

# Substance Use and Addictions Program

Call for Proposals

Guidelines for Applicants

Updated May 2018



Health Canada's Substance Use and Addictions Program (SUAP) is pleased to invite eligible organizations to submit applications to support evidence-informed and innovative health promotion, prevention, harm reduction and treatment initiatives to address substance use issues related to legal and illegal psychoactive substances.

There is no deadline for this Call for Proposals (CFP) process. Under this invitation, funding applications will be accepted on a **continual** basis. Note that funding will be subject to budgetary and program considerations.

**Cannabis and opioid specific proposals received by 5:00 pm EDT, June 29, 2018**, will be given first consideration for initiatives with a potential start date this fiscal year.

Quebec organizations: please note that the Ministère de la Santé et des Services sociaux du Québec (MSSS) is managing the funds in the province of Quebec. L' Institut national de santé publique du Québec and l'Institut universitaire sur les dépendances have been mandated by the MSSS to develop projects in collaboration with community partners.

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## Section 1 – Overview and Context

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Health Canada leads the Canadian Drugs and Substances Strategy. Supported by a strong evidence base, drug and substance use issues require a comprehensive, collaborative and compassionate approach that includes:

- Prevention: Preventing problematic drug and substance use;
- Treatment: Supporting innovative approaches to treatment and rehabilitation; and,
- Harm Reduction: Supporting measures that reduce the harms related to drug and substance use.

Given the complexities and interrelationships of the many challenges associated with substance use issues, as well as the varying needs and priorities across the country, it is recognized that partnerships and collaborations are fundamental to achieving results.

### SUBSTANCE USE AND ADDICTIONS PROGRAM (SUAP)

The SUAP is a federal contributions program, delivered by Health Canada that provides financial support to provinces, territories, non-governmental organizations and key stakeholders to strengthen responses to drug and substance use issues in Canada. Addressing the challenges posed by these issues requires leadership and collaboration across jurisdictions. Health Canada places a priority on working with partners to promote innovation and the adoption of best practices; improved effectiveness, efficiency and accountability within health and related systems; and, national approaches to issues and priorities.

SUAP funding supports evidence-informed and innovative initiatives across health promotion, prevention, harm reduction, treatment and rehabilitation, targeting a broad range of legal and illegal substances including opioids, alcohol, cannabis, prescription drugs, and tobacco.

## Section 2 – Funding Priorities

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This call for proposals (CFP) falls under federal policy and funding authorities. Priorities for this CFP are outlined below.

Please note that preference may be given to initiatives that are innovative. Innovation includes technological, social and policy innovation such as new ways for professionals to work together, new ways of engaging people and new ways of organizing. Innovation can also include efforts to

reduce gaps in knowledge and improve the knowledge and evidence base related to new and emerging trends or patterns of use.

Health Canada is committed to fostering collaborations that will increase reach and impact of initiatives. In terms of scope and reach, preference may also be given to comprehensive initiatives that scale up local, evidence-informed initiatives and/or involve multiple communities and/or multiple provinces and territories.

The SUAP will focus funding on access to evidence and implementation of knowledge to change individual behaviour and system level programs, policies and practice.

Submissions must target one or more of the following priority areas:

- **Addressing cannabis use: In preparation for the proposed legalization and regulation of cannabis, focus will be placed on cannabis public education, awareness, harm reduction and prevention initiatives. Preference will be given to submissions that:**
  - Target audiences with greater risks and/or harms associated with cannabis use (i.e. those who initiate use early, poly-substance users, those with concurrent mental health and substance use issues, and/or other populations with a high prevalence of problematic cannabis use). Target audiences can include youth and young adults, pregnant and breastfeeding individuals, individuals with a family history of mental illness, seniors and older adults and other segments of the population.
  - Support Indigenous communities in developing culturally appropriate education, awareness, harm reduction and prevention initiatives. This includes initiatives that build capacity within Indigenous communities to address cannabis use, fund innovative approaches for reaching Indigenous audiences, and which integrate cannabis education, awareness, harm reduction and prevention within the broader spectrum of wellness initiatives.
  - Provide professional communities (i.e., health professionals, educators and law enforcement) and front-line service providers with the tools, resources, skills and training required to address and prevent the risks and harms of cannabis use.
  - Support community-based organizations across Canada in educating their communities about the health effects and safety risks of cannabis and in developing knowledge mobilization products and activities to prevent the risks and harms of cannabis use. This includes initiatives that are sensitive to the unique circumstances

