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HEALTH CANADA

STATUS REPORT 2007/08

In support of Part VII of the
Official Languages Act

Canada

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

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Preamble

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 cooperation 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 (OLCDB) coordinates the implementation of section 41. It works to ensure that the Department meets its commitments under Part VII, promotes Part VII internally, acts as a liaison between communities and Health Canada and encourages the establishment of partnerships with official language minority communities. The Official Languages Champion supports these objectives by demonstrating leadership at the Departmental Executive Committee and by promoting consultation with official language minority communities. Finally, the Official Languages Coordinators in the various branches and regions raise employee and manager awareness of their obligations under the *Official Languages Act* and support and advise them as needed, consult official language minority communities on an ongoing basis, and liaise with the OLCDB.

Health Canada implemented the second year of its 2006-07/2007-08/2008-09 Action Plan with the following activities (in each intervention category).

Awareness

Health Canada 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, supervisors, managers, and senior management. The Department's Web site and some internal publications provided employees with updated information about the implementation of Part VII of the *Official Languages Act* (OLA). Also, the *Rendez-vous de la Francophonie* activities, such as the production of information capsules, gave better visibility to the key federal stakeholders responsible for official languages.

Consultation

The 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. For example, several regional coordinators and OLCDB members participated in the *Rendez-vous Santé en français*, organized by Société Santé en français in Edmonton, in February 2008. The event, which was attended by 400 participants, was made possible through a Health Canada investment of over \$500,000. The Honourable Tony Clement welcomed participants with a video message and Bernard Lord gave a keynote address. The second *Forum national de recherche sur la santé*, funded by Health Canada, organized by the Consortium national de formation en santé and held in Ottawa in November 2007, also drew attendees from across the country. The Commissioner of Official Languages gave the opening speech and the discussions enabled the communities to improve their ability to make informed decisions regarding health. Furthermore, the Canadian Institutes of Health Research (CIHR) announced the first CIHR Summer Institute addressing the issue of health

within OLMCs to be held at the University of Ottawa in June, 2008. Health Canada also participated on the steering committee of the Symposium on Official Languages Research Issues and made a \$25,000 contribution to the event. The Symposium gathered together officials from the federal and provincial governments, as well as scholars and members of the French- and English-speaking minority communities. In addition, Health Canada participated in the consultation organized by the Quebec Community Groups Network in early March 2008, and in the *Forum des personnes d'expression anglaise du Québec sur la santé publique*. The Department was given an opportunity to present its programs and invite its stakeholders to access the funding available. Health Canada's Consultative Committee for French- and English-Speaking Minority Communities worked with the communities to identify their needs for the next phase of the Action Plan for Official Languages. In summer 2007, the Anglophone committee released its report to the Minister setting priorities for the Quebec English-speaking community for 2008-2013, following the Francophone committee's report, released in February 2007.

Communication

Conferences, information fairs, symposia, regional cultural events, and site visits were used to transmit information to the OLMCs, and helped identify their needs and priorities with regard to health. Included among these events and activities were, for example, a presentation by the Atlantic coordinator in February 2008 at the Exchange Provincial Forum, which gathered together federal and provincial government representatives, and the Prince Edward Island Francophone and Acadian Communities; the Manitoba/Saskatchewan coordinator participated in an interdepartmental fair in April 2007 to inform the Francophone community of various Federal departments' programs and services; and the other regional coordinators participated in similar activities. Regular maintenance of stakeholder databases and mailing lists allowed for the dissemination of numerous documents, including the inventory of federal programs and initiatives, the Canada Food Guide, information on skin cancer prevention and on arsenic in drinking water, as well as several 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, in the Federal Regional Councils across Canada. Health Canada's ongoing support for the Official Languages Champions Network and the Committee of Assistant Deputy Ministers on Official Languages, as well as the involvement of the OLCDB in the activities of the Network of National Coordinators (Part VII of the OLA), on the Coordinating Committee on Official Languages Research, and on the Interdepartmental Policy Committee, 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 amounts of money to improve access to health services for the official language minority communities. The OLCDB oversaw the smooth functioning of 14 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. Additional funding of \$4.5 M, announced in the fall of 2007 by the Honourable Tony Clement in Edmundston, New-Brunswick, was added to the funds already allocated this year under the Contribution Program to Improve Access to Health Services for OLMCs. Other programs managed by Health Canada also benefit OLMCs. Among these are the Health Care Strategies and Policy Contribution Program, which focusses on human resources in the health care sector and includes \$1M over four years to assist Francophone immigrants educated in the health sector in another country to qualify to practise in Canada, as well as programs aimed at controlling the use of tobacco, drugs, and controlled substances.

