Partnership in Practice

Dr. Elinor Wilson
Former VP World Heart Federation
Former CEO
Canadian Public Health Association
Objectives

By the end of the lecture participants will be able to:

- Define a partnership philosophy and steps to partnering
- Differentiate types of partnerships
- Understand different methods of organizing work
Who is Involved in Creating Health?

- Individuals
- Families
- Neighbourhoods
- Schools
- Workplaces
- Communities
- Regions
- Country as a whole
An Example:

- Low SES, maternal infections, Drug use & exposure to neurotoxins
- Genetic factors
- Early neurological development
- Adverse parenting & exposure to violence
- Family and community sector interests
- Day care and education sector interests
- Low self-esteem
- Peer problems
- School & learning difficulties
- Self-regulation of emotion, attention & social interaction
- Increasing psychosocial difficulties
- Negative thinking patterns
- Poor problem solving skills
- Health sector interests
- Suicidal behaviour
- Alcohol & drugs
- Depression
- Acute stress significant loss
- Diet & Nutrition
- School & learning difficulties
- Health sector interests
- Suicidal behaviour
- Alcohol & drugs
- Depression
- Acute stress significant loss
- Diet & Nutrition
- School & learning difficulties
# Building a Partnership Identity

- A partnership philosophy is an identity issue.
- A partnering approach has behaviour that expresses this identity.

Principles are rooted in our belief system, they have to do with:
- Core identity
- State of being
- “Who we are”

“Approach” is a way we apply our principles it is demonstrated by our behaviours.
A partnership philosophy is based on core principles, such as:

- A fabric of sustainability
- An acknowledgement of interdependence
- A building of trust
That leads to a partnering approach, with this approach we find ways to:

- Use these principles in all relationships, even in non-formal partnerships,
- Set up organisational structures and a culture to facilitate,
- Establish shared vision, goals, values and interests,
- Culture of mutual support & respect of differences,
- Develop creative synergy,
- Nurture mutual accountability, and
- Address relationship difficulties.

Stuckey, Durr, & Thomas 2001
“For projects of importance, you need divergent skills to succeed. It is not possible to find an individual with all of the skill sets needed, nor would you want to.”

Partnership Defined

A voluntary arrangement between two or more parties that agree to work cooperatively towards shared and/or compatible objectives and in which there is:

- Shared authority for responsibility and management of the work.
- Joint investment of resources (e.g. time, work, funding, material, expertise, and information).
- Shared liability or risk-taking and accountability for the partnered project.
- Collaboration on common causes.
- Mutual benefits (often referred to as “win-win” situations).

Health Canada, 1996
Steps in Partnership

- Vision – ideal picture for the future
- Goals – desired outcomes
- Membership – parties compromising the collaborative arrangement
- Commitment – embodied in the agreement (written or verbal)
- Action plan – set of steps to reach goal
- Roles and responsibilities
Why Are Partnerships Important?

- Not developing a partnership can lead to defining disjointed outcomes and interventions.
- Projects can lose focus and direction.
What Are The Consequences?

Precious time is lost toward achieving the right outcomes and reducing risk.
Entering a Partnership

- Conducting a needs assessment:
  - List your needs and resources.
  - Specify your goal.
  - Decide whether a partnership is for you.

- Identify and contact prospective partners:
  - Locate prospective partners (not just usual suspects).
  - Identify potential resources and contacts.
  - Select your negotiator.
  - Contact prospective partners.