and diverse needs of rural and remote communities, marginalized and linguistic minority populations, and LGBTQ2 individuals.

- Develop interventions to address individual, interpersonal, community and/or societal factors that may reduce the risks, or enhance protective factors, against problematic cannabis use.

Additional projects aimed at raising awareness and educating the public about cannabis including its health effects will be considered.

Should you require additional information about cannabis public education and awareness for the development of your proposal, please contact [cannabis@canada.ca](mailto:cannabis@canada.ca). Please note that proposals should be submitted as per the instructions in Section 7 below.

- **Addressing tobacco use, particularly cigarette smoking – the most prevalent tobacco product.** This could include tobacco health promotion and communication initiatives, including outreach, and knowledge development, exchange and dissemination activities. Other possible initiatives that focus on reducing smoking among at-risk populations and/or promoting common approaches to smoking cessation and prevention, including harm reduction approaches, to help Canadians end their use of tobacco could also be considered.
- **Innovative responses to Canada’s opioid crisis across the prevention, harm reduction and treatment continuum.** Focusing on areas and populations with the highest need in the context of the current opioid overdose crisis, initiatives could include:
  - Evidence-informed primary, secondary and tertiary overdose prevention efforts such as Naloxone training and support in non-traditional settings, engaging with and building community capacity and promoting the benefits of harm reduction, especially in higher-risk populations like individuals using alone.
  - Expanding access and overcoming barriers to innovative harm reduction and/or treatment models such as barriers to injectable opioid therapy and other substitution therapies, drug checking and peer engagement.
  - Development, enhancement and uptake of evidence-informed tools, technology, guidelines and protocols such as those related to withdrawal management, injectable opioids and other under-utilized treatment options.

- Empowering service providers with knowledge, skills, tools and supports such as trauma-informed training, education and practice guidance to enhance the service delivery capacity of primary care providers and allied professionals such as nurse practitioners.
- Enhancing access to, sharing and use of data to inform responses to the opioid crisis such as those related to prescription monitoring programs, evaluation and knowledge translation activities.
- **Addressing alcohol and/or other legal or illegal substances.** This could include initiatives that focus on high-risk use and respond to the individual, relationship, community and societal factors that contribute to high-risk substance use in a range of populations such as those that use multiple substances, have concurrent mental health and substance use issues and/or other populations with a high prevalence of problematic substance use.

## Section 3 - Principles

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The following principles should be applied, where possible, in developing applications for this funding opportunity:

### ***Evidence-based***

Evidence is central to this funding opportunity to ensure that initiatives are results-based. Evidence is needed to support the rationale for the proposed intervention, the specific population being targeted, and the intervention being implemented. Activities must reflect known best practice based on research evidence, including peer-reviewed and grey literature related to scientific studies from all disciplines and/or traditional knowledge. Where evidence of the effectiveness of a proposed intervention does not exist (e.g., because the intervention is new), the proposed approach must be based on a clearly articulated and plausible theoretical basis.

### ***Public Health***

Substance use can be symptomatic of underlying psychological, social, or health issues and inequities. Substance related problems do not always occur in isolation but can occur as part of social and behavioural clusters. Interventions should, therefore, target life functioning and environmental factors, not just the substance use. This may include addressing the physical, biological, psychological, and social determinants of health (e.g., wealth distribution, education,

housing, social inclusion and other social conditions), as well as the determinants of social and health inequities (e.g., power imbalance, racism, classism, ageism, and sexism).

