCs)

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

Expected Result: OLMC culture reflects an up-to-date understanding of Health Canada's mandate; OLMCs receive up-to-date and relevant information about Health Canada's programs and services (P&S).

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Distributed bilingual products to OLMCs.</p> <p>Communicated about upcoming HC events, consultations with OLMCs across the region.</p>	<p>All information produced for distribution in the Atlantic Region is bilingual.</p> <p>OLMCs are made aware of all upcoming and appropriate events in all provinces such as consultations, conferences, newspaper articles of interest.</p>	<p>Official Language Minority Communities are increasingly involved in public consultations.</p>

ATLANTIC REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Established partnerships with other Health Canada and Canadian Heritage coordinators working in the various regions of Canada with OLMCs.	<p>The Atlantic Official Languages Coordinator participates in annual meetings of Health Canada regional coordinators and participates in conference calls scheduled by the Official Language Minority Community Development Bureau.</p> <p>The OL Coordinator has established relationships with Canadian Heritage coordinators in all 4 Provinces and participates in all meetings coordinated by PCH with OLMCs.</p>	High rate of satisfaction with issues shared and discussed at these meetings and calls.

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 institutions, of OLMC projects; inclusion of the needs of OLMCs in the delivery of Health Canada's programs and services.

Expected Result: OLMCs are part of Health Canada's regular clientele and have adequate access to its programs and services; OLMC needs (eg. geographic dispersion, development opportunities) are taken into account.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Distributed relevant information regarding funding opportunities.	Official Language Minority Communities were specifically targeted for Tobacco funding programs.	2 projects submitted under Tobacco Program by Official Language Minority Communities were accepted for funding.

ATLANTIC REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its work on the implementation of section 41 of the *Official Languages Act* (OLA with its 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 as well as policies by senior managers of Health Canada to ensure implementation of section 41 of the OLA.

Expected Result: Full integration of the OLMC perspective and OLA section 41 into Health Canada's policies programs and services; the reporting structure, internal evaluations, policy reviews determine how to better integrate OLMC perspectives.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Evaluated the impact of policies and programs on OLMCs.	Addition of section 41 activities to the annual operational plan for the Atlantic Region for 07/08.	All sections of Health Canada Atlantic will show activities and outputs directed at meeting their requirements under Section 41 of the OLA.

QUEBEC REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Provided employees and senior management with information, training and awareness on the issues facing OLMCs.	<p>Dissemination of OL issues using a regional Lotus Notes OL account and publication of articles in regional newsletters targeting OLMCs.</p> <p>Twelve e-mails sent to regional staff on various subjects, such as the OL accountability framework, the Annual Report of the Commissioner of Official Languages and activities for <i>Rendez-vous de la francophonie</i>.</p> <p>Six articles and/or capsules on OL in the regional newsletter, <i>Entre-Nous</i>.</p> <p>Two presentations to the management committee, on Bill S3 by the OLCDB and Justice Canada and the other by the Community Health and Social Services Network on the results of the survey on access to health care in English in Quebec.</p> <p>Five information sessions delivered this year, 30 minutes of which was devoted to OL. Participants represented a wide variety of operational sectors.</p>	<p>Degree of awareness among Management Team Committee (MTC) members of OLMC needs; the survey will be conducted during the next fiscal year.</p> <p>Level of understanding among the MTC and its employees of their responsibilities to OLMCs; the survey will be conducted during the next fiscal year.</p> <p>68% of participants reported that the presentation changed their understanding of the OLA.</p>

QUEBEC REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Innovated by creating new processes targeting OLMCs.	<p>Information and awareness sessions delivered to employees and senior management; total of 55 participants.</p> <p>Ten requests for consulting services received and processed, involving a wide range of issues, including explanation of IPOLC funding, identifying positive measures, handling complaints, respect for linguistic duality, and so on.</p> <p>Inclusion of specific OLA section 41 objectives in regional directors' performance agreements.</p> <p>MTC's commitment to the Quebec integrated action plan holding all directors accountable. Examples of processes targeting OLMCs that have been developed and implemented: appointment of an OL spokesperson on the MTC to give impetus to OL matters and creation of an OL award for an employee or manager who has demonstrated exceptional leadership with regard to the promotion of linguistic duality. The award will be handed out for the first time in 2007-2008.</p>	<p>Percentage of senior managers who meet OLA section 41 obligations: evaluations will be produced in April.</p> <p>Level of knowledge among employees and senior management of new mechanisms and processes implemented. The survey will be conducted in 2007-2009.</p> <p>Level of employee understanding of issues facing OLMCs: the form has been prepared but will be administered in 2007-2008.</p>

QUEBEC REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Consulted OLMCs on new priorities, initiatives, programs or policies.</p>	<p>Promotion of an OL section in Health Canada's regional library where community newspapers on the English-speaking communities are consulted.</p> <p>Creation of a heading on the Quebec Region intranet site.</p> <p>Development of measurement tools:</p> <p>E.g., creation and administration of a questionnaire on OLMCs to determine their degree of knowledge of HC, their satisfaction with the information received, the means for contacting them, etc.</p> <p>Creation of a questionnaire on Part VII, to be administered to employees in 2007-2008.</p> <p>A meeting with the Community Health and Social Service Network, Regional Director General (RDG), OL Champion and OL Coordinator to hear the needs and concerns of OLMCs following the Consultative Committee for English-speaking Minority Communities meeting.</p>	<p>The MTC meets 20 times a year, and OL was addressed at 8 of 20 meetings. The issue of OLMCs was addressed at 4 of 20 meetings. When the issue was addressed it took up 20% of the meeting time.</p>

QUEBEC REGION	
---------------	--

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

<p>Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.</p>
--

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Participated in (and supported) consultation mechanisms, round tables and meetings at which OLMCs are consulted on their health needs and priorities.	The OL Coordinator attended four meetings of Catholic Community Services (CCS) on the accessibility of health care services for Anglophones in East Montreal. Mental health and substance abuse problems were identified as priorities.	50% of OLMC representatives believe they have the opportunity to express their needs and concerns to HC. 20% of activities are realized via consultation processes.
Supported communities in expressing their needs.	The Community Health and Social Services Network was invited twice: to express their concerns and needs; and to present the results of the survey on access to health care services in English in Quebec.	50% of OLMC representatives believe they have the opportunity to express their needs and concerns to HC.
Updated the list of partners.	Apart from the Consultative Committee for English-Speaking Minority Communities (CCESMC) meeting, the consultations targeted the general public and not OLMCs specifically, however there were several exchanges with OLMCs. All of senior management (100%) attended. Stakeholder Information Management System (SIMS), a database of all health stakeholders in Quebec: - list of all OLMCs that belong to the Quebec Community Groups Network and the CHSSN.	It is possible to communicate with partners at all times, where necessary.

QUEBEC REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Visited OLMCs to gain a better understanding of their reality.	<p>Five visits of approximately ½ day by the OL Coordinator: two to attend OLMCs' AGMs; and three to establish priorities, strengthen linkages and find solutions to identified problems.</p> <p>Regular visits by program and transfer officers.</p>	

QUEBEC REGION

C. COMMUNICATIONS (Transmission of information to OLMCs)

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

Expected Result: OLMC culture reflects an up-to-date understanding of Health Canada's mandate; OLMCs receive up-to-date and relevant information about Health Canada's programs and services (P&S).

