

## **BC COALITION FOR HEALTH PROMOTION – POSITION STATEMENT**

### **FINANCING HEALTH PROMOTION IN BRITISH COLUMBIA**

#### ***Context***

Two billion dollars have been added to British Columbia's healthcare system since the spring of 2001. This brings the province's total annual healthcare budget to \$10.7 billion, the equivalent of \$2,624 for each BC citizen. In February 2004, Finance Minister Gary Collins predicted that a further \$1.047 billion will be allocated to the Ministry of Health Services/Planning over the next three years.

Characteristically, only 2% to 2.6% of these funds find their way to the public health sector, with most of this going to medically-oriented illness prevention and intervention measures (Minister of Health Planning, The Honourable Sindi Hawkins, November 4, 2002; Phipps, 2000). Funds for health promotion initiatives pale in comparison to those provided for acute care.

As long as we continue to tackle the symptoms of problems without addressing the underlying causes, healthcare costs in British Columbia will continue to escalate.

Voluntary, nonprofit organizations make major contributions to vibrant, self-reliant and sustainable communities, and they typically do so in economical ways. Community agencies and frontline personnel have substantial responsibility for addressing the social, economic, cultural, spiritual and environmental determinants of health; expectations of this sector are increasing at a time when budgets have been cut by as much as 25% to 70%.

#### ***What is health promotion?***

Health promotion is understood best when people are able to define it for themselves within the context of their work, their experiences and their daily lives. It defies a simple definition, yet its significance as a core function of healthy communities is indisputable. Health promotion moves beyond prevention and management of chronic disease, to focus on solutions through community development, health education, citizen participation and advocacy for health (Morton, C. 2003).

Values are central to all activities and relationships associated with health promotion. For example, equity, social justice and inclusion contribute to community participation and enhance the degree of control that people have over their own lives and destinies. These values are fundamental to individual and community empowerment, which in turn is fundamental to health.

Specifically, *health promotion* refers to planned actions which aim to empower people to control their own health by gaining control over its determinants. These determinants include underlying factors that influence health such as food security, peace, shelter, social connectedness, a sustainable ecosystem, income and access to education and employment opportunities. Increasingly, health promotion is becoming a vital part of the global social progress agenda (Mittlemark, 2000).

#### ***What are the issues that need to be addressed?***

- There is no clear, coordinated and comprehensive vision of health promotion in British Columbia that sets it apart from prevention and illness care. Consequently, the values and strategies associated with health promotion action are often de-emphasized, overlooked or misunderstood.
- Acute care priorities and ongoing crises in the health care system are subjugating investment in British Columbia health promotion and prevention initiatives.

- Financial support for volunteers, nonprofit organizations and frontline workers is diminishing at a time when more and more is being expected of them. Their efforts are severely compromised by restrictive funding criteria, lack of funding and inefficient coordination of existing funds.

### ***What is the solution? The BC Coalition for Health Promotion's (BCCHP) Position:***

The BCCHP advocates for the “empowerment of communities, their ownership and control of their own endeavours and destinies” (WHO, 1986). After four years of community development and regional, provincial and global research, the BCCHP has created a framework for funding community-inspired health promotion. This framework exemplifies our mission of establishing a sustainable source of funding for health promotion activities that are inspired and implemented by communities across British Columbia (Phipps, R., et al, 2002; <http://www.vcn.bc.ca/bchpc/framework.html>).

We believe that the Government of British Columbia has the capacity and the resources to collaborate with and support communities across the province by becoming a national, if not international, leader in health promotion.

