

# Health Canada

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# Aboriginal Head Start

[http://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa\\_intro-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/famil/develop/ahsor-papa_intro-eng.php)

## What is the AHS?

Aboriginal Head Start (AHS) in Urban and Northern Communities is a Health Canada-funded early childhood development program for First Nations, Inuit and Métis children and their families. The primary goal of the initiative is to demonstrate that locally controlled and designed early intervention strategies can provide Aboriginal children with a positive sense of themselves, a desire for learning, and opportunities to develop fully as successful young people. There are 126 AHS sites in urban and northern communities across Canada.

AHS projects typically provide half-day preschool experiences that prepare young Aboriginal children for their school years by meeting their spiritual, emotional, intellectual and physical needs. All projects provide programming in six core areas: education and school readiness; Aboriginal culture and language; parental involvement, health promotion; nutrition; and social support.

Projects are locally designed and controlled, and administered by non-profit Aboriginal organizations. AHS directly involves parents and the community in the management and operation of projects. Parents are supported in their role as the child's first and most influential teacher, and the wisdom of elders is valued.

## AHS Program Components:

- *Culture and Language*: to provide children with a positive sense of themselves as Aboriginal children and to build on the children's knowledge of their Aboriginal languages and experience of culture in their communities. More specifically, projects will enhance the process of cultural and language revival and retention, with the ultimate goal that, where possible, children will aspire to learn their respective languages and participate in their communities' cultures after AHS.
- *Education and School Readiness*: to support and encourage each Aboriginal child to enjoy life-long learning. More specifically, the projects will encourage each child to take initiative in learning and provide each child with enjoyable opportunities to learn. This will be done in a manner which is appropriate to both the age and stage of development of the child. The ultimate goal is to engage children in the possibility of learning so that they carry forth the enthusiasm, self-esteem and initiative to learn in the future.
- *Health Promotion*: to empower parents, guardians, caregivers and those involved with AHS to increase control over and improve their health. More specifically, the projects will encourage practices for self care, working together to address health concerns, and the creation of formal and

- informal social support networks. The ultimate goal is for those involved with AHS to take actions that contribute to holistic health.
- *Nutrition:* to ensure that children are provided with food which will help meet their nutritional needs, and to educate staff and parents about the relationship of nutrition to children's ability to learn, physical development and mental development. Mealtimes provide opportunities for sharing, teaching and socializing. The ultimate goal is to empower children and parents to develop or enhance nutritional eating habits that will be maintained following the children's AHS experience.
  - *Social Support:* to ensure that the families are made aware of resources and community services available to impact their quality of life. The project will assist the families to access resources and community services. This may mean that the project will work in cooperation with the service providers. The ultimate goal of this component is to empower parents to access assistance and services which will support them to be active participants in their children's lives and AHS.
  - *Parental and Family Involvement:* to support the parents' and family's role as children's primary teachers. The parents and family will be acknowledged as contributors to the program through involvement with a parent body or participation in and/or contribution to classroom activities. This component provides the opportunity to empower parents to bring forth gifts and further develop as role models for children and in their communities. The ultimate goal is for parents and caregivers to complete the program being more confident and assertive, and having a deeper understanding of their children than when they began the program.

### **Who is Served by AHS (Urban/Northern)?**

Approximately 3,900 Aboriginal children are enrolled in AHS projects. AHS targets Aboriginal children zero-to-six years of age with a primary emphasis on three-to-five year old Aboriginal children and their families.

Parents/caregivers and extended family are serviced by the AHS program through the utilization of the supportive social networks that the programs have established with other agencies and organizations. Parents and families are actively involved in all aspects of the program.

### **What do Projects Offer?**

AHS projects assist parents and caregivers in developing the necessary skills to actively contribute to their child's healthy development, and to increase their confidence as parents and improve family relationships. Generally, AHS projects operate four days per week, with 30-40 children in morning and afternoon sessions.

# **AIDS Community Action Program**

## **What is the purpose of the AIDS Community Action Program?**

Under the Canadian Strategy on HIV and AIDS, two categories of funding are available through the **AIDS Community Action Program (ACAP)**:

Regional Operational Funding is available to fund programming, key positions within an organization, and overhead and administrative costs.

## **Who is eligible for this funding?**

Voluntary, non-profit, non-governmental organizations whose principle mandate is community-based HIV/AIDS programming are eligible for funding. National organizations are not eligible for operational funding. Operational funds will be approved for a minimum of two years and a maximum of four years. more >>>

**Regional Project Funding** funds time-limited, specific activities that address unmet needs and priorities around HIV/AIDS. These activities may be local, provincial/territorial or regional in scope. Voluntary, non-profit, non-governmental agencies actively dealing with HIV/AIDS issues are eligible for funding. National organizations are not eligible for regional project funding. Regional Project Funds will be approved for a maximum of three years.  
Contact your nearest Program Consultant

Guides are available that describe how community-based organizations working with HIV/AIDS issues may access funding through ACAP. When preparing your application, be certain that you have considered which form of funding best suits your program and that the expected outcomes reflect the Principles and Funding Approaches associated with ACAP. Guides and applications are available from regional program consultants who are available as a resource to your community-based organization. If you have any questions about the various funding programs, the dates when applications can be submitted, or need assistance in completing applications, please contact your nearest Program Consultant.

# Canada Prenatal Nutrition Program

[http://www.phac-aspc.gc.ca/dca-dea/programs-mes/cnpn\\_main-eng.php](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/cnpn_main-eng.php)

## What is the CPNP?

CPNP funds community groups to develop or enhance programs for vulnerable pregnant women. Through a community development approach, the CPNP aims to reduce the incidence of unhealthy birth weights, improve the health of both infant and mother and encourage breastfeeding.

