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HEALTH CANADA

STATUS REPORT 2008/09

In support of Part VII of the
Official Languages Act

Canada

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

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Preamble

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.

The Department once again received the highest mark (A) in the Annual Report of the Commissioner of Official Languages for its overall performance under Part VII, it improved its rating for the promotion of linguistic duality from B (good) last year to A (exemplary) this year, thus reinforcing its leadership among federal institutions. Health Canada also received an A for the general management of the official languages file. Also in the February 2008 *Report on the Government of Canada's Consultations on Linguistic Duality and Official Languages*, the Honourable Bernard Lord wrote that "[t]he vitality of official language minority communities, and of Canadian society as a whole, is strongly influenced by the health of their members. As our ageing population continues to seek health services in the official language of their choices, the need in this area will only grow. The successes of networking and partnership organizations such as Société Santé en Français are examples to be followed."

Health Canada implemented the third and last 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, holding information kiosk, lunch and learn sessions, as well as an online video message of Official Languages Champion Laurette Burch that provides better visibility to the key federal stakeholders responsible for official languages.

Consultation

The OL Coordinators and OLCDB representatives held a conference call to address such issues as responsibilities, monitoring of service to the public, development of new tools, OL projects for 2009-2010, and activities concerning the Rendez-vous de la Francophonie. 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. Furthermore, the Canadian Institutes of Health Research (CIHR) in collaboration with SSF and CNFS held the first CIHR Summer Institute addressing the issue of health within OLMCs at the University of Ottawa in June, 2008. Also, in 2008 and 2009, consultations were held with primary and secondary recipients in regard to the new Official Languages Health Contribution Program under the Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future. And in April 2008, further consultations were held with the secretariat of the *conférence des ministères de la francophonie Canadienne* of the provincial and territorial governments on the issue of Canadian Francophonie.

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. A major video/teleconference was held in June 2008 between OLCDB and all its primary recipients to update and inform them of the new Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future. A total of about 70 participants from all regions in Quebec and from all provinces and territories participated. In addition, the OLCDB executive director held a question and answer session so as to keep all representatives up to date.

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 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 and research activities for the health care professionals with the Consortium national de formation en santé and McGill University. 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 from 2007-2010 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 summative evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities was completed in November 2008 and concluded that the program was relevant and remains so, as language continues to be a barrier for health to health services for OLMCs. 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.

2008/09 ACHIEVEMENTS

HEALTH CANADA

General Information

Minister: The Honourable Leona Aglukkaq

1. Institution

Health Canada
National Headquarters
Jeanne-Mance 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

Carolina Giliberti, Assistant Deputy Minister, Regions and Programs Branch

Laurette Burch, Official Languages Champion and Regional Director General, Manitoba & Saskatchewan Region

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Roger Farley, Executive Director

Official Language Community Development Bureau

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Marc-Olivier Houle, Senior Policy Analyst

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Branch or Regional Office	Coordinator	Telephone Number
Atlantic Region	Maya A. Bélanger	902-426-2161
Quebec Region	Kathleen Wheeley	514-283-0949
Ontario Region	Julie Morache	416-954-3724
Manitoba/Saskatchewan Region	Annette M. Labelle	306-780-3191
Alberta Region	Vacant	
British Columbia Region	Mary Fulton	604-775-7001
Northern Region	Julie Orth	613-957-1171
Chief Financial Officer Branch	Eric Russell	613-957-3375
Corporate Services Branch	Vacant	

Branch or Regional Office	Coordinator	Telephone Number
First Nations and Inuit Health Branch	Vacant	
Health Products and Food Branch	Rachel Leclair Bisson	613-948-8512
Healthy Environments and Consumer Safety Branch	Christina Osoria	613-946-3126
Pest Management Regulatory Agency	Manon Tremblay	613-736-3771
Public Affairs, Consultation and Communications Branch	Vacant	
Regions and Programs Branch	Joy Gurr	613-952-2074
Strategic Policy Branch	Suzane-Renée Collette	613-946-4034