### ***Multi-sectoral and/or Multi-agency Collaboration***

Diverse, cross-sectoral partnerships are strongly encouraged. Responding to substance use issues is complex and can benefit from collaboration across sectors. Multi-sectoral approaches that involve organizations from multiple disciplines and sectors (e.g., non-profit, governmental, for-profit, academia) with complementary sets of expertise are encouraged. For specific collaboration requirements see Section 5.

### ***Comprehensive***

The greatest impact can be achieved by interventions that encompass multiple target populations, multiple substances and where possible, multiple determinants of health rather than those of a narrower scope. When possible these initiatives should complement or link with local, regional, provincial or territorial-level actions and initiatives, and be tailored for specific populations as needed.

### ***Community-based***

Community-based interventions aim to strengthen the capacity of individuals and organizations at the community level to address substance use issues. Enhancing multi-sectoral or multi-agency collaboration, as described above, can help improve the system response to substance use at the community level. Community-based interventions include providing accurate information that empowers individuals to take action.

### ***Target population involvement***

Interventions should include the perspective of people who use or are affected by substance use issues, including within the family context.

### ***Health Equity***

Heightened efforts to address the needs of populations that experience disproportionate levels of substance use issues, including addressing low levels of health literacy, can help reduce health inequities between different population groups in Canada. As much as possible, data collected through SUAP interventions should enable health equity analysis by examining impact on sub-populations.

### ***Sex- and Gender-informed***

Sex and/or gender is relevant to: prevalence and patterns of substance use, types of substances used, the physical impact of particular substances used, the subpopulations affected, the social

context of use, and access to and outcomes of substance use health promotion, prevention, harm reduction and treatment programs. For specific sex and gender requirements see Section 10 below.

***Trauma-informed***

Trauma-informed practice is a client-centered model that is built on knowledge about the impact of violence and trauma on people’s lives and health. It requires programs to integrate this knowledge into all aspects of practice and programming. Trauma-informed practice in health promotion, prevention, harm reduction and treatment, including an understanding of the role of trauma in substance use and links to related issues, can help build resilience and improve health outcomes.

***Cultural Sensitivity***

Understanding the cultural contexts of populations is an essential element in designing and delivering information and health programs appropriately and effectively. Cultural contexts and values have a strong influence on health-related behaviours. Applicants to this funding opportunity must demonstrate their knowledge and understanding of culture as it pertains to the implementation of their proposed initiative.

***Reducing stigma and discrimination***

Stigma leads to discrimination, which prevents people from getting the services and supports they need. SUAP funding supports comprehensive approaches to improving public understanding and reducing stigma and discrimination related to substance use.

**Section 4 – Program Logic Model (Outcomes and Indicators)**

All initiatives funded under the SUAP must contribute to and align with the following short, medium and long-term outcomes and indicators (as appropriate) of the SUAP logic model:

OUTCOMES	INDICATORS
<b>SHORT-TERM</b>	
Targeted stakeholders and Canadians access evidence-informed information on substance use	<ul style="list-style-type: none"> <li>• # of individuals accessing the knowledge products by: type (targeted stakeholder, targeted Canadian)</li> <li>• # of participants in learning opportunities by: type of participant (targeted stakeholder, targeted Canadian)</li> </ul>
Targeted stakeholders and	<ul style="list-style-type: none"> <li>• % of target population reporting that they gained</li> </ul>

