

# Setting the Stage for Collaborative Planning and Action to Promote Physical Activity and Healthy Eating

Proceedings from June 17 and 21, 2002

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## Overview

As a part of the Ministry of Health Planning's (MHP) work to develop a Chronic Disease and Injury Prevention Strategy, the Ministry convened two meetings (June 17 and June 21) with representatives of health authorities and selected non-government organizations to discuss the potential to promote physical activity and healthy eating through collaborative action. Similar processes to address the other three strategic priorities, tobacco reduction, alcohol and drug misuse, injuries are also underway.

The Ministry invited representatives from health authorities and non-government organizations that have an historical or emerging relationship with the Ministry related to the primary prevention of chronic diseases like cardiovascular disease, cancer and type 2 diabetes (participant list attached). This included organizations that participated in the Chronic Disease Roundtable in 2000 (minutes attached), with the intent to build on a previous process in which physical activity and healthy eating were identified as opportune and priority areas for collaboration. The purpose of the June 2002 meetings was to set the stage for a subsequent collaborative planning session in Fall 2002 to address the following population health goals.

- Increase the proportion of British Columbians whose level of physical activity promotes good health and lower risk of chronic disease.
- Increase the proportion of British Columbians whose eating habits promote good health and lower risk of chronic disease.

The objectives of the June 17 and 21 meetings were:

- To develop a shared understanding of MHP mandate and visions related to the above purpose.
- To identify opportunities to enhance collaborative action.
- To identify other potential partners.
- To confirm interest in proceeding with a collaborative planning session in Fall 2002.

The Heart and Stroke Foundation of BC and Yukon generously provided meeting space and refreshments, and assisted with organization of the meeting.

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## Summary of Discussion

The intent was to use the same agenda for both June 17 and 21. However, the June 21 agenda was revised slightly to more time for discussion (agendas attached). Roundtable introductions followed a welcome from the Ministry of Health Planning and Heart and Stroke Foundation, and some organizations (Arthritis Society, Dietitians of Canada, Health Canada, Sport and Physical Activity Branch – MCAWS, Northern Health Authority) shared print information on initiatives of interest. The MHP shared 'Chronic Disease Prevention Performance Measurement Nutrition and Physical Activity'. Organizations can be contacted directly for additional copies of print information.

Perry Kendall, Provincial Health Officer addressed the group on both days, but with regrets left early on June 17. Andy Hazlewood, Provincial Director General, Population Health and Wellness addressed the group in June 17, but with regrets was unable to attend on June 21. The presentations (overheads attached) provided an overview of the burden of chronic disease and injury in BC and rationale for focussing on five strategic priorities; physical activity, healthy eating, tobacco reduction, alcohol and drug misuse and injuries, especially falls among seniors. The remainder of this section organizes the discussion from both meetings under four themes; Opportunities, Challenges, Needs/Suggestions, Next Steps.

### **Opportunities:**

The Leadership Council responded positively to a similar presentation by Perry Kendall and Andy Hazlewood and was particularly compelled with evidence showing short term impacts (e.g. asthma, tobacco reduction efforts in California). With respect to the determinants, the Council understands health authorities need to work with partners to mitigate the effects of the determinants. The Council supports MHP efforts to work with health authority staff and other partners to develop a chronic disease and injury prevention strategy.

Some health authorities have already developed integrated primary prevention programs. There are activities underway that could be enriched to make it easy for health professionals and other individuals to contribute in their everyday practice to the goal of promoting physical activity. One example of an opportunity was contact with close to 100% of parents of young children through community health clinics for immunizations.

Some health authorities have maintained public health budgets, in times of fiscal restraint.



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There are some MHP resources to support strategy development, but not implementation at this time.

Fraser Mustard gave a presentation to Cabinet on early childhood development as an important risk factor for later health. It was well received.

Perry Kendall will be presenting to UBCM. BCRPA is creating links with municipalities.

The National Chronic Disease Alliance is established and has received funding.

We know what an effective prevention framework should look like. A number of excellent framework documents have been produced (e.g. Setting the Pace, Feed Our Future – Secure Our Health).

A framework paper is going to the federal Advisory Committee on Population Health next month.

The logic of prevention is becoming more accepted by health sector decision makers.

There is potential to leverage attention and perhaps funding generated by Whistler 2010 bid to enhance levels of physical activity and healthy eating.

Sport and Physical Activity Branch is forming tighter partnerships in and out of government, and is the lead agency on the Policy on Sport and Physical Activity. To support implementation of the policy they have stakeholders involved in one of three working groups: Active Schools, Active Communities and Organized Sports. There is an opportunity to enhance physical activity promotion and integrate work in the health system with work in the sport and recreation systems into the overarching approach.

Lessons learned from tobacco reduction efforts, including coalition building (e.g. BC Heart Health Coalition) are there for us to use. These include non-traditional partnerships, public health policy, low income focus and knowledge of best practices. (Although clearly there is a different context and fiscal climate that will influence the implementation of strategies directed at other risk factors. Disappointment related to WCB regulations was acknowledged.)

There is potential to broaden the tobacco reduction message to include a other healthy behavior messages.

There are many BC examples of facilitating prevention through training and sharing of resources.

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## Challenges:

Some health authorities have decreased public health budgets.

There are no targeted \$ for implementation of the strategy.

Realistically, health authorities may be redirecting resources from other public health priorities (e.g. vision and hearing screening) in order to focus on priorities related to chronic disease and injury prevention. May be some 'push back' from health authorities because of difficulty meeting expectations without additional implementation funding.

There is a cost associated with the adoption of a best practice; and even when the cost savings are realized, it is difficult to get the savings back into the prevention budget.

There are huge gaps in surveillance data, as well as barriers to accessing and using data (e.g. incident reports are not automated) needed to evaluate strategies and interventions.

We have not been able to maintain/sustain the momentum initiated by framework documents like Setting the Pace and Feed Our Future – Secure Our Health.

Policy challenges (focus on fiscal restraint and acute care) compromise ability to make progress on population health and primary prevention initiatives. How do you create the political will necessary to underpin our efforts?

## Needs/Suggestions:

Consistent, common, comprehensive and coordinated messages throughout the Province are needed to enhance the impact of public communications; a population health 'spin' not just a social marketing 'spin'.

A clean, clear, consistent business case is needed to advocate for prevention on multiple fronts.

Health authorities need support to access and analyze surveillance and evaluation data.

Need to identify priority research questions.

Accessible best practices on what promotes behaviour change and performance standards (e.g. compile a catalogue of Best Practices for BC, identify models that work) are needed.



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Health authorities need financial, as well as policy support, to ensure adoption and sustainability of best practices.

The experience of other jurisdictions where working together to create healthy environments has been successful needs to be reviewed (e.g. Alberta Model – Active Living Alliance).

Need provincial leadership/coordination to minimize duplication of effort.

Need to ensure there is no duplication in efforts to build coalitions at regional and provincial levels.

The process needs to use BC expertise to build capacity.

The process needs to address systemic change, as well as targeted interventions.

The approach needs to align the vision and strategies with national initiatives (link local, regional, provincial and national), and find a place for the voice of the communities in the planning process.

Need to reflect on and try to embed the approach into the everyday practice of practitioners to enhance implementation.

The links between recreation/physical activity promoting organizations and the health sector need to be enhanced.

Need to explore the feasibility and potential for 3Ps – public private partnership – with adequate exploration of issues related to principles and ethics.

Need to identify public policy opportunities to address the determinants.

The potential to build capacity for collaborative approaches in BC through financial support from the National Chronic Disease Alliance needs to be explored.

Need to focus on early childhood experience as a determinant of later health.

Workplace health may be a place to start in health authorities because it brings the concept close to home and there is good evidence for a short-term return on investment. Invest in employee health instead of employee recognition. Renewal of public service may represent a related opportunity.

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## Next Steps:

1. There was agreement in principle on June 17 and June 21 to proceed with planning for collaborative action on physical activity and healthy eating, initiated with a collaborative planning meeting for Fall, 2002. The focus of physical activity and healthy eating was identified as relevant for most of the organizations. BC Lung Association identified tobacco reduction as their primary area of interest. The Osteoporosis Society of Canada and Arthritis Society identified physical activity as their primary area of interest. The Cancer Society and Heart and Stroke Foundation expressed interest in taking leadership related to the process.
2. There was support on June 21 in principle for the formation of both a loose coalition/alliance and a formal alliance underpinned by the following points.
  - A loose coalition/alliance could result in enhanced communication, distribution of best practices and networking, and would allow organizations to take advantage of opportunities as they present themselves and be flexible about the level of partnership.
  - A formal alliance would be needed to proceed with some key initiatives. If the process becomes too formalized the membership and composition of the Chronic Disease Prevention Alliance could become difficult/restrictive and unresponsive.
3. The following individuals expressed interest in being involved in a committee to plan a collaborative planning meeting for Fall, 2002:

Bobbe Wood, Heart and Stroke Foundation  
Graham McKay, Sport and Physical Activity Branch, MCAWS  
Cathy Adair, Canadian Diabetes Association  
Janice MacDonald, Dietitians of Canada  
Lydia Drasic, Fraser Health Authority  
Denise Weber, Health Canada
4. A number of ideas and priorities for the agenda of the Fall 2002 meeting were identified.
  - a) Clarify our principles and vision.
  - b) Clarify the structure of a Chronic Disease Prevention Alliance and working groups associated with the five strategic priorities.
  - c) Keep focused on physical activity and healthy eating, perhaps through subgroups or working groups.



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- d) It was suggested that because the Nutrition Survey data is currently being analyzed and a number of national initiatives are underway, action planning related to healthy eating should be delayed to 2003/04. This needs to be discussed further.
  - e) Assess what we do and don't do and what we don't have to do; see ourselves as part of a comprehensive approach delivered by multiple organizations where each organization can fill a niche and not have to do it all.
  - f) Assess the opportunities where collaborative action will produce something more comprehensive and effective than what an individual organization can accomplish.
  - g) Refer to some of the historical roots (e.g. Setting the Pace, Feed Our Future – Secure Our Health) where collaboration has been initiated before and actions were identified.
  - h) Discuss what is needed to support the planning process.
  - i) Use a professional facilitator.
5. The following dates will not work for a Fall meeting. Sept 13, Sept 16 – 20, Oct 1-6 incl, Oct 11. Late in September was the request of June 21 participants.
6. The following stakeholders were identified as important to the process:
- BCTF
  - DASH
  - PE Provincial Specialist Association
  - Teachers of Home Ec Specialist Association
  - BC Association of School Superintendents
  - Ministry of Education
  - Ministry of Transportation
  - Municipal Planning representative, e.g. UBCM
  - Representatives from worksite health arena: WCB, Deb Jones from Well Advised (runs the National Worksite Health Promotion Conference)
  - Agriculture (Healthy Eating related)
  - Industry / Product providers / Commercial side (although this was a key issue for debate on the Healthy Eating side)
  - Aboriginal representative

Trevour Hancock, in his upcoming role as a Consultant for the MHP, was also identified as integral to the process.

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7. The MHP introduced 'Assessing Priorities and Opportunities for Common Action to Promote Physical Activity and Healthy Eating'. This tool was introduced to facilitate discussion within individual organizations over the summer, in order to identify and record priorities and opportunities for collaborative action.

The MHP will revise the tool based on feedback from participants, and enter information provided by organizations into a matrix that can be used to support discussion and decision making at the Fall meeting. Some wanted the results of the assessment prior to the meeting. Some wanted it in summarized and some wanted it 'raw'.

8. MHP to initiate planning with a email to participants to:

- request feedback on 'Assessing Priorities and Opportunities for Common Action to Promote Physical Activity and Healthy Eating', including preference for receiving 'raw' or summarized data prior to the Fall meeting.
- identify dates for a potential meeting
- identify any others who would like to assist with planning the meeting
- identify any other agencies who might be interested in participating in the meeting



## The Ministry of Health Planning and the BC Chronic Disease Prevention Alliance

The Ministry of Health Planning, through its Population Health and Wellness section, is engaged in the development of a provincial chronic disease prevention alliance. This brief document lays out the basis for this involvement.

### The Context

The overarching governmental context for this work is the government's three-year strategic plan,<sup>1</sup> which articulates the government's vision:

" British Columbia is a prosperous and just province, whose citizens achieve their potential and have confidence in the future. "

The strategic plan also establishes three strategic goals that are key to achieving this overall vision:

- A strong and vibrant provincial economy
- A supportive social infrastructure
- Safe, healthy communities and a sustainable environment.

The province's public health system and the Ministry of Health Planning's Population Health and Wellness section contributes to the achievement of these three goals by helping to create healthy communities; by being part of the supportive social infrastructure; and by preventing disease, prolonging life and improving the overall level of health, thus helping to reduce both the direct costs of health care and the indirect costs to society from lost productivity.

The New Era goals for health also provide an important context, especially the second goal - "improving the health and wellness of British Columbians" - and the third goal - "creating affordable and sustainable public health care". Population Health and Wellness and the public health system clearly contribute to the second goal very directly, while reductions in preventable disease, disability and injury hold out the prospect of reducing the cost of health care, both in the short term and in the long term.

The development of what constitutes a 21st century "state of the art" set of core programs in public health is also consistent with the Minister of Health's commitment to the people of British Columbia that "We will have the best health-care system in Canada. " <sup>2</sup>

Another important context is provided by the mission and service plans of the Ministries of Health Planning and Health Services. Their joint mission is

"to guide and enhance the province's health services in order to ensure British Columbian's are supported in their efforts to maintain and improve their health."

The Ministries' strategic shifts also provide a context, particularly the shift to a system that is

- planned and well managed
- accountable to the public for results

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<sup>1</sup> British Columbia Government Strategic Plan 2002/3 - 2004/5

<sup>2</sup> Times Colonist (Victoria), Page A13, March 13th, 2002

- meets the real health needs of ... the population
- efficient in allocation of resources.

Clearly, core programs in public health and population health and wellness initiatives - which are generally more efficient ways of improving population health than 'after-the-fact' medical interventions - need to be based on an assessment of the needs of the population and evidence of effectiveness, and to provide a means of ensuring public accountability for outcomes.

Also of relevance is the role of the newly created Ministry of Health Planning to

"give health promotion and prevention activities a higher priority both as a means of improving the health and wellness of British Columbians, and as the means of creating a more sustainable system for the future."

The proposed Public Health Act and core programs in public health, as well as the province-wide population health and wellness initiatives, will make an important contribution to meeting these requirements by strengthening public health in British Columbia.

### Population Health and Wellness' Role

The Population Health and Wellness section of the Ministry of Health Planning has a mandate to contribute to improving the health of the population of BC and reducing the burden of disease. This is being addressed in part through the development of a new Public Health Act, which will incorporate core programs in public health, and in part through the development of province-wide population health and wellness initiatives (Figure 1). These initiatives are described as "province-wide" rather than "provincial" because they extend well beyond the health care system, the Ministry of Health and the provincial government to forge partnerships with the provincial voluntary organizations, local municipalities, community groups and key private sector companies that play an important role in improving health, preventing disease, disability and injury, and protecting people from environmental hazards in the built and natural environments.

While some of these initiatives address communicable diseases such as HIV/AIDS and vaccine-preventable diseases, and others address environmental health issues or the needs of specific population groups, three of the principal initiatives focus on the priority non-communicable conditions which between them account for almost three-quarters of the burden of disease in British Columbia. These conditions are:

- selected chronic conditions (heart disease, cancer, chronic respiratory disease, and diabetes ) that share three principal common risk factors (smoking, unhealthy eating patterns, physical inactivity)
- mental health problems and addictions disorders
- injuries, both unintentional and intentional.<sup>3</sup>

<sup>3</sup> In its overall approach to chronic disease, Population Health and Wellness includes mental health - but not injuries - recognizing the common risk factors and conditions that often link the principal chronic physical diseases with mental disorders and addictions, and recognizing the common settings within which shared interventions need to be applied. Although injuries may be chronic conditions and are significant contributors to the burden of disease, they are not included in the scope of the initiative.



Since the Ministry is not in the business of service delivery, but of planning and 'stewardship', the provincial role is to provide direction to health authorities and to work with non-governmental partners to ensure that evidence-based action is taken across BC in these and other priority issues that have been identified as the subjects of province-wide initiatives.

With respect to the prevention of the selected chronic conditions outlined above, Population Health and Wellness is undertaking the following:

- defining together with the public health field and the health authorities a set of core programs in public health, which include both 'healthy living' and chronic disease prevention programs, that health authorities will be expected to provide;
- developing a shared agenda for action on physical activity and healthy eating that defines what government and non-government health stakeholders will initiate and implement to promote health and reduce chronic disease
- supporting the 'Action Schools' Initiative that is focused on physical activity and healthy eating;
- Facilitating the creation of a provincial chronic disease prevention alliance.

The benefits to the province and the Ministry of this latter activity include

- *Positions the Ministry for strategic partnering and engages stakeholders in realigning current resources on priority issues*
- *Enhances integration and coordination of programs and services across levels and stakeholders*
- *Reduces duplication of services*
- *Enhances communication among stakeholders which supports such things as policy development, the dissemination and adoption of Best Practices*
- *Connects the provincial government and NGO stakeholder with the National Agenda and Actions on Chronic Disease Prevention*
- *Positions the province to implement Health Canada's Health Living Strategy if there is a provincial component.*

### The Alliance's Understanding of 'Chronic Disease'

Based on a review of the evidence concerning the wide range of factors and conditions that play an important role in the development of - or avoidance - of chronic disease, the understanding of 'chronic disease' adopted by the BC Chronic Disease Prevention Alliance encompasses a selected set of physical diseases (cardiovascular disease, some of the principal cancers, chronic respiratory disease and diabetes) that share a common set of risk factors (smoking, unhealthy eating patterns, physical inactivity), as well as a common set of social, economic, environmental

and cultural circumstances and living and working conditions that contribute to these chronic diseases by shaping behaviour. Genetic, psychological and other biological factors that can contribute to or protect against risk are also included in this understanding of the determinants of chronic disease.

The selection of this limited set of chronic conditions is consistent with the approach taken by the World Health Organisation (World Health Report, 2002), the US Centers for Disease Control and Prevention (CDCP), the National Public Health Partnership (NPHP) in Australia, and the Chronic Disease Prevention Alliance of Canada (CDPAC), among others. The NPHP includes mental health in its definition of chronic disease, but has developed a separate mental health strategy, while both CDCP and CDPAC exclude mental health from their definition of chronic disease.

The selection is also based on the practical needs of coalition-building. Many of the key stakeholders involved in the prevention of the chronic physical diseases of concern (e.g. the Heart and Stroke Foundation, the Cancer Society, the Lung Association, the Diabetes Association, anti-smoking coalitions, physical activity coalitions, healthy eating coalitions etc) have a different focus from those involved in the promotion of mental health and the prevention of mental disorders and addictions, or those working to prevent both unintentional and intentional injuries - with the latter sharing many concerns with those involved in the prevention of mental disorders and addictions.



# PLANNING FOR COMMON ACTION PLAN TO INCREASE PHYSICAL ACTIVITY AND HEALTHY EATING

Proceedings from September 27, 2002  
Best Western Richmond Hotel and Convention Centre

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## I. Overview

As part of the Ministry of Health Planning's (MHP) work to develop a Chronic Disease and Injury Prevention Strategy, the Ministry convened a planning session on September 27, 2002, with representatives of the health authorities and selected non-governmental organizations. This session was a result of two exploratory meetings between the Ministry and these agencies in June 2002.

The purpose of the session was to advance the collaborative approach to increasing the proportion of British Columbians whose level of physical activity and eating habits promote good health and lower the risk of chronic diseases.

The specific objectives of the session were as follows:

1. Confirm interest in participating in a collaborative approach.
2. Solidify the partnership opportunities.
3. Generate input for an action plan(s) and a process for moving forward.

A detailed agenda for the session was developed under the direction of a steering committee comprised of representatives from the non-governmental organizations and health authorities. The session began with presentations by Dr. Perry Kendall, the Provincial Health Officer, and by Dr. Trevor Hancock, Medical Consultant to the Province. These presentations set the context for the rest of the session.

## II. Key Outcomes

- Stakeholder agreement to participate in a BC Chronic Disease Prevention Alliance / Coalition
- A Steering Committee was set up to draft the Goals and Objectives, Organizational Structure and Terms of Reference for the Chronic Disease Prevention Alliance –Members are: Bill Mackie, Denise Weber, Peggy, Sharon Storoschuk, Sharon White, CDA - tbd, Roland Guasparini, Public health nursing council - Cyndi Anderson designate, Brian O'Conner, Dan Paigely, Janice MacDonald
- Priorities for a Physical Activity and Healthy Eating Action plan were generated.

See Appendix A for a detailed summary of the discussion.

## Appendix A

### Summary of Discussion

The discussion and exercises that took place generated a list of collaboration opportunities, as well as a number of objectives along several strategic themes. Information about these outputs is provided in these proceedings.

#### A. COLLABORATION OPPORTUNITIES

After the context was set, the audience went into breakout groups to identify the top province-wide and regional level opportunities for common action. A list of the opportunities generated is provided below. There was convergence of ideas around targeting the school-aged community. To facilitate analysis and synthesis of the opportunities, they have been organized into the following categories:

- communication and education;
- programs and services;
- public health policy;
- networking and coordination;
- evidence for decision making;
- healthy living environment / infrastructure; and
- linkages to high profile initiatives.

##### 1. Communication and Education

- Consistent and universal messaging
- Using innovative communications channels; for example, success stories, cooking recipes (e.g. Play Together, Eat Together).
- Social marketing for healthy living for various settings and populations.
- Communicating positive, practical, and clear messages about the benefits of physical activity and healthy eating, especially the benefits of eating fruits and vegetables.
- Encouraging people of all ages to use existing physical activity guides
- Utilizing existing Health Canada, CCFP, BCMA resources to get the message out (i.e. Green Prescription).
- Develop health living catalogues; for example on walking and running routes.

##### 2. Programs and Services

- Initiatives aimed at early intervention, specifically those that re-establish physical activity and nutrition as a priority for infants and school aged children. Establishing school aged children play-care



facilities (i.e. Action Schools initiative). Can reach infants through already established parent-infant groups.

- Linking initiatives to obesity and diabetes, which currently have a high public profile. Producing a discussion paper on obesity in children.
- Building on the Go for Green walking and school bus program.
- Developing integrated programs for aboriginal health issues.
- Expanding the Better Breathers Clubs to include physical activity and healthy eating.
- Consider adopting the old ProRec or the national Participaction programs.
- Applying best practice information and resources (e.g. Health Canada, Stairway to Health, CCFP, Pediatric, CMA).
- Link to BC opportunities / e.g. ideas from VHA - Hike to Health, Toxic Playground Initiative, Eat together, Play together

### **3. Public Health Policy**

- Developing a provincial public health policy that reflects regional and municipal policies and policies of the Auditor General's Office.
- Developing health promotion/protection standards.
- Providing long term leadership and analysis on the interconnectedness of social policies. Recognizing the influence and impacts of federal policies and initiatives.
- Reassessing the inclusiveness of Provincial programs vis-à-vis socio-economic, geographic groups, cultural groups, and advocacy opportunities. Rethinking impacts.
- Establishing food and nutrition policies and curricula in schools with the support and cooperation of the private sector.

### **4. Networking and Coordination**

- Developing a national integrated approach to issues such as childhood obesity.
- Raising awareness about health issues at the municipal level. Creating opportunities to work together with communities.
- Restructuring of the health system - make enhancements and connections.
- Partnering with industry on healthy eating; for example, changing the contents of vending machines.
- Sharing of information and best practices - practicing what we preach; starting internally.

### **5. Healthy Living Environment / Infrastructure**

- Re-conceiving community design to include schools integrated with community centres (i.e. "healthy schools"), community health centres, community kitchens, and community gardens.
- Promoting "pleasurable eating," which builds family and community.
- Boosting the priority of healthy living in decision-making. Having UBCM advocate for decisions that foster healthy living.
- Developing strategies to improve access to existing infrastructure by all.
- Collaborating with community groups to advocate for funding for healthy living infrastructure such as parks and recreation facilities.
- Providing equitable access to disease prevention and health promotion, including for immigrants and aboriginal people. Can reach these groups through existing neighborhood houses and clubs.

#### **6. Evidence for Decision Making**

- Basing collaborative actions on best practices and evidence.
- Reaching a consensus on the healthy living research. Pulling the findings together to underlie a consistent and universal message.
- Conducting an environmental scan of healthy living funding committed in other jurisdictions to establish benchmarks; e.g., safe kids funding, green space allotment.
- Developing a national research agenda for behavioral sciences.
- Identify Best Practices in promoting healthy living for use by stakeholders

#### **8. Linkages to High Profile & National Initiatives**

- Using the 2010 Olympic Bid as an opportunity to develop legacy facilities and volunteers for healthy living programs and services.
- Health Canada's Stairway to Health campaign for worksites
- Pan-Canadian Healthy Living Strategy

### **B. STRATEGIC THEMES**

Continuing to work in their breakout groups, the session participants specified a large number of diverse objectives. Some objectives relate to long term population health outcomes, while others relate to milestones for common action. The wide diversity of objectives led to extensive discussion as people worked hard to find common ground and good ideas. Focusing the objectives and formulating specific actions will have to be done as a next step.

The objective setting process uncovered several strategic themes that could be the basis for a common action plan. The paragraphs below identify the strategic



themes, provide a summary of each theme, and list associated milestones that were identified by the session participants.

Note: The dates associated with the milestones were included verbatim from each group and therefore may not be congruent or realistic when creating the actual plan or workplans.

## **1. Form a Coalition of Interested Organizations**

- There was strong interest in pursuing collaboration through a formal Coalition (i.e. see Option #2 in meeting preparatory materials) that includes organizations outside the health group (e.g. schools, municipalities) and includes stakeholders related to the other CDP strategic priority - tobacco.
- The coalition could engage in advocacy, If desired, through subgroups thereby enabling governments to participate as full members of the coalition.
- The participants expressed interest in participating in a BC Chronic Disease Prevention Alliance and in extending the coalition by having regional alliances.
- Plan on making an impact relatively quickly, designating a two-year time frame for collaborative action.

### **MILESTONES:**

- ☐ Other sectors and organizations that should participate in the coalition are identified by the time of the next meeting in February 2003.
- ☐ Terms of reference for the coalition, including an articulation of the business it is in, are developed.
- ☐ A dedicated "healthy living" coordinator is identified.
- ☐ Roles, responsibilities and actions of the stakeholders are determined.
- ☐ A list of immediate collaboration opportunities is developed.

## **2. Use a Targeted Approach**

- The group supported a targeted approach (i.e. population segments, geographic areas).
- Strong interest in targeting the "school-aged community". Specific objectives could be established as follows:
  - Children in 2010 will have the BMF of children in 1960 (i.e. "Back to the Future" or "Forward to the Past").
  - Reverse the current trend in child weight gain and obesity by 2010.

- The group also identified possible broader objectives for collaborative actions:
  - Access to healthy living opportunities will increase by 10% by 2005.
  - By 2005, a 5% increase in the population that eats at least five servings of fruits and vegetables per day.

MILESTONES:

- Population targets and settings confirmed/identified.



### **3. Mobilize Community Action**

- Recognition that it takes an entire community to raise "healthy living citizens". People need to lead children. Chronic disease issues (e.g. child obesity) must be addressed within a community context to make lasting change. Similarly, objectives should be tailored to the community so that they are relevant and meaningful to the target audiences. Find congruence between community defined and expert defined issues.
- A large proportion of the population does not have the awareness, knowledge, or means to see the value in increased physical activity and healthy eating. Consider innovative mechanisms to change behaviours (e.g. mandated actions, financial incentives).

#### **MILESTONES:**

- Champions that can move the "agenda" are identified in each region by March 31, 2004.
- Existing resources (i.e. human, financial, materials, agendas) that can enhance the initiative are identified.
- Active, healthy living, multi disciplinary, multi sectoral volunteer networks are in place in each health region and at the provincial level by 2004.
- Common understanding of healthy living status and effective community change strategies reached by April 30, 2003.
- Every BC municipality adopts a healthy living policy by 2005.

### **4. Develop Consistent Messaging**

- Desire for all participating organizations to develop and use consistent messaging which can have a long life. The message must be evidence-based. A "branded" theme (e.g. New Zealand's "Push Play") can provide an umbrella for organizations to come together in a coalition. Deliver the message in many different ways.
- Aim to capture the context of the collaborative initiative within the broader social determinants of health (i.e. use the lexicon of the day when rolling out the initiative).

#### **MILESTONES:**

- A common message is developed by March 31, 2003.

## **5. Sustain the Collaborative**

- Belief that having sufficient funding at the regional level will be critical for expanding the network and making significant progress. There were questions about the potential sources of additional funding.
- Nonetheless, there was a desire to just start working together to share information using the resources that are currently available. Other steps can be added over time.
- Small organizations with few staff and small budgets are concerned about how to sustain their participation in a collaborative initiative.
- All levels of government need to be entrenched in the collaborative for it to be sustainable. Perhaps greater government support can be achieved by better connecting physical activity and healthy eating to the human and financial costs of chronic diseases - make the business case for disease prevention. For the BC Government, align strategies with the New Era agenda. Connect the terms of reference of the coalition to emerging initiatives and issues.
- Some opinion that the BC Government needs to be more directive in advancing strategies, setting priorities, and providing resources.

### **MILESTONES:**

- Start up interim funding secured (e.g. from National Chronic Disease Alliance) by January 31, 2003.
- A sustainable infrastructure for the coalition is developed by April 2003.
- A sustainability plan setting out required resources/budgets is produced by June 2003.
- Chronic disease prevention staff needed to support the initiative is in place.

## **6. Develop an Information Base**

- Need to improve and communicate relevant surveillance data to support evidence-based messaging and strategies.

### **MILESTONES:**

- Required community surveillance data and data sources are identified.
- Policies that promote healthy living are reviewed and identified by March 31, 2003.
- Sources of best practice information are identified and access is increased by March 31, 2004.



## **7. Apply Performance Management Practices**

- The collaborative should use a shared leadership model and sound performance management practices.

### **MILESTONES:**

- Desired outcomes for collaborative action are confirmed/identified.
- Plan for Enhanced Physical Activity and Healthy Eating in BC, including clear vision and principles on how we work together, is developed.
- Draft plan is prepared by December 31, 2002.
- Draft plan is sent to coalition participants for feedback by January 30, 2003.
- Draft plan is discussed at a next meeting of coalition in February 2003.
- Plan is finalized by March 31, 2003.
- Performance measurement and evaluation frameworks for the collaborative initiative, including healthy living outcome indicators, are developed and agreed upon.
- Healthy living indicators are incorporated into core programs and performance contracts for the regional health authorities.

**Minutes**  
**Wednesday December 11, 2002**  
**Chronic Disease Prevention Alliance Steering Committee**

Attendees: Peggy Reidy, Sharon Storoschuk, Janice MacDonald, Trevor Hancock,  
Milena Gaiga, Dan Paigley, Peggy Reidy, Denise Weber  
Apologies: Cindy Anderson, Brian O'Connor

**Item 1. Introduction and review of agenda**

**Item 2. Name of Coalition**

Discussion:

Peggy and Sharon: Chronic Disease Prevention Alliance of BC

Denise BC - Healthy Living Alliance potentially limits the scope and Nationally it is currently just focusing on healthy eating and physical activity

Janice Macdonald – Healthy Living Alliance – likes the positive focus

Trevor – concerned about the limited scope of the healthy living initiative nationally

Action: The group decided to wait to name the 'organization' until after it was decided what business it was in.

**Item 3. Vision**

**A healthy British Columbia**

(agreement over 'healthy british Columbians' because it deals with the broader social determinants)

**Item 4. Mission**

Discussion:

There was a lot of support for adopting Alberta's mission because it was simple, direct and allowed for the broadening out to beyond risk factors to risk conditions and potential inclusion of mental health.

"Providing leadership for collaborative action to promote health and prevent chronic disease in BC

Note: need to speak to defining leadership and collaboration in the goals as many also liked the CDPAC mission as well.

**Action: Adopt Alberta mission (it is inclusive of mental health)**

**Action: Trevor will draft a note to mission identifying the limits of the business we are in.**



**Note to Mission:** While the [Alliance/Coalition] recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (tobacco use, unhealthy eating and physical inactivity) and underlying determinants that contribute significantly to cardiovascular disease, cancer, chronic respiratory disease and diabetes.

## Item 5 Goals and Objectives

Broad Goal: To reduce the burden of chronic disease in British Columbia

- To identify and/or increase opportunities to work collaboratively with available resources and abilities of government and non-government organizations as they relate to behavioural risk factors and risk conditions for chronic disease.
- To enhance existing provincial, regional and local capacity for chronic disease prevention and health promotion through enhanced access to best practice approaches / resources, current evidence and networking opportunities.
- To advocate for healthy public policies, health-promoting environments, health promoting programs and services that have been shown to increase health and decrease chronic disease.