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Disseminated communications products developed by the region that may be of interest to OLMCs.	<p>Six documents were sent to OLMCs on skin cancer prevention, crisis preparations for families, the inventory of federal programs and initiatives, best practices (early intervention, outreach and community linkages for women with substance abuse problems), arsenic in drinking water and the Canada Food Guide.</p> <p>Three articles on the same subjects were sent to community media.</p> <p>Sixteen kiosks were set up at fairs and exhibitions dealing with subjects such as drug and tobacco control programs.</p> <p>Ten ½-day visits to OLMCs to present the role and responsibilities of the OL Coordinator and to inform them of HC programs and services.</p> <p>E.g.,</p> <ul style="list-style-type: none"> - presentation to the Centre de santé de Témiscamingue to make people aware of child-proof products; and - presentation to representatives of the early childhood centre on the Kipawa Indian reserve in June 2006. <p>Four presentations at the Cégep Vanier for daycare services students (awareness of child-proof products).</p>	<p>Level of OLMCs' knowledge of products, services and programs targeting them. 43% of OLMCs believe they have average knowledge of HC programs and services, 14% believe they have good knowledge, 7% believe they have excellent knowledge and 7% do not know (survey).</p> <p>English-speaking communities' degree of satisfaction with accessibility and availability of information. 86% of OLMCs believe they receive information from HC and 57% believe that this information meets the needs of their respective organizations (survey).</p> <p>Volume (number and frequency) of promotional material disseminated to English-speaking communities. During fairs and exhibitions, 10% of the documentation handed out is in English. There were 15 fairs and exhibitions during the year.</p>
Support existing information processes by ensuring visibility for Health Canada's activities.	Regular visits to follow up on projects.	

QUEBEC REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Coordinated or participated in activities alone or with other federal departments or other levels of government, and cooperated with multiple partners to respond to OLMCs' priorities.</p>	<p>Activities, meetings, etc., organized in co-operation with other partners, e.g., Health Canada's active participation in the Quebec Federal Council on Official Languages (QFC-OL) and exchange of best practices. Four meetings; exchange of practices: document on the role and responsibilities of the OL Coordinator, generic communications plan on OL; internship within an OLMC; PowerPoint presentation on OL.</p> <p>The OL Coordinator attended two meetings of the Interdepartmental Official Languages Network (IOLN) and participated in her community of practice.</p> <p>Active participation in four OLCDB and Diversity and Official Languages Program (DOLP) conference calls and in their retreats.</p> <p>Co-ordination of a regional network of OL liaison officers at Health Canada, Quebec Region.</p>	<p>Rate of participation at meetings: 67% (four of six meetings).</p> <p>Level of attendance by the IOLN community of practice: 100% (weekly commitment).</p>

QUEBEC REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
	<p>Twelve exchanges to publicize the OL accountability framework, the annual report of the OCOL, HC's action plan, OLMC electronic newsletters, to provide information on IPOLC and to obtain information on the call for proposals for the Anti-Drug Strategy.</p> <p>Active participation in the Quebec Federal Council's Communications Co-ordination Committee, which is made up of the communications directors of all the federal departments: 6 meetings and 20% participation rate.</p> <p>Health Canada provides 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.</p> <p>Conference call organized by the policy and intergovernmental affairs unit: - Purpose of the call: ensure that the agreement under the Primary Health Care Transition Fund between Health Canada and the Ministère de la Santé du Québec satisfies the requirements of Bill-30.</p>	

QUEBEC REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Exchanged and implemented best practices.	<p>Presentation to the MTC on Bill S-3 in cooperation with Justice Canada and Canadian Heritage for managers and program advisors.</p> <p>Ongoing meetings and discussions with Canadian Heritage on our respective programs and services to identify ways to promote the development and vitality of OLMCs.</p> <p>INDICATORS: number of meetings, discussions, etc. Two meetings with PCH and several telephone conversations and e-mail exchanges.</p> <p>Health Canada participates actively in workshops and lectures on the accessibility of health and social services in English and networking with partners from various levels of government.</p> <p>OL Coordinators attended four meetings of the CCS network on accessibility of health care services.</p>	Percentage of best practices identified that are actually implemented. (To be evaluated next year)

QUEBEC REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
	Exchange or implementation of best practices. E.g., the Coordinator shared five tools with colleagues from the IOLN and the QFC-OL: a document on the role and responsibilities of the OL Coordinator, a generic OL communications plan, an internship within an OLMC and a PowerPoint presentation on OL.	

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 institutions, of OLMC projects; inclusion of the needs of OLMCs in the delivery of Health Canada's programs and services.

Expected Result: OLMCs are part of Health Canada's regular clientele and have adequate access to its programs and services; OLMC needs (eg. geographic dispersion, development opportunities) are taken into account.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Implemented programs, delivered services and funded OLMC projects alone or with other departments or agencies.</p> <p>Supported OLMCs in applying for funding.</p>	<p>All documents produced in French by the Drug Strategy Community Initiatives Fund (DSCIF) aimed at the general public were translated and sent to interest groups. In 2006-2007, two documents about drug abuse, hepatitis C, HIV and impaired driving were distributed to OLMCs and to those we fund.</p> <p>Drug Strategy and Controlled Substances Programme (DSCSP): ongoing discussions were held with Health Canada representatives for Interdepartmental Partnership with Official Language Communities (IPOLC) to provide information on funding opportunities and any information on this issue is sent by the OL Coordinator. IPOLC provided funding for two years to the Côte-des-Neiges Black Community project for its Best Practice Prevention Approaches to Reduce Drug Abuse Amongst Black Youth in Montreal.</p> <p>Mechanism for informing OLMCs (through the QCGN and CHSSN) of funding opportunities (requests for proposals) offered by federal institutions that can assist OLMCs.</p> <p>Information sent to OLMCs on the anti-drug strategy (no requests for proposals) and on the Public Health Agency of Canada's (PHAC) public health fund.</p>	<p>65% of OLMC representatives believe they have access to HC programs and services (survey). The majority of OLMCs prefer receiving information on programs and services directly from HC.</p> <p>50% of OLMC representatives believe they have enough time to submit their proposals.</p> <p>The projects were renewed as soon as Bill M-30 was signed.</p> <p>OLMCs submitted two proposals for the tobacco control initiative, one of which received funding. However, five projects targeting a mixed clientele (Anglophone, Francophone and Allophone) were funded, for a total of \$470,500.</p> <p>Contribution agreements contain clauses pertaining to OLMCs.</p>

QUEBEC REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its work on the implementation of section 41 of the *Official Languages Act* (OLA with its 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 as well as policies by senior managers of Health Canada to ensure implementation of section 41 of the OLA.

Expected Result: Full integration of the OLMC perspective and OLA section 41 into Health Canada's policies programs and services; the reporting structure, internal evaluations, policy reviews determine how to better integrate OLMC perspectives.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Submitted reports, plans, statements, etc. to ensure implementation of section 41 of the OLA and made commitments to that effect.	<p>Following the regional renewal process, the MTC decided to produce an integrated action plan on Part VII of the OLA. The plan will be shared with all employees and posted on the Quebec Region intranet site.</p> <p>A 2006-2007 report on achievements in relation to the 2006-2009 Official Languages Action Plan.</p> <p>Preparation of evaluation tools and creation and administration of a questionnaire for OLMCs to assess their knowledge of HC, their satisfaction with the information received, the means used to contact them, etc., creation of an evaluation form handed out at the end of the OL session for new employees to assess their understanding and determine whether it has changed, and creation of a questionnaire on Part VII, to be administered to employees in 2007-2008.</p>	<p>Degree of employee understanding of their responsibilities to OLMCs: the questionnaire was prepared but will be administered during the next fiscal year.</p> <p>Performance appraisals will be conducted in April 2007.</p> <p>The percentage of executives and managers with satisfactory appraisals will be assessed during the next fiscal year.</p> <p>Existence of the integrated report.</p>

QUEBEC REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its work on the implementation of section 41 of the *Official Languages Act* (OLA with its 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 as well as policies by senior managers of Health Canada to ensure implementation of section 41 of the OLA.