CPNP enhances access to services and strengthens inter-sectoral collaboration to support the needs of pregnant women facing conditions of risk. As a comprehensive program, the services provided include food supplementation, nutrition counselling, support, education, referral and counselling on health and lifestyle issues.

## Resource Allocations & Projects:

Based on the enhancement from the 1999 Federal Budget, the budget for the non-reserve portion of CPNP is \$30.8 million as of 2002/03. Of this, \$27 million goes directly to communities in the form of grants and contributions.

There are currently 350 CPNP projects funded by PPHB serving over 2,000 communities across Canada. In addition, over 550 CPNP projects are funded by FNIHB in Inuit and on-reserve First Nation communities.

## How is CPNP managed?

CPNP is jointly managed by the Federal government and Provincial/Territorial governments. Administrative protocols, established for the Community Action Program for Children, set out the terms and conditions of how the program will be managed in each Province/Territory.

## Who is served by CPNP?

CPNP targets those women most likely to have unhealthy babies due to poor health and nutrition. Over 95% of projects target pregnant women living in poverty, teens, or women living in isolation or with poor access to services. Other client groups targeted include women who abuse alcohol or drugs, live with violence, women with gestational diabetes, Aboriginal women, and immigrant and/or refugee women.

In 2001/02, over 44, 650 women participated in CPNP projects. In addition, close to 6,000 women were served by FNIHB-funded CPNP projects in Inuit and on-reserve First Nations communities.

## **What do projects offer?**

CPNP projects offer comprehensive services, tailored to meet client needs. In 2001-2002, 96% of projects reported offering food supplements, 95% offered vitamin supplements, 87% offered breastfeeding support, and 86% offered one-to-one nutrition counselling. Other services offered include education and counselling on lifestyle issues, food preparation training, transportation, childcare and referral to other services. Across Canada, 306 projects offered an average of 10.2 different kinds of services in 2001-2002.

- In 2001-02, over 36,300 referrals to other programs/services were reported by 129 projects outside of Quebec.
- CPNP fills a distinct gap in communities. Three times out of five, CPNP projects are the community's only source of prenatal nutrition services. Many of the other prenatal nutrition services available do not meet the needs of the CPNP target population.

# Canada Vigilance Program

[http://www.hc-sc.gc.ca/ahc-asc/branch-dirigen/hpfb-dgpsa/mhpd-dpsc/vigilance\\_announce-annonce-eng.php](http://www.hc-sc.gc.ca/ahc-asc/branch-dirigen/hpfb-dgpsa/mhpd-dpsc/vigilance_announce-annonce-eng.php)

## What is the Canada Vigilance Program?

The Canada Vigilance Program is Health Canada's post-market surveillance program that collects and assesses reports of suspected adverse reactions to health products marketed in Canada. Post-market surveillance enables Health Canada to monitor the safety profile of health products once they are marketed to ensure that the benefits of the products continue to outweigh the risks.

The Canada Vigilance Program has collected reports of suspected adverse reactions since 1965. Adverse reaction reports are submitted by health professionals and consumers on a voluntary basis either directly to Health Canada or via Market Authorization Holders. The following health products marketed in Canada are collected by the program: prescription and non-prescription medications, biologics (including fractionated blood products, as well as therapeutic and diagnostic vaccines), natural health products and radiopharmaceuticals.

## How can I access the information?

The information collected by the program can be accessed through the Canada Vigilance Online Database, at <http://www.hc-sc.gc.ca/dhp-mps/medeff/databasdon/search-recherche-eng.php>.

The Canada Vigilance Program is supported by seven Canada Vigilance Regional Offices who provide a regional point-of-contact for health professionals and consumers. Reports are collected by the regional offices before being forwarded to the Canada Vigilance National Office for further analysis.

The Canada Vigilance Program provides a variety of tools for health professionals and consumers to report suspected adverse reactions. Reporting is simple and can be done online, by phone or by submitting the Canada Vigilance Reporting Form by fax or mail.

## For further information, please contact:

Telephone (automatic redirect): **1-866-234-2345**

Fax (automatic redirect): **1-866-678-6789**

# Community Action Program for Children

[http://www.phac-aspc.gc.ca/dca-dea/programs-mes/capc\\_main-eng.php](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/capc_main-eng.php)

## What is the CAPC?

CAPC provides long term funding to community coalitions to deliver programs that address the health and development of children (0-6 years) who are living in conditions of risk. It recognizes that communities have the ability to identify and respond to the needs of children and places a strong emphasis on partnerships and community capacity building.

CAPC is jointly managed by the federal government and provincial / territorial governments through provincially based Joint Management Committees (JMC), with representatives from provincial / territorial ministries and representatives as appropriate from community organizations. The JMC's determine how best to address provincial / territorial priorities and allocate CAPC funds. As a result, there are significant differences between the provinces and territories with respect to project size, sponsorship and geographic distribution of projects.

## What are the guiding principles?

- Children First
- Equity and Accessibility
- Community Based
- Strengthening and Supporting Families
- Flexibility
- Partnerships

## Who is served by the CAPC?

CAPC targets children living in low income families; children living in teenage-parent families; children experiencing developmental delays, social, emotional or behavioral problems; and abused and neglected children.

Special consideration is given to Métis, Inuit and off-reserve First Nations children, and the children of recent immigrants and refugees, children in lone-parent families and children who live in remote and isolated communities.