Canadians are equipped with the capacity (knowledge, skills and supports) to inform their decisions and actions related to substance use	knowledge by: sex; Official Language; type of knowledge
	• % of target population reporting that they gained skills by: sex; Official Language; type of skills
	• % of target population reporting that they have the social and physical supports they need by: sex; Official Language; type of supports
	• % of target population reporting that they intend to use knowledge and skills by: sex; Official Language
<b>MEDIUM-TERM</b>	
Targeted stakeholders use evidence-informed information on substance use to change policies, programs, and practice	• % of targeted stakeholders reporting that they made evidence informed improvements to substance use policies, programs and practice by: type of improvement
Targeted Canadians take positive actions with respect to substance use	• % of targeted Canadians reporting they used knowledge and skills by: sex, Official Language; type of behaviour change (reduced use, safer use, not using, etc.)
<b>LONG-TERM</b>	
Canadians have access to quality, evidence informed health promotion, prevention, treatment and harm reduction programs and services	• Extent to which project(s) contributed to Canadians having access to quality, evidence informed health promotion, prevention, treatment and harm reduction programs and services
	• Extent to which project activities are sustained post-Health Canada funding
	• Level of reduced duplication and/or cost savings (e.g. sharing of processes, tools, learnings)
Canadians have better health outcomes	• Extent to which project(s) contributed to Canadians having better health outcomes (e.g. reduction or cessation of substance use, improved health, relationships, engagement with community, etc.)

## Section 5 – Organizational and Collaboration Capacity

SUAP supports collaboration between substance use programs and services and other sectors inclusive of mental health, primary care, urgent care, justice, education, and others.

Applicants for funding should include multi-sectoral or multi-agency collaboration that could include:

- collaborating organizations with expertise in the areas of substance use health promotion, prevention, harm reduction and/or treatment;
- organizations with expertise in public health; and
- evaluators or researchers with an understanding of substance use health promotion, prevention, harm reduction and/or treatment and translating research into practice and practice into policy.

Applicants should demonstrate the following organizational and collaboration capacities:

- understanding of the complexity of health and social issues related to substance use issues;
- experience engaging with populations who face heightened risks of substance use issues;
- previous experience in developing and maintaining collaborations in multi-sectoral or multi-agency initiatives; and
- compatibility between the mandates of collaborating organizations.

Primary partners must have a defined and active role in the initiative.

## Section 6 – Funding Details and Requirements

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### 6.1 PURPOSE

This CFP is intended to solicit initiatives that are local, regional, provincial/territorial, and/or national in scope. In terms of scope and reach, preference may be given to comprehensive initiatives that involve multiple communities and/or multiple provinces and territories.

### 6.2 FUNDING DURATION

Initiatives can be a minimum of one year in duration and a maximum of five years. The recommended duration is two to three years.

### 6.3 STACKING PROVISIONS

Applicants must disclose all sources of funds received for the proposed initiative, including funding from Health Canada, the Public Health Agency of Canada, Canadian Institutes of Health Research, other federal departments, other levels of government, charitable or not-for profit

foundations or organizations, and private sector companies. Applicants are also required to report to Health Canada any additional funds received to support the initiative or to augment activities of the initiative during the course of the initiative. This applies to funding from all sources.

## 6.4 MATCHED / OTHER SOURCES OF FUNDING

Applicants are encouraged to and will be assessed on their ability to obtain financial contributions from partners outside of Health Canada. Organizations submitting an application must be prepared to secure this funding at the time that they submit a proposal for funding.

A specific matched funding ratio is not required. Final determination of the appropriate level of other funding for any particular initiative rests with Health Canada.

Other funding for cost-sharing of the initiative activities can be secured in a variety of ways, including leveraging initiative costs from other sources/partner(s) or monetary contributions from organizational fundraising.

## 6.5 FOCUS ON RESULTS

To achieve greater accountability for results, proposals will only be considered where funding can be linked to measurable results. Applicant organizations should demonstrate that they have the ability to achieve and demonstrate results.

# Section 7 – Application Process

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The CFP is a competitive process and all submissions are subject to Health Canada internal review. Proposals will undergo a screening and review process and, pending approval and available budgets, successful applicants will be awarded funding.

## 7.1 SUBMISSION OF APPLICATION

Please email [SUAP-PUDS@hc-sc.gc.ca](mailto:SUAP-PUDS@hc-sc.gc.ca) to request a copy of the application template.