NHLBI, Expanding Research Opportunities: A Partnership Guide. October 1997
Negotiating the Partnership

- Create balance between partners
- Establish mutual goals
  - Exchange goals
  - Refine the goals
- Choose a partnership model
- Plan collaboratively
  - Get the “Big Picture”
  - Don’t do it alone
  - Keep in touch
A Workable Agreement

- Ethical, balanced and of significant benefit to both partners.
- Delineate training, financial & other contributions.
- Designate activities and support components that will be designed and conducted jointly and methodically.
- Include tracking and evaluation of activities and the overall partnership.
- Include room for expansion and flexibility.
- Include written plan or record to ensure continuity and consistency throughout duration of the partnership.
The Rules of Negotiation

- Self-interest is the best motivator.
- Estimate before you collaborate.
- Write yourself in or rule yourself out.
- Collaborate with your collaborators.
Types of Partnerships

- No single model of partnership.
- Each an unique entity, with:
  - Distinct players,
  - Purpose,
  - Methodology
Barriers to Partnering

- The power dynamic
- Maintaining equity
- Informed stakeholders
- Partnership management
- Inter-organisational dynamics
- Stakeholder attitude
Successful Partnerships

1. Early
2. Ongoing
3. Meaningful
Implications of Partnerships on Governance

- Partnerships mean risk taking and power-sharing.
- Partnerships gain the benefits of closer and better quality contact and feedback with wide sectors of clients.
- Partnerships allow for flexibility in areas such as funding, demand fluctuations, means of delivery, and even the composition of the partnership.
Tri-Sector Partnerships: Private Sector, Civil Society & Government

The Development Benefits:
- Tangible development benefits
- Access to resources
- Poverty mitigation
- Community and individual empowerment
# Africa Alive!

## Program at a Glance

**Countries:** Kenya, Tanzania, and Uganda  

**Health focus:** Reproductive Health, HIV/AIDS  

**Intended audiences:** Young people in and out of school, age 10-24  

**Timeframe:** 1998-2006  

**Funding source:** USAID (Kenya, Uganda); CIDA (Tanzania)  

**Partners:**  
- **Kenya:** USAID, UNICEF, IPPF, Pfizer Foundation, Centre for the Study of Adolescence (CSA), German World Population (DSW), Centre for African Family Studies (CAFS), Family Health International (FHI), I Choose Life (ICL-University of Nairobi), National Council of Churches in Kenya (NCCK)  
- **Tanzania:** CIDA, Canadian Youth International, Tanzania Commission for AIDS (TACAIDS), Stay Alive Youth Foundation, YouthNet/FHI  
- **Uganda:** Uganda AIDS Commission (UAC), AIDS Information centre (AIC), CARE Uganda, German World Population (DSW)

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* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
Africa Alive!

OBJECTIVES/STRATEGIES

(1) Use popular culture, such as music, drama, and mass media to encourage youth involvement in the fight against HIV/AIDS.

(2) Develop role models. *Africa Alive!* identifies, promotes, and supports role models as key figures in youth culture at every level of society, from popular African musicians to local youth who become local heroes because they are "making it happen."

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
Africa Alive!

OBJECTIVES/STRATEGIES

(3) Give youth a direct voice in the media by encouraging them to get personally involved through sending postcards and personal stories to media, through establishing regular radio and print "diaries" of young people living with AIDS, and through individual pledges to get engaged in community level action.

(4) Build sustainable, relevant, and supportive networks as the key to achieving these strategies.

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
Africa Alive!

FUTURE DIRECTIONS

In the remaining time on the project, *Africa Alive!* plans to:

1. Scale up activities for wider geographical coverage.

2. Create new and strengthen existing partnerships in order to mobilize human and financial resources.

3. Conduct additional fundraising to ensure the sustainability of the organization and its activities

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
Risks

- Private Sector:
  - associated with failure

- Ngo’s
  - lose independent credibility

- Governments
  - Political risks from ceding
  - control for limited credit
Inter-sectoral Partnerships (ISP)

Factors:

- Common issue
- Belief in ISP’s as a strategy
- Presence of a convener
- Resources
- Willingness to explore opportunities

USAID
Benefits of ISP

- Increase the scale of activities
- Raise credibility
- Take advantage of partners’ strengths
- Mobilize resources
- Reduce transaction costs and risks
- Develop undefined opportunities
- Achieve a mutual goal not attainable on own
Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative

Program at a Glance

Countries: Kenya, Rwanda, Uganda, Angola, Lesotho, Malawi, Mozambique, Sierra Leone, and South Africa

Health focus: HIV/AIDS

Intended audiences: Community and faith-based groups and their constituents

Timeframe: January 2003 – September 2007

Funding source: USAID

International partners: CARE, International Center for Research on Women (ICRW), International HIV/AIDS Alliance, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) and the World Council of Churches (WCC).