## Resource Allocations:

Each province / territory receives a base allocation of \$ 500,000 per year to allow for at least one major project of significant intervention. The remaining funding is allocated on the basis of the number of children aged 0-6 in each province / territory.

There are 464 CAPC projects across Canada.

## **How is CAPC Managed?**

CAPC is governed by administrative Protocols, signed at the Ministerial level, that identify funding priorities and set out the terms and conditions for managing projects in each province / territory.

CAPC is jointly managed by the federal government and provincial /territorial governments through provincially based Joint Management Committees (JMC). With representatives from provincial / territorial ministries and representatives as appropriate from community organizations. The JMC's determine how best to address provincial / territorial priorities and allocate CAPC funds. As a result, there are significant differences between the provinces and territories with respect to project size, sponsorship and geographic distribution of projects.

### **For further information, please contact:**

CAPC/CPNP National Projects Fund  
Public Health Agency of Canada  
Jeanne Mance Building, 9th Floor  
Tunney's Pasture, AL: 1909C2  
Ottawa ON K1A 0K9

Tel: (613) 957-8502  
Fax: (613) 941-5492  
Email: [DCA\\_public\\_inquiries@phac-aspc.gc.ca](mailto:DCA_public_inquiries@phac-aspc.gc.ca)

### **Regional Contact - British Columbia:**

Public Health Agency of Canada  
440F, 757 West Hasting Street  
Vancouver, BC V6C 1A1

Tel: (604) 666-8693  
Fax: (604) 666-8986

# Countrywide Integrated Non-Communicable Disease Intervention

<http://www.phac-aspc.gc.ca/ccdpc-cpcmc/cindi/index-eng.php>

The purpose of the CINDI Canada Programme is to build capacity for the prevention of non-communicable disease (NCD) at both demonstration area level and national level. This work involves developing strategic partnerships with the public, private and voluntary sectors; developing, monitoring and evaluating systems, and contributing to policy development for NCD prevention.

The Canadian Heart Health Initiative is currently in the dissemination phase. Eight provinces have received funding by Health Canada to study factors and processes that mediate the uptake of interventions by government jurisdictions, organizations and communities. In 2001, a draft Performance Indicator System was established for the Heart Health Initiative. A report on the findings of the dissemination phase will be available in early 2003.

## **New Structural Activities**

In Health Canada, the CINDI Canada Programme is in the WHO Collaborating Centre on Non-communicable Disease Policy in the Centre for Chronic Disease Prevention and Control, Public Health Agency of Canada (PHAC).

This Centre is a national focal point to support knowledge generation, dissemination, policy development and surveillance in non-communicable disease prevention.

## **Further Information**

The CINDI Canada Programme functions at the national and the demonstration area levels. The backbone of the CINDI Canada has been the Canadian Heart Health Initiative, the program which implemented an integrated approach to a single disease, it is moving towards an integrated approach across diseases and risk factors. At the national level, the Programme is under the responsibility of the Centre for Chronic Disease Prevention and Control, Health Canada and the demonstration area for CINDI Canada is Nova Scotia

## **Cruise Ship Inspection Program**

[http://www.hc-sc.gc.ca/hl-vs/travel-voyage/general/inspection/cruise\\_ship-navires\\_croissieres-eng.php](http://www.hc-sc.gc.ca/hl-vs/travel-voyage/general/inspection/cruise_ship-navires_croissieres-eng.php)

### **What is the Cruise Ship Inspection Program?**

Unannounced inspections are conducted on cruise ships traveling in Canadian waters. The inspections are conducted once per year during the cruise ship season which extends from April to the end of October. The scoring system is based on 41 inspection items with a total value of 100 points. Inspection items are weighted according to their probability of increasing the risk of a gastrointestinal disease outbreak. A satisfactory score is 86 points out of a possible 100 points. A score of 85 or lower is not satisfactory and requires a re-inspection within the following month. This does not mean, however, that the travelling public is exposed to any imminent risk to their health.

The guidelines of Health Canada's Cruise Ship Inspection Program were harmonized with the United States Centers for Disease Control and Prevention (CDC), Vessel Sanitation Program in 1998. This has resulted in a superior inspection program and effective partnership.

### **More Information:**

To access Health Canada's Cruise Ship Inspection Program Administrative Guide and Mini-Guide, please e-mail [phb\\_bsp@hc-sc.gc.ca](mailto:phb_bsp@hc-sc.gc.ca) to request a copy.

## Family Violence Initiative

<http://www.phac-aspc.gc.ca/ncfv-cnivf/index-eng.php>

With the long-term goal of reducing the occurrence of family violence in Canada, the Government of Canada provides the Family Violence Initiative with \$7 million permanent annual funding. This allocation supports and complements activities across seven departments and agencies: Public Health Agency of Canada, Canada Mortgage and Housing Corporation, Department of Justice Canada, Royal Canadian Mounted Police, Canadian Heritage, Status of Women Canada, and Statistics Canada.

The FVI promotes public awareness of the risk factors of family violence and the need for public involvement in responding to it; strengthens the criminal justice, housing, and health systems to respond; and supports data collection, research and evaluation efforts to identify effective interventions.

### **National Clearinghouse on Family Violence:**

Under the Family Violence Initiative, the Public Health Agency of Canada also manages the National Clearinghouse on Family Violence (NCFV). The NCFV is Canada's resource centre for information on violence within the family. It provides a centralized and comprehensive reference, referral and distribution service for information on aspects of family violence prevention, protection, and treatment.

