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## **Volunteer Involvement in Ontario's Public Health**

A Position Paper and Two Resolutions adopted by the  
Ontario Public Health Association  
*Code:* 2006-02 (PP) / 2006-03 (RES) / 2006-04 (RES) *Status:* Active

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## Executive Summary

The concept of volunteer involvement is integral to public health. In fact, as far back as 1983, 60 percent of health units had volunteers involved in some capacity. Today there are over 2000 volunteers collectively housed in public health units throughout the province. Community Food Advisors and Breastfeeding Buddies are examples of volunteers who have worked along side public health staff for many years.

Addressing volunteer involvement in public health is especially relevant and timely due to several recent occurrences; the creation of the Ministry of Health Promotion; the tabling of the *Revitalizing Ontario's Public Health Capacity: the Final Report of the Capacity Review Committee (Capacity Review)*, and last but perhaps the most timely is the fact that *The Mandatory Health Programs and Services Guidelines* (MHPSG), published by the Ministry of Health in December 1997 are currently under review.

There are many supporting documents outlining the benefits of volunteerism, including health related benefits. "Volunteer involvement enhances human resources, adds value to financial resources, assists with planning and development, maintains relationships and networks, and increases infrastructure and process capacity of public health agencies". (Cornerstones of Community 43). It is the belief amongst professionals in the field of volunteer resources management in public health that there are some simple, reasonable, and effective ways to include volunteers in public health.

Each health unit involves volunteers according to its respective program and community needs. In cases where a Coordinator of Volunteer Resources is employed, this person works cooperatively with volunteers, unions, professional staff, and management to determine what roles are or are not appropriate for volunteers. Volunteers are not asked to replace staff nor are they asked to provide services that would normally be assured by paid staff. Volunteers are involved in ways that enrich, support, and enhance the capacity of health unit staff in their delivery of programs and services. Where formal volunteer programs exist, this involvement is typically laid out in policy and implemented by qualified staff with knowledge of the standards of practice of volunteer resources management.

The *Canadian Code of Volunteer Involvement* is endorsed by Volunteer Canada and the Canadian Administrators of Volunteer Resources (Appendix). This Code clearly defines the values, guiding principles, and organizational standards for the involvement of volunteers. It is adaptable and can be utilized by very large organizations or even the smallest rural satellite sites. This resource is intended to guide and sustain volunteer programs and services. The adoption of the Code is meaningful at every level of government and local organizations. It is important to note that the Volunteer Resource Management Network is advocating for change, not to limit the flexibility in operations that is currently enjoyed by individual health units but to benefit all public health professionals who seek to involve volunteers and unpaid peer educators in program and service delivery.

This paper will provide background information on the accomplishments and challenges related to volunteer involvement and gives rationale for each recommendation for action.

## Introduction

In 2004, the Coordinator of Communications and Volunteer Resources from the Ontario Public Health Association's Voluntary Initiative Project spearheaded the creation of a network comprised of Volunteer Resource Managers working in public health. The Ontario Public Health Volunteer Resources Management Network (VRMN) has 10 active members across the province. Over the past two years this group has met regularly to share resources, identify common challenges and issues, and develop a collective work plan.

With support of the OPHA, the Volunteer Resource Managers Network has:

- developed a terms of reference and strategic plan
- submitted a position paper (accepted) to the Capacity Review Committee for the inclusion of volunteers in its final report
- populated the volunteer management section of the OPHA website
- prepared a poster presentation on *Volunteer Involvement: A Vital Component in Achieving Optimal Outcomes From Public Health Programs and Services* for presentation at the 2006 OPHA conference
- advocated and obtained support from the Director of the Public Health Research and Education and Development (PHRED) and from the Executive Director of the Champlain Local Integrated Health Network (LIHN) for the inclusion of both peer educators and volunteers in the MHPSG
- adopted the Standards of Practice for the management of volunteer resources developed by the Professional Association of Volunteer Resources for Ontario
- established working relationships with local, provincial, national and international professional associations
- the VRMN also performed an “environmental scan” volunteer resources and profiles in several public health units across the province. The scan revealed several challenges that provide the rationale for the proposed changes.

The MHPSG does not clearly define the meaning of “peer educator”. One might assume these are volunteers, however, in several health units some peer educators are paid staff. This loose usage of “peer educators” and the exclusion of the term “volunteer” cause much confusion. A simple solution would be to include both terms thereby recognizing the involvement of both peer educators and volunteers.

All public health units across the province vary in terms of their inclusion of volunteers and the professional staff who manage them despite the Ministry of Health endorsing the involvement of volunteers and recommending that all public health units include coordinators of volunteers along with their professional program staff in 1983. Some have one or two staff dedicated to managing volunteer resources full-time, while others have no volunteer management staff. There are some

health units that only have professional program staff such as public health nurses and dietitians attending to the management needs of volunteers.

Clearly financial resources and responsibilities for volunteers and coordinators of volunteer resources vary throughout public health as determined by local Boards of Health. However, advocacy for the thousands of volunteers and growing number of coordinators of volunteer resources in public health is worthy of support, recognition, and endorsement from the Ministry of Health and Long-term Care, the Ministry of Health Promotion, the Ministry of Child and Youth Services, and Boards of Health across the province.