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative

OBJECTIVES/STRATEGIES

Mission: To support an inspired, effective, and inclusive response to the causes and consequences of HIV/AIDS by strengthening the capacity of community and faith-based groups.

Approach: Leverage existing efforts, while catalyzing and encouraging new efforts through innovative partnerships in the areas of community-based prevention, stigma reduction, and care and support to people living with HIV/AIDS and their families. The CORE Initiative does this through:

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative

OBJECTIVES/STRATEGIES

(1) Grants: Large and small grants are issued to eligible recipients in order to increase access to resources.

(2) Capacity-building: CORE builds the technical and organizational capacity of its grantees.

(3) Networking: This component increases access to and expands the reach of existing strategic networks and information resources for grantees and stakeholders.

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative

CCP’s contributions to the CORE Initiative are guided by two main scopes of work:

1. Directing the strategic communication components of the CORE Initiative, including programming, planning, and implementation.

2. Developing mechanisms for effective C/FBO networking, advocacy, and exchange of information (e.g. materials, tools and reports) regarding HIV/AIDS at the community level.

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative

ACTIVITIES AND HIGHLIGHTS

- Web site
- E-forum
- Clearinghouse Exchange
- Accessibility
- Community-Level Advocacy Strategies

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
In 2005, the CORE Initiative received its second Associate Award from the Uganda Mission. Under this Associate Award, the CORE Initiative is working with the Ministry of Gender, Labor, and Social Development (MGLSD) to expand targeted services for youth and critical services for orphaned and other vulnerable children.

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
The long term goal of the advocacy and communication component of the CORE Initiative is threefold:

(1) **Position the MGLSD as the lead coordinating body for OVC programming**

(2) **Raise the level of concern and attention paid to OVC and their special needs at all levels by policy makers and influencers**

(3) **Convince OVC stakeholders to implement the NSPPI and to increase resources allocated to OVC programming**

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
“We believe we have an important role to play, in partnership with others in the public and private sectors and civil society, to help spread the benefit of development more widely by the manner in which we pursue our business activities. A commitment on our part to listen to and work with these groups makes sound business sense and will enable us to better serve the interest of our shareholders and other key stakeholders, especially over the longer term.”

Joint Statement, CEO TASK FORCE on Global Corporate Citizenship. World Economic Forum
Public – Private Partnerships

- Healthy communities are a competitive advantage.
- Community service makes better leaders.
- Service is part of a local business culture.
- Crisis can trigger collaboration.

Austin James E.  Principles for Partnership.
"Telecommunications play a vital role in facilitating access to health services, which help end the cycle of poverty and empower communities to improve their own social and economic situations. This initiative reflects Ericsson's ongoing commitment to harnessing our technical leadership to develop sustainable business models that bridge the digital, and health, divides."

- Carl-Henric Svanberg, Ericsson President and Chief Executive Officer, Ericsson
Digital health initiative

PARTNERS

- Ericsson
- United Nations Office
  - UN digital Health Initiative
- The Earth Institute – Columbia University
- Commonwealth Business Council
- Global Business Council for AIDS, TB and Malaria
- African Business Round Table
- Pfizer
DIGITAL HEALTH INITIATIVE

OBJECTIVES

- Cost effective access to basic services
- Assist with disease surveillance and control
- Enhance collection of basic health data
Uganda Health Initiatives for the Private Sector (HIPS) Project

OBJECTIVES

(1) Design and implement comprehensive workplace programs in areas of:

- HIV/AIDS
- TB
- Malaria
- Reproductive Health and Family Planning

(2) Expand health services in the private sector through public-private partnerships