#### ***The NCFV offers :***

*Publications* on family violence issues, including overview papers, reports, handbooks and directories

*Videos* on family violence, available from partner public libraries across Canada in collaboration with the National Film Board of Canada

*A Library Reference Collection* of more than 10,000 books, periodicals and videos on family violence

*A Bi-Monthly E-Bulletin* featuring new products and resources, identifying funding opportunities, profiling key Canadian family violence research and events, and providing updates from the Family Violence Initiative. Subscribe at <http://www.phac-aspc.gc.ca/ncfv-cnivf/EB/eb-subscrib-eng.php>.

## Federal Initiative to Address HIV/AIDS in Canada

<http://www.phac-aspc.gc.ca/aids-sida/fi-if/index-eng.php>

Funding under the Canadian HIV Vaccine Initiative is administered by the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research, the Canadian International Development Agency and the Bill & Melinda Gates Foundation. The Agency administers community engagement funding and manages funding for the pilot scale manufacturing facility for HIV vaccine clinical trial lots.

### Five National HIV/AIDS Grants & Contributions Funds:

The HIV/AIDS Policy, Coordination and Programs Division is responsible for administering five national HIV/AIDS grants and contributions funding programs under the Federal Initiative to Address HIV/AIDS in Canada. An update on national Invitation to Submit Applications is presented in the chart below.

These funds:

- Support a national voluntary-sector response that plays a coordinating and leadership role in the response to HIV/AIDS;
- Help engage in direct, meaningful involvement with people living with or at risk of HIV/AIDS;
- Encourage collaborations and partnerships to address risk factors of the disease and achieve an integrated approach to disease prevention across sectors;
- Enhance the capacity of individuals, organizations and communities to respond to the epidemic;
- Gather and encourage the exchange of HIV/AIDS information and knowledge;
- Enable the development of effective, informed and innovative policies and program interventions that are relevant across Canada; and
- Enhance a broader response to the HIV/AIDS epidemic and its underlying causes.

National HIV/AIDS Funding Programs	Goal	Update on Invitations to Submit an Application
National Specific Populations HIV/AIDS Initiatives Fund	To prevent HIV infection; increase access to appropriate diagnosis, care, treatment, and support; and increase healthy behaviours amongst Canada's populations most affected by HIV/AIDS and most	Call Closed

	vulnerable to infection.	
National HIV/AIDS Voluntary Sector Response Fund	To enhance and sustain an effective voluntary sector response to HIV/AIDS in Canada.	Call Closed
Non-Reserve First Nations, Inuit and Métis Communities HIV/AIDS Project Fund	To aid in the reduction of HIV incidence among Canada's Aboriginal population and to facilitate access to quality diagnosis, care, treatment and social support for all APHAs.	Call Closed
National HIV/AIDS Knowledge Exchange Fund	To strengthen responses of front-line organizations involved in the delivery of prevention, diagnosis, care, treatment and support to people living with and at risk to HIV/AIDS, by incorporating an active and continuous exchange of HIV/AIDS-related knowledge.	Call Closed
National HIV/AIDS Demonstration Fund	To demonstrate and share the effectiveness of select front-line initiatives to build the evidence base and strengthen programmatic responses to HIV/AIDS.	A Request for Proposals is currently under development and the date for release is to be determined.

**For further information, please contact:**

Marc-André Gaudreau, Manager  
Program Development and Evidence-Based Interventions Section  
HIV/AIDS Policy, Coordination and Programs Division  
Centre for Communicable Diseases and Infection Control  
Public Health Agency of Canada  
Telephone: (613) 952-7199  
E-mail: marc-andre\_gaudreau@phac-aspc.gc.ca

# First Nations and Inuit Home and Community Care Program

## What is the purpose of the First Nations and Inuit Home and Community Care Program?

Health Canada works with First Nations and Inuit communities in developing comprehensive home and community care services that respect traditional, holistic and contemporary approaches to healing and wellness.

These services assist people who have chronic and acute illnesses receive the care they need in their home or community. Care provided in these familiar settings allows First Nations people and Inuit to be close to their loved ones as long as possible and to keep their independence.

Home and community care may include nursing care, personal care such as bathing and foot care, home support such as meal preparation, and in-home respite care, that is, caring for someone while family members have a rest.

### Program Information:

**Annual and Bi-annual Reports** are created each year to inform First Nations people, Inuit, Federal Government Departments and other organizations on the status of First Nations and Inuit Home and Community Care (FNIHCC) Program. These reports describe the activities and developments that have taken place with respect to the implementation of the FNIHCC program. They also provide detailed information regarding the achievements as well as the challenges encountered. [http://www.hc-sc.gc.ca/fniah-spnia/pubs/services/\\_home-domicile/2002-2003\\_rpt/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/services/_home-domicile/2002-2003_rpt/index-eng.php)

**First Nations and Inuit Home and Community Care Program Evaluation Newsletters** are developed 4 times a year to inform First Nations and Inuit communities and the interested public across Canada on the status of the Evaluation for the program. These newsletters show the activities and developments that have taken place with respect to the FNIHCC Evaluation Study and also provide information regarding the achievements and challenges encountered. [http://www.hc-sc.gc.ca/fniah-spnia/pubs/services/\\_home-domicile/2002\\_eval\\_guide/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/services/_home-domicile/2002_eval_guide/index-eng.php)

The **Foundations for Success study** is the first of three studies that together will form the evaluation of the program. The next two studies will address the remaining questions in the Results-Based Management and Accountability Framework. [http://www.hc-sc.gc.ca/fniah-spnia/pubs/services/\\_home-domicile/2004\\_foundat-fondat\\_success\\_summ-bref/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/services/_home-domicile/2004_foundat-fondat_success_summ-bref/index-eng.php)

# Indian Residential Schools Resolution Health Support Program

<http://www.hc-sc.gc.ca/fniah-spnia/services/indiresident/irs-pi-eng.php>

## What is the IRS program?

The Indian Residential Schools (IRS) Resolution Health Support Program provides emotional health and wellness support to former IRS students and their families, regardless of status and place of residence, who are eligible for the Common Experience Payment (CEP) and/or resolving an IRS claim through the Alternative Dispute Resolution (ADR) process, Independent Assessment Process (IAP) or litigation.