**Action:** MOHP staff will wordsmith and provide the next version to this group for review.

**Action:** Each member of the group will generate a list of action steps/strategies related to the above goals using SMART as a guideline for specificity:

## **Item 6. Organizational Structure**

### *Discussion*

- Remove the Issues Specific Working Group
- For continuity across the province need health authority involvement
- There should be a Health Canada representative on the leadership council
- Regional Coalition Representatives – are there other ways of hooking them in and consulting with them
  - Regional coalition representation as a part of a communication strategy or part of broader network
- Diversity is important
- If the Public Health Nursing Leadership Council, Community Nutritionist and MHO's councils are represented do we have enough representation from the regional public health system?
- Are they health authority reps or regional coalition reps?
- Cost of the model

**Action:** Trevor redrafted the organizational structure please review and circulate in your organization



### Secretariat

Discussion about what a Secretariat costs. The BC Heart Health Coalition cost \$40,000 a year and this just paid for the organization and upkeep of the Coalition and its projects including a newsletter called THE LINK (focused on the three risk factors (1 per page) and current stuff (back page). The NGO (HSFBCY) often used in-kind and their own funds when it came to hiring writers for advocacy documents and designing and printing materials.

What other models might work?

-rotating the responsibility to the partners in the Leadership Council and using scarce resources for projects/initiatives rather than administration

Is it owned by the Ministry

Who funds it and where does it sit?

This sparked more broad discussion of the Alliance and support:  
NGO's— depending on what it is and what is going to do  
BC Dieticians – more human resources than financial

1 FTE for supporting the coalition  
research support  
all the organizations did the work

### **Item 7. Next Steps**

Action: PJ will circulate minutes of meeting

Action: PJ will Draft Vision, Mission, Goals from feedback

Action: Everybody will take this back to their organizations for discussion

Action: Everybody will generate specific action items for each goal and email it to PJ for circulation prior to the Monday AM meeting.

**BC Chronic Disease Prevention Alliance  
Coordinating Committee  
Minutes - February 12, 2003, 9:00 a.m. – 12:00 noon**

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1. Welcome and Roundtable Introductions

- 1.1 Revised Participant List attached.

2. Rationale for BCCDPA

- 2.1 Perry Kendall, PHO presented the rationale for proceeding with a chronic disease prevention alliance in BC. Overheads are attached.

3. The Linkage with the Ministry's Chronic Disease Prevention Initiative

- 3.1 Trevor Hancock presented Health Canada data on the burden of disease in BC and preliminary work on a framework for a provincial chronic disease prevention initiative. Overheads are attached.

*Economic Burden of Illness in Canada, 1998* is available at:

[http://ebic-femc.hc-sc.gc.ca/home\\_e.php?Lang=e](http://ebic-femc.hc-sc.gc.ca/home_e.php?Lang=e)

The charting application is at:

[http://ebic-femc.hc-sc.gc.ca/select\\_options.php?Lang=e&stream=cd&v\\_or\\_c=v](http://ebic-femc.hc-sc.gc.ca/select_options.php?Lang=e&stream=cd&v_or_c=v)

4. Proposed Terms of Reference

- 4.1 The following items were identified as issues to be reviewed and addressed by the Alliance during year-one.

- Private sector representation/involvement.
- Linkages with the research community.
- Linkages to other Ministries, e.g. Ministry of Education.
- Relationship with the broader group of stakeholder organizations with provincial scope, e.g. organizations like BC Medical Association and Arthritis Society.
- Relationship with health authorities.

- 4.2 The Proposed Terms of Reference with the following revisions were ratified. The revised Terms of Reference, British Columbia Chronic Disease Prevention Alliance are attached.



Revisions:

- Under Mission - Italics in second paragraph are removed, so that this statement is fully incorporated into the Mission.
- Under Membership and Structure - Chronic Disease Alliance of Canada is changed to Chronic Disease Prevention Alliance of Canada.
- On Appendix A – Private Sector (membership to be discussed) is deleted.

- 4.3 There was agreement for Population Health and Wellness, Ministry of Health Planning to serve as secretariat, until at least next meeting of the Coordinating Committee.

5. Priorities for Action, February, 2003 – March, 2004 (Draft for Discussion)

- 5.1 A number of activities were discussed within the context of the draft Priorities for Action. Guided by this discussion and the issues raised under 4.1, the secretariat will draft and distribute to Coordinating Committee for feedback by February 28, 2003, a year-one business plan outlining specific activities that will position the Alliance for action during 2003/2004.
- 5.2 There was acknowledgement that the activities discussed are necessary to position the Alliance for action, but in themselves are not action steps. There was agreement that the Alliance needs to identify opportunities for 'quick' action in year-one and be ready to take significant action in year-two.
- 5.3 There was agreement to incorporate strategies in the year-one business plan to address the following significant issues.
- Need to engage health authorities as a partner in achieving the goals of the Alliance.
  - Need to access funding to support actions of the Alliance.
  - Need to identify and act on advocacy priorities.

**BC Chronic Disease Prevention Alliance  
Business Plan  
March, 2003 – March, 2004**

<b>Goal 1: Address operational issues of the BCCDPA identified by the Coordinating Committee on February 11, 2003.</b>		
<b>Action</b>	<b>Responsibility</b>	<b>Completion Date</b>
1.1 Establish a Working Group to address operational issues	Secretariat	March, 2003
1.2 Develop a plan for accessing ongoing funding and/or support for the Secretariat	Operations Working Group	June, 2003
1.3 Prepare a presentation for Leadership Council on the BCCDPA, outlining the benefits and options for health authority involvement / representation on the Coordinating Committee	Ministry of Health Planning	March, 2003
1.4 Meet with public health representatives from health authorities to discuss presentation and implications of options	Ministry of Health Planning	April, 2003
1.5 Distribute presentation to Coordinating Committee for feedback and to identify preferred option(s)	PHO	April, 2003
1.6 Make presentation to Leadership Council and convey their recommended option for involvement / representation to the Coordinating Committee	PHO	June, 2003
1.7 Review partnership guidelines of BCCDPA member organizations and other provincial and federal alliances, and prepare draft partnership guidelines	Operations Working Group	June, 2003
1.8 Review outstanding issues on Terms of Reference and prepare revised draft – outstanding issues include: <ul style="list-style-type: none"> <li>• Private sector representation/involvement,</li> <li>• Linkages with the research community,</li> <li>• Linkages to other Ministries, e.g. Ministry of Education,</li> <li>• Relationship with the broader group of stakeholder organizations with provincial scope, e.g. organizations like BC Medical Association and Arthritis Society, and</li> <li>• Relationship with health authorities</li> </ul>	Operations Working Group	June, 2003
1.9 Schedule year-one meetings for the Coordinating Committee	Secretariat	March, 2003



<b>Goal 2: Increase the capacity of BCCDPA to support action at the local, regional and provincial level.</b>		
<b>Action</b>	<b>Responsibility</b>	<b>Completion Date</b>
2.1 Establish a formal liaison with the Chronic Disease Prevention Alliance of Canada (CDPAC) through the Secretariat	Secretariat	March, 2003
2.2 Establish a formal liaison with Health Canada regarding the Healthy Living Strategy	Secretariat	March, 2003
2.3 Establish a formal liaison with the National Consortium of Best Practice	Secretariat	March, 2003
2.4 Post BCCDPA updates/information on the CDPAC website, including Terms of Reference, minutes of Coordinating Committee, business plan and other relevant documents	Secretariat	Ongoing
2.5 Distribute BCCDPA updates/information to the broader network of stakeholder organizations with provincial scope	Secretariat	Ongoing
2.6 Distribute updates/information from other provincial alliances and CDPAC to broader network of stakeholder organizations with provincial scope	Secretariat	Ongoing
2.7 Assess and describe current regional and provincial capacity, including programs and services, in order to identify gaps and opportunities to streamline stakeholder activities	Ministry of Health Planning	September, 2003
2.8 Develop tools to support presentations to decision-makers and stakeholders to raise awareness about the BCCDPA and opportunities for chronic disease prevention in BC	Secretariat	September, 2003
2.9 Support regional meetings to raise awareness of BCCDPA and discuss opportunities for local and regional coalitions/alliances	BCRPA	September, 2003

<b>Goal 3: Develop an agenda for action.</b>		
<b>Action</b>	<b>Responsibility</b>	<b>Completion Date</b>
3.1 Establish a Working Group to plan for action	Secretariat	March, 2003
3.2 Identify opportunities, strategies and funding for immediate action during year-one (advocacy identified as a priority focus)	Action Working Group	June, 2003
3.3 Develop an implementation plan for action during year-one	Action Working Group	September, 2003
3.4 Explore potential to work with Health Canada and the CDPAC to develop a set of common messages for the public about chronic disease prevention	Action Working Group	June, 2003
3.5 Identify opportunities, strategies and funding for action in year-two	Action Working Group	September, 2003
3.6 Develop an implementation plan for action in year-two	Action Working Group	February, 2004



**The following ideas generated by the Coordinating Committee on February 11, 2003 have not been captured in this plan, but may inform the work outlined in this plan:**

Broader public health / chronic disease prevention and system advocacy goals, as well as specific issues like tobacco should be considered.

There may be opportunities for linkages with the Canadian Cancer Control Strategy.

Major strategic reports such as Romanow, Healthy Living, First Ministers Accord, Kirby, etc should be reviewed to identify implications and opportunities for action. Link with CDPAC.

There should be a link to key performance measurement initiatives through Population Health and Wellness.

Dissemination of best practices was identified as a priority.

A business case for chronic disease prevention BC is needed to support advocacy.

**BC Chronic Disease Prevention Alliance – Coordinating Committee  
Conference Call Minutes  
June 2, 2003**

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**Present:**

Perry Kendall, MOHP  
Bobbe Wood, HSF  
Sharon Storoschuk, HSF  
Barbara Kaminsky, CCS  
Harriet Permut, UBCM  
Sharon Meredith, BCRPA (for Susanne Allard Strutt)  
Janice MacDonald, DC  
Donna Walleggem, CDA

Kelly Ablog Marrant, BC Lung (for Scott McDonald)  
Janice Linton, MOHP  
PJ Naylor, MOHP  
Lorna Storbakken, MOHP

**Regrets:**

Andy Hazlewood, MOHP  
Val Embree, PHABC  
Betsy McKenzie, Health Can

**1. Healthy Living Symposium:**

Harriet Permut, Perry Kendall and reps from CCS, HFS, DC attending upcoming Symposium.

**Action** – Distribute *An Integrated Pan-Canadian Healthy Living Strategy*, a background paper received by Perry.

**Action** - Discuss highlights and implications of the Symposium at the June 25 Coor Com meeting.

**2. Healthy Heart Society Membership on Coor Com:**

Agreed to maintain current membership of Coor Com.

**3. Funding and Housing of Secretariat:**

\$27,000 identified from following sources. MOHP (\$10,000), Canadian Cancer Society (\$5,000 or \$10,000 with action), BC Lung (\$2,000), Canadian Diabetes Asso (\$5,000). Heart and Stroke confirmed their interest in housing the Secretariat, providing office space, equipment and organizational supports.

**Action** – Deal with funding and housing of Secretariat on June 25, following decisions regarding action for year one.

**Action** - MOHP to transfer \$10,000 to Heart and Stroke Foundation to support Alliance activities, with decisions on specific investments to be determined by the Coor Com.

**4. Agenda for June 25, 2003:**

Focus of the meeting is planning; 1 hour updates/info and 3 hours of action planning. Reading material to be pre-circulated with an expectation for Coor Com members to be well-versed on content and to look for emerging themes/events/programs we can



support as an Alliance. (Info/update sessions will be primarily question/answer/discussion, not presentation of content.)

The following documents are being pre-circulated with these minutes:

*An Integrated Pan-Canadian Healthy Living Strategy*

*The Cost of Physical Inactivity in BC* (not yet released by MOHP)

**Action** – Barbara Kaminsky to forward Cancer Prevention Strategy doc to PJ or Janice for pre-circulation.

**Action** – Janice M. to forward info on childhood obesity to PJ or Janice for pre-circulation.

**Action** – Others to forward any docs/info relevant to the planning process to PJ or Janice for pre-circulation.

A facilitator is needed to ensure effective action planning session.

**Action** – Coor Com members to explore possibility of their organizations providing a facilitator and followup with PJ or Janice.

Potential discussion question: How do we start as individual organizations to engage other sectors in changing societal norms?

Draft Agenda:

- 1) Healthy Living Symposium – feedback and analysis (20 min)
- 2) Update on data – questions/answers/discussion (20 min)
  - Cost of Physical Inactivity in BC
  - BC Nutrition Survey – summary of key results
  - Information on obesity in children
- 3) Update on initiatives – questions/answers/discussion (20 min)
  - Cancer Prevention Strategy
  - Action Schools
  - Active BC 2010
- 4) Priorities for Health Sector Action on Physical Activity, Healthy Eating and Healthy Body Weights – feedback on draft (20 min)
- 5) Action Planning (3 hours with a working lunch)
5. Organizations that have identified dollars for Alliance activities were thanked.

## Terms of Reference British Columbia Chronic Disease Prevention Alliance

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### Vision

A healthy British Columbia

### Mission

To improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free.

While the Alliance recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary habits, tobacco use, obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes.

### Goal

***To reduce the burden of chronic disease in British Columbia by:***

- enhancing collaboration among government, non-government and private sector organizations,
- advocating for health promoting policies, environments, programs and services, and
- increasing the capacity of communities to create and sustain health promoting policies, environments, programs and services.

### Principles

The Alliance and its activities will be guided by a commitment to:

- the population health approach, recognizing that many factors influence health, including: income, social status, education, social support networks, employment and working conditions, physical environments, personal health practices, biology and genetic endowment, health services, and healthy child development;
- fostering vertical and horizontal integration across risk factors, the prevention-management continuum and jurisdictions;
- building upon existing programs and experiences, where possible;
- basing decisions and actions on the best available evidence;
- respecting the unique strengths, experience and expertise of all organizations and individuals that participate in the Alliance;



- participation of member organizations and individuals, recognizing that each will contribute various resources to the Alliance, depending on their capacity to do so.

### **Membership and Structure**

Appendix A, Membership and Structure, outlines the operational components of the Alliance (Coordinating Committee, Secretariat and Implementation Working Groups) and identifies the member organizations. The Coordinating Committee sets the strategic direction for the Alliance, e.g. action plans. The Secretariat conducts organizational and communication functions, as outlined in Operating Guidelines. The work of the Alliance is performed by Implementation Working Groups, as directed by the Coordinating Committee, where there are no other groups/organizations currently equipped to take on a task.

As outlined in Appendix B, the Alliance networks with the Chronic Disease Prevention Alliance of Canada, a broader group of stakeholder organizations with provincial scope, and regional/local alliances. These organizations may be involved in the work of the Alliance through participation on Implementation Working Groups.

### **Operating Guidelines**

#### ***Term and Selection of Coordinating Committee Members***

Coordinating Committee members are the CEO's/Executive Director's of the member organizations of the Alliance. Coordinating Committee member organizations will identify an alternate for participation at meetings, where the CEO/Executive Director is unavailable. Alternates are welcome to attend all meetings of the Coordinating Committee but each organization shall only have one vote at meetings. The Coordinating Committee will ratify its slate of members every two years. A consensus based decision-making model shall be used to change the slate of member organizations.

#### ***Term and Selection of the Chair of the Coordinating Committee***

The Coordinating Committee will appoint its own Chair. The Chair will be selected and ratified by members of the Coordinating Committee as the term of the Chair expires. The Chair shall serve a two-year term.

#### ***Term and Selection of the Secretariat***

The Secretariat of the Alliance is the shared responsibility of the member organizations of the Alliance. The Secretariat will be selected by the Coordinating Committee and rotated among the organizations with infra-structure support on an annual basis. The Secretariat will be responsible for:

- Organizing and implementing the meetings of the Coordinating Committee
- Regular communication among the Coordinating Committee members

- Communications between the Coordinating Committee and Implementation Working Groups and/or Regional/Local Alliances
- Managing ad hoc communications to other stakeholder organizations with provincial scope

#### ***Term and Selection of Implementation Working Group Members***

The mandate, term and make-up of the Implementation Working Groups (IWG) is established by the Coordinating Committee. A member of the Coordinating Committee is identified to participate in each IWG to ensure effective communication. Members of IWGs are drawn from member organizations of the Alliance, the broader network of stakeholder organizations with provincial scope, and Regional/Local Alliances. Participation is voluntary.

#### ***Meetings of the Coordinating Committee***

The Coordinating Committee meets in-person at least three times a year.

#### ***Decision-Making Process for the Coordinating Committee***

A consensus decision-making model shall be used for decisions pertaining to the work of the BC Chronic Disease Prevention Alliance.

Decisions made at meetings, and circulated in the agenda one week prior to the meeting at which the decision was made, shall not be re-opened at future meetings. However members may ask for clarification of the decisions.

Decisions made at meetings on topics that are added to the agenda after the circulation of the agenda may be re-opened for further discussion and/or decision.



## Membership and Structure BC Chronic Disease Prevention Alliance

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**BC Chronic Disease Prevention Alliance**

***Coordinating Committee Membership***

Heart and Stroke Foundation of BC and Yukon  
Canadian Cancer Society – BC and Yukon Division  
Canadian Diabetes Association, Pacific Area  
BC Lung Association  
British Columbia Recreation and Parks Association \*  
Dietitians of Canada, BC Region \*  
Public Health Association of BC  
Union of BC Municipalities

**Ex-Officio Members:**

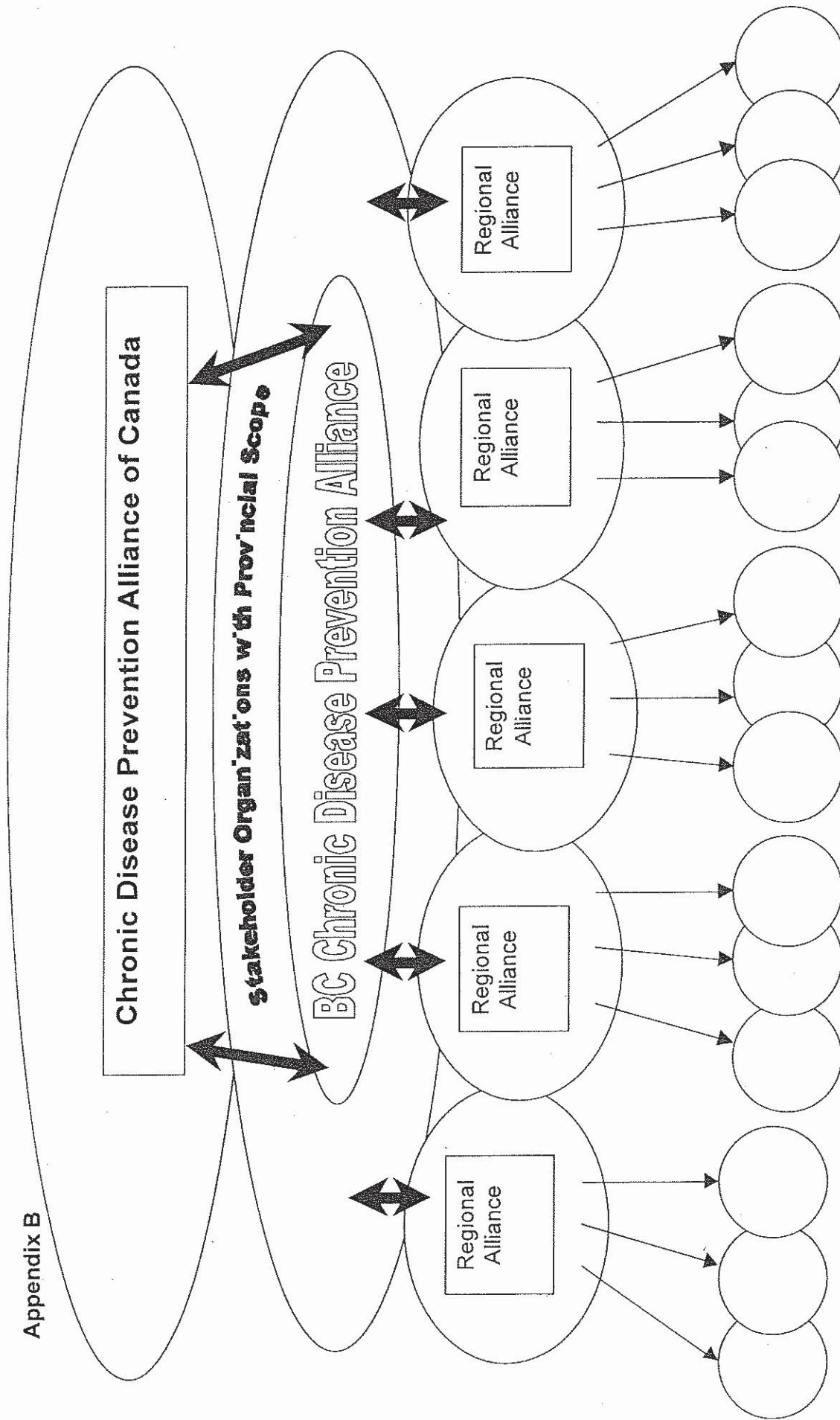
Ministry of Health Planning  
Health Canada BC/Yukon Regional Office  
Provincial Health Officer

***Secretariat***

**Implementation Working Groups**

\* In the event a provincial coalition with a risk factor focus is formed, e.g., active living coalition, the makeup of the Alliance related to that risk factor would be reviewed to ensure the most appropriate slate of members.

## Appendix B



# Local Alliances

**BC Chronic Disease Prevention Alliance  
Coordinating Committee  
Minutes – June 25, 2003, 9:30 a.m. – 2:00 p.m.**

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Present:	Diego Marchese, Heart and Stroke Foundation
Andy Hazlewood, Ministry of Health Planning	Betsy MacKenzie, Health Canada
John Phillips, Ministry of Health Planning	Jean Blake, Canadian Diabetes Association
Barbara Kaminsky, Canadian Cancer Society	Donna Wallegghem, Canadian Diabetes Association
Kelly Ablogg Marrant, BC Lung Association	Sharon Storoschuk, Heart and Stroke Foundation
Sharon Meredith, BC Recreation and Parks Association	Janice MacDonald, Dietitians of Canada
Lucy Buller, Canadian Cancer Society	Janice Linton, MHP
Trevor Hancock, Ministry of Health Planning	Regrets:
Lorna Storbakken, Ministry of Health Planning	Perry Kendall, PHO
	Harriet Permut, Union of BC Municipalities
	Val Embree, PHABC

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1. Welcome and review agenda
- 1.1 Evidence Paper added to agenda under 'Update on current initiatives and data'
2. Update on current initiatives and data
- 2.1 Healthy Living Symposium – Lorna Storbakken and Perry Kendall attended. Lorna provided an overview of process, key themes and outcomes.
  - No funding announcement
  - Synopsis/analysis of deliberations to be forwarded to all delegates
  - Reports to deputy ministers of health in July, FPT ministers in September and PT ministers of Education in October
- 2.2 Priorities for Health Sector Action on Physical Activity, Healthy Eating and Healthy Body Weights (in development) - Janice Linton introduced, providing an overview of purpose, scope and process.
- 2.3 Cancer Prevention Strategy – Barbara Kaminsky presented overview of the cancer prevention strategy, under development in BC. One page summary is attached to Minutes.
- 2.4 Evidence Paper – Trevor Hancock introduced an evidence paper being developed by the Ministry of Health Planning for use by health authorities and other service providers/policy makers. It covers evidence for impacts of determinants of chronic disease, as well as prevention interventions. It will be shared with the Coordinating Committee for input at a later stage. A set of



chronic disease prevention slides that can be adapted or adopted are attached to Minutes.

### 3. Action Planning

#### 3.1 Key outcomes:

3.1.1 Priority populations were confirmed as children and youth (primary) and general population (secondary).

3.1.2 Priority foci for action were confirmed as:

- Advocacy for healthy school policies to promote physical activity, healthy eating and smoke-free living.
- Development common public education messages for use by member organizations, and a communication plan.

3.1.3 Two immediate actions were confirmed.

- Develop a positioning statement outlining the purpose and role of BC CDPA in relation to other related groups and initiatives, e.g. CDPAC, Healthy Living Strategy.
- Develop a definition of advocacy.

Action:

**All -** Forward any examples of definitions of advocacy or positioning statements to Janice Linton.

3.1.4 The list of initiatives representing opportunities for collaboration or partnership among member organizations is attached to Minutes.

### 4. Business

#### 4.1 Report on Business Plan March 2003 – March 2004

A verbal update on business plan was provided. Limited progress in some areas confirms need for a dedicated Secretariat.

Action:

**Secretariat -** Update Business Plan.

#### 4.2 Membership

4.2.1 BC College of Family Physicians and BC Cancer Agency expressed interest in membership.

Action:

**Secretariat -** Prepare letter inviting BC College of Family Physicians to participate on the Coordinating Committee for Perry Kendall's signature.

**MHP -** As identified in Business Plan, March 2003 - March 2004, Ministry of Health Planning to work with regional health authorities and the Provincial Health Services Authority, which includes the BC Cancer Agency, to identify mechanisms for their involvement/representation in the BC CDPA.

**Secretariat -** Include David McLean, Provincial Program Leader, Cancer Prevention, BC Cancer Agency on stakeholder distribution list, as a representative of the BC Cancer Agency.

- 4.2.2 Discussed potential of another member organization assuming the Chair of the BC CDPA from Perry Kendall, who had taken on the role on an interim basis.

Action:

**All -** Consider assuming Chair of the BC CDPA.

4.3 Secretariat

\$27,000 (one time) allocated by the following organizations will be used to fund a dedicated Secretariat. The Heart and Stroke Foundation will house the Secretariat, providing office space, equipment and day to day organizational support. The Coordinating Committee will provide guidance on strategic priorities and related deliverables of the Secretariat. Priorities for the Secretariat will be the development of implementation plans to address priorities identified in '3.', as well as activities/proposals to leverage funding to sustain the BC CDPA and its activities.

Ministry of Health Planning	\$10,000
Canadian Cancer Society	\$10,000
Canadian Diabetes Association	\$ 5,000
BC Lung Association	\$ 2,000

Action:

**MHP, CCS, CDA and**

**BC Lung -** Work out funding arrangements with Heart and Stroke Foundation.

**Secretariat -** Contact CDPAC for Secretariat job description.

**Health**

**Canada -** Explore potential within Health Canada to provide financial support.

**Secretariat/**

**HSF -** Develop a job description/work plan for the Secretariat for feedback from Coordinating Committee.

4.4 Schedule next mtg and wrap-up

Action:

**All -** Schedule Tues Sept 23, 2003 as tentative date for next meeting. (An alternate date is being scheduled.)

## BC Chronic Disease Prevention Alliance

### IMMEDIATE ACTION ITEMS ARISING FROM NOVEMBER 12 SPECIAL MEETING TO DEVELOP A WORK PLAN

These items were identified as needing to occur immediately because:

- 1) they are time sensitive and deemed to be priorities, and/or
- 2) they are considered as "foundation" activities that will set the stage for subsequent BCCDPA efforts e.g., developing key messaging.

#### 1. Prepare options note on whether the BC Chronic Disease Prevention Alliance should change its name

Proposed steps

- a) PJ Naylor will do a quick summary of the names from Alberta, Nova Scotia, Ontario, Manitoba, PEI.
- b) Joy Weismiller will prepare a rationale statement (why has this issue arisen?).
- c) Joy Weismiller will send out proposed names and a note to the Coordinating Committee for votes
- d) If name change is accepted, Joy Weismiller will inform the Ministers of Health's offices in advance of upcoming meeting.
- e) Joy Weismiller will communicate with CDPAC, revise terms of reference documents etc.

#### 2. Develop the common key messages for BCCDPA

- a) Proposed messages:
  - Comprehensiveness
  - Integration
  - Sustainability/ Investment
  - Collaborativeness (with other agencies and cross/inter-government)



- Adopt known evidence-based practices
  - “An innovative Alliance of mature, sophisticated NGO’s, unique in terms of the range of sectors represented”
- b) Implementation Working Group to teleconference on November 18th. Volunteers are, Jean Blake, Janice Linton, Suzanne Allard Strutt, Lucy Buller, Sharon Storoschuk and Sharon Meredith.

### **3. Meet with the Ministers of Health to follow-up on the August 26 03 letter re Healthy Living Strategy**

- a) Develop/confirm the specific key messages for inclusion in the meeting with the Minister. Suggestions raised at the November 12 meeting include:
- please consult with the BCCDPA on anything to do with public health sector (e.g., public health renewal through to provincial core programs). Don't want to lose sight of primary prevention of chronic diseases in light of the urgency with communicable.
  - congratulations on success in supporting Action Schools! BC pilot project, a best practice example of a comprehensive, integrated, cross-ministry initiative.
  - Highlight important role of NGO's in health sector.
  - Emphasize BCCDPA successes to date and highlight activities planned for the future to illustrate the Coordinating Committee's ability to work collaboratively.
  - positioning BCCDPA as the group to consult with.
- b) Implementation Working Group to teleconference on November 18th. Volunteers are, Jean Blake, Janice Linton, Suzanne Allard Strutt, Lucy Buller, Sharon Storoschuk and Sharon Meredith.
- c) Review August 26 03 Healthy Living Strategy letter to reinforce/replicate earlier messaging.
- d) Draft a meeting plan (what does success look like? What does the BCCDPA want from the Ministers? What materials will be provided to the Minister?)

- e) Confirm meeting date and location with Ministerial Assistant.
- f) Finalize the BCCDPA delegation members to meet with the Ministers.
- g) Prepare BCCDPA one-pager on who we are, what we do (incorporating common key messages – for broad use). Sources include the terms of reference, previously sent letters and soon to be developed BCCDPA common messages.

#### **4. Write a letter to the Minister of Education re: Health Summit**

Develop/confirm specific key messages for inclusion in the letter.

Suggestions raised at the November 12 meeting include:

- congratulations on announcing the Health Summit
- congratulations for participating in Action Schools! BC pilot project
- Make sure the summit happens (BCCDPA, among others, enthusiastically anticipate the Summit and expect to participate.
- Share BCCDPA who we are and what we do materials: we represent diverse expertise related to Healthy Living including a broad representation of stakeholders e.g., health sector, education sector, municipal government, physical activity sector.
- Invite Ministry of Education as ex-officio BCCDPA member??? (ideas).
- If yes to the above, Ministry of Health Planning Staff to inform Ministry of Education staff about invitation to join BCCDPA as an ex-officio member.
- BCCDPA are interested in communicating with Minister on a number of issues related to health in schools (e.g., tobacco, nutrition and physical activity) and would like to meet with Minister.
- Broaden the message on tobacco, nutrition and physical activity and move beyond individual behaviour to addressing the environment.

- BCCDPA can assist Minister of Education in planning for the Summit

**5. Prepare an Alliance response to the upcoming release of the Nutrition Survey results**

- a) Form an Implementation Working Group
- b) Janice MacDonald will talk to Lisa Forster-Coull about a BCCDPA briefing. Options include videoconference, face to face, or written materials.

**6. Advocate for BCCDPA representation on National Healthy Living Strategy network/group**

Janice Linton to determine status of this issue within the Ministry of Health Planning and report back to the committee on possible next steps.

**7. Other Related Initiatives**

***7a. Potential Health Canada Projects***

Betsy Mackenzie will work with Sharon Storoschuk to discuss three potential deliverables for Health Canada funding:

- a) An Aboriginal Scan
- b) A contract to support development of a BCCDPA Advocacy Plan (Jean Blake may have name of possible contractors)
- c) A contract to develop a Performance Management Framework (logic model, evaluation framework, success indicators, outcome measures).

***7.b Public Education Initiatives to engage in as an Alliance in 2004***

The Coordinating Committee identified three possible initiatives. Need to Set up Implementation Working Groups (interim leads/contacts listed below):



- a) **National Non-Smoking Week.** Late January 2004. (Janice Linton to speak with contacts in the Tobacco Strategy area of Ministry of Health Planning to identify possible ways for BCCDPA to integrate with this initiative).
- b) **Nutrition Month.** Place this on the agenda for the January 2004 meeting. Use Coordinating Committee Members and their networks for dissemination. (Janice MacDonald and ?)
- c) **Move for Health Day, May 10, 2004.** Add healthy eating resources in kits. (Suzanne Allard Strutt, PJ Naylor and Sharon Storoschuk)



BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Terms of Reference British Columbia Healthy Living Alliance

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### Vision

A healthy British Columbia

### Mission

To improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free.