Further to the issues stated above, and whereas Health Promotion Foundations have been found to be a successful method of funding and prioritizing health promotion in other parts of the world - e.g., Australia, Switzerland, Thailand, Austria and Korea, - the BC Coalition for Health Promotion proposes the following resolutions:

*That the Government of British Columbia support, through legislation, the establishment of an independent, at-arms-length from government, Health Promotion Foundation in British Columbia;*

*That \$1.00 per person per year, the equivalent of \$4.077 million in 2003, is dedicated from Medical Services Plan premiums to a Health Promotion Foundation thus generating a sustainable annual provincial contribution towards health promotion activities in British Columbia.*

### ***What are the advantages of an independent Health Promotion Foundation?***

Health Promotion Foundations are established according to legislation such as an Act of Parliament. They are governed by an independent Board of Governance composed of broad stakeholder representation and provide long-term, recurrent funds for improving the health of the population. These criteria follow the health promotion approach outlined in the Ottawa Charter (1986) and concur with guidelines identified by the International Network of Health Promotion Foundations (<http://www.hp-foundations.net/>). A Health Promotion Foundation in British Columbia would:

- provide a comprehensive, coordinated, focused approach to health promotion in British Columbia
- promote flexibility, responsiveness and innovation
- address inequities and promote health by working with and across many sectors and levels of society
- build a health promotion evidence base
- have the ability to promote community involvement, thus reducing acute care interventions, relieving pressure on health authorities and lowering overall health costs
- reduce bureaucracy and administrative costs
- work *with* government but not *as* government
- provide opportunities to leverage funds from other sources, e.g., matching funds from the Federal Government, corporate donations and community-based fundraising
- exercise a high level of autonomous decision making and not be aligned with any one political group
- offer permanence and stability through changes in governments
- increase opportunities to learn from other Health Promotion Foundations and share knowledge, experiences and tools with them
- be transparent and accountable

## ***Financing a Health Promotion Foundation in British Columbia***

Health Promotion Switzerland (HPS) is a precedent demonstrating the success of a dedicated levy on health insurance premiums for the purposes of health promotion (HPS, Annual Report). The BC Coalition for Health Promotion supports the financing of a Health Promotion Foundation through Medical Services Plan premiums because:

- It ensures access to a dedicated, sustainable and protected source of funding for health promotion.
- It makes a statement that health promotion is an essential component of health policy and demonstrates commitment on behalf of Government and the general public to address the determinants of health.
- It is consistent with health promotion values and avoids the negative connotations that a tobacco or alcohol tax might have.
- Financing health promotion via MSP premiums is equitable, i.e., those who can afford it pay while the contributions of others are subsidized by Government.
- Successful health promotion strategies are an investment in the future since healthier citizens are less costly to the health care system.

### ***References***

1. **British Columbia.** February 17, 2004. News Release – Balanced Budget 2004: Bringing out the Best in BC. Ministry of Finance. URL: [www.gov.bc.ca](http://www.gov.bc.ca) .
2. **Health Promotion Switzerland.** 2002 Annual Report, Executive Summary. URL: [http://www.gesundheitsfoerderung.ch/de/sti/pdf\\_sti/jahresbericht02\\_summary\\_e.pdf](http://www.gesundheitsfoerderung.ch/de/sti/pdf_sti/jahresbericht02_summary_e.pdf).
3. **International Network of Health Promotion Foundations.** URL: <http://www.hp-foundations.net/>.
4. **Mittlemark, M.** 2000. A Very Brief Introduction to Health Promotion. URL: [www.caint.com/HP-source.net/frontend/?mode=HP\\_INTRO](http://www.caint.com/HP-source.net/frontend/?mode=HP_INTRO).
5. **Morton, C.** 2000. Health Promotion: A Key Community Investment. URL: <http://www.vcn.bc.ca/bchpc/pubs.html>. BC Health Promotion Coalition, Duncan, BC.
6. **Phipps, V.** 2000. Walking the Talk in Health Promotion: Research from the Margins. Master's Thesis. Royal Roads University, Victoria, BC.
7. **Phipps, R., et al.** 2002. Grassroots Leadership in Health Promotion Funding: A Framework for Action. BC Health Promotion Coalition, Duncan, BC.
8. **World Health Organization.** 1986. The Ottawa Charter for Health Promotion. URL: [http://www.who.dk/AboutWHO/Policy/20010827\\_2](http://www.who.dk/AboutWHO/Policy/20010827_2).