The application template must be completed in full. Guidelines on the length of each section are provided as guide, not as a firm limit. The required format is Microsoft Word (size 12 font). Appendices that demonstrate the evidence-base, such as literature reviews, needs assessments, and past evaluation results, are permitted.

The following areas are included in the application template:

- Section 1: Organization Information
- Section 2: Amounts Owing to the Government of Canada
- Section 3: Previous Funding
- Section 4: Project Information
- Section 5: Capacity and Suitability of Applicant / Lead Organization
- Section 6: Target Population Groups
- Section 7: Project Overview
- Section 8: Partnerships and Collaboration
- Section 9: Sustainability / Ongoing Impact
- Section 10: Knowledge Translation
- Section 11: Sex- and Gender-Based Analysis
- Section 12: Work Plan and Timetable
- Section 13: Performance Measurement and Evaluation
- Section 14: Detailed Budget and Budget Narrative

Information on the assessment criteria for each section of the application is provided in the template. The application must include sufficient information on each assessment criterion so that a clear overview of all aspects of the proposed initiative is presented.

## 7.2 DEADLINE FOR SUBMISSION

There is no deadline for this application process. Under this invitation, applications will be accepted on a continual basis. Note that funding will be subject to budgetary and program considerations.

Cannabis and opioid specific proposals received by 5:00 pm EDT, June 29, 2018, will be given first consideration for initiatives with a potential start date this fiscal year.

Quebec organizations: please note that the *Ministère de la Santé et des Services sociaux du Québec* (MSSSQ) is managing the funds in Quebec. L'Institut national de santé publique du Québec and l'Institut universitaire sur les dépendances have been mandated by the MSSS to develop projects in collaboration with community partners.

All applications must be submitted using Health Canada's proposal template via email to: **SUAP-PUDS@hc-sc.gc.ca**

Applications will be acknowledged by email. Please ensure your email address is included in your application so that Health Canada may contact you.

## Section 8 – Eligibility

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### 8.1 ELIGIBLE RECIPIENTS

The following types of organizations are eligible for funding:

- Canadian not-for-profit health organizations including hospitals, regional health councils and community health organizations;
- Canadian not-for-profit organizations and registered not-for-profit charitable organizations;
- Canadian institutions including universities, boards of education and other centres of education in Canada;
- other levels of government including provinces, territories and municipalities, and their agencies; and
- Off-reserve First Nations, Métis and Inuit not-for-profit organizations.
- On-reserve First Nations organizations may also be considered, subject to consultation with Indigenous Services Canada.

Individuals, for-profit groups and Federal Crown corporations are not eligible for funding under the SUAP.

**Important Notice:** It is important that any recipient corporation remain in good standing under the laws under which they were incorporated. In other words a recipient must be and remain in compliance with the requirements of the legislation under which it was incorporated (federal or provincial/territorial), including under the *Canada not-for-Profit Corporations Act* ([laws.justice.gc.ca/eng/acts/c-7.75/](http://laws.justice.gc.ca/eng/acts/c-7.75/)) that governs internal affairs of federal not-for-profit corporations.

### 8.2 ELIGIBLE EXPENDITURES

Eligible expenditures may include:

- Personnel salaries and benefits
- Goods and services of contractual personnel
- Travel and accommodation (consistent with the National Joint Council's Travel Directive)
- Materials and supplies
- Audit
- Evaluation
- Performance measurement
- Communication and dissemination
- Rent and utilities
- Equipment
- Meeting expenses
- Grants related to further distribution of funding and awards/honoraria
- Human resources
- Governance
- Information technology and knowledge management
- Training costs and learning opportunities
- Other specific expenses not included in the categories above as identified by the Deputy Head of Health Canada to achieve funding results

A detailed budget will be required as part of the proposal stage in the application process.

