

Communities Invest In HEALTH PROMOTION

Welcome to the third edition of the BCCHP newsletter. In this issue we will update you on the activities of the Coalition and feature articles by our members and supporters.

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Established in June 2000, the BC Coalition for Health Promotion is a group of volunteer citizens dedicated to the advancement of health promotion in BC. Our Core Team members are experienced in research, health leadership, community development and funding in the non-profit sector.

COALITION HOSTS INTERNATIONAL NETWORK

Representatives from Thailand, Australia, Switzerland, Austria, Malaysia, Korea, Japan and British Columbia gathered in



Victoria June 5th – 9th for the 7th Annual Meeting of the *International Network of Health Promotion Foundations – (INHPF)*. The event was timed to coincide with *Vancouver's 19th World Conference on Health Promotion* and was confirmed when the BCCHP sent Ronnie to the INHPF meeting in Montreux, Switzerland last November.

As part of our welcome, the Coalition arranged to have delegates tour health promotion initiatives in the Cowichan Valley. Advocates, health professionals and entrepreneurs provided a snapshot of programs available at Providence Farm, Cowichan Tribes Health Centre and the Cherry Point Vineyards.

The purpose of the tour was to present a first-hand example of the kind of social and economic development programs taking place in communities across BC.



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cont'd... **COALITION HOSTS INTERNATIONAL NETWORK**



On June 7th, at an evening dinner hosted by the BCCHP, we had the opportunity to bring Network members together with 63 people from BC communities. Participants included nonprofit organizations, government ministries, health authorities, politicians, academics and public health professionals.

Our theme, *Celebrating Health Promotion*, was highlighted by speakers from the International Network, Cowichan Valley FAS Action Team, Ministry of Health, Public Health Association of BC (PHABC), Vancouver Island Health Authority (VIHA) and the BCCHP. A panel of INHPF members featured health promotion in action; they talked about the different sources of foundation funding, their successes and challenges, and the programs/projects that they support.

Contributing to the success of these five days was the Coalition's collaboration with PHABC – many thanks to a great group of people. We also appreciated the participation and funding received from the Ministry of Health, VIHA, the City of Duncan and the Municipality of North Cowichan which helped to ensure a warm welcome for our international visitors.



REPORT ON THE 19TH IUHPE WORLD CONFERENCE



Over 4000 representatives from around the world attended this June 10th to 15th conference in Vancouver. There were numerous opportunities to speak and share experiences as we work to further health promotion in our respective countries. Many similarities exist.

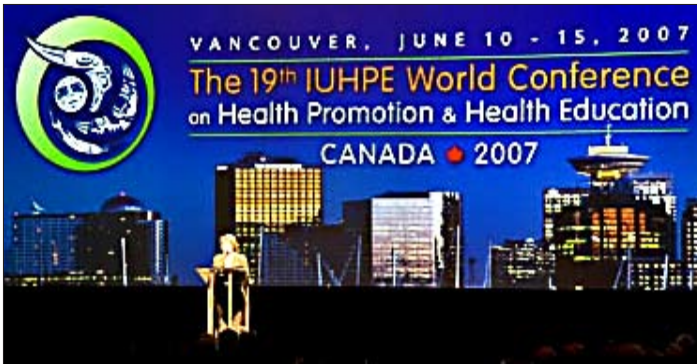
Stephen Lewis in his opening keynote session stated, *"The social determinants of health are the center point of a civilized society,"* and we must realize that they are political. He was critical of the G8 summit which had made no mention of the vulnerability of women. Though gender inequality is driving the HIV pandemic, the G8 wouldn't even endorse the UN's creation of an agency for women. He said the most important struggle on the face of the planet is the struggle for gender equality.

A later session examined the need for more women in government. As we know, it takes women to put forward the issues that affect women. In the 70's Canadian women had been very active at the grassroots but this was eventually set aside both in political thinking and in public opinion. In Ontario a new voting system is being considered. Many women are promoting this new system as it's seen to give more opportunities for women to win seats in government. A critical mass of 30% would undoubtedly change the way that our governments think.

Many topics centered around life styles issues. One presenter stressed the fact that we can do all the lifestyles teaching we want, but unless people have the resources, little will change.

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cont'd... **Report on THE 19TH IUHPE
WORLD CONFERENCE**



With the knowledge that one new infectious disease appears globally each year and usually in have-not countries, the need for global initiatives to address the social determinants of health and underlying inequities is vital. As a country are we doing our part?