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 OLMC 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><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>

A. AWARENESS

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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>Information sessions and information packages on the <i>Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future</i> were presented to senior management of some branches including the Executive Committees of the Atlantic, Quebec and Ontario, as well as to other levels of staff.</p> <p>New employee orientation programs include a section on official languages (including Part VII of the OLA).</p> <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>Senior management are more aware of Health Canada's investment under the Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future.</p> <p>Upon arrival, new employees are made aware of issues surrounding linguistic duality and the challenges facing OLMCs.</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>

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>As part of the Rendez-vous de la Francophonie (RVF), OLCDB organized 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>E-mails and messages in Health Canada Broadcast News are sent within the National Capital Region (NCR) and the regions.</p> <p>Posters for <i>Les Rendez-vous de la Francophonie</i> posted in many HC buildings in NCR and some regions. Kiosk set up during interdepartmental RVF events. Info-capsules are sent on HC broadcast news concerning the RVF, website created and welcome video of OL champion posted; other activities are organized such lunch and learn sessions, movies, and a french lunch menu.</p> <p>An evaluation plan created which comprises of baseline study and performance information reporting system development.</p> <p>Policy review will continue in 2009-2010;</p>	<p>High number attended RVF events; information sent to all Department employees across Canada.</p> <p>In the RMAF, a detailed set of performance indicators have been developed in conjunction with DPMED to measure program effectiveness.</p> <p>A mid-point review, and a summative evaluation (as reported in the RMAF 2008).</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)
Health Canada and the federal government have undertaken comprehensive consultations to monitor the needs of OLMCs.	<p>The objectives of the Program are consistent with governmental obligations under the Official Languages Act, as well as government-wide priorities stated in the 2003 Budget, Speech from the Throne, and the department priorities outlined in the Report on Plans and Priorities (see conclusions of the Summative Evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities).</p> <p>Consultations were held in February 2009 with primary recipients of the Official Languages Health Contribution Program to present the components of the new program and discuss the performance measurement strategy. More than 50 community representatives from all provinces and territories participated at the Francophone consultation in Ottawa and more than 35 participated from all regions of Quebec at the consultations held in Montreal.</p>	<p>High rate of concordance between the priorities identified by OLMCs and the priority policy and program activities of Health Canada (see, for example, the summative evaluation of the Contribution Program to Improve Access to Health Services for OLMCs, November 2008).</p> <p>Recipient comments and inputs taken into account when drafting Health Canada Action Plan, and OLMC stakeholders are more aware of Health Canada's expectation under the Official Languages Health Contribution Program.</p>
Annual informal consultations with official language minority communities in conjunction with the National Coordinators' meetings, organized by PCH.	Informal consultations initiated.	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> <p>The Health Canada OL Champion participates regularly on the board of directors meeting of the Société Santé en Français and the OLCDB Executive Director participates in the Consortium National de Formation en Santé (CNFS) board meetings.</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.

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 c and OLMCs by regional offices to determine their concerns and ne

Expected Result: Creation of lasting relationships between OLMCs u and mandate.

Activities carried out to achieve the expected result	Intermediate and output indicators	Indicators to measure the expected result (outcome indicators)
	<p>OLCDB Program Managers and Officers do regular site visits to OLMCs such as the Réseau francophone de Santé de Nord de l'Ontario, the Réseau santé albertain, Community Health and Social Services Network (CHSSN), Collège Boréal, Université Laurentienne, and Campus Saint-Jean, University of Alberta.</p> <p>Executive Director of OLCDB attended the Ontario Region's meeting between the Francophone Networks (established by SSF) and Health Canada's Policy Regional Director, the Associate Regional Director General, and the Regional Official Languages Coordinator in January 2009.</p>	<p>Forum for the Francophone Networks to share ground breaking initiatives and to showcase to Health Canada's senior officials their accomplishments.</p>

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 2007-8 Health Canada Status Report in support of Part VII of the OLA, Health Canada Policy to Support OLMCs.</p> <p>3 research reports published by the OLCDB office: (1) Overview of the Cost of Training Health Professionals; (2) International Comparisons: An Overview of Access to Health Services for Language Minority Communities in Canada, Spain, Belgium and Finland; (3) An Examination of the Strength of Evidence in "Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature".</p>	3 research reports distributed to primary recipients, OLCDB employees, and OL coordinators.

