GRASSROOTS LEADERSHIP IN HEALTH PROMOTION FUNDING

A FRAMEWORK FOR ACTION

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EXECUTIVE SUMMARY

Lack of funding for health promotion and coordination of existing funds pose serious issues for British Columbia health authorities, community groups and grassroots organizations. Volunteers, nonprofit societies and frontline personnel are making major contributions to the determinants of health and to the preservation of vibrant, self-reliant and caring communities. Yet these groups continue to be under-funded and under-recognized for the work they do (Phipps, 2000).

The purpose of this research study was to develop a framework for funding community-inspired health promotion initiatives and to create an implementation strategy for future action. The values base for the research was grounded in the Ottawa Charter for Health Promotion (1986), a document that promotes "the empowerment of communities, their ownership and control of their own endeavours and destinies" (World Health Organization).

Over a period of seven months, 72 individuals with many different kinds of experience, training and education contributed to the researchers' understanding of health promotion funding in British Columbia. The research team explored three sources of information: (a) Key informants and supporters of the Coalition provided insight and expertise as to the essential features of a health promotion funding organization and pointed investigators towards models of excellence. (b) Funders and representatives of foundations explained the constraints that they are working under and the requirements they are facing when trying to keep pace with local, provincial and global change. They provided many examples of what works well and were open in their discussions about areas in which they were striving to improve. (c) The final phase of research activities centered on five rural British Columbia communities in which focus group participants spoke candidly of the current situation and the barriers they encounter when trying to access funds. They talked about the strengths of their communities and gave examples of success stories that demonstrate the resourceful and resilient nature of people living in rural areas. Their input built upon previous research, added to the development of the framework and contributed to a plan of action for implementing the made-in-British Columbia funding model.

Throughout the research it was apparent that people in communities are faced with significant barriers when trying to access funds for health promotion activities. These barriers are described in the words of participants themselves in Section 3 of this report. Researchers also discovered that in the world of non-profits, community development and health promotion, there is a need for greater understanding between the people who have the funds and those who require the money in order to get on with their work. Participants made a number of recommendations towards funding of health promotion, particularly with respect to equity in consultation, flexibility, a greater emphasis on local decision-making and respect for the priorities identified by people in communities.

These stories of success and challenge provide a backdrop for the development of the funding framework and reinforce the need for health promotion to be designated as a core program that is appropriately funded. Participants were clear that health promotion values need to be at the centre of all decisions that are made and should guide the structure, processes and strategies used to establish a health promotion funding body. The findings contribute to increasing evidence that citizens, in collaboration with others, are prepared to take a leadership position in the decisions that are made around funding and advancing health promotion in communities across British Columbia.

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SECTION 1: INTRODUCTION

This section states the purpose of the research and explores the reasons for developing a framework for funding community-inspired health promotion. It starts with two stories that demonstrate how a local, non-profit organization uses a community-inspired approach with people who come to them seeking support and desiring an opportunity to contribute to the broader community.

> Health promotion is very different from prevention, which defines illness conditions and negative impacts on health status. Health promotion seeks to secure the ability of people to take control of their health. It is about shifting power balances by finding ways in which people regain control over resources that influence their health. Examples would include skillfully acquiring and using information or being better socially networked, and may use political processes or community economic strategies. Ideas can become muddled up if not clear enough. For example a health promotion approach to depression in a group of adolescents is not about services provided through needs assessments and professionally driven programs. It provides "Rules for Radicals".
>
> *Friend of the BC Health Promotion Coalition*

1. INTRODUCTION

The BC Health Promotion Coalition (BCHPC) is a voluntary grassroots organization established in June 2000 as a result of recommendations made by participants in the research study *Walking the Talk in Health Promotion: Research from the Margins* (Phipps, 2000). The purpose of the organization is to advance health promotion in British Columbia by establishing a sustainable source of funding for community-inspired and implemented initiatives.

In January 2002, the Coalition undertook the current seven-month research study. The overall purpose of the research was to investigate how the BC Health Promotion Coalition, as advocates for the advancement of health promotion, could help to strengthen the work of communities. Researchers wanted to find a way of funding health promotion in British Columbia that supports the roles of individuals and communities in discovering, planning and implementing their own ideas and solutions. Although it focuses on rural communities, the research has a province-wide application through the development of a funding framework. This framework and the recommendations that participants made towards the work and vision of the BC Health Promotion Coalition, form a conceptual model and action plan for funding health promotion in British Columbia.

WHAT IS COMMUNITY-INSPIRED HEALTH PROMOTION?

The stories that follow are about community-inspired health promotion. They illustrate the core philosophy of the BC Health Promotion Coalition and show the possibilities that can unfold when we see and encourage the potential in people and resist the temptation to impose our own expectations on others. They demonstrate what can happen when ordinary citizens are afforded an opportunity to use their talents in ways that benefit themselves and others.

The Story of Providence

Nestled in the heart of the Cowichan Valley east of Duncan on Vancouver Island is Providence Farm. Driving down the dusty access road, one has a sense of peace and tranquility, an impression that soon transforms itself into the hustle and bustle of people, all with a purpose, a job to do.

The 400-acre farm is recognized internationally for its progressive philosophy and proactive approach to community social and economic development. The land is leased for a nominal fee by the Vancouver Island Providence Community Association from the Sisters of Saint Ann, a religious order that has owned the property since 1864 (See website for more information www.providence.bc.ca).

Incorporated in 1979, the society sponsors a broad range of programs and services for people with disabilities and for others who are disadvantaged, whose needs are not being met elsewhere in the community. The first chapter in the life of Providence as we know it started when 10 people, committed to a vision, came together and contributed $50 each towards the establishment of a society. From these humble beginnings, the farm today has a budget exceeding one million dollars and offers a host of programs and opportunities that benefit the Cowichan community and beyond. The evolution of the society and the two stories that follow provide a wonderful example of community-inspired health promotion.

Malcolm's Story

Malcolm (not the person's real name) came to us straight from years of living in an institution. He struggled with mental health issues as well as alcohol addiction. He came to Providence reluctantly, on the advice of his social worker, and he came prepared to reject us.

He toured with our program manager at that time, who showed him the little stall area we called the Greenways Store, the greenhouse, nursery, market garden, and sheep pen. He huffed dismissively, "You call yourselves a farm---you're no farm, you got no chickens!"

That comment stopped Chris, our program manager, in her tracks. "You're right, we don't…we *should* have chickens." She suggested to him that we could get chickens, but then we'd need someone to look after them – and collect the eggs. Was he interested in the job? After a long pause, Malcolm decided he was interested. In fact Malcolm took to the job so well that he quickly committed to the maximum 18-hour work week, and volunteered the other 12 hours in order to come to Providence Farm five days a week.

A few years later, Malcolm was one of the presenters of "Providence Farm, Every Community Needs One" at a special seminar at his former institution, to the great astonishment of many of the staff present who remembered him. Today, a thriving chicken and egg business continues to contribute to the economy of the farm.

Alex, the Master Potter

Alex Walker was a retired master potter, well into his eighties, when he came up the drive. He wanted to share his talents with the community and with people on the farm, so he asked if he could build a raku kiln on site and offer workshops to anyone interested. This is a 400-acre farm, with lots of space to exercise such a generous offer, so the Board agreed.

Alex created a wood raku kiln, cleaned out a room in the old outbuilding, and set up some benches and a potter's wheel. Then he opened the door. First, our participants tackled the art of creating pinch pots. Them some seniors from Alex's walking club suggested he offer classes to them. In short order Malaspina's Elder College got into the act, and several summer classes were held on basic pottery and raku. Old potters wheels, and a couple of electric kilns were donated. Glazes, sticks, carving tools, even ceramic moulds were donated. We had ourselves a Pottery Program!

Permission was granted to use these stories as an example of community-based program development, and in no way indicates a formal endorsement by Providence Community Association for this report.

These anecdotes portray health promotion in its most elemental form. Malcolm's story demonstrates the empowering advantage of turning a perceived need into a gift; it shows the possibilities that can come forth when we create an opportunity for people to be part of community life and to feel valued. Alex's story is one of sharing - sharing his talents with others in ways that multiply many times over and end up benefiting not only him, but far more people than originally was dreamed possible. Both stories illustrate what can happen when supports and services are developed in response to the priorities that are identified by people in their communities.

WHY DEVELOP A FRAMEWORK FOR COMMUNITY-INSPIRED HEALTH PROMOTION?

Guided by the values and principles of the Ottawa Charter, researchers in this project were searching for the most effective ways to fund community-inspired health promotion. Central to this vision was the development of a framework that would link the determinants of health with the actions of communities and the funding that would support their work. In their quest for an appropriate structure, process and overall strategy for accessing and distributing funds, researchers turned to existing funders and people in communities. They wanted to discover how a health promotion foundation or funding body could act as a resource for communities and respond to the priorities identified by individuals, organizations and frontline personnel.

The processes of engagement described in the Providence Farm examples seem deceptively simple. Yet, when it comes to the way we actually 'do business' with communities, this simplicity gets lost. In the world of non-profits, community development and health promotion, there is a need for greater understanding between the people who have the funds and those who require the money in order to get on with their work (See section 3). The funding establishment is often perceived by communities as a powerful entity whose work is complicated by legal requirements, policies and rules, criteria that others must fit into and hierarchies that distance people from each other. The mood of people in communities ranges from relief at being funded for another year, to cynicism and despair resulting from budget cuts and trying to fit their vision into yet another funding application form. In a way, we have become slaves to our bureaucracies.

SECTION 2: BACKGROUND

This section sets a context for the vision and work of the BC Health Promotion Coalition and explains the reasons for the current research study. It discusses the link between the goals of the research, the values, principles and action strategies of the Ottawa Charter for Health Promotion (World Health Organization, 1986) and the more recent Jakarta Declaration on Health Promotion (World Health Organization, 1997).

> 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.
>
> *World Health Organization,*
> *Ottawa Charter for Health Promotion (1986)*

2. BACKGROUND

SITUATING THE RESEARCH PROJECT

The Setting

British Columbia is characterized by vast regions of rugged coastline, mountainous terrain and isolated rural and remote communities. Most of the province's 4.1 million people live in the lower mainland and southern Vancouver Island, with about one million people dispersed over the rest of the province. The community development aspect of this project focussed on five rural communities and the areas surrounding them: Prince Rupert, Dawson Creek, Courtenay, Powell River and Penticton.

The BC Health Promotion Coalition

Since it was founded in June 2000, the BC Health Promotion Coalition has embarked on a journey to establish an enduring source of funding for community-inspired and implemented initiatives. The group's overall vision is grounded in the values and empowering philosophy of the Ottawa Charter for Health Promotion (World Health Organization, 1986). The Coalition believes it is important for citizens, community groups and organizations to define health promotion for themselves within the context of their work, their experiences and their daily lives. This philosophy is reflected in the organization's Profile (Appendix 1), in the work it undertakes, and in its commitment to honour the voices and recommendations of communities throughout British Columbia.

The original research study, *Walking the Talk in Health Promotion: Research from the Margins* (Phipps, 2000), was inspired by a desire to create a process through which nonprofit societies, community groups and organizations could more readily access funds to support the work they were doing. The research was a way of responding to the persistent funding difficulties and inequalities experienced by many community agencies that were involved in health promotion. Researchers found that the nonprofit, voluntary sector is making major contributions to vibrant, self-reliant and sustainable communities, and, they are doing so in ways that are often incredibly economical. It was apparent that citizens, together with community agencies and frontline professionals, have substantial responsibility for addressing the social, economic and environmental determinants of health.

The Current Research Study – *Funding and Advancing Health Promotion in Rural British Columbia*

In January 2002 the BC Health Promotion Coalition engaged in a seven-month research study to:

(a) investigate models for funding health promotion across Canada and throughout the world
(b) implement a community development process that links the research component to community mobilization, collaborative action and enhanced understanding of health promotion.

The intent of this research was to create a framework for funding community-inspired health promotion initiatives and to develop an implementation strategy for future action.

Key Participants in the Study

Partners

The research study was sponsored by the BC Health Promotion Coalition in collaboration with the Institute of Health Promotion Research (IHPR) at the University of British Columbia, the Central Island Health Service Delivery Area (CIHSD) and the Canadian Mental Health Association - BC Division. Partners provided considerable in-kind support in terms of time and expertise. The project was funded by the Canadian Rural Partnership, Department of Agriculture and Agri-Food. The Vancouver Island Health Authority, CIHSD Area, continues to provide support for the Coalition by assisting with the organization's operating expenses.

Members of the Research Team

A five-person research team was responsible for the project and consisted of Jim Frankish, Associate Director of the IHPR and consultant to the project, Darryl Quantz, research assistant and UBC Graduate Student, Laurie Williams, research assistant, Sue Stitt, University of Victoria nursing research student and Ronnie Phipps, researcher and project coordinator. The seven-member BCHPC Core Planning Group provided guidance and support for both the research and community development aspects of the project.

Community Participants

Community members who participated in the research study included:

a) key informants and friends and colleagues of the BCHPC from across British Columbia and beyond
b) representatives of six foundations and funding bodies
c) five focus groups held in rural communities throughout British Columbia

The contributions and process for involving community participants is described in detail in the section 4 of this report.

THE OTTAWA CHARTER FOR HEALTH PROMOTION (World Health Organization, 1986)

The Ottawa Charter for Health Promotion (URL: http://www.who.int/hpr/archive/docs/ottawa.html) is the guiding document for the philosophy and work of the BC Health Promotion Coalition. It defines health promotion as "the process of enabling people to increase control over, and to improve, their health" (World Health Organization, 1986). It promotes strengthening of public participation and direction of health matters through self-help, social support and advocacy for health and views community development as a way of involving the public in health promotion.

The Charter refers to eight prerequisites or conditions that are fundamental to our health: "peace, shelter, education, food, income, a stable eco-system, sustainable resources and social justice and equity." Known as the determinants of health, these factors define the health of individuals, groups and entire populations. They include quality of life attributes such as level of income, employment

status, social connectedness, harmony with the environment and the degree of control people have over their lives. Depending on priorities and interpretation, these determinants may vary and can be adapted to accommodate changes in local, provincial, national and international circumstances.