The World Health Organization's Commission on the Social Determinants of Health supports countries and global health partners to address the social factors leading to ill health and inequities. Launched in 2005, the Commission will complete its initial work in May 2008. Commissioners sit as individuals and not as government representatives. Our representative is Monique Begin.

www.who.int/social_determinants

Exploring the Power of Civil Society in the Advancement of the Social Determinants of Health conveyed messages that validate the experiences of our nonprofit organizations. Some examples: funding being cut, or tied to criteria set by funders, or not allowed if an organization spends more than 10% of its budget on advocacy. It is estimated that there are 180,000 organizations across Canada, employing over 2 million staff and utilizing over 6.5 million volunteers. We could be a formidable force.

We need to be heard!

How to be heard? I think that it was Monique Begin who suggested creating a disaster so that politicians will take note. Other suggestions were: "Get all of our ducks in order, gain community support, partner with like-minded groups, hook into one of governments stated goals, and find a high-ranking political supporter". One needs both the wide bottom and strong support at the top.

In the Plenary Session on *Building Healthy Public Policy* the Honorable Gordon Hogg, Minister of State for Act Now BC, emphasized the role of his government in health promotion. He said that each ministry must have an "act-now" component in their work plan; an Act Now Leadership Council has been formed and meets monthly, and creation of the Minister of State position in itself is strong indication of government support. Initiatives include school involvement in healthy snacks and exercise, the Healthy Living Guide, the Health Matters learning resources, and the Chamber of Commerce Help-Works kits.

Over and over we heard, "*Much has been accomplished in the follow up to the Ottawa Charter but much more needs to be done*". It was stressed that most health promotion initiatives start at the community level

ARE WE READY? A *Health Promotion Foundation for BC* would certainly be a step in the right direction.

*by Else Strand
Chair of the BCCHP*



CREATING A CULTURE OF HEALTH PROMOTION

What does the Coalition mean by a “Culture of Health Promotion”?

A culture of health promotion encompasses the broader determinants of health and moves individuals, community groups, health professionals, policy makers and governments toward the positive, proactive aspects of health rather than continued reliance on medical interventions. It is applicable to all cultures and generations and crosses the spectrum from acute care to health promotion.



In May 2004, the BCCHP became an Associate member of the *International Network of Health Promotion Foundations*.

We are often asked:

“What do Health Promotion Foundations fund?”

- health promotion in organizations, in communities, and in the health care delivery system
- prevention, research and community development
- addressing risk factors through tobacco reduction, proper nutrition, and decreased alcohol consumption; physical activity and active communities
- mental health initiatives, e.g., addressing stress with a particular emphasis on health promotion in the workplace
- demonstration of best models
- the autonomy of older people
- building bridges to intercultural and inter-religious groups
- health literacy

What is unique about the BCCHP approach to financing health promotion?

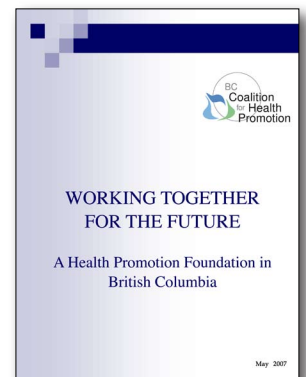
In September 2002 the Coalition published its *Framework for Funding Community-Inspired Health Promotion*:

www.vcn.bc.ca/bchpc/framework.html

This framework is the basis for the developing a culture of Health Promotion in BC. It was created in consultation with communities across the province and with input from key informants and six international foundations. Unlike most funding mechanisms, communities in this approach provide the leadership, identify the issues and create their own solutions to the priorities that they identify. A grassroots focus on health promotion means that the foundation responds to these priorities and supports communities in achieving their goals.

Read more in the Coalition’s latest publication, *Working Together for the Future: A Health Promotion Foundation in British Columbia*:

www.vcn.bc.ca/bchpc/news.html



“Community building takes time, and is imperfect. What I’ve come to realize is that chaos is absolutely essential to the community process. And so now my conception of community is that it’s a place where you can have chaos – gracefully.”