No initiative expenditures may be incurred or reimbursed prior to Health Canada approval of expenditure initiation in accordance with Health Canada's *Delegation of Financial Signing Authorities*.

### 8.3 INELIGIBLE ACTIVITIES AND EXPENDITURES

Ineligible expenditures include but are not limited to:

- Major capital and building expenditures
- Funding for the Recipient's existing or ongoing programs and services

**Note:** While personnel salaries and benefits are an eligible expenditure, the following may be considered ineligible: statutory and extended personnel benefits exceeding 20% of salary costs; performance pay or bonus; severance, separation or termination payments; maternity leave including top-up portion not covered under EI; and compensation during extended absence.

While some expenditures related to administrative fees may be considered eligible, Health Canada may place limits on administrative fees expressed as a percentage of the total value of the initiative.

Please consult with Health Canada if you are proposing to include any of these expenditures in your proposed initiative.

## Section 9 – Official Language Requirements

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It is government policy that federal institutions providing grants or contributions to voluntary non-governmental organizations for activities, initiatives or programs involving service to a public composed of members of both official language communities must take the necessary measures to ensure that the recipients of public funds respect the spirit and the intent of the *Official Languages Act* ([laws-lois.justice.gc.ca/eng/acts/o-3.01/](http://laws-lois.justice.gc.ca/eng/acts/o-3.01/)) when serving the public.

For both grants and contributions, the recipient organization, in consultation with the federal institution providing funding, must first determine the clientele involved and, if required, the language obligations. The activity, initiative or program may require the use of only one official language or neither one of them, depending on the particular public involved. Where applicable, initiatives should account for costs related to linguistic requirements (e.g. translation) in their initiative budgets.

### **National activities, initiatives or programs**

In cases where it has been determined that an activity, initiative or program receiving financial assistance is national in scope and includes services to the general public of both linguistic communities, federal institutions must ensure that recipient organizations will:

- make any announcements to the public concerning the activity, initiative or program in both official languages;
- actively offer services to members of the public in both official languages;
- make available in both official languages any documents for the general public relating to the activities, initiatives or programs;

- encourage members of both official language communities to participate in the activities, initiatives or programs; and
- organize activities, initiatives or programs, when appropriate, in such a manner as to meet the needs of the two linguistic communities.

### **Regional or local activities, initiatives or programs**

When the activity, initiative or program receiving financial assistance is regional or local in scope and the recipient organization, in consultation with the federal institution providing funding, determines that the demand justifies the use of both official languages; services to the general public must be provided in both official languages.

*Consider the following when preparing a funding request:*

1. *Are initiative audiences or target populations / beneficiaries composed of individuals or groups belonging to both linguistic communities?*
2. *In the general public, what is the level of potential demand for services in both official languages?*
3. *If, by its very nature, the initiative is aimed at only one linguistic group, could it be promoted to the other group to encourage increased understanding between the two groups?*
4. *Is the initiative delivered in a geographic area with a significant official language minority?*
5. *Is the initiative national in scope and highly likely to reach both language groups?*
6. *Does the initiative relate to the visibility of Canadian identity abroad?*
7. *Is the recipient a national organization that should clearly have a concern for official languages?*

**A statement on how the initiative will target both linguistic communities must be included in the proposal.**

*For example, the initiative will ensure that:*

- *the acknowledgement of Health Canada's support for the initiative is expressed in English and French;*
- *all public signage, communication (oral and written), products, programs and services related to the initiative are developed and offered in English and French; and*

- *the official language minority community is invited to participate in the initiative design, delivery and public event, where appropriate.*

**OR**

**If it is determined that the initiative is NOT targeting both linguistic communities, a justifying statement must be included.**

*Example: the initiative will not target both of Canada's linguistic communities. The initiative:*

- *is designed to address the specific needs of the Francophone population in (e.g., Manitoba), and as such will not be targeting the Anglophone population.*
- *is piloting a new training approach and curriculum and would like to target a single linguistic community before adapting them and investing in translation.*