There are five interrelated strategies outlined in the Charter for implementing health promotion goals. The processes for putting these strategies into action are practical and achievable when addressed through a values perspective that demonstrates justice, compassion, power sharing, collaboration, flexibility and capacity-building.

The 5 strategies for health promotion action as stated in the Ottawa Charter are:

a) Build healthy public policy
b) Create supportive environments
c) Strengthen community action
d) Develop personal skills
e) Reorient health services to include health promotion as a priority

THE JAKARTA DECLARATION ON HEALTH PROMOTION (World Health Organization, 1997)

Ten years after its inception, the Charter's strategies and prerequisites for health were clarified further in the Jakarta Declaration on Health Promotion by adding four core elements to achieve effectiveness in health promotion. These measures include:

a) a comprehensive approach dealing with the five strategies of the Ottawa Charter
b) working in the context or settings within which people live, work and play
c) offering opportunities for participation in health promotion action and decision-making processes; and,
d) providing access to health learning to support participation and empowerment (Adapted from Healthpact www.health.act.gov.au/healthpact/stratplan99.html)

How have the Ottawa Charter and the Jakarta Declaration influenced activities of the BC Health Promotion Coalition?

Using these two documents as a guide, and keeping in mind the overarching purpose of community support and empowerment, the BC Health Promotion Coalition continues to focus its efforts on developing:

- an approach to current funding practices that communities find to be more fair, equitable and responsive to their strengths and concerns.
- a made-in-British Columbia model and source of funding for health promotion that advances "the empowerment of communities, their ownership and control of their own endeavours and destinies" (World Health Organization. 1986).
- a province-wide peer resource network that consists of web-based learning options and mentorship support for individuals, community organizations and frontline professionals. The Coalition is in the process of seeking funds for the research and development of the peer resource network.

SECTION 3: THE REALITIES FOR COMMUNITIES IN HEALTH PROMOTION FUNDING

This section provides an overview as to why the BC Health Promotion Coalition conducted the research and talks about the realities that communities are facing with respect to funding health promotion initiatives. The barriers and challenges experienced by rural communities are presented in the words of front-line people who contributed to five focus group discussions. This information is balanced by the funding strategies that communities find to be helpful. Suggestions then are made as to how current practices for funding health promotion might be reconsidered in order to ensure greater participation of communities at all levels of decision making.

> The great breakthroughs are breaks with old ways of thinking.
>
> *Stephen Covey,*
> *Principle-Centered Leadership,*
> *p. 173, 1990.*

2. THE REALITIES FOR COMMUNITIES IN HEALTH PROMOTION FUNDING

Walking the Talk revealed that many circumstances compete with the health promotion agenda and combine to create disincentives to community action and innovation: global influences such as prevalence of the medical model rather than a wellness model, preoccupation with acute care priorities, jurisdictional issues, lack of clarity with regionalization and restrictive funding practices. In rural and remote areas of the province, transportation barriers, distance, inadequate resources and lack of facilities further impact the situation (Phipps, 2000).

These factors inhibit the implementation of health promotion goals and put a significant strain on community agencies that are under-funded and under-recognized for the work they do. As a result, nonprofit organizations and community groups throughout the province continue to struggle, despite their substantial contributions to improving the social, economic and environmental determinants of health.

THE CHALLENGES FOR RURAL COMMUNITIES

Rural and remote communities are often small and separated by long distances. Geographic realities accentuate regional disparities and pit the relative "haves" of the urban populations against the "have-nots" of the more remote locations (Select Standing Committee on Health, 2001, p.11), a finding that was confirmed in discussions with all five focus groups.

In addition to the geographic challenges, access to work, healthcare, education and technology present significant barriers for rural and remote citizens (BC Rural Conference Report, April 26-28, 2001, p.3). Community supports are lacking (Select Standing Committee on Health, 2001, p.11) and economies may be faced with instability and uncertainty as their resource base disappears. In recent months, communities in British Columbia dependent on the forest industry have been hit especially hard.

The above examples are compounded for those who are marginalized, particularly First Nations' people. "The factors that determine poor health status in aboriginal communities are the same as those in other populations – poverty, unemployment, lack of education, inadequate housing, family violence, poor diet, smoking and lack of empowerment" (Provincial Health Officer's Annual Report, 1996, p.95). Geographic isolation is an issue in that some areas have no road access and can be reached only by air. Disability presents a further challenge as revealed by a focus group participant who stated, "The issues for people with disabilities are also bigger in the rural setting."

The Provincial Coordinating Committee for Remote and Rural Health Services suggests that preventive services must be enhanced and supported by health promotion activities, activities that recognize rural uniqueness and involve local citizens in planning, implementation and provision of services (1999, p.14). This research project led to a process for funding health promotion that supports this vision of community empowerment and self-determination.

THE FOCUS GROUP PERSPECTIVE

In recognition of the challenges that communities experience in relation to funding, researchers consulted with frontline people in five communities across British Columbia. The approach was grounded in the belief that the people who are most impacted by an issue or problem must be meaningfully involved in all aspects of describing and resolving that issue or problem. Participants talked candidly about the struggles and successes they were encountering in their every-day work. Their struggles were overshadowed by the not-so-obvious global influences noted on the previous page.

Researchers started each session by asking the focus groups: *What has been your experience in accessing funds for community activities?* Their responses were assembled into a single document and the main themes were then pulled together into like categories. As the themes emerged, it became clear that people across the five communities were experiencing many of the same difficulties. But, despite these difficulties respondents tried to present a balanced picture, describing the successes as well as the problems they were having, and explaining the ways in which they were responding to funding dilemmas.

a) Barriers or challenges in accessing funds

i) Funding guidelines and criteria restrictions presented, by far, the greatest barriers to accessing funds. Respondents provided the following examples:

- Groups must adapt their criteria to fit funder guidelines

  To get the funding we have to twist the criteria. It almost seems like the system rewards the high-risk bracket for being "high risk". There is also funding available for aboriginal people – we found ourselves wondering if we could find a few Native youth.

- Requirements for proposals can present difficulties.

  A proposal isn't successful unless you know the buzzwords, what's politically correct.

- Some groups cannot get charitable status

  In the case of the Women's Centre, we don't have charitable status…You can't advocate political change.

- Funding is narrowly focussed and lacks a holistic or health promotion focus

  There's a lot of stove-piped funding going on.

  There is no overlapping or arching or holistic approach.

- Funding is not available for essential day-to-day requirements.

  There is no funding for networking or travel...no funding for administration.

- Project-based funding is limiting.

  You lose trust with clients when funding is project-based, short-term and ends.

  We always have to make our program sound new or rename it.

- There is an inability to fundraise while the funder campaign is on.

  "x" (name of funder) restricts my fundraising freedom – we cannot fundraise while their campaign is on.

- The requirement for local funding support can be limiting.

  A lot of funders require local funding support – it may be difficult to persuade local people to put up 50% first.

- Expectations around accountability can be unrealistic.

  To be hemmed into a box where they say, "These are your goals, you'd better still be working on those goals by the end of this and you'd better have some tangible, measurable results to show" – is in some ways defeating the community development process which is supposed to be about the community changing in response to initiatives and current successes.

ii) Provincial funding cutbacks are causing uncertainty resulting in loss of programs, loss of jobs, increased reliance on volunteers and a constant search for funding.

Because of all the restructuring in BC, our budget is going to be cut quite drastically. And so of course I'm always looking for funding now.
I do have a concern over the discontinuing of the program (counselling for senior citizens) because I think that it was something that was necessary and I still continue doing it because…I just can't...you just don't stop because they terminated the program.

For many of the multicultural clients, I do a bit of volunteer work in health promotion for them, provide them with free diabetic information. It's totally volunteer. There is no money and when you ask for money they will give you $200 to bring a speaker from outside – end of story.

iii) Political influences can cause funding difficulties. Respondents noted a "federal-provincial divide" when it comes to funding. They spoke of the tendency to more adequately fund urban

areas in the "south" and discussed the consequences that may occur when there is disagreement between community people and the bureaucracy.

> *We suffer from constant centralization towards Victoria and Vancouver.*

> *I was co-chair of one of their advisory committees for the Minister of Welfare. I had a falling out with the Minister. When my shift was over there was funding for advocates everywhere but in (our area). So, therefore, we have no funding. We're working out of pocket. We have about six month's funding left. We've been budgeting and budgeting for the phone and fax machine and so on. We've been at it for 20 years, it's not a new group.*

Focus group participants acknowledged that political influences and territoriality amongst community agencies can also be a barrier and current funding practices create competition amongst fundraisers and groups seeking funds.

> *With all the organizations, it's "Mine", "mine", "mine".*

> *Universities and hospitals used to be funded by government and small little community projects were funded by community dollars – now universities and hospitals are out in the world of professional fundraising and that's probably the biggest travesty for fundraisers in our community.*

> *There's an inherent competition created through the way the funding is allocated that makes it very difficult to seek partnerships because you worry about your demise. How am I going to sustain my organization if I go and work with them on that? It prevents a holistic approach.*

iv) Community organizations are not encouraged or allowed to take risks or make mistakes.

> *I don't find that it's easy to take risks; I feel like you're boxed in a lot of times in terms of what you want to do. A lot of health promotion or community development is very organic, the goals keep shifting and you have to keep adapting to have a community response.*

> *I think the other thing that's intriguing … is the allowance for community to be the architect of its success or its failure. Now, with respect to government, fiscal paranoia is translated into secrecy about the mistakes government makes. It spends fortunes buying subs that are damaged and designing some tracking system that costs millions and millions and sits in a box somewhere. It's like there's an awful lot of responsibility placed on community but no authority. And government has tons of authority and no responsibility. It's all ass backwards.*

v) Some funding organizations have moved into a corporate model and are removed from the grassroots.

The "x" foundation looked like you had to join the Board of Trade. It basically said, "we don't fund anybody" – back way off here – it was basically really unfriendly. They had moved into this really corporate model and the admission price was too steep, way too steep on a lot of levels and they weren't interested in grassroots stuff. The hoops you had to go through, the criteria - very, very restrictive. So one of the things that happens with some of these foundations is that they build their empire – they're not of the people, they're not of community at all, they're not about community – they're about maintaining the foundation and its status and role.

vi) There is a tendency for funding guidelines to focus communities on economic issues.

The community is focused on economic rather than social issues and environmental issues.

v) Lack of information and communications between funders and community groups can be problematic.

A lot of people who would like to get funding don't know non-traditional funding sources.

There's no feedback after you fail to be funded, no accountability back to the community.

b) Funding Strategies that work well

It is important to note that despite the difficulties in accessing funds, community groups are very resourceful in the face of change. Though funds are limited, researchers found that community agencies have their own access points and can be very self-sufficient. Examples of this self-sufficiency include:

- use of dormant funds such as veteran's funding held by the local Legion
- grants from local foundations, e.g., Hospital Foundation and "x" community foundation
- leveraging matching dollars
- partnerships
- local fundraising

Smaller communities know the issues within their own environments and do not hesitate to get involved in specific areas of interest.

Our community is pretty well enclosed. Things happen in "x" that couldn't happen elsewhere. When there is a need – everyone gets involved. We need to celebrate what we do. If something comes out in the newspaper, everyone responds. We really do have a community. People here care about each other. If we get people to be aware of health promotion – we will get action.

Focus group participants noted that alignment of core values is the key factor in bringing organizations together to address their concerns.

> *So we literally take our goals, our mission statement, and our core values and we put them down, and we take the other organization's and we put them down, and we say, "Where do they match?" and "Is there enough match that we can actually say this is a good match and we should continue?"*

Strategies they found to be successful were:

i) Leadership
- Find champions, people that are concerned with and believe in your issues.

ii) Communications
- Find the fit, the right funder and develop a good relationship with that funder.
- Develop a trusting relationship with funders and with those who know about funding.
- Encourage funders to buy into your idea and help them see how important it is.
- Networking is the name of the game.
- Tap into the belief that funders really want to give money and will help to make it work.

iii) Proposals
- Do thorough proposal writing.
- It's okay to say "no" to criteria that do not match.
- Sharing of proposals and information is empowering. Share how to write them and who to write them to.
- Keep up to date and remain flexible regarding changes in criteria.
- Listen to people and what they need.

iv) Accountability
- Be accountable and document well.
- Measure outcomes and demonstrate success.
- Use different approaches to evaluation.

> *Our work is not always quantifiable so we find creative ways to document with qualitative evidence – use photos, other creative ways. Reframe outcomes, for example, measuring qualitative values along with some quantitative.*

TOWARDS A NEW WAY OF FUNDING HEALTH PROMOTION

In discussions with the focus groups it became apparent that rural communities are facing many challenges with respect to current funding practices. Despite their resourceful and independent nature in developing strategies that work well, these communities are struggling. For some, there is a profound sense of isolation and a belief that their issues are not given equal attention to those of populations in larger, urban areas. As noted by one participant:

> *How does a group in an urban area, who've possibly never set foot in an isolated community decide whether or not to give money? I can accept them saying "Yes", but I can't accept them saying "No" without being there.*

People were very concerned about provincial cutbacks and the uncertainty of funding. They spoke of an increasing competition amongst groups seeking funds and observed that agencies able to hire professional fundraisers and write a "good" proposal are in a much better position than those who have little money and less sophisticated proposal-writing skills. Unless favoured by a particular funder or government department, community groups may be left in limbo, relying heavily on volunteers and scrambling for the money to keep their organizations going.

From the community perspective, the current situation is one in which funders design the criteria, specify the priorities and ultimately have the power to decide who does or does not receive funds. From the funder perspective, they have legal and donor obligations to meet, accountability to consider and are coping with the pressures of requests that far outweigh their ability to respond. As noted by one funder, "We develop guidelines and put out calls for expressions of interest. Unfortunately, we can fund only one third of applicants." Despite attempts by funders to be fair, many people in communities across BC do not necessarily believe that they are being treated fairly. How does one reconcile the distances between these two streams of thought?

The disparity suggests that it might be time to look at other options when it comes to funding health promotion, ones that start within communities themselves. This means designing the structure, processes and strategies around funding to ensure that communities are at the centre (Kline, 2001). It means sharing of power and responsibility when it comes to identifying and acting upon community priorities. And it is imperative that values, clearly defined in the context of health promotion practice, are at the core of all transactions between funders and the communities they serve.