C. COMMUNICATIONS (con't)

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>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 (TCP) 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, conferences, and launch of new programs (e.g. teleconference in June 2008 between OLCDB and primary recipients on the new Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future), and are kept updated on all articles of interest published in the media.</p>	<p>100% of the Department's web site is available in French and English.</p> <p>95% rate of attendance among recipients at the teleconference; during Q&A, all relevant questions were answered.</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, and increased awareness of the OLMCs' needs.
Participation in the in-house meetings of the Health Canada Coordinators Network.	Participation in 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. High level of participation 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 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	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 2009.	<p>New program recipient guide initiated for the new Official Languages Health Contribution Program.</p> <p>Complete audit of the contribution agreements.</p> <p>Visit to 6 recipients, including 3 community networks (Réseau francophone de Santé de Nord de l'Ontario; Réseau santé albertain; CHSSN; Collège Boréal; Université Laurentienne; Campus Saint-Jean, University of Alberta).</p>	\$27.5 M were granted in 2008-2009 to OLMCs across the country under the Contribution Program to Improve Access to Health Services for OLMCs
Renewal of the Health Canada OLMC programs.	<p>Additional financing of \$4 M for a total of \$20 M for the year 2008-2009 for CNFS was announced on March 23, 2009 in Moncton and an additional financing of \$500,000 for SSF for a total of \$2.5 M.</p> <p>New program includes the creation of the Official Languages Health Contribution Program (as outlined in the Results-Based Management and Accountability Framework of Program).</p>	<p>Implement the Management Action Plan in the November 2008 Summative Evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities.</p> <p>Information transmitted to the OL Coordinators in the regions, who share it with OLMCs.</p>

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)
OLMCs' needs taken into account in the delivery of other Health Canada programs.	OLMC needs were taken into account, through the two reports submitted by the consultative committees to the federal minister of health and the consultations held in February 2009 with primary recipients of the new Program, in the delivery of a) the Alcohol and Drug Treatment and Rehabilitation Program; b) the DSCIF; c) the Health Care Strategies and Policy Contribution Program.	

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 the summative evaluation of the Contribution Program to Improve Access to Health Services for Official Language Minority Communities.	Evaluation commenced in early 2008 and was approved on November 12, 2008	Time-frame setup for implementation of Management Action Plan (MAP) recommendations (see Summative Evaluation of the Contribution Program).
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 the three-year objectives completed.	Action Plan showing clear objectives for the Department have been achieved for the fiscal year 2008-09.
Audit of implementation of the objectives set out in the 2006-07/2007-08/2008-09 Action Plan.	2008-2009 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 recommendations in the summative evaluation for the Contribution Program to Improve Access to Health Services for Official Language Minority Communities (such as gap analysis, performance measurement).	Result-based Management and Accountability Framework describing the performance measurement strategy has been developed for 2009-2013 as well as a research plan.
Accountability to Canadian Heritage in the framework of the Roadmap for Canada's Linguistic Duality.	Collaboration with the secretariat of official languages for the implementation of the Roadmap for linguistic duality.	