While the Alliance recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary habits, tobacco use, obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes.

### Goal

***To reduce the burden of chronic disease in British Columbia by:***

- enhancing collaboration among government, non-government and private sector organizations,
- advocating for health promoting policies, environments, programs and services, and
- increasing the capacity of communities to create and sustain health promoting policies, environments, programs and services.

### Principles

The Alliance and its activities will be guided by a commitment to:

- the population health approach, recognizing that many factors influence health, including: income, social status, education, social support networks, employment and working conditions, physical environments,

personal health practices, biology and genetic endowment, health services, and healthy child development;

- fostering vertical and horizontal integration across risk factors, the prevention-management continuum and jurisdictions;
- building upon existing programs and experiences, where possible;
- basing decisions and actions on the best available evidence;
- respecting the unique strengths, experience and expertise of all organizations and individuals that participate in the Alliance;
- participation of member organizations and individuals, recognizing that each will contribute various resources to the Alliance, depending on their capacity to do so.

### **Membership and Structure**

Appendix A, Membership and Structure, outlines the operational components of the Alliance (Coordinating Committee, Secretariat and Implementation Working Groups) and identifies the member organizations. The Coordinating Committee sets the strategic direction for the Alliance, e.g. action plans. The Secretariat conducts organizational and communication functions, as outlined in Operating Guidelines. The work of the Alliance is performed by Implementation Working Groups, as directed by the Coordinating Committee, where there are no other groups/organizations currently equipped to take on a task.

As outlined in Appendix B, the Alliance networks with the Chronic Disease Prevention Alliance of Canada, a broader group of stakeholder organizations with provincial scope, and regional/local alliances. These organizations may be involved in the work of the Alliance through participation on Implementation Working Groups.

### **Operating Guidelines**

#### ***Term and Selection of Coordinating Committee Members***

Coordinating Committee members are the CEO's/Executive Director's of the member organizations of the Alliance. Coordinating Committee member organizations will identify an alternate for participation at meetings, where the CEO/Executive Director is unavailable. Alternates are welcome to attend all meetings of the Coordinating Committee but each organization shall only have one vote at meetings. The Coordinating Committee will ratify its slate of members every two years. A consensus based decision-making model shall be used to change the slate of member organizations.

#### ***Term and Selection of the Chair of the Coordinating Committee***

The Coordinating Committee will appoint its own Chair. The Chair will be selected and ratified by members of the Coordinating Committee as the term of the Chair expires. The Chair shall serve a two-year term.



### ***Term and Selection of the Secretariat***

The Secretariat of the Alliance is the shared responsibility of the member organizations of the Alliance. The Secretariat will be selected by the Coordinating Committee and rotated among the organizations with infra-structure support on an annual basis. The Secretariat will be responsible for:

- Organizing and implementing the meetings of the Coordinating Committee
- Regular communication among the Coordinating Committee members
- Communications between the Coordinating Committee and Implementation Working Groups and/or Regional/Local Alliances
- Managing ad hoc communications to other stakeholder organizations with provincial scope

### ***Term and Selection of Implementation Working Group Members***

The mandate, term and make-up of the Implementation Working Groups (IWG) is established by the Coordinating Committee. A member of the Coordinating Committee is identified to participate in each IWG to ensure effective communication. Members of IWGs are drawn from member organizations of the Alliance, the broader network of stakeholder organizations with provincial scope, and Regional/Local Alliances. Participation is voluntary.

### ***Meetings of the Coordinating Committee***

The Coordinating Committee meets in-person at least three times a year.

### ***Decision-Making Process for the Coordinating Committee***

A consensus decision-making model shall be used for decisions pertaining to the work of the BC Healthy Living Alliance.

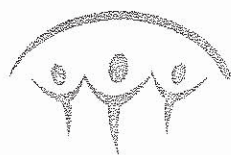
Decisions made at meetings, and circulated in the agenda one week prior to the meeting at which the decision was made, shall not be re-opened at future meetings. However members may ask for clarification of the decisions.

Decisions made at meetings on topics that are added to the agenda after the circulation of the agenda may be re-opened for further discussion and/or decision.

When Coordinating Committee members are canvassed on issues (with reasonable time lines) the absence of a response will be interpreted as acquiescence. *(revision October 2003)*

### ***BC Healthy Living Alliance Correspondence***

All official BCHLA correspondence will be signed by the Chair on behalf of the Coordinating Committee. *(revision October 2003)*



**BC Healthy Living Alliance**  
working together to promote wellness and prevent chronic disease

## Membership and Structure

### BC Healthy Living Alliance

#### *Coordinating Committee Membership*

Heart and Stroke Foundation of BC & Yukon  
Canadian Cancer Society – BC and Yukon Division  
Canadian Diabetes Association, Pacific Area  
BC College of Family Physicians  
BC Lung Association  
British Columbia Recreation and Parks Association \*  
Dietitians of Canada, BC Region \*  
Public Health Association of BC  
Union of BC Municipalities  
Provincial Health Services Authority  
Interior Health Authority

#### Ex-Officio Members:

Ministry of Health Planning  
Health Canada BC/Yukon Regional Office  
Provincial Health Officer

#### *Secretariat*

#### Implementation Working Groups

\* In the event a provincial coalition with a risk factor focus is formed, e.g., active living coalition, the makeup of the Alliance related to that risk factor would be reviewed to ensure the most appropriate slate of members.



## Appendix 1 Terms of Reference

### British Columbia Healthy Living Alliance

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##### Mission

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##### Goal

To reduce the burden of chronic disease in British Columbia by:

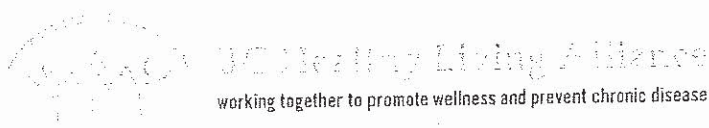
- enhancing collaboration among government, non-government and private sector organizations,
- advocating for health promoting policies, environments, programs and services, and
- increasing the capacity of communities to create and sustain health promoting policies, environments, programs and services.

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The Alliance and its activities will be guided by a commitment to:

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- fostering vertical and horizontal integration across risk factors, the prevention-management continuum and jurisdictions;
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- basing decisions and actions on the best available evidence;
- respecting the unique strengths, experience and expertise of all organizations and individuals that participate in the Alliance;





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# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Minutes Coordinating Committee Meeting

**April 20<sup>th</sup>, 2005**

10:00 am to 2:30 p.m.

2nd Floor Boardroom, Heart and Stroke Foundation of B.C. & Yukon  
1212 West Broadway, Vancouver

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### In Attendance:

Kelly Ablog Marrant  
Wilma Arruda  
Mary Lou Matthews  
Sharon Meredith  
Suzanne Allard Strutt, Chair  
Barbara Kaminsky  
Kathryn Seely  
Andrew Tzemelicos  
Janice MacDonald  
Sharon Storoschuk  
Bobbe Wood  
Alison McNeil

BC Lung Association  
BC Pediatric Society  
BC Pediatric Society  
BC Recreation and Parks Association  
BC Recreation and Parks Association  
Canadian Cancer Society, BC & Yukon Division  
Canadian Cancer Society, BC & Yukon Division  
Canadian Cancer Society, BC & Yukon Division  
Dietitians of Canada, BC Region  
Heart and Stroke Foundation of BC & Yukon  
Heart and Stroke Foundation of B.C. & Yukon  
Union of BC Municipalities

Rhonda Tomaszewski  
Andrew Hazlewood  
Patricia Pon, Recorder  
Wayne Mitic  
Lorna Storbakken  
Sonya Kupka  
John Millar  
Darryl Quantz

Interior Health Authority  
Ministry of Health Services  
Heart and Stroke Foundation of B.C. & Yukon  
Ministry of Health  
Ministry of Health  
BCHLA Secretariat  
Provincial Health Services Authority  
Vancouver Coastal Health

**The meeting was called to order at 10:05 am**

## **1.0 Introductions**

Welcome of new members and introductions were made.

## **2.0 Adoption of Agenda**

The agenda was adopted with the re-ordering of some of the agenda items.

## **3.0 Approval of January 20<sup>th</sup>, 2005 Minutes**

The January 20<sup>th</sup>, 2005 Minutes were adopted with the following corrections:

- 7.1.2 Risk Factor Interventions:  
L.Storbakken indicated that at the moment there were no comments on tobacco-recommended interventions.

## **4.0 Business Arising from the Previous Minutes**

None.

### **4.1 Membership Contact List**

S. Kupka expressed how pleased the BCHLA is with the expansion of membership, to now include three more health authorities: Fraser Health, Vancouver Coastal Health and Vancouver Island.

**Action:** S. Kupka asked the membership to review the circulated list and send any request for corrections to either herself or Patricia Pon at HSFBCY.

## **9.5 ActNow BC – Update and BCHLA's Involvement**

A presentation was provided by Andrew Hazlewood, Ministry of Health Services (MHS), on ActNow BC. Copy of the presentation is attached to the minutes.

Some highlights of the presentation include:

- ActNow BC is a brand and a marketing tool for a chronic disease prevention strategy . It is a highly collaborative work in progress. New projects/initiatives could be used under this banner.
- The role of the MHS is to encourage, facilitate and provide some funding (as appropriate), while the program delivery is done by partners: NGOs, health authorities, municipalities, etc.
- The MHS is working in collaboration with other ministries in an effort to influence their policies and decisions—similar to a health impact assessment—and leverage funding overtime.
- A secretariat will be put in place to help the MHS in the coordination of the work done amongst all the ministries and partners.
- There is money in the MHS budget to support ActNow BC: \$12 million this year, and a nominal \$14 million next year, and \$14 million the following year. Much of this is being built from existing projects and programs. This does not include the recent \$5million allocated to UBCM for the Health Promotion Grants.
- Strategic planning for ActNow BC will benefit from input from organizations such as Legacies Now, BCHLA and its members organizations.

A.Hazelwood invited BCHLA to appoint representatives to a strategic advisory group. He identified the BC Recreation and Parks Association; the Heart and Stroke Foundation of B.C. & Yukon; the Canadian Cancer Society, BC & Yukon



Division; and the Union of BC Municipalities as having work closely aligned with ActNow BC.

Q&A followed the presentation.

B. Kaminsky asked if the involvement of other ministries will remain voluntary. A. Hazlewood indicated that at this point it is voluntary, but added that it's a target of the Government, not only of the MHS, so to make this a successful initiative it needs involvement of all parties.

The Chair asked the membership for a decision on BCHLA representation for ActNow BC. The group agreed that S. Strutt (BC Recreation and Parks Association); B. Wood (Heart and Stroke Foundation of B.C. & Yukon); B. Kaminsky (Canadian Cancer Society, BC & Yukon Division); and A. McNeil (Union of BC Municipalities) will participate as representatives and that it will be the responsibility of these four organizations to bring ActNow! BC related information to the rest of the Coordinating Committee on a regular basis.

Discussion ensued regarding the role these representatives would have and whether they would be representing their own organizations or the BCHLA.

It was agreed that BCHLA will have five representatives—S. Strutt, B. Wood, B. Kaminsky, A. McNeil and S. Kupka. The first four representatives will participate with a dual function—representing their own organization in addition to BCHLA. This representation will be reviewed and revised if necessary.

**Action:** A. Hazelwood will communicate directly with the selected BCHLA representatives S. Strutt ; B. Wood; B. Kaminsky; A. McNeil and S. Kupka regarding participating on this strategic advisory group. BCHLA representatives will report back through the coordinating committee.

#### **10.1 UBCM Healthy Living Initiatives**

A. McNeil informed the group that the UBCM signed an agreement with the Government on April 1<sup>st</sup> for a \$5 million grant for community health promotion. The funding will achieve 3 main goals:

- 1) Strengthen the collaboration between local government, health authorities, and non-government health organizations in protecting and promoting the health of their citizens
- 2) Assist communities to build the skills and abilities they need to establish their own health promotion priorities
- 3) Support innovation, best practices development, information sharing and networking.

A. McNeil added that this initiative is still in the design stage and they are determining how to work with partners to develop the programs. They are striving to leverage partnerships and build in sustainability.

This grant came about as a result of a proposal presented to the MHS. It's a one-time grant of \$5 million, to support ActNow BC, but not part of ActNow BC

UBCM is hopeful that it will be topped up if needed in the future.

## 7.0 The Winning Legacy

### 7.1 Ratification as BCHLA's advocacy platform

A motion was put forward and ratified by the membership.

*Motion:* To ratify the whole Winning Legacy report as the foundation for BCHLA's advocacy platform.

*Moved by:* B. Kaminsky

*Seconded by:* K. Ablog Marrant

*Carried*

B. Kaminsky noted that this is to be a dynamic document.

### 7.2 Environmental Scan

S. Kupka provided a quick environmental scan in regards to the 27 BCHLA recommendations. A draft for discussion was circulated. The group discussed and coded the recommendations as follows:

#### Coding

- 1 no activity done
- 2 started, some work has been done
- 3 a lot of momentum, but more needs to be done

#### Recommendations

- 1) taxation: 1
- 2) standardized system of nutrition: 2
- 3) smoke-free legislation: 1
- 4) increase price of cigarettes: 1
- 5) consider restrictions of food advertising: 2
- 6) taxation of unhealthy food: 1
- 7) continue to protect against creative attempts by the tobacco industry: 1
- 8) compliance with tobacco sales for minors: 2
- 9) community based interventions: 1
- 10) modest funding: 2
- 11) strategic media plan: 1
- 12) consider subsidizing pedometers: 1
- 13) healthy behaviours: 2
- 14) walking groups and community events: 2
- 15) access to places: 2
- 16) expand Action Schools!: 3
- 17) focus for risk factors in schools: 2
- 18) partnership with other organizations for healthier work environment: 2
- 19) clinical interventions, prevention detailing: 1
- 20) out of pocket expenses, nicotine replacement: 2
- 21) investment for lifestyles: 1
- 22) compensation for lifestyles counselling: 1
- 23) special population: 2
- 24) surveillance resources and community feedback: 2
- 25) resources for new intervention and dissemination of funding: 2
- 26) adequate resources to administer the plan, winning legacy: 1
- 27) encourage funding behaviour change research: 2



**Action:** For next meeting, S. Kupka will provide a one-page synopsis about current activities pertaining to 'prevention detailing' to provide education and feedback to enable primary health care providers to more fully address risk factors" (recommendation # 19) and 'covering out of pocket expenses for nicotine replacement' (recommendation #20)

### **7.3 Advocacy Plan**

S. Kupka explained that work has been done in terms of connecting with the Ministry and the Premier's office.

The advocacy plan is being put together. This will include a communication tools. A call was made for people who might be interested in being part of a working group to put together the advocacy plan.

The Chair noted that this advocacy plan is to be part of the workplan, and the workplan would include additional activities and a plan for the goals of collaboration and capacity building.

J. MacDonald suggested that there be working groups established for each goal charged with revising the work plan. There was agreement with this suggestion.

The following members volunteered to be part of the advocacy working group: J. MacDonald, S. Storoschuk, K. Seely/A. Tzemelicos, K. Ablog Marrant and S. Meredith. They will build a one-year action plan that incorporates recommendations from the Winning Legacy.

S. Kupka invited the representatives of the health authorities to participate on another working group to discuss goal 2 (collaboration) and goal 3 (capacity building) of the work plan. The following members volunteered for this working group: A. McNeil and R. Tomaszewski. D. Quantz would confirm Vancouver Coastal representation and S. Kupka will follow up with Vancouver Island and Fraser Health.

The Chair reminded the working groups that the BCHLA's goal 1 is 70% of our capacity, and the other two goals combined are only 30%.

### **7.4 Questions for Candidates**

S. Kupka circulated copies of the draft letter to be sent to the candidates on the BCHLA's behalf. This is to be sent by the end of this week.

The main points of the letter are questions in regards to the increase in funding for health targets, and what kind of resources the government is willing to commit for this.

### **5.0 Report from the Chair**

S. Strutt provided a summary of some of her activities on behalf of the BCHLA. They included the following:

- Attended the meeting with the Premier. The Premier was receptive of the broad concept of the Winning Legacy, promised that his staff will look at



recommendations and get back to us in late March. However, no response has been received yet.

- Participated in the launch of ActNow BC on behalf of the BCHLA. The Premier received our messaging of chronic disease and health promotion very well.
- The operations working group has been established. This is comprised of J. Millar, B. Wood and S. Strutt. The working group has met a couple of times, and it plays an advisory role to S. Kupka, and to other operational issues about the alliance and the secretariat.

## **6.0 Report from the Secretariat**

S. Kupka reported on the progress of the website. Phase 1, public face of BCHLA, is to be completed by the end of the week. Phase 2, internal for members, will be completed by June. A special thanks was given to the website developers and reviewers.

The website ([www.bchealthyliving.ca](http://www.bchealthyliving.ca)) will be live this Friday. She encouraged everyone to try it and get back to her with any feedback.

The budget was reviewed. It was noted that:

- The Heart and Stroke Foundation of B.C. & Yukon's donation of \$1,817 is a carry forward from last year.
- Donations and commitments are listed. Since then the Interior Health has come through with a contribution of \$5,000.
- S. Kupka invited everyone to send questions/comments to her after reviewing the budget. Some changes might take place given that some items were made based on assumptions, in the absence of a workplan.

The spending proposal was also reviewed and discussed:

- Wire service: additional resources needed for communication given the advocacy role of the BCHLA.
- B. Kaminsky noted that when one looks at this budget there might be an assumption that there are no needs/gaps.
- S. Strutt noted that this is a proposal of the spending the current money available, and that the future workplan would have a required funding budget attached to it.

**Action:** Membership to check out the new BCHLA website and give feedback to S. Kupka.

**Action:** Membership to review budget and forward comments/questions to S. Kupka.

## **8.0 Internal Committee Reports**

### **8.1 Regional Capacity Building Working Group**

R. Tomaszewski reported that money has been disbursed. Project goes until end of June. A report will be provided in July.

## **9.0 External Committee Reports**

### 9.1 Intersectoral Healthy Living Network

J. Millar reported that some progress has been made on this project. The link will be added to BCHLA's website.

There is \$400 million this time around, some of that is being diverted to diabetes programs. There is some money that could find its way to this area.

He added that four (groups have been set up:

- Communications plan: In 'professional hands', the focus is on nutrition and physical activity.
- Research: Structure for looking at comprehensive research program.
- Policies
- Community Development.

In summary, J. Millar thought that despite some limitations, there is potential to this initiative, especially since there is now about \$400 million funding allocated. He will continue working with and participating in this group.

**Action:** S. Kupka to circulate the link to the website.

### 9.2 BC Tobacco Reduction Mass Media Campaign Steering Committee

S. Kupka informed the committee that the first phase of the mass media campaign was done from mid February to mid March. No response yet. The second phase is scheduled for this fall.

It was added that when information in this regards is received it will be included in the next members update report.

There will be an evaluation of the overall campaign, including the poster.

### 9.3 CDPAC Network of Provincial/Territorial Alliances

S. Kupka participated on the conference call of April 14.

One of CDPAC's key initiatives is the Obesity Policy Project. Recommendations were developed and an Obesity Policy Forum is their next step. S. Kupka referred them to M.L. Matthews regarding her work with the BC Pediatric Obesity Forum.

Each of the provinces reported on their work and it seemed that, similar work is being done across the country regarding target setting. Developing a consensus on common messaging is a challenge identified by all.

S. Kupka concluded her report by adding that she brought forward to that group the work the BCHLA has been done on the Winning Legacy.

L. Storbakkenn added that Nova Scotia has announced a healthy eating strategy. This is something to keep an eye on.

### 9.4 BCMA Childhood Obesity Committee

W. Arruda spoke to her circulated report. There are nine key messages, summarized in "eat well, play well, stay well".



More info can be found on the BCMA website: [www.bcma.org/healthykids](http://www.bcma.org/healthykids)

**Action:** S. Kupka to prepare a letter to be sent to BCMA congratulating them on the job well done, to be sent on behalf of the BCHLA.

#### **9.6 Other Committee Reports**

No other reports.

#### **10.0 New Business**

#### **10.2 Coordinating Committee Workplan**

S. Strutt confirmed that two working groups have been set.

**Action:** S. Kupka will be in touch with the two working groups to get them started and coordinate the work. Members of the Advocacy group include J. MacDonald, S. Storoschuk, K. Seely/A. Tzemelicos, K. Ablog Morarant and S. Meredith. Members of the Collaboration and Capacity Building working Group include A. McNeil and R. Tomaszewski. D. Quantz will follow up with T. Bruce regarding Vancouver/Coastal representation and S. Kupka will invite L. Hebel from Fraser Health and R. Stanwick from Vancouver Island..

#### **10.3 Process for External Representation**

S. Kupka provided the introductory remarks to her previously circulated attachment.

The first point raised in the discussion was that members of the BCHLA usually wear two hats. Given that members are invited to represent the BCHLA, should they represent the BCHLA and not their own organizations?

The group agreed that it's hard not to represent both and that depending on the meeting and the agenda, it might be useful to wear both hats.

After discussing the pros and cons of representing one's own organization or the BCHLA, or both, the Chair asked if anybody had concerns, questions or ideas about the selection of representatives. Hearing none it was agreed that the organization which interests might be more aligned to the issue will get the first offer.

Given the increase in the volume of requests, the Secretariat will continue playing the main role in representing the BCHLA whenever possible, and the Chair will do so in advocacy-related issues. However, if the Secretariat can't attend, a word will be put out to the membership and if nobody can, then we will just let opportunity/event go.

**Action:** S. Kupka will revise the guidelines to reflect the discussion of the committee.

#### **10.4 Use of Logo**

R. Tomaszewski spoke to the issue of using BCHLA logo.



Q&A followed in regards to others adapting the BCHLA's logo, and the mechanism to control its integrity.

The group felt BCHLA must monitor the use of the logo, and that a more descriptive approach is needed.

**Action:** S. Kupka to include the use of the BCHLA logo in the 2<sup>nd</sup> draft of the workplan.

#### **10.5 Move for Health Day**

S. Meredith informed the membership that the website will be up and running on May 10.

#### **10.6 Pediatric Obesity Forum Outcome**

ML. Matthews spoke to the report previously circulated.

**Action:** ML. Matthews to send the proceedings of the forum to the advocacy working group to see if those ideas could be implemented right away.

#### **10.7 BC Coalition for Health Promotion**

This Coalition is hosting a meeting on May 17 in Vancouver. BCHLA members were invited, but not available to attend this meeting.

#### **11.0 Other Business**

K. Seely informed the committee that Dr. Perry Kendall has just received the Order of British Columbia, and suggested a congratulatory note be sent to him.

**Action:** BCHLA to send a congratulatory note to Dr. Perry Kendall for receiving the Order of British Columbia.

#### **11.1 Correspondence**

The Chair shared with the membership two invitations the BCHLA has received:

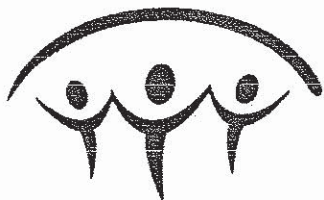
- Healthy Weights Advisory Committee: Looking for two representatives. The first meeting will take place May 10, a face-to-face meeting. This is to take place in a quarterly basis. Volunteers for this committee are: J. McDonald and S. Storoschuk.
- Tobacco Advisory Committee: Also looking for a representative from the BCHLA. Volunteer for this committee is K. Ablog Marrant.

**Action:** J. McDonald and S. Storoschuk will represent BCHLA on the Provincial Health Services Authority Healthy Weights Advisory Committee. K. Ablog Marrant will represent BCHLA on the Provincial Health Services Authority Tobacco Advisory Committee.

#### **12.0 Meeting Adjourned – Next Meeting**

The meeting adjourned at 2:25 pm.

The next meeting is scheduled for June 15<sup>th</sup> at the Canadian Cancer Society Boardroom.



# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Minutes Coordinating Committee Meeting

**June 15<sup>th</sup>, 2005**

10:00 am to 2:30 pm

Boardroom - Canadian Cancer Society, B.C. & Yukon Division  
565 W. 10<sup>th</sup> Ave., Vancouver

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### In Attendance:

Wilma Arruda  
Sharon Meredith  
Suzanne Allard Strutt, Chair  
Donna Van Walleghan  
Nancy Roper  
Janice MacDonald  
Sharon Storoschuk  
Shannon Turner  
Alison McNeil

BC Pediatric Society  
BC Recreation and Parks Association  
BC Recreation and Parks Association  
Canadian Diabetes Association, Pacific Division  
Canadian Diabetes Association, Pacific Division  
Dietitians of Canada, BC Region  
Heart and Stroke Foundation of B.C. & Yukon  
Public Health Association of BC  
Union of BC Municipalities

Lorna Storbakken  
John Millar  
Brian O'Connor  
Linda Hebel  
Sylvia Robinson  
Denise Weber  
Sonya Kupka  
Cathy Argue, Recorder

Ministry of Health  
Provincial Health Services Authority  
Vancouver Coastal Health  
Fraser Health Authority  
Vancouver Island Health Authority  
Public Health Agency of Canada  
BCHLA Secretariat  
BCHLA Secretariat

**The meeting was called to order at 10:09 am**

**1.0 Call to order and introductions**

Welcome of new members and introductions were made.

**2.0 Adoption of Agenda**

A revised agenda was circulated. This agenda was adopted with no changes.

**3.0 Approval of April 20<sup>th</sup>, 2005 Minutes**

The April 20<sup>th</sup>, 2005 Minutes were adopted with the following corrections:  
P.3 of 9, 2<sup>nd</sup> to last paragraph, "to support ActNow BC, but not part of ActNow BC" – remove this phrase.

**4.0 Business Arising from the Previous Minutes**

**4.1 UBCM Work on Community Health**

With a \$5 million grant from the Ministry of Health, UBCM has established a Community Health Promotion Fund to accomplish three goals:

1. To assist communities to build the skills and abilities required to address their own health promotion priorities.
2. To strengthen the collaboration of local government, health authorities, and non-governmental health-related organizations in protecting and promoting the health of their citizens.
3. To support innovation, best practices development, information sharing, and networking related to health promotion.

The announcement was made by the Premier at the Association of Vancouver Island and Coastal Communities conference on April 1<sup>st</sup>, 2005.

UBCM is in the initial planning stages for this program and will be taking into account related initiatives currently or soon to be underway. More information will be posted on the UBCM website as it becomes available (see [www.civicnet.bc.ca](http://www.civicnet.bc.ca) under Services & Surveys/Local Gov't Program Services).

UBCM will be meeting again in late July. The \$5 million dollar fund will run over 3-5 years and spending criteria will be established by the end of the year. Sonya asked for direction on queries. Please direct all queries to Alison McNeil.  
[amcneil@civicnet.bc.ca](mailto:amcneil@civicnet.bc.ca)

**4.2 Coordinating Committee Workplan**

Draft workplan was attached to the agenda package. S. Kupka presented an overview of the coordinating committee work plan through a power point presentation.

Several suggestions were made to improve the clarity of the workplan:

S. Strutt suggested the Coordinating Committee consider developing common key messages for the public by reviewing and building on the previously



commissioned report. She suggested that BCHLA could work with communications and marketing within ActNow BC.

D. Van Wallegan suggested encouraging all organizations need to "walk the talk" and advocate within their own offices for a healthy environment.

S. Turner and B. O'Connor recommended that the development and implementation of common messages be integrated into the collaboration goal (#2).

A. McNeil emphasized the need to be disciplined in setting priorities as collaboration and capacity building comprise a total of 30% of BCHLA resources.

The work plan was approved in principle with the integration of the above discussion points.

**Action:** Feedback to be integrated and revised work plan to be distributed by the September meeting.

#### **4.3 Process for External Representation**

A draft policy was circulated with the agenda package. There was agreement this captured the key points.

Action: Draft policy adopted and will be reviewed November 2005

#### **4.4 Coalition for Health Promotion**

S. Kupka reported on the BC Coalition for Health Promotion (BCCHP) meeting in Vancouver on May 17<sup>th</sup>. The theme was *Advocacy for Health*. The following presentations are on their website at <http://www.vcn.bc.ca/bchpc/news.html>:

E. Daisy Anderson: The Proof is in the Pudding

Ronnie Phipps: Advocacy - The Untapped Resource

Christine Gordon: Advocacy for Health Promotion – Back on the Agenda

Brian Emerson: BD Health Act – Renewal Project

Francisco Ibanez-Carrasco: Collaborative Advocacy – The Invisible Strategy

**Action:** BCHLA will continue informal communication with the Coalition for Health Promotion.

#### **5.0 Report from the Chair**

S. Strutt provided a summary of some of her activities on behalf of the BCHLA. They included the following:

- meeting with the operations group
- regular meeting with S. Kupka
- creation of new office space for BCHLA

## 6.0 Report from the Secretariat

Written report from agenda package accepted as circulated. In addition, S. Kupka reported that letters will be sent to all 79 MLA's. D. Van Wallenghan suggested the letters include a note to encourage MLA's not to ignore their own personal wellness.

## 9.5 ActNow BC – Strategic Advisory Committee

L. Storbakken provided a verbal update on behalf of A. Hazelwood and L. Woodland. The first ActNow BC strategic advisory committee meeting will be held July 18<sup>th</sup>. Representation on the committee will be more targeted than originally proposed and will likely include BCHLA representatives and staff from key Ministries.

Several questions and points were raised about ActNow BC.

- Is there a budget and structure to ActNow BC? (J. Millar)
- How do we measure healthy eating and physical fitness? And
- Do you want formal involvement of BCHLA in the evaluation? (J. Millar)
- What evaluation of ActNow BC is occurring and are you working to develop a framework? (S. Storoschuk)
- Clarification of the distribution of the \$12 million would be helpful and a listing of whether there were designated implementing partners. (S. Turner)
- Who are the appropriate agencies and implementers? (L. Hebel)
- What are the links and connections between all groups. (D. Weber)
- What is the intra-government process to meet with other Ministries? Do they have same priorities? e.g. Will the cycling path project go through Ministry of Transport? (B. O'Connor)
- Is there collaboration within each Ministry? (S. Storoschuk)
- There should be reconsideration on how we refer to "Special Populations" versus "@Risk Populations" (D. VanWalleghan)

L. Storbakken reported that Laurie Woodland's position has been extended to late spring. There is a budget that is currently being redefined. The budget is \$12 million this year and \$14 million next year (\$5 million to UBC is in addition). There will be a re-launch and re-profile ActNow BC at UBCM this fall and a booth will be set up. More structures within government still need to be in place

J. Millar identified the need to establish priorities with health information and establish a framework. PHSA has been engaged in discussions with Kristen Johnston, Perry Kendall, Ron Dandeford and Andy Hazelwood.

### Action Items:

- Circulate presentation from February outlining the projects in ActNow BC.
- Invite Marion Lay, Legacies Now, and K. Johnson to September meeting
- S. Kupka to connect with S. Turner, Public Health Association of BC, regarding their "mapping" project.
- All members to submit a one page summary of related activities for distribution at the September meeting. S. Kupka will develop a template to help collect information



## **7.0 The Winning Legacy**

### **7.1 Progress on BCHLA's advocacy platform**

#### Prevention Detailing

S. Turner reported on a Primary Care project designed to engage Health Professionals in chronic disease management and prevention in family practices.

#### Nicotine Replacement

S. Kupka will provide a written synopsis on health authority efforts in 'covering out of pocket expenses for nicotine replacement' (recommendation #20)

#### Next Steps

Follow up meeting with Premier Campbell has been set for July 5.

### **7.2 Conducted an Overview of the Advocacy Action Plan**

S. Kupka provided a power point presentation on the Advocacy Action Plan. There was a general discussion on the importance of continuing our advocacy efforts for all 27 recommendations in *The Winning Legacy*, as all components are necessary in order to reach our ambitious targets.

At the same time, there was recognition that there is limited capacity and we want to achieve demonstrable results. Members engaged in a process to identify where BCHLA should focus efforts for the remainder of this fiscal year.

Criteria that were used in the decision making process included:

- Logical progression?
- Quick wins?
- Burden of illness and effectiveness of intervention?
- Likelihood the Alliance can impact and influence?
- Cost to the Alliance to influence?
- Relevance of issue/item to our mission?
- Positioning of Alliance to take the lead?
- Feasibility to administer a "Preventive Dose"
- Comparison with government agenda
- Emerging evidence
- Grouping reflects our mission (all risk factors) and key messages from the Winning Legacy (comprehensive/multiple strategies)

As a result of this process, *The Winning Legacy* will continue to be presented in its entirety; however, the following recommendations will receive greater emphasis (e.g. higher profile and greater investment).