Changing the way we think is a challenge. It becomes even more so when significant power, money and responsibility are at stake. Shifts in perspective do not happen in response to exhortation.

> *They only occur when enough people find the old perspective unsatisfactory – because of a growing awareness of its lack of explanatory power –* ***and*** *find a new one more interesting as well as enlightening* (Evans, 1994, p.23).

Focus group participants were clear that the current funding situation poses many obstacles. Funders and communities are having difficulties keeping pace with political, social and economic instabilities and technological change. So, it would seem timely to take up the challenge, examine old perspectives and seek new pathways.

SECTION 4: CONDUCTING THE RESEARCH

This section explains the processes used to engage individuals, representatives of foundations and communities in the research. It gives a brief overview of participatory action research and explains how participants contributed to the development of the seven main criteria that form the framework for the funding model. A step-by-step process for gathering and analyzing information is outlined and describes the role of key informants, friends of the Coalition, foundations and the focus groups. An overview of the approach chosen to evaluate the project is provided.

> *Participatory action research is about movement for personal and social transformation. It permits us, little by little, to discover the reality of our lives. When we as a group investigate our situation and make decisions to take power and create justice, we transform our reality. In so doing, we also are transformed – losing fear, gaining self-esteem. We build knowledge: the wisdom of people."*
>
> *Arturo Ornelas, From the Field: An Introduction to Participatory Action Research. The PAR Trust, 1995.*

4. CONDUCTING THE RESEARCH

RESEARCH METHOD

The Ottawa Charter promotes public participation as a fundamental aspect of strengthening community action. The participatory action research (PAR) approach chosen for this study provided both a process and a context in which participants could clarify the issues and help to develop an action plan around funding and prioritizing health promotion. The process was characterized by (a) extensive collaboration; (b) a reciprocal education process between the researchers and the community; and (c) an emphasis on taking action on the issues under study (Green, George, Daniel, Frankish, Herbert, Bowie and O'Neill, 1995, p. 3).

Researchers took a multi-directional approach to the study that involved three sets of interviews, five focus groups and included an external participatory evaluation process. Data were collected and organized using both qualitative (non-statistical) and quantitative (statistical) methods. Peoples' stories and experiences are part of this report, and quotes made by participants are shared with the reader to illustrate the points that were made. Statistical information was gathered from the evaluations and a database was set up with the permission of participants to record contact information.

RESEARCHING AND CREATING THE FUNDING FRAMEWORK

Developing the Criteria for a Made-in-BC Funding Model

Background

Before embarking on the investigation of funding for health promotion, it was necessary to develop a "lens" or set of criteria with which to examine the diverse models currently in use around the world. A wealth of information about what is needed in a funding model had already been collected through previous research that led to the report, *Walking the Talk in Health Promotion: Research from the Margins* (Phipps, 2000). Information gathered at focus groups, in interviews with health authorities and at a community forum held in Vancouver was organized into the Profile of the Coalition. The group's vision, mission, goals, values and operating principles are based on the Ottawa Charter for Health Promotion and are expressed in a document that forms the basis for the philosophy and activities that have led to the current research study.

Why Define the Criteria?

By extracting the criteria or main characteristics that contribute to a made-in-British Columbia model for funding health promotion, researchers hoped to achieve the following objectives:

a) To articulate what is important in developing and implementing a funding body that supports community-inspired health promotion initiatives.
b) To determine whether or not the characteristics researchers believe to be important correspond with information gathered from alternate sources, i.e., previous research, friends of the coalition and key informants.

c) To prioritize characteristics according to the information acquired from these various sources.
d) To categorize and apply the selected criteria when researching and assessing 30 to 40 prospective funding models.
e) To assist researchers in choosing and formulating questions for an in-depth interview of six foundations and funding bodies. Results of these investigations contributed to a draft framework for the preferred funding model.

How Was the Criteria Developed?

***Step 1**: Interviews with key informants and friends of the coalition*

Initial contact was made with friends and colleagues of the Coalition by group email. They were asked three questions:

a) What do you think are the most important structures and/or features in the ideal health promotion funding model?
b) Can you recommend specific examples and/or models of funding that we should investigate?
c) Can you suggest anyone else that we should talk to about health promotion funding models?

Only five people responded so follow up was initiated with friends and colleagues of the Coalition known specifically for their experience in health promotion. This resulted in eight interviews. An additional nine interviews were conducted with key informants identified through researcher contacts in the health promotion field. Participants included people working at the community level in the voluntary and nonprofit sector as well as academics, researchers, health service providers and government representatives. All had extensive knowledge and/or experience in health promotion.

Participants were asked the three initial questions as well as the two noted below.

d) What elements do you see as important for a British Columbia based health promotion funding model? (This question was for British Columbia informants only).
e) Would you like your name added to the health promotion contact list being developed by this project or would you like to receive the project newsletter?

***Step 2**: Tabulating the information that was gathered*

Information from the five sources that follow was organized into a table in order to develop the values component for the model. Each source was cross-referenced with the others to ensure that the emerging values were consistent with each other and that there were no omissions or discrepancies.

- Ottawa Charter for Health Promotion
- Forum held in Vancouver as part of the original research study that led to the report *Walking the Talk in Health Promotion*
- Profile of the BC Health Promotion Coalition
- Key Informant Interviews
- Interviews with Friends and Colleagues of BCHPC

***Step 3**: Sorting information into themes and priorities*

Key comments, suggestions and ideas were selected from all the sources identified in step 2. The information was written on individual cards and members of the research team sorted them into groups. This manual sorting made it possible to see the interrelationship of the comments and to extract the main themes and areas of priority.

Many of the comments related to values; others contained suggestions for features that should be considered when developing a made-in-BC-funding model. The main priorities rated in order of importance were (a) values (b) sustainability, and, (c) partnerships. Respondents were also clear about the need for (d) an evaluation component (e) a holistic definition of health promotion based on the Ottawa Charter (f) clarity of the funding body's values, mission and goals, and, (g) an open process.

Researchers then extracted quotes from participant interviews that demonstrated these themes and ensured that the context of each respondent's comments was not lost. These were organized into a table for future reference.

***Step 4:** Connecting themes and priorities to funding model requirements*

At this point in the process, researchers found it difficult to link the themes that had emerged in step 3 to the next step in the process, that is, researching existing foundations and funding bodies for features of excellence upon which to build a made-in-BC model. From the outset they knew that every funding body requires a structure, a process for acquiring and distributing funds and a way of measuring outcomes. But some information from the interview process did not fall readily into these categories.

So, based on their own experience and on the input of participants in the previous study *Walking the Talk in Health Promotion*, researchers brainstormed ideas of importance to include in the "ideal" funding model. This information was correlated and combined with that of the key informants and friends of the coalition.

The themes that emerged seemed to fall naturally into six main headings: (a) Values (b) Structure and Governance of the Funding Body (c) Source of Funds (d) Distribution of Funds (e) Relationship with Communities, and, (f) Accountability. Quotes, taken from the interviews, clarify and add to the meaning of these categories (See Section 4 under Findings).

***Step 5:** Matching the Criteria to the 35 Short-Listed Foundations*

The criteria then were organized in a table and linked on an individual basis with the 35 short-listed foundations or funding bodies. This process gave researchers the opportunity to compare information about each foundation with the criteria established by participants in the research study thus far. It also provided essential elements for discussion that assisted in the selection of the six foundations that researchers chose to interview.

Key Informant Interviews – Methods

One line of data for this research was collected via confidential interviews with key informants. Key informants are "individuals who provide useful insight into the group and can steer the researcher to information and contacts" (Creswell, 1998, p. 60). An initial list of potential key informants was established at the beginning of the study during research team meetings. Further candidates were identified during interviews by asking interviewees to provide a list of contacts that they thought could also contribute to the study (Patton, 1990). The selection process was guided by the desire to choose a range of informants who could best capture all points of view with regards to health promotion funding. This strategy took into account the diversity of individuals who are involved in health promotion and health promotion funding.

Nine potential informants were approached either personally or by email to request their participation in an interview. The initial conversation also served as an opportunity to develop rapport and inform the interview candidate about the research. All nine individuals contacted agreed to participate. Consent was obtained before each interview began and all agreed to be audio-recorded. Informants were also given the opportunity to ask any questions. In order to ensure common data, a short interview guide based on a portion of the research questions of this study was developed. Topics or issues that the informant raised throughout the interview were also probed and the interview guide was adjusted as appropriate. Each interview lasted approximately 30 minutes. No new interviews were sought after saturation was achieved (Creswell, 1998). Saturation was assessed to have occurred when no new information emerged from the interviews.

Foundations and Funding Models

Another line of data contributing to the research was the investigation of funding models throughout the world. Once the values base had been established (see step 2 in 'development of the criteria'), researchers used this information to conduct an extensive Internet search of funding sources.

Funding Sources Research

Steps to the selection of funding sources and request for interviews with those sources are as follows:

1. The initial Internet search of more than 100 funding models was started before the criteria were established. At this point, researchers concentrated on the review of funding bodies whose documents showed alignment of values with the Ottawa Charter and the Profile of the BC Health Promotion Coalition.

2. As information and suggestions came forward from key informants and friends/colleagues of the coalition, the 100 funding sources were refined to a group of 35 foundations and funding models. An outline from the Healthpact Foundation in Australia helped to organize information in a table under the following headings: vision, mission, outcomes, strategies,

priorities and key initiatives. Other areas of interest included sustainability, partnerships and health promotion definition.

3. This information was then cross-referenced with the priorities and main themes that emerged in step 3 of the criteria development, i.e., values, sustainability, partnerships, evaluation, a holistic definition of health promotion, clarity of values, mission and goals, and an open process. A Funding Sources Summary Table was drawn up to assist in further analysis and to consolidate an abundance of information into a manageable amount of data. This process also helped to assure that the researchers honoured the suggestions and priorities that had been put forward by the key informants and friends/colleagues of the coalition.

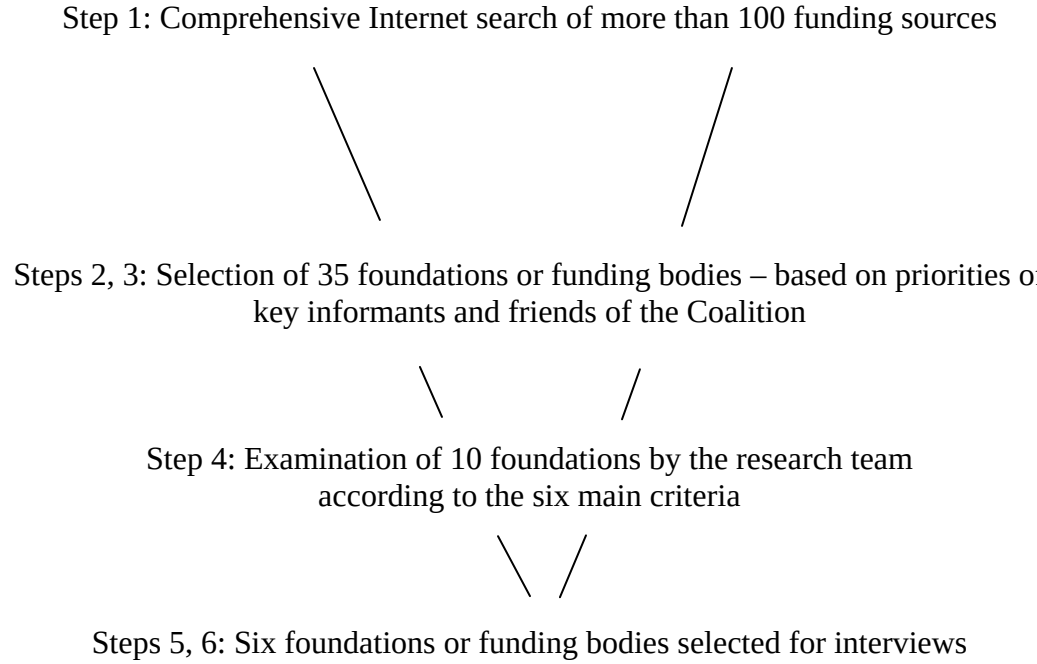
4. The 35 funding bodies were then examined against the six main criteria that had emerged, i.e., values, structure and governance, relationship with communities, sources of funding, distribution of funds and accountability. Characteristics were itemized for each funding body and arranged into a table for the next step in the screening process. Categories included 'Y', definitely interview, 'N', not to be interviewed, and 'P', possibly interview. 10 foundations were chosen for further review.

5. In the final screening step, the research team decided to interview six foundations. Researchers gave weight to a number of considerations in addition to the selection process above. These factors included:

    a) Diversity with respect to size of the foundation.
    b) Location – the research team wanted examples of local, provincial, national and international funding sources.
    c) Focus or area(s) of concentration – health promotion, community development, social, economic and/or environmental focus.
    d) Reputation – foundations that provide well-respected leadership in the health promotion field.
    e) Diversity with respect to sources and management of funding, i.e., private vis-à-vis government funding, cooperative models, community foundations, and foundations with a focus on corporate social responsibility.
    f) Specific characteristics of interest such as:

        - foundations that fund health promotion from funds acquired through taxation of disease- and harm-causing agents such as tobacco and alcohol.
        - foundations that provide a measure of core funding. Sustainability was a major priority of all participant categories that were interviewed in this project.
        - funding bodies whose mandate is moving in the direction of becoming more responsive to communities.
        - foundations or funding bodies that have a strong community-driven focus.
        - funders that demonstrate accountability to the communities they serve.