*
Uganda Health Initiatives for the Private Sector (HIPS) Project

PARTNERS

- Uganda business community
- USAID
- Federation of Ugandan Employers
  - Ugandan Manufacturers Association
- Emerging Markets Group
- John Hopkins University
- Uganda Health Marketing Group
- Straightalk Foundation
- Midmay Centre

*
Uganda Health Initiatives for the Private Sector (HIPS) Project

ACTIVITIES

- Health information materials
- Peer education programs to increase knowledge and encourage healthier behaviours
- Health fairs
- Access to lower cost health products through Uganda Health Marketing Group
- Free drugs
- Training for providers
AFFORD Health Marketing Initiative

Program at a Glance

**Health focus:** HIV/AIDS prevention and palliative care, Malaria prevention and treatment, Family Planning, Child Health, Healthy Pregnancy

**Intended audiences:** PLHAs, caretakers of children under 5, pregnant women, and couples of reproductive age

**Timeframe:** 5 years, beginning in 2005

**Funding source:** USAID

**Partners:**
- Constella Futures, Malaria Consortium,
- Communication for Development
- Foundation of Uganda (CDFU), Pulse Communication Ltd., Aclaim Africa Ltd.

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
AFFORD Health Marketing Initiative

OBJECTIVES/STRATEGIES

Vision: A Uganda where families and communities are empowered to protect and improve their health; markets for health products and services are vibrant and expanding, and consumer access to affordable products and services steadily improves and is increasingly sustainable.

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
AFFORD Health Marketing Initiative

Objectives:

- Increase accessibility and affordability of HIV/AIDS, reproductive health, child survival and malaria products and services through innovative marketing approaches.
- Enhance knowledge and correct use of HIV/RH/CS/Malaria products and services to encourage healthy lifestyles.
- Strengthen/establish indigenous organization(s) and distribution systems for sustainable delivery of health marketing functions.

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
AFFORD Health Marketing Initiative

ACTIVITIES AND HIGHLIGHTS

- The Good Life Campaign
- Popular Opinion Leaders (POL)
- Working with At Risk Groups
- Community Outreach
- Under the Mango Tree
- Everyday health matter

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
AFFORD Health Marketing Initiative

PRODUCTS, MARKETING AND DISTRIBUTION

- Local Distribution Structure
- Long-Lasting Insecticide Treated Nets (LLINs)
- MoonBeads

FUTURE DIRECTIONS

- Establishment of the Uganda Health Marketing Group (UHMG)

* Centre for Communication Programs, John Hopkins, Bloomberg, School of Public Health
The Ethics of Public-Private Partnerships

- Not all partnerships are desirable.
- Can we impose obligations on corporations?
- What rights and responsibilities do corporations have?
- Should corporations be asked or expected to take actions that do not maximise shareholder value?
- What is the responsibility of members of corporations – individuals versus organisation responsibility?
- Moral obligations in the health arena – who has responsibilities?
Conflicts of Interest

- Occurs when a person or organisation has primary moral obligation to act on behalf of another and, at the same time, has an interest with a third party that could interfere with proper judgment in the first relationship.

- Can be real or perceived.

- Examples include:
  - Financial
  - Desire for prestige or power
  - Personal friendship
Establishing Private Sector Partnerships

- Endorsement of services or products
- Personal or private gains
- Conflicts of interest (real or perceived)
- Written agreements
- Mutually beneficial
- Consistent with the ethics and core values of all partners
- Based on shared or aligned objectives that support the goals of the partner organisations
- Developed and structured in consultation with all partners
- Recognise and respect each partner’s expertise
- Transparency
Where to from here?
Hierarchy

- Priest rule
- Command and control
- Dependent on leadership
- Vulnerable to leadership style
- Ideally suited for large undertakings with repetitive tasks
Bureaucracy

- Handles complication better than hierarchy
- Inflexible – culture makes change challenging
- Creates more of the same
- Fosters delegation and deferral of responsibility
- Deadens leadership & innovation
The Network

- Inter-connected
- Vast potential to access information, skills and audience
- Fosters innovation and creativity
- Disorderly and chaotic
- No clear direction
- Overwhelming
Constellation

- Acknowledges change happens in a complex world
- Starts to organise the chaos
- Encourages leadership, risk-taking and innovation
- Builds on the strengths of each of the partners
- Engages and disengages as need requires
- Useless and time consuming without clear need and purpose
- View of the constellation changes depending on where you sit in it
What is Collaboration?