Accountability

The formative evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities was completed in January 2008. The summative evaluation of the Program has started and the results will be released in summer 2008. Health Canada also participated in the horizontal evaluation of the Action Plan for Official Languages conducted by Canadian Heritage's Official Languages Secretariat. Many regions produced their own regional Status Reports or 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 contained a section on the duty to achieve the objectives in relation with section 41 of the *Official Languages Act*. Evaluation tools have been developed in some regions in order to create more solid performance indicators for assessing Part VII implementation.

2007/08 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
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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 an effective and sustainable health system 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 *Official Languages Act*

Accountable Senior Officers:

Morris Rosenberg, Deputy Minister
Karen L. Dodds, Ph.D., Assistant Deputy Minister, Health Policy Branch
Kin Choi, Official Languages Champion and Assistant Deputy Minister, Corporate Services Branch

National Coordinator:

Roger Farley, Executive Director
Official Language Community Development Bureau
Telephone: (613) 954-7467
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Associate National Coordinator:

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Branch or Regional Office	Coordinator	Telephone Number
Atlantic Region	Geneviève Félix	506-452-4982
Quebec Region	Marie-Esther Dumond	514-283-0949
Ontario Region	Julie Morache	416-954-3724
Manitoba/Saskatchewan Region	Annette M. Labelle	306-780-3191
Alberta Region	Sylvie L. Gauthier	780-495-8427
British Columbia Region	Mary Fulton	604-775-7001
Northern Region	Catherine Kulisek	613-946-0909
Health Products and Food Branch	Céline Savard	613-946-3581

Branch or Regional Office	Coordinator	Telephone Number
Healthy Environments and Consumer Safety Branch	Hyerin Choi	613-946-1459
Health Policy Branch	Suzane-Renée Collette	613-946-4034
Public Affairs, Consultation and Regions Branch	Catherine Bryce	613-953-8025
First Nations and Inuit Health Branch	Lisette Richard	613-948-6399

Signature

Morris Rosenberg
Deputy Minister

Date

A. AWARENESS

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate Health Canada's employees, supervisors, managers and senior management 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 to Health Canada's organizational culture; employees and managers are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* (OLA) 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.	<p>Various tools for promoting Part VII of the OLA, such as the Health Canada Policy to Support OLMCs and Canadian Heritage's (PCH) <i>Bulletin 41-42</i>, are available to all employees and senior managers.</p> <p>Information and advice are given to senior management and to the Minister on issues concerning OLMCs and linguistic duality.</p> <p>Information sessions and information packages on Part VII of the OLA were presented to the senior management of some branches as well as to all other levels of staff.</p> <p>New employee orientation programs include a section on official languages (including Part VII of the OLA).</p>	<p><i>Bulletin 41-42</i> distributed throughout the Department across Canada through Health Canada's network of OL Coordinators.</p> <p>Senior management and the Minister are aware of issues concerning OLMCs and linguistic duality and take concrete action to support them.</p> <p>Senior management of these branches was asked to take OLMCs and linguistic duality into account more, in the spirit of the Policy to Support OLMCs and in keeping with their respective mandates. Employees and managers are more aware of their obligations toward OLMCs.</p> <p>Upon arrival, new employees are made aware of issues surrounding linguistic duality and the challenges facing OLMCs.</p>

A. AWARENESS (con't)

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate Health Canada's employees, supervisors, managers and senior management 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.

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Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
<p>Participation in interdepartmental events as part of the Rendez-vous de la Francophonie (RVF), 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 tools to monitor the continuing effectiveness of the HC Policy to Support OLMCs and to improve it, if necessary.</p> <p>Creation of new processes to give the official languages issue new impetus.</p>	<p>E-mails and messages in Health Canada Broadcast News are sent within the National Capital Region (NCR) and the regions.</p> <p>Kiosk is set up during interdepartmental RVF events.</p> <p>Events are organized in the NCR and the regions; information on official languages is available in the Department's Broadcast News.</p> <p>Policy review initiated.</p> <p>An official languages sponsor was appointed in the Quebec Region for the promotion of linguistic duality.</p>	<p>Surveys conducted in some regions show increased knowledge of official languages issues among HC employees and managers.</p> <p>About 100 people attended the RVF shows; information sent to all Department employees across Canada.</p> <p>Policy review will continue in 2008-2009; results should be available later in the year.</p> <p>Employees and managers surveyed on their understanding of issues facing OLMCs in the Quebec Region.</p>

A. AWARENESS (con't)

Training, information, orientation, awareness & communication activities carried out **in house** in order to educate Health Canada's employees, supervisors, managers and senior management 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 to Health Canada's organizational culture; employees and managers are aware of and understand their responsibilities regarding section 41 of the *Official Languages Act* (OLA) and OLMCs.