Expected Result: Full integration of the OLMC perspective and OLA section 41 into Health Canada's policies programs and services; the reporting structure, internal evaluations, policy reviews determine how to better integrate OLMC perspectives.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Conducted an internal audit of section 41 implementation in the Department's planning and accountability mechanisms.</p>	<p>OL is included in the management accountability framework (regional lens):</p> <p>Health Canada, Quebec Region, manages the OL issue in accordance with the accountability framework put in place in Diversity and Official Languages Programs, as well as that of the Official Language Community Development Bureau.</p> <p>Performance in the area of OL is included in the Quebec Region performance report.</p> <p>The performance appraisals of executives and managers concerned with OLMCs' participation were produced and contain a section on the duty to achieve objectives in connection with section 41 of the OLA.</p> <p>The wording for this commitment will be prepared during the current fiscal year.</p>	<p>Achievement of regional commitments set out in the annual performance report: this will be measured during the next fiscal year.</p>

ONTARIO REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Informed, trained, and raised awareness of employees and senior management regarding the issues specific to official language minority communities (OLMC).	<p>New employee orientation program: OL Coordinator provided the Learning Center with the OL portion for the new orientation program for new employees.</p> <p>Promoted participation in activities during <i>La Semaine de la Francophonie</i>. Promoted French Fridays and <i>Les jeudi, on jase</i>.</p> <p>Presentations to senior management regarding official languages (OL) issues; 15-18 participants semi-annually, presentations on parts IV,V, VI & Section 41, Part VII of the OLA to be disseminated to managers and program officers.</p> <p>Information sessions, with regular updates are provided to Regional Executive Committee (REC) members for their support, in turn conduit to managers, program managers and employees, either through email or presentations identifying issues that have direct impacts on health care of the OLMC's.</p>	<p>Documentation, pamphlets and learning tools were distributed during these sessions.</p> <p>100% of senior management attended information and awareness sessions.</p> <p>Percentage of employees and senior managers who feel that they are very familiar with and understand issues specific to OLMCs. Note: unable to measure this year (tool to be created).</p> <p>Level of actual understanding of employees and senior management regarding their responsibilities toward OLMCs and the issues specific to those communities Note: unable to measure this year (tool to be created).</p> <p>Percentage of employees who knew about the training and awareness sessions AND activities offered to target OLMCs Note: unable to measure this year (tool to be created).</p>

ONTARIO REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Developed partnerships and networks with other stakeholders from various sectors: OLMCs, various levels of government.	Participated in meetings, retreats, forums, and conferences, both internal and external.	<p>Rate of use of information provided during the information sessions (for employees and senior management) Note: unable to measure this year (tool to be created).</p> <p>Actions and decisions resulting directly from the partnerships and networks developed.</p> <p>Indicator of satisfaction among involved partners regarding operating methods and the effects of the partnerships (to be measured next year).</p>

ONTARIO REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

<p>Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.</p>
--

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Participated in (and supported) consultation mechanisms, round tables and meetings through which OLMCs are consulted regarding their health priorities and needs.	Consultations for the new Canada Food Guide, Thirty-five Francophone organizations were invited of which four participated.	Official language minority community rate of satisfaction with the number of priorities identified vs. the number of priorities retained (to be evaluated next year).
Established and maintained partnerships with OLMCs.	Consultations with 15 OLMC groups.	Health Canada employee and senior management rate of participation in existing consultation processes (to be evaluated next year).
		OLMC rate of participation in consultations, by number and percentage (to be evaluated next year).
		Official language minority community rate of satisfaction with Health Canada's involvement in sharing and consultation processes (to be evaluated next year).
		Percentage of activities carried out and directly supported by the consultation and sharing processes (to be evaluated next year).

ONTARIO REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
	<p><i>Société santé en français</i>, 450 participants, a forum to identify health care issues for OLMC's and to create networks with various community groups.</p> <p>Annual meetings of organizations in official language minority communities, such as <i>La francophonie, j'en fais partie !</i> and <i>Mettons l'accent sur Sudbury</i>.</p>	<p>Participation of employees in days, meetings, round tables and forums held at the local/regional and national levels. The percentage of participation varied by year (to be evaluated next year).</p> <p>Rate of satisfaction of communities in their ability to communicate their needs (to be evaluated next year).</p> <p>OLMC rate of satisfaction with the number of priorities identified vs. the number of priorities retained (to be evaluated next year).</p> <p>Existing consultation processes (Health Canada employee and senior management rate of participation in these processes (80%) and OLMC rate of participation in number and percentage); (to be evaluated next year).</p>

ONTARIO REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
	<p>The OL Coordinator position has been filled permanently since January 2007. Since that time the OL Coordinator has participated in 80% of meetings, conferences, retreats, and forums that Health Canada's OL Coordinator has been invited to:</p> <ul style="list-style-type: none"> -Participated in the Ontario Federal Council Forum, and conference calls. -Met with SSF networks and took part in their activities once a year. -Participated in one Forum hosted by <i>Collège Boréal</i> in Sudbury, where a number of OLMC's were exhibitors, health care, education, immigration, media, and intergovernmental representatives. -Build and maintained an up to date list of Francophone communities and stakeholders in Ontario. 	<p>OLMC rate of satisfaction with Health Canada's involvement in the sharing and consultation processes (to be evaluated next year).</p> <p>Number of areas of collaboration over the last year (two times).</p> <p>100% of planned activities carried out and directly supported by the consultation and sharing processes.</p> <p>Participation in days/employee in meetings, round tables and forums held at the local/regional and national levels and variation in percentage by year (to be evaluated next year).</p>

ONTARIO REGION

C. COMMUNICATIONS (Transmission of information to OLMCs)

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

Expected Result: OLMC culture reflects an up-to-date understanding of Health Canada's mandate; OLMCs receive up-to-date and relevant information about Health Canada's programs and services (P&S).

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Developed and distributed bilingual communication products available to Francophone communities .</p> <p>Supported existing information processes by ensuring visibility of Health Canada activities in French.</p> <p>Maintained cooperative mechanisms regarding official language issues between the various regional directorates.</p>	<p>All new publications produced by Health Canada are simultaneously available in both OL.</p> <p>Provided info sessions to OLMC's throughout the province on HC programs and services.</p> <p>Increased communications with umbrella organizations and health networks.</p> <p>Ensured availability of external publications in both official languages simultaneously.</p>	<p>Rate of bilingualism (100%) in written and oral products distributed by Health Canada.</p> <p>OLMC rate of satisfaction with the bilingualism of written and oral products distributed by Health Canada (to be evaluated next year).</p> <p>OLMC rate of satisfaction with the quality of bilingualism in written and oral products distributed by Health Canada (to be evaluated next year).</p> <p>Number and type of public documents targeting issues specific to OLMCs and distributed to these communities (to be evaluated next year).</p> <p>OLMC's rate of satisfaction with the consideration of French in the distribution of information.</p> <p>Percentage of Francophone media targeted by Health Canada.(to be assessed next year).</p>

ONTARIO REGION

C. COMMUNICATIONS (Transmission of information to OLMCs)

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

Expected Result: OLMC culture reflects an up-to-date understanding of Health Canada's mandate; OLMCs receive up-to-date and relevant information about Health Canada's programs and services (P&S).

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
		OLMC's level of knowledge regarding activities, products and programs for Francophone communities (to be evaluated next year).

ONTARIO REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Established partnerships with other Health Canada directorates and other federal departments and other levels of government working in the same region with OLMCs.	Participation in activities, meetings, round tables and symposiums organized by Health Canada. I.e.: Health Canada, the Public Health Agency of Canada and Toronto Public Health sponsored a round table in January 2007, highlighting the Peer Nutrition Program. This program delivers nutrition programs to caregivers of children aged 6 months to 6 years in diverse under-served communities, through the use of an innovative peer education model.	Federal partner rate of satisfaction with the sharing permitted by these meetings: 100%. 100% of activities carried out and directly supported by coordination and liaison processes. A great number of best practices were transmitted and very well received. The model was reviewed for further application on health issues such as Diabetes, HIV etc.
Established partnerships with other Health Canada and Heritage Canada coordinators working with OLMCs in the various regions of Canada.	Attended meetings of coordinators organized by Health Canada. Yearly meetings with Federal and Provincial OL Coordinators from the Region of Ontario, 30 participants to network and share best practices. The Ontario OL coordinator attended the annual 3 day OL coordinators meeting and participated in the teleconferences with OLCDB on Part VII. Reconvened Health Canada's Ontario Region Official Languages Committee (OROLC). Quarterly meetings.	Percentage of activities carried out and directly supported by coordination and liaison processes. (to be evaluated next year). Number of best practices transmitted, received and applied (to be evaluated next year).

ONTARIO REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Consolidated the existing liaison and coordination processes and innovated in this area.	Liaison mechanisms and tools having been re-implemented or transformed to improve their effectiveness.	Federal partners' rate of satisfaction with the impact of OL liaison processes (to be evaluated next year).