1. Implement consistent, comprehensive smoke-free legislation in the province, including 100% workplace bans in the hospitality industry. Lobby pharmacies to stop selling cigarettes.
2. Enhance access to places of physical activity; both indoor and outdoor
3. Support health promotion programs for special populations, including low income populations, pregnant/breastfeeding women, the mentally ill, First Nations People, new Canadians.



4. Establish Community Action Coordinators (2 per electoral riding) to mobilize strategies for risk factor reduction
5. Focus on environmental approaches to risk factor interventions, including options for promoting healthy foods, curtailing access to unhealthy foods, creating opportunities for physical activity and tobacco free sites
6. Provide adequate resources for appropriate surveillance and timely community-level feedback
7. Provide adequate resources to administer the overall plan to ensure a coordinated, comprehensive approach

## **8.0 Internal Committee Reports**

### **8.1 Regional Capacity Building Working Group**

Report to be provided in September

## **9.0 External Committee Reports**

### **9.1 Intersectoral Healthy Living Network Report**

Written report from agenda package was accepted as circulated. Members are encouraged to visit the website.

<http://healthyliving-viesaine.communityzero.com>

<http://www.healthyliving-viesaine.ca>

### **9.2 BC Tobacco Reduction Mass Media Campaign Steering Committee**

No report

### **9.3 CDPAC Network of Provincial/Territorial Alliances**

S. Kupka will participate on the conference call of June 16<sup>th</sup>

### **9.4 BCMA Childhood Obesity Committee**

S.Kupka confirmed that a letter was sent to BCMA on behalf of the Alliance to congratulate them on this project as well as to invite them to participate on the coordinating committee. The letter has been received and they are considering our invitation.

### **9.6 PHSA Healthy Weights Advisory Committee**

Written report received. S.Storochuck reviewed written report distributed in agenda package.

### **9.7 PHSA Tobacco Advisory Committee**

K. Ablog Marrant submitted the following written report:

The following is a short summary of the PHSA Tobacco Advisory Committee Meeting, May 12, 2005. There were general discussions on where PHSA should put resources:

Business Plans: there is a need for business plans to be developed to support advocacy for resources from HA's Executive team.

Cessation: Cessation is a key area for further development. Many activities are occurring but there has not been a system wide organization and strategy.

Smoke Free Environment: There are activities happening for the workplace and public places but a gap is in the areas of smoke free homes especially in the area of protecting children. Pilots have shown success but there are issues of sustainability and how to promote throughout the province

Youth Access to Tobacco: Reducing youth access to tobacco also suggested.

MoHS noted it has completed a youth access report and it will be ready for release this month.

Tobacco Profiles: Fraser Health Authority is working on a community tobacco profile based on the 9 CDC components and it will identify how Fraser Health is doing with respect to best practices.

Workplace Programs: Workplace programs are an important focus and were identified by the Healthy Weights Advocacy Committee. MoHS is working on a project with Health Canada. Interior Health and other HA's including PHSA are working on workplace wellness.

Health System Wide Approaches: Need a health system wide and brief intervention approach to address tobacco issues. This involves targeting each client at point of contact in the health care system with quality encounters on tobacco. Staff training needs to include motivation and addiction concepts.

Interaction between PHSA Advisory Committees: interact at times when dealing on complimentary issues.

It was agreed to form the task groups to take each priority areas forward. The following task groups were identified: Smoke free homes, Cessation, Profiles, Workplace, Taxation and Enforcement.

The next teleconference meeting will be July 5, 2005 for the task groups. The purpose is to identify and prioritize potential knowledge products that can contribute to policy developments and interventions in the above areas. A second goal is to discuss the possible scope of work for the top priority, potential contractors and the next steps.

The next face to face meeting of the whole Tobacco Advisory group is scheduled for September 14, 2005.

#### **9.8 BC Population Health Network**

Written report received.

#### **9.9 Other Committee Reports**

No other reports.

#### **10.0 New Business**

##### **10.1 Membership and Structure**

S. Kupka provided a powerpoint presentation to compliment the agenda attachment.



Questions and points brought forward included:

- Are there more diverse groups interested in being part of the General Membership that may be excluded through the criteria?
- Targeting our General Membership makes sense rather than being too broad. Perhaps we could reassess criteria next year.
- Need to clarify how you get on Coordinating Committee and need to acknowledge how the Coordinating Committee can be changed or enlarged.
- Voting or non-voting clarification must be added.

**Action:**

- The Coordinating Committee ratified its slate of members for the next year as the original founding members with the addition of the Health Authorities.
- General Membership agreed to be open to any organization that:
  - has a provincial scope or is a regional /local alliance with a mission which is aligned with the work of the alliance.
  - endorses BCHLA's mission and goals
  - is a non profit organizationApplications will be accepted through the website and reviewed by the Secretariat on behalf of the Coordinating Committee.
- Subscriptions are available to any individual or group wishing information on BCHLA

**10.2 Appointment of Chair**

S. Strutt was re-appointed as chair, effective September 2005 for a two year term. There was agreement that the chair should serve a maximum of two 2-year terms.

**10.3 Location of secretariat**

S. Kupka provided the introductory remarks to her previously circulated attachment. There was agreement that the office of the Secretariat does not need to rotate, as per the previous Terms of Reference. It was noted that it is helpful for the chair to house the Secretariat as this facilitates good communication.

**10.4 Revision of Terms of Reference**

S. Kupka provided the introductory remarks to her previously circulated attachment.

Questions:

- How appropriate is it to list all coordinating committee members and is it helpful to set a quorum? (B. O'Connor)
- What are reasonable timelines for decision making? (D.Weber)
- Given the pace of change it would seem more timely to review and ratify the coordinating committee annually rather than every two years. (D. Weber)
- The operations committee needs to be defined and it was noted that its members are selected by the chair. (J. Millar)
- Need to reword selection and term of the Secretariat. (J. MacDonald)

**Action:**

Integrate statement to show evolving process of memberships. The TOR were adopted as circulated with the integration of the above points.



**10.5 Public Health Association of BC**

S. Turner reported that they are opening a physical office in Victoria. They will be holding an annual general meeting in November.

**10.6 Appointment of Secretariat (in Camera)**

Two evaluations of the work of the Secretariat have been done by the Operations Committee. S. Strutt indicated that S. Kupka has created a solid foundation and can move the Alliance forward in the desired direction.

The Operations Committee recommended continuation of the contract to the end of the fiscal year to align the contract with the budget.

**Action:**

Contract for the Director of the Secretariat was renewed to March 31, 2006, as per existing terms, and with appreciation for Sonya's impressive contributions.

**11.0 Other Business**

None

**11.1 Correspondence**

The Chair shared with the membership an invitation for BCHLA to appoint a representative to be a liaison with the Public Health Alliance on Food Security. They have one in person meeting and several conference calls over the year.

The first conference call is scheduled for this Friday at 3:30pm

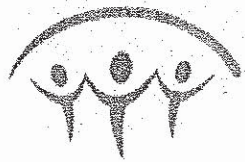
**Action:**

D. Van Wallegan will represent BCHLA on the Public Health Alliance on Food Security. (confirmed after the meeting)

**12.0 Meeting Adjourned – Next Meeting**

The meeting adjourned at 2:50 pm.

The next meeting is scheduled for September 15<sup>th</sup> at the Heart and Stroke Foundation of B.C. & Yukon Boardroom.



**BC Healthy Living Alliance**

working together to promote wellness and prevent chronic disease

## **Terms of Reference British Columbia Healthy Living Alliance**

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### **Vision**

**A healthy British Columbia**

### **Mission**

To improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free.

While the Alliance recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary habits, tobacco use, obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes.

### **Goal**

***To reduce the burden of chronic disease in British Columbia by:***

1. advocating for and supporting health promoting policies, environments, programs and services,
2. enhancing collaboration among government, non-government and private sector organizations,
3. increasing the capacity of communities to create and sustain health promoting policies, environments, programs and services.

### **Principles**

The Alliance and its activities will be guided by a commitment to:

- the population health approach, recognizing that many factors influence health, including: income, social status, education, social support networks, employment and working conditions, physical environments,

- personal health practices, biology and genetic endowment, health services, and healthy child development;
- fostering vertical and horizontal integration across risk factors, the prevention-management continuum and jurisdictions;
  - building upon existing programs and experiences, where possible;
  - basing decisions and actions on the best available evidence;
  - respecting the unique strengths, experience and expertise of all organizations and individuals that participate in the Alliance;
  - participation of member organizations and individuals, recognizing that each will contribute various resources to the Alliance, depending on their capacity to do so.

### **Membership and Structure**

The **General Membership** is a venue to facilitate collaborative action to promote physical activity, healthy eating and living smoke free by giving input to the strategic direction and initiatives of the Coordinating Committee.

The **Coordinating Committee** enacts the vision, mission, guiding principles and goals by providing collaborative leadership in relation to setting positions, broad policy, and strategic directions. It also serves as a link to other provincial and national alliances, in particular, the Chronic Disease Prevention Alliance of Canada.

**Working Groups**, are formed to provide advice or accomplish specific projects as directed by the Coordinating Committee.

The **Operations Committee** oversees the financial and operational aspects of the Healthy Living Alliance, within the Coordinating Committee's strategic directions. This includes overseeing and supporting the work of the secretariat staff.

The **Chair** is the official spokesperson and representative of BCHLA. She/he presides over the coordinating committee meetings and signs correspondence on behalf of the Alliance.

The **Secretariat** ensures the strategic directions set by the Coordinating Committee are implemented by providing the strategic guidance and day-to day operational support to the Alliance.



## **Selection and Term**

### ***General Members***

Membership is open to any organization that:

- has a provincial scope or is a regional/local alliances with a mission which is aligned with the work of the alliance
- endorses with BCHLA's mission and goals
- is a non profit organization

Organizations wishing to join BCHLA are invited to submit an application for consideration by the Coordinating Committee. Term of membership is indefinite.

### ***Coordinating Committee Members***

The Coordinating Committee strives for inclusiveness, while recognizing that size limitations are necessary for this group to provide effective leadership for the Alliance. The current membership is listed in Appendix A and is reviewed and ratified annually by the Coordinating Committee.

Coordinating Committee Members are required to appoint a senior representative (CEO/Executive Director) who can make decisions on behalf of their organization regarding their involvement in the Alliance, and may appoint a second senior representative to facilitate communication and support the work of the Alliance; commit to participating in quarterly meetings; and provide a financial or in kind contribution to the Alliance.

### ***Working Groups***

Working Groups are comprised of members with skill sets appropriate to the task. A member of the Coordinating Committee is identified to participate in each Working Group to ensure effective communication. The term of the Working Group is defined by the task. Participation is voluntary.

### ***Operations Committee***

The Operations Committee shall be comprised of three members from the Coordinating Committee. Members will be selected by the chair for a two year term.

### ***Chair of the Coordinating Committee***

The Coordinating Committee will appoint its own Chair. The Chair will be selected and ratified by members of the Coordinating Committee as the term of the Chair expires. The Chair shall serve a two-year term, which may be renewed once for a maximum of four years.

### ***Secretariat***

The Secretariat of the Alliance is the shared responsibility of the Coordinating Committee member organizations of the Alliance. The Secretariat will be selected by the Coordinating Committee upon the recommendation of the Operations Committee. The Secretariat is a one year renewable term.

## **Meetings**

### ***General Membership***

A *Call to Action* is held for all members annually. This is an opportunity for all members to add their voice to advocacy issues and provide input to strategic direction of the Alliance.

### ***Coordinating Committee***

The Coordinating Committee meets in-person at least four times a year. Both the Senior Representative and the Alternates are welcome to attend all meetings of the Coordinating Committee.

A consensus decision-making model shall be used for decisions pertaining to the work of the BC Healthy Living Alliance.

Any items requiring a decision are circulated to the Coordinating Committee Members, in the agenda, one week prior to the meeting at which the decision is to be made. When Coordinating Committee Members are canvassed on issues as part of this agenda package, or within two weeks, the absence of a response will be interpreted as acquiescence.

When consensus cannot be reasonably reached, the Coordinating Committee members may agree to disagree. At this time the Chair has the authority to ask for a formal vote. Should this occur, participation of at least 50% of voting members is required and the majority vote will carry. Each organization shall only have one vote at meetings.

Given the political nature of some of the advocacy work, some Coordinating Committee members may elect to be non voting members of the committee. This designation is identified in Appendix A and is reviewed as part of the Coordinating Committee Membership. Non voting members participate fully in all discussions; however, they do not participate in decision making on behalf of the Alliance.

Only voting members are listed on correspondence and other external communications. Where consensus was not reached, yet there was agreement by a vote to proceed; only the supporters will be listed on external communications.

## **Appendix A**

The following organizations were ratified as comprising of the Coordinating Committee at the June 15<sup>th</sup> 2005 meeting:

### **Voting**

BC Lung Association  
BC Pediatric Society  
BC Recreation and Parks Association  
Canadian Cancer Society—BC and Yukon Division  
Canadian Diabetes Association, Pacific Area  
Dietitians of Canada, BC Region  
Heart and Stroke Foundation of B.C. & Yukon  
Public Health Association of BC  
Union of BC Municipalities

### **Non-Voting**

Ministry of Health  
Public Health Agency of Canada  
Provincial Health Services Authority  
Interior Health Authority  
Fraser Health Authority  
Vancouver/Coastal Health Authority  
Vancouver Island Health Authority  
Northern Health Authority





# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Minutes Coordinating Committee Meeting

**September 15<sup>th</sup>, 2005**

9:30 am to 2:30 pm

Boardroom – Heart and Stroke Foundation of B.C. & Yukon  
1212 W. Broadway Ave., Vancouver

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### In Attendance:

Mary Lou Mathews  
Suzanne Allard Strutt, Chair  
Sharon Meredith  
Trina Sporer  
Carol Finnie  
Jean Blake  
Janice MacDonald  
Sharon Storoschuk  
Irv Rootman  
Steve Pedersen  
Alison McNeil

BC Pediatric Society  
BC Recreation and Parks Association  
BC Recreation and Parks Association  
BC Recreation and Parks Association  
Canadian Cancer Society, BC and Yukon  
Canadian Diabetes Association, Pacific Division  
Dietitians of Canada, BC Region  
Heart and Stroke Foundation of B.C. & Yukon  
Public Health Association of BC  
Public Health Association of BC  
Union of BC Municipalities

Rhonda Tomaszewski  
Andrew Hazelwood  
Perry Kendall  
Laurie Woodland  
John Millar  
Susan Stevenson  
Brian O'Connor

Interior Health Authority  
Ministry of Health  
Ministry of Health  
Ministry of Health  
Provincial Health Services Authority  
Public Health Agency of Canada  
Vancouver Coastal Health

Sonya Kupka, Director  
Cathy Argue, Recorder

BCHLA Secretariat  
BCHLA Secretariat

**The meeting was called to order at 09:38 am**

#### **1.0 Call to order and introductions**

Welcome of new members and introductions were made.

#### **2.0 Adoption of Agenda**

The agenda was accepted with the following revision:

- Agenda 10.4 added Endorsement of The Cost of Eating in BC, 2005 by Janice MacDonald

This agenda was then adopted.

#### **3.0 Approval of June 15<sup>th</sup>, 2005 Minutes**

The June 15<sup>th</sup>, 2005 minutes were adopted as circulated.

#### **4.0 Business Arising**

##### **4.1 Related Activities by Coordinating Committee Members**

The Member Organization Activities-Synopsis was accepted as was circulated in the agenda package with the addition of a summary by the Canadian Cancer Society which was distributed at the meeting. Irv Rootman and Mary Lou Mathews (for Wilma Arruda) will forward their synopsis to Sonya Kupka.

Suzanne Strutt suggested the synopsis provides important background information and we should build on this with various additions. Sonya Kupka asked for feedback on the format of the synopsis and suggested that this should be an ongoing report. Alison McNeil suggested that an annual assessment would be beneficial to review goals.

**Action:** Updated Member Organization Activities - Synopsis to be circulated. Members are asked to forward feedback on format to Sonya Kupka. Further discussion at November meeting will take place to consider an annual assessment.

##### **4.2 Coordinating Committee Workplan**

Revised workplan was attached to the agenda package with the integrated feedback from the last meeting. Given the timing, Sonya Kupka recommended this workplan be used for developing the new budget for next fiscal year. Suzanne Strutt pointed out that there is a considerable cost attached to this workplan, particularly:

- 2.2.4 Host a Call to Action, and
- 2.2.5 Develop and communicate common key messages that promote physical activity, healthy eating, living smoke-free and healthy weights.

The workplan was approved, pending budget approval and subsequent financial contributions.

**Action:** The approved workplan will be posted in the Members Area of the website and will be used to develop a budget for next fiscal year (April 2006 – March 2007).



#### 4.3 Terms of Reference

The Terms of Reference were revised to clarify responsibilities of General and Coordinating Committee members. Irv Rootman asked about the possibility of individuals joining BCHLA. Sonya Kupka noted that individuals are welcome to be subscribers and the Call to Action will be an opportunity for broader engagement. Rhonda Tomaszewski noted the need to engage some recognition for efforts of all organizations, including non-voting members. There was agreement to accept the revised Terms of Reference with the proposed membership structure and to review this in April 2006.

**Action:** The Terms of Reference Report was approved and will be posted on the public area of the BCHLA website. The Coordinating Committee membership will be reviewed in 2006.

#### 4.4 Coordinating Committee Member Agreement

Sonya Kupka reviewed the attached Coordinating Committee Member Agreement. She emphasised that there is a need to be clear that Coordinating Committee Members have a higher level of responsibility than General Members. Suzanne Strutt stated that the Member Agreement supports the initiatives and advocacy efforts and is helpful in articulating the expectations of BC Recreation and Parks Association handling funds on behalf of the BCHLA.

**Action:** Coordinating Committee Member Agreement was approved as circulated and is effective immediately. All members to sign this form and return it to the Secretariat.

#### 5.0 Report from the Chair

Suzanne Strutt provided a summary of some of her activities on behalf of the BCHLA. They included the following:

- Met with the Premier and Minister of Health, George Abbott on July 5<sup>th</sup>. The purpose was to seek support to approach individual Ministers. The Premier responded that he is the champion of ActNow BC and all ministers will be asked to contribute to ActNow BC as part of their service plan.
- Meeting with the Opposition Health Critic – September 16<sup>th</sup>
- July 18<sup>th</sup> – participated with ActNow BC Strategic Advisory Committee
- July 29<sup>th</sup> – BCHLA presentation with Sonya Kupka to a group of Agricultural Stakeholders. Comments from the group included concerns about possible increase in taxation for certain products.
- Met with Charles Parkinson – Sport Secretariat Director for the Ministry of Tourism, Sports and Arts to discuss recreation infrastructure. Will develop business case for the new Minister. They are already using a template of BCRPA's provincial inventory.
- Meeting with the operations group was not possible with vacation schedules.
- Regular meetings with Sonya Kupka.

#### 6.0 Report from the Secretariat

Sonya Kupka reviewed the attached budget proposal. Report was accepted as precirculated with the addition of recognition of Cathy Argue's work on the BCHLA website. Members are encouraged to visit the BCHLA website and any



feedback is welcome. A key factor at this point is that users have difficulty finding the site. We need more links to the website so that a google search will identify the BCHLA site.

**Action:** Sonya Kupka to prepare a paragraph for distribution to support members in adding a link from their website to the BCHLA website.

#### **6.0.1 Budget Revision and Proposal**

Sonya Kupka reviewed the budget as circulated in the agenda package. There is an estimated \$80,000 shortfall.

Laurie Woodland indicated that their budget has now been finalized and BCHLA will receive \$50,000 from the Ministry of Health. John Millar suggested that all 6 Health Authorities could split the cost of the additional \$30,000 needed. Sonya Kupka noted that Interior Health has already contributed \$5,000. Rhonda Tomaszewski explained that she had submitted the funding request with a briefing note to Interior Health. She offered to share this documentation with other Health Authorities. Brian O'Connor agreed and offered to bring this issue forward to Vancouver Coastal Health. He indicated that it is easier to support a project such as the Call to Action conference which has a purpose and target.

**Action:** Budget approved with a \$50,000 contribution from Ministry of Health. Additional funds will need to be secured, proportionate to the budget developed for the Call to Action.

### **7.0 The Winning Legacy**

#### **7.1 Tracking of BCHLA's Advocacy Activities**

Sonya Kupka reviewed the attached activities and asked members for input regarding priorities and to make sure we are moving in the right direction. She suggested focusing on meetings with individual Ministers such as the Minister of Finance (Carole Taylor) and the Minister of Aboriginal Relations and Reconciliation (Tom Christensen). Carol Finnie suggested going in front of the caucus to capture a wider audience.

Jean Blake and Carol Finnie emphasized the need for a clear and focused message. John Millar added this message must be adapted for each audience. The Advocacy Working Group had reviewed the responsibilities of all Ministers and identified which of the 27 recommendations are the best fit. Key messages were identified for the meetings with the Premier. This work needs to be integrated with the earlier comparison of ActNow BC and the Winning Legacy recommendations.

#### **Action Items:**

1. Sonya Kupka to circulate a document linking our recommendations with Ministries and ActNow BC.
2. Members to identify where they would like to represent BCHLA.
3. Sonya Kupka to create a one-page common message template.
4. The BCHLA delegation will tailor this template to their audience
5. Briefing packages and key messages will be posted in the Members Area of the website after each meeting.

**9.5 ActNow BC Strategic Advisory Committee**

Andrew Hazelwood provided an update on ActNow BC – a Chronic Disease Prevention Strategy. The Premier wants all Ministries to pay attention and contribute to achieving the goals of ActNow BC. A new cross government team approach is being put into place, called a Horizontal Service Plan. The Ministry of Health has allocated \$5,000,000 for cost sharing as other Ministries review their policies and plans to support ActNow BC.

**8.0 Internal Committee Reports**

**8.1 Regional Capacity Building Working Group**

Rhonda Tomaszewski reviewed the written report distributed in the agenda package. Evaluation data will be compiled and should be ready for the November meeting.

In departing, Irv Rootman suggested that the academic world would be interested in what BCHLA is doing and should be invited to attend these meetings.

**9.0 External Committee Reports**

**9.1 Intersectoral Healthy Living Network Report**

No report.

**9.2 BC Tobacco Reduction Mass Media Campaign Steering Committee**

Sonya Kupka reported that this Mass Media campaign has been postponed to January so that it can be a part of an overall campaign in supporting ActNow BC.

**9.3 CDPAC Network of Provincial/Territorial Alliances**

Sonya Kupka will participate in a conference call on Thurs. Sept. 22. Laurie Woodland will replace Lorna Storbakken as the second BCHLA representative.

**9.4 BCMA Childhood Obesity Committee**

No report.

**9.6 PHSA Healthy Weights Advisory Committee**

Written report received. Sharon Storochuck and Janice MacDonald reviewed the written report distributed in the agenda package. Donna Van Wallegghem confirmed she is able to represent BCHLA on this committee.

**9.7 PHSA Tobacco Advisory Committee**

John Millar submitted the following written notes:

**\*\*Notes to come\*\***

**9.8 BC Population Health Network**

Written report included in agenda package.

**9.9 Public Health Alliance Food Security**

Sonya Kupka reported on behalf of Donna Van Wallegghem. The Public Health Alliance of Food Security has representation from the Province Health Officers



Council, the Community Municipal Council, Public Health Nursing and others. This committee has been working on developing their strategic direction. A retreat is scheduled for Sept. 16, 2005 which should complete this process. More information will follow at the November meeting.

#### **9.10 Healthy Communities Coalition Steering Committee**

Suzanne Strutt has been invited to be BCHLA's representative on this newly created committee.

The Ministry of Health Services has developed a Healthy Communities Initiative as a component of the ActNow BC program, and has provided funding of \$500,000 per annum to the project. In addition, UBCM has contributed \$250,000 towards a Seed Grants Program. The Healthy Communities Coalition and Initiative will be led by a Steering Committee and will be located and housed administratively within the Union of BC Municipalities offices.

The UBCM and its Healthy Communities Committee will also serve as a key partner in encouraging municipalities and community networks to initiate local healthy community plans and activities. The Healthy Communities Initiative and Steering Committee will be supported by a small Central and Regional staff. There will be strong connections to provincial organizations and Health Authorities.

#### **9.11 Other Committee Reports**

No other reports.

### **10.0 New Business**

#### **10.1 Application for Membership**

Two new members have submitted applications to become BCHLA general members:

- Canadian Breast Cancer Foundation, BC/Yukon Chapter
- The Arthritis Society of BC/Yukon

Sonya Kupka noted that the Canadian Breast Cancer Foundation is very interested in becoming actively involved and would like to be considered for membership on the Coordinating Committee in the future.

- Sharon Storoschuk nominated and Janice MacDonald seconded the nomination to accept the Canadian Breast Cancer Foundation, BC/Yukon Chapter as a General Member.
- Mary Lou Mathews nominated and Sharon Meredith seconded the nomination to accept the Arthritis Society of BC/Yukon as a General Member.

**Action:** Both organizations have been accepted as General Members of the BCHLA and will be sent a welcome package.



## 10.2 Call to Action

Sonya Kupka reviewed the written report from the agenda attachments.

**Action:** The following members will form a Call to Action working group and initiate planning:  
Janice MacDonald, John Millar, Mary Lou Mathews, Laurie Woodland, Carol Finnie, Brian O'Connor and someone from the Canadian Diabetes Association.

## 12.0 Guest Presentation: Legacies Now

Marion Lay presented a power point presentation on 2010 LegaciesNow. Patti Hunter also attended.

**Note:** 2010 LegaciesNow power point presentation is available at [www.bchealthyliving.ca](http://www.bchealthyliving.ca) in the Members Area/Presentations to BCHLA

## 10.3 Proposed Calendar

Sonya Kupka reviewed the 2006 Calendar of Coordinating Committee meetings.

**Action:** The 2006 Coordinating Committee dates are as follows:  
*Note Your Calendars!*

- January      Wednesday 25
- March        TBA – Call to Action
- May          Wednesday 24
- September   Wednesday 27
- November   Wednesday 22

## 10.4 Endorsement of Cost of Eating in BC report

Janice MacDonald is seeking endorsement for the Cost of Eating in B.C. report. The focus is on poverty elimination in B.C. Currently 20% of B.C.'s population is at the poverty level. Alliance members and individual members are encouraged to endorse this report.

**Action:** All organizations present supported BCHLA endorsement of this report. Canadian Diabetes Association, Public Health Association of BC, BC Pediatrics Society, BC Recreation and Parks Association, Heart & Stroke Foundation of B.C. & Yukon, Dietitians of Canada, BC Region, Canadian Cancer Society, BC and Yukon. Given this report was not precirculated one week prior to the meeting Sonya Kupka to follow up with members not at meeting.

## 11.0 Other Business

The BC Medical Association has declined to become a Coordinating Committee of BCHLA. Sonya Kupka encouraged them to become General Members.

## 11.1 Correspondence

## 13.0 Adjournment and date of next meeting

The meeting adjourned at 2:30 pm.

The next meeting is scheduled for November 16<sup>th</sup> at the Canadian Cancer Society.



# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Coordinating Committee Member Agreement

For the

### BC HEALTHY LIVING ALLIANCE COORDINATING COMMITTEE

#### Purpose

This agreement complements the BC Healthy Living Alliance (BCHLA) Terms of Reference to describe the responsibilities of the Coordinating Committee Members.

For the 2005/06 fiscal year, the following organizations have been invited to sign on as Coordinating Committee Members:

#### Voting Member

- BC Lung Association,
- BC Pediatric Society,
- BC Recreation and Parks Association,
- Canadian Cancer Society, BC and Yukon Division,
- Canadian Diabetes Association Pacific Division (CDA),
- Dietitians of Canada, BC Region,
- Heart and Stroke Foundation of BC & Yukon,
- Public Health Association of BC, Union of BC Municipalities,

#### Non Voting Members

- Fraser Health Authority,
- Interior Health Authority,
- Northern Health Authority,
- Vancouver Coastal Health Authority,
- Vancouver Island Health Authority,
- Provincial Health Services Authority,
- Ministry of Health Services, and the
- Public Health Agency of Canada, BC/Yukon Region

#### The Coordinating Committee is charged with enacting the following mission:

The mission of BCHLA is to improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free.

While the Alliance recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary habits, tobacco use, obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes.

#### Responsibilities

1. Each of the organizations listed in this Agreement will appoint a senior organizational representative to BCHLA, who can make decisions on behalf of their organization and may appoint an additional representative to facilitate communication and support the work of BCHLA. The organizational representative will:



- a. Act as the liaison to their constituents, providing timely information on the activities and advocacy position of BCHLA and facilitating consultation as required to further the mandate of BCHLA;
  - b. Participate in the quarterly meetings of the Coordinating Committee to enact the vision, mission, guiding principles and goals by providing collaborative leadership in relation to setting positions, broad policy, and strategic directions.
  - c. Secure financial or in kind contribution for the Alliance on behalf of their organization.
2. Voting Members of the Coordinating Committee will:
- a. Approve strategic plans and other plans to guide the development and operation of BCHLA;
  - b. Approve annual budgets that will not exceed funds that have been received by BCHLA;
  - c. Approve advocacy positions and public statements made by BCHLA; and
  - d. Approve all governing policies setting out the official processes to be followed by anyone carrying out duties on behalf of BCHLA.

Organizational representatives will, at the same time, support Operations Committee's decisions as required for the day to-day operations of BCHLA so long as these are consistent with any policy established by the Coordinating Committee.

3. Limitations on authority of organizational representatives:
- a. No organizational representative is authorized to expend funds except as decided by the official Coordinating Committee process.
  - b. Each organization agrees that their representative will comply with policies established by the BCHLA Coordinating Committee's official process.
  - c. No organization shall attribute statements or actions of BCHLA to any other organization that is a party to this agreement without obtaining explicit agreement from that other party as to the content and manner its name is to be used.
4. This Agreement is meant to be a definitive expression and record of the purpose and intention of the parties at this point in time, to which each party honourably pledges itself. It is not meant to create any binding legal obligation or create a legal partnership.
5. The cooperative relationship described in this document does not in any way grant, infer or imply endorsement, sanction, or certification on the part of any of the Coordinating Committee organizations of the programs and services of the others.
6. Amendments to this Agreement shall be made in writing and signed by all organizational representatives.

### **Signing**

The term of this agreement shall end March 31, 2006 at which time another agreement may be executed.

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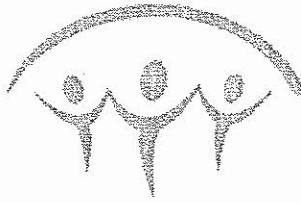
Signature of Representative, Title and Organization

## **Appendix A**

### **Approved Funding Arrangements**

1. All funds received by the BCHLA from the Coordinating Committee Members shall be held by the BC Recreation and Parks Association on behalf of the Coordinating Committee for the exclusive use of the approved plans for BCHLA.
2. Financial reports shall be submitted to the Coordinating Committee by BC Recreation and Parks Association, through the Secretariat.
3. Internal policies of BCRPA shall be followed for proper management and reporting of funds; and
4. The Director of BCHLA Secretariat shall authorize expenses from BCHLA funds, with the exception of personal expenses incurred by the Director. These shall be approved by the Chair





# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Operations Committee

### Purpose

The Operations Committee shall oversee financial and operational management of the Healthy Living Alliance, within the Coordinating Committee's strategic directions and Terms of Reference.

This includes overseeing and supporting the work of the secretariat staff by setting expectations and limitations to authority, allocation of resources and reporting requirements

### Membership and Structure

The Operations Committee shall be comprised of ~~three~~ five members from the Coordinating Committee. Members will be selected by the chair for a two year term.

### Operating Guidelines

This committee is chaired by the Chair of the Alliance who is responsible for reporting to the Coordinating Committee as appropriate.

This committee does not make decisions on behalf of the Coordinating Committee; rather they are responsible for providing direction as required in the management of the secretariat.



# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Minutes Coordinating Committee Meeting

**November 16<sup>th</sup>, 2005**

9:30 am to 2:30 pm

Boardroom – Canadian Cancer Society, BC and Yukon  
565 W. 10<sup>th</sup> Ave., Vancouver

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### **In Attendance:**

Wilma Arruda  
Suzanne Allard Strutt, Chair  
Sharon Meredith  
Barbara Kaminsky  
Carol Finnie  
Donna Van Wallegghem  
Jean Blake  
Janice Macdonald  
Bobbe Wood  
Shannon Turner  
Caryl Harper  
Alison McNeil

BC Pediatric Society  
BC Recreation and Parks Association  
BC Recreation and Parks Association  
Canadian Cancer Society, BC and Yukon  
Canadian Cancer Society, BC and Yukon  
Canadian Diabetes Association, Pacific Division  
Canadian Diabetes Association, Pacific Division  
Dietitians of Canada, BC Region  
Heart and Stroke Foundation of B.C. & Yukon  
Public Health Association of BC  
Public Health Association of BC  
Union of BC Municipalities

Linda Hebel  
Rhonda Tomaszewski  
Joanne Houghton  
John Millar  
Denise Weber  
Susan Stevenson  
Brian O'Connor

Fraser Health Authority  
Interior Health Authority  
Northern Health Authority  
Provincial Health Services Authority  
Public Health Agency of Canada  
Public Health Agency of Canada  
Vancouver Coastal Health

Sonya Kupka, Director  
Cathy Argue, Recorder

BCHLA Secretariat  
BCHLA Secretariat

**The meeting was called to order at 09:39 am**



#### **1.0 Call to order and introductions**

Welcome of new members and introductions were made.

