



Leading British Columbia Towards a

HEALTHY FUTURE

BC Healthy Living Alliance Report:

Healthy Living Initiatives 2007 to 2010

October 2010



ActNowBC.ca





ACKNOWLEDGEMENTS

The BC Healthy Living Alliance gratefully acknowledges the generous support of the BC Government, including the Ministry of Healthy Living and Sport, ActNow BC and the Ministry of Health Services. Working in close partnership to further our common goals has been fundamental to maintaining BC's leadership in healthy living and we look forward to continuing our work together.

Thanks to our member organizations for their dedication to improving the health of all British Columbians. Members of BCHLA are: BC Lung Association; BC Pediatric Society; BC Recreation and Parks Association; Canadian Diabetes Association, Pacific Area; Canadian Cancer Society, BC & Yukon Division; Dietitians of Canada, BC Region; Heart and Stroke Foundation of BC & Yukon; Public Health Association of BC; Union of BC Municipalities; Interior Health; Fraser Health; Northern Health; Vancouver Coastal Health; Vancouver Island Health Authority; Provincial Health Services Authority; Ministry of Healthy Living and Sport; ActNow BC; 2010 Legacies Now; Public Health Agency of Canada, BC and Yukon Region.

Thanks also go to the staff and managers of the initiatives for their dedication and hard work implementing BCHLA's healthy living initiatives across the province. We are very grateful for your passion and commitment to working with British Columbians to make the healthy choice the easier choice.

This work would not be possible without the many partnerships forged in communities, regions and around the province. We would like to thank our partners in community organizations, post-secondary institutions, schools, workplaces, businesses, Aboriginal communities and local governments. These local champions are vital to ensuring that healthy living is a priority in our communities.

And finally, we would like to commend all British Columbians who take part in healthy living initiatives, for their commitment to improving their own health and the health of their communities.



MESSAGE FROM THE CHAIRS

British Columbia continues to lead the country in healthy living. The BC Healthy Living Alliance (BCHLA), with the support of the BC Government, has brought leadership to 233 communities across BC introducing new approaches to healthy living for our citizens. BCHLA's success is embedded in collaboration, our strong partnership with ActNow BC, the inclusion of local governments, and the desire of people in communities to become healthier.

We are pleased to share the impacts of our initiatives and the strong continuity that our work has found within communities, including resources, programs and people to create healthier choices and populations. Findings from all BCHLA initiative evaluations, including those evaluated externally by the Michael Smith Foundation for Health Research, have provided valuable insights into our work in communities. The rich stories and impacts of our initiatives are captured in this report and provide the way forward to future successes.

We would like to extend our appreciation to the many individuals and organizations that make healthy living an ongoing priority in their lives and communities. Many volunteers helped to make this work successful and we could not have done it without them. Local governments, Aboriginal communities, health authorities, school boards, recreation departments and centres, employers, colleges and many other institutions were important partners with BCHLA and we benefited greatly from this collaborative approach.

We also thank the BC Government, in particular the Ministry of Healthy Living and Sport and ActNow BC, whose funding of these initiatives has enabled significant progress in expanding the knowledge base and understanding among so many British Columbians and communities about healthy living. The government's continued support and investment in the promotion of healthy living and prevention of chronic disease will maintain the momentum that makes BC a leader. BCHLA looks forward to being a full partner in this continuing work to lead British Columbia towards a healthy future.



Bobbe Wood
Past-Chair, BCHLA
(May 2009 - September 2010)
President & CEO
Heart and Stroke Foundation,
BC & Yukon



Barbara Kaminsky
Chair, BCHLA
(From October 2010)
CEO
Canadian Cancer Society,
BC & Yukon Division



EXECUTIVE SUMMARY

In 2005, the BC Healthy Living Alliance received a one-time grant of \$25.2 million from the BC Government to expand upon the ongoing work of its member organizations. Grateful for the opportunity this significant resource provided, BCHLA set out to address the common risk factors for chronic disease using an evidence-based and integrated health promotion approach. It was based on best and emerging 'promising practices' for healthy living. Fifteen initiatives were developed in four areas: healthy eating, physical activity, tobacco reduction and community capacity building.