ONTARIO 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 institutions, of OLMC projects; inclusion of the needs of OLMCs in the delivery of Health Canada's programs and services.

Expected Result: OLMCs are part of Health Canada's regular clientele and have adequate access to its programs and services; OLMC needs (eg. geographic dispersion, development opportunities) are taken into account.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Distributed relevant information regarding funding available to OLMCs.</p> <p>Supported OLMC funding application actions.</p>	<p>Relevant sources of funding distributed to OLMCs i.e.:</p> <ul style="list-style-type: none"> -One presentation to program managers and officers on IPOLC co-funding available through Canadian Heritage for OLMC' related activities. -Consulted regularly with programs to keep them up to date. -Branches informed OL Coordinator when sending call letters. -Follow-ups with regional branches on program delivery for OLMC's. <p>Direct support for funding application actions to 4 projects.</p> <p>25 projects designed to improve access to primary health care services to OLMC's received \$3,669,402 in total.</p>	<p>Official language community rate of satisfaction with the information received regarding funding sources (to be evaluated next year).</p> <p>OLMC rate of satisfaction.</p> <p>Participation of employees in activities directly supporting funding applications (to be evaluated next year).</p> <p>Number of projects submitted for funding vs. number projects retained for funding (to be evaluated next year).</p>

ONTARIO REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its work on the implementation of section 41 of the *Official Languages Act* (OLA with its 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 as well as policies by senior managers of Health Canada to ensure implementation of section 41 of the OLA.

Expected Result: Full integration of the OLMC perspective and OLA section 41 into Health Canada's policies programs and services; the reporting structure, internal evaluations, policy reviews determine how to better integrate OLMC perspectives.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Evaluated the impact of policies and programs on OLMCs.	<p>Evaluation and follow-up of projects in place:</p> <ul style="list-style-type: none"> - The manager reports yearly on accomplishments under section 41. - Addition of section 41 activities to the annual operational plan. <p>Explored areas to work with the OLMC's.</p> <p>Included OL objectives in the Ontario Region Strategic Plan.</p> <p>Monitored the Ontario Region's progress in implementing section 41.</p> <p>Included section in senior managers' and program officers' performance appraisals on the obligation to achieve objectives relating to OLMC participation in programs and services.</p>	<p>Number of evaluations undertaken vs. number of evaluations completed (to be evaluated next year).</p> <p>Indicator of impact of policies and programs on OLMCs (to be evaluated next year).</p>

MANITOBA AND SASKATCHEWAN REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Informed, trained and raised awareness of employees and senior management regarding issues specific to official language minority communities (OLMC).	<p>Employee orientation program, brown bag lunches, French immersion sessions, information and awareness sessions given, some were given a staff meeting (mandatory) and some were offered by the OL coordinator (optional).</p> <p>Over 150 new employees in our region attended these programmes.</p> <p>Twelve meetings were attended by the OL coordinator such as the Saskatchewan and Manitoba Interdepartmental Network for OL Coordinators.</p> <p>Updated stakeholder lists and stakeholder biographies to facilitate invitation of Francophones from Saskatchewan and Manitoba to meetings or consultations.</p> <p>The OL Regional Reference Group, through the sharing of current work, allowed members to use the opportunity to network, thus maximizing contacts and dissemination of resources and information with the community.</p>	<p>To measure % of employees and senior managers who feel that they are very familiar with and understand issues specific to OLMC's, a survey will be created across Canada by all HC OL coordinators.</p> <p>To measure satisfaction of employees and seniors managers of information provided during the information sessions a survey will be created across Canada by all HC OL Coordinators.</p> <p>Survey to be created as a common tool for all HC OL Coordinators across Canada.</p> <p>Survey to be created as a common tool for all HC OL Coordinators across Canada.</p>

MANITOBA AND SASKATCHEWAN REGION		
A. AWARENESS Training, information, orientation, awareness & communication activities carried out in house in order to educate Health Canada's employees and/or senior managers about linguistic duality and the priorities of official language minority communities (OLMCs); senior manager performance contracts and recognition programs; taking the viewpoint of OLMCs into account during research, studies and investigations.		
Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the <i>Official Languages Act</i> and OLMCs.		
Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Assumed a consulting role with middle management.	Forums to promote the OL agenda; to keep abreast of broad OLMC issues in Manitoba and Saskatchewan; provide current information on provincial health system development issues. Member of Regional Executive attends the OL Regional Reference Group regularly and provides the OL coordinator with current information on provincial health system developments in Manitoba and Saskatchewan that have an impact on OLMC and an OLMC lens is taken into consideration in the work towards the development of a Regional Environmental Scan by the Regional Planner (12 meetings this year).	These forums provide the OL coordinators with current information that would impact the OLMC and the OLMC lens is taken into consideration in the work towards the development of a Regional Environment Scan. The degree of knowledge within the Forums will be verified by a survey to be created as a common tool for all HC OL coordinators across Canada. Importance granted to the role of the OL Coordinator can only be measured by a survey. All documents created at meetings, gatherings, conference calls, etc. that the OL Coordinator has attended, have been distributed to reflect the distribution of resources, presentation offered and what issues or challenges were discussed.
Participated in working groups on official language minority communities.	OL Regional Reference Group: 2 meetings this year (fall to review Parts IV, V and VI) and winter (Part VII) to review commitments to OLA and prepare everybody to partake in OL reporting deadlines.	Survey to be created as a common tool for all HC OL coordinators across Canada.

MANITOBA AND SASKATCHEWAN REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
	Coordinated working group efforts to collaboratively implement: increased vitality of OLMC by creating conditions for better interdepartmental coordination and demonstrate strong leadership on OL; result: interdepartmental planning of a fair to exchange services and funding programs with the OLMC (10 meetings).	

MANITOBA AND SASKATCHEWAN REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Participated in (and supported) consultation mechanisms, round tables and meetings through which OLMCs are consulted regarding health priorities and needs.</p>	<p>Every two months at the Saskatchewan and Manitoba Interdepartmental Network of Official Languages Coordinators' meeting, members of the community present during lunch break with the group.</p> <p>Attended training on S-3 in Regina with community, other government agencies, Federal Council and Health Canada.</p> <p>Attended regular meetings with community and other government agencies to plan Interdepartmental Fair; attended monthly brown bag lunches speaking French and visiting and discovering different facets of the Francophone community of Regina; number of formal interactions with internal departments has increased; the OL coordinator is invited to staff meetings and formal training sessions (10 this year).</p> <p>Increased number of tools have been developed: stakeholders' lists, biographies of leaders in the community, to offer at focus groups - tools were used by internal focus groups (5 requests this year); inventory of all funding avenues distributed to the Francophone community at large, 13 provincial organizations; 12 regional associations and 10 independent associations.</p>	<p>Employees are more aware of OLMC therefore they are more aware of their OL obligations; the OL coordinator is invited to present to various Health Canada employees on French retention strategies, and how to discover the francophone community in Manitoba and Saskatchewan (6 sessions this year).</p>

MANITOBA AND SASKATCHEWAN REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Distributed the Global Development Plan for Francophones of Saskatchewan and Manitoba to Regional Directors.</p>	<p>Attended 5 annual general meetings of the OLMC. Regional OL coordinator has been invited to attend board meetings as a resource person. The OL coordinator attends regularly the Francophone Health Networks of Manitoba and Saskatchewan. Ongoing dialogue with Francophone groups in Manitoba and Saskatchewan.</p> <p>'Convergence' gathering in March 2006 (government and community meeting) worked towards committing public servants to a change of organizational culture in order to meet obligations of their respective governments with respect to the development of the OLMC; to provide public servants with the opportunity to become acquainted with the needs of the Francophone community and to assess those needs within the scope of their respective mandates; etc.</p> <p>Presentation from the community to government agencies meetings and gatherings; training offered incorporating community and government such as S-3 (Part VII) training offered.</p>	<p>Few members of the community in the past attended training sessions with government employees. For the training on S-3 50 people attended (50% were from the community) which was a first.</p> <p>Percentage of activities carried out and directly supported by the consultation and sharing processes. For all events or gatherings the <i>Société franco-manitobaine</i> and the <i>Assemblée communautaire fransaskoise</i> (both umbrella spokesperson for the community in Saskatchewan and Manitoba) were included in the process preceding the event. About 43% of the OL Coordinator's time is taken up in meetings with the OLMC.</p>

MANITOBA AND SASKATCHEWAN REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
		To measure satisfaction of relationship between HC and OLMC, a survey will be created this year.