## Who is eligible for this program?

If you attended an Indian Residential School you may be eligible to access:

- Professional counselling;
- Transportation to access counselling not available in the home community;
- Transportation to access the services of an Elder not available in the home community;
- Emotional Support services of a community-based Resolution Health Support Worker; and
- Cultural Support services of an Elder.

Health Canada's Indian Residential Schools Resolution Health Support program coordinates the following services for eligible claimants:

- Professional counselling - based on receipt of a completed treatment plan including the number of counselling sessions recommended and cost, from a recognized Health Canada service provider and with approval from the First Nations and Inuit Health Branch (FNIHB).
- Assistance with the cost of Transportation to access individual/limited family professional counselling and/or Elder services not available in the home community and approved by FNIHB.
- Emotional support services are provided by individual Resolution Health Support Workers contracted by Aboriginal or affiliated organizations and funded by FNIHB. The services of the support workers include, but aren't limited to, providing front-line safety support (at Alternative Dispute Resolution, Independent Assessment and court hearings) and coordination services directly to former IRS students and their families. These services are available before, during and after the Common Experience Payment process, Alternative Dispute Resolution,

Independent Assessment Process, Truth and Reconciliation and Commemoration events.

- Cultural support services will be provided by Elders who are contracted by Aboriginal or affiliated organizations funded by FNIHB. The services of the Elders will include, but aren't limited to, providing a variety of culturally appropriate supports (such as ceremonies, smudging and guidance) directly to former IRS students and their families. These services are available before, during and after the Common Experience Payment process, Alternative Dispute Resolution, Independent Assessment Process, Truth and Reconciliation and Commemoration events.

**For more information, please contact:**

***British Columbia***

5th Floor, Sinclair Centre  
Federal Tower  
757 Hastings Street West  
Vancouver, British Columbia  
V6C 3E6

Telephone (toll-free): 1-877-477-0775

***Alberta***

Suite 730, Canada Place  
9700 Jasper Avenue  
Edmonton, Alberta  
T5J 4C3

Telephone (toll-free): 1-888-495-6588

***Saskatchewan***

18th Floor, 1920 Broad Street  
Regina, Saskatchewan  
S4P 3V2

Telephone (toll-free): 1-866-250-1529

***Manitoba***

3rd Floor, 391 York Avenue  
Winnipeg, Manitoba  
R3C 4W1

Telephone (toll-free): 1-866-818-3505

***Ontario***

3rd Floor, Emerald Plaza  
1547 Merivale Road  
Nepean, Ontario  
K1A 0L3

Telephone (toll-free): 1-888-301-6426

***Quebec***

2nd Floor, Guy-Favreau Complex  
East Tower  
200 West René Lévesque Boulevard  
Montreal, Quebec  
H2Z 1X4

Telephone (toll-free): 1-877-583-2965

***Nova Scotia, New Brunswick, Newfoundland and Labrador, and PEI***

18th Floor, Maritime Centre  
1505 Barrington Street  
Halifax, Nova Scotia  
B3J 3Y6

Telephone (toll-free): 1-866-414-8111

***Yukon, Northwest Territories and Nunavut***

Elijah Smith Building  
Suite 100 - 300 Main Street  
Whitehorse, Yukon  
Y1A 2B5

Telephone (toll-free): 1-800-464-8106

## **Métis, Off-Reserve Aboriginal and Urban Inuit Prevention and Promotion Program**

[http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/diabete/2000\\_moauipp-ppmahrimu\\_program/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/diabete/2000_moauipp-ppmahrimu_program/index-eng.php)

The Métis, Off-reserve Aboriginal and Urban Inuit Prevention and Promotion (MOAUIPP) Program provides time limited funding for diabetes prevention and health promotion projects. These projects aim to build awareness of diabetes and its complications and what can be done to prevent diabetes. Projects emphasize healthy eating and active living, and build awareness of the risk factors, complications, and what can be done to prevent these from occurring. The MOAUIPP program is intended to serve Métis, off-reserve Aboriginal and urban Inuit who will access diabetes prevention and health promotion programming, and want these programs to be culturally appropriate.

### **What is the application process?**

The MOAUIPP program is delivered by an application driven process. Organizations or associations can apply for funding through a national Request for Applications process. Diabetes projects may be designed and delivered in different ways depending on which population group is targeted. However, activities must support the following program objectives:

- Increase awareness of diabetes, diabetes risk factors and complications; and ways to prevent diabetes and diabetes complications among all Aboriginal people;
- Increase practice of healthy eating and active living behaviours among First Nations, Inuit and Métis;
- Increase ownership of diabetes programs and capacity to combat diabetes in First Nations, Inuit and Métis communities.