The shortlist process for the foundations and funding bodies may be illustrated as follows:



6. The six foundations selected for interview were:
   - The Cottonwood Foundation in Minnesota, USA www.cottonwoodfdn.org
   - The California Wellness Foundation in California, USA www.tcwf.org
   - The VicHealth Promotion Foundation in Australia www.vichealth.vic.gov.au
   - HealthPact in Australia www.health.act.gov.au/healthpact/stratplan99.html
   - The United Way in the Cowichan Valley, Duncan, BC www.cowichan.unitedway.ca
   - VanCity Community Foundation in Vancouver, BC www.vancity.com

7. A series of interview questions were drawn up. There were two sets: one set was general, based on the six criteria headings and these questions were asked of all the foundations (See Appendix 2). The other was composed of questions specific to the funding body being interviewed. Informants were faxed a consent form and a letter requesting their participation. To provide some background for the interview, a preamble was emailed to them explaining the research study, the setting (the province of British Columbia) and the history of the BC Health Promotion Coalition. Interviews were conducted by telephone or in person when possible.

8. Results of the foundation interviews were instrumental in developing the questions that were taken forward to the focus groups. The information they provided also helped the research team to better understand the challenges that funders face and to see how their organizations are responding and evolving in times of rapid change. The funder perspective was most beneficial in the data analysis when linked to the observations of focus group participants. The comparison showed commonalties and areas of difference thus providing options for researchers to weigh when developing the funding framework.

Focus Group Process

A third line of data contributing to the research was gathered from people who participated in the focus groups. In selecting locations for the planned five to seven focus groups across the province there was an attempt to reach communities in all five provincial health regions. Emphasis was placed on rural and remote communities; those not typically reached in provincial consultations. Unfortunately the travel budget greatly influenced and limited selection.

The Northern Health Region is a vast area with a great diversity of communities. Consultations in the North are often limited to Prince George because of its size, central location and presence on a major airline route. The research team chose to hold its focus groups in Dawson Creek in the northeast and Prince Rupert in the northwest. Travel to Dawson Creek was expensive but researchers were able to find inexpensive flights with a small regional airline serving Prince Rupert. Other focus groups were held in Powell River, in the Vancouver Coastal Region, Courtenay on Vancouver Island and Penticton in the Interior Region.

To help prepare for the focus groups, a local liaison person was recruited in each community to assist with inviting participants, finding a venue, arranging for refreshments and selection of accommodations for facilitators.

To ensure diversity in focus groups the local liaison persons were asked to invite people who were:

- volunteers, as well as people who are paid for their community work
- community leaders, 'movers and shakers'
- involved in several community organizations/issues, 'people who wear more than one hat'
- from diverse cultural backgrounds
- First Nations
- different ages
- actively involved in community development/community improvement around the social, economic and environmental determinants of health
- experienced in trying to acquire funding for health promotion related community projects

Background information was sent out to participants via e-mail or fax approximately five days prior to each meeting. Participants received the Profile of the BC Health Promotion Coalition and a preamble explaining the intent of the project. The researchers had three main objectives for the focus groups discussions:

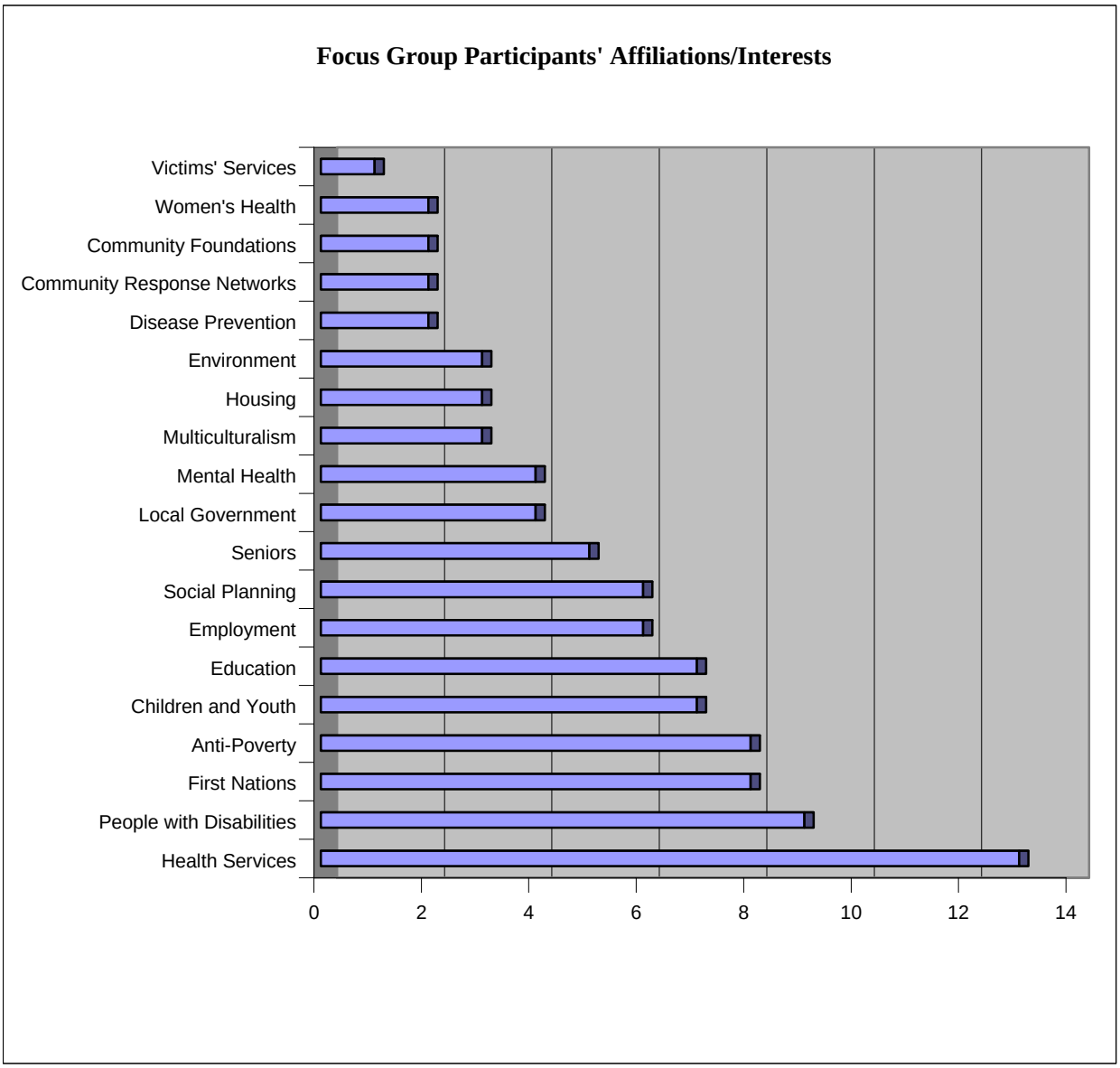
- to discuss, evaluate and build upon the research findings to date
- to create a plan of action for implementing a made-in-British Columbia model for funding health promotion
- to build support for implementation of the action plan

Two research team members attended each focus group, alternating roles as facilitator and recorder. Two of the five focus group discussions were recorded on audiotape and comprehensive notes were recorded on flipcharts at all sessions.

To ensure that participants were aware of their rights, consent forms approved by the Ethics Review Committee at UBC were read and signed by all participants at the beginning of the meeting. At the end of each session, focus group participants were asked to complete evaluation forms prepared by the external evaluator. Results were used to modify and improve the approach used in discussions with subsequent focus groups.

A total of 43 people attended the focus groups. Despite attempts to balance gender, only seven participants were male. The youngest participant was a 17 year-old student and one person stated that she was 71 years old. Diversity of participant's backgrounds, community involvement and interests are illustrated in Table 1 below.

Table 1



EVALUATION OF THE RESEARCH PROJECT

The evaluation approach and how it was chosen

Health promotion activities enable people to take active roles in defining their health needs, setting priorities among health goals, and influencing and assessing efforts to improve their health. The evaluation for this health promotion project invited participation, built on strengths, and valued the contributions of everyone involved.

A participatory, formative evaluation approach was chosen which meant that the evaluator was involved from the outset of the project. Prior to starting, considerable thought was given to the objectives, the participants in the research study, and outcomes of the project. The sponsors of the project, the BC Health Promotion Coalition and the project funders, the Canadian Rural Partnership, wrote the guidelines for the performance evaluation, the indicators of success, and the timeframes into the contract. This meant that people who were directly involved defined the factors that determined success. They also described their expectations for the performance evaluation, which was to look at the products resulting from the project and the way in which the activities were undertaken.

During the project, members of the research team, who themselves had considerable experience in doing evaluations, helped conceptualize the evaluation and design the evaluation tools, i.e., the participant questionnaires and interview questions. The research team used comments from the evaluation and from feedback questionnaires completed by participants to adjust project expectations and time frame. The participatory approach extended to the role of the project evaluator who was included in meetings of the research team.

Why evaluate?

The goals of the evaluation were:

- to account for what has been accomplished through project funding
- to promote learning about what health promotion strategies work in communities and what strategies do not
- to provide feedback for the project team
- to review outcomes in the context of success indicators and stated objectives.

More specifically, the evaluation was designed to:

- assist the research team to document ways in which activities were undertaken, including progress in relation to timelines, process, and achievements
- satisfy Canadian Rural Partnership/British Columbia Health Promotion Coalition contract commitments
- be a learning tool to assist other communities.

How the data collection tools were designed and used

Data for the evaluation were gathered through observation, interviews and document review - measures that were possible and practical within the time frame and resources available to the project.

Tools for the evaluation included:

- interview questionnaires for members of project research team, adapted by the evaluator from *The Guide for Project Evaluation: A Participatory Approach* (Health Canada, 1996, p. 69), with questions suggested in the project agreement with Canadian Rural Partnership

- feedback questionnaires developed by the research team and evaluator to gather comments and measure reactions of focus group participants, both for the research team and for the evaluation.

In addition, the evaluation included a review of documents such as the agenda for focus group sessions, newsletter articles, minutes of research team meetings, research documents, and lists of key informants.

SECTION 5: RESULTS OF THE RESEARCH

This section discusses the findings of the research and gives an overview of the conclusions that emerge. Initially, information was organized under six main criteria that made up the funding framework:

- Values
- Structure and Governance
- Relationship with Communities
- Source of Funds
- Distribution of Funds, and
- Accountability

Contributions of (a) the key informants and friends of the Coalition; (b) foundation interviews; and (c) focus group discussions are described separately under each of these headings. A seventh component emerged in the analysis of data from these three sources and was added to the list of criteria:

- Strategies for Success – sustainability, partnerships and communications.

> There is a high risk of funders going to their ivory towers and not remaining connected. We must remain community-driven or we can do more harm than good.
>
> We need to remember to ask, "What does this teach me about my functioning in this community?" We need to remain aware of the influence of power, that those who provide funding are custodians of that control. We also need to be seen as independent from government in order to balance the power issues.
>
> *Foundation Representative*

5. RESULTS OF THE RESEARCH

A total of 72 people took part in the seven-month research study. Questions for each group of participants were prepared in advance and throughout the project the research team made every effort to accurately reflect the direction(s) in which informants were leading them. The project was planned so that each part of the study built upon preceding information. The overall objective was to create a framework for funding community-inspired health promotion and to seek advice from the focus groups as to what the Coalition should do next.

SUMMARY OF FINDINGS

Findings in the research study identified six components that are essential in a framework for funding community-inspired health promotion initiatives. When analyzing the input from all sources, it became evident that participants consistently identified three strategies that are needed to successfully implement each aspect of the framework – sustainability, partnerships and communications. These strategies were combined to become the seventh component of the framework.

Finding #1: Values

Whether defined implicitly or explicitly, participants indicated that health promotion values are essential to guide the vision, mission, goals, objectives and strategies of funding organizations. Values are central to the decisions that are made and the actions that are taken.

Finding #2: Structure and Governance

There was wide consensus that the preferred organizational structure be autonomous with respect to funding sources. Respondents agreed that government should contribute to, but not control, the funding organization. The structure needs to include grassroots representatives, and, through its actions, demonstrate respect for community priorities. It must be committed to transparency and accountability.

It is essential that people who have training and experience in health promotion be involved at all levels of operation of the funding body. The work of the organization is characterized by effective communications, understanding of health promotion principles and practical application of these principles.

Finding #3: Source of Funds

There was overwhelming agreement that funds, when obtained from diverse sources, help to assure autonomy and sustainability of the funding body. Transactions need to be consistent with organizational values and ethical fundraising principles.

Finding #4: Distribution of Funds

Distribution of funds needs to be guided by the principles of fairness, collaboration amongst funders and partnerships amongst community organizations. Short-term funding and special grants

of three to five years are required for effective and sustainable community-based health promotion initiatives. Distribution should respond to community-identified strengths, concerns and priorities.

Finding #5: Relationship with Communities

Communities are the primary link between the determinants of health and the organizations that provide them with funds. Participants agreed that it is important for the relationship between communities and the funding body to be one of equity, respect for local decision making and trust in the priorities that are identified by communities. Funders were asked to be accessible and open in all communications. They can act as catalysts to effectively promote capacity and community building, and in this process, include marginalized people and recognize the unique assets and challenges of rural and remote communities.

Finding #6: Accountability

Participants related accountability to the funding organization itself and to the groups that are being funded. They noted that both streams require flexibility and access to a variety of evaluation tools. It is important to focus on outcomes appropriate to the long-term nature of health promotion and to recognize that there are many valid forms of evaluation.

Finding #7: Strategies for Success - Sustainability, Partnerships and Communications

Throughout the research study, sustainability, partnerships and communications were identified as crucial to building relationships. They contribute strategically to a larger picture and are important when considering how the funding organization operates. Participants suggested that these elements help to build community capacity and are essential for the success of health promotion initiatives. There was wide agreement on the following concepts:

- Facets of *sustainability* include adequate core funding and grants of three to five years that are supported by long-term vision, planning and commitment.
- Genuine *partnerships* are an integral part of health promotion action. Possibilities are enormous when funders, community organizations, professionals and various government sectors combine their efforts in the spirit of cooperation and good will. Partnerships that are ‘real’ lead to shared responsibility for health and collaborative relationships that minimize power differences.
- Effective *communications* result in shared knowledge and shared learning. Networking, personal contact and forums for exchange of ideas provide opportunities for building bridges of understanding between people and amongst groups.