MANITOBA AND SASKATCHEWAN REGION

C. COMMUNICATIONS (Transmission of information to OLMCs)

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

Expected Result: OLMC culture reflects an up-to-date understanding of Health Canada's mandate; OLMCs receive up-to-date and relevant information about Health Canada's programs and services (P&S).

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Developed and distributed bilingual communication products available to Francophone communities.</p> <p>Supported existing information processes by ensuring visibility of Health Canada activities in French.</p> <p>Maintained cooperative mechanisms regarding OL issues between the various regional directorates.</p>	<p>The Office ensured that the weekly OLMC newspaper in Saskatchewan continued to write health-related articles based on Health Canada's Web resources and to refer the community to the website. The newspaper ran for 50 weeks and at least 50 articles on health issues were presented.</p> <p>Distribution of OL resources upon request while attending any staff or management meeting, including information on OL Coordinator's roles and responsibilities. Ongoing collaborative working relationship with regional OL Coordinator and updated reports are provided to regional OL Coordinator.</p>	<p>To measure OLMC development and vitality, a survey will be created this year as a tool.</p>

MANITOBA AND SASKATCHEWAN REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Established partnerships with other HC directorates and other federal departments and other levels of government working in the same region with OLMCs.</p> <p>Established partnerships with other HC and Canadian Heritage coordinators working in various regions of Canada with OLMCs.</p> <p>Consolidated the existing liaison and coordination processes and innovated in this area.</p>	<p>OL Coordinator participated in one national meeting in June 2006 and on the Federal Councils' OL subcommittees, where government, province and communities meet to contribute to OLMC development: increased partnership of OLMCs with different departments and agencies.</p> <p>Shared responsibilities (action: note taker) of Manitoba Manitoba Interdepartmental Network of OL Coordinators and lead for the Saskatchewan Interdepartmental Network of OL Coordinators.</p> <p>Regional OL coordinator used every opportunity to share the message of the value-added opportunity of including OLMCs in the planning of projects and events: e.g. Tobacco Control Program.</p> <p>Discussions took place with Canadian Heritage to identify if there were any funding opportunities that may be available for tobacco related programs within a school setting.</p>	<p>To measure the comprehension of OLMC about HC's programs and services a survey will be created this year as a tool.</p>

MANITOBA AND SASKATCHEWAN 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 institutions, of OLMC projects; inclusion of the needs of OLMCs in the delivery of Health Canada's programs and services.

Expected Result: OLMCs are part of Health Canada's regular clientele and have adequate access to its programs and services; OLMC needs (eg. geographic dispersion, development opportunities) are taken into account.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Distributed relevant information regarding funding accessible to OLMCs.</p> <p>Supported OLMC funding application actions.</p>	<p>OL coordinator provided support to staff in various branches and directorates to ensure that OLMC have access to funding and services; on-going collaboration with OL Coordinator and program consultants (over 20 meetings).</p> <p>Interdepartmental meetings were held to explore joint funding of OLMCs. Francophones in Manitoba have access to a bilingual and free tobacco cessation support service.</p>	<p>Nine projects received funds.</p> <p>To measure adequate access to programs and services, a survey will be created this year as a tool to measure satisfaction.</p>

MANITOBA AND SASKATCHEWAN REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its work on the implementation of section 41 of the *Official Languages Act* (OLA with its 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 as well as policies by senior managers of Health Canada to ensure implementation of section 41 of the OLA.

Expected Result: Full integration of the OLMC perspective and OLA section 41 into Health Canada's policies programs and services; the reporting structure, internal evaluations, policy reviews determine how to better integrate OLMC perspectives.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Evaluated the impact of policies and programs on OLMCs.</p> <p>Internally verified the implementation of section 41 of the <i>Official Languages Act</i> in departmental planning and accountability mechanisms.</p>	<p>OL Regional Reference Group reports to the Regional Executive Committee on the implementation of its OL Horizontal Action Plan.</p> <p>The Region submitted its yearly report of activities to the OL Community Development Bureau.</p>	<p>To measure full integration of the OLMC perspective a survey will be created this year as a tool.</p>

ALBERTA REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Raised awareness among Directors, managers, supervisors and employees regarding the issues specific to official language minority communities (OLMC).	<p>One special presentation describing the demographic growth of the Francophone population given at the Regional Executive Committee retreat. Official Languages is a standing agenda item on the bi-annual Regional Executive retreats.</p> <p>Targeted presentation developed and implemented, 6 one-on-one presentations were given to employees and middle management.</p>	<p>Level of actual understanding by employees and senior management regarding their responsibilities toward OLMCs and the issues specific to those communities Note. Not measured (survey to be developed by OL Coordinator in collaboration with OLCDB).</p> <p>Percentage of employees who knew about the training and awareness sessions AND activities offered to target OLMCs. Note: Not measured (tool to be developed by OL Coordinator in collaboration with OLCDB).</p>

ALBERTA REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Participated in (and supported) consultation mechanisms, round tables and meetings through which OLMCs were consulted regarding their health priorities and needs.	<p>The Health Products and Food Branch held two consultation sessions. The first was a Consultation on the revision to Canada Food Guide - invitations were sent to 10 Francophone stakeholders of which 2 participated. The second consultation was a Presentation on the Revised Canada Food Guide, invitations were sent 10 to Francophone stakeholders of which 1 participated.</p> <p>The Drugs Strategy and Controlled substances and/or the Regional Official Languages Program Coordinator had meetings with three Francophone stakeholders.</p> <p>The Drugs and Controlled substances Programme invited a total of 43 people to the Community Initiatives Workshop. Targeted invitations were sent electronically, an invitation was sent to <i>Francophonie Jeunesse de l'Alberta</i>.</p>	Rate of satisfaction of communities in their ability to communicate their needs (Not measured this year, survey to be developed by OL Coordinator in collaboration with OLCDB).
Established and maintained partnerships with OLMCs.	The Regional Official Languages Program Coordinator received 26 invitations to attend annual meetings and/or OLMCs meetings/ conferences. She attended 19, declined 6 invitations and 1 activity was cancelled.	The Regional Official Languages Program Coordinator participation in different events adding up to the equivalent of 37.9 days of activity.

ALBERTA REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
	The Regional Official Languages Program Coordinator invited 3 OLMCs to have kiosks at the Celebration of <i>Les Rendez-vous de la francophonie</i> .	

ALBERTA REGION

C. COMMUNICATIONS (Transmission of information to OLMCs)

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

Expected Result: OLMC culture reflects an up-to-date understanding of Health Canada's mandate; OLMCs receive up-to-date and relevant information about Health Canada's programs and services (P&S).