1997. Susan Berlin, *Ways We Live: Exploring Community*. New Society Publishers. Quote by Fritz Radandt, p. 72.

Learn about the International Network of Health Promotion Foundations:

www.hp-foundations.net

GREEN PRESCRIPTIONS: AN IMPORTANT PARTNER IN HEALTH CARE

I'd really appreciate a Green Prescription; otherwise I could end up on blood pressure medication. I haven't succeeded in losing weight on my own.

Laurie Williams

Green Prescriptions are a simple but a smart and cost-effective way to help patients stay healthy. General practitioners write physical activity prescriptions for patients with life style (illness) concerns including obesity, high blood pressure, diabetes, hypertension and heart disease. Once the prescription is written, the patient is eligible for community support and advice.

The idea originated in New Zealand where it is used by more than two thirds of doctors and has received international acclaim. The health team is more than doctor and patient, however. It is a coordinated effort including nurses, physical activity coordinators, sports centres, primary health organizations, health boards, Aboriginal health providers and community groups.

It works like this...

The doctor asks the patient if he or she would be interested in receiving a Green Prescription. If so, the doctor writes a prescription and in some cases refers the patient to a support person (usually a nurse). The two then meet and make a plan to increase activity and to make healthier living choices. *"The mutual participation of doctor and patient is an important prerequisite for effective health promotion in general practice,"* notes the British Journal of General Practice.

Patients receive plenty of encouragement and their progress is monitored and evaluated. In New Zealand, Green Prescriptions receive public funding through SPARC (Sport & Recreation New Zealand) and *PHARMAC. The initiative also enjoys wide spread community support.



In some cases, discounts are offered at partnering businesses including sports and recreation centres, fitness clubs, personal trainers and businesses that sell sports equipment and clothing.

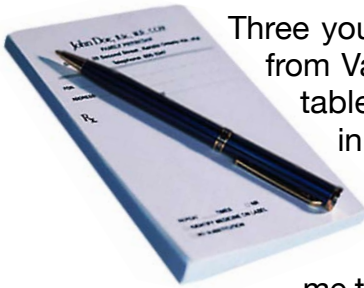
In Canada, meanwhile, researchers have found that the effectiveness of physical activity and counselling interventions for overweight patients can be improved if family physicians add written materials, especially in the form of a prescription. *"Canadians are becoming dangerously inactive and obesity has reached epidemic levels,"* said Dr. Andrew Pipe, former Chair of The College of Family Physicians of Canada's (CFPC) Physical Activity and Health Strategy Coordinating Committee.

Results? The proof is in the pudding (or more aptly lack of pudding). Proven benefits of Green Prescriptions include improved quality of life; decreased blood pressure and weight; relief of depression; reduced chances of getting a stroke and increased self esteem and confidence.

by Veronica Scott
Core Team member

* PHARMAC, the Pharmaceutical Management Agency,
a New Zealand Crown entity directly accountable to the Minister of Health.

GOING GREEN: GETTING TO THE HEART OF THE MATTER



Three young journalism students from Vancouver sat across the table us, pens and paper in hand. It was a sunny afternoon in Nanaimo and two friends of the Coalition had joined me to talk with these women about their latest college assignment. It was a difficult question and they were required to take the opposing side in an upcoming debate:

Do doctors have the right to refuse service to people who make risky lifestyle choices, including cigarette smoking and excessive amounts of alcohol intake?

Their aim was to present issues of community importance in an impartial way, so locals who are not native English speakers have a deeper understanding of what is happening in Canada.

We talked about **ethical-legal issues**: Physicians have the legal right to refuse treatment. But they also have a moral obligation to uphold the ethics and ideals of their profession and to act in the best interests of their patients. Rights and responsibilities rest with both sides of the equation.

Social and economic factors are known to precipitate risky lifestyle choices. Refusing service does little but absolve the practitioner and blame the person for his/her dilemma. It doesn't promote health or lead to an understanding as to why people engage in certain behaviours. What is the economic status, cultural background, and life experiences behind the decisions that people make? Does the person earn a liveable income? Does s/he have a strong social network? Is there a history of trauma?

What is acceptable in a particular culture and what is not?

Governments are responsible for controls through **policy and legislation**, e.g., labelling food products, tobacco regulations, increasing healthy choices for school-age children. They engage in social marketing and provision of educational materials. But is that enough?