Collaboration is a social process particularly suited to situations characterised by:

- Interdependence
- Complexity
- Uncertainty
What motivates collaboration?

- Need to resolve conflict
- Existence of a shared vision
- Resource scarcity
Conditions That Facilitate Collaboration

- Ability to expect benefits
- Willingness to share power and credit
- Support and involvement of senior level people
- Trust
- Common goals and values
- Advance agreement on agenda
- Effective communication
- Recognition of the right of others to participate
Why do people participate?

- The place is important to them.
- The problem is important to them.
- They believe they have the skills.
- They expect that something positive will come from their effort.
- It is consistent with their own values.
Challenges to Collaborative Relationships

- Goals and vision
- Organisational language and culture
- Balance of power
- Expectations of procedures and accountability
- Assumptions of authorities and structure
- Trust levels
Continuum of Inter-organisational Relations

- Independence
- Cooperation
- Coordination
- Collaboration
- Merger

Distinctiveness of Interactions
Determinants

1. Nature of resources utilized
2. Specificity of goals
3. Time required for interaction
The Radical and Ethnic Approaches to Community Health (REACH) 2010 Model of Change

Challenges to Coalitions

- Moving from program to policy represent a paradigm shift in the health promotion culture of communities
- Shift from health promotion to policy advocacy requires skills that many coalition members may lack
- Timing and persistence are important
- Maximize inclusiveness and openness in membership
- Local involvement in and awareness of policy activities was important for sustaining long-term projects
- Embedding programs and policies in the community by altering school regulations, city plans, and agency budgets supports sustainability

Overall Lesson:

Collaboration is a Balancing Act

- Long term vision with short term goals.
- Comprehensive perspective with concrete initiatives.
- Stimulation and challenge with support and encouragement.
- A focus on outcomes with a focus on process.
- A bias for action with a bias for learning
- A desire for unity with an openness to diversity.
“We are grateful to the World Diabetes Foundation (WDF) which has offered support to the Ministry of Health to set up a Non Communicable Disease prevention and control programme. The WDF is already supporting several projects to improve the quality of diabetes care in Uganda/ The WDF is represented here today. I wish to recognise them and to publicly thank them.”

- RT. HON. Mr Apolo Robin Nsibambi, Prime Minister of Uganda

SOURCE: FROM THE SPEECH AT THE OPENING CEREMONY OF THE CHRONIC DISEASES CONFERENCE KAMPALA, UGANDA, FEBRUARY 6, 2009
“We are working closely with local civil society organisations like the Uganda Heart Association, the Uganda Stroke Association, the Uganda Child Cancer Foundation, the Uganda Diabetes Association to improve our care and support to chronic disease patients and their families. We shall involve the private sector in our programmes to sensitize their staff about healthy lifestyles in their workplaces.”

- RT. HON. Mr Apolo Robin Nsibambi, Prime Minister of Uganda

SOURCE: FROM THE SPEECH AT THE OPENING CEREMONY OF THE CHRONIC DISEASES CONFERENCE KAMPALA, UGANDA, FEBRUARY 6, 2009
“The Government of Uganda through its Ministry of Health has recognised the threat of a chronic disease epidemic and has put in place measures to establish a Non Communicable Disease Programme that will spearhead the planning implementation and coordination efforts in the country. A national chronic disease risk factor survey has been planned to collect local data and information on the prevalence and determinants of chronic disease risk factors in the communities. Results from this survey will lead to the development of evidence based policies and interventions against chronic diseases in the country. We realise that the battle against chronic diseases will be won or lost in the communities where their risk factors are rampant.”