#### **2.0 Adoption of Agenda**

The agenda was accepted with the following revision:

- **9.6 PHSA Healthy Weights Advisory Committee**  
Janice Macdonald will give a verbal report.
- **12.2 New Business**  
Rhonda Tomaszewski will update us on the Interior Health initiatives on disease prevention.

This agenda was then adopted.

#### **3.0 Approval of September 15<sup>th</sup>, 2005 Minutes**

The September 15<sup>th</sup>, 2005 minutes were adopted as circulated.

#### **4.0 Business Arising**

##### **4.1 Related Activities by Coordinating Committee Members**

The Member Organization Activities-Synopsis was accepted as was circulated in the agenda package with the addition of a summary by the Canadian Diabetes Association which was distributed at the meeting. Donna Van Walleghem will forward her synopsis to Sonya Kupka. The Health Authorities synopsis is also required.

Suzanne Strutt asked if all synopses could be amalgamated into one master copy. Alison McNeil liked this idea as we need to update our activities on an ongoing basis and present new events and initiatives. Alison also suggested that these events and initiatives could be linked to recommendations as well.

Sonya Kupka asked for all organizations to submit their synopsis using the focus template provided. See agenda item 4.1 for an example of the Minister of Health synopsis.

**Action:** Updated Member Organization Activities - Synopsis to be circulated. Sonya Kupka will provide an amalgamated copy of all synopses.

##### **4.2 Coordinating Committee Member Agreement**

To date the following coordinating Committee Members have submitted their signed 2005/06 agreement:

- Dietitians of Canada, BC Region,
- Interior Health Authority,
- Canadian Cancer Society, BC/Yukon Division,
- BC Recreation and Parks Association,
- BC Lung Association,
- Canadian Diabetes Association Pacific Division(CDA),
- Heart and Stroke Foundation of BC & Yukon,
- Union of BC Municipalities,
- Public Health Association of BC
- Vancouver Coastal Health Authority.

The forms from the following members are still outstanding:

- BC Pediatric Society,
- Fraser Health Authority,
- Northern Health Authority,
- Vancouver Island Health Authority,
- Provincial Health Services Authority,
- Ministry of Health Services, and the
- Public Health Agency of Canada, BC/Yukon Region.

**Action items:**

1. Members are to forward their completed forms to the secretariat.
2. The Member Agreement will be reviewed in January to determine if and how this practice should continue for 2006/07.

**4.3 Process for External Representation**

Sonya Kupka reviewed the revised policy as circulated in the agenda package.

**Action:** Approved as circulated.

**4.4 Cost of Eating**

Janice Macdonald reviewed the Cost of Eating Report and thanked the BCHLA for their support. At this time the report has not yet been released to the public.

**5.0 Report from the Chair**

Suzanne Strutt encouraged all members to link to the BCHLA website. She provided a summary of some of her activities on behalf of the BCHLA. They included the following:

- Regular meetings with Sonya Kupka
- Met with David Cubberly, NDP Health Critic, along with Sonya Kupka, Scott McDonald and Jean Blake.
- Meeting with the NDP Social Policy Council – David Cubberly also attended.
- UBCM Annual Conference – presented with Marion Lay – opened with Minister of Health, George Abbot.
- Represented BCHLA on the Healthy Communities Steering Committee along with Alison McNeil.

Suzanne mentioned that the ActNow BC will be rolling out a provincial social marketing campaign worth \$4 million. The initial focus (February) will be on tobacco control, followed by physical activity in March and healthy nutrition in the fall of 2006. She suggested that BCHLA should be involved.

Suzanne will assist Sonya Kupka in identifying consultants for the Call to Action. Bobbe Wood asked if Suzanne Strutt could include a written copy of her activities.

**6.0 Report from the Secretariat**

Sonya Kupka reviewed the draft budget as circulated in the agenda package and asked for input from the members. Bobbe Wood stated how impressed she was with the analysis of the Winning Legacy.



The operations committee will discuss the contract for the Secretariat. Sonya Kupka recognized the funding from Vancouver Coastal Health.

**Action:** Sonya will provide a projected budget for the January meeting.

## **7.0 The Winning Legacy**

### **7.1 Tracking of BCHLA's Advocacy Activities for 2005**

Sonya Kupka acknowledged the Coordinating Committee members who participated with her in the advocacy meetings.

Sonya has developed a template to track the advocacy activities for BCHLA. She commented on the lack of response from Ministers George Abbott and Shirley Bond. John Millar responded that BCHLA has access to the Minister. Janice Macdonald asked if the letters sent asked for a response. In future perhaps letters should include a request for response or action. Barbara Kaminsky stated that BCHLA has better access to the Premier than to individual Ministers. Shannon Turner indicated there seems to be a mixed reaction from the Ministry on the Tobacco initiatives.

#### **Action Items:**

1. Add member names to tracking of advocacy activities.
2. Future letters should include a request for a response or action to be taken.
3. Keep sending correspondence and follow up with phone calls.
4. Correspondence should continue to come from individual organizations as well.

### **7.2 Advocacy Strategies – Key Messages**

Sonya Kupka thanked Jean Blake for assisting with this first draft. There was discussion regarding integrating a message about dedicated funding and accountability for achieving the targets. Key messages concerning health authorities were explained.

**Action:** Sonya Kupka will revise the Key Messages with Shannon Turner, Bobbe Wood, Barbara Kaminsky and John Millar.

### **7.3 Recommendations by Ministry**

Sonya reviewed the recommendations and indicated that each one had to have at least one ministry attached. The Ministry of Health is not included in this as they already have at least 15 recommendations.

Rhonda Tomaszewski stated that the Ministry of Education has consultations in every school with an expanded mandate around healthy schools and communities.



#### **7.4 Upcoming Advocacy Activities**

Sonya Kupka reviewed the letter from the Deputy Minister of the Premier, Jessica McDonald and asked for feedback. Extensive discussion took place with regards to the key messages in the letter, in particular, concern about the shifting vision.

**Action:** Sonya Kupka to revise the letter to strengthen the advocacy message.

#### **8.0 Internal Committee Reports**

##### **8.1 Regional Capacity Building Working Group**

Rhonda Tomaszewski reviewed the written report which was distributed in the agenda attachments.

1. \$20,000 was allocated to each of the Vancouver Island Health and Interior Health regions.
2. This is an executive summary of 11 projects – 2 forums and 9 projects on healthy eating and active living.
3. This report summarizes the capacity building on what these projects can do, their sustainability and forging of new partners. There will be an evaluation by January, 2006 which will be posted on the website.

##### **8.2 Call to Action**

Sonya Kupka reviewed the written report from the agenda attachments. The Working Group comprises of: John Millar, Janice Macdonald, Jean Blake, Brian O'Connor, Laurie Woodland, David Swan (BC Breast Cancer Foundation).

The Working group met on Oct.31/05 to develop key elements to recruit a potential consultant and distributed a request for proposals (RFP) with a Nov.10 deadline. The Working Group met on Nov 15<sup>th</sup> and will revise and reissue the RFP to include more specific questions and advocacy strategies. The next meeting will be Dec. 5<sup>th</sup>, in the morning.

**Action:** Include committee member names. Shannon Turner would like to participate in the next meeting.

#### **9.0 External Committee Reports**

##### **9.1 Intersectoral Healthy Living Network Report**

John Millar has a meeting in Ottawa on November 28<sup>th</sup> regarding the Intersectoral Healthy Living Network but can not attend. If Bobbe Wood, as the alternative, is unable to attend, another BCHLA representative could go.

##### **9.2 BC Tobacco Reduction Mass Media Campaign Steering Committee** No Report

##### **9.3 CDPAC Network of Provincial/Territorial Alliances**

This committee is scheduled to meet Nov. 25, 2005 in Ottawa. Sonya Kupka and Laurie Woodland will update the BCHLA members at the January 25<sup>th</sup> meeting.

**9.4 BCMA Childhood Obesity Committee**

The BCMA Council of Health Promotion special project committee has taken on Childhood Obesity for the year. The committee is almost finished its work and will soon be wrapping up. They have created a power point presentation for Physicians to deliver to parent groups around the province i.e. Parent Advisory Councils (PAC). These presentations are happening. Also, they have partnered with Action Schools BC and are working with the BC Confederation of Parent Advisory Councils to deliver the message. They have helped facilitate the pedometer project between the BCMA and BCRPA and have been able to provide some funding for pedometers.

**9.5 ActNow BC Strategic Advisory Committee**

BCHLA was invited by the Strategic Advisory Committee to make a presentation to the ActNow BC Interministry ADM Committee. Sonya Kupka and Jean Blake represented BCHLA.

**9.6 PHSA Healthy Weights Advisory Committee**

The advisory committee met on Sept. 7<sup>th</sup>. They confirmed our terms of reference and identified priority knowledge products in three areas – workplace wellness, built environment and consumer trends. The PHSA will develop these products:

1. Cost benefit analysis and options to address issues related to workplace wellness in health care.
2. Summary of evidence on the built environment and healthy weights.
3. Consumer trends relative to healthy weights.

Next meeting will be Dec. 7<sup>th</sup>. Submitted by Janice Macdonald

**9.7 PHSA Tobacco Advisory Committee**

BCHLA is able to appoint a second member to this committee. There were no objections.

**9.8 BC Population Health Network**

No report.

**9.9 Public Health Alliance Food Security**

The Public Health Alliance of Food Security has representation from the Province Health Officers Council, the Community Municipal Council, Public Health Nursing and others. Donna Van Wallegghem reported the Alliance has reworked the Strategic Plan and produced a version 2 dated November 8, 2005. The Introduction highlights the changes made and mentions specifically that the original Terms of Reference and the Sept 30th draft will be retained as historical documents.

The Strategic Plan and the Revised Terms of Reference were sent out to the Public Health Alliance members for comment. All four councils have said they are in agreement with the revisions and there have been no objections to what is proposed. They will then be submitted to the councils for formal approval.

See attached documents:

Alliance Draft Strategic Plan version 2

Terms of Reference version 2



#### **9.10 Healthy Communities Coalition Steering Committee**

Alison McNeil reported on the BC Healthy Communities initiative. This initiative will work on social determinants of health and will include capacity building, collaboration, (including First Nations) and networking.

A total of 151 expressions of interest were received and were redefined down to 30 pilot projects. The Ministry of Health Services has provided a one-time grant of \$5 million of which \$1 million has been spent. Each community project will receive \$35,000. See attachment.

#### **9.11 Community Food Action Initiative**

BCHLA has been invited to be a member of the newly established provincial Advisory Committee for the Community Food Action Initiative, which is being managed by the Provincial Health Services Authority (PHSA) Prevention, Promotion and Protection Program.

The Community Food Action Initiative is a part of the ActNow BC healthy eating strategy. This Initiative supports food security in BC through the implementation of community, regional and provincial initiatives that provide increased access to safe, culturally acceptable and nutritionally adequate diets through a sustainable food system. Its aim is to improve access to healthy foods for all members of the community while specifically striving to improve access for people with low incomes.

The key responsibility of this Committee would be to provide strategic guidance and to monitor the implementation of the overall Community Food Action Initiative.

**Action:** Janice Macdonald has been ratified as the BCHLA representative on this committee.

#### **9.12 Other Committee Reports**

No other reports.

#### **12.0 Guest Presentation: BC College of Pharmacists: Sale of Tobacco in Pharmacies – Marshall Moleschi – Registrar**

#### **10.0 New Business**

##### **10.1 Application for Membership**

Two new members have submitted applications to become BCHLA general members:

- University of Victoria – Centre on Aging (Ladner)
- Multiple Sclerosis Society – BC Division

**Action:** Both organizations have been accepted as General Members of the BCHLA and will be sent a welcome package.



## **10.2 Integrated Strategy on Healthy Living and Chronic Disease**

Susan Stevenson and Sophie Staley provided a power point presentation and discussion.

## **10.3 Interior Health Initiatives**

Rhonda Tomaszewski provided some information regarding Interior Health initiatives to support the local Healthy Living Alliance and to address the ActNow BC issues. Funding will be provided through 2007 to encourage Provincial partners to support the local Healthy Living Alliances. Interior Health will continue to encourage collaboration with the BCHLA by building on the support that is already in place through Sonya Kupka

## **11.0 Other Business**

### **11.1 Correspondence**

## **13.0 Adjournment and date of next meeting**

The meeting adjourned at 2:00 pm.

The next meeting is scheduled for January 25<sup>th</sup>, 2006, at the Canadian Cancer Society.

The 2006 Coordinating Committee dates are as follows:

***Note Your Calendars!***

- **January**      **Wednesday 25 - Canadian Cancer Society -  
POSTPONED**
- **March**        **TBA – Call to Action**
- **May**          **Wednesday 24 - Heart and Stroke Foundation**
- **September**   **Wednesday 27**
- **November**    **Wednesday 22**



# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Minutes Coordinating Committee Meeting

**March 23<sup>rd</sup>, 2006**

9:30 am to 4:00 pm

**Pan Pacific Hotel**

**300 – 999 Canada Place, Pacific Rim Meeting Room**

**604.662-8111**

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### **In Attendance:**

Kelly Ablog Marrant  
Suzanne Allard Strutt, Chair  
Sharon Meredith  
Barbara Kaminsky  
Cathy Adair  
Donna Van Wallegghem  
Jean Blake  
Janice Macdonald  
Bobbe Wood  
Mark Collison  
Shannon Turner  
Caryl Harper

BC Lung Society  
BC Recreation and Parks Association  
BC Recreation and Parks Association  
Canadian Cancer Society, BC and Yukon  
Canadian Cancer Society, BC and Yukon  
Canadian Diabetes Association, Pacific Division  
Canadian Diabetes Association, Pacific Division  
Dietitians of Canada, BC Region  
Heart and Stroke Foundation of B.C. & Yukon  
Heart and Stroke Foundation of B.C. & Yukon  
Public Health Association of BC  
Public Health Association of BC

Rhonda Tomaszewski  
Paul Hasselback  
Andrew Hazlewood  
Laurie Woodland

Interior Health Authority  
Interior Health Authority  
Ministry of Health  
Ministry of Health

Sonya Kupka, Director  
Cathy Argue, Recorder

BCHLA Secretariat  
BCHLA Secretariat

**The meeting was called to order at 09:46 am**

**1.0 Call to order and introductions**

New members welcomed and introductions were made.

**2.0 Adoption of Agenda**

This agenda was then adopted.

**3.0 Approval of November 16<sup>th</sup>, 2005 Minutes**

The November 16<sup>th</sup>, 2005 minutes were adopted as circulated.

**4.0 Business Arising**

**4.1 Related Activities by Coordinating Committee Members**

The Member Organization Activities-Synopsis was accepted as was circulated in the agenda package. A summary by Fraser Health was distributed at the meeting. This document is now tabled, pending the work of Hans Krueger on the environmental scan.

**4.2 Coordinating Committee Member Agreement**

The following coordinating Committee Members submitted their signed 2005/06 agreement:

- Dietitians of Canada, BC Region,
- Interior Health Authority,
- Canadian Cancer Society, BC/Yukon Division,
- BC Recreation and Parks Association,
- BC Lung Association,
- Canadian Diabetes Association Pacific Division(CDA),
- Heart and Stroke Foundation of BC & Yukon,
- Union of BC Municipalities,
- Public Health Association of BC,
- Vancouver Coastal Health Authority,
- BC Pediatric Society,
- Ministry of Health Services.

Forms from the following members were not received:

- Fraser Health Authority,
- Northern Health Authority,
- Vancouver Island Health Authority,
- Provincial Health Services Authority, and the
- Public Health Agency of Canada, BC/Yukon Region.

**Action items:**

Given the expanded fiscal stewardship role, Sonya Kupka will be seeking legal counsel in revising the member's agreement, which expired on March 31, 2006.

**4.3 Interior Health Chronic Disease Prevention Initiative**

Rhonda Tomaszewski reviewed the Chronic Disease initiative which was originally established to provide policy and address environmental issues within the interior region. Interior Health received \$1,000,000 towards this initiative as well as a one time grant from ActNow for \$500,000.

Rhonda reviewed 78 applications and 7 communities were chosen. Allocation of funds will be based on the population of each community. (For future initiatives



they will build in administrative support as there was more work involved than anticipated.)

Suzanne Strutt congratulated Interior Health on all of their hard work and for setting a good example.

**4.4 Integrated Strategy on Healthy Living and Chronic Disease - update**  
- Deferred -

**5.0 Report from the Chair**

**5.1 Update**

Suzanne Strutt presented Andy Hazlewood with a plaque from BCHLA to thank him for his support of BCHLA and for all his work in promoting wellness and preventing chronic disease.

**5.2 Review of Operations Committee**

The purpose of the operations committee is to oversee the financial and operational management of BCHLA policies and procedures. This is not an executive committee and does not make decisions on behalf of the Coordinating Committee.

At present there are three members on this committee – Suzanne Strutt, John Millar and Bobbe Wood. Suzanne Strutt recommended this committee be increased to five members to include Andy Hazlewood and Barbara Kaminsky.

This decision was approved. Motion carried by Shannon Turner and seconded by Caryl Harper.

**5.3 Director Performance Review**

Sonya Kupka's contract with the BCHLA will lapse on March 31<sup>st</sup>. Renewal of this contract is pending a review by the Operations Committee.

**Action:**

The Operations Committee will review the Director of the Secretariat's contract and develop recommendations for the Coordinating Committee's consideration at the May 24<sup>th</sup> meeting.

**6.0 Report from the Secretariat:**

**6.1 Member Information Binder**

Sonya Kupka reviewed the new BCHLA Coordinating Committee member's binder. The binder contains key documents previously approved (e.g. TOR) as well as critical documentation for the expanded responsibilities of BCHLA (Investment Philosophy, Limitations). The latter were developed at the request of and in consultation with the voting members of BCHLA. Some documents (e.g. Member Agreement, RFP and Contract Template) need to be reviewed with legal counsel.

Shannon Turner complimented BCHLA for all the initiative and hard work that has been done so far.

Suzanne Strutt asked for approval of the **Financial Stewardship** section of the manual, specifically the Draft Investment Philosophy (Principles for Fund Management and Principles for Resource Allocation) and Proposed Operational Limitations (General Limitations, Asset Protection Limitations, Financial Planning and Reporting Limitations and Procurement Limitations. There was a lot of discussion about this.

Paul Hasselback asked for time for the non-voting members to review this section and suggested to adopt the Financial Stewardship section of the manual in principle only.

Janice Macdonald suggested approval in principle. The committee agreed.

Sonya Kupka reviewed the **Plans** section of the manual. Hans Krueger has provided a proposal recommending an Environmental Scan, Gap Analysis and Operational Planning. Andy Hazlewood emphasized that with this public announcement, there needs to be a visible notion of what BCHLA is doing with this funding and encouraged BCHLA to look at evidence based quick wins to support ActNow. Mark Collison suggested that a communications campaign/framework be developed to show how BCHLA and ActNow will be working together to achieve the targets.

Janice Macdonald stressed that the reports need to be concise and at a high level, rather than volumes of information. Shannon Turner identified the need for the environmental scan to be dynamic and easily updateable by BCHLA without the support of a consultant. Paul Hasselback noted that there is currently a Public Health Core Program underway and it is imperative that the environmental scan not duplicate efforts.

The committee agreed that Hans Krueger should begin the planning process at a cost of \$150,000.00.

**Action Items:**

1. A conference call with all Health Authorities will be held to review the **Financial Stewardship** and **Plans** section of the manual.
2. Sonya Kupka and Laurie Woodland to follow up with the Ministry of Health at the Public Health Core Program review.
3. Sonya Kupka to forward feedback on planning process to Hans Krueger and develop a contract reflecting the key points of the discussion.

**Guest Presentation: Ministry of Health: Healthy Aging Strategy – Matt Davies presenting for Tessa Graham.**

**12:45 – 2:30 pm – LAUNCH AT THE FAIRMONT WATERFRONT HOTEL**



## 6.2 Financial Statement

Sonya Kupka circulated a revised BCHLA financial report. There were costs incurred from the 2005/06 report which need to be attributed to the Winning Legacy grant. The Call to Action appears under budget; however, there will be additional costs attributed to this fiscal year even though the conference is on April 3<sup>rd</sup>.

A motion to adopt the Financial Statement was put forward by Bobbe Wood and seconded by Janice Macdonald. All in favour.

## 6.3 Draft Operations Budget

Sonya Kupka reviewed the **Business Plan** in the manual. Suzanne Strutt discussed the proposed operations budget submitted to manage the \$25.2 million dollar grant from the Ministry of Health.

This budget allows for increased capacity to handle the additional funds and communications demands. The budget included a \$20,000.00 one time immediate allocation for each voting Coordinating Committee member in order to increase their involvement with BCHLA. This proposed budget line was in response to a concern brought forward by Janice Macdonald that not all organizations can increase their involvement as they are already too busy. Bobbe Wood recognized capacity was an issue, but did not see how this funding allocation would alleviate the burden of those around the table. She suggested that a variety of ways to support BCHLA will have to be identified as each organization has different needs.

Paul Hasselback cautioned that BCHLA must take the time to evaluate what we do with this money and suggested a short term (e.g. 3 month) budget proposal be developed to allow for flexibility of future needs.

Suzanne reminded members of Andy Hazlewood's suggestion that BCHLA should look into quick wins and piggybacking onto other organization initiatives. As an example of piggybacking, Sonya Kupka highlighted the invitation from the Canadian Breast Cancer Foundation of BC for BCHLA to add their banner to the Breast Cancer's provincial tour. This prompted a discussion on what is appropriate profiling of BCHLA. Bobbe Wood differentiated between politically and publicly targeted efforts.

### Actions Items:

1. Members will review the **Business Plan** and individually contact Sonya Kupka with any questions. The **Business Plan** will be reviewed at the May 24<sup>th</sup> meeting.
2. The proposed budget was deferred to the May 24<sup>th</sup> meeting. All members agreed that BCHLA needs a full time administrative assistant and gave approval to proceed.
3. Mark Collison, Jean Blake and Scott MacDonald are willing to work with Sonya Kupka to develop guidelines for profiling/branding BCHLA.

A separate budget was proposed to address BCHLA's advocacy goal. The proposed budget of \$116,800 would allow for a similar level of activity as in



2005/06, including a Call to Action for 2007. The level of activity will, of course, be adjusted pending the amount of member contributions. To date we have commitments from Interior Health (\$5000), Canadian Diabetes Association (\$7500), and BC Lung (\$10,000.)

**Action:**

Suzanne will be asking all Coordinating Committee members to financially support the advocacy goal of BCHLA.

**7.2 Regional Capacity Building Working Group**

Rhonda Tomaszewski reviewed the written report which was distributed in the agenda attachments. The full report is available on the BCHLA website. They have achieved their communication objectives and expanded their capacity. The working group has found this has been beneficial for all partners involved.

**8.3 Upcoming Advocacy Activities**

**Action Items:**

1. Sonya Kupka will make a written submission or possibly a presentation to the Premier's Council on Aging and Seniors Issues using the Winning Legacy as our platform.
2. Sonya will continue to contact the other Health Authority CEO's.

**9.9 Community Food Action Initiative**

Janice Macdonald submitted the following written report as this item was not covered during the meeting.

This committee met on December 15<sup>th</sup> and again for a 1.5 day retreat on January 11/12, 2006. On March 16<sup>th</sup> there was a full day **Think Tank on Community Food Security Indicator and Evaluation**. Janice missed the think tank due to vacation. There is now a provincial coordinator in place to manage this initiative – Anna Kirbyson. Terms of Reference were reviewed and more members were added to the Advisory Committee (UBCM, academic). The evidence paper on food security was finalized and criteria for assessing provincial food action initiatives were established. An overview of provincial initiatives to March 31<sup>st</sup> was circulated. Discussion at the retreat focussed on building the evidence base for food security with a focus on process versus content evaluation, relevant tools for communities to use, how best to engage communities and determining appropriate indicators.

**10.0 New Business**

**10.1 Application for Membership**

Three new members have submitted applications to become BCHLA general members:

- The Kidney Foundation of Canada, BC Branch
- Columbia Valley Botanical Gardens and Sustainability Living
- Soaking Wet Endurance Association of Tofino (SWEAT)

**Action:**

The Kidney Foundation has been accepted as a General Member of the BCHLA and will be sent a welcome package. The other two applications were declined as they did not meet the predefined criteria, they are not a regional alliance or a provincial organization. The suggestion was made to provide alternative networks for those organizations to join (e.g. Interior Healthy Living Alliance, Active Communities).

**10.4 Invitation to Participate: Innovation & Integration Advisory Committee (Legacies Now); Primary Prevention Action Group (CCS)**

Suzanne Strutt is on the Innovations Integration Advisory Committee and explained that the meetings look at ways to share overlapping initiatives. Sonya Kupka has been invited to participate on this committee and given the recent joint funding announcement will attend on a one time basis pending a review of time commitments.

Barbara Kaminsky was identified as the most appropriate BCHLA representative for the Primary Prevention Action Group.

**13.0 Adjournment and date of next meeting**

The meeting adjourned at 4:00 pm. All other agenda items not discussed have been deferred to the next meeting.

The next meeting is scheduled for May 24<sup>th</sup>, 2006, at the Heart and Stroke Foundation.

The 2006 Coordinating Committee dates are as follows:

***Note Your Calendars!***

- **May**                      **Wednesday 24 - Heart and Stroke Foundation**
- **September**           **Wednesday 27 – Canadian Cancer Society**
- **November**            **Wednesday 22- Heart and Stroke Foundation**





# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Coordinating Committee Member Agreement

For the

BC HEALTHY LIVING ALLIANCE COORDINATING COMMITTEE

### Purpose

This agreement complements the BC Healthy Living Alliance (BCHLA) Terms of Reference to describe the responsibilities of the Coordinating Committee Members.

For the 2005/06 fiscal year, the following organizations have been invited to sign on as Coordinating Committee Members:

#### Voting Member

- BC Lung Association,
- BC Pediatric Society,
- BC Recreation and Parks Association,
- Canadian Cancer Society, BC and Yukon Division,
- Canadian Diabetes Association Pacific Division(CDA),
- Dietitians of Canada, BC Region ,
- Heart and Stroke Foundation of BC & Yukon,
- Public Health Association of BC,
- Union of BC Municipalities,

#### Non Voting Members

- Fraser Health Authority,
- Interior Health Authority,
- Northern Health Authority,
- Vancouver Coastal Health Authority,
- Vancouver Island Health Authority,
- Provincial Health Services Authority,
- Ministry of Health Services, and the
- Public Health Agency of Canada, BC/Yukon Region

### The Coordinating Committee is charged with enacting the following mission:

The mission of BCHLA is to improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free.

While the Alliance recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary habits, tobacco use, obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes.

### Responsibilities

1. Each of the organizations listed in this Agreement will appoint a senior organizational representative to BCHLA, who can make decisions on behalf of their organization and may appoint an additional representative to facilitate communication and support the work of BCHLA. The organizational representative will:



- a. Act as the liaison to their constituents, providing timely information on the activities and advocacy position of BCHLA and facilitating consultation as required to further the mandate of BCHLA;
  - b. Participate in the quarterly meetings of the Coordinating Committee to enact the vision, mission, guiding principles and goals by providing collaborative leadership in relation to setting positions, broad policy, and strategic directions.
  - c. Secure financial or in kind contribution for the Alliance on behalf of their organization.
2. Voting Members of the Coordinating Committee will:
- a. Approve strategic plans and other plans to guide the development and operation of BCHLA;
  - b. Approve annual budgets that will not exceed funds that have been received by BCHLA;
  - c. Approve advocacy positions and public statements made by BCHLA; and
  - d. Approve all governing policies setting out the official processes to be followed by anyone carrying out duties on behalf of BCHLA.

Organizational representatives will, at the same time, support Operations Committee's decisions as required for the day to-day operations of BCHLA so long as these are consistent with any policy established by the Coordinating Committee.

3. Limitations on authority of organizational representatives:
- a. No organizational representative is authorized to expend funds except as decided by the official Coordinating Committee process.
  - b. Each organization agrees that their representative will comply with policies established by the BCHLA Coordinating Committee's official process.
  - c. No organization shall attribute statements or actions of BCHLA to any other organization that is a party to this agreement without obtaining explicit agreement from that other party as to the content and manner its name is to be used.
4. This Agreement is meant to be a definitive expression and record of the purpose and intention of the parties at this point in time, to which each party honourably pledges itself. It is not meant to create any binding legal obligation or create a legal partnership.
5. The cooperative relationship described in this document does not in any way grant, infer or imply endorsement, sanction, or certification on the part of any of the Coordinating Committee organizations of the programs and services of the others.
6. Amendments to this Agreement shall be made in writing and signed by all organizational representatives.

### **Signing**

The term of this agreement shall end March 31, 2006 at which time another agreement may be executed.

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Signature of Representative, Title and Organization

## Appendix A

### Approved Funding Arrangements

1. All funds received by the BCHLA from the Coordinating Committee Members shall be held by the BC Recreation and Parks Association on behalf of the Coordinating Committee for the exclusive use of the approved plans for BCHLA.
2. Financial reports shall be submitted to the Coordinating Committee by BC Recreation and Parks Association, through the Secretariat.
3. Internal policies of BCRPA shall be followed for proper management and reporting of funds; and
4. The Director of BCHLA Secretariat shall authorize expenses from BCHLA funds, with the exception of personal expenses incurred by the Director. These shall be approved by the Chair





# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

As of May 03, 2006 the following coordinating Committee Members have submitted their signed 2005/06 agreement:

- Dietitians of Canada, BC Region,
- Interior Health Authority,
- Canadian Cancer Society, BC/Yukon Division,
- BC Recreation and Parks Association,
- BC Lung Association,
- Canadian Diabetes Association Pacific Division(CDA),
- Heart and Stroke Foundation of BC & Yukon,
- Union of BC Municipalities,
- Public Health Association of BC,
- Vancouver Coastal Health Authority,
- BC Pediatric Society
- Ministry of Health Services.

The forms from the following members are still outstanding:

- Fraser Health Authority,
- Northern Health Authority,
- Vancouver Island Health Authority,
- Provincial Health Services Authority, and the
- Public Health Agency of Canada, BC/Yukon Region



# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Coordinating Committee

### Meeting Notes

August 28, 2006, 9am to 4pm

#### PARTICIPANTS:

Marion Lay, 2010 Legacies Now  
Kelly Ablog Marrant, BC Lung Association  
Scott McDonald, BC Lung Association  
Tom Warshawski, BC Pediatric Society  
Stephanie Hudson, BC Pediatric Society  
Suzanne Allard Strutt, BC Rec. and Parks Association, BCHLA Chair  
Barbara Kaminsky, Canadian Cancer Society, BC and Yukon  
Cathy Adair, Canadian Cancer Society, BC and Yukon  
Jean Blake, Canadian Diabetes Association, Pacific Division  
Janice Macdonald, Dietitians of Canada, BC Region  
Bobbe Wood, Heart and Stroke Foundation of B.C. & Yukon  
Shannon Turner, Public Health Association of BC  
Steve Pedersen, Public Health Association of BC  
Dianne Miller, Fraser Health Authority  
Linda Hebel, Fraser Health Authority  
Paul Hasselback, Interior Health Authority  
Andrew Hazlewood, Ministry of Health (by telephone for the afternoon)  
Laurie Woodland, Ministry of Health  
Joanne Houghton, Northern Health Authority  
John Millar, Provincial Health Services Authority  
Denise Weber, Public Health Agency of Canada/Yukon Region  
Ted Bruce, Vancouver Coastal Health  
Dr. Murray Fyfe, Vancouver Island Health Authority  
Sonya Kupka, Director, BCHLA Secretariat  
Penny Ballem, Consultant

## REVIEW OF PROCESS AND CONTEXT

### Goal for the Day:

To develop further clarity of some of the expectations of the investment:  
Are we ready to move forward in these two areas where business plans were drafted (i.e. Nutrition and Physical Activity?) What is it that still needs to be done so that by September we coalesce under a clear vision?