## **Section 10 – Sex- and Gender-based Analysis Requirements**

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According to the Health Portfolio Policy, Health Canada requires the use of sex and gender-based analysis (SGBA) to develop, implement and evaluate programs to address the different needs of women, men, boys, girls, and gender diverse individuals. Health Canada will require Recipients to consider whether and how sex, gender and diversity factors will be considered in the development of work plans and activities. Health Canada will work with Recipients to strengthen the collection of sex and/or gender disaggregated data as part of its performance measurement strategy, as well as to strengthen the preparation of sex and gender sensitive reports.

In terms of substance use, sex and/or gender is relevant to: prevalence and patterns of use, types of substances used, the physical impact of particular substances used, the subpopulations affected, the social context of use, and access to and outcomes of substance use health promotion, prevention, harm reduction and treatment programs.

The SUAP, via its programming and performance measurement processes, will seek to further understand the impact of sex and gender and their interactions with other aspects of health equity on problematic substance use patterns in Canada. It will also seek to address inequities, by ensuring women and men benefit equally from policies and programs, and improve health outcomes for all.

All potential and funded initiatives will be assessed against a continuum of gender considerations in programs and policies. As much as possible, data collected through SUAP interventions should enable health equity analysis by examining impact on sex and gender.

The SUAP proposal application template will require applicants to report on how SGBA efforts have been integrated into their proposed intervention, including information on justification, links to evidence, interactions with other relevant determinants/variables, evidence of reference to resource documents on SGBA, description of intents related to analysis, reporting and evaluation.

For additional information please visit: [www.swc-cfc.gc.ca/gba-accs/index-en.html](http://www.swc-cfc.gc.ca/gba-accs/index-en.html)

#### Continuum of gender considerations in programs and policies

##### **Gender unequal – Reinforces unbalanced gender norms, roles and relations**

- Perpetuates gender inequality
- Privileges men over women or women over men
- Leads to one sex enjoying more rights, privileges and opportunities than the other

##### **Gender blind – Ignores gender norms, roles and relations**

- Ignores differences in opportunities and resource allocations between women and men
- May reinforce gender-based discrimination
- Often thought to be 'fair' by treating everyone the same

##### **Gender sensitive – Considers gender norms but offers no remedial action**

- Does not address inequality arising from unequal gender norms, roles or relations

##### **Gender specific – Acknowledges the impact of different gender norms roles and relations**

- Notes the impact on access to and control over resources
- Considers women's and men's specific needs
- May intentionally target a specific group of women or men to achieve policy or program goals or to meet their needs

##### **Gender transformative – Addresses changing harmful gender norms**

- Addresses the causes of gender-based health inequity
- Includes ways to transform harmful gender norms, roles and relations
- Promotes gender equality and fosters changes in power relationships between women and men

For more information and discussion, see Greaves, L., A. Pederson, and N. Poole, eds. *Making it Better: Gender Transformative Health Promotion*. 2014, Canadian Scholars Press: Toronto, ON.

## Section 11 – Knowledge Translation Requirements

In its simplest form, Knowledge Translation (KT) is defined as moving knowledge to action to ultimately improve the health of Canadians. It is an active process that includes the synthesis, dissemination, exchange and application of knowledge to ultimately improve the health of Canadians. It involves purposeful interactions among people who produce knowledge and those

who use knowledge. How knowledge is shared depends on the context in which interactions take place; the needs, roles, resources and capacity of knowledge producers and users; and the knowledge type and findings.

Initiatives funded under the SUAP should ensure that not only appropriate knowledge is generated but that it is also put into action. In the proposal, applicants should identify their KT theory of change, explaining the steps necessary to go from knowledge development to uptake. Health Canada will provide more information on KT expectations and requirements at the proposal stage.