### **For further information, contact:**

**Telephone:** (613) 941-4600

**Fax:** (613) 954-8107

**E-mail:** [adi\\_info@hc-sc.gc.ca](mailto:adi_info@hc-sc.gc.ca)

## National Native Alcohol and Drug Abuse Program

[http://www.hc-sc.gc.ca/fniah-spnia/pubs/substan/ads/nnadap\\_rev-pnlaada\\_exam/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/substan/ads/nnadap_rev-pnlaada_exam/index-eng.php)

### What is the purpose of the Native Alcohol and Drug Abuse Program?

The program's goal has been to help First Nations and Inuit communities set up and operate programs aimed at reducing high levels of alcohol, drug, and solvent abuse among on-reserve populations.

NNADAP supports a national network of 52 residential treatment centres, with some 700 treatment beds.

Today, NNADAP provides over 550 prevention programs with over 700 workers - almost all employed by First Nations and Inuit communities. Program activities vary, based on the size and needs of each community and the availability of skilled workers, but they generally fall into three key areas:

- **Prevention activities:** aimed at preventing serious alcohol and other drug abuse problems (e.g. public awareness campaigns, public meetings, school programs)
- **Intervention activities:** aimed at dealing with existing abuse problems at the earliest possible stage (e.g. recreation activities for youth, discussion groups, native spiritual and cultural programs)
- **Aftercare activities:** aimed at preventing alcohol and drug abuse problems from reoccurring (e.g. counseling, sharing circles, support groups, crisis intervention, treatment referrals, detox referrals, social service referrals, medical referrals, band services referrals)

## Natural Health Products Research Program

[http://www.hc-sc.gc.ca/sr-sr/finance/nhprp-prpsn/finance/research-recher\\_confer\\_support-soutien\\_form-formu-eng.php](http://www.hc-sc.gc.ca/sr-sr/finance/nhprp-prpsn/finance/research-recher_confer_support-soutien_form-formu-eng.php)

**\*Note:** The NHPRP came to a close in 2008 and is no longer offering grants and contributions for NHP-based research. However, Health Canada continues to explore ways in which the Natural Health Products Directorate can play an active and meaningful role in fostering and promoting NHP research, whether directly or in collaboration with other agencies, both within government and the research community at large.

### What is the purpose of this program?

The objective of Health Canada's Natural Health Products Research Program (NHPRP) was to support natural health product (NHP) research and knowledge-based activities both directly and in partnership with the Canadian Institutes of Health Research.

Created as a five-year grants and contribution program, the NHPRP provided financial support to a number of research projects and initiatives between 2003 and 2008. A comprehensive overview of the NHPRP's accomplishments during its five year existence is available in the Natural Health Products Research Program's Five Year Performance Report 2003 - 2008, located at [http://www.hc-sc.gc.ca/dhp-mps/pubs/natur/2008-nhprp\\_prpsn/index-eng.php](http://www.hc-sc.gc.ca/dhp-mps/pubs/natur/2008-nhprp_prpsn/index-eng.php).

In the context of the NHPRP, NHP research was defined as any form of research involving NHPs related to the following themes:

- Biomedical research;
- Product Quality ;
- Clinical research;
- Health systems and health services research;
- Societal, cultural, environmental influences on health and the health of populations;
- Issues related to Natural Health Products regulations; and
- Information and knowledge transfer.

In order to determine how best to fulfill its research mandate, the Natural Health Products Directorate (NHPD) held a series of consultations to determine research priorities.

# Population Health Fund

<http://www.phac-aspc.gc.ca/ph-sp/phdd/funding/index-eng.php>

**\*Note:** This program was last updated in 2008. Information for the PHF is no longer available on the Health Canada website.

For five years, the PHFN has been supporting action on and across the determinants of health in the following areas:

- community-based model development;
- knowledge development for program and policy; and
- partnership and intersectoral development.

An evaluation of the PHFN and a strategic consultation with the Public Health Agency of Canada staff and stakeholders were conducted in the past year. They found that:

- voluntary sector organizations have incorporated the population health approach into their practices;
- most of these organizations have developed ongoing intersectoral partnerships; and
- there is a need to support successful model development projects (“best practices”) and more robust outcome evaluation.

These findings support the Public Health Agency of Canada’s increased emphasis on sustainability and evidence-gathering practices.

The priorities in this solicitation respond to these findings, particularly the need to support best practices.

## Scope of the current solicitation

This solicitation is for projects that:

- are a maximum of 36 months;
- are **national in scope**;
- address the determinants of health;
- range from \$20,000 to \$100,000 annually; and
- produce all documents for public distribution in both of Canada’s official languages, and provide access to project activities in the official language of choice of members of the target population.

## Eligibility criteria

1. Sponsoring organizations must be Canadian, voluntary not-for-profit or educational institutions.
2. Projects must be **national in scope**. They must include the participation of the population being served and intersectoral partners from three (3) or more Public Health Agency of Canada regions<sup>1</sup> for each of the following components: planning, implementation, evaluation and dissemination.
3. Projects must be congruent with the **PHF goal** of increasing community capacity for action on or across the determinants of health.
4. Projects must address one or more of the **PHF objectives**:
  - to develop, implement, evaluate and disseminate community-based models for applying the population health approach;
  - to increase the knowledge base for program and policy development on population health; and
  - to increase partnerships and develop intersectoral collaboration to address specific determinants of health, or combinations of determinants.
5. Projects must address both **PHF principles**:
  - promoting participation; and
  - strengthening collaboration.
6. Projects must address one of the **2004-2005 funding priorities**.

<sup>1</sup>Atlantic Region, Quebec Region, Ontario and Nunavut Region, Manitoba and Saskatchewan Region, Alberta and Northwest Territories Region, British Columbia and Yukon Region.