VALUES

i) Friends of the Coalition and Key Informants - Values

Participants who contributed to *Walking the Talk in Health Promotion* were clear that the values and principles contained in the Ottawa Charter for Health Promotion needed to guide the future action of the Coalition. These values were consistent with those identified at the Vancouver forum (2000) and they were the ones that were incorporated into the Profile of the BCHPC (Appendix 1). Collectively,

these documents formed a basis or starting point for the researchers' investigations in this study (See column one in Table 2 below).

Having assembled the core values, the next step was to look at those values that were specific to the funding aspect of health promotion. The significance of values in developing a framework was apparent in statements made by key informants and friends of the Coalition when they were asked to identify the most important features in an ideal funding model.

> *Very clear principles and values will provide guidance toward a funding model as values will dictate what we want to accomplish and will dictate what types of models are appropriate*.
>
> The funding model needs: *a value statement that recognizes, honours and nurtures the implementation of a long-term strategy for a capacity building approach to health promotion.*

Table 2: Values and Principles Contributing to a Framework for Funding Health Promotion

Core Values and Principles (Based on the Ottawa Charter, Vancouver Forum and the Profile of the BCHPC)	**Values and Principles Specific to Funding Health Promotion**
▪ cultural sensitivity and respect ▪ equity ▪ inclusion ▪ collaboration ▪ empowerment/self-determination ▪ social justice ▪ an equal voice for all ▪ shared power, shared responsibility – no 'us' and 'them' mindset ▪ public participation ▪ community - driven ▪ long-term commitment ▪ a holistic approach ▪ healthy choices, self-help and self-care ▪ coordinated, concrete and effective community action ▪ Build on what exists rather than start over again. ▪ Use known health promotion strategies; look at merit and effectiveness. ▪ Provide access to information, learning opportunities for health and funding support.	▪ Listen and respond with compassion and understanding. ▪ Be solution focussed. ▪ Look at problems as opportunities and barriers as challenges. ▪ Be willing to engage in flexibility and change. ▪ Value and build on all contributions. ▪ Share responsibility in leadership. ▪ Use a principle-centered, values-centered leadership approach that is facilitative rather than judgmental. ▪ Have open and transparent processes and a commitment to "social reporting". ▪ Follow and apply the Golden Rule to all aspects of the funding body, i.e., do for and with people what you would want to have done for and with you. Values added from focus group discussions: ▪ Be accessible ▪ Have faith in community capacity

The values and principles in column two of the preceding table represent the contributions that emerged from interviews with key informants, friends of the Coalition and from the researcher's own experiences. Two additional values were added from discussions with participants in the focus groups. Items in both columns contribute to the framework for funding health promotion in British Columbia.

ii) Foundations – Values

During the Internet search of funding sources and in the six interviews that followed, it was evident that some foundations and funding bodies have clearly stated values while others are implicitly rather than explicitly defined. Foundations specific to health promotion tend to use the "principles of health and the principles of good practice", incorporating them into their vision, mission, goals and strategic documents. Some foundations chose to demonstrate their values through their criteria while others said they conveyed their importance primarily through written materials and in the relationships they build with different groups.

When interviewing representatives of funding bodies, researchers were interested in knowing about the role that values played in the day-to-day operations of the organization. Interviewees were asked: *What strategies do you use to operationalize your foundation's values in the work that you do?*

Strategies used to put values into action stressed the importance of:

- well-defined criteria based on health promotion values and principles
- understanding the needs and capacities of communities
- networks and communications
- partnerships and relationships with different groups
- alignment of funding with desired outcomes
- commitment to being a learning organization. This commitment and the underlying values are acknowledged in the following quote made by a foundation representative:

> *We are a learning organization that needs to share knowledge, meaning we maintain the value to learn, that we do not know it all, and that we are determined to avoid arrogance.*

As noted by one respondent, "Values certainly underlie all the decisions that we make, who we talk to and how we speak". They influence where funders go to find funding and define the sources from which they will or will not accept funds. But, values can be subject to external pressures as noted in the following caution expressed by one foundation representative:

> *There is a danger of promoting the status quo because values can be very white and middle class. Largely they have to be because of political reasons. In our case we have to write what will be approved by the Minister of Health. Values are always influenced by politics as the wording is cultural, that is,* (in this instance) *worded in the culture of the ministry.*

Focus Groups – Values

The values identified by key informants and friends of the Coalition were taken forward to the first two focus groups. When it became clear that the subject of values would evolve naturally from discussions with participants, the research team omitted this background information for subsequent groups. They made note informally of the values that emerged and correlated them with the information already gathered. Participants placed particular emphasis on: accessibility, transparency, equity, faith in community capacity, flexibility, professionalism and commitment. These values are incorporated into Table 2.

a) STRUCTURE AND GOVERNANCE OF THE FUNDING BODY

This section refers to the legal and ethical requirements of the proposed funding body in the context of internal (staff and volunteers) and external (communities, donors, the general public and government) relationships.

i) Friends of the Coalition and Key Informants - Structure and Governance

Friends of the Coalition and key informants identified the following elements as being desirable in a health promotion foundation or funding body:

- an open, transparent and non-hierarchical structure.
- a clear, systematic set of health promotion goals, long term vision and planning.
- as few rules and regulations as possible.
- governed by inclusive, diverse representation with all kinds of knowledge, including experiential.
- staffed by people with substantial front-line, community-based experience in health promotion, not theorists only, i.e., people who have "walked the talk".
- long-term commitment and investment of support that results when people buy into the funding body and its work.
- regular self-examination and evaluation to safeguard values of the funding body. It is important to build in safeguards that facilitate a continued positive, proactive focus of the organization.

Respondents underscored the premise that knowledge and commitment to health promotion are critical to the success of the funding organization.

> *The model needs to involve key people in the province who understand and believe in health promotion; credible people who know how to make the case for health promotion in a respectful but commanding way.*

Involvement of people through partnerships also plays an important role.

> *A number of organizations supporting a particular structure that you're talking about is probably pretty important, not only from the point of view of financial*

> *continuity but also from the point of view of general support and support in activities such as dissemination.*

ii) Foundations - Structure and Governance

During the interviews of foundation representatives, respondents were asked to identify what was working well in their organizations. They were also asked to explain what was not working well and to talk about the challenges they were facing. The answers to these questions gave researchers an insight as to where it might be wise to concentrate their efforts when talking with the focus groups and provided valuable background information for development of the funding framework.

Respondents noted the importance of involving volunteers on boards, advisory panels and standing committees. One individual, when asked what was working well, expanded on the concept of participation by saying:

> *This would be our commitment to volunteers being the decision makers, the leaders, the directors in all aspects…how the fundraising occurs, how all policy and governance decisions are made by local people, everything being for and about our local people.*

There was a caution however, about over reliance and stress on volunteers, with one person noting that, “The volunteer energy is incredible but there are limits to this”.

Another factor that worked well was the involvement of people with experience and training in health promotion at all levels of the organization. This included adequate numbers of staff and diversity of staff that “mirrors the cultural and ethnic backdrop” of the area served by the funder. All respondents spoke of the importance of communications – across programs, projects and across funded groups, while acknowledging that this can be quite a challenge: “We had to work on communication between all partners”.

Foundations established through legislation had both pros and cons. Although funding is protected, there is a risk of government intervention. Governance responsibilities might be unclear, for example, confusion around accountability of staff. Also, when a new government is elected, board members who have been appointed may be exchanged for people who reflect the party in power, thus affecting continuity. On the positive side, it can be beneficial to have “major political players on the board” because they can provide support. It is crucial, however, that roles and responsibilities be clearly defined. As pointed out by one respondent, “We have a state of independence which is vital to keep. We work with government, not for government”. The following statement might best summarize this situation:

> *You need to be explicitly independent for successful sustainability. If you are intrinsically tied to the government of the day, you are in danger…but consider a statutory approach. It is acceptable to the community and is credible to the government.*

One foundation interviewee remarked on the benefits of developing a Strategic Plan but cautioned that it might be "full of lovely rhetoric, but hard to implement practically". The person continued by pointing out the difficulties that arise when people doing health promotion work are operating on different levels, i.e., they need the same base in theory, the same capacity to implement theory and to understand the complexity of a project. This is rarely the situation.

A major challenge experienced by funders was the ability to keep up with change. Respondents gave the following examples: procedures that need to be altered when funding applications increase, learning about capacity building, and implementing strategic directions according to plan. Some interviewees said their organizations found it difficult to maintain a health promotion focus in view of external pressures. They spoke of government intervention and the philosophical shifts that were needed when their approach moved from the concept of charity as a basis of intent to an understanding of the issues relevant to communities. It proved to be quite a transition to expand the funder role from raising and distributing funds to that of community building and promoting capacity.

iii) Focus Groups – Structure and Governance

Focus group participants were in strong agreement on four issues that emerged when they considered the structure and governance of a health promotion foundation or funding body:

- Ensure that rural communities are represented on the governing body.
- Avoid government control of the funding body
- Engage in outreach and personal visits to communities. This approach is critical to communications and program effectiveness.
- Decisions affecting communities need to be made locally by an independent body of local people.

Participants had a number of other suggestions:

- Consider the advantage of legislation that keeps government at arm's length.
- Ensure diversity in the governance of the organization.
- Avoid having a prestige board. "You can start grassroots and it's a struggle for an organization to stick to their values if they switch to a prestige board".
- Have individual memberships on the board as well as organization memberships. "A lot of high-level foundations have only a Board of Directors and no membership, so how do communities get to have input?"
- Select and recruit board members carefully; have a job description and an interview process. "There should be a connection with the grassroots, definitely, maybe have 50% on the board so that connection is still alive".
- Hire people who are familiar with health promotion and community work.
- Determine values and policies with respect to self-governance and accountability and find ways to ensure the organization works by them.
- Fund the governance of the organization separately from the activities of the organization. As explained by one respondent:

> *Most organizations never do core development because "Where are they going to get the money from?" I think putting it as a first priority, developing a governance structure and funding that permanently, separately from the work of the organization – to me that would be important*.

b) SOURCE OF FUNDS

There was a close link between the source of funds and organizational values, distribution of funds and the relationship of the funding body to communities and external partners.

i) Friends of the Coalition and Key Informants – Source of Funds

Key informants and friends and colleagues of the Coalition recommended that the funding body access funds from a combination of sources, both public and private. They wanted these sources to be consistent with the values of the organization and to be removed from political pressures.

> *Make sure that the people receiving and giving the funds have the same strong philosophical beliefs.*
>
> *Find ways to bring industry (and industry funds) to the table ethically. This often requires work at the provincial and national level in order to enable an arm's length funding relationship at the community level, e.g., funding from pharmaceutical companies targeted directly to health promotion funding - rather than part of a marketing strategy at the community level.*

Partnerships amongst funders were also high on the list of priorities and extended across local, provincial and federal governments with a view to pooling resources and improving coordination of funding priorities. Respondents suggested that applicants show evidence of collaboration and working with other partners; "to document that they are in concert with community".

> There needs to be *shared responsibility for health – individuals, communities, health service providers, governments and society as a whole. Cooperative, fair partnerships that minimize power differences.*
>
> *Funding needs to be better coordinated at the provincial and regional health authority level. At present it serves to further fragment community action.*

Sustainability with respect to funding sources was highlighted in the context of core funding and freedom from political influences.

> *Certainly, sustainability is the key thing. You want to make sure that whatever you've got is going to carry into the future. The second key thing is adequate core funding. It's pretty hard to run an organization without core funding that is uncontaminated with requirements to do particular kinds of things.*

ii) Foundations – Source of Funds

In the interviews with foundation representatives, respondents were asked to identify their sources of funding and to talk about conditions that might be attached to these sources. Researchers wanted to know how such conditions might affect the operations of the funding body.

The research team found that sources of funding were largely dependent on the history and evolution of the funding body. They included:

- core endowment funds
- grants from other foundations
- individual donor bequests and gifts
- government taxation on tobacco that goes into general revenue; a certain percentage is then transferred to the foundation.
- community sources such as major corporations, unions and individual donors
- assistance through federal government job creation programs and supported wage funding
- sponsorships, e.g., asking businesses and corporations to use their marketing budget to assist with advertising and publications
- transfer of assets from another organization

Respondents said it was important to maintain a good relationship with donors and they did so using a variety of means such as annual reports, newsletters, Internet site information, conferences, publishing of health promotion journals, networking, word of mouth and special events. Only two foundations from the six interviewed did not have conditions attached to donors. One is funded by an endowment with assets exceeding one billion dollars and therefore does not accept donations. The other provided the following explanation:

> *We are a conduit for donors. There are three choices for donors, a general fund, an endowment fund and a land fund and they are free to contribute within those funds. Some donors want to review the final list for example, to ensure they haven't already given to an organization or to make choices. With this foundation they cannot do that; they have no option to designate or be a part of the selection process. They have to trust that we will make decisions based on our criteria and values. We accept no strings as they may entail giving up values. We do not chase money, and will not mold or change our values to receive money…Donors are free to do something else if they want to have specific control. We are willing to pay that price to protect our criteria.*

iii) Focus Groups – Source of Funds

All five focus groups advised that funds be accessed from diverse sources rather than any one specific source. One group recommended seeking support from other partners who are working towards health promotion, but another expressed concerns about territoriality and competition amongst these groups. Funding sources recommended by focus group participants included private funds, government funds, gambling and lottery funds, money in exchange for volunteer work, new

and creative sources, e.g., tax breaks for corporations that donate, and donations from the general public. As one focus group participant observed:

> *You have to ask for money. If the public can see that what you do is of benefit to society, they will donate.*

A second person made the following proposal:

> *I would suggest we go for all the players in the field. Think of government, doctors…think of it…if every doctor donated a dollar a month or week through automatic deposit. If all the health care people making huge dollars donated a dollar a week to a health promotion fund I think it would be an amazing concept. Unions do that.*

People in the focus groups were not opposed to taking money from the producers of harmful substances but cautioned against allowing these companies to attach strings to their donations.