## Section 12 – Lobbyist Registration Act

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Recent amendments to the *Lobbyists Registration Act* ([laws.justice.gc.ca/eng/acts/l-12.4/](http://laws.justice.gc.ca/eng/acts/l-12.4/)) and Regulations have broadened the definition of lobbying. We encourage applicants to review the revised Act and Regulations to ensure compliance. For additional information, visit the Office of the Registrar of Lobbyists website or contact the Office of the Registrar of Lobbyists directly.

## Section 13 – Research Ethics Approval

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All initiatives that involve research with humans must be approved by a research ethics board that adheres to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* ([www.ethics.gc.ca/pdf/eng/tcps2/TCPS\\_2\\_FINAL\\_Web.pdf](http://www.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf)) before the research portion of the initiative begins. Research is defined as an activity designed to test an hypothesis or answer a specific research question, permit conclusions to be drawn, and extend knowledge through the use of scientific methods and standardized protocols, systematic collection or analysis of data, or other types of inquiry. Research may rely upon quantitative methods or qualitative approaches such as participatory action research, narrative inquiry, or discourse analysis.

Research involving humans as “research participants” includes research with:

- living individuals;
- human remains, cadavers, embryos or fetuses;
- human biological materials such as tissues, organs, blood, DNA; and
- information from or about humans such as information obtained through questionnaires or from records of non-living humans that are not in the public domain.

The following are examples of activities that may be considered research, depending on their purpose: questionnaires, surveys, enhanced/novel surveillance, collection of data or biological materials, use of databanks or bio-banks.

## Section 14 – Health Canada-Recipient Roles and Responsibilities

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**Health Canada is under no obligation to enter into a funding agreement as a result of this invitation to submit an application.**

**HEALTH CANADA ALSO RESERVES THE RIGHT TO:**

- **reject any submission received in response to this invitation;**
- **accept any submission in whole or in part; and**
- **cancel and/or re-issue this invitation to submit a proposal at any time.**

Please note that Health Canada **will not** reimburse an applicant for costs incurred in the preparation and/or submission of a proposal.

### RESPONSIBILITIES OF SUCCESSFUL APPLICANTS

#### **Funding Agreement**

Your organization will, if the proposed initiative is approved:

- enter into a legally binding funding agreement with Health Canada and be legally accountable to Health Canada for prudent expenditure of the funds; and
- ensure that the initiative is efficiently carried out and achieves the initiative objectives in accordance with the funding agreement.

### RESPONSIBILITIES OF HEALTH CANADA

Health Canada will:

- ensure that program representatives will be available to provide assistance, advice, and support as you implement your initiative.

#### **Administrative and Reporting Requirements**

Administrative requirements, such as schedules of financial and narrative reporting, as well as other monitoring activities, will be defined in a reporting plan in the funding agreement. As per the *2008 Treasury Board Policy on Transfer Payments*, the funding agreement *will be managed in*

*a manner that is sensitive to risks, that strikes an appropriate balance between control and flexibility and that establishes the right combination of good management practices, streamlined administration and clear requirements for performance.*

### **Proactive Disclosure**

Public announcements will be made regarding successful initiatives. Information will be published online.

### **Audit and Evaluation**

Organizations that receive funding may be required to participate in any evaluation and/or audit activities as directed by Health Canada. Responsibilities will be defined in the funding agreement.

Health Canada may at any time during the duration of a funding agreement, or within a six-year period following its expiry or termination, conduct audits and/or evaluations of any aspect of the work.

## **Section 15 – Contact Us**

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To obtain additional information about this invitation to submit an application, please contact Health Canada by email at: [\*\*SUAP-PUDS@hc-sc.gc.ca\*\*](mailto:SUAP-PUDS@hc-sc.gc.ca)

Quebec organizations: please note that the *Ministère de la Santé et des Services sociaux du Québec* (MSSSQ) is managing the funds in Quebec. L' Institut national de santé publique du Québec and l'Institut universitaire sur les dépendances have been mandated by the MSSS to develop projects in collaboration with community partners.