These initiatives reached across the province of BC, impacting 233 communities – from the far northern community of Daylu Dena Council near Lower Post to Sooke in the southwest to Sparwood in the southeast of the province. They helped to create healthier environments – bringing salad bars into schools and getting sugary drinks out. They cleared the air with smoke-free campuses and apartment buildings. They provided skills to individuals who needed to learn how to cook, how to quit smoking or how to get active; and they brought communities together to plan for a healthier future with accessible facilities, bike routes, walking trails and an outdoor hockey rink.

The provincial grant enabled BCHLA to pursue ambitious initiatives, be innovative, and attempt to reach those areas of the province that had been underserved by healthy living programs in the past. The initiatives targeted citizens who may not have had the capability to lead healthy lives. BCHLA strove to maximize its impact on vulnerable and hard to reach communities, focusing the dose of healthy living activities on communities in need. Although more challenging, this approach was chosen over programming for the general public which tends to attract participants who are already health conscious. BCHLA initiatives were particularly active in rural, remote and Aboriginal communities and concentrated resources to work with these communities to remove barriers and facilitate a shift to healthier living.

Food Skills for Families participants cooking up a storm



Some of the beneficiaries of the *Community Capacity Building Strategy* were places like the village of Kingcome, which is inaccessible by road and located in an isolated fjord approximately 290 km northwest of Vancouver off Vancouver Island; McBride, a small community nestled between the Canadian Rockies and the Cariboo Mountains; and Greenville, a Nisga'a village of approximately 474 people, in the Nass River Valley of British Columbia. Other remote communities like Skidegate on Haida Gwaii, Hazelton and Wells received assistance in creating plans to get their citizens physically active through the *Built Environment and Active Transportation Initiative*. The *Food Skills for Families Initiative* was able to work with many Aboriginal communities such as the Takla Lake First Nation, 400 km north of Prince George, and Ittatsoo Indian Reserve 1, on the West Coast of Vancouver Island, as well as remote communities such as Stewart, near the Alaskan border – bringing food skills to nourish multi-generational families.



Tobacco Reduction Initiatives were not based in rural and remote communities but rather areas where 19 to 29 year olds live and work including post-secondary institutions, workplaces and multi-unit housing. This demographic is notoriously hard to reach and has the highest rates of tobacco consumption.

One-quarter of British Columbians have already been impacted by the awareness raising activities of the BCHLA initiatives. To date, over 7.3 million web hits have been generated from people seeking more information; and 171,355 users have accessed the services provided by BCHLA initiatives, including websites, support from professionals, meetings, workshops and training. Of these 36,880 participants actively worked to improve the health of their communities, by eating better, increasing their physical activity or reducing their tobacco use.

BCHLA initiatives supported up to 900 events, workshops, and programs, ranging from a small group program for six individuals to a town-wide walking event with over 100 people. Overall, 298 grants were distributed across BC bringing meaningful local projects alive – in many cases these grants leveraged significant additional funds magnifying the present and future benefit to the community.

This report features stories and themes that illustrate and emphasize how communities have been impacted and the progress they have made through their involvement in the initiatives, and the continuing work of communities and organizations dedicated to healthy living. The report does not attempt to document all of the experiences and knowledge of BCHLA; instead it shares some of the many key lessons learned. The Michael Smith Foundation for Health Research provided early evaluation findings for select BCHLA initiatives and these are reflected throughout this report. The lessons taken from BCHLA's experience will help to inform the ongoing work to promote healthy living in British Columbia.