> *People who make money off tobacco or alcohol – there's a capacity there for them to remediate some of the damage they do by contributing to other things, but only if they're participating and learning.*

Participants were clear about the role of government saying they should contribute but not control. The general feeling was that, "We shouldn't let government off the hook", but conditions around their participation came with a caution. The reason for this caution is captured in the comment of one person who reflected the input of many others who took part in the focus group discussions:

> *I have observed a couple of other organizations where government buy-in has meant that government has had a place at the table. It has been very hard to control their influence.*

Throughout all the discussions there was both direct and indirect reference to values. People felt it was critical to determine the organization's ethical fundraising principles. One group expressed it clearly with respect to funding sources saying:

> *I think your core values have to state something fairly explicit about where you will <u>not</u> take money from. It's just as important as where you do. There are places that might offer you money but you would have to know how you position yourself around that offer.*

d) DISTRIBUTION OF FUNDS

There was wide consensus amongst all those who participated in the research study about the need to prioritize and fund health promotion activities at the grassroots. People had no difficulty in understanding the meaning of health promotion when referenced in the context of the work in which they were involved. When it came to distributing funds, participants were able to clearly articulate the guidelines that they considered to be of importance.

i) Friends of the Coalition and Key Informants – Distribution of Funds

A number of key informants and friends and colleagues of the Coalition suggested that distribution of funds should not be attached to themes, groups, trends, "best practices" or other current political priorities, i.e., not stove-piped. They were clear that funding should be “based on merit rather than politics and who knows who”. Alternatively, some respondents felt that funds should be designated to populations with unique needs, e.g., rural and remote areas and First Nations’ communities. Others specified that, “Funding needs to be tailored to the priorities of communities”.

Interviewees cautioned against duplication and wanted to see funding allocated in a way that was required to build on what had gone before. They supported a funding model that is willing to experiment, take risks and tolerate ambiguity.

Respondents added that there should be a requirement of all groups requesting funding to demonstrate partnerships and community “buy in”. This would help to alleviate some of the fragmentation that currently exists.

> *The BC context is particularly complex in terms of the number of non-profit organizations and non-government agencies involved in some part of health promotion. If we wish to shift the system from a fragmented array of initiatives to comprehensive action, funding needs to be redirected to foster collaboration and new integrations.*

Many respondents asked that funds be tailored to long-term projects as well as those of shorter duration. They recommended special grants of three to five years that provided for adequate core funding to sustain activities over time. They suggested the inclusion of funds for administration costs.

> *Move away from project-type funding as health promotion may not really fit into boundaries or narrowly defined outcomes. For example, bridge building for isolated groups back into the community requires flexibility.*

> A most important feature is *sustained commitment to health promotion with a cycle of three to five years, not like many current pilot projects where you get things up and running and then the rug gets pulled out from under you.*

Streamlining grant application and approval procedures was another priority.

> Implement *a grant application and approval process that is objective and neutral, evidence based, peer reviewed, and void of conflicts of interest.*

Finally, so that funding is not wasted, respondents wanted assurance that definitions for health promotion are clear and that the organization does not fund what could be funded elsewhere.

> *Resources are finite and few funds go towards health promotion, so it is important that the direction of the funding is clearly toward health promotion and not*

toward perhaps equally deserving and possibly related areas. The goal of the fund should be very clear.

ii) Foundations – Distribution of Funds

All foundations and funders interviewed by the research team had priorities for funding according to their established criteria. Some had very specific priorities while others were broad and allowed applicants more leeway.

Priorities for distribution of funds that were identified by foundations and funders included:

- prevention and the broad determinants of health, e.g., tobacco control, physical activity, healthy eating, mental health and substance abuse.
- key risk areas such as heart disease, cancer, diabetes, asthma and mental illness.
- distribution according to need
- community development based on the premise that "Community strength is fundamental in health and wellbeing".
- social issues, health, wellbeing and safety for the community
- housing, employment, and non-profit enterprise
- research
- start-up funding, new projects and ongoing funding related to established criteria
- funding for other funders
- specific projects designed to meet the foundation's goals
- core funding that includes "regular, ongoing health promotion and disease prevention activities" as well as infrastructure support. This priority was captured by one foundation respondent:

(We provide core-operating support) because of the difficulty experienced by community programs and groups to continue without adequate funding support. They are currently in existence and provide useful health promotion services. We have found sustainability of these programs to be valuable, rather than always demanding people and groups to come up with new ideas or to revamp their current programs to be eligible for initiative funding.

Foundation respondents were asked how they decided which applicants to fund. All interviewees made reference to compatibility with their criteria. Some spoke of allocating funds according to priorities in their Strategic Directions Plan. Applications were screened initially for eligibility by staff and then referred to the board or to an external review panel for approval.

The process for advising unsuccessful applicants was by a letter of notification. Some organizations provided additional support by talking with the agencies in question and by referral to other funding sources to try and leverage funds. One foundation representative said they helped groups contact other funders; they looked for solutions and made referrals for good projects that did not fit their mandate.

iii) Focus Groups – Distribution of Funds

Focus group participants had several major recommendations with respect to the distribution of funds. Although criteria were one of the primary stumbling blocks identified in the current funding situation (see section 3), people recognized the need and importance of established guidelines. However, they wanted them to be flexible and fair with the intent of reducing barriers and minimizing rules and regulations for groups applying for funds.

> *You should have a criteria checklist to establish a consistency in evaluating proposals. I would like to know that fairness is in some way enabled through the selection process and through consistency in the selection process.*

For example, organizations did not want to be penalized for having existing funds or for needing to change direction as projects moved forward. Participants asked for consideration with respect to society status and around expectations of what should or should not be funded. They sought streamlined application procedures and flexible timelines. They asked that funds be distributed according to the needs and priorities identified by communities themselves. Funding of marginalized groups received specific mention with one comment being "Health promotion is weakest with those who need it the most".

Other recommendations came in the form of developing partnerships - amongst groups at the community level and amongst funders. Participants called the latter a "cost-shared grants process". They wanted the support of funders in that they would communicate with each other to reduce duplication of paper work for grantees and to ensure that good proposals would be honoured and not turned away automatically because of criteria restrictions or other perceived barriers.

> *It's important that the funders do communicate between each other because with our evaluations and our reports each little part has to be different.*

> *Compromise. Give assistance in applying to the foundation. Say, "If we can't give you money we can send you to someone who can help you write a proposal, to help you become your own professional".*

Another recommendation, voiced repeatedly, was that of providing sustainability through core funding, a factor that supports the long-term nature of health promotion.

> *The funding should be sustaining because you're not going to see a change in a health promotion initiative except for over several years.*

Participants acknowledged the need to monitor and carefully review this kind of funding.

e) RELATIONSHIP WITH COMMUNITIES

As the research project progressed, it became increasingly evident that the relationship with communities was intricately related to all other aspects of the funding framework. Communities provide the primary link between the determinants of health and the organizations that fund their

work. They are the “hub” that transforms theory into action while funders are the resource and catalyst needed to facilitate this process.

i) Friends of the Coalition and Key Informants – Relationship with Communities

When considering the criteria for relationship with communities, key informants and friends and colleagues of the Coalition spoke of a need for the funding body to function in a way that is empowering to communities. They wanted a foundation or funder that never says "no" without explanation, attempts to support the group, and, when needed, assists with referral to elsewhere for funding. In the words of one person, “Don't close the door in peoples’ faces”.

To this end, informants recommended a structure and process that reduces power imbalances to the greatest degree possible. They envisioned a relationship between the funder and community agencies that minimizes hierarchy and cuts across all boundaries. They wanted assurance of an ongoing, give-and-take dialogue with the funder that was evidenced through personal conversations and exploration of ideas and concepts with the groups involved. Respondents stressed the importance of the primary commitment being to address issues that are important to communities. The result would support community investment and ownership, a circumstance in which the funding body would do “with” people rather than “for” or “to” people.

> *A cookie-cutter approach … would be very incorrect and improper and also disrespectful. So it would be really important that the uniqueness and individuality of the communities, regions, neighbourhoods, whatever the level that is accounted into any consideration of funding. There has to be a way to be respectful to the individual regions and how they perceive their community needs, wants and desires.*

Informants emphasized inclusion and accessibility of the funding body. They recommended guidelines that reflected the broadest understanding of community and encompassed the province of British Columbia geographically.

> *What is community? This changes in different parts of the province and could refer to an online community only. Be creative, this province is big. Go **with** ideas like this rather than **without.***

Effective communications and visibility of the foundation or funding body were seen as essential. People felt it was important to communicate everything in plain language; to be accessible to illiterate, less literate or second language groups. They noted that worthiness should not be judged by command of the English language. Funders could play a central role by providing training opportunities for people who came to them for funding. They could facilitate bridge building, networking and sharing of information between groups undertaking similar projects, or groups wanting to undertake similar projects, and provide a forum for exchange of ideas. As concluded by one respondent:

> *People need to have an opportunity to communicate and network with those who have been funded so they can support each other. There needs to be a forum for*

> *ideas to enhance what we're doing. Also, an ongoing give and take partnership dialogue with the funder.*

ii) Foundations – Relationship with Communities

In the interviews with foundations, the research team asked respondents about the strategies they employed to engage communities. For example, how they informed them of the activities of the funder, their role in assisting with the application process and in facilitating participation of community agencies in decisions that were made.

Apart from the core function of providing funds, foundations made wide use of written materials and publications in order to let communities know what was happening. All had websites and some held conferences as another method of connecting with communities. Advisory committees, in which citizens could participate as either paid or unpaid consultants, were a popular way to liaiase with communities.

The research team asked foundations to give an overview of how they supported community capacity building. Respondents said they worked with communities to foster partnerships and collaboration across groups. They involved communities through peer reviews and advisory committees and provided them with supportive information such as evaluation frameworks, information on best practices, technical assistance, field development and training. One funder identified the partnership approach as a major strength of their organization:

> *Our foundation approaches the community in terms of partnership, not just grantmaking. To that end, we work with the community groups and look for opportunities to support their work. It includes building named funds with them, technical assistance in areas such as fundraising, building capacity, etc. We also are the first foundation in (the country) to use our funds for community lending, in addition to grantmaking. A strategic goal is to help the community build its assets.*

Funders also facilitated matching relationships between corporate or business sponsors and community organizations in order to address particular needs within communities. They funded projects that promote capacity, community building and diversity. One funder spoke of the need to be responsive to cultural differences but to do so without specific designation:

> *We do not set aside any specific amount of funding for aboriginal populations. There is no separate process. We do not designate because we do not want to entrench marginalization through structure. We make it a deliberate focus through outreach. We go out and look at how we can support aboriginal people to do what they believe they need to do.*

iii) Focus Groups – Relationship with Communities

Focus groups were unanimous in recognizing the importance of communications in funder-community relationships. This was evident in discussions around the current funding situation and in their endorsement of outreach and personal visits to communities.

> *I just think you have to look at the most effective way of doing programs in a rural area. In my regional position there have been comments about me carrying on my position through email. Well, that's only good to a certain extent. The human touch and touching bases with people in communities is so much more important than just sending email. So it is very important that we have access to actually visiting all those communities if we're doing outreach or if we're doing programs in all of our communities.*

> *I'm a firm believer in personal contact and any really strong success I've had is because my funder came to my agency and actually saw what was going on. We actually had one here who wasn't very supportive, and he came in and saw us on one of those busy days where all hell broke loose and you just wouldn't believe the difference in this funder after him having seen that. I think that somebody needs to get a car to go to all the different communities who either applied or should apply or did apply or could apply and go sit and talk to them.*

Respecting the priorities identified by communities was deemed equally important. Participants observed that rural communities have their own unique challenges and identities and focus groups wanted assurance that this factor would be acknowledged in developing the structure and process that connected the funding body with communities.

There was considerable discussion as to the most effective way to approach the building of this relationship. Four focus groups identified the need for regional representation or channels of communication between communities and the funding body. One group preferred direct contact. But, irregardless of the method for connecting funder and community, all participants wanted local decisions around priorities and distribution of funds to be made locally.

> *Prove to me that it (the project) is beneficial; get references and recommendations from the community. Use local committees to provide feedback, distribute the money and make decisions. A local committee can ask what works for our community. When you receive a proposal it goes through a steering committee of elected representatives before it goes out of the community, not as a final arbiter but for providing background information, research and credibility to the project.*

Communities differed in their opinions as to whether or not the decision-making committee should be an existing structure or a new committee designed for that purpose. Concerns centered around the potential for bias and conflict of interest. Once again, it was evident that the unique characteristics and relationships within each region needed to be the starting point for the development of a structure and process for linking the funding body to communities.

When asked what they would do in circumstances where there was not enough money to meet all the requests, participants made reference to other models:

> *We started talking about the geography and the money available – and to make it brief, what happened was we had a coming together of different people – whether they represented organizations, or whether like myself, they were just an ordinary person on the street. We came together and came up with a mission statement. This covered a huge geographic area. That was pretty difficult because people were wearing their own hat, their own agenda, but we did it…the key was that you had to leave your personal agenda outside and come and look at the common good.*

> *It's an interesting model – bring people together who need the money and ask them what they think about these various proposals. In "x" region we did that once with our ministry money – just got all the contractors together and said "Here's how much money there is. You figure out what this community really needs and work it out among yourselves."*

Participants wanted support for community capacity building and asked for funder confidence in the "integrity and (the ability of) community organizations to carry out the projects they said they were going to carry out". They had a number of suggestions around equity, participation and local partnerships with one community noting that, "The local Credit Union has taken on office expenses for the "x" foundation". Marginalized people were perceived to be amongst the most vulnerable and participants highlighted the need to be inclusive.

> *Address power issues. People at the bottom need a voice. Involve marginalized people at all levels and provide education for them to participate.*

ACCOUNTABILITY

All those who participated in the research study acknowledged the importance of accountability and evaluation procedures. Two streams of accountability were identified: that of the funding body itself and that of the groups or organizations being funded.

i) <u>Friends of the Coalition and Key Informants</u> - Accountability

Accountability of community organizations was stressed in the context of their ability to monitor, oversee and report back to all parties involved in the project or program. Respondents again emphasized the need for the funding body to be responsive to community strengths, needs and priorities. They highlighted the role of participatory evaluation and wanted widespread sharing of information together with creative dissemination of results, successes and outcomes.

> *Have a plan to spread the word. People need a chance to learn, a way of sharing successes and challenges. There needs to be a plan in place for this ahead of time.*

Respondents were realistic about resources and cautioned against duplicating what is being done effectively elsewhere. Taking into consideration the long-term nature of health promotion programs, they spoke of the need for flexibility and evaluative processes that are "outcome oriented rather than bound by rules".