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Distributed bilingual communication products available to Francophone communities.</p> <p>Supported existing information processes by ensuring visibility of Health Canada activities in French.</p> <p>Maintained cooperative mechanisms regarding official language issues between the various regional directorates.</p>	<p>French-language communication products targeting activities, products and programs for Francophone communities were shared. However, the region does not keep track of the number of publication distributed to OLMC. The Regional Official Languages Program Coordinator distributed pamphlets and brochures at all events or meetings she attended.</p> <p>Web sites or spaces dedicated to Health Canada activities for Francophone communities or that post information relevant to these communities.</p> <p>Not measured this year: Headlines and newspaper articles are distributed to designated staff. Two French newspapers are available to staff.</p>	<p>Brochures and pamphlets were distributed at all AGM and/or conferences with OLMCs, Brochures such as the Canadian Food Guide, material on children, youth, families and seniors.</p> <p>Brochures in both official languages were also distributed at meetings with: 10 community stakeholders.</p>

ALBERTA REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Established partnerships with other Health Canada directorates and other federal departments, and other levels of government working in the same region with OLMCs.	<p>As Chair of the Interdepartmental Network of Official Languages Coordinators of Alberta, (INOLCA) the Regional Official Languages Program Coordinator has organized 16 meetings with members of the Network including 1 Official Language Forum.</p> <p>The Regional Official Languages Program Coordinator attended 1 interdepartmental meeting organized by Canadian Heritage, 2 meetings with the provincial government.</p> <p>Three persons attended two one-day meetings organized by the Alberta Federal Council and Canadian Heritage. One person attended the Alberta Federal Council annual retreat.</p> <p>Staff from Health Environments and Consumer Safety Branch attended two Alberta Linguistic Duality Network meetings in Edmonton. Five employees attended the INOLCA Official Languages Forum (4 program officers, 1 communications officer, 1 HR advisor and 2 managers).</p>	<p>100% of INOLCA's activities were carried out and directly supported by coordination and liaison processes with Health Canada, INOLCA members, Alberta Federal Council and PHC.</p> <p>At the OL Forum, 5 departments had tables showcasing their best practices, including Health Canada. Documents such as: Role and Responsibilities of the OL Coordinators and the Accountability Framework were by far the most popular. Electronic version of these documents were sent to 2 OL Coordinators in different departments.</p>

ALBERTA REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
	<p>The Regional Official Language Program Coordinator participated in OLCDB/DOPL teleconferences, teleconferences of the organizing committee for the retreat, the RVF committee teleconference and also attended the two and a half day OL Coordinator Retreat in Ottawa.</p> <p>The Regional Official Languages Program Coordinator participated in the Official Language Community Development Bureau's Formative Evaluation Steering Committee (2 teleconferences, 1 meeting in person).</p> <p>The Regional Official Languages Program Coordinator participated in 9 sessions/meetings, including 1 meeting with the Alberta Health & Wellness Department.</p> <p>The Regional Executive Committee met with the Deputy Minister and the executive committee of Alberta Health and Wellness to discuss issues related to OLMCs.</p>	<p>OLMC rate of satisfaction with Health Canada's involvement in the sharing of information and liaison processes (To be measured next year).</p>

ALBERTA 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 institutions, of OLMC projects; inclusion of the needs of OLMCs in the delivery of Health Canada's programs and services.

Expected Result: OLMCs are part of Health Canada's regular clientele and have adequate access to its programs and services; OLMC needs (eg. geographic dispersion, development opportunities) are taken into account.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Distributed relevant information regarding funding available to OLMCs.	<p>Following a meeting with the <i>CNFS</i>, two regional groups were invited to submit research proposal for the Regional Health Innovation Fund.</p> <p>Under the Drug Strategy and Controlled Substances Programme, one targeted request for proposal was sent.</p> <p>The Regional Tobacco Control Programme in collaboration with the Regional Official Languages Program Coordinator sent the national request for proposal to OLMCs in Alberta.</p>	<p>Official language community rate of satisfaction with the information received regarding funding sources. (To be measured next year)</p>
Supported OLMC funding application actions.	<p>A new contribution agreement under the Drug Strategy and Controlled Substances Programme and <i>Franophonie jeunesse de l'Alberta</i> has been signed. An IPOLC agreement with Canadian Heritage has also been signed for this project.</p> <p>Two research proposals were also submitted for funding under the Regional Health Innovation Fund. Health Innovation Fund envelope is under review, no projects have been approved.</p> <p>One regional project proposal submitted to the National Tobacco Control Programme received funding.</p>	<p>OLMC rate of satisfaction (To be measured next year).</p> <p>A total of 4 projects were submitted for funding. Two received funding, one at the regional level, one at the national level. The two proposals received under the Regional Health Innovation Fund were not funded.</p>

ALBERTA REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its work on the implementation of section 41 of the *Official Languages Act* (OLA with its 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 as well as policies by senior managers of Health Canada to ensure implementation of section 41 of the OLA.

Expected Result: Full integration of the OLMC perspective and OLA section 41 into Health Canada's policies programs and services; the reporting structure, internal evaluations, policy reviews determine how to better integrate OLMC perspectives.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Evaluated the impact of policies and programs on OLMCs.	<p>The Regional Director General has 10 employees reporting directly to him. Five of these positions are designated managers and are assessed on Official Languages component of the Performance Discussion Process.</p> <p>The region reports yearly on accomplishments under section 41.</p> <p>The Regional Official Languages Program Coordinator collected information for the status report and prepared the regional report.</p> <p>The Regional Official Languages Program Coordinator was a participant on the steering committee for the evaluation of the Official Language Community Development Bureau contribution program.</p>	Percentage of designated managers: 50% of employees reporting to the RDG are assessed on the Official Languages component of the Performance Discussion Process.

BRITISH COLUMBIA REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Informed, trained, raised awareness of employees and senior management regarding the issues specific to official language minority communities (OLMCs).	<p>Twenty-four newly appointed Health Canada and Public Health Agency of Canada regional employees attended the Discovering Health Canada regional orientation session offered in 2006, of which, a thirty minute OL component was mandatory. The employees represented fourteen different classification groups.</p> <p>Regional Health Canada staff from senior management to line staff were invited to armchair discussion sessions organised on a regular basis through the Canada School of Public Service. These bilingual optional information sessions are held every one to two months and include discussions on the recent changes in OL legislation and information on preparing for an audit.</p> <p>The Pacific Federal Council OL Committee, of which Health Canada is a member, in partnership with the Department of Canadian Heritage and Justice Canada, hosted a presentation on Bill S-3 for OL coordinators, managers and employees involved in program delivery or community development.</p>	<p>Twenty-four new employees, three senior managers and six staff attended the orientation session.</p> <p>All of the known issues specific to official languages were covered during these sessions.</p>

BRITISH COLUMBIA REGION

A. AWARENESS

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

Expected Result: Creation of lasting changes on Health Canada's organizational culture; employees and management are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Participated in working groups on official language minority communities.	<p>Health Canada is a member of the Pacific Federal Council Official Languages Committee, the Support to Official Languages Communities Working Group and the chair of the Health Canada Official Languages Regional Reference Group.</p> <p>Health Canada is a member of the board of <i>RésoSanté Colombie-Britannique</i> and regularly attended all board meetings to identify and support OLMC's concerns and needs.</p>	High level of satisfaction regarding issues covered at meetings.

BRITISH COLUMBIA REGION

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Participated in (and supported) consultation mechanisms, round tables and meetings through which OLMCs were consulted regarding their health priorities and needs.	<p>The Pacific Federal Council, of which Health Canada is a member, hosted an OLMC event where senior regional executives from 25 federal government departments consulted with over 35 OLMCs from BC to discuss their priorities and concerns.</p> <p>The Regional Director and OL coordinator regularly attends the <i>Fédération des francophones de la Colombie Britannique</i> Annual General Meeting.</p> <p>The Regional Director General provided opening remarks and attended the <i>RésoSanté</i> Health forum titled: Setting the Stage in BC - Planning for better access to Primary Health Care for Francophones. The Regional Director also participated in a two-day event.</p> <p>The Regional Director was a member of the BC delegation of <i>RésoSanté</i> that attended the Rendez-vous Santé hosted by the national organisation <i>la Société Santé en français</i>.</p>	<p>Official Language Minority Communities indicated a very high rate of satisfaction with Health Canada's involvement in the sharing and consultation processes. Health Canada was specifically singled out by <i>RésoSanté</i> for our innovative and strong support to the organisation and the OLMCs.</p> <p>Very high rate of Health Canada employee and senior management participation in existing consultation processes including participation by the Regional Director General and Regional Director, Policy and Intergovernmental Relations Division.</p> <p>High OLMC rate of participation in consultations with representation by over 35 OLMCs at the Federal Council event.</p>

BRITISH COLUMBIA REGION	
-------------------------	--

B. CONSULTATION (Sharing of ideas and information with OLMCs)

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, working groups) 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.