Activities carried out to achieve the expected result	Outputs and output indicators	Indicators to measure the expected result (outcome indicators)
	<p>In most Anglophone regions, the coordinators promote linguistic duality by organizing activities, such as brown bag lunches on special days, e.g., French Fridays or <i>Les jeudis, on jase</i>.</p> <p>Deputy Minister's Award of Excellence given annually to a person who has demonstrated exceptional leadership with regard to the promotion of linguistic duality.</p>	<p>Employees in the regions are more aware of the realities faced by Francophones in a minority setting.</p> <p>Health Canada employees and managers are encouraged to take positive action throughout the year to promote linguistic duality.</p>

B. CONSULTATION

Activities (e.g., committees, discussions, meetings) through which Health Canada consults with OLMCs 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 French- and English-speaking official language minority communities in their strategic and operational planning processes to reflect official language minorities' health priorities after 2008.	One to two plenary meetings per Committee each year, in addition to several teleconferences and in-person meetings of sub-committees. Minutes of meetings available upon request.	Recommendations to the Minister developed for health initiatives under the next phase of the Action Plan for Official Languages, post-March 2008. Francophone Committee's report submitted to the Minister in February 2007. Anglophone Committee's report submitted in August 2007. High level of satisfaction of the OLMC representatives with these meetings (see minutes of meetings). High rate of concordance between the priorities identified by 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).
Annual informal consultations with official language minority communities in conjunction with the National Coordinators' meetings, organized by PCH.	Meetings with OLMCs of Newfoundland and Labrador.	OLMC concerns heard and taken into account in program and policy development.

B. CONSULTATION (con't)

Activities (e.g., committees, discussions, meetings) through which Health Canada consults with OLMCs 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)
Regular consultation with regional OLMCs.	<p>OL Coordinators in the regions, Regional Director Generals, and OLCDB members participate regularly in activities organized by OLMCs, including annual general meetings of community organizations.</p> <p>OL Coordinators in the regions also meet new clienteles, such as immigrants outside Quebec whose first official language spoken is French.</p> <p>Regional coordinators and the OLCDB maintain close ties with post-secondary institutions and regional health networks funded by Health Canada.</p> <p>The OLCDB is a member-observer at meetings of the Réseau de l'Est de l'Ontario. Some regional OL coordinators also participate as non-voting members on networks set up by the Société Santé en français.</p>	Members of community groups regularly express their appreciation for the work done by coordinators in the regions, whether attending events and meetings in person or in their conversations or e-mails with coordinators.

C. COMMUNICATIONS

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.

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.	<p>Restructuring of OLCDB web site underway; web site update includes (among other items) the Action Plan and the Health Canada Status Report in support of Part VII of the OLA, and the Health Canada Policy to Support OLMCs.</p> <p>All information on the Department's web site is available in both official languages.</p> <p>Kiosks set up in certain regions during fairs and exhibitions to present programs such as the Tobacco Control Programme and the Drug Strategy Community Initiatives Fund (DSCIF).</p> <p>OLMCs are kept informed of all upcoming relevant events in all provinces, such as consultations and conferences (i.e. the Government of Canada's Consultations on Linguistic Duality and Official Languages), and are kept updated on all articles of interest published in the media.</p>	<p>Survey of the groups representing OLMCs on the usefulness of the OLCDB web site (will be done in 2008-2009).</p> <p>100% of the Department's web site is available in French and English.</p> <p>Surveys show high degree of satisfaction among OLMCs in respect of the information provided to them.</p>

D. COORDINATION AND LIAISON

Coordination activities (research, studies, meetings, etc.) carried out by Health Canada, 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 fora.

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 PCH.	Participation in 100% of the meetings by the national coordinator and/or the national coordinator's representative.	Exchange of information on best practices, meeting with the communities, increased awareness of the OLMCs' needs.
Participation in the in-house meetings of the Health Canada Coordinators Network.	Participation in the Official Languages Champions Network, and the Committee of Assistant Deputy Ministers on Official Languages (CADMOL). 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. Most coordinators in the regions also have their own internal network of coordinators in the various branches.	The Champion provided the OLCDB with the minutes of the meetings of the official languages champions and of CADMOL. Exchange of information on current issues and best practices; direction given to the regions and branches.
Participation in Regional Federal Councils and at meetings in the regions organized by PCH.	Regional coordinators participate regularly at meetings of Regional Federal Council OL committees and at meetings in the regions organized by PCH.	Exchange of information and of best practices among federal institutions.
Participation in several interdepartmental committees.	Participation in: - Coordinating Committee on Official Languages Research - Interdepartmental Policy Committee - Committee of Assistant Deputy Ministers on Official Languages - Network of Official Languages Champions.	Exchange of information, of best practices, and of policy strategies among federal institutions.

