

**FINDING WAYS TO WORK TOGETHER:**  
**A Proposal for the Establishment of a Coalition**  
**for National Voluntary Organizations working in Health**

Developed by: The Planning Group for the Second Health Charities  
Roundtable

Date: September 1999

## **PURPOSE**

National voluntary organizations working in health are at a turning point. For some time, there has been discussion amongst several organizations about how best to come together to deal with common interests and concerns. This paper explores the current context and presents options for discussion at the September 1999 Health Charities Roundtable in Ottawa. It is becoming more important for the sector to develop new ways of working together. Without a strong and effective coalition, an important voice will not be heard.

## **INTRODUCTION**

Over time, there has been a rise in organizations working together in coalitions to increase their effectiveness and collective voice on common interests and concerns.<sup>1</sup> Organizations have come together to develop strategies to address these common issues. Oftentimes, these organizations will join together to form a coalition or alliance to deal with an issue. The strength of many coalitions continues to grow. Governments and the private sector are seeking ways to more effectively engage the public in discussions on a variety of issues. Coalitions that represent collective viewpoints can be an effective way for organizations to ensure their concerns are heard.

Health reform is taking place on a global scale and, as such, decisions that are made at international levels, such as the World Health Organization, affect decisions that are made in our own country. This will continue, but in a more direct way as influencing of health issues becomes dominated more and more by the very few. There is some concern that those who dominate the global health agenda will be multi-nationals as opposed to those representing the overall needs of populations. One response at the international level has been the establishment of the International Alliance of Patient Organizations. Although Canada has some organizations that speak out, there is no clear, strong voice at the national level for the common interests and concerns of national voluntary organizations working in health.

Prior to the health system becoming publicly supported, patients and their families, consumers and/or concerned citizens formed organizations to address their own interests and concerns. Examples include the Canadian Cancer Society, the Canadian Women's Health Network, the Canadian Diabetes Association, and the Canadian Child Care Federation. The establishment of support groups; the focus of supporting health research in a particular area; disease prevention; health promotion and ensuring the perspective of a representative population are just some examples of how individuals have come together to form an organization.

There are many different organizations, both non-profit and charitable, that have a major focus on health today. It is difficult to quantify the scope. However, Health Canada now lists approximately 3,000 organizations that have had a relationship with the Department over the years. Although an impressive number, it still does not cover the full spectrum of organizations that have an interest in health in this country. Revenue Canada recently confirmed that as of August 1999, there were a total of 5,500 registered health charities. These includes organizations that work at all levels (local, provincial, regional, national and international) and have either a charitable registration number for all levels of the organization or several charitable registration numbers amongst the various level. It does not, however, include those organizations classified as non-profits.

## **CONTEXT FOR THE DISCUSSION**

Health continues to dominate the concerns of the people of Canada in a variety of ways. The 1997 *National Survey on Giving, Volunteering and Participating* noted that donors contributed an average of \$63 a year to health organizations for a total of approximately \$773 Million. 1.8 Million donors, or 8% of the population in Canada 15 years and over, donated to health organizations.<sup>2</sup> This is an important indicator of how Canadians believe that health issues are one of the most important issues of today for this country.

The 1999 federal budget, considered to be a “health” budget, reinstated some of the transfer funds to the provinces. The budget also provided for a number of other health initiatives including a commitment to:

- increase health research spending over the next three to five years, primarily through the establishment of the Canadian Institutes of Health Research;
- improve health information;
- increase telehealth capabilities across the country;
- find ways to improve health services in rural communities;
- increase health expenditures for First Nations and Inuit peoples; and
- develop appropriate accountability mechanisms for the health system in Canada.

With an ageing population putting increased demands on the health care system; an increase in treatment possibilities for a wide range of disorders; increasing interest in the concept of wellness; disease prevention and health promotion, national voluntary organizations working in health have a unique opportunity to come together on common interests and concerns to ensure their collective voice is heard.

## **RELATIONSHIPS**

Relationships are complicated and can be made more so with organizations which have different accountability mechanisms to their members, funders, and other stakeholders. Organizations may become involved with a coalition for any number of reasons including:

- ensuring the organization’s voice is heard on issues of concern;
- lack of resources to work alone on issues of concern;
- major stakeholder in one or more issues;
- increased credibility of the organization; and
- organization has an opportunity to play a leadership role

### **Building New Relationships - The Past Two Years**

Over the years, an increasing number of coalitions and strategic alliances have been established at the national level. The federal government and others (ie. other parts of the health care system, the pharmaceutical industry, etc) are not always able to easily discern the differences between one or another coalition. Building the relationship with the federal government will become even more challenging as a result. To ensure the voice of the national voluntary organizations working in health is heard, we must seriously consider establishing a coalition that will respond to our mutual interests and concerns.