<p>Expected Result: Creation of lasting relationships between Health Canada and OLMCs; Health Canada and OLMCs understand each other's needs and mandate.</p>
--

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Developed innovative consultation processes.	<p>The Pacific Federal Council OL Committee and the Support to Official Languages Communities Working Group engaged in dialogue with representatives from the <i>Fédération des francophones de la Colombie Britannique</i> in order to ensure that the OLMCs are consulted regarding their priorities and needs.</p> <p>The Pacific Federal Council hosted an OLMC event where senior regional executives from 25 federal government departments consulted with over 35 OLMC from BC to discuss their priorities and share their concerns. Both the Regional Director General and Regional Director attended the event with Health Canada receiving particular attention by <i>RésoSanté</i> for our innovative and strong support to the organisation and the OLMCs in BC.</p>	High level of satisfaction regarding the quality of meetings between OLMCs and the department from the viewpoint of the communities and from Health Canada.
Transmitted the needs and issues of the Official Language Minority Communities regarding access to the health program.	<p>Health Canada is a member of the board of <i>RésoSanté Colombie-Britannique</i> and regularly attended all board meetings to identify and support OLMC's concerns and needs.</p> <p>The Regional Director was a member of the BC delegation of <i>RésoSanté</i> that attended the <i>Rendez-vous Santé</i> hosted by the national organisation <i>la Société Santé en français</i>.</p>	The Regional Director General and Regional Director routinely update the Regional Executive Committee on OLMC concerns and needs raised during OLMCs meetings.

BRITISH COLUMBIA REGION

C. COMMUNICATIONS (Transmission of information to OLMCs)

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

Expected Result: OLMC culture reflects an up-to-date understanding of Health Canada's mandate; OLMCs receive up-to-date and relevant information about Health Canada's programs and services (P&S).

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Supported existing information processes by ensuring visibility of Health Canada activities in French.</p> <p>Maintained cooperative mechanisms regarding official language issues between the various regional directorates.</p>	<p>The Region sponsored and participated in <i>Les Rendez-vous de la Francophonie</i>. The Health Canada kiosk was staffed entirely by bilingual employees who volunteered to provide health information at the event.</p> <p>The Official Languages Regional Reference Group works with program representatives to ensure visibility of Health Canada information, publications and consultations in French.</p>	<p>Publication of Health Canada Regional Contact information in the journal directory for <i>L'Express du Pacifique</i> and in the annual directory by the <i>Fédération des francophones de la Colombie Britannique</i>.</p> <p>High volume of Health Canada products were distributed to the Francophone community during <i>Les Rendez-vous</i>.</p> <p>The Francophone media was notified for all Ministerial events.</p>

BRITISH COLUMBIA REGION

D. COORDINATION AND LIAISON

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

Expected Result: Co-operation with multiple partners to enhance OLMC development and vitality, and to share best practices.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Established partnerships with other Health Canada directorates and other federal departments and levels of government working in the same region with OLMCs.	<p>The Regional Director and OL coordinator met with the BC Office of the Commissioner of Official Languages to discuss OL issues and regional concerns.</p> <p>The Pacific Federal Council OL Committee and the Support to Official Languages Communities Working Group have representatives from federal departments and from the provincial government.</p> <p>Health Canada liaises regularly (biannually and as needed) with senior management at the Provincial Health Services Authority in order to exchange information, clarify roles and share best practices in order to deliver support to OLMCs in a collaborative and coordinated process.</p> <p>Health Canada is a member of the Pacific Federal Council Official Languages Committee, the Support to Official Languages Communities Working Group and the chair of the Health Canada Official Languages Regional Reference Group.</p>	High Federal partner rate of satisfaction with the sharing permitted by these meetings.
Established partnerships with other Health Canada and Canadian Heritage coordinators working in the various regions of Canada with OLMCs.	Meeting of coordinators and teleconferences organized by Health Canada quarterly or as needed.	High Coordinator rate of satisfaction with sharing permitted by these meetings.

BRITISH COLUMBIA 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 institutions, of OLMC projects; inclusion of the needs of OLMCs in the delivery of Health Canada's programs and services.		
Expected Result: OLMCs are part of Health Canada's regular clientele and have adequate access to its programs and services; OLMC needs (eg. geographic dispersion, development opportunities) are taken into account.		
Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Distributed relevant information regarding funding available to OLMCs.	Funding largely unavailable from the region.	Majority of funding to OLMCs in BC is through Public Health Agency of Canada (PHAC) or through Ottawa.

BRITISH COLUMBIA REGION

F. ACCOUNTABILITY

Activities through which Health Canada integrates its work on the implementation of section 41 of the *Official Languages Act* (OLA with its 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 as well as policies by senior managers of Health Canada to ensure implementation of section 41 of the OLA.

Expected Result: Full integration of the OLMC perspective and OLA section 41 into Health Canada's policies programs and services; the reporting structure, internal evaluations, policy reviews determine how to better integrate OLMC perspectives.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
Evaluated and integrated regional policies to ensure consideration of OL issues during their development and implementation.	Contributed to departmental-wide Action Plan and Annual Status report in support of Part VII of the <i>Official Languages Act</i> that was developed, submitted and published.	The Action plan and Status reports were published.

Funds granted to official language minority communities in 2006/2007

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			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
Contribution - Health Care Strategies and Policy Contribution Program	\$26,740,301	<i>Formation des professionnels francophones de la santé formés à l'étranger</i>	\$98,500
Contribution - Improve Access to Health Services for OLMC- <i>Société Santé en français</i>	\$2,040,000	<i>Appui au réseautage III</i>	\$2,040,000
Contribution - Improve Access to Health Services for OLMC-post secondary institutions	\$21,099,997	<i>Consortium national de formation en santé - Appui à la formation et au maintien en poste de professionnels de la santé- communauté francophones (Collège Boréal)</i>	\$645,366
		<i>Consortium national de formation en santé - Appui de la faculté Saint-Jean à la formation et au maintien en poste des professionnels de la santé pour AB, CB, YK, TNO</i>	\$691,606
		<i>Consortium national de formation en santé - CCNB-Campbellton- Projet de formation et de recherche 2003-2008</i>	\$754,259

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			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
		<i>Consortium national de formation en santé - Entente Nouveau-Brunswick/ Québec- Projet de formation et de recherche en santé 2003-2008</i>	\$2,758,481
		<i>Consortium national de formation en santé - La Cité collégiale- Projet de formation et recherche 2003-2008</i>	\$1,051,494
		<i>Consortium national de formation en santé - Projet de formation et recherche 2003-2008 (Université Laurentienne)</i>	\$1,336,839
		<i>Consortium national de formation en santé - Secrétariat national- Projet de formation et recherche 2003-2008</i>	\$2,211,559
		<i>Consortium national de formation en santé - Université d'Ottawa- Projet de formation et recherche 2003-2008</i>	\$4,460,660
		<i>Consortium national de formation en santé - Université de Moncton- Projet de formation et recherche 2003-2008</i>	\$2,052,526
		<i>Consortium national de formation en santé - Université Sainte-Anne, Collège de l'Acadie- Projet de formation et recherche 2003-2008</i>	\$369,705
		<i>Consortium national de formation en santé - Collège Saint-Boniface Projet formation et recherche 2003-2008</i>	\$767,502
		Training and Human Resources Development Project (McGill University)	\$4,000,000

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			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
Contribution - Improve Access to Health Services for OLMC-Quebec Community Groups Network	\$1,004,998	The Health and Social Services Networking and Partnership Initiative (QCGN)	\$1,004,998
Contribution - Primary Health Care Transition Fund	\$15,786,860	A Youth Health and Services Center	\$75,000
		<i>Accès aux services de santé en français dans la région de Fredericton</i>	\$50,774
		<i>Accessibilité à un programme de promotion de santé mentale saine et prévention du suicide chez les ados en milieu éloigné.</i>	\$49,061
		<i>Accompagnement et appui communautaire en santé auprès des personnes âgées francophones en milieu minoritaire</i>	\$394,511
		Addiction cyber and telephone treatment/counselling for Francophones residing Eastern Ontario	\$95,700
		<i>Ado-parlons santé</i>	\$345,562
		<i>Amélioration de l'accès aux services de santé</i>	\$6,600,000
		<i>Amélioration de l'accès aux services des soins de santé primaires aux personnes d'expression anglaise du Québec</i>	\$125,000