### Opening Comments (Penny Ballem):

- This structure (alliance) has a lot of value in the diverse partnerships, but it takes time for good decision making
- Public is being mobilized – so what are the opportunities? Want to align with public needs.
- This is a lot of \$ so everyone will be looking how this is allocated and how this impacts the public. How can we do more and get better value for the investment?
- Health Authorities are ultimately held accountable for the health of the population. They have been around the BCHLA table which is helpful – other alliances across the country do not necessarily have the same access.

### Changes in Environment of Act Now (Laurie Woodland):

- Minister of State supports work done to date, but wants more public visibility.
- The current targets and focus are expected to be maintained.
- Comments from the Group included:
  - Historically the establishment of a Minister of State (e.g. for Mental Health) has not advanced the issues and so this may not be such a positive development.
  - There was concern about who would continue to chair the Interministerial Committee and strong support that Health (Andy Hazelwood) continues in this role.
  - The need for data to generate action and measure impact was identified as essential – but who should fund this and what is BCHLA's role?

## PRESENTATION (Penny Ballem):

### Attached:

A review of the concepts behind ActNow, a summary of feedback to facilitator from BCHLA members and a brief synthesis of the environmental scan and gap analysis.



## MAPPING OF STRATEGIC PLATFORMS

### Purpose:

Taking advantage of existing infrastructure is a key element of a quick win. This requires an awareness of the existing players and initiatives so BCHLA can build on this for maximum impact and coherence.

The following players were identified by the group through a brief brainstorming:

### Physical Activity

*Government:* Forestry/Housing, Aboriginal Relations & Reconciliation, Tourism Sports & the Arts, Education, Health, Solicitor General, Environment/Parks, Transportation, Economic Development/Olympics, Public Health Agency of Canada

*Public Sector:* UBCM/Municipalities, Health Authorities, Schools, Universities/Colleges, Pre-schools, BCRPA/Parks & Recreation (regional, municipal, private)

*Communities:* NGOs, Regional Networks/Alliances (e.g. HEAL, IH), Active Communities, Healthy Communities, BC, Aboriginal and Seniors Games, Tourism BC

### Healthy Eating

*Government:* Health, HealthCanada/Public Health Agency of Canada, Agriculture, Education, Transportation, Housing, Aboriginal Relations & Reconciliation, Employment and Income Assistance

*Public Sector:* Health Authorities, Schools, University/Colleges

*Community:* Community Food Action Initiative (linked with Health Authorities), Dial-a-Dietitian, BC Food Security Network, NGOs, Healthy Communities

It was noted that there are many other players who are also contributing to these two key areas, including the private sector.

As BCHLA proceeds with the development of specific plans for investment, further identification of potential partners/influences will be necessary.

## QUICK WINS

There was acknowledgement that a significant amount of work was done to date in a very compressed timeline. The BCHLA Coordinating Committee unanimously agreed to proceed with developing the following two concepts:

### **Healthy Eating Quick Win**

*Focus:* School Food Guidelines

*Target Audience:* School Children

*Concept:* Development of a plan describing how the BC Healthy Living Alliance can support quicker and "happier" implementation of the School Food and Beverage Guidelines.

*Approach:* Discussion at the meeting revealed that all health authorities are working with their school districts on implementation of the policy. Key to the discussion was the need to align any investment by BCHLA on expedited and happier implementation to the work ongoing by the two sectors with accountability (health authorities and school districts). A range of initiatives were discussed which would be helpful and there was strong support for this as an early win in an area key to government's direction.

A consultant (or team of consultants) will be hired to work with the health authorities to bring existing networks/groups in each health region together as appropriate to discuss how best to support the implementation of the School Food and Beverage Guidelines. The consultant is expected to tap into existing infrastructure by consulting with individuals, groups and committees already working on this issue.

The consultant will develop a plan for consideration by the BC Healthy Living Alliance. This will be a provincial plan with a flexible and customized approach for each health region and their respective school districts. The plan may include a supplementation of professional expertise, an award program, school grants, social marketing, and enabling of other organizations to assist with implementation.

The plan should propose various options for the scope, outlining what could be achieved for an investment by BCHLA of up to \$1 Million over 2 years. Opportunities for leveraging these funds should also be identified through this process.



Health Authorities and the BCHLA Secretariat will facilitate this process by identifying potential contractors and key stakeholders, participating in the discussions and advising on the plan. The Ministry of Education, Action Schools and DASH were identified as potential partners.

*Timeframe:* 6 weeks from the point of hiring the consultant

*Value of Contract:* up to \$150,000, all inclusive with the recognition that a portion of these expenses will be travel reimbursements.

*Contractor for developing this plan:* Dietitians of Canada

### **Physical Activity/Walking Strategy**

*Focus:* Disparities and At Risk Populations

*Target Audience:* Sedentary Population - Adults (Seniors & Families)

*Concept:* Development of a comprehensive and integrated physical activity strategy for the BC Healthy Living Alliance which will specifically target the adult sedentary population and their families. This strategy

As a context piece, it was noted that Action Schools is a major initiative targeted at children and youth (one of the provincial government's two priority areas) and that discussion with LegaciesNow would be important to understand the extent of the many physical activity initiatives already underway under their stewardship for children and youth, as well as their other initiatives under their physical activity pillar (e.g. Active Communities.)

*Approach:* A consultant (or team of consultants) will be hired to summarize the available data in regard to physical activity/inactivity available in regard to the population of BC and to complete a mapping & gathering of the existing physical activity programs and strategies (building on the environmental scan). This could include a trails map and an inventory of running or walking events.

There will be a high level description (demographics, geographic as it relates to health authority populations) of the target population and a review of the literature on best and promising practices and evidence for increasing physical activity in this population.



Based on the above, the consultant will work with identified experts and BCHLA members: BCRPA (including Active Communities), Heart & Stroke, 2010 Legacies Now, BC Lung and others (UBCM, Healthy Authorities, and the Secretariat) to develop a meaningful physical activity strategy for consideration by the BC Healthy Living Alliance. The strategy should include walking as one component; consider physical activity in the context of existing disparities; ensure integration of existing programs and strategies; and include estimates of the potential impact of the strategy. Key to the strategy will be the articulation of projected outcomes at a population level and their relationship to the targets outlined in the Winning Legacy and ActNow.

In addition, the consultant will make a recommendation to the BC Healthy Living Alliance on any quick wins which might be feasible in support of this strategy.

*Timeframe:* 10 weeks?

*Value of Contract:* up to \$100,000

*Contractor for this plan:* BCRPA

## **WRAP UP DISCUSSION:**

The group briefly identified issues which required further discussion and resolutions at the next meeting. These included:

- Social marketing/ branding issues: concern was expressed by Alliance members that there was some perceived inequity about the current perception of how this was to proceed. The group agreed to bring back the work done to date on the issue and the facilitator agreed to draft out with Sonya Kupka some option for discussion at the next meeting.
- Data: there is to be a meeting of a group organized by PHSA/John Millar which will be reviewing with the HA's and the MOH the various levels of population health data which is needed by the sector and the alliance and to come to some understanding of who should be collecting what and what resources were available to support this work. This will be brought forward at the next meeting

- Evaluation: a draft evaluation framework has been prepared through the BCHLA secretariat and will be brought forward to the next meeting for discussion. All agreed that evaluation of our work, and tracking of impact was key to the work and investments of the BCHLA
- Advocacy: a brief discussion on advocacy revealed although most organizations in the Alliance normally see advocacy as one of their key roles and indeed a key role as an Alliance, there had been little work done by the membership in this area since the funding had been signaled. Discussion of how to proceed in this area as an alliance needs further
- Community engagement: a third paper is being worked on under the stewardship of Cathy Adair and the CCS – the vision for community engagement needs to be discussed with the full Coordinating Committee to provide further direction on how this concept should evolve. It was agreed that it would be first on the agenda.
- Tobacco strategy: our approach to the risk factor of tobacco is something that needs to be discussed as soon as possible
- Comprehensive nutrition plan: it was acknowledged that the initiative related to implementation of the school nutrition guidelines was only part of an overall nutrition strategy and there would need to be discussion in regard to the rest of the plan at the next meeting.

## NEXT STEPS

**Next Meeting:** October 3, 2006 from 9am to 4pm

Agenda preparation: Penny Ballem will work with the secretariat and the Chair in preparation for the Oct 3 meeting.

Dietitians of Canada (Janice Macdonald) will be working with key BCHLA Members and School Districts to expedite the nutrition early win plan re school nutrition guidelines

BCRPA will be working with key BCHLA Members to coordinate development of physical activity/walking strategy targeting the adult sedentary population and their families.

John Millar's group scheduled to meet late September re data and report back to October 3 meeting

Draft Evaluation Framework to be circulated prior to October 3 meeting.



# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Agenda Item 2.0

### For Coordinating Committee Terms of Reference

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#### Vision

A healthy British Columbia

#### Mission

To improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free.

While the Alliance recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary habits, tobacco use and obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes.

#### Goal

To reduce the burden of chronic disease in British Columbia by:

- Advocating for and supporting health promoting policies, environments, programs and services.
- Enhancing collaboration among government, non-government and private sector organizations.
- Increasing the capacity of communities to create and sustain health promoting policies, environments, programs and services.

#### Targets for 2010

- 9 out of 10 British Columbians will not smoke
- 7 out of 10 British Columbians will be eating at least 5 vegetables and fruit a day
- 7 out of 10 British Columbians will be physically active
- 7 out of 10 British Columbians will be at a healthy weight

#### Principles

The BCHLA is guided by a commitment to:

- the population health approach, recognizing that many factors influence health, including: income, social status, education, social support networks, employment and working conditions, physical environments, personal health practices, biology and genetic endowment, health services, and healthy child development
- fostering vertical and horizontal integration across risk factors, the prevention-management continuum and jurisdictions
- building upon existing programs and experiences, where possible
- basing decisions and actions on the best available evidence
- respecting the unique strengths, experience and expertise of all organizations and individuals that participate in the Alliance
- participation of member organizations and individuals, recognizing that each will contribute various resources to BCHLA, depending on their capacity to do so



## Structure

An overview of the structure of BCHLA is captured in Appendix A.

1. The **Coordinating Committee** enables BCHLA's Vision, Mission and Goal by providing collaborative leadership for the Alliance and facilitating a coordinated, comprehensive approach to implementing select initiatives. The Coordinating Committee is responsible for the stewardship of the \$25.2 million grant from the provincial government.

The Coordinating Committee strives for inclusiveness, while recognizing that size limitations are necessary for this group to provide effective leadership for the Alliance. The Committee includes both voting members and advisory (non-voting) members. All members participate fully in discussions. The current membership is listed in Appendix B and is reviewed and ratified annually by the Coordinating Committee.

All Coordinating Committee Member organizations are required to appoint a senior representative (CEO/Executive Director) to make decisions on behalf of their organization regarding their involvement in the Alliance. A second senior representative may be appointed to represent the organization to ensure continuity. Member organizations must commit to participating in the work of BCHLA; attend quarterly meetings and provide a financial or in-kind contribution to the Alliance.

The Coordinating Committee meets in-person at least four times a year. Both the senior representative and their designated senior representative are welcome to attend all meetings of the Coordinating Committee. *In the event that neither can attend a meeting, the senior representative or the designated senior representative may authorize another senior member of the organization to represent them, participate in discussions and in the case of voting members, vote on issues arising at the meeting. Such designation must be in writing and provided to the Secretariat prior to the commencement of the meeting. Such a designated representative of a voting member will count towards a quorum.*

*All members of the Coordinating Committee will strive to ensure there is continuity in representation and attendance at meetings.*

### **The role of the Coordinating Committee includes:**

- Setting the strategic direction
- Developing partnerships to realize the Vision, Mission and Goal
- Identifying priorities for promoting and influencing public policy and engaging in advocacy
- Providing stewardship and collaboration relating to the investment strategies related to the three pillars of healthy eating, physical activity, tobacco reduction and the community health promotion capacity building strategy. This includes assigning leads for initiatives, approving their implementation plans, then monitoring the impact and outcomes and providing direction when necessary
- Supporting and enabling the evaluation by approving the overall approach and key elements of the implementation and ensuring access to relevant data for tracking the aggregate progress on the targets
- Communicating common messages by representing BCHLA and speaking on behalf of the collective rather than from their own organization's perspective

### **Decision-Making Process**

Any items requiring a decision are circulated to the Coordinating Committee members, in the agenda, one week prior to the meeting at which the decision is to be made. When Coordinating Committee members are canvassed on issues as part of this agenda package, or within two weeks, the absence of a response will be interpreted as acquiescence.

A consensus decision-making model is used by the Coordinating Committee. Consensus is defined as the willingness among all members to support a decision once it is made. Consensus does not mean that all members necessarily think the chosen decision is the best one, or even that it will work. Rather, all members feel that their organizations' position has been expressed, heard and understood in the process of arriving at the final decision.

Consensus of the full committee, voting and non-voting, is especially important when a decision has a major impact on the direction of BCHLA. Voting members will, when necessary, confirm consensus through a show of hands.

When consensus cannot be reasonably reached, members may agree to disagree. At this time the Chair, or any member of the committee, can ask for a formal vote. At least 2/3 of the voting members (6 of 9) must be present to constitute a quorum.

Each *voting member* shall have only one vote at meetings. At least 2/3 of voting members (6 of 9) must be in agreement for a vote to carry. Written proxies from a *voting member unable to attend a meeting or send a designated representative, may be provided* to the Chair or Secretariat *in advance of the meeting*, however such *proxies* do not count towards a quorum. *Proxies may only be given to another voting member.*

### **Conflict of Interest Guidelines (\*needs Coordinating Committee ratification)**

Committee and staff members must inform the Chair prior to or at the beginning of the meeting, if the potential for conflict of interest exists (e.g. financial loss/gain, personal relationship.)

Based on this information, the Chair recommends one of the following and seeks the agreement of the full committee as to whether the committee or staff member with the potential conflict of interest will:

- a) participate fully, or
- b) contribute to the discussion, but refrain from making recommendations and abstain in the decision making, or
- c) leave the room when the issue in question is being discussed and the decisions made, or
- d) withdraw from the committee indefinitely.

The responsibility for identifying conflicts lies with the committee or staff member with the conflict.

Declaration of and withdrawal of members due to potential conflict of interest must be duly recorded in Committee meeting minutes.

If the Chair identifies that he/she has a potential conflict, the Past Chair or Chair Elect of the Committee, will decide as above.



2. The **Operations Committee** is open to all voting members and reports to the Coordinating Committee through meeting minutes. This committee has delegated decision-making powers in areas related to the Secretariat (e.g. operations budget, financial statements) and follows the same decision-making process and conflict of interest guidelines as outlined above for the Coordinating Committee.

The Operations Committee meets monthly or bi-monthly, in-person, or by teleconference as required. *An individual member may participate and vote by telephone at any meeting of the Operations Committee, with advance notice of at least one business day provided to the Secretariat.*

The role of the **Operations Committee** includes:

- Supporting and working within the Coordinating Committee strategic direction and Terms of Reference
  - Enabling the coordination of consistent communications in relation to BCHLA, including funded initiatives and strategies
  - Selecting the Director of the Secretariat, then overseeing and supporting the work of the Secretariat by setting expectations and limitations to authority, approving allocation of resources and reporting requirements and providing strategic advice
  - Examining and ensuring integrity of advocacy and operational business plans
  - Approving new members, receiving key correspondence
  - When response time does not permit full participation, serves as the decision-making body on behalf of the Coordinating Committee
3. The **Chair** is the official spokesperson and representative of BCHLA. She/he presides over the Coordinating Committee and Operations Committee meetings and signs correspondence on behalf of the BCHLA.

The **Chair** must be a voting member and is selected and ratified by members of the Operations Committee as the term of the Chair expires. The Chair shall serve a two-year, non-renewable term.

Responsibilities of the BCHLA Chair include:

- Chairing meetings of the Coordinating Committee and the Operations Committee – seeks/builds consensus, calls for a vote (can also be requested by any member of the meeting), shapes agenda
- Spokesperson and primary representative to external audiences
- Providing direction when appropriate on emerging issues requiring an immediate response
- Guiding and ensuring appropriate governance process
- Enabling appropriate participation of Coordinating Committee members
- On behalf of the Coordinating and Operations Committee, providing direction to the Director of the Secretariat
- Fiduciary responsibility: signs documents on behalf of BCHLA (correspondence, contracts); reviews expenses of Director

In the absence of the Chair, the Past Chair or Chair Elect can assume the responsibilities of the Chair. The Past Chair commitment is for one year following their term. At the beginning of the second year of the Chair's term, an incumbent is selected by the Operations Committee to assume the responsibilities of Chair Elect.



4. **Working Groups** are appointed and directed by the Coordinating Committee to conduct defined tasks on behalf of BCHLA. A working group's term is finite and is defined by the tasks it undertakes. The scope of work is defined by the **Coordinating Committee** and will include clearly identified tasks, outcomes, and timelines. The decision making process and conflict of interest guidelines are assumed to be adopted, with any exceptions being noted in that Working Groups' Terms of Reference.

Membership in a working group is comprised of individuals with skill sets appropriate to the task and may consist of members of the Coordinating Committee, staff of the Secretariat, staff of member organizations and/or other external experts. A member of the Coordinating Committee (voting or non-voting) will be identified as Chair of each Working Group to ensure effective communication and accountability. Participation is voluntary.

5. The **BCHLA Network** is a mechanism to facilitate collaborative action to promote the BCHLA's strategic direction of physical activity, healthy eating and living smoke-free.

Through the BCHLA Network, organizations can share information through the website and other communication tools, participate on working groups and in advocacy activities.

At the discretion of BCHLA, the BCHLA Network is open to an organization that:

- has a provincial scope or is a regional/local alliance with a mission which is aligned with the work of the BCHLA
- endorses BCHLA's mission and goals
- is a non profit organization

*Organizations will not be eligible for participation in the Network if:*

- They are representing the specific interests of companies engaged in promoting products or services not consistent with the mission and goals of BCHLA
- Any part of their mandate or activities would appear to conflict with the mission and goals of BCHLA

*Participation in the BCHLA Network does not imply the endorsement by BCHLA of the participating organization or its activities*

Organizations wishing to participate in the BCHLA network are invited to submit an application. *The Secretariat is authorized to approve applicants meeting all of the approved criteria. If the Secretariat has any concerns about the eligibility of an applicant, it will refer the application for consideration and decision by the Operations Committee. The Term of membership in the BCHLA Network is one year renewable upon confirmation by BCHLA and the member.*

6. The **Secretariat** operationalizes the strategic directions set by the Coordinating Committee and is the liaison with other Provincial and National Alliances and the BCHLA Network.

The Operations Committee selects a Director of the Secretariat who has the delegated responsibility for all operational functions within the limits defined by the Operations Committee and according to a Business Plan which is ratified annually by the Operations Committee.

Responsibilities of the BCHLA Director of the Secretariat include:

- Creating and maintaining contractual relationships with the voting members leading initiatives, for coordinating and streamlining regular reporting, monitoring and

identifying issues related to the overall process on the four strategies and communications and evaluation plan

- *Assisting with the evaluation initiative, monitoring the external evaluation activities and ensuring consistency across initiatives' internal evaluation activities.*
  - *Strategically coordinating communications related to BCHLA-funded initiatives and strategies and managing communications where they relate to the positions and activities of the Alliance as a whole*
  - Facilitating activities to promote and influence healthy public policy
  - Providing efficient administration and support for effective governance
  - Representing BCHLA and serving as the liaison to government and external groups
7. The BC Recreation and Parks Association (BCRPA) is the current **Fiscal Agent** for BCHLA. All funds received by BCHLA are held by BCRPA for the exclusive use of the approved plans by the Coordinating Committee. Through its obligation to the Ministry of Health via the December 15, 2005 Transfer Agreement, BCRPA is legally accountable for this grant.

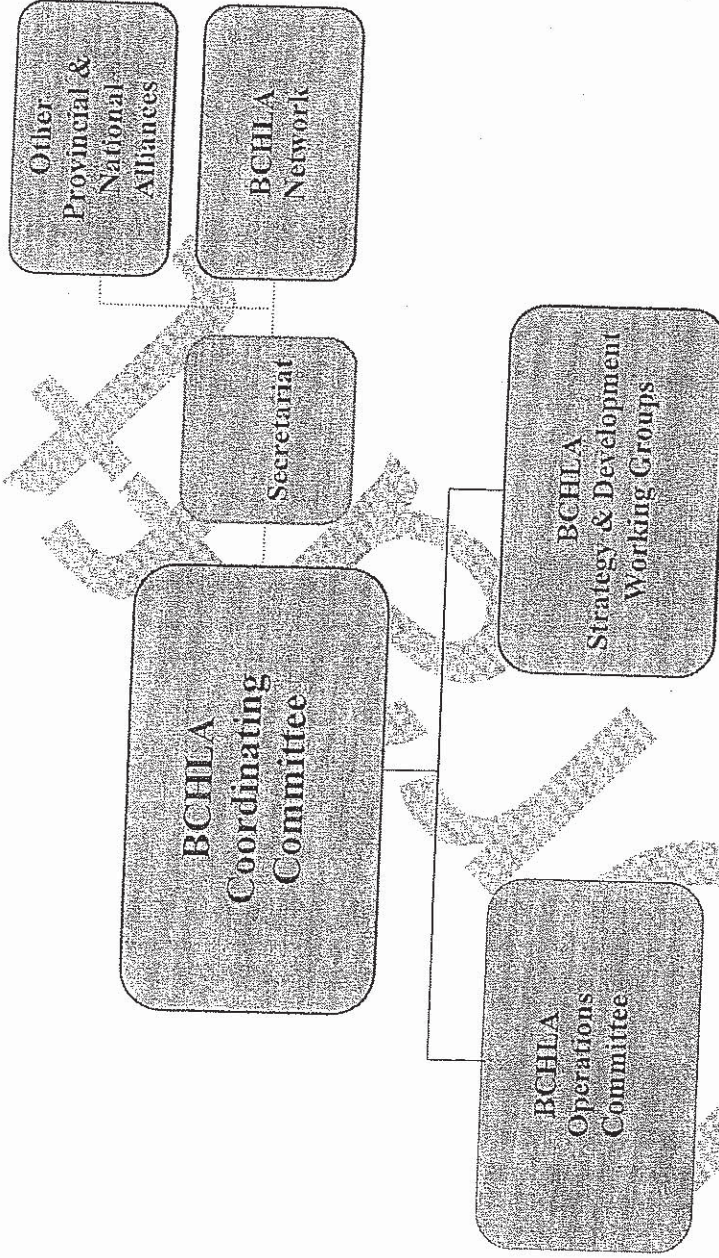
Responsibilities of BCRPA as the Fiscal Agent include:

- Co-signing of contracts (along with Chair and Secretariat)
- Serving as employer of Secretariat staff (with no supervisory responsibility)
- Providing audited statements of funds received for BCHLA
- Issuing and payment of invoices issued to BCHLA
- Submitting financial reports to the Secretariat
- Applying the internal policies of BCRPA as well as additional policies of BCHLA for the proper management and reporting of funds
- The ultimate liability with respect to ensuring that the Ministry of Health funds are used for the purposes intended



# Appendix A

## BC Healthy Living Alliance Structure



Secretariat represents the BCHLA on the following Provincial National Alliances:

- BC Population Health Network
- PPH Evidence & Data Expert Group (PPHEDEG)
- Chronic Disease & Injury Prevention and Control (CDPAC) Steering Committee
- CDPAC – Network of Alliances
- ActNow BC Provincial Evaluation Advisory Committee





# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Appendix B

### **Terms of Reference** *(proposed amendments to be ratified by the Coordinating Committee)*

The following organizations were ratified as members at the May 17, 2007 meeting of the Coordinating Committee:

#### **Voting Members**

BC Lung Association, the BC Pediatric Society, the BC Recreation and Parks Association, the Canadian Cancer Society, BC & Yukon Division, the Canadian Diabetes Association, the Dietitians of Canada, BC Region, the Heart and Stroke Foundation of BC & Yukon, the Public Health Association of BC and the Union of BC Municipalities.

#### **Advisory Members (non-voting)**

The Ministry of Health, the Ministry of Tourism Sport and the Arts, ActNow BC, Fraser Health, Interior Health, Northern Health, Vancouver Coastal Health, Vancouver Island Health, Provincial Health Services Authority, the Public Health Agency of Canada and 2010 Legacies Now

#### **Network Participants**

Arthritis Society of BC/Yukon  
Alzheimer Society of BC  
BC Medical Association  
BC Naturopathic Association  
BC Soccer Association  
Canadian Breast Cancer foundation, BC/Yukon Chapter  
Centre on Aging, University of Victoria  
Child Health BC  
Directorate of Agencies for School Health BC  
Jessie's Hope Society  
Métis Nation British Columbia  
Multiple Sclerosis Society – BC Division  
Osteoporosis Canada – BC Division  
Sport BC

## PATHWAY TO DECISION MAKING

### Sourced from Conceptual Framework

Coordinating Committee approves the four strategies: Physical Activity, Healthy Eating, Tobacco Reduction and Community HP Capacity Building



Coordinating Committee assigns each initiative under the strategies to a voting member (i.e. the Lead) for implementation through the appropriate internal and external partnerships, with accountability back to the Coordinating Committee for reporting and deliverables.



Leads for initiatives develop implementation plans consistent with explicit direction from the Coordinating Committee



Secretariat receives and reviews implementation plans and initiates appropriate action if there are gaps, risks for duplication, and opportunities for leveraging. All initiative-based communications opportunities will be brought forward for coordination and discussion with the communications Lead



Coordinating Committee reviews and approves all implementation plans



Secretariat finalizes contract with the Lead for each initiative and money flows as agreed. The Lead for each initiative is accountable for due diligence of partnership contractual arrangements (using the template contracts for the documentation.)



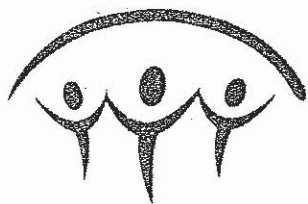
The Lead is responsible for putting in place a best practice project management framework to enable tracking and reporting of progress.  
Leads of initiatives submit standardized reports to Secretariat.



Secretariat prepares aggregate report for each of the four strategies using a format approved by the Coordinating Committee



Coordinating Committee reviews aggregate reports for each of the four strategies and gives direction if needed.



# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Member Agreement For the BC Healthy Living Alliance Coordinating Committee

### Purpose

This agreement complements the BC Healthy Living Alliance (BCHLA) Terms of Reference to describe the responsibilities of the Coordinating Committee Members.

For the 2008/09 fiscal year, the following organizations have been invited to sign on as Coordinating Committee Members:

### Voting Members

- BC Lung Association
- BC Pediatric Society
- BC Recreation and Parks Association
- Canadian Cancer Society, BC and Yukon Division
- Canadian Diabetes Association Pacific
- Dietitians of Canada, BC Region
- Heart and Stroke Foundation of BC & Yukon
- Public Health Association of BC
- Union of BC Municipalities

### Non Voting Members

- ActNow BC
- Fraser Health
- Interior Health
- Ministry of Health
- Northern Health
- Provincial Health Services Authority
- Public Health Agency of Canada, BC/Yukon Region
- 2010 Legacies Now
- Vancouver Coastal Health
- Vancouver Island Health

### The Coordinating Committee is charged with enacting the following mission:

The mission of BCHLA is to improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free.

While the Alliance recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary



habits, tobacco use and obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes.

### Responsibilities

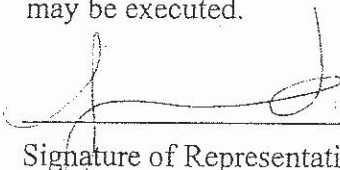
1. Each of the organizations listed in this Agreement will appoint a senior organizational representative to BCHLA, who can make decisions on behalf of their organization and may appoint an additional representative to facilitate communication and support the work of BCHLA. The organizational representative will:
  - a. Act as the liaison to their constituents, providing timely information on the activities and advocacy position of BCHLA and facilitating consultation as required to further the mandate of BCHLA;
  - b. Participate in the quarterly meetings of the Coordinating Committee to enact the vision, mission, guiding principles and goals by providing collaborative leadership in relation to setting positions, broad policy, and strategic directions.
  - c. Secure financial or in-kind contribution for the Alliance on behalf of their organization.
2. Voting Members of the Coordinating Committee will:
  - a. Approve strategic plans and other plans to guide the development and operation of BCHLA;
  - b. Approve annual budgets that will not exceed funds that have been received by BCHLA;
  - c. Approve advocacy positions and public statements made by BCHLA; and
  - d. Approve all governing policies setting out the official processes to be followed by anyone carrying out duties on behalf of BCHLA.Organizational representatives will, at the same time, support Operations Committee's decisions as required for the day-to-day operations of BCHLA so long as these are consistent with any policy established by the Coordinating Committee.
3. Limitations on authority of organizational representatives:
  - a. No organizational representative is authorized to expend funds except as decided by the official Coordinating Committee process.
  - b. Each organization agrees that their representative will comply with policies established by the BCHLA Coordinating Committee's official process.
  - c. No organization shall attribute statements or actions of BCHLA to any other organization that is a party to this Agreement without obtaining explicit agreement from that other party as to the content and manner its name is to be used.
4. This Agreement is meant to be a definitive expression and record of the purpose and intention of the parties at this point in time, to which each party honourably

pledges itself. It is not meant to create any binding legal obligation or create a legal partnership.

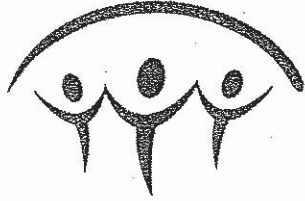
5. The cooperative relationship described in this document does not in any way grant, infer or imply endorsement, sanction, or certification on the part of any of the Coordinating Committee organizations of the programs and services of the others.
6. Amendments to this Agreement shall be made in writing and signed by all organizational representatives.

### Signing

The term of this Agreement shall end March 31, 2009 at which time another agreement may be executed.

 LARIE WOODLAND, EXECUTIVE DIRECTOR  
Signature of Representative, Title and Organization      HEALTHY LIVING,  
CHRONIC DISEASE PREVENTION  
MINISTRY OF HEALTH





# BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

## Appendix A

### Approved Funding Arrangements

1. All funds received by the BCHLA from the Coordinating Committee Members shall be held by the BC Recreation and Parks Association on behalf of the Coordinating Committee for the exclusive use of the approved plans for BCHLA.
2. Financial reports shall be submitted to the Coordinating Committee by the BC Recreation and Parks Association, through the Secretariat.
3. Internal policies of BCRPA shall be followed for proper management and reporting of funds; and
4. The Director of BCHLA Secretariat shall authorize expenses from BCHLA funds, with the exception of personal expenses incurred by the Director. These shall be approved by the Chair.



## Transfer Under Agreement

THIS AGREEMENT made the 18th day of October, 2005.

BETWEEN:

Ministry of Health (the Ministry)  
1515 Blanshard St  
Victoria BC V8W 3C8  
Fax: 250-952-1570

OF THE FIRST PART

AND:

British Columbia Recreation and Parks Association (BCRPA)  
#30 – 10551 Shellbridge Way  
Richmond BC V6X 2W9  
Fax: 604-273-8059

OF THE SECOND PART

WHEREAS:

The Ministry has the authority and wishes to provide a grant to the BCRPA, on behalf of the British Columbia Healthy Living Alliance (BCHLA), based on the terms and conditions hereinafter set forth,

The BCRPA is eligible for the grant as determined by the Ministry,

NOW THEREFORE in consideration of the premises and covenants and agreements set out in this Agreement and for other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged by the parties), the parties agree as follows:

## **PAYMENT OF FUNDS**

The Ministry will disburse \$50,000 to the BCRPA on the signing of this agreement.

Notwithstanding any other provision of this Agreement, in no event will the Ministry be or become obligated to the BCRPA pursuant to this Agreement for an amount exceeding, in the aggregate, \$50,000.

## **TERMS AND CONDITIONS**

Notwithstanding any other provision of this Agreement, the provision of the grant pursuant to this Agreement is for the purposes outlined below.

## **SERVICES**

The Ministry will provide funding to promote wellness and support chronic disease prevention in British Columbia.

The BCRPA agrees that the funding will be used for this purpose.

Upon request, the BCRPA will provide to the Ministry a report in the form and manner prescribed by the Ministry, showing the expenditures made to date and the estimated future expenditures, from the funding provided by the Ministry.

IN WITNESS WHEREOF the parties hereto have executed this Agreement the day and year first above written.