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 design and 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 (e.g., 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)
Management and monitoring of the contribution agreements under the Contribution Program to Improve Access to Health Services for OLMCs until March 2008.	Complete audit of the contribution agreements. Visit to 8 recipients, and 3 community networks. 3 new contribution agreements signed with the Société Santé en français, the Quebec Community Groups Networks and McGill University totalling \$4.5 M.	\$27.5 M were granted in 2007-2008 to OLMCs across the country under the Contribution Program to Improve Access to Health Services for OLMCs
Preparation for renewal of the Health Canada OLMC programs.	Strategic planning of the renewal of the program (Action Plan for Official Languages renewal led by PCH).	Results to come.
Management of the memorandum of understanding in connection with the Interdepartmental Partnership with the Official Language Communities (IPOLC).	3 IPOLC projects funded in 2007-2008.	Information transmitted to the OL Coordinators in the regions, who share it with OLMCs.
OLMCs' needs taken into account in the delivery of other Health Canada programs.	OLMC needs were included in the delivery of the Alcohol and Drug Treatment, and Rehabilitation Program, the DSCIF, and the Health Care Strategies and Policy Contribution Program.	4 projects funded for English-speaking minority communities and 15 projects for French-speaking minority communities.

F. ACCOUNTABILITY

Activities through which Health Canada integrates its work on the implementation of section 41 of the 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)
Implementation of formative evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities.	Report approved in December 2007 and published in January 2008.	Program objectives largely achieved.
Implementation of summative evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities.	Evaluation commenced in early 2008.	Results to come.
Setting out of three-year Departmental objectives for Part VII of the OLA.	2006-07/2007-08/2008-09 Action Plan produced and distributed to governmental partners and community stakeholders. Implementation of 2006-07 and 2007-08 objectives completed.	Action Plan showing clear objectives for the Department, to be fully achieved by the end of fiscal year 2008-09.
Audit of implementation of the objectives set out in the 2006-07/2007-08/2008-09 Action Plan.	2007-2008 Status Report produced and sent to PCH. Detailed report produced in some regions for internal planning purposes.	Quantitative and qualitative analysis done. Yearly objectives largely achieved.
Development of tools to monitor the continuing effectiveness of the HC Policy to Support OLMCs and improve it if necessary.	Policy review initiated.	Policy review will continue in 2008-2009. Results should be available later in the year.

Funds granted to official language minority communities in 2007/2008

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	Recipient / Project Title	Funding amount for 2007/2008
Contribution - Health Care Strategies and Policy Contribution Program	\$45,050,965	Consortium national de formation en santé / Formation des professionnels francophones de la santé formés à l'étranger	\$380,500
		Société Santé en français / Vers une meilleure intégration des plans et des services de santé en français - Volet ressources humaines	\$715,000
		Consortium national de formation en santé / La Planification et le développement des ressources humaines francophones dans le domaine de la santé pour les communautés francophones en situation minoritaire 2007-2013	\$172,500
Contribution - Improve Access to Health Services for OLMC- <i>Société Santé en français</i>	\$4,285,000	Société Santé en français / Appui au réseautage III	\$4,285,000

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	Recipient / Project Title	Funding amount for 2007/2008
Contribution - Improve Access to Health Services for OLMC-post secondary institutions	\$20,400,000	Collège Boréal (ON) / Consortium national de formation en santé - Appui à la formation et au maintien en poste de professionnels de la santé - communauté francophones (Collège Boréal)	\$645,366
		University of Alberta, Campus Saint-Jean (AB) / 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	\$691,606
		Collège communautaire du Nouveau-Brunswick, campus Campbellton (NB) / Consortium national de formation en santé - CCNB-Campbellton - Projet de formation et de recherche 2003-2008	\$754,261
		Gouvernement du Nouveau-Brunswick (NB) / Consortium national de formation en santé - Entente Nouveau-Brunswick/ Québec- Projet de formation et de recherche en santé 2003-2008	\$2,758,481
		La Cité collégiale (ON) / Consortium national de formation en santé - La Cité collégiale - Projet de formation et recherche 2003-2008	\$1,051,494
		Université Laurentienne (ON) / Consortium national de formation en santé - Projet de formation et recherche 2003-2008 (Université Laurentienne)	\$1,465,691