> *The funder should be able to recognize that health promotion needs to engage in flexibility and change. Ongoing evaluation may show a need to change strategies or goals, to not be locked into particular deliverables and timelines set at first conception of a project. Allow for continuous change and quality improvement strategies.*
>
> *The scope of the health promotion activity (must be) clear, well conceived and related to outcomes.*

Regular self-examination and evaluation of the funding body in order to safeguard its values was another facet of accountability. In other words, it was important for the funder to be a model for others.

ii) Foundations - Accountability

Foundations and funding bodies were clearly accountable to their donors and other sources of funds. All of them had to comply with government regulations and recognized their ultimate responsibility to the general public. Organizations receiving funds from government were accountable to the Minister of Health while privately funded foundations had primary accountability to their trustees.

One foundation arranged a confidential survey that was mailed to past and present grantees, and to those who had been declined funding in the previous year. An unedited executive summary and final report then was posted on their website. Another foundation makes corporate social responsibility a priority through a social audit conducted every two years to help identify areas of concern or improvement.

Expectations varied with respect to organizations receiving funds and were determined by the criteria set by the funder. Some have a rigorous grant-management system in which the foundation provides an evaluation framework and pays the costs associated with carrying it out. One foundation has a four-layer evaluation process:

- a health promotion evaluation process for groups receiving funds
- evaluation of funded groups by partner organizations
- an external evaluation of foundation programs that examines one focus area per year
- a board assessment of performance and review of the organization as a whole

Community groups were expected, at a minimum, to provide a final report and accurate financial statements. Pictures and information about funded projects were encouraged and could be shared through annual reports as part of the funder's accountability process. One funder required

clarification of activities outside of the application process in order to determine compatibility with their values and asked that their logo be displayed in visible places.

iii) Focus Groups - Accountability

A primary consideration desired by focus group participants was the flexibility to identify and use a variety of evaluation methods and tools. As a rule these would be outlined in the funding proposal and might include such options as reports, external review processes, participatory evaluations, qualitative and quantitative data, people's stories and "human feedback".

> *The application process should demonstrate how you would prove successes and be held to that with tools for evaluation as provided for in the application.*

Participants asked that expectations around accountability be reasonable and attached to the amount of money allocated. They wanted funders to recognize and take into account the differing understandings of success.

> *What success is to some people may not necessarily be success to others – how do you measure success? Just getting people into the centre who haven't been in school for 20 years and getting them to come every single day for 10 months to a course is success, whether they complete it successfully or not. It's success for them and for us.*

Discussions about accountability extended to the funding body as well, with one group suggesting:

> *In terms of accountability of the funding organization, probably having an evaluation every five years (would be sufficient) and also on an annual basis maybe to publish some kind of report.*

Participants wanted the funding body to implement a community assessment of how well both the funder and the funded group were doing their jobs. They asked that a limit be placed on the amount of money spent on overhead and administration.

> *If the purpose of this is, in fact, to give money to local communities and other groups to promote health in their communities, then one of the accountability issues has to be a limit on the overhead level.*

CONCLUSIONS

In preparing a framework for funding community-inspired health promotion initiatives, the research team organized their ideas around seven conclusions that evolved over the life of the research study. These conclusions create a bridge between the research and the funding framework and are based on the findings that emerged.

Conclusion #1: Values

Clearly defined values based on the Ottawa Charter for Health Promotion are central to the framework for funding health promotion and form a basis for the philosophy, strategies and actions of the funding body**.** Values are central to the decisions that are made and the actions that are taken.

Conclusion #2: Structure and Governance

The funding body needs to be structured and governed in ways that ensure autonomy and inclusion of people at the grassroots. Government should contribute to the funding organization, but not control the activities and distribution of funds. Transparency and accountability are an integral part of all actions associated with the operations of the funding body.

It is essential that staff and volunteers throughout the organization understand and believe in the values and principles of health promotion. They need a comprehensive working knowledge of community development and require the means and ability to communicate effectively with communities when applying this knowledge.

Conclusion # 3: Source of Funds

Funds must be accessed from diverse sources in order to help assure autonomy and sustainability of the funding organization. Health promotion values and ethical fundraising principles provide guidance for all transactions.

Conclusion #4: Distribution of Funds

Individual donors, groups and governments are encouraged to contribute to the funding organization with an understanding that communities provide the leadership and determine the priorities for the distribution of these funds. Fairness and flexibility should govern the process with an emphasis on providing support and reducing barriers to access. Distribution of funds is subject to the legal and ethical requirements of the funder and needs to include short-term funding, infrastructure support, and special grants of three to five years.

Conclusion #5: Relationship with Communities

People in community have the capacity to define the issues, assess the priorities and take responsibility for implementing and evaluating activities pertinent to their own communities. The role of the funding organization is to facilitate the process of local decision making, provide funds and offer technical support.

Conclusion #6: Accountability

Accountability is a requirement of the funding body and of the community agencies that are funded. Evaluations are essential for determining the effectiveness of projects and programs and play a large part in building community and developing organizational capacity. Different methods of evaluation are recognized with a particular focus on flexibility, participation and training. The

process should be oriented towards outcomes and take into account the long-term nature of health promotion.

Conclusion #7: Strategies for Success - Sustainability, Partnerships and Communications

Opportunities for community empowerment are greatly enhanced when people consult with each other and genuinely collaborate to advance the health promotion agenda. These opportunities fall to individuals, community organizations, professionals in the fields of research and community development, funders and various government sectors. Prioritizing health promotion in British Columbia requires a commitment to work together effectively, to build bridges of understanding that are characterized by equity, sharing of knowledge and collaborative long-term planning. In order to achieve sustainability, this kind of work must be supported at all levels by an enduring source of funding that provides for both short-term and long-term health promotion initiatives.

The Winds of Change

Clearly, the current situation for funding community-based health promotion activities presents many difficulties. Some of these difficulties, as identified by participants in the research study, were confirmed by funders themselves. Decisions around finding and distributing funds carry with them huge responsibilities and there is a tendency to offset these responsibilities by controlling the process. Every funding organization has its own set of criteria and combination of internal and external influences. Too often, these factors filter out to communities as barriers to accessing funds.

The foundations and funding organizations interviewed in this study recognized the extent and impact of their power over communities. In response, some funders are moving away from proactive project-type funding towards a more community-responsive approach. This transition is a major step in the process of strengthening and supporting community-identified programs and decision making. One foundation noted that they have instituted a significant shift in their grantmaking to a more responsive approach, one that funds the priorities that applicants themselves identify. (See the California Wellness Foundation, http://www.tcwf.org). Two funders spoke of moving away from the concept of charity as a basis of intent, towards a position of really trying to learn from communities and understand their issues and concerns. Others offer technical assistance such as board development, field training and help with evaluations.

But despite these evolving philosophies and provisions of practical supports, funding organizations remain firmly in control of financial allocations and determine the policies and criteria that govern the distribution of funds.

What might a community-inspired alternative look like in the context of funding health promotion? Could it be as simple, or perhaps as complicated, as simplifying the criteria, releasing control of the process and entering into a dialogue of equity and collaboration with communities? Like the Providence Farm examples, this process of engagement has the potential to be one of the most empowering approaches that funders can take in working with people in community. But it means relinquishing power, developing trust, collaborating on all levels and supporting initiatives that are identified and inspired by communities themselves. It means shifting our orientation towards a different way of conducting business, to a more equitable and comprehensive approach

for funding health promotion in British Columbia. Elizabeth Kline refers to this transition as “putting communities back in the centre” (2001). The funding framework described in the next section of this report offers insight as to what this approach might look like.

SECTION 6: IMPLICATIONS OF THE RESEARCH

This section provides a summary of recommendations made in the context of conclusions that emerged from the research study. Included are the strategies and next steps that were suggested by foundations and focus group participants.

It moves the major findings and conclusions from the research forward into a framework for funding community-inspired health promotion. The framework consists of a diagram or visual image that is supported by an explanation of what the framework means and how it differs from other funding models.

> Health promotion is the weakest with those who need it the most.
>
> *Focus Group Participant*

A STRATEGY FOR FUTURE ACTION: NEXT STEPS

In concluding the interviews with foundation representatives, researchers asked a final question: *What suggestions do you have for an organization like the BC Health Promotion Coalition that wants to establish a sustainable source of funding for community-inspired health promotion initiatives?*

Focus groups were asked a slightly different question but with a similar intent in that responses provided the Coalition with recommendations for future action. The question posed to the focus group participants was: *Given that the ideas you've heard today are workable, how does the Coalition transfer its vision into action? What do you think the Coalition should do next?*

Responses are arranged in Table 3 below.

Table 3

Foundations and Funding Organizations	Focus Groups
▪ The most important step is to develop a funding base, whether from a tobacco tax or some sort of endowment fund.	▪ Distribute the report of this research study. ▪ Write a position paper that defines health promotion, provides examples and outlines the cost benefits. This is valuable for building partnerships and for public information purposes.
▪ Seek partnerships, avoid duplication and fragmentation of services. Be really clear on what your vision is. ▪ Be community driven. Maintaining a level of connection to community keeps it real. ▪ Be at arm's length from government	▪ Secure broad-based partnerships, e.g., local governments, other funding bodies, corporate sector partners. ▪ Decide on a structure and governance model for the funding organization ▪ Examine previous models of funding community initiatives
▪ Engage in early success and early achievements. Make progress, make a history for yourselves. Taking two tracks - one for early accomplishments and one for organizational development - will help to implement the ideas. ▪ Ask foundations if they will fund you	▪ Gather evidence on the economic benefits of health promotion ▪ Develop a marketing strategy that includes the monetary and quality of life benefits of health promotion. ▪ Hold a provincial conference on health promotion.

RECOMMENDATIONS

BC Health Promotion Coalition

Communities throughout British Columbia provide guidance for the vision and work of the BC Health Promotion Coalition. Participatory action research and community development are the two main strategies used by the Coalition to advance the health promotion agenda.

A key factor in the Coalition's approach is to respond to the priorities and recommendations of people in communities across the province. In addition to the activities in Table 3, participants in the research study made the following suggestions:

> *Get started. People will come on board when they see something good that is working. You are heading in the right direction* (Focus group participant).
>
> *You have a wonderful idea. Potential sources of income will determine how well you will survive. Fundraising will be your biggest job and fundraising consultants can be very expensive. You could ask foundations if they will fund you. We would certainly consider your project if you were in our geographical area* (Foundation representative).

In response to the findings and results of the research, this project recommends that the **BC Health Promotion Coalition** make the following commitments:

- Using the framework as a guide, explore the options and begin the process of establishing an enduring source of funding for health promotion activities in British Columbia that advances "the empowerment of communities, their ownership and control of their own endeavours and destinies" (World Health Organization, 1986). (By January 2003).

- Integrate the strategies for future action outlined by the focus groups into the mandate, goals and objectives of the BC Health Promotion Coalition and act upon these strategies.

    - distribute the report of the research study (October 25, 2002)
    - research and write a position paper (Completed by April 2003)
    - develop a marketing strategy for health promotion and the work being done by the BC Health Promotion Coalition (September 2003)
    - secure broad-based partnerships (Ongoing)
    - hold a provincial health promotion conference (April 2004)

The research project invites **federal, provincial and local governments** to collaborate and work closely with the BC Health Promotion Coalition, communities across British Columbia and other interested parties to:

- Support the development of a provincial health promotion foundation that is at arm's length from government and is committed to the values and principles of the Ottawa

Charter for Health Promotion (1986) and the Jakarta Declaration on Health Promotion (1997).

- Ensure that the reorientation of health services includes health promotion as a priority.

- Focus on the determinants of health and provide financial and in-kind support for community-based health promotion initiatives.

The provincial government and health authorities in British Columbia could substantially advance the health promotion agenda in the province by:

- Designating health promotion as a core program with protected funding for health promotion activities.

- Ensuring that special grants of three to five years are available for health promotion initiatives in each of the health regions.

- Providing opportunities for public participation in health promotion action and decision-making processes. There is mutual benefit in supporting a community development approach that determines local, regional and provincial health promotion priorities and action.

Foundations and funding organizations are providing millions of dollars annually to address health, social and environmental issues in British Columbia. They are in an excellent position to examine what is working well and to build on these strengths by:

- Collaborating with community representatives, frontline professionals, other funders, including the federal and provincial governments, researchers and community developers to determine how best to support health promotion and address the determinants of health in communities across British Columbia.

- Honouring the requests made by participants in this research study, particularly the recommendations that include:

    - working in partnership with communities to ensure greater understanding and responsiveness to community-identified concerns and priorities
    - provisions for core funding and allocation of grants for three to five years
    - particular attention to the issues of marginalized people and rural and remote communities
    - taking to heart the concerns of people in communities with respect to allocating funds and turning away applicants. Researchers approached this project as a learning opportunity, a way of gathering and sharing information with others. The quotes and experiences portrayed in this report offer ideas that might be valuable in affirming a community-friendly process.

The role of **communities** is multifocal, but ultimately it involves a practical kind of leadership that leads to “real change that meets peoples’ enduring needs” (Kouzes, J., Posner, B., 1995, p. 31). Community groups and organizations have an opportunity to make a significant impact on the advancement of health promotion by taking on roles that:

- educate people about the health promotion aspects of their work both inside and outside of their organizations
- communicate community priorities to health authorities, politicians and funders
- advocate both for and with the people whom they serve
- negotiate when needed, to achieve the best possible outcomes for their constituents
- participate in activities that promote the health and wellbeing of citizens
- initiate action that leads to positive and lasting change. (Phipps, 2000, p. 59).

Description of the framework

This framework represents a way of funding health promotion that places communities in a leadership position, one that has as few barriers as possible and is flexible and responsive to community-identified priorities. It is a blueprint or action plan for forming an organization to fund health promotion in British Columbia. The framework diagram illustrates the dynamic link between the determinants of health and the actions of communities. These factors, in turn, are linked to the funding organization and to the strategies and processes that support the work of community agencies and frontline personnel.