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			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
		<i>Amélioration des services de santé primaires aux personnes d'expression anglaise du Québec</i>	\$3,400,000
		<i>Base de données/système d'information et de renvoi pour desservir les francophones ainsi que le développement d'un site Internet</i>	\$227,966
		<i>Cancer et prévention du cancer : vers des services aux francophones</i>	\$108,047
		<i>Capsules-santé pour la communauté francophone du Nord-Est du Nouveau-Brunswick</i>	\$93,485
		<i>Carnet de santé pour les aînés francophones de la région de Moncton</i>	\$44,430
		<i>Cartographie des actifs en matière de soins et de services de santé primaires offerts en français au Nouveau-Brunswick</i>	\$43,637
		<i>Centre de cancérologie régional</i>	\$35,000
		<i>Centre de coordination d'un réseau dynamique de partenaires des soins de santé primaires en français à Pain-Court</i>	\$46,000
		<i>Centre de ressources en français à l'Hôpital du comté de Prince et formation en français</i>	\$85,493

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			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
		<i>Coordination des projets de l'Enveloppe des communautés minoritaires de langue officielle</i>	\$229,087
		<i>Coordination des services de santé à Saint-Laurent</i>	\$46,350
		<i>Développement d'un portail en vue de maximiser les soins et services des santé primaires dans le Sud et journées santé</i>	\$121,168
		<i>Développement d'une clinique universitaire...Ottawa-Carleton</i>	\$33,730
		Enhanced Primary Health Care for Youth and Seniors: lifelong strategies to stay healthy and well	\$68,207
		<i>Forums-santé auprès des aînées et des aînés du Nouveau-Brunswick</i>	\$56,560
		Francophone Mental Health and Addictions Literacy Project	\$129,732
		<i>Guichet pour Francophones en santé mentale, toxicomanie et jeu problématique</i>	\$90,006
		<i>Guichet unique de services de santé en français du comté de Renfrew</i>	\$71,330
		Healthy Choices, Healthy Communities	\$61,692

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			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
		Improving Access to Health Services and Information for the Francophone Population	\$84,024
		<i>La Huronie en santé</i>	\$71,967
		<i>La lutte contre le cancer: des solutions innovatrices en soins de santé primaires</i>	\$173,446
		<i>La promotion et la sensibilisation d'une santé mentale équilibrée</i>	\$18,100
		<i>La santé des femmes: une priorité</i>	\$41,700
		<i>L'amélioration des liens entre les patients, les fournisseurs de soins de santé primaires et les services de cardiologie spécialisés</i>	\$60,908
		Learning, Caring, Leadership (site-web en français)	\$2,900
		<i>L'obsession du corps</i>	\$11,950
		<i>Marketing social du concept de Communautés en santé</i>	\$62,677
		<i>Médicentre St-Jean</i>	\$174,348
		<i>Mise en oeuvre du Centre de santé communautaire St-Thomas</i>	\$425,321
		<i>Plan d'action facilitant l'accès aux services et soins de santé primaires des nouveaux arrivants francophones.</i>	\$46,200

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			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
		<i>Planification et élaboration d'un modèle de services de soins de santé primaires pour la région de Saint-Boniface</i>	\$108,656
		<i>Point d'accès à des services de santé primaires en français, Mississauga/Brampton</i>	\$44,317
		<i>Portail et inventaire des services de santé offerts en français dans le Nord de l'Ontario</i>	\$80,093
		<i>Préparer le terrain</i>	\$221,800
		<i>Prévention de la maladie parmi la population francophone du comté de Northumberland</i>	\$91,495
		<i>Projet d'améliorations de qualité et d'accès aux services d'éducation en diabète pour clients francophones du district de Nipissing</i>	\$16,942
		<i>Projet de développement de la clinique ambulatoire de diabète de l'Hôpital Montfort</i>	\$43,901
		<i>Projet de développement de la clinique ambulatoire de géronto-gériatrie de l'Hôpital Montfort</i>	\$35,910
		<i>Projet de promotion de la santé mentale auprès du troisième âge</i>	\$31,036
		<i>Projet d'éducation et de sensibilisation des lésions cérébrales</i>	\$9,650

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			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
		<i>Projet Francoforme: programme à domicile de réduction des facteurs de risque cardiovasculaire</i>	\$79,300
		<i>Promotion de la santé dans les communautés francophones des Territoire du Nord-Ouest</i>	\$160,791
		<i>Rendre la santé accessible pour les adolescents du Témiskaming</i>	\$42,000
		<i>Répertoire de professionnels d'expression française oeuvrant en santé et en services sociaux en Alberta</i>	\$60,321
		<i>Réseau de santé primaire en français</i>	\$94,757
		<i>Réseau francophone de soutien professionnel dans le domaine de la santé mentale (RFSP)</i>	\$110,163
		<i>Réseautage des professionnels et des organismes dispensateurs de services de santé primaires du Moyen-Nord de l'Ontario</i>	\$69,696
		<i>Salon des 45 ans et +</i>	\$16,341
		<i>Santé dans les écoles</i>	\$48,659
		<i>Site virtuel de services de santé en français à l'Île-du-Prince-Édouard</i>	\$39,951

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			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
		<i>Vers un meilleur accès à des soins de santé primaires en français dans l'Est d'Ottawa</i>	\$69,824
		<i>Vers une offre accrue de services infirmiers de qualité en français</i>	\$160,361
		Video Conferencing Unit	\$11,000
		<i>Yukon - Au coeur de la vie : la santé</i>	\$250,049
Contribution - Tobacco Control Programme	\$11,045,840	<i>+Jamais de fumée avec ma gang</i>	\$198,527
		<i>Jeunes sans fumée, Phase II</i>	\$87,040
		<i>Le Défi J'arrête, j'y gagne!, The Quit to Win! Challenge, volets pour clientèles spécifiques</i>	\$400,000
		Tobacco Reduction in Nunavut	\$172,000

ATLANTIC REGION			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
Contribution - Tobacco Control Programme	\$1,094,569	A Chance of a Lifetime	\$60,000

QUEBEC REGION			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
Contribution - Drug Strategy Community Initiatives Fund - Local NPO	\$1,545,096	Community Against Drugs Phase: II and III	\$50,000
Contribution - Tobacco Control Programme	\$741,500	<i>Défi J'arrête, j'y gagne !, The Quit to Win ! Challenge, volets pour clientèles spécifiques</i>	\$150,000
		<i>Expansion de la Mission TNT</i>	\$100,000
		<i>To-bacc-off / À bas le tabac!</i>	\$28,000

ONTARIO REGION			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
Contribution - Drug Strategy Community Initiatives Fund - DSCIF	\$2,221,140	Drug Strategy Project	\$168,847
Contribution - Tobacco Control Programme	\$1,138,875	Building Capacity within the French-speaking Ethno-racial Communities to Address Issues Related to Tobacco Use	\$80,000
		Phase Two - Social Assistance Participant Smoking Cessation Support Program	\$209,164
		Promotion and Prevention Programs Concerning the Impact of Tobacco Misuse within the French-speaking Ethnoracial Communities	\$26,658
		Smoking Cessation Plans in Champlain Hospitals	\$94,500

MANITOBA & SASKATCHEWAN REGION

Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
Contribution - Drug Strategy Community Initiatives Fund - Local NPO	\$494,693	Prevention and Action in the Area of Substance Misuse A Response to the Needs of Manitoba Seniors	\$39,999
Contribution - Tobacco Control Programme	\$393,524	<i>J'improvise ma vie... sans fumée</i>	\$25,000

ALBERTA REGION			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
Contribution - Drug Strategy Community Initiatives Fund - Local NPO	\$159,282	Alberta Vietnamese Drugwise Project	\$16,639
		Alberta Vietnamese Drugwise Project Bonnyville Coalition for Addiction Free Living Coordinator	\$71,335
Contribution - Drug Strategy Community Initiatives Fund - Prov. & Terr.	\$164,511	<i>Stratégie d'action et de prévention quant à la consommation de drogues auprès de la jeunesse franco-albertaine</i>	\$10,950

YUKON REGION			
Program	Amount of program for 2006/2007	Project Title	Funding amount for 2006/2007
Contribution - Tobacco Control Programme	\$618,601	Fresh @ir in the Great North...for Smoke -free Territories	\$60,000