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	Recipient / Project Title	Funding amount for 2007/2008
Contribution - Improve Access to Health Services for OLMC-post secondary institutions (continued)		Consortium national de formation en santé (ON) / Consortium national de formation en santé - Secrétariat national - Projet de formation et recherche 2003-2008	\$982 708
		Université d'Ottawa (ON) / Consortium national de formation en santé - Université d'Ottawa- Projet de formation et recherche 2003-2008	\$4,460,660
		Université de Moncton (NB) / Consortium national de formation en santé - Université de Moncton- Projet de formation et recherche 2003-2008	\$2,052,526
		Université Sainte-Anne, Collège de l'Acadie (NS) / Consortium national de formation en santé - Université Sainte-Anne, Collège de l'Acadie- Projet de formation et recherche 2003-2008	\$369,705
		Collège universitaire de Saint-Boniface (MB) / Consortium national de formation en santé - Collège Saint-Boniface Projet formation et recherche 2003-2008	\$767,502
		McGill University (QC) / Training and Human Resources Development Project (McGill University)	\$4,400,000

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	Recipient / Project Title	Funding amount for 2007/2008
Contribution - Improve Access to Health Services for OLMC-Quebec Community Groups Network	\$2,100,000	Quebec Community Groups Network (QC) / The Health and Social Services Networking and Partnership Initiative	\$2,100,000
Contribution - Tobacco Control Programme	\$992,556	Canadian Council for Tobacco Control / Supporting Knowledge Transfer and Exchange in Tobacco Control in Canada	\$575,000
		The Governing Council of the University of Toronto / Tobacco and Public Health: From Theory to Practice	\$25,260
Contribution - Contribution - Drug Strategy Community Initiatives Fund - Local not-for-profit organization	\$841,966	Canadian Centre on Substance Abuse / A Drug Prevention Strategy for Canada's Youth	\$841,966

ATLANTIC REGION			
Program	Amount of program	Recipient / Project Title	Funding amount for 2007/2008
Contribution - Tobacco Control Programme	\$222,131	New-Brunswick Department of Wellness, Culture and Sport / Increasing Utilization of the New Brunswick Smokers' Helpline	\$32,380

QUEBEC REGION			
Program	Amount of program	Recipient / Project Title	Funding amount for 2007/2008
Contribution - Drug Strategy Community Initiatives Fund - Local not-for-profit organization	\$70,000	Coasters Association of the Lower North Shore Inc. / Community Against Drugs Phase: II and III	\$70,000
Contribution - Drug Strategy Community Initiatives Fund - DSCIF	\$1,163,707	Côte-des-neiges Black Community Association / Best Practice Prevention Approaches to Reduce Drug Abuse Amongst Black Youth in Montreal	\$87,500

ONTARIO REGION			
Program	Amount of program	Recipient / Project Title	Funding amount for 2007/2008
Contribution - Drug Strategy Community Initiatives Fund - DSCIF	\$1,155,232	Ottawa Public Health / Drugged Driving Kills	\$188,500
Contribution - Tobacco Control Programme	\$142,871	Centre for Addiction and Mental Health / TEACH Program for Francophones	\$56,601
		AWARE (Action on Women's Addictions - Research and Education) / Fetal Alcohol Spectrum Disorder Affected women and Smoking Interventions: A training guide for service providers	\$10,380
		Peterborough County-City Health Unit / Service for Peterborough County-City Health Unit	\$36, 890

MANITOBA & SASKATCHEWAN REGION

Program	Amount of program	Recipient / Project Title	Funding amount for 2007/2008
Contribution - Drug Strategy Community Initiatives Fund - Local not-for-profit organization	\$512,821	Creative Retirement Manitoba / Prevention and Action in the Area of Substance Misuse - A Response to the Needs of Manitoba Seniors	\$46,000
Contribution - Tobacco Control Programme	\$285,195	Canadian Cancer Society, Saskatchewan Division / Saskatchewan Smokers' Helpline	\$92,765
		Canadian Cancer Society, Manitoba Division / Manitoba Smokers' Helpline	\$98,600
		Association jeunesse fransaskoise / Vers les Olympiques 2010 sans fumée (Towards a smoke-free 2010 Olympics)	\$9,525
		The Pharmacists' Association of Saskatchewan (PAS) / PACT - Partnership to Assist in Cessation of Tobacco)	\$5,700