At this point we offered the students a possible alternative: **Green Prescriptions**, a win-win compromise. To date this option applies only to physical health and lifestyle issues. It has a limited focus. But given a chance it could move beyond lifestyle concerns, involve the non-profit sector, and reach into many facets of the community.

The participation of grassroots organizations is a crucial step to expanding the scope of Green Prescriptions. Voluntary, non-profit groups are invaluable community resources, helping people to address cultural, mental health and disability issues, poverty, employment, literacy, and ageing concerns. They provide training, advocacy, peer connections and counselling, social supports, information and referral – the cornerstones of community inclusion. Why not capitalize on these assets?

Green Prescriptions present an enlightened, proactive opportunity for health professionals, businesses and community groups to collaborate when addressing the underlying factors that determine our health and quality of life. What do you think? Isn't this concept worth at least one pilot project in BC's quest to be the healthiest province in Canada?

*by Ronnie Phipps
Coordinator of the BCCHP*

ADVOCACY: TOOL FOR CHANGE AND ROUTE TO PERSONAL WELLBEING

“Advocacy creates a win-win situation...

The target issue undergoes change and the people advocating for change are uplifted in the process.”

WISE is a Cowichan Valley group and growing national movement which is led by women in poverty. We work to address the causal links between policy and poverty, educate people about the effects of poverty and income inequality on the health and wellbeing of individuals and their communities, and support one another in introducing and implementing inexpensive creative solutions at the local level.

Since its formation in November 2003, WISE has received two grants, both from Status of Women Canada (SWC). Our first initiative, *Policies of Exclusion, Poverty & Health: Stories from the Front*, collected the stories of 21 local women who were living in poverty, plus their recommendations for change. An unexpected outcome of the project was the 2005 acclaimed book of the same name.

The Scarlet Letter Campaign, WISE's second initiative, moves forward on a key recommendation of the storytellers: to “mobilize, galvanize and politicize.” WISE *Scarlet Letter Campaign* workshops have elements of both learning opportunity and pep rally. They combine listening, learning, and lifting participants' spirits through reinforcement of the women's value and recognition of their own power.

Self-esteem gets a boost, as recognition of their own worth emerges naturally for participants as an outcome of their workshop activities and learnings.

At the time of writing, all but one of the six WISE *Scarlet Letter Campaign* workshops under our SWC grant has been held. The last will take place this Fall. Participant feedback from our first event, held in Victoria, was outstanding and all objectives were achieved.

Scarlet Letter Campaign Objectives:

- awareness by participants of the WISE movement, which is led by women just like them
- increase understanding:
 - of income as a key determinant of health
 - of the detrimental effects of income inequality on whole communities
 - of the systemic and broader societal causes of poverty
- increase the sense of belonging and control among participants by bringing them into the fold of the WISE movement
- enable new WISE members to express and take action on their shared concerns by supporting their efforts to establish a WISE group in their community

The funding from Status of Women Canada for *The Scarlet Letter Campaign* was for workshops in southern coastal BC. However, word of the quality of our work has spread. By special arrangement, we were able to hold two workshops in Whitehorse in May and there have been inquiries from the U.S.

For complete details of WISE's *Scarlet Letter Campaign*, including the current workshop schedule and contacts, refer to that section on our website.

To inquire about bringing a WISE *Scarlet Letter Campaign* workshop to your community, contact

Chrystal Ocean:

info@wise-bc.org

Phone 250-748-8093



by Chrystal Ocean
Coordinator WISE

www.wise-bc.org/SLC/slc_intro.html

GARTH'S CORNER



A Conversation on Health

To Whom I Hope Might Be Concerned

As opposed to a conversation on health, I would like to get something off my chest. I come from 39 years of experiencing *'healthcare facilities'* and 30 years in government, some of which were spent as the editor of Air Force Administrative Orders. This has left me with the impression that *"bigger is not better"* when caring for people with dementia or chronic disease; and that nothing kills improvement and efficiency deader than rules and regulations to improve improvement and efficiency. Caregiving is a one-on-one thing and any idea of improvement and efficiency has to leave lots of room for individual initiative and some tolerance for mistakes.

When over 80% of elder care is given in private home-care that costs the Health Authority very

little per person, it seems reasonable to vigorously support those who keep *"clients out of acute care hospitals and relatively expensive care homes"*.

Universities and various government places must be overrun with studies on what is needed to make things better, but things seem to stay much the same. In effect these studies are, for the most part, just make-work studies because little or no change takes place at the community level or in the private homes. The places where people live.