In April 1998, a small roundtable meeting with senior volunteer and staff representatives from national health charities met with the Minister of Health. This meeting provided an opportunity for a representative group to come together on broad mutual interests and concerns.

Although the Minister would like “one-stop” shopping, organizations must reserve the right to meet with

the Minister and senior departmental officials on a bi-lateral basis. However, where there were common interests and concerns amongst organizations, we would work toward developing a mechanism that would allow a collective voice to be developed which would then allow the Minister and Departmental officials with an avenue to discussing broader, common issues of concern. The Minister also expressed his support for the establishment of a Liaison Committee with senior departmental officials to meet with representatives from national voluntary organizations working in health on common interests and concerns.

In June 1998, the Canadian Cancer Society and the Heart & Stroke Foundation of Canada hosted a Roundtable for Canadian Health Charities. Prior to this meeting, a survey of approximately 30 health charities was conducted. There were three areas of mutual interest: health research, patient/community information and health information (dissemination and surveillance).

The 1998 Roundtable brought together senior staff and volunteers from some 35 organizations to discuss and develop strategies to deal with these three common areas. There was consensus to move forward, together, in three specific areas:

- Enhance the capacity [of organizations] so that all charities, regardless of size, have an opportunity to participate;
- Establish a follow-up group (appointed that weekend) tasked with working on options to help forward the common issues; and
- Improve communication and collaboration, first among health charities and then with government and other publics<sup>1</sup>

Since that meeting, there has been significant movement forward. Organizations have come together on a variety of common interests and concerns. Examples of organizations moving forward on a collective basis include the:

- Coalition of National Voluntary Organizations (NVO) received a contribution from Health Canada to establish a Health Issues office with the primary objective of working with national voluntary organizations working in health on their common interests and concerns;
- development of an Omnibus Brief presented to the Standing Committee on Finance in the fall of 1998 and again in the fall of 1999;
- continuation of sector development initiatives to strengthen the capacity of national voluntary organizations working in health;
- exploration of issues and concerns related to becoming actively involved in the Canadian Health Network;
- working together to ensure a strong voluntary health sector voice with respect to the Canadian Institutes of Health Research;
- increasing communication through the establishment of a Health Issues ListServe; and
- working to increase individual and collective capacities to better respond to issues and concerns.

An opportunity now exists for national voluntary organizations working in health to come together to form a strong coalition to work on common interests and concerns. Working together on our common interests and concerns will ensure the voice of the people of Canada is heard.

## **WHY WORK TOGETHER**

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Wilson, E. and D. Strachan, *Report on the Health Charities Roundtable*, Toronto, July, 1998

Working together can achieve a good number of objectives which organizations, individually and collectively believe in:

- provide a collective voice for ordinary Canadians on common interests and concerns
- increase the capacity of national voluntary organizations working in health, individually and collectively
- develop collective responses on common interests and concerns
- provide a forum to share information; and learn about new initiatives of interest to individual organizations

With these reasons in mind, the following options have been developed for consideration at the Second Health Charities Roundtable (September 1999).

### **Option One: Status Quo**

At present, there are a number of networks that are comprised of national voluntary organizations working in health including NVHA (National Voluntary Health Agencies) and NVHO (National Voluntary Health Organizations).

NVHA is a network of 28 Executive Directors of national organizations working in health. Its purpose is to provide a forum for these Executive Directors to exchange information; learn about new initiatives and discuss other issues of interest and concern. Meetings take place in Toronto or Ottawa two to three times a year.

NVHO developed as an informal network of smaller national voluntary organizations working in health as a result of wanting to work together to find a long-term solution with respect to the funding relationship these organizations have had with Health Canada over the years. Through the years, Health Canada has supported the capacity development of these organizations through sector development initiatives. These weekends have provided the opportunity for the participating organization Executive Directors to come together to exchange information; learn about new initiatives and discuss other issues of interest and concern. Due to limited financial capacity, however, there are very few face-to-face meetings outside of the sector development initiatives.

A small number of organizations are members of both the NVHA and NVHO.