The diagram is a visual image made up of seven components that can be found in organizations that fund community-inspired health promotion. The framework incorporates the results of discussions with six foundations throughout the world and with five focus groups held in rural British Columbia communities. It also includes the input of key informants and supporters of the BC Health Promotion Coalition who are knowledgeable about funding health promotion.

The diagram is a conceptual model that is part of a larger framework description and includes:

- values
- structure and governance
- source of funds
- distribution of funds
- relationship with communities
- accountability
- sustainability, partnerships and communications – three strategies that support the ongoing activities and implementation of the framework.

Purpose of the framework

This framework illustrates a way of funding community-inspired health promotion initiatives that promotes "the empowerment of communities, their ownership and control of their own endeavours and destinies" (World Health Organization, Ottawa Charter for Health Promotion, 1986).

Why develop a framework for funding health promotion?

The framework links the values of health promotion to action. People in communities across British Columbia have the ability to define and act upon their own perspectives, orientations, concerns and aspirations. The framework demonstrates how funders can support this process by investing in the wisdom, actions and decision-making capacities of communities. The role of the funding body is to act as a resource and support for community-inspired action and thereby assist citizens in finding their own solutions for improved wellbeing and quality of life.

Who can use this framework?

This framework will be used as a guide by the *BC Health Promotion Coalition* for developing a health promotion funding organization. It also presents a model for discussion with *government ministries, foundations* and *other funders* about an alternative or complementary approach to funding when collaborating with communities to address the determinants of health.

Policy makers and planners might find the framework useful because it offers a philosophy and a process to assist with planning programs that facilitate the empowerment of individuals, community organizations and frontline personnel. This approach is in alignment with the provincial government's Community Charter (2002) and responds to the priorities of the Ottawa Charter for Health Promotion (1986) and the Jakarta Declaration on Health Promotion (1997).

Others who might find the framework to be of benefit are *researchers* and *community developers* in the field of health promotion. The framework is a call to actively support community leadership. It can function as a guide when planning community participation in projects and supports the empowerment philosophy when accessing funds and developing ongoing programs that are associated with addressing the determinants of health. For *community organizations, frontline personnel* and *people in communities*, it validates their role in health promotion and presents a rationale and a process for adequately funding their work in ways that are responsive to community-identified priorities.

How does this way of funding health promotion differ from other models?

In most funding relationships funders design the criteria, specify the priorities and ultimately have the power to decide who does or does not receive funds. Decisions around finding and distributing funds carry with them huge responsibilities and there is a tendency to offset these responsibilities by controlling the process. Every funding organization has its own set of criteria and combination of internal and external influences. Too often, these factors filter out to communities as barriers to accessing funds. The result is that despite attempts by funders to be fair, many people in communities do not necessarily believe that they are being treated fairly.

This framework illustrates a collaborative approach to funding health promotion in which communities identify the issues, set the priorities, make the decisions, plan strategies and implement them in order to achieve better health (Ottawa Charter for Health Promotion, 1986). The relationship between funder and funded is characterized by flexibility and power sharing, an equitable partnership that places communities at the centre. The role of the funding organization is to act as a resource to communities, a catalyst that provides financial and technical support, facilitates action and helps to move the process along.

Seven criteria or components of the funding framework

1. **Values** are the beliefs that guide our decisions and actions. In the diagram of the framework, they are central to all activities and relationships that are associated with funding community-inspired health promotion. Values are the foundation for the vision, mission and goals of the funding body and are the basis of decisions that are made around improved quality of life for individuals, families and communities.

2. **Structure and Governance** of the funding body refers to the ways that staff and volunteers operate in relation to communities, donors, governments, service providers and the general public. The organization is autonomous and ensures equitable and respectful community participation at all levels of operation. Actions governing the funding body are characterized by flexibility, effective communications and commitment to collaborate with other funders.

3. **Source of Funds** – Funds are accessed from diverse sources that provide for autonomy and support the empowering philosophy of health promotion.

4. **Distribution of Funds** – Funds are distributed in a manner that is fair, equitable and responsive to the unique challenges, strengths and priorities of communities. The funding body acts as a resource to support community agencies and frontline personnel who provide the leadership and determine the priorities for distribution of funds. The framework shows that a close relationship is needed between the funding organization and communities in order to enhance sustainability and remove barriers to the success of health promotion initiatives.

5. **Relationship with Communities** – The funding organization recognizes the unique identities and challenges of communities throughout British Columbia. Its work is characterized by open communications, respect for community-identified priorities, reliance on local decision-making, and faith in the wisdom, capacity and strategic abilities of communities to do what they say they will do.

6. **Accountability** is expected at all levels of operation and reflects the long-term nature of health promotion practice. A variety of evaluation methods and tools are used with an emphasis on openness and achievement of outcomes as specified in the goals and objectives of the project, program and/or organization.

7. **Strategies for Success - Sustainability, Partnerships and Communications**

   Opportunities for community empowerment are greatly enhanced when people consult with each other and genuinely collaborate to advance the health promotion agenda. These opportunities fall to individuals, community organizations, professionals in the fields of research and community development, funders and various government sectors. Prioritizing health promotion in British Columbia requires a commitment to work together effectively, to build bridges of understanding that are characterized by equity, sharing of knowledge and collaborative long-term planning. In order to achieve sustainability, this kind of work must be supported at all levels by an enduring source of funding that provides for both short-term and long-term health promotion initiatives.

The Determinants of Health

Every day in the life of a community, people are addressing issues surrounding poverty and income security, inequality, isolation, education, housing, childhood development, cultural diversity, the environment, genetic predisposition and health services. These are determinants of health. They are impacted powerfully by the actions of individuals and communities and are the focus for funding health promotion initiatives in British Columbia. The framework highlights the vital role that communities play in connecting the funding bodies that fund their actions to the determinants of health.

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3. BC Bereavement Foundation http://modena.intergate.ca
4. California Wellness Foundation (USA) www.tcwf.org
5. Canadian Co-operative Association: www.coopcca.com
6. Coca-Cola Foundation www.fundsnetservice
7. Communities for Better Health; National Assembly of Wales www.hpw.org.uk/topics/community_development_e.htm
8. Community Foundations of Canada www.community-fdn.ca
9. Community Futures Development Association of BC www.communityfutures.ca/provincial/bc/about
10. Comox Valley Community Foundation www.cvcfoundation.org
11. Co-operative Development Foundation of Canada
12. COPAC www.copacgve.org
13. Cottonwood Foundation (USA) www.cottonwoodfdn.org
14. Cowichan United Way (BC) www.cowichan.unitedway.ca
15. Diageo Foundation: www.diageo.co.uk
16. Ethical funds: www.ethicalfunds.com
17. Gates Foundation www.gatesfoundation.org
18. Healthpact (Au) www.health.act.gov.au/healthpact/
19. Healthway (Au) www.healthway.wa.gov.au
20. Joe Brain Foundation (Manitoba) www.mts.net/
21. Ontario Trillium Foundation www.trilliumfoundation.org/
22. Robert Wood Johnson Foundation (USA) www.rwjf.org
23. Rockerfeller Foundation www.rockfound.org
24. Shareholders Action Network www.shareholderaction.org
25. The Co-operators; Community Economic Fund
26. Tides Canada Foundation www.tidescanada.org 1-866-tides ca 1-866-843-3722

27. Tides Foundation (USA) www.tides.org
28. United Nations Foundation www.unfoundation.org
29. United Way Canada www.unitedway.ca
30. VanCity Community Foundation www.vancity.com
31. Vancouver Foundation www.vancouverfoundation.bc.ca
32. VicHealth Promotion Foundation(Au) http://www.vichealth.vic.gov.au/
33. Victoria Foundation www.victoriafoundation.bc.ca
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APPENDICES

APPENDIX 1

PROFILE OF THE BC HEALTH PROMOTION COALITION

Vision, Values, Mission, Goals, Objectives and Operating Principles

PREPARED BY

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in consultation with members of the BC Health Promotion Coalition

September 2000

PROFILE OF THE BC HEALTH PROMOTION COALITION

September 2000

VISION

The BC Health Promotion Coalition envisions a fair and equitable process through which people at the grassroots can more readily access funds to carry out the work that is important to them in improving their health and quality of life.

MISSION

The BC Health Promotion Coalition is a diverse group working towards an enduring source of funding for health promotion activities inspired and implemented by communities in British Columbia.

VALUES STATEMENT

The BC Health Promotion Coalition believes that vital communities are the foundation of health. We recognize that health consists of physical, mental, spiritual, social, economic and environmental aspects that contribute to quality of life. It is a responsibility shared by individuals, communities, health providers, governments and society as a whole.

The BC Health Promotion Coalition respects the strengths, capacities and rights of people within communities to identify and resolve issues of importance to them. We honour the principles of equity and social justice for all people, including those who have been traditionally marginalized or excluded from decision-making processes. We acknowledge the rights of people to be informed, to take risks and to make choices that support them in pursuing improved health and quality of life.

The BC Health Promotion Coalition is committed to the inclusion of people from diverse backgrounds and cultures. We support ways of working that promote shared responsibility, unified action, trust and an equal voice for all. We value different kinds of knowledge including education, training and wisdom gained through life experiences.

The BC Health Promotion Coalition values honest open discussion and the creation of partnerships that are cooperative and that minimize power differences. We recognize the importance of diversity to social change and seek to reach consensus and understanding in a caring, respectful way.

GOALS AND OBJECTIVES OF THE BC HEALTH PROMOTION COALITION

GOAL #1: To share the vision and emphasize the value of community-inspired health promotion work in British Columbia.

Objectives

a) Prepare a profile for the BC Health Promotion Coalition including vision, mission, values, goals, objectives and operating principles (Oct. 2000).
b) Promote and distribute the report "Walking the Talk in Health Promotion: Research from the Margins" (Phipps, April 2000) (Ongoing).
c) Develop a strategy for sharing the vision and informing people about the ongoing work of the Coalition (Oct. 2000).

GOAL #2: To create a social movement for funding of health promotion in British Columbia involving the grassroots.

Objectives

a) Build a coalition of people who are prepared to plan and implement strategies for a community-inspired approach to funding and advancing health promotion in British Columbia (Ongoing from Sept. 2000).
b) Obtain funds to implement the work of the Coalition (Nov. 2000).
c) Disseminate information and documentation prepared by the Coalition as it evolves to people throughout the province (Ongoing).
d) Generate and participate in public relations activities through presentations, workshops and meetings with key people, groups and organizations (Ongoing).
e) Inform and incorporate feedback from individuals, community agencies, health advisory committees, health authorities and ministries throughout the province about the coalition movement to fund and prioritize health promotion in British Columbia (Ongoing).

GOAL # 3: To develop an evolving, "made-in-BC" model for an enduring source of funding for health promotion that advances "the empowerment of communities, their ownership and control of their own endeavours and destinies" (World Health Organization, 1986).

Objectives

a) Write and distribute throughout the province a preliminary position paper consistent with the vision and values of the BC Health Promotion Coalition that:
    - explains the rationale for a sustainable source of funding for community inspired health promotion activities
    - highlights examples of successful community development health promotion initiatives

- outlines potential diverse funding sources including a dedicated tax, private sector support, philanthropic contributions and fundraising
- includes potential health outcomes that contribute to quality of life (Mar. 2001).

b) Investigate models of funding health promotion across Canada and throughout the world (June 2001).
c) Using a community development approach, define a preferred model and process for future direction (Aug. 2001).

GOAL # 4: To implement the "made-in-BC" funding model.

Objectives

a) Establish a board or body to guide the implementation process (Oct. 2001).
b) Acquire sustainable funding (Dec. 2002).
c) Identify and build on existing community infrastructures for distribution of funds to communities throughout the province (Dec. 2001).
d) Develop a peer resource team and work side-by-side with community groups and organizations as requested to identify and enhance existing skills (Dec. 2002).
e) Monitor, document and evaluate the process as it evolves (Ongoing).

OPERATING PRINCIPLES OF THE BC HEALTH PROMOTION COALITION

The BC Health Promotion Coalition recognizes and acknowledges the gifts that individuals, organizations and communities bring to the discussion table; communicates openly, honestly and respectfully; is readily accessible; and is flexible.

The BC Health Promotion Coalition supports individuals and communities in discovering and using to their advantage the resourcefulness, innovation and creativity that already exists within communities.

The BC Health Promotion Coalition employs participatory action research, popular education and community economic and social development to promote quality of life and health of citizens.

The BC Health Promotion Coalition builds partnerships that are equitable and that lead to coordinated, effective, concrete community action and support.

The BC Health Promotion Coalition acts in a collective, proactive manner for the rights and empowerment of communities and their citizens.

APPENDIX 2

BC HEALTH PROMOTION COALITION

FUNDING AND ADVANCING HEALTH PROMOTION IN RURAL BC

Foundation Interview Guide

Values:

1. What strategies do you use to operationalize your foundation's values in the work that you do?

Structure and Governance:

1. Can you identify any particular elements of the structure of your foundation that you feel have been successful?

2. Conversely, is there anything you feel hasn't worked well?

3. Can you talk about any challenges or growing pains that your foundation has faced?

Funding Process:

a) Source of funds

1. What are your sources of funding?

2. Are there any conditions from these sources? If so, what are they and how do they affect your activities?

b) Distribution of funds

1. Do you have specific priorities for funding?

2. How do you decide what applicants to your foundation get funding? What are the pros and cons of this strategy?

3. What is your process when you can't provide funding?

Relationship with Communities:

1. A key aspect of what we're interested in is community engagement. What strategies do you use to engage (i.e., inform, assistance with application process, participation in decision-making,) with the communities that you serve?

2. What provisions do you have for supporting community capacity building? (e.g., partnership expectations, information sharing, training opportunities).

Accountability:

1. To whom is your foundation primarily accountable? Why is this?

2. What expectations of accountability do you have of organizations that receive grants from your foundation?

Conclusion:

1. What suggestions do you have for an organization like ours that wants to establish a sustainable source of funding for community-inspired health promotion initiatives? Based on your experience, where should we look for funds? How can we sell our vision to potential donors?

2. Is there anything else you would like to tell me about your foundation?

3. If there is an area of particular interest:

    a) Can we contact you again?
    b) Do you have any documents to describe this process?