May I suggest you look at the work done by the **BC Coalition for Health Promotion** and that of the **Cowichan Family Caregivers Society**, community-level organizations that seem to be making a real difference in the quality of life of real people. It also might be informative to consider the problems faced by feed lots where animals that lived free in small groups are forced to exist in a small area. A biological monoculture – a disaster waiting to happen.

If you have read this far, please forgive my frustration with the apparent lack of respect for the wealth of experience at the community level. I know change takes time and often hurts, but any social change, like peace, begins in the heart of one person.

One final thought for the 'number crunchers', 'bean counters', 'gate keepers', etc., the administrative directive does not exist that will keep you from growing old. **YOUR NUMBER IS COMING UP!**

Respectfully submitted

Garth Harvey
Director and Core Team member

RONNIE'S REFLECTIONS



The Essence of Health Promotion: Life with Sheila

My friend Sheila is a delightful character. She hasn't clued in to the fact that she's heading for 70... years that is, and I doubt that she'll ever "act her age".

In July I received a letter from her. A package

of seeds was tucked inside. Life was good. She'd taken a couple of weeks off her volunteer work at the community thrift store because it was getting to be too much of a daily commitment.

Co-workers seemed to expect that Sheila would always be there.

"They need to do without me for a while."

Her letter went on to say, *"I'm working on beautifying the river bank outside our condo. It was a mess of weeds and overgrown stuff... not very appealing. So, I pulled the weeds and planted water lilies, rushes and reeds. It looks a lot better.*

And now my neighbours want me to help them do the same thing. It's a heck of a job pulling out those weeds."

"I'm cycling a lot more. On my trips around town, if I see a promising bit of dirt, I give it a kick with my shoe and throw in a few wild flower seeds."

I had this vision of blue cornflowers and orange poppies springing up all over the place.

"This fall I plan to take up tap dancing again and try out for a play at the local theatre." Sheila's a natural with her lilting English accent, sprightly moves and spontaneous sense of humour. Her artistic inclinations spill over into her life and into the surroundings of those around her. Out on my porch, I still have an old boot with a cactus in it, hand painted by Sheila with a peaceful marsh scene, bright flowers and a swan swimming aimlessly in the stream.

Would that the world had more Sheilas. She's a delightful friend who brightens up any room she enters. You can't be mopey around her... not even for a minute.

Life is good.

Ronnie
Ronnie Phipps

"I believe four ingredients are necessary for happiness: health, warm personal relations, sufficient means to keep you from want, and successful work."

Bertrand Russell

"Encouraging people to take responsibility and discover things for themselves can be dangerous to the status quo. People may come to realize that the rules are not evenly applied or enforced, and that the rule-makers themselves engage in the very behaviours they condemn."

Marc Forget, Toward a New Vision of Justice.
Canadian Quaker Pamphlet Series No. 63.



FROM THE MAIL BAG

At what point does our health care system move from serving people to become a service industry?

A reader responds:

I believe that good friends and good family are the elixir of the soul. However, as the Executive Director of a support and counselling agency, I challenge 'the problem' identified in the newsletter (*Beyond Services, June 2006*).

Just like the danger of having only professional services, I observe the danger of a society that has none. ie. prior to transition houses, women remained in abusive relationships and were often labelled suffering from mental illness. Children were left in families that hurt them and families were torn asunder because there was no one to help them develop the skills they needed.

I noted the concern for professional services was supported by the work and wisdom of John McKnight. Though some of his reflections are valid, John McKnight's words have been used to dismantle effective services and their loss has had a devastating effect on many BC communities.

The majority of our life should be spent involved in the give and take of our community. It is best that we never need 'professional intervention'. However, for the minority it is needed and should be the very best. Words such as outcomes, best practices and evaluation simply mean "know what you are trying to do and measure how successfully you are supporting change". Evaluation helps us make changes to avoid bad practice.

The majority of my colleagues are caring, dedicated, well trained and know how to render themselves dispensable. Let's work together. Professional, paraprofessional, volunteers, family and friends. Sometimes the best choice, hopefully for the short term, is a professional.

Sandra

DID YOU KNOW?

In BC, 81,248 people used a food bank in March 2006, an increase of 7.7% in one year. 25,891 children needed emergency food in 2006, an increase of 10.0% from 2005.