SIGNED AND DELIVERED on  
Behalf of the Ministry of Health

SIGNED AND DELIVERED on  
behalf of the British Columbia Recreation  
and Parks Association

---

Laurie Woodland  
A/Executive Director  
Healthy Living/Chronic Disease Prevention  
Ministry of Health

---

Suzanne Strutt  
Chief Executive Officer  
British Columbia Recreation and Parks  
Association





November 25, 2005

Ms. Suzanne Strutt  
Chief Executive Officer  
British Columbia Recreation and Parks Association  
30-10551 Shellbridge Way  
Richmond BC V6X 2W9

Dear Ms. Strutt:

Please find enclosed a cheque in the amount of \$50,000, as well as a signed completed copy of the Transfer under Agreement.

Sincerely,

Laurie Woodland  
A/Executive Director  
Healthy Living/Chronic Disease Prevention  
Population Health and Wellness

Enclosure

PHW/HAZLEWOOD/WOODLAND/jf\



## Transfer Under Agreement

THIS AGREEMENT made the 15th day of December, 2005.

BETWEEN:

Ministry of Health (the Ministry)  
1515 Blanshard Street  
Victoria, B.C. V8W 3C8  
Fax: 250-952-1570

OF THE FIRST PART

AND:

British Columbia Recreation and Parks Association (BCRPA)  
#101 – 4664 Lougheed Hwy  
Burnaby, BC V5C 5T5  
Fax: 604-629-2651

OF THE SECOND PART

WHEREAS:

The Ministry has the authority and wishes to provide a grant to the BCRPA, on behalf of the British Columbia Healthy Living Alliance (BCHLA), based on the terms and conditions hereinafter set forth,

The BCRPA is eligible for the grant as determined by the Ministry,

The BCRPA is a not for profit organization dedicated to building and sustaining active healthy lifestyles and communities in British Columbia and is a member of the BCHLA,

The BCHLA is a provincial coalition, whose representatives include major British Columbia provincial health promotion and chronic disease prevention organizations, working together to improve the health of British Columbians by promoting physical activity, healthy eating and living smoke-free,

The Province combines cross-government and community-based approaches to address common chronic disease risk factors through programs and initiatives that support healthier eating, physical activity, ending tobacco use and promoting healthy choices during pregnancy

NOW THEREFORE in consideration of the premises and covenants and agreements set out in this Agreement and for other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged by the parties), the parties agree as follows:

### **PAYMENT OF FUNDS**

The Ministry will disburse \$25,200,000 to the BCRPA on the signing of this agreement.

Notwithstanding any other provision of this Agreement, in no event will the Ministry be or become obligated to the BCRPA pursuant to this Agreement for an amount exceeding, in the aggregate, \$25,200,000.

### **TERMS AND CONDITIONS**

Notwithstanding any other provision of this Agreement, the provision of the grant pursuant to this Agreement is for the purposes outlined below.

### **SERVICES**

The Ministry will provide funding to the BCRPA, on behalf of the British Columbia Healthy Living Alliance (BCHLA) to:

- Support implementation of the strategies contained in the BCHLA's report "The Winning Legacy – A Plan for Improving the Health of British Columbians by 2010"
- Promote wellness and support chronic disease prevention in British Columbia
- Enhance collaboration among local government, nongovernment and private sector organizations
- Increase the capacity of communities to create and sustain health promoting policies, environments, programs and services

The BCRPA agrees that the funding will be used for these purposes.

The BCHLA will review and approve funding allocations, and the BCRPA will upon request, provide to the Ministry, a report in the form and manner prescribed by the Ministry, showing the expenditures made to date and the estimated future expenditures, from the \$25,200,000 provided by the Ministry.



DEC-21-2005 15:48 From:

To: 604 629 2651

P. 4/4

IN WITNESS WHEREOF the parties hereto have executed this Agreement the day and year first above written.

SIGNED AND DELIVERED on  
Behalf of the Ministry of Health



Andrew Hazlewood  
Assistant Deputy Minister  
Population Health and Wellness  
Ministry of Health

SIGNED AND DELIVERED on  
behalf of the British Columbia Recreation  
and Parks Association



*for* Suzanne Strutt  
Chief Executive Officer  
BC Recreation and Parks  
Association and Chair, BC Healthy  
Living Alliance

#2011-220



## Transfer Agreement

THIS AGREEMENT made the 5 day of August 2010.

BETWEEN:

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA, represented by the Minister of Healthy Living and Sport ("the Ministry")

1515 Blanshard Street  
Victoria, BC V8W 3C8  
Fax: 250-952-1570

OF THE FIRST PART

AND:

British Columbia Recreation and Parks Association (BCRPA)  
#101 - 4664 Lougheed Hwy  
Burnaby BC V5C 5T5  
Fax: 604-629-2651

OF THE SECOND PART

WHEREAS:

The Ministry has the authority and wishes to provide a grant to the BCRPA, on behalf of the BC Healthy Living Alliance (BCHLA), based on the terms and conditions hereinafter set forth,

The BCRPA is eligible for the grant as determined by the Ministry,

The BCRPA is a not for profit organization dedicated to building and sustaining active healthy lifestyles and communities in British Columbia and is a member of the BCHLA,

NOW THEREFORE in consideration of the premises and covenants and agreements set out in this Agreement and for other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged by the parties), the parties agree as follows:

#2011-220

## **PAYMENT OF FUNDS**

The Ministry will disburse \$325,000.00 to the BCRPA, on behalf of BCHLA, on the signing this agreement.

Notwithstanding any other provision of this Agreement, in no event will the Ministry be or become obligated to the BCRPA, on behalf of BCHLA, pursuant to this Agreement for an amount exceeding, in the aggregate, \$325,000.00.

## **TERMS AND CONDITIONS**

Notwithstanding any other provision of this Agreement, the provision of the grant pursuant to this Agreement is for the purposes outlined below.

## **PURPOSES**

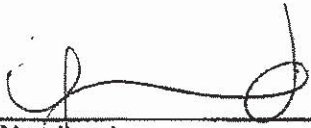
The Ministry will provide funding to the BCRPA, on behalf of BCHLA, to support schools and community organizations to offer healthier food choices and to support the food industry to offer lower sodium and lower calorie food choices.

The BCPRA agrees that the funding will be used for these purposes.

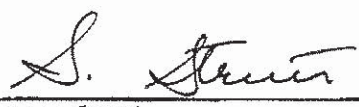
Upon request, the BCRPA, on behalf of BCHLA, will provide to the Ministry, a report in the form and manner proscribed by the Ministry, showing the expenditures made to date and the estimated future expenditures, from the \$325,000.00 funding provided by the Ministry.

IN WITNESS WHEREOF the parties hereto have executed this Agreement the day and year first above written.

SIGNED AND DELIVERED on  
behalf of the Ministry of Healthy  
Living and Sport

  
Laurie Woodland  
Executive Director Aug 12/10  
Ministry of Healthy Living and Sport

SIGNED AND DELIVERED on  
behalf of the BC Parks and Recreation  
Association

  
Suzanne Strutt  
Chief Executive Officer  
BC Parks and Recreation Association and  
Chair, BC Healthy Living Alliance





## MINISTRY OF HEALTHY LIVING AND SPORT AND UNITED WAY OF THE LOWER MAINLAND


### COMMUNITY ACTION FOR SENIORS' INDEPENDENCE PROJECT CHARTER

Project Managers	Beverley Pitman, UWLM Heather Devine, BC
Creation Date	May 14, 2009
Last Updated	August 10, 2009
Version	V 6 - Final

#### Approvals:

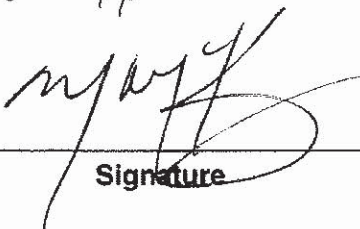
**Deputy Minister, Ministry of  
Healthy Living and Sport**

Grant Main

  
Signature Date Aug 21/09


**President and CEO, United  
Way of the Lower Mainland**

Michael McKnight

  
Signature Date Aug 14/09


**Assistant Deputy Minister,  
Population and Public Health,  
Ministry of Healthy Living and  
Sport**

Andrew Hazlewood

  
Signature Date Aug 21/09

**Vice President, Community  
Impact and Investment,  
United Way of the Lower  
Mainland**

Deborah Irvine

  
Signature Date Aug. 17/09

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## PROJECT PURPOSE

The purpose of this project is to develop and implement Community Action for Seniors' Independence (CASI) demonstration projects in up to five communities around the province. The demonstration projects will test innovative, community-based models for delivering independence support services<sup>1</sup> to seniors with the ultimate goal of supporting seniors to live more independently in their homes and communities.

### 1. Project Background

In its *Aging Well in British Columbia* report, released in December 2006, the Premier's Council on Aging and Seniors' Issues identified the lack of non-medical home support services for seniors, such as housekeeping, shopping, meal preparation, laundry, yard work and transportation to appointments, as a major service gap in British Columbia. To address this service gap, the report recommended "...that the British Columbia government introduce a new, broader and more widely available home support system."

In response to this recommendation, the *Seniors in British Columbia: A Healthy Living Framework*, released in September 2008, committed the Seniors' Healthy Living Secretariat (SHLS) to "explore innovative and sustainable models to provide non-medical home support services."

At the same time, the United Way of the Lower Mainland (UWLM) had been taking steps, independently, towards the development of community-based home support pilots in the Lower Mainland. The agency consulted with key stakeholders in the seniors community through seniors-run community planning tables, earmarked funds in 2009/10 for the development of pilots, analyzed overall demographics and existing services for seniors in the Lower Mainland/Sea to Sky area and identified current and projected service gaps, and explored existing community-based home support models with potential for replication.

In April 6, 2009, the Ministry of Healthy Living and Sport (MHLS) and the UWLM signed an Agreement to partner on the development and implementation of non-medical home support demonstration projects, to be called Community Action for Seniors' Independence (CASI) projects, in up to five communities around the province over three years. The project will engage community members and local organizations, including volunteer, faith, ethno-cultural and seniors' organizations, health authorities, service providers, corporate sponsors and local businesses in the selection and customization of innovative service delivery models for those communities.

Up to three of the projects will take place in Lower Mainland communities. The UWLM will also work with United Way agencies in Northern British Columbia and in the Central and South Okanagan/Similkameen to engage community partners to develop two more projects—one in each of these areas.

Implementation of at least one project in a Lower Mainland community will begin this fiscal year.

---

<sup>1</sup> The term "independence support" will be used instead of "non-medical home support" to emphasize that the CASI initiative is separate from the medical system and is a new, innovative community-based approach to providing services that support seniors to stay in their homes.



## 2. Objectives

The project's objectives are:

- To develop and implement up to five CASI demonstration projects, to be located in communities in the following three regions:
  - Up to 3 projects in the Lower Mainland;
  - 1 project in Northern British Columbia;
  - 1 project in Central and South Okanagan/Similkameen.
- To engage community members and local organizations, including but not limited to, faith and ethno-cultural groups, health authorities, corporate sponsors and local businesses in selecting and customizing the program models for the demonstration projects.
- To begin implementation of at least one project in the Lower Mainland in 2009/10 fiscal year.

This initiative will deliver on an action in the Seniors' Healthy Living Framework, and supports Great Goal 3: to build the best system of support in Canada for seniors.

## 3. Guiding Principles

The following are guiding principles for the proposed community-based delivery models:

- **Senior-centred.** The pilot models are designed with the needs, priorities and changing circumstances of seniors.
- **Prevention-oriented.** The pilot models are built on the primary assumption that preservation of independence, dignity, health and the delay of functional decline is a worthwhile investment.
- **Independence-focused.** The pilot models foster self-sufficiency and independence by: offering services required to assist clients to live independently; helping to promote health literacy and support self-care; promoting social inclusion; and enabling community connectedness.
- **Integrated.** The pilot models are developed in partnership with seniors and key stakeholders and will be integrated with other health and social service programs and services where possible.
- **Evidence-informed.** The pilot models are informed by evidence of what works and will be evaluated throughout and following the pilot period.
- **Sustainable.** The pilot models have the potential to survive beyond the pilot implementation phase.
- **Community-driven.** The pilot models are built by the community for the community and will involve coordination of services from various organizations and partners.

An important overarching principle for the CASI project is **Simplicity**. Efforts will be made to keep all aspects of the project, including governance, planning, implementation and evaluation screens and tools, as simple as possible.

## 4. Critical Success Factors

The following outlines external and internal factors that are required to ensure the CASI project is successful.

- The project requires that all participating partners--the Seniors' Healthy Living Secretariat, the United Way of the Lower Mainland, and United Way agencies in Northern British Columbia and in the Central and South Okanagan/Similkameen area -- have a common understanding of the goals and parameters of the project and their individual roles and responsibilities within the project, and commit to carrying out these roles and responsibilities.
- This project will require ongoing leadership from senior levels of government to facilitate cooperation and commitment from project participants.
- To be successful, the demonstration projects must be community-based and community-driven, therefore buy-in and participation from organizations and individuals within the participating communities is essential.
- Recruiting and hiring a skilled, proactive and energetic project coordinator who can manage a process which allows for authentic community input is essential.
- Engaging community facilitators who are well-connected with and trusted by local stakeholders for each of the potential demonstration project sites is critical to ensure community engagement and buy-in.
- Additional funding for year two and three of the project will be required for implementation of all five demonstration projects. The amount of funding required will be determined by the delivery models developed through each of the demonstration projects.

## 5. Scope

### 4.1 In Scope

The scope of the project includes the following tasks and deliverables:

- Development of a detailed workplan with key milestones and dates
- Development of an internal and external communications plan (PAB with contributions from MHLS, UWLM)
- Establishment of an advisory committee
- Identification of point people in Northern BC and Central and South Okanagan/Similkameen
- Engagement of a project coordinator
- Engagement of a business analyst
- Engagement of an evaluator
- Development of business plans for all of the demonstration projects

- Establishment of a process for monitoring progress
- Recruitment and hiring of community facilitators for the five demonstration projects (UWLM, United Way of the Central and South Okanagan/Similkameen and the United Way of Northern BC)
- Development and implementation of up to five demonstration projects
- Development of an evaluation framework and final evaluation report
- Recommendations for sustained resourcing and implementation of the demonstration project(s).

## 4.2 Out of Scope

The following items are out of scope and are provided to help clarify the scope boundaries of the project:

- Any services involving medical care or support.
- Any services involving personal care such as bathing, dressing, grooming, etc.
- Ongoing implementation and/or operation of any project established through the CASI program.
- Implementation of a CASI project outside of the five demonstration sites. This may constitute Stage II of the project.

## 6. Contributors

The following contributors' (internal and external) interests should be considered:

Key Contributors	Represented by
Provincial Government	<ul style="list-style-type: none"> <li>• Ministry of Healthy Living and Sport</li> <li>• Ministry of Health Services and Health Authorities in the relevant regions</li> <li>• Public Affairs Bureau</li> </ul>
Partners	<ul style="list-style-type: none"> <li>• UWLM</li> </ul>
Other Contributors	<ul style="list-style-type: none"> <li>• United Way of the Central and South Okanagan/Similkameen</li> <li>• United Way of Northern BC</li> <li>• CASI Advisory Committee</li> </ul>
Stakeholders	<ul style="list-style-type: none"> <li>• Seniors and seniors' caregivers</li> <li>• Municipal governments in demonstration communities</li> <li>• Community members and local organizations, in demonstration communities, including seniors, volunteer, faith, ethno-cultural (including Aboriginal) and seniors' organizations, service providers, corporate sponsors and local businesses</li> </ul>



## 7. Deliverables

This project has a series of key deliverables, which include:

- Agreements
  - MHLS & UWLM
  - UWLM & United Way of Central and South Okanagan/Similkameen
  - UWLM & United Way of Northern BC
- Project charter
- Project budget
- Detailed workplan (See Section 9 for Project Work Plan Overview for Year 1)
- Communications plans (internal and external)
- Establishment of advisory committee
- Implementation of workplan actions
- Monthly status reports on projects
- Quarterly reports (expenditures)
- Community consultation output report(s)
- Community action reports (for the up to four communities not implemented in 2009/10)
- Business plans for each demonstration project
- Evaluation framework
- Final evaluation report
- Costing of delivery models options

The project also has a series of key decision and approval points, which include:

- Selection and approval of Advisory Committee members
- Selection and approval of up to five demonstration communities
- Selection and approval of implementation community
- Selection and approval of implementation model
- Approval of project charter
- Approval of community consultation approach
- Approval of evaluation approach
- Approval of implementation approach
- Approval of communications approach

## 8. Project Governance

The organizational chart for Project Governance is structured as follows:

- ADVISORY COMMITTEE** (Oval)
  - EXPERT CONTRIBUTORS** (Rounded rectangle)
    - Business Analyst (Oval)
    - Evaluator (Oval)
  - United Way of the Lower Mainland (UWLM)** (Large rounded rectangle)
    - EXEC CHAMPION** Deborah Irvine, VP Community Impact & Investment (Oval)
    - PROJECT LEAD** Deb Bryant, Director, Strategic Initiatives (Oval)
    - PROJECT MANAGER** Bev Pitman, Planner, Seniors (Oval)
    - PROJECT COORDINATOR** Dawn Lybarger, Pragmatica Management (Oval)
  - Seniors Healthy Living Secretariat (SHLS)** (Large rounded rectangle)
    - EXEC CHAMPION** Silas Brownsey, Executive Director, SHLS (Oval)
    - PROJECT LEAD** Heather Devine, Director, Seniors' Independence (Oval)
    - PROJECT SUPPORT** Robin Burgess, Kelly Acker (Oval)
  - UW of Northern BC** (Oval)
  - UW of Okan/Simlik** (Oval)
- COMMUNITY FACILITATORS** (Large rounded rectangle)
  - North (Oval)
  - L. Mainland (Oval)
  - Interior (Oval)

**Legend:**

- Working Relationship
- Reporting Relationship



Role	Responsibility
Executive Champion	Responsible for strategic direction; facilitating approval of project plan and budget
Public Affairs Bureau (PAB)	Responsible for: External communications and organizing launch events
Seniors' Healthy Living Secretariat (SHLS)	<p data-bbox="667 483 1395 525">Responsible for:</p> <ul data-bbox="667 531 1395 1879" style="list-style-type: none"> <li data-bbox="667 531 1395 594">• With UWLM, risk and issue management; schedule and scope control</li> <li data-bbox="667 600 1395 663">• With UWLM, co-managing establishment of and supporting work of CASI Advisory Committee</li> <li data-bbox="667 669 1395 732">• With UWLM and other partner UWs, selecting communities for demonstration projects</li> <li data-bbox="667 739 1395 844">• With UWLM, other partner UWs and CASI Advisory Committee, developing parameters for delivery models in demonstration communities</li> <li data-bbox="667 850 1395 913">• Development of three-year business plan for overall project</li> <li data-bbox="667 919 1395 982">• With Ministry of Health Services staff, development of models to project client uptake and cost</li> <li data-bbox="667 989 1395 1094">• With Ministry of Health Services staff, development of tools to assess an applicant's level of functional impairment</li> <li data-bbox="667 1100 1395 1163">• Development of a process and tools for income-testing applicants</li> <li data-bbox="667 1169 1395 1274">• Providing consultation on the engagement of a business analyst, and the development of business plans for individual demonstration projects</li> <li data-bbox="667 1281 1395 1386">• Providing consultation on the engagement of an independent evaluator, and the development of an evaluation framework and reporting mechanism for the project</li> <li data-bbox="667 1392 1395 1423">• Ongoing liaison with project partners</li> <li data-bbox="667 1430 1395 1493">• Ongoing liaison with the Ministry of Health Services and relevant Health Authorities to ensure service coordination</li> <li data-bbox="667 1499 1395 1562">• Monitoring project status and reporting on status to Secretariat and Ministry executive</li> <li data-bbox="667 1568 1395 1600">• Reviewing final evaluation report</li> <li data-bbox="667 1606 1395 1669">• Submitting Cabinet and Treasury Board submissions to request approval and funding for continued pilot implementation in remaining communities.</li> <li data-bbox="667 1675 1395 1738">• Building a business case using evaluation data to request provincial roll-out of the CASI initiative.</li> </ul>



Role	Responsibility
United Way of the Lower Mainland (UWLM)	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>• With SHLS, risk and issue management; schedule and scope control</li> <li>• With SHLS, co-managing establishment of, and supporting work of, CASI Advisory Committee</li> <li>• With SHLS and partner UWs, selecting communities for demonstration projects</li> <li>• With SHLS, other partner UWs and CASI Advisory Committee, developing parameters for delivery models in each demonstration community</li> <li>• In consultation with SHLS, engaging a consultant to handle day-to-day implementation of all aspects of project coordination</li> <li>• In consultation with SHLS, engaging a business analyst to create and monitor business plans for all projects</li> <li>• In consultation with SHLS, engaging an independent evaluator to develop evaluation framework and reporting mechanism for projects</li> <li>• Hiring a community facilitator for the three Lower Mainland demonstration communities</li> <li>• Engaging community partners, developing delivery models and implementing CASI demonstration projects in up to three Lower Mainland communities</li> <li>• Managing budget, including quarterly reports on expenditures</li> <li>• Providing monthly status reports on demonstration projects to SHLS</li> <li>• Providing staff support and consultation, primarily through the project co-ordinator, to the United Way of the Central and South Okanagan/Similkameen and the United Way of Northern BC to engage community partners in the development two more CASI demonstration projects</li> <li>• Reviewing final evaluation report</li> </ul>
United Way of the Central and South Okanagan/Similkameen (UWCSO/S) United Way of Northern BC (UWNBC)	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>• With SHLS and UWLM, selecting communities for demonstration projects in their respective regions</li> <li>• Hiring a community facilitator in each demonstration community in their respective regions</li> <li>• With support from and in consultation with UWLM, engaging community partners, developing delivery models and identifying for implementation a community site and model for one demonstration project in each region</li> <li>• Providing local monitoring of community consultation process and outcomes</li> </ul>

## 9. Project Resources

Support and resources for the project will be provided by the following:

- **Seniors' Healthy Living Secretariat** of the Ministry of Healthy Living and Sport: funding for all five projects, staff resources
- **MHLS PAB**: staff resources
- **United Way of the Lower Mainland**: funding for Lower Mainland projects; staff resources, primarily through the project co-ordinator, business analyst, and evaluator, for all five projects
- **Other partner United Ways**: staff resources

## 10. Project Work Plan Overview

This table sets out the six high-level phases of the CASI Project:

PHASE	TIMELINE
<b>1. PLANNING AND RESEARCH :</b> This phase will focus on building demographic profiles of communities throughout BC, a client profile of those likely to require independence support (aka. non-medical home support) <sup>2</sup> , and an inventory of delivery models from communities in BC and other jurisdictions. This information will be used in later phases of the project to inform the selection of pilot communities and to develop the pilot delivery model(s).	Jun – Jul 2009
<b>2. COMMUNITY SELECTION:</b> This phase will focus on assessing the capacity of prospective communities to deliver a pilot program and then using that information along with the community profiles to select five pilot communities.	Jul – Aug 2009
<b>3. MODEL DEVELOPMENT:</b> This phase involves meeting with key stakeholders in the five pilot communities to solicit ideas for delivery models and an appropriate consultation approach. A Business Analyst is hired to develop model options with costing and a Program Evaluator is hired to develop a program evaluation framework to measure the success of the pilots. The Advisory Committee will also be recruited in this phase to provide feedback on the proposed consultation approach, delivery model options, and recommendations emerging from stakeholder consultations.	Aug – Oct 2009

<sup>2</sup> The term "independence support" will be used instead of "non-medical home support" to emphasize that the CASI initiative is separate from the medical system and is a new, innovative community-based approach to providing services that support seniors to stay in their homes.

<b>4. CONSULTATIONS:</b> This phase will focus on conducting a series of public and stakeholder consultations in the five pilot communities and summarizing the results in a report for review by the Advisory Committee and CASI Project Team. Output from the consultations and recommendations from the Advisory Committee will be used to inform the selection of the pilot implementation community and the pilot delivery model.	Oct – Dec 2009
<b>5. IMPLEMENTATION:</b> In this phase, the selected pilot delivery model is implemented in the selected pilot community and the Program Evaluator begins data collection for the evaluation framework. It is possible that more than one model will be tested in one or more communities, depending on time and resources. Also, Cabinet and Treasury Board Submissions will be developed at this time to request funding for the remaining four communities.	Jan – Dec 2010
<b>6. EVALUATION AND REPORTING:</b> In this phase, the Evaluator analyzes, interprets and summarizes the pilot data in a report. The report is used to build a business case for continuation of pilot implementation and/or provincial roll-out of the initiative.	Jan – Apr 2011

## 11. Submitted By

	Signature	Date
Silas Brownsey, Executive Director, Seniors' Healthy Living Secretariat		
Heather Devine, Director, Seniors' Independence		
Deborah Irvine, Vice President, Community Impact and Investment, United Way of the Lower Mainland		
Beverley Pitman, Planning Consultant, United Way of the Lower Mainland		



COPY

**Community Action for Seniors' Independence Pilot Projects**

**THIS AGREEMENT** dated for reference the 6<sup>th</sup> day of April, 2009.

**BETWEEN:**

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE  
OF BRITISH COLUMBIA, as represented by the Minister of  
Healthy Living and Sport**  
(hereinafter referred to as the "Ministry")

**AND:**

**United Way of the Lower Mainland, a society incorporated under  
the *Society Act* with incorporation number S-0001988**  
(hereinafter referred to as "UWLM")

**WHEREAS:**

- A. This Agreement is based on the following shared set of beliefs and understandings concerning the needs of an aging society, and the responsibilities and choices individual members of society bear in maintaining their health and well-being, namely:
- (a) That, as people live longer, they may need assistance at home to support various activities of daily living. These include activities such as shopping, meal preparation, housekeeping, routine home repairs and maintenance, and yard work (i.e., non-medical home support services).
  - (b) That "Evidence points to a decline in an individual's functional ability to carry out these activities as being the tipping point towards progressive frailty and a vulnerability to adverse outcomes, leading to premature dependency and institutionalization. In its early stages...frailty in the elderly is characterized by being both identifiable and, therefore, potentially reversible."<sup>1</sup>

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<sup>1</sup> South East [Ontario] Local Health Integration Network, 2008, *A Plan to Help Seniors Stay at Home*);

- (c) That individual seniors have the primary responsibility for their own health and well-being. They have a choice in accepting or refusing services, and have a role to play in decisions about their care. This includes decisions about the services and mode of service delivery in their community and reflects the belief that 'a program for seniors designed by seniors' will result in the best possible program. It also recognizes that seniors must be informed to be able to take full responsibility for their health and well-being.

B. The Ministry and UWLM are both committed to explore innovative and sustainable community-based models to provide non-medical home support services to seniors.

NOW THEREFORE, in consideration of the sum of One Dollar and other valuable consideration, the receipt and sufficiency of which is acknowledged by each party, the parties agree as follows:

#### **JOINT OBLIGATIONS OF THE PARTIES**

1. The Ministry and UWLM agree to work together to design, develop and facilitate the implementation of up to five (5) non-medical home support pilot projects to be called Community Action for Seniors' Independence Pilot Projects (the "Pilots").
2. The Ministry and UWLM agree that up to three of the Pilots will be located in Lower Mainland - Sea-to-Sky communities within UWLM's service area.
3. The Ministry and UWLM agree that any remaining Pilot or Pilots will be located in a northern and/or rural community and that UWLM will facilitate the development and implementation of least one Pilot in the area served by the United Way of the Central and South Okanagan/Similkameen and the area served by the United Way of Northern British Columbia.
4. The Ministry and the UWLM agree that, in at least one location in the Lower Mainland, the design and development stages will be completed and the implementation of a Pilot will begin in the 2009/2010 fiscal year which is from April 1, 2009 to March 31, 2010.
5. The Ministry and UWLM agree that the development of the program models for the Pilots will be based on the following principles:
  - (a) The services will be available to frail seniors age 65 and over.
  - (b) The services that a senior may receive will be determined from an assessment based on Instrumental Activities of Daily Living (or ADLs).

- (c) Assistance in connecting seniors and/or their caregivers to the services that seniors need will be available in each Pilot community.
- (d) Individuals will pay for services on a sliding scale based on income.
- (e) All program models tested will provide innovative service-delivery options involving a range of community partners such as volunteer, non-profit, faith and multi-cultural organizations, health authorities, corporate sponsors and businesses.

#### **MINISTRY OBLIGATIONS**

- 6. Upon execution of this Agreement the Ministry will pay \$700,000 to UWLM for the development phase of the project, in accordance with the terms of this Agreement, including design and consultation for five Pilots and implementation of a Pilot in the 2009/2010 fiscal year in at least one location in the Lower Mainland.
- 7. The Ministry will designate a director-level staff member as a dedicated resource for this project.

#### **UWLM OBLIGATIONS**

- 8. In addition to the funding provided by the Province, UWLM will contribute a total of \$250,000 being an in-kind contribution of the cost of a part-time staff person and the remaining amount to be in cash for the development phase of the project, including design and consultation for five Pilots and implementation of a Pilot in at least one location in the Lower Mainland.
- 9. UWLM will engage United Way of the Central and South Okanagan/Similkameen and the United Way of Northern BC to develop two more Pilots and will forward a portion of the funds provided by the Province under this Agreement to the United Way of the Central and South Okanagan/Similkameen and the United Way of Northern BC for such development.
- 10. Prior to funds being forwarded to the United Way of the Central and South Okanagan/Similkameen and the United Way of Northern BC, UWLM will enter into an agreement with each of those organizations. Such agreement will include a provision that the funds are to be used solely for the purposes of this Agreement.
- 11. UWLM will designate a staff member to manage the development of the Lower Mainland Pilots and to ensure coordination of the Pilots with the United Way of the Central and South Okanagan/ Similkameen and the United Way of Northern British Columbia.



12. UWLM will be accountable for reporting to the Province with regard to the use of the funds provided by the Province under this Agreement. UWLM will establish and maintain accounting and administrative records together with books of accounts, invoices, receipts, and vouchers, in a form and content satisfactory to the Province which reflect how the funds provided by the Province were spent.
13. UWLM will permit the Province, for contract monitoring and audit purposes, to inspect at all reasonable times, any books of account or records (both printed and electronic, including, but not limited to hard disk or diskettes), whether complete or not, that are produced, received or otherwise acquired by UWLM as a result of this Agreement.

#### **FURTHER OBLIGATIONS OF THE PARTIES**

14. The Province and UWLM will strike a steering committee with members chosen by consensus to advise on the overall project.
15. On an as needed basis, a community developer will be retained by UWLM, for each of the Pilots to liaise with Ministry and UWLM staff, convene key stakeholders, lead and facilitate a community-engagement process and coordinate Pilot development.
16. On an as needed basis, in consultation with the Ministry, a financial analyst will be retained by UWLM to create and monitor business plans for all the Pilots.
17. On an as needed basis, in consultation with the Ministry, an independent evaluator will be retained by UWLM to develop an evaluation framework and reporting mechanism for the Pilots, in consultation with staff from the Province and UWLM.
18. This Agreement shall continue in effect from the date of reference of this Agreement until December 31, 2011.
19. Details of the roles and responsibilities of the two parties, the locations of the Pilots, the timelines for the project, and program specifics will be determined jointly.

#### **DEFAULT**

20. Any of the following events will constitute an Event of Default, whether any such event be voluntary, involuntary or result from the operation of law or any judgment or order of any court or administrative or government body:

- (a) UWLM fails to comply with any provision of this Agreement;
- (b) any representation or warranty made by UWLM in connection with this Agreement is untrue or incorrect;
- (c) any information, statement, certificate, report or other document furnished or submitted by or on behalf of the UWLM pursuant to or as a result of this Agreement is untrue or incorrect;
- (d) UWLM ceases, in the opinion of the Ministry, to carry on business as a going concern;
- (e) a change occurs with respect to one or more of the properties, assets, condition (financial or otherwise), business or operations of UWLM which, in the opinion of the Ministry, materially adversely affects the ability of UWLM to fulfill its obligations under this Agreement;
- (f) an order is made or a resolution is passed or a petition is filed for the liquidation or winding up of UWLM;
- (g) UWLM becomes insolvent or commits an act of bankruptcy or makes an assignment for the benefit of its creditors or otherwise acknowledges its insolvency;
- (h) a bankruptcy petition is filed or presented against, or a proposal under the Bankruptcy and Insolvency Act (Canada) is made, by UWLM a receiver or receiver-manager of any property of UWLM is appointed; or
- (i) UWLM permits any sum which is not disputed to be due by it to remain unpaid after legal proceedings have been commenced to enforce payment thereof.