### **Positive Aspects**

- Opportunities for information exchange amongst participants at meetings;
- Opportunities to learn about various initiatives of interest and concern to organizations;
- Opportunities to network with colleagues;
- Opportunities to develop collective response on common issues of concern;

### **Some Limitations**

- Limited information exchange amongst the two networks;
- Limited opportunity for both networks to come together on mutual interests and concerns;
- Little public recognition of both networks;
- No strong collective voice from national voluntary organizations working in health on mutual interests and concerns;
- Increased challenges to work with broader voluntary sector on common interests and concerns;

- Limited senior volunteer involvement, which may pose accountability challenges for some;
- Stretches limited resources;
- Voice of national voluntary organizations working in health may begin to be represented by other coalitions that do not have the perspective of the organizations;
- Increasing challenges to ensure appropriate representation at various events;
- Limited secretariat support available; and
- Membership in both networks might be seen as exclusive, not inclusive

Maintaining the status quo will require little additional resources (human and financial). Select opportunities to come together would likely occur, such as through Roundtables. With the increasing desire of many organizations to become involved in a number of areas, there could be additional pressure on the limited resources available to both networks.

**Option Two: Increase inclusivity of Various Networks  
(eg: above two networks)**

**Positive Aspects**

- More inclusive environment for organizations to come together on common interests and concerns;
- Increased opportunities for capacity development, both individually and collectively;
- Increased capacity for organizations to become involved in more issues of concern;
- Perceived to be more inclusive;
- Increased opportunity to come together, such as at Roundtables
- Increased opportunity for stronger collective voice; and
- Potential for increased credibility

**Some Limitations**

- Networks would remain separate “entities”;
- Increased challenges to develop strong working relationship amongst national voluntary organizations working in health;
- Little senior volunteer involvement;
- Little public recognition;
- No strong collective voice from national voluntary organizations working in health on common interests and concerns;
- Challenges associated with working with broader voluntary sector on common interests and concerns;
- Possibility of one network seen as “swallowing up” other networks;
- Stretches limited resources;
- Voice of national voluntary organizations working in health may be represented by other coalitions; and
- Limited secretariat support available to both networks.

## **Option Three: Establishment of the Canadian Council of Health Charities (CCOHC)**

### **Positive Aspects**

- Organization formed to respond to the needs of national voluntary organizations working in health to work together on their mutual interests and concerns;
- Ability to design a coalition that addresses the needs of national voluntary organizations working in health for today and into the future;
- Appropriate accountability mechanisms can be established from the beginning;
- Does not need to be a formal incorporated body
- Increased public recognition for national voluntary organizations working in health on their common interests and concerns;
- Increased cohesive involvement with the broader voluntary sector on common issues of concern;
- Increased ability to present a collective view on common interests and concerns in a public manner (ie: at the political and bureaucratic levels as well as with other coalitions, etc);
- Increased opportunities for organizations to come together and develop action plans to deal with common interests and concerns;
- Increased opportunities for adjunct meetings (eg: with Executive Directors of participating organizations) prior or after Roundtable meetings; and
- Potential for increased senior volunteer involvement amongst participating organizations.

### **Some Limitations**

- Potential for internal strife if broad principles are not accepted by those organizations involved;
- Increased need for strong commitment from senior leadership of founding organizations;
- Potential to be seen as duplicating other organizations or coalitions;
- May be seen as taking too much time away from individual organization's work; and
- Limited resources amongst organizations to support increasing number of coalitions

### **THE WAY OF THE FUTURE**

The voice of the grassroots through national voluntary organizations working in health is critical. Organizations must work together to form a strong coalition which will ensure the collective voice of the people of Canada is heard during public policy debates; increase the capacities of member organizations individually and collectively and enable organizations to work together on other issues as they arise.

### **MOVING FORWARD**

Establishing a small working group that is made up of volunteers and staff from small, medium and large organizations to implement the decisions made at the Second Health Charities Roundtable will be important to build on the successes that have taken place during the past couple of years.

- 1 . McClurg Mueller, Carol, *Building Social Movement Theory*, in *Frontiers in Social Movement Theory*, Aldon D. Morris & Carol McClurg Mueller, ed., Yale University Press, New Haven and London, p. 6
- 2 . Febbraro, Angela and Michael Hall, *Charitable Giving to Charitable and Non-Profit Health Organizations: Perspectives Provided from the National Survey of Giving, Volunteering and Participating*, Canadian Centre for Philanthropy, 1999, p. 19