

Working Group on Public Information and Education Terms of Reference

Scope

To encompass issues related to information sources, tools and dissemination relative to the full range of palliative and end-of-life care for the Canadian population.

Mandate

The Public Information and Education Working Group will promote, facilitate and coordinate implementation activities, including possibly:

- an inventory of educational tools for providers, individuals, families and loved ones and the needs and gaps with respect to cultural sensitivities;
- appropriate mechanisms for promoting education and information to all Canadians in order to gain access to seamless palliative and end-of-life care in their communities;
- dialogue and discussions on dying with the goal of cultivating an acceptance of dying as a natural life process;
- community-based and culturally sensitive care that addresses the needs of specific populations: urban, rural, remote aboriginal and paediatrics;
- ethical and spiritual considerations in all aspects of palliative and end-of-life care; and
- a public awareness and education initiative that targets a broad audience across Canada.

Membership

The Working Group will consist of no more than 10 members including 2 co-chairs, to be appointed by Health Canada. The members will represent organizations and associations and will be chosen for their experience and expertise and the resources they can bring to the table. Health Canada will be a member of the working group. Other expertise may be brought to the table as needed.

Potential members: Canadian Hospice Palliative Care Association (CHPCA), Canadian Caregiver Coalition, Canadian Association of Pastoral Practice and Education, Caregiver Network Inc., Community Hospice Association of Ontario, Coalition of National Voluntary Organizations, National Advisory Council on Aging, National Council of Women of Canada, Canadian Virtual Hospice, Canadian Association of Social Workers and GlaxoSmithKline Foundation.

Responsibilities of Members

- Attend all meetings
- Consult with their respective networks
- Bring resources to the table (e.g. expertise, experience, financial as applicable)
- Coordinate efforts among themselves
- Communicate with one another and with their organization(s)
- Establish linkages with broader stakeholder networks
- Initiate activities at the organizational level
- Co-chairs are required to provide a progress report to the Coordinating Group by end of November 2003. This report will include suggestions for future directions for end-of-life care initiatives in Canada, relative to their theme or issue area.

Budget

Health Canada will support up to two face-to-face Working Group meetings per year, as well as teleconferences as needed. Members' travel and accommodation expenses will be reimbursed according to Treasury Board guidelines. Given the voluntary nature of the involvement in the Working Group, no honoraria will be paid to members.

Timeframe

The Working Group will be put in place until March 31, 2004. The Working Group will assess future direction at the time.