## What is not eligible?

The following are not eligible for funding under this RFP:

- pure research in any discipline;
- profit-making activities;
- provision of direct services for which other governments are responsible;
- audiovisual productions outside the context of a more comprehensive proposal;
- creation and/or maintenance of Web sites as a sole activity;
- conferences, symposia, and workshops as stand-alone projects;
- capital costs such as the purchase of land, buildings, or vehicles;
- ongoing organizational support, or a percentage of overhead, or administrative fees; and
- contingency allowances or other miscellaneous fees.

## What is required in the Request for Proposals?

- **Sustainability** – Each proposal will require a sustainability plan.

- **Priorities** – Each proposal will address **only one** funding priority.
- **Screening and Assessment** – screening and assessment tools are included in this RFP as an aid in preparing your proposal (see links to “Screening Form” and “Assessment Form” in Annex A).
- **Duration** – Projects may be funded up to a maximum of 36 months.
- **Results-based Management Accountability Framework (RMAF)** – Treasury Board policy requires all funding programs, including the PHFN, to develop RMAFs. RMAFs are intended to strengthen accountability for spending, improve data collection and improve evidence-based decision making.  
The PHFN is in the process of developing its RMAF. Once completed, PHFN will notify all recipients of additional requirements related to the RMAF.
- **Liability Insurance** – All applicants must provide proof of liability coverage. Please see clause 26 of the Standard Contribution Agreement. (See Annex A)
- **One-page project summary** – Each proposal must include a one-page project summary (maximum 350 words) in the following format:
  1. organization mandate
  2. partners with whom the organization will work
  3. project objectives and activities
  4. relevance to chosen priority
  5. expected project results
  6. tools to measure achievement of objectives
  7. project deliverables
  8. dissemination of results
- **Financial Management Guide** – A **new** financial management guide is now available (see Annex A).
- **Proof of not-for profit status** – All applicants must provide proof of their organization’s not-for-profit status.
- **Letters of support** – This is not as much a new requirement as a reminder. PHFN requires two types of letters of support: one from project partners; the other from interested organizations and/or individuals (see Annex B).
- **PHF Section Office has moved** – see our new address (as of January 2003) under “Submission Instructions”.

**Which priorities have been identified for the current solicitation?**

- Children’s Health
- Senior’s Health
- Healthy Communities
- Chronic Disease

**What does the application need to include?**

Proposals must include all of the headings listed below, in the order in which they appear. Incomplete proposals will be automatically screened out of the review process.

Please see the *Population Health Fund Guide for Applicants* (in pdf; available at [www.phac-aspc.gc.ca/ph-sp/phdd/pdf/funding/health\\_fund.pdf](http://www.phac-aspc.gc.ca/ph-sp/phdd/pdf/funding/health_fund.pdf)) for definitions and guidance.

1. Application form (see Appendix C of the *Population Health Fund Guide for Applicants*)
2. An official letter from your organization
3. A one-page project summary (maximum 350 words), using the new format (see “What’s new in this RFP,” #7)
4. Identification of target population language group
5. Proof of liability insurance
6. Proof of not-for-profit status
7. Letters of support (see Annex B)
8. Detailed description of the project (maximum 15 pages)
  - i. sponsoring organization
  - ii. background
  - iii. how specific determinants of health will be addressed
  - iv. project objectives and their link to **one** current funding priority
  - v. Population Health Fund principles
  - vi. workplan and timetable
  - vii. evaluation plan
  - viii. dissemination plan (sharing your knowledge)
  - ix. sustainability plan
  - x. detailed project budget

### **What is the review process?**

The review process has four stages.

#### **First stage (usually three weeks)**

All proposals will be screened for **completeness and eligibility**. Incomplete and ineligible applications will not be considered further, and these applicants will be notified in writing.

#### **Second stage (usually four weeks)**

Public Health Agency of Canada program consultants will determine whether the remaining proposals are relevant to the **2004-2005 funding priorities**. Other federal government departments and agencies may review the proposals at this stage.

**Third stage (usually six to eight weeks)**

Proposals that are complete, eligible and relevant will be recommended for **external review**.

**Fourth stage (usually six to eight weeks)**

Proposals recommended for approval will be forwarded to the **Minister of Health for a final decision**. Applicants will be notified in writing once a final decision has been reached.

**THE CROWN RESERVES THE RIGHT TO:**

- reject any or all proposals received in response to this RFP;
- accept any proposal in whole or in part; and
- cancel and/or re-issue this RFP at any time.

**Contacts**

Questions about this RFP should be directed to:

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## Women's Health Contribution Program

<http://www.hc-sc.gc.ca/hl-vs/women-femmes/contribution-eng.php>

The Women's Health Contribution Program supports community-academic partnerships in the development and dissemination of policy research and information for women's health. The Program is managed by Health Canada's Bureau of Women's Health and Gender Analysis.

The Program contributes approximately \$2.95 million annually to eligible recipients. It currently supports:

- **Centres of Excellence for Women's Health:** represents a unique multi-disciplinary partnership among academics, community-based organizations and policy makers. Their aim is to inform the policy process and generate knowledge about the determinants of women's health, including gender and diversity.
- **Canadian Women's Health Network:** The Canadian Women's Health Network (CWHN) is funded by Health Canada's Women's Health Contribution Program to facilitate national networking of women's health organizations in Canada, to communicate the research findings of the Centres of Excellence and other initiatives, and act as a clearinghouse for women's health information.
- **The National Coordinating Group on Health Care Reform and Women:** examines the impact of health care reform on women as providers, decision makers and users of the health care system.
- **The Women and Health Protection working group:** monitors proposed changes in federal health protection legislation and examines the impact of those changes on women's health.