#### **TERMINATION**

21. Upon the occurrence of any Event of Default and at any time thereafter the Ministry may, notwithstanding any other provision of this Agreement, at its sole option, elect to do any one or more of the following:
- (a) terminate this Agreement and in which case the Ministry's obligation to make any further payment of the money under this Agreement is also terminated and discharges the Ministry of all liability to UWLM under this Agreement;
  - (b) require that the Event of Default be remedied within a time period specified by the Ministry;

- (c) waive the Event of Default;
  - (d) pursue any other remedy available at law or in equity.
22. If the Ministry terminates this Agreement under paragraph 21(a), then such termination may take place on ninety (90) days' written notice.
23. The Ministry may, at its sole option, terminate this Agreement without cause upon one hundred and twenty (120) days' written notice to UWLM.

#### **INDEMNITY**

24. UWLM will indemnify and save harmless the Ministry, its employees and agents, from and against any and all losses, claims, damages, actions, causes of action, costs and expenses, that the Ministry may sustain, incur, suffer or be put to at any time either before or after the expiration or termination of this Agreement where the same or any of them are based upon, arise out of or occur, directly or indirectly, by reason of any act or omission of UWLM, or of any agent, employee, officer, director or subcontractor of UWLM pursuant to this Agreement, excepting always liability arising out of the independent acts or omissions of the Ministry.

#### **INSURANCE**

25. UWLM will, without limiting its obligations or liabilities under this Agreement, provide and maintain insurances with insurers in Canada in accordance with Schedule A to this Agreement.

#### **INTELLECTUAL PROPERTY**

26. UWLM will permit the Ministry at all reasonable times to inspect and copy all accounting records, findings, software, data, specifications, drawings, reports, documents and other material, whether complete or not, that, as a result of this Agreement, are
- (a) produced by UWLM or a subcontractor (the "Produced Material", which includes any material in existence prior to the start of this Agreement or developed independently of this Agreement, and that is incorporated or embedded in the Produced Material by UWLM or a subcontractor (the "Incorporated Material")), or



- (b) received by UWLM or a subcontractor from the Ministry or any other person (the "Received Material").

In this Agreement, the Produced Material and the Received Material is collectively referred to as the "Material".

- 27. UWLM will treat as confidential all information in the Material and all other information accessed or obtained by UWLM or a subcontractor (whether verbally, electronically or otherwise) as a result of this Agreement, and not permit its disclosure without the Ministry's prior written consent except
  - (a) as required by UWLM to perform its obligations under this Agreement or to comply with applicable law,
  - (b) if it is information that is generally known to the public other than as a result of a breach of this Agreement, or
  - (c) if it is information in any Incorporated Material.
- 28. UWLM will make reasonable security arrangements to protect the Material from unauthorized access, collection, use, disclosure or disposal.
- 29. If UWLM receives a request for access to any of the Material from a person other than the Ministry, and this Agreement does not require or authorize UWLM to provide that access, UWLM will advise the person to make the request to the Ministry.
- 30. The Ministry exclusively owns all property rights in the Material which are not intellectual property rights. UWLM must deliver any Material to the Ministry immediately upon the Ministry's request.
- 31. The Ministry exclusively own all intellectual property rights, including copyright, in
  - (a) Received Material that UWLM receives from the Ministry, and
  - (b) Produced Material, other than any Incorporated Material.

Upon the Ministry's request, UWLM will deliver to the Ministry documents satisfactory to the Ministry waiving in favour of the Ministry any moral rights which UWLM (or its employees) or a subcontractor (or its employees) may

have in the Produced Material, and confirming the vesting in the Ministry of the copyright in the Produced Material, other than any Incorporated Material.

32. Upon any Incorporated Material being embedded or incorporated in the Produced Material, UWLM grants the Ministry a non-exclusive, perpetual, irrevocable, royalty-free, worldwide license to use, reproduce, modify and distribute that Incorporated Material to the extent it remains embedded or incorporated in the Produced Material.

### MISCELLANEOUS

33. Notwithstanding any other provision of this Agreement, the payment of money by the Province to the UWLM under this Agreement is subject to:
- (a) there being sufficient monies available in an appropriation, as defined in the *Financial Administration Act* to enable the Province, in any fiscal year or part thereof when any payment by the Province to the UWLM falls due under this Agreement, to make that payment; and
  - (b) Treasury Board, as defined in the *Financial Administration Act*, not having controlled or limited expenditure under any appropriation referred to in subsection (a) of this section.
34. No partnership, joint venture or agency will be created or will be deemed to be created by this Agreement or any action of the parties under this Agreement.
35. This document constitutes the entire agreement between the parties and unless otherwise specified in this agreement, this Agreement may be amended only by further written Agreement between the parties.
36. Sections 12 and 24, continue in force indefinitely, even after this agreement ends.
37. (a) Any notice, document, statement, report, demand or payment desired or required to be given or made under this Agreement, must be in writing and may be given or made by personal delivery to the party to whom it is to be given or made, or by mailing in Canada with postage prepaid addressed to, if to the Ministry:

Ministry of Healthy Living and Sport  
PO Box 9825  
STN PROV GOVT  
Victoria, BC V8W 9W4

Attention: Silas Brownsey, Executive Director, Seniors' Healthy Living Secretariat

and if to UWLM:

United Way of the Lower Mainland  
4543 Canada Way  
Burnaby, BC V5G 4T4

Attention: Michael McKnight, President and CEO

and any such notice, document, statement, report, demand or payment so mailed will be deemed given to and received by the addressee on the third business day after the mailing of the same except in the event of disruption of postal services in Canada in which case any such notice, document, statement, report, demand or payment will be deemed given to and received by the addressee when actually delivered to the address of the addressee set out above.

- (b) In addition to subsection 37(a), any notice, report, document, statement or demand transmitted by facsimile transmission from either party to the other will be conclusively deemed validly given to and received by the intended recipient when so transmitted to the following numbers:

If to the Ministry: (250) 356-0542

If to the UWLM: (604) 293-0010

- (c) Either party may, from time to time, advise the other by notice in writing of any change of address or facsimile number of the party giving such notice and from and after the giving of such notice, the address or facsimile number specified in the notice will, for the purposes of this Agreement, be deemed to be the address or facsimile of the party giving such notice.
- 38. This Agreement will be governed by and construed in accordance with the laws of the Province of British Columbia.
  - 39. If any provision of this Agreement or the application to any person or circumstance is invalid or unenforceable to any extent, the remainder of this Agreement and the application of such provision to any other person or circumstance will not be affected or impaired thereby and will be enforceable to the extent permitted by law.
  - 40. Nothing in this Agreement operates as a consent, permit, approval or authorization by the Ministry or any other ministry or branch to or for anything related to the project that by statute, the UWLM is required to obtain




unless it is expressly stated herein to be such a consent, permit, approval or authorization.

41. UWLM will not, without the prior, written consent of the Ministry, assign, either directly or indirectly, this Agreement or any right of the UWLM under this Agreement.

**IN WITNESS WHEREOF** the parties hereto have duly executed this Agreement as of the day and year first above written.

Her Majesty the Queen in Right of the  
Province of British Columbia, the Minister  
of Healthy Living and Sport

United Way of the Lower Mainland



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Honourable Mary Polak  
Minister of Healthy Living and Sport



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Michael McKnight  
President and CEO  
United Way of the Lower Mainland

## **SCHEDULE A TO THE AGREEMENT – INSURANCE**

1. UWLM must, without limiting its obligation or liabilities and at its own expense, purchase and maintain throughout the term of this Agreement the following insurances with insurers licensed in Canada in forms and amounts acceptable to the Ministry:
  - (a) Commercial General Liability in an amount not less than \$2,000,000.00 inclusive per occurrence against bodily injury, personal injury and property damage and including liability assumed under this Agreement and this insurance must:
    - (i) include the Ministry as an additional insured;
    - (ii) be endorsed to provide the Ministry with 30 days advance written notice of cancellation or material change; and
    - (iii) include a cross liability clause.
2. All insurance described in paragraph 1 of this Schedule must:
  - (a) be primary; and
  - (b) not require the sharing of any loss by any insurer of the Ministry.
3. UWLM must provide the Ministry with evidence of all required insurance:
  - (a) Within 10 working days after execution of this Agreement, UWLM must provide to the Ministry evidence of all required insurance in the form of a completed Province of British Columbia Certificate of Insurance.
  - (b) If the insurance policy(ies) expire before the end of the term of this Agreement, UWLM must provide within 10 working days of expiration, evidence of new or renewal policy(ies) of all expired insurance in the form of a completed Province of British Columbia Certificate of Insurance.
  - (c) Notwithstanding paragraph 3(a) or (b) above, if requested by the Ministry at any time, UWLM must provide to the Ministry certified copies of the required insurance policies.
4. The UWLM shall provide, maintain, and pay for, any additional insurance which it is required by law to carry, or which it considers necessary to cover risks not otherwise covered by insurance specified in this schedule in its sole discretion.

**BETWEEN:**

HER MAJESTY THE QUEEN IN RIGHT OF THE  
PROVINCE OF BRITISH COLUMBIA, represented  
by the Ministry of Healthy Living and Sport

(the "Ministry") at the following address:

Ministry of Healthy Living and Sport  
PO Box 9825  
STN PROV GOVT  
Victoria, BC V8W 9W4

**AND:**

UNITED WAY OF THE LOWER MAINLAND, a  
society incorporated under the *Society Act* with  
incorporation number S-0001988

("UWLM") at the following address:

United Way of the Lower Mainland  
4543 Canada Way  
Burnaby, BC V5G 4T4

**COPY**

**BACKGROUND**

- A. The parties entered into an agreement dated April 6, 2009, a copy of which is attached as Exhibit 1 (the "Agreement").
- B. The Parties have agreed to amend the Agreement.

**AGREEMENT**

The parties agree as follows:

- (1) That the "Ministry Obligations" and "UWLM Obligations" sections shall be amended so as to read as follows:

**Ministry Obligations**

6. Upon execution of the Agreement the Ministry will provide funding to the UWLM for the consultation, development, implementation and evaluation phases for the five pilot projects projects, as well as work to develop options and structures for longer-term governance and operation, in accordance with the terms of this Agreement, as follows:

- a. 2009/10 fiscal year – \$700,000
- b. 2010/11 fiscal year – an amount up to \$690,000
- c. 2011/12 fiscal year – amount to be determined by project requirements and availability of funding

7. The Ministry will designate a director-level staff member as a resource for this project.

**UWLM Obligations**

8. In addition to the funding provided by the Province, UWLM will contribute funding for the consultation, development, implementation and evaluation phases for the five pilot projects, as follows:

- a. 2009/10 fiscal year – \$250,000
- b. 2010/11 fiscal year – \$72,000
- c. 2011/12 fiscal year – amount to be determined by project requirements and availability of funding

9. <deleted>

10. <deleted>



Ministry of Healthy Living and Sport  
Community Action for Seniors' Independence  
Agreement Amendment #1

11. UWLM will designate a staff member to be responsible for the overall management of the project.
12. UWLM will be accountable for reporting to the Ministry with regard to the use of funds provided by the Province under this agreement. UWLM will establish and maintain accounting and administrative records together with books of accounts, invoices, receipts and vouchers, in a form and content satisfactory to the Ministry which reflects how the funds provided by the Ministry were spent. In the event that there are unused funds, the Ministry may request that those funds be returned.
13. UWLM will permit the Ministry, for contract monitoring and audit purposes, to inspect at all reasonable times; any books of account or records (both printed and electronic, including, but not limited to hard disk or diskettes), whether complete or not, that are produced, received or otherwise acquired by UWLM as a result of this Agreement.

**Further Obligations of the Parties**

14. The Ministry and UWLM will strike a steering committee with members chosen by consensus to advise on the overall project.
15. On an as needed basis, a project coordinator will be retained by UWLM, for each of the Pilots to liaise with Ministry and UWLM staff, convene key stakeholders, lead and facilitate a community-engagement process and coordinate Pilot development.
16. On an as needed basis, in consultation with the Ministry, a business analyst will be retained by UWLM to create and monitor business plans for all the Pilots.
17. On an as needed basis, in consultation with the Ministry, an independent evaluator will be retained by UWLM to develop an evaluation framework and reporting mechanism for the Pilots, in consultation with staff from the Province and UWLM; UWLM will also retain and manage contracted support to carry out field work, monitoring and evaluation.
18. This Agreement shall continue in effect from the date of reference of this Agreement until March 31, 2012.
19. Details of the roles and responsibilities of the two parties, the locations of the Pilots, the timelines for the project, and program specifics will be determined jointly.

(2) In all other respects, the Agreement is confirmed.

THE PARTIES have duly executed this agreement the 14 day of JULY, 2010

**SIGNED AND DELIVERED** on behalf of the  
Ministry by an authorized representative of the  
Ministry

  
(Authorized Representative)

**SIGNED AND DELIVERED** by or on behalf of  
the UWLM (or by an authorized signatory of the  
UWLM if a corporation)

  
(Authorized Signatory)

Community Action for Seniors' Independence Pilot Projects

THIS AGREEMENT dated for reference the 6<sup>th</sup> day of April, 2009.

**BETWEEN:**

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE  
OF BRITISH COLUMBIA, as represented by the Minister of  
Healthy Living and Sport**  
(hereinafter referred to as the "Ministry")

**AND:**

**United Way of the Lower Mainland, a society incorporated under  
the *Society Act* with incorporation number S-0001988**  
(hereinafter referred to as "UWLM")

**WHEREAS:**

- A. This Agreement is based on the following shared set of beliefs and understandings concerning the needs of an aging society, and the responsibilities and choices individual members of society bear in maintaining their health and well-being, namely:
- (a) That, as people live longer, they may need assistance at home to support various activities of daily living. These include activities such as shopping, meal preparation, housekeeping, routine home repairs and maintenance, and yard work (i.e., non-medical home support services).
  - (b) That "Evidence points to a decline in an individual's functional ability to carry out these activities as being the tipping point towards progressive frailty and a vulnerability to adverse outcomes, leading to premature dependency and institutionalization. In its early stages...frailty in the elderly is characterized by being both identifiable and, therefore, potentially reversible."<sup>1</sup>

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<sup>1</sup> South East [Ontario] Local Health Integration Network, 2008, *A Plan to Help Seniors Stay at Home*);



- (c) That individual seniors have the primary responsibility for their own health and well-being. They have a choice in accepting or refusing services, and have a role to play in decisions about their care. This includes decisions about the services and mode of service delivery in their community and reflects the belief that 'a program for seniors designed by seniors' will result in the best possible program. It also recognizes that seniors must be informed to be able to take full responsibility for their health and well-being.

- B. The Ministry and UWLM are both committed to explore innovative and sustainable community-based models to provide non-medical home support services to seniors.

NOW THEREFORE, in consideration of the sum of One Dollar and other valuable consideration, the receipt and sufficiency of which is acknowledged by each party, the parties agree as follows:

#### **JOINT OBLIGATIONS OF THE PARTIES**

1. The Ministry and UWLM agree to work together to design, develop and facilitate the implementation of up to five (5) non-medical home support pilot projects to be called 'Community Action for Seniors' Independence Pilot Projects (the "Pilots").
2. The Ministry and UWLM agree that up to three of the Pilots will be located in Lower Mainland - Sea-to-Sky communities within UWLM's service area.
3. The Ministry and UWLM agree that any remaining Pilot or Pilots will be located in a northern and/or rural community and that UWLM will facilitate the development and implementation of at least one Pilot in the area served by the United Way of the Central and South Okanagan/Similkameen and the area served by the United Way of Northern British Columbia.
4. The Ministry and the UWLM agree that, in at least one location in the Lower Mainland, the design and development stages will be completed and the implementation of a Pilot will begin in the 2009/2010 fiscal year which is from April 1, 2009 to March 31, 2010.
5. The Ministry and UWLM agree that the development of the program models for the Pilots will be based on the following principles:
  - (a) The services will be available to frail seniors age 65 and over.
  - (b) The services that a senior may receive will be determined from an assessment based on Instrumental Activities of Daily Living (or ADLs).



- (c) Assistance in connecting seniors and/or their caregivers to the services that seniors need will be available in each Pilot community.
- (d) Individuals will pay for services on a sliding scale based on income.
- (e) All program models tested will provide innovative service-delivery options involving a range of community partners such as volunteer, non-profit, faith and multi-cultural organizations, health authorities, corporate sponsors and businesses.

#### **MINISTRY OBLIGATIONS**

- 6. Upon execution of this Agreement the Ministry will pay \$700,000 to UWLM for the development phase of the project, in accordance with the terms of this Agreement, including design and consultation for five Pilots and implementation of a Pilot in the 2009/2010 fiscal year in at least one location in the Lower Mainland.
- 7. The Ministry will designate a director-level staff member as a dedicated resource for this project.

#### **UWLM OBLIGATIONS**

- 8. In addition to the funding provided by the Province, UWLM will contribute a total of \$250,000 being an in-kind contribution of the cost of a part-time staff person and the remaining amount to be in cash for the development phase of the project, including design and consultation for five Pilots and implementation of a Pilot in at least one location in the Lower Mainland.
- 9. UWLM will engage United Way of the Central and South Okanagan/Similkameen and the United Way of Northern BC to develop two more Pilots and will forward a portion of the funds provided by the Province under this Agreement to the United Way of the Central and South Okanagan/Similkameen and the United Way of Northern BC for such development.
- 10. Prior to funds being forwarded to the United Way of the Central and South Okanagan/Similkameen and the United Way of Northern BC, UWLM will enter into an agreement with each of those organizations. Such agreement will include a provision that the funds are to be used solely for the purposes of this Agreement.
- 11. UWLM will designate a staff member to manage the development of the Lower Mainland Pilots and to ensure coordination of the Pilots with the United Way of the Central and South Okanagan/ Similkameen and the United Way of Northern British Columbia.

12. UWLM will be accountable for reporting to the Province with regard to the use of the funds provided by the Province under this Agreement. UWLM will establish and maintain accounting and administrative records together with books of accounts, invoices, receipts, and vouchers, in a form and content satisfactory to the Province which reflect how the funds provided by the Province were spent.
13. UWLM will permit the Province, for contract monitoring and audit purposes, to inspect at all reasonable times, any books of account or records (both printed and electronic, including, but not limited to hard disk or diskettes), whether complete or not, that are produced, received or otherwise acquired by UWLM as a result of this Agreement.

#### **FURTHER OBLIGATIONS OF THE PARTIES**

14. The Province and UWLM will strike a steering committee with members chosen by consensus to advise on the overall project.
15. On an as needed basis, a community developer will be retained by UWLM, for each of the Pilots to liaise with Ministry and UWLM staff, convene key stakeholders, lead and facilitate a community-engagement process and coordinate Pilot development.
16. On an as needed basis, in consultation with the Ministry, a financial analyst will be retained by UWLM to create and monitor business plans for all the Pilots.
17. On an as needed basis, in consultation with the Ministry, an independent evaluator will be retained by UWLM to develop an evaluation framework and reporting mechanism for the Pilots, in consultation with staff from the Province and UWLM.
18. This Agreement shall continue in effect from the date of reference of this Agreement until December 31, 2011.
19. Details of the roles and responsibilities of the two parties, the locations of the Pilots, the timelines for the project, and program specifics will be determined jointly.

#### **DEFAULT**

20. Any of the following events will constitute an Event of Default, whether any such event be voluntary, involuntary or result from the operation of law or any judgment or order of any court or administrative or government body:



- (a) UWLM fails to comply with any provision of this Agreement;
- (b) any representation or warranty made by UWLM in connection with this Agreement is untrue or incorrect;
- (c) any information, statement, certificate, report or other document furnished or submitted by or on behalf of the UWLM pursuant to or as a result of this Agreement is untrue or incorrect;
- (d) UWLM ceases, in the opinion of the Ministry, to carry on business as a going concern;
- (e) a change occurs with respect to one or more of the properties, assets, condition (financial or otherwise), business or operations of UWLM which, in the opinion of the Ministry, materially adversely affects the ability of UWLM to fulfill its obligations under this Agreement;
- (f) an order is made or a resolution is passed or a petition is filed for the liquidation or winding up of UWLM;
- (g) UWLM becomes insolvent or commits an act of bankruptcy or makes an assignment for the benefit of its creditors or otherwise acknowledges its insolvency;
- (h) a bankruptcy petition is filed or presented against, or a proposal under the Bankruptcy and Insolvency Act (Canada) is made, by UWLM a receiver or receiver-manager of any property of UWLM is appointed; or
- (i) UWLM permits any sum which is not disputed to be due by it to remain unpaid after legal proceedings have been commenced to enforce payment thereof.

#### **TERMINATION**

21. Upon the occurrence of any Event of Default and at any time thereafter the Ministry may, notwithstanding any other provision of this Agreement, at its sole option, elect to do any one or more of the following:

- (a) terminate this Agreement and in which case the Ministry's obligation to make any further payment of the money under this Agreement is also terminated and discharges the Ministry of all liability to UWLM under this Agreement;
- (b) require that the Event of Default be remedied within a time period specified by the Ministry;



- (c) waive the Event of Default;
  - (d) pursue any other remedy available at law or in equity.
22. If the Ministry terminates this Agreement under paragraph 21(a), then such termination may take place on ninety (90) days' written notice.
23. The Ministry may, at its sole option, terminate this Agreement without cause upon one hundred and twenty (120) days' written notice to UWLM.

#### **INDEMNITY**

24. UWLM will indemnify and save harmless the Ministry, its employees and agents, from and against any and all losses, claims, damages, actions, causes of action, costs and expenses, that the Ministry may sustain, incur, suffer or be put to at any time either before or after the expiration or termination of this Agreement where the same or any of them are based upon, arise out of or occur, directly or indirectly, by reason of any act or omission of UWLM, or of any agent, employee, officer, director or subcontractor of UWLM pursuant to this Agreement, excepting always liability arising out of the independent acts or omissions of the Ministry.

#### **INSURANCE**

25. UWLM will, without limiting its obligations or liabilities under this Agreement, provide and maintain insurances with insurers in Canada in accordance with Schedule A to this Agreement.

#### **INTELLECTUAL PROPERTY**

26. UWLM will permit the Ministry at all reasonable times to inspect and copy all accounting records, findings, software, data, specifications, drawings, reports, documents and other material, whether complete or not, that, as a result of this Agreement, are
- (a) produced by UWLM or a subcontractor (the "Produced Material", which includes any material in existence prior to the start of this Agreement or developed independently of this Agreement, and that is incorporated or embedded in the Produced Material by UWLM or a subcontractor (the "Incorporated Material")), or

- (b) received by UWLM or a subcontractor from the Ministry or any other person (the "Received Material").

In this Agreement, the Produced Material and the Received Material is collectively referred to as the "Material".

- 27. UWLM will treat as confidential all information in the Material and all other information accessed or obtained by UWLM or a subcontractor (whether verbally, electronically or otherwise) as a result of this Agreement, and not permit its disclosure without the Ministry's prior written consent except
  - (a) as required by UWLM to perform its obligations under this Agreement or to comply with applicable law,
  - (b) if it is information that is generally known to the public other than as a result of a breach of this Agreement, or
  - (c) if it is information in any Incorporated Material.
- 28. UWLM will make reasonable security arrangements to protect the Material from unauthorized access, collection, use, disclosure or disposal.
- 29. If UWLM receives a request for access to any of the Material from a person other than the Ministry, and this Agreement does not require or authorize UWLM to provide that access, UWLM will advise the person to make the request to the Ministry.
- 30. The Ministry exclusively owns all property rights in the Material which are not intellectual property rights. UWLM must deliver any Material to the Ministry immediately upon the Ministry's request.
- 31. The Ministry exclusively own all intellectual property rights, including copyright, in
  - (a) Received Material that UWLM receives from the Ministry, and
  - (b) Produced Material, other than any Incorporated Material.

Upon the Ministry's request, UWLM will deliver to the Ministry documents satisfactory to the Ministry waiving in favour of the Ministry any moral rights which UWLM (or its employees) or a subcontractor (or its employees) may

have in the Produced Material, and confirming the vesting in the Ministry of the copyright in the Produced Material, other than any Incorporated Material.

32. Upon any Incorporated Material being embedded or incorporated in the Produced Material, UWLM grants the Ministry a non-exclusive, perpetual, irrevocable, royalty-free, worldwide license to use, reproduce, modify and distribute that Incorporated Material to the extent it remains embedded or incorporated in the Produced Material.

### MISCELLANEOUS

33. Notwithstanding any other provision of this Agreement, the payment of money by the Province to the UWLM under this Agreement is subject to:
- (a) there being sufficient monies available in an appropriation, as defined in the *Financial Administration Act* to enable the Province, in any fiscal year or part thereof when any payment by the Province to the UWLM falls due under this Agreement, to make that payment; and
  - (b) Treasury Board, as defined in the *Financial Administration Act*, not having controlled or limited expenditure under any appropriation referred to in subsection (a) of this section.
34. No partnership, joint venture or agency will be created or will be deemed to be created by this Agreement or any action of the parties under this Agreement.
35. This document constitutes the entire agreement between the parties and unless otherwise specified in this agreement, this Agreement may be amended only by further written Agreement between the parties.
36. Sections 12 and 24, continue in force indefinitely, even after this agreement ends.
37. (a) Any notice, document, statement, report, demand or payment desired or required to be given or made under this Agreement, must be in writing and may be given or made by personal delivery to the party to whom it is to be given or made, or by mailing in Canada with postage prepaid addressed to, if to the Ministry:

Ministry of Healthy Living and Sport  
PO Box 9825  
STN PROV GOVT  
Victoria, BC V8W 9W4

Attention: Silas Brownsey, Executive Director, Seniors' Healthy Living Secretariat



and if to UWLM:

United Way of the Lower Mainland  
4543 Canada Way  
Burnaby, BC V5G 4T4

Attention: Michael McKnight, President and CEO

and any such notice, document, statement, report, demand or payment so mailed will be deemed given to and received by the addressee on the third business day after the mailing of the same except in the event of disruption of postal services in Canada in which case any such notice, document, statement, report, demand or payment will be deemed given to and received by the addressee when actually delivered to the address of the addressee set out above.

- (b) In addition to subsection 37(a), any notice, report, document, statement or demand transmitted by facsimile transmission from either party to the other will be conclusively deemed validly given to and received by the intended recipient when so transmitted to the following numbers:

If to the Ministry: (250) 356-0542

If to the UWLM: (604) 293-0010

- (c) Either party may, from time to time, advise the other by notice in writing of any change of address or facsimile number of the party giving such notice and from and after the giving of such notice, the address or facsimile number specified in the notice will, for the purposes of this Agreement, be deemed to be the address or facsimile of the party giving such notice.

38. This Agreement will be governed by and construed in accordance with the laws of the Province of British Columbia.
39. If any provision of this Agreement or the application to any person or circumstance is invalid or unenforceable to any extent, the remainder of this Agreement and the application of such provision to any other person or circumstance will not be affected or impaired thereby and will be enforceable to the extent permitted by law.
40. Nothing in this Agreement operates as a consent, permit, approval or authorization by the Ministry or any other ministry or branch to or for anything related to the project that by statute, the UWLM is required to obtain

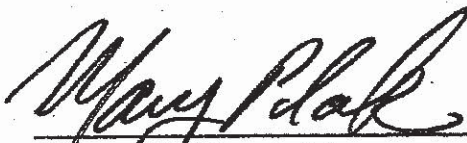
unless it is expressly stated herein to be such a consent, permit, approval or authorization.

41. UWLM will not, without the prior, written consent of the Ministry, assign, either directly or indirectly, this Agreement or any right of the UWLM under this Agreement.

**IN WITNESS WHEREOF** the parties hereto have duly executed this Agreement as of the day and year first above written.


Her Majesty the Queen in Right of the  
Province of British Columbia, the Minister  
of Healthy Living and Sport

United Way of the Lower Mainland



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Honourable Mary Polak  
Minister of Healthy Living and Sport



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Michael McKnight  
President and CEO  
United Way of the Lower Mainland

## SCHEDULE A TO THE AGREEMENT – INSURANCE

1. UWLM must, without limiting its obligation or liabilities and at its own expense, purchase and maintain throughout the term of this Agreement the following insurances with insurers licensed in Canada in forms and amounts acceptable to the Ministry:
  - (a) Commercial General Liability in an amount not less than \$2,000,000.00 inclusive per occurrence against bodily injury, personal injury and property damage and including liability assumed under this Agreement and this insurance must:
    - (i) include the Ministry as an additional insured;
    - (ii) be endorsed to provide the Ministry with 30 days advance written notice of cancellation or material change; and
    - (iii) include a cross liability clause.
2. All insurance described in paragraph 1 of this Schedule must:
  - (a) be primary; and
  - (b) not require the sharing of any loss by any insurer of the Ministry.
3. UWLM must provide the Ministry with evidence of all required insurance:
  - (a) Within 10 working days after execution of this Agreement, UWLM must provide to the Ministry evidence of all required insurance in the form of a completed Province of British Columbia Certificate of Insurance.
  - (b) If the insurance policy(ies) expire before the end of the term of this Agreement, UWLM must provide within 10 working days of expiration, evidence of new or renewal policy(ies) of all expired insurance in the form of a completed Province of British Columbia Certificate of Insurance.
  - (c) Notwithstanding paragraph 3(a) or (b) above, if requested by the Ministry at any time, UWLM must provide to the Ministry certified copies of the required insurance policies.
4. The UWLM shall provide, maintain, and pay for, any additional insurance which it is required by law to carry, or which it considers necessary to cover risks not otherwise covered by insurance specified in this schedule in its sole discretion.



**BETWEEN:**

HER MAJESTY THE QUEEN IN RIGHT OF THE  
PROVINCE OF BRITISH COLUMBIA, represented  
by the Ministry of Health Services

(the "Ministry") at the following address:

Ministry of Health Services  
PO Box 9825  
STN PROV GOVT  
Victoria, BC V8W 9W4

**AND:**

UNITED WAY OF THE LOWER MAINLAND, a  
society incorporated under the *Society Act* with  
incorporation number S-0001988

("UWLM") at the following address:

United Way of the Lower Mainland  
4543 Canada Way  
Burnaby, BC V5G 4T4

**BACKGROUND**

- A. The parties entered into an agreement dated April 6, 2009, a copy of which is attached as Exhibit 1 (the "Agreement").
- B. The Agreement was amended on July 14, 2010. A copy of this Amendment is attached as Exhibit 2.
- C. The Parties wish to further amend the Agreement.

**AMENDING AGREEMENT**

NOW THEREFORE, in consideration of the sum of One Dollar and other valuable consideration, the receipt and sufficiency of which is acknowledged by each party, the parties agree as follows:

- (1) That all references in the Agreement to "the Ministry of Healthy Living and Sport" and "the Ministry" are to be read as references to the "Ministry of Health Services", and
- (2) That "UWLM Obligations", sections 8, 12 and 13; "Further Obligations of the Parties", section 18; "Intellectual Property", sections 26 and 31; and "Miscellaneous", section 33 shall be amended so as to provide as follows:

**UWLM Obligations**

- 8. The word "Province" shall be changed to "Ministry".
- 12. The word "Province" shall be changed to "Ministry".
- 13. The original section 13 shall become 13 (a), and the following shall be added as 13 (b):

- (b) UWLM will retain custody and control of any program operational records generated by the project including personal information collected in operating the Pilot programs and providing services, and owns all property and intellectual rights in these records.

### **Further Obligations of the Parties**

18. The date of the Agreement shall be extended from March 31, 2012 to May 31, 2012.

### **Intellectual Property**

26. The following sentence shall be added at the end of the last sentence in the section:

**The Material does not include program operational records and personal information collected to operate the Pilot programs.**

31. The word "own" shall be changed to "owns".

### **Miscellaneous**

33. The word "Province", which appears three times in this section, shall be changed to "Ministry" in each instance.

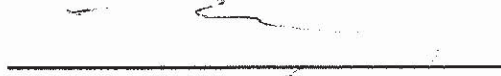
(3) In all other respects, the Agreement is confirmed.

THE PARTIES have duly executed this Agreement Amendment the 3<sup>rd</sup> day of February, 2011

This Agreement Amendment will be effective as of the date it is executed by both parties.

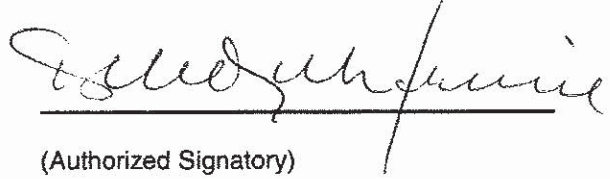
Ministry of Health Services  
Community Action for Seniors' Independence  
Agreement Amendment #2

**SIGNED AND DELIVERED** on behalf of the  
Ministry by an authorized representative of the  
Ministry



(Authorized Representative)

**SIGNED AND DELIVERED** by or on behalf of  
the UWLM (or by an authorized signatory of the  
UWLM if a corporation)



(Authorized Signatory)