-RT. HON. Mr Apolo RobinNsibambi, Prime Minister of Uganda

SOURCE: FROM THE SPEECH AT THE OPENING CEREMONY OF THE CHRONIC DISEASES CONFERENCE KAMPALA, UGANDA, FEBRUARY 6, 2009
“It is not the strongest of the species that survives, nor the most intelligent, but rather the one most responsive to change.”

Charles Darwin
“Good health is the bedrock on which social progress is built. A nation of healthy people can do those things that make life worthwhile, and as the level of health increases so does the potential for happiness.”

ActNow BC

July 10, 2009

Dr. Elinor Wilson

6th CDC/ IUHPE Annual Seminar on Cardiovascular Health Promotion and Chronic Disease Epidemiology
What is ActNow BC?

ActNow BC is an integrated, all-of-government health promotion strategy, led by the Minister of State for the Olympics and ActNow BC and supported by all ministries in government.

ActNow BC focuses on four risk factors associated with chronic ill health:

- Physical inactivity
- Poor nutrition
- Tobacco use
- Alcohol use in pregnancy
Goals and Targets*

Government’s Goal 2

- Lead the way in North America in healthy living and physical fitness

Targets for 2010

- Reduce tobacco use by 10%
- Increase percentage of people who eat at least 5 servings of fruits and vegetable every day by 20%
- Increase percentage of people who are physically active by 20%
- Reduce percentage of BC adults who are overweight or obese by 20%
- Increase number of women counselled about alcohol use during pregnancy by 50%; and support health service delivery areas to have focused strategies for FASD prevention.

Note: targets have also been set for 2015 in British Columbia’s Government strategic plan

* Established in 2005, Based on 2003 Baseline Data
The Problem

Causes of Premature Mortality and Years Lived in Poor Health

- Cardiovascular Disease: 18%
- Injuries: 12%
- Mental Disorders: 11%
- Neurological & Sensory Disorders: 9%
- Chronic Respiratory Disease: 7%
- Cancer: 21%
- All Others: 22%

The Challenges

- 42% of British Columbians Aged 12+ are not active enough to achieve the benefits of regular physical activity \(^\text{(Canadian Community Health Survey, 2005)}\)

- 32% of BC adults (18+) are overweight and 13% are obese \(^\text{(Canadian Community Health Survey 2005)}\)

- Tobacco use remains the most significant health risk

- 200 to 300 babies are born with FASD every year
The Cost of Doing Nothing

- **Physical inactivity:** $570 million/year
- **Overweight and obesity:** $730 - $830 million/year
- **Tobacco use:** $2.3 billion/year (direct and indirect)
- **Improved diets:** could reduce death from cardiovascular disease and stroke by 20% and from cancer and diabetes by 30%
- An estimated 3 in every 1000 children are born with FASD in BC each year. Direct costs: approximately $1.4 million over a lifetime. *(Canadian average, Public Health Agency of Canada 2004)*
The Business Case

Revenue Growth – 3%
Education Growth – 3%
Health Growth – 8%
Balanced Budget
Other spending reaches zero by 17/18

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<th>Year</th>
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<tr>
<td>04/05</td>
<td>-10%</td>
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<td>05/06</td>
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- Total 100.0%
  - Health 71.3%
  - Education 27.0%
  - Other -0.6%
Environmental Determinants
- Portion sizes
- Easy access (bike paths, vending machines)
- Occupational inactivity

Social Determinants
- Socioeconomic status - poverty
- Educational level

Non-modifiable risk factors (genetics, sex, age)

Physical inactivity, unhealthy eating, tobacco use
- and other risk factors

Overweight and Obesity and other risk conditions

Cardiovascular Disease, Diabetes, Respiratory Disease, Cancer

Individual Determinants
- Knowledge
- Attitudes
- Skills and practices
All-of-Government Approach

- The Minister of State for the Olympics and ActNow BC has a mandate to ensure an all-of-government, cross-sectoral approach to support healthy British Columbians.
- The ActNow BC ADM committee champions and puts ActNow BC into action.
Implementation

Over 150 programs & initiatives (and growing)