Source: Canadian Association of Food Banks
www.cafb-acba.ca/english/What'sNew-FactsandStatistics.html

- ❑ **One of every five children in British Columbia lives in poverty.**
- ❑ **Contrary to popular opinion, most poor children in British Columbia come from families with parents in the paid labour force.**

Source: Fact Sheets on Poverty in BC:
www.campaign2000.ca/rc/

BC's track record on child poverty:

1980 – BC child poverty rate: 10.7%

1989 – BC child poverty rate: 14.3%

1997 – BC child poverty rate: 19.5%

2004 – BC child poverty rate: 23.5%

Source: BC Child and Youth Advocacy Coalition
www.raisetherates.org/documents/BC-leader_in_child_poverty.pdf

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to make decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members".

The Ottawa Charter for Health Promotion, 1986

THE PARABLE OF THE DANGEROUS CLIFF by Colonel William Green

“It was a dangerous cliff,” as they freely confessed
Though to walk near its crest was so pleasant;
But over its terrible edge there had slipped a Duke, and many a peasant.
The people said something would have to be done.
But their projects did not tally.
Some said, “Put a fence ‘round the edge of the cliff,”
Some said, “An ambulance down in the valley.”

The lament of the crowd was profound and was loud
As their hearts overflowed with their pity;
But the cry for the ambulance carried the day
As it spread through the neighbouring city.
A collection was made to accommodate aid’
And the dwellers in highway and alley
Gave dollars and cents – not to furnish a fence,
But, “An ambulance down in the valley.”

“For the cliff is alright if you’re careful,” they said:
“And if folks ever slip and are dropping,
It isn’t the slipping that hurts them so much,
As the shock down below when they’re stopping.”
So for years (we have heard), as these mishaps occurred,
Quickly forth would the rescuers sally,
To pick up the victims who fell from the cliff,
With the ambulance down in the valley.

Said one, in his plea, “It’s a marvel to me,
That you’d give so much greater attention
To repairing results than to curing the cause;
You had much better aim at prevention.
For the mischief, of course, should be stopped at its source;
Come neighbours and friends, let us rally,
It is far better sense to rely on a fence,
Than an ambulance down in the valley.”

“He is wrong in the head,” the majority said;
“He would end all our earnest endeavour,
He’s a man who would shirk this responsible work
But we will support it forever.
Aren’t we picking up all, just as fast as they fall,
And giving them care liberally?
A superfluous fence is of no consequence
If the ambulance works in the valley!”

The story looks queer as we’ve written it here,
But things oft occur that are stranger.
More humane, we assert, than to succor the hurt,
Is the plan of removing the danger.
The very best plan is to safeguard the man,
And attend to the thing rationally;
To build up the fence and try to dispense
With the ambulance down in the valley.

EMPOWERED COMMUNITIES

Empowered communities are all around us. Daisy Anderson, friend of the Coalition, compiled a scrapbook of newspaper clippings to demonstrate that point. The articles collected over a short period of time cover all the determinants of health and show the amazing capacity of communities to take effective action on their own concerns.



*Daisy Anderson
member of the
BCCHP*

Our Newest Core Team Member

Veronica Scott is the newest member of the BCCHP Core Team. An award-winning communications professional, Veronica brings to the Coalition a wealth of experience in the health care industry particularly in community health and long term care.



*Veronica Scott
Core Team member*

JOIN THE COALITION

Membership in the BC Coalition for Health Promotion Society is an expression of your interest and support for the Coalition's values and goals.

Benefits:

- Participate in events with well-known speakers in the health promotion field
- Invitations to BCCHP forums and conferences
- Opportunities for networking and input into BCCHP priorities
- Voting privileges at the AGM
- The opportunity to hold office in the Society
- Bi-annual newsletter, *Communities Invest in Health Promotion*

Annual fee:

Individuals	\$10.00
Groups	\$25.00
Corporate	\$50.00

No one is refused membership because of inability to pay

Membership online: www.vcn.bc.ca/bchpc/member.html

By cheque:

Peter Kiessling, Membership Coordinator
BC Coalition for Health Promotion
306 - 245 First St, Duncan, BC V9L 1R3

BCCHP 2007 Board of Directors:

- Else Strand, Chair
- Irene Dutton
- Garth Harvey
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- Peter Kiessling
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