The timeliness and relevancy of volunteer involvement in Public Health is echoed in the newly released *Ontario's Action Plan for Healthy Eating and Active Living*. The Plan clearly endorses volunteerism, citing volunteers as partners along side provincial ministries and public health agencies. As well, the document references and endorses health promotion and injury prevention volunteer programs.

Also the newly established *Smoke-Free Ontario* Initiative budgets for programs and services to be provided by paid peer educators "and" by volunteers. In some cases, these initiatives have been set up in public health units where no previous volunteer programs existed and staff is searching for appropriate policies and procedures.

## **Appendix Canadian Code for Volunteer Involvement**

### **Values for volunteer involvement:**

#### **Volunteer involvement is vital to a just and democratic society.**

It fosters civic responsibility, participation, and interaction.

#### **Volunteer involvement strengthens communities**

It promotes change and development by identifying and responding to community needs.

#### **Volunteer involvement mutually benefits both the volunteer and the organization.**

It increases the capacity of organizations to accomplish their goals, and provides volunteers with opportunities to develop and contribute.

#### **Volunteer involvement is based on relationships.**

Volunteers are expected to act with integrity, and be respectful and responsive to others with whom they interact.

### **Guiding principles for volunteer involvement:**

#### **Voluntary organizations recognize that volunteers are a vital human resource and will commit to the appropriate infrastructure to support volunteers.**

- The organization's practices ensure effective volunteer involvement.
- The organization commits to providing a safe and supportive environment for volunteers.

#### **Volunteers make a commitment and are accountable to the organization.**

- Volunteers will act with respect for beneficiaries and community.
- Volunteers will act responsibly and with integrity.

### **Organization standards for volunteer involvement:**

- The boards of directors and senior management acknowledge and support the vital role of volunteers in achieving the organization's purpose or mission.
- Policies and procedures are adopted by the organization to provide a framework that defines and supports the involvement of volunteers.
- A qualified person is designated to be responsible for the volunteer program.
- A clearly communicated screening process is consistently applied.
- Volunteer assignments address the purpose of the organization and involve volunteers in meaningful ways – reflecting their various abilities, needs, and backgrounds.
- Volunteer recruitment and selection reaches out to diverse sources of volunteers.
- Volunteers receive an orientation to the organization, its policies and procedures, and receive training for their volunteer assignment.
- Volunteers receive appropriate level or supervision according to their task and are given regular opportunities to receive and give feedback.

- Volunteers are welcomed and treated as valuable and integral members of the organization's human resources.
- The contributions of volunteers are regularly acknowledged with formal and informal recognition methods.

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## **OPHA Resolutions for 2006 AGM: Volunteer Involvement in Ontario's Public Health**

### **Resolution #1:**

**THEREFORE BE IT RESOLVED** that the position paper, "Volunteer Involvement in Ontario's Public Health" be adopted as the position of OPHA.

**WHEREAS** volunteering has been identified as the most fundamental act of citizenship and philanthropy in our society with enormous social and health benefits, and

**WHEREAS** the VRMN's mandate is to maintain and foster the professional network responsible for the management and advocacy of public health volunteers by providing a forum to share resources, network; to provide peer support; to educate; to provide recommendations to decision makers, and to provide support to any public health unit that wants to develop a volunteer program, and

**WHEREAS** the Boards of Health in Sudbury and in Kingston, Frontenac, Lennox and Addington have adopted the *Canadian Code for Volunteer Involvement* into bylaws. In Ottawa, the *Canadian Code of Volunteer Involvement* has been integrated into the volunteer policies and procedures of the City and public health unit, and

**WHEREAS** the OPHA's mission is to "provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario"; and

**WHEREAS** the vision of OPHA states it "will be a dynamic and innovative force, enhancing and reshaping public health"; and

**WHEREAS** the *Canadian Code for Volunteer Involvement* is a document that serves as a framework for the ethical, effective management of volunteers, and

**WHEREAS** Volunteer Canada urges all organizations that involve volunteers or wish to involve volunteers to adopt the *Canadian Code for Volunteer Involvement*

**THEREFORE BE IT RESOLVED THAT** the OPHA continue to support the Ontario Public Health Volunteer Resources Management Network

**BE IT FURTHER RESOLVED** that the OPHA adopt the *Canadian Code of Volunteer Involvement*

**BE IT FURTHER RESOLVED** that the OPHA advocate that Boards of Health take this action if appropriate

**BE IT FURTHER RESOLVED** that the OPHA advocate for the addition of volunteers alongside peer educators and coordinator of volunteer resources as part of the strategic directions for the minimum standards for public health in the revised *Mandatory Health Programs and Services Guidelines*

**Regarding Resolutions, Position Papers, and Motions:**

**Status:** Policy statements (resolutions, position papers, and motions) are categorized as:

**Active, if:**

1. The activities outlined in the policy statement's implementation plan have not yet been completed,
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

**Archived, if:**

1. The activities outlined in the policy statement's implementation plan have been completed, or
2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supercedes the latter.

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