- A few examples of Inter-ministry initiatives in action:
  - Daily Physical Activity
  - Action Schools! BC
  - Seniors’ Wellness Parks
  - Healthier Choices in BC Public Buildings
  - Workplace health and wellness initiatives, e.g., Bike to Work Week (EMPR lead)
  - Cycling Infrastructure Partnerships Program
  - School Fruit and Vegetable Nutritional Program
  - Quit Now and Tobacco Control Act & Regulations
  - Physical Activity & Healthy Eating Resources for Seniors
  - First Nations Community Food Systems for Healthy Living
Key External Partners:

- BC Healthy Living Alliance
  - 15 healthy living initiatives
- 2010 Legacies Now
- Municipalities & communities
  - BC Healthy Communities
  - Active Communities
  - Age-Friendly Communities
  - Union of British Columbia Municipalities,
  - Canadian Diabetes Association,
  - Canadian Cancer Society,
  - BC Recreation and Parks Association,
  - Dietitians of Canada,
  - The Lung Association – BC,
  - Heart & Stroke Foundation of BC & Yukon,
  - British Columbia Pediatric Society
How are we doing?

✓ **BC’s results are the best in Canada (2007) and BC continues to make progress towards targets**

✓ Achieved 2010 target 14.4 % with lowest smoking rate in Canada.

✓ BC’s youth smoking rate dropped to single digits for the first time ever at 9%, down from 12.4 % the year before compared to the national youth rate of 15 %.

✓ Lowest self-reported obesity rates in 10 years, along with the lowest rates among provinces in Canada.

✓ Only province to achieve a significant drop in self-reported adult obesity, decreasing by 15%, from 12.7% (2005) to 10.9% (2007) - first key decrease since reporting began in 1996.

✓ Among the top provinces for physical activity - better than the Canadian average but needs improvement.
How are we doing?

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<tbody>
<tr>
<td>Percent of current smokers [1]</td>
<td>16%</td>
<td>19.2%</td>
<td>14.4% target achieved</td>
<td>14.4%</td>
</tr>
<tr>
<td>Percent of population who ate 5+ fruit and vegetables per day [2]</td>
<td>40.1%</td>
<td>41.3%</td>
<td>40.9%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Percent of population classified as active or moderately active (12+ years)</td>
<td>58.1%</td>
<td>49%</td>
<td>53.7%</td>
<td>69.6%</td>
</tr>
<tr>
<td>Percent of population who are overweight or obese (18+ yrs.)</td>
<td>42.3%</td>
<td>48.6%</td>
<td>41.2% Lowest obesity rates in 10 years</td>
<td>33.8%</td>
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[1] Canadian Tobacco Use Monitoring Survey (CTUMS)
[2] Canadian Community Health Survey (CCHS)
What We’re Working On

- Develop and implement an ActNow BC Accountability Framework for cross-government action with the ActNow BC ADM Committee
- Steward and foster new ActNow BC partnerships
  - with local and federal governments, other public organizations and the corporate and private sector
- Strengthen the provincial sports community strategy by integrating and linking healthy living goals and objectives
- Continue to monitor, report and evaluate progress towards the ActNow BC goals and targets
- Work in partnership with the Olympic Games Secretariat to develop and implement an integrated marketing strategy to support the lead up to the 2010 Olympics Games
ActNow BC: “Olympicized” for 2010

The Olympics provide a once-in-a-lifetime opportunity:
- Equity of the Olympic brand
- Broad public awareness of the Games
- Support for the BC athletes
- Community activity and engagement

ActNow BC messages enjoy a fresh relevance through the natural link between sport and healthy living.

Key ActNow BC Marketing Initiatives for F09/10:
- GamesTown 2010
- World Healthy Living Challenge
- ActNow BC Ambassador Teams
- Road to 2010 Community Tour
- 2010 GamesKids
- Test Drive the Venues
- Recognize and Celebrate Local Athletes
Questions?
ActNow BC Website
www.actnowbc.ca

Measuring Our Success Progress Reports
http://www.actnowbc.ca/EN/additional_resources/measuring_our_success/

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