Funds granted to official language minority communities in 2008/2009

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 2008/2009
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	\$254,500
		Société Santé en français / Vers une meilleure intégration des plans et des services de santé en français - Volet ressources humaines	\$2,500,000
		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	\$200,500
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	\$2,500,000

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 2008/2009
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)	1,070,710 \$
		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	879,745 \$
		Collège communautaire du Nouveau-Brunswick, campus Campbellton (NB) / Consortium national de formation en santé - CCNB-Campbellton - Projet de formation et de recherche 2003-2008	1,167,438 \$
		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	3,108,481 \$
		La Cité collégiale (ON) / Consortium national de formation en santé - La Cité collégiale - Projet de formation et recherche 2003-2008	1,504,198 \$
		Université Laurentienne (ON) / Consortium national de formation en santé - Projet de formation et recherche 2003-2008 (Université Laurentienne)	1,954,810\$

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 2008/2009
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	\$887,250
		Université d'Ottawa (ON) / Consortium national de formation en santé - Université d'Ottawa- Projet de formation et recherche 2003-2008	\$6,366,422
		Université de Moncton (NB) / Consortium national de formation en santé - Université de Moncton- Projet de formation et recherche 2003-2008	\$2,816,104
		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	\$437,207
		Collège universitaire de Saint-Boniface (MB) / Consortium national de formation en santé - Collège Saint-Boniface Projet formation et recherche 2003-2008	\$1,085,862
		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 2008/2009
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	\$1,000,000
Contribution - Tobacco Control Programme	\$992,556	Canadian Council for Tobacco Control / Supporting Knowledge Transfer and Exchange in Tobacco Control in Canada	\$506,795
		The Governing Council of the University of Toronto / Tobacco and Public Health: From Theory to Practice	\$236,695
Contribution - Contribution - Drug Strategy Community Initiatives Fund - Local not-for-profit organization	\$9,980,973	Canadian Centre on Substance Abuse / A Drug Prevention Strategy for Canada's Youth	\$2,467,034
Health Care Strategies And Policy Contribution Program		Formation des Professionnels Francophones de la Santé formés à l'étranger	254,500\$
Health Care Strategies And Policy Contribution Program		La planification et le développement des ressources humaines francophones dans le domaine de la santé pour les communautés francophones en situation minoritaire	200,500\$

ATLANTIC REGION			
Program	Amount of program	Recipient / Project Title	Funding amount for 2008/2009
Contribution - Tobacco Control Programme	\$222,131	New-Brunswick Department of Wellness, Culture and Sport / Increasing Utilization of the New Brunswick Smokers' Helpline	\$133,833

QUEBEC REGION			
Program	Amount of program	Recipient / Project Title	Funding amount for 2008/2009
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	\$14,356
Contribution - Drug Strategy Community Initiatives Fund - DSCIF	\$596,000	Côte-des-neiges Black Community Association / Best Practice Prevention Approaches to Reduce Drug Abuse Amongst Black Youth in Montreal	\$210,000

ONTARIO REGION			
Program	Amount of program	Recipient / Project Title	Funding amount for 2008/2009
Contribution - Drug Strategy Community Initiatives Fund - DSCIF	\$1,155,232	Ottawa Public Health / Drugged Driving Kills	\$135,000
Contribution - Tobacco Control Programme	\$142,871	Centre for Addiction and Mental Health / TEACH Program for Francophones	\$138,900
		AWARE (Action on Women's Addictions - Research and Education) / Fetal Alcohol Spectrum Disorder Affected women and Smoking Interventions: A training guide for service providers	\$104,300
		Peterborough County-City Health Unit / Service for Peterborough County-City Health Unit	\$171,684

MANITOBA & SASKATCHEWAN REGION

Program	Amount of program	Recipient / Project Title	Funding amount for 2008/2009
Contribution - Tobacco Control Programme	\$285,195	Canadian Cancer Society, Saskatchewan Division / Saskatchewan Smokers' Helpline	\$140,000
		Canadian Cancer Society, Manitoba Division / Manitoba Smokers' Helpline	\$140,000
		Association jeunesse fransaskoise / Vers les Olympiques 2010 sans fumée (Towards a smoke-free 2010 Olympics)	\$133,800
		The Pharmacists' Association of Saskatchewan (PAS) / PACT - Partnership to Assist in Cessation of Tobacco)	\$84,600