## Visiting Fellowship Program (NSERC)

<http://www.hc-sc.gc.ca/sr-sr/rescar/fellow-bours/visiting-eng.php>

The Visiting Fellowships in Canadian Government Laboratories Program offers postdoctoral scientists and engineers the opportunity to work with supervisors in various departments and research institutions. The Natural Sciences and Engineering Research Council of Canada (NSERC) administers this Program. Several Government departments and agencies, including Health Canada (HC) and the Public Health Agency of Canada (PHAC), actively participate in the NSERC Visiting Fellowship (VF) Program.

### Qualifications and Applications for Fellowships

To be eligible for a Visiting Fellowship, the candidate must be within six months of completing a PhD, or have received the degree from a recognized university no more than five years prior, in a Natural Sciences and Engineering related field. To remain eligible for the Program, if the applicant withdrew from the work force and active research for maternity leave, or to raise a child for at least a year, the maximum limit is six years from the date of a candidate's PhD.

To apply, Form 200 from the NSERC Website must be completed by the applicant and sent to the NSERC-VF Program Administrator or Officer who processes it.

NSERC also requires two independent letters of reference and a copy of the candidate's PhD diploma or degree.

As the Program is ongoing, applications may be submitted anytime, but VF candidates may not start work between February 15 and March 31 because of NSERC's fiscal year end. Decisions are conveyed to candidates approximately three months after the receipt of their complete application.

The current value of the Visiting Fellowship stipend is between \$43,724 and \$54,293 per annum. On July 1 of each year the value of the stipend is adjusted if required by the SE-RES collective agreement. Fellowships are provided initially for one year. Renewals for a second and third year are at the discretion of HC and PHAC.

HC, PHAC and NSERC have agreed in a Memorandum of Understanding that NSERC's involvement in this Program will be on a cost recovery basis which includes the payment of administrative fees in each of the three years of the Fellowship.

### Health Canada and Public Health Agency of Canada Participation and Commitments of Host Laboratories

More than twenty laboratories at HC and PHAC currently participate in this Program. Host departments and agencies agree to provide the NSERC Visiting Fellow with an opportunity to engage in research of mutual interest. Some laboratories integrate Visiting Fellows into existing research teams and projects. Others allow Visiting Fellows to develop and conduct independent research under the supervision of senior scientists.

### **Program Requirements**

Selected candidates may be required to pass a standardized official language proficiency examination before being nominated by the host department or agency. Please note that foreign nationals must obtain employment authorization and a visitor's visa from a Canadian Visa Officer before arriving in Canada. Visiting Fellows must renew their employment authorization before it expires. The costs of visas, employment authorizations and medical examinations are non-refundable. HC and PHAC require valid security clearances for NSERC-VF applicants before the award is offered to the Visiting Fellow.

Invention Agreements (Form E-4) must be signed by the Visiting Fellow stating that the rights to any invention made during tenure of the Fellowship are vested in the Government of Canada. A copy of this [Form](#) is available to participants on the NSERC Website.

### **Evaluation**

Participating departments, such as HC and PHAC, are responsible for the evaluation of candidates' proposals and applications. Two reviewers with appropriate expertise, selected from a list of HC and PHAC scientists, evaluate the candidate's application and proposal. In the case where there is disagreement between the two reviewers, a third evaluation may be required to resolve this issue. NSERC maintains a Peer Review Committee for the purpose of evaluating applications for which a recommendation cannot be reached by the department. This Committee also acts in cases where the department does not have the expertise to evaluate the candidate's application.

### **Nomination**

If HC/PHAC wishes to nominate a person on the NSERC-VF Inventory List, the host department or agency sends the Nomination Form to NSERC and HC/PHAC has the responsibility of verifying the current address of the candidate before submitting that Form.

The first proposed department or agency on the applicant's form has exclusive rights to make an offer until the next monthly posting of new candidates on the

NSERC Extranet Website. After that, all participating departments or agencies in the Program have an opportunity to make an offer to the candidate. HC/PHAC's NSERC-VF Nomination Form contains all the information required to make an offer to the candidate. It contains tenure location, description of the project, supervisor's name and amount of the candidate's stipend.

HC/PHAC must submit justification to NSERC for a higher than regular stipend by completing NSERC's Stipendiary Top-Up Form. Both the Nomination and Stipendiary Top-Up Forms must be completed and submitted together to NSERC before the Letter of Offer is issued by NSERC to the Visiting Fellow.

### **Start Dates, Tenure, Termination and Additional Information**

Fellowships may be accepted upon receipt of written confirmation of the award from NSERC. The start date is subject to the approval of the host laboratory and candidate taking into consideration the travel time to arrive at the place of work. This Program does not provide additional allowances for research costs, tuition fees or publication costs. Decisions about these matters rest with the host Federal Government department or agency.

Providing that satisfactory progress is made (reported on Form E-6) and funding is available, the Fellowship may be renewed for two additional periods of twelve months each by HC/PHAC. Notice of termination (Form E-7) must be received by NSERC when a Visiting Fellow leaves his/her position before the expiry date of the Fellowship. Copies of these two [Forms](#) and others related to the NSERC/VF Program are available on the NSERC Website.

Following termination from the Program, any overpayment will be requested from the Visiting Fellow by NSERC. Upon receipt of the refund, NSERC will reimburse the host department or agency.

The Program also offers a four month paid parental leave for NSERC Visiting Fellows.

### **Additional Information**

Visit the [NSERC](#) and [Health Canada](#) Web Sites for more information about this Visiting Fellowship Program, especially the [NSERC Program Guide for Students and Fellows](#).