It is clear from the response to the BCHLA initiatives that communities want to engage in actions that promote healthy eating, tobacco reduction, physical activity and community capacity building. This enthusiasm is contagious and means that momentum is building—a healthy population is dependent on health promoting environments which in turn requires

people who are engaged, connected and empowered to turn concepts into reality. The BCHLA initiatives demonstrate that using a community development approach is a highly effective way to implement successful and sustainable healthy living programming. BCHLA recommends that, to build on success and further improve the health of British Columbians, this approach be utilized at the outset of future healthy living program planning.

The members of BCHLA first came together in 2003 with the creation of an intersectoral table where leaders could work in concert to build on existing relationships and investigate new partnerships. The experience of the past three years – working with communities to create positive change – has further galvanized this commitment. British Columbia has shown its leadership and commitment from all sectors and levels of government to promote the healthy living agenda.

The BC Government has shown leadership by embracing many of the recommendations in BCHLA's 2005 report, *The Winning Legacy* and providing the funding for the BCHLA initiatives, as well as the creation of ActNow BC and the Ministry of Healthy Living and Sport. The sustained commitment shown by the BC Government and the continued commitment of BCHLA members to work together, will maintain this leadership by ensuring that funding and human and knowledge-based resources will continue to be available to communities. BCHLA's sustained partnership as an alliance, together with government and other sectors demonstrates that this approach to healthy living will continue as a best practice example internationally. A shared commitment to healthy living will lead British Columbia towards a healthy future.



BACKGROUND

Since 2003, the BC Healthy Living Alliance has been working to improve the health of British Columbians through advocacy, collaboration and capacity building. The creation of BCHLA acknowledged that by working in partnership, great strides could be made in chronic disease prevention specifically by focusing on three major risk factors which underlie much of the chronic disease in BC: tobacco use, unhealthy eating and physical inactivity. The BCHLA model is held up nationally as an example of how organizations can work together to increase their success in achieving common goals. BCHLA members are resolute that their collaborative will continue advocating for and promoting healthy living for all British Columbians.

From this common understanding, BCHLA published *The Winning Legacy* in 2005, an evidence-based position paper outlining 27 strategies to address these risk factors. The *Winning Legacy* laid out a comprehensive plan that called for an investment of \$1.1 billion over six years to make BC the healthiest jurisdiction to ever host the winter Olympic and Paralympic Games. The BC Government recognized a common desire to improve the health of British Columbians and responded to *The Winning Legacy* by providing a one-time grant of \$25.2 million to BCHLA for its members to expand their healthy living work across the province. BCHLA's member organizations were well placed to implement these initiatives because they had longstanding experience of working in communities and are well known advocates for, and deliverers of, healthy living programs.

A Conceptual Framework was developed to guide BCHLA in its work and maximize the impact of the partnership. During this time, a fourth or supporting pillar was added to the three risk factors – the need to build capacity for healthy living in communities across the province. Key criterion included that spending be focused on promising and emerging practices for healthy living activities and that BCHLA member organizations would lead the initiatives under a decentralized model of accountability, with the BCHLA Coordinating Committee acting as stewards of the funds. The activities would link to and build upon the existing work of Health Authorities and BCHLA members, avoiding duplication, broadening potential impact and deepening sustainability. BCHLA is fortunate to have senior representatives from the BC Government, the Public Health Agency of Canada, and

*On March 23, 2006 BC Minister of Health,
George Abbott, announced:*

**“ We are building on British
Columbia’s reputation as the healthiest
province in Canada by providing resources to
these two groups with vital community links
to promote healthier lifestyles for British
Columbians,” said Abbott. “The BCHLA and
2010 Legacies Now have a depth and breadth
of expertise, knowledge and community
partnerships that will help us achieve the
goals of ActNow BC. ”**

each Health Authority, including the Provincial Health Services Authority, as members of the Coordinating Committee who were involved in planning and reviewing this work.

While the investment of \$25.2 million was a critical step it was not the full funding necessary to reach the ambitious targets set out in *The Winning Legacy*. However, BCHLA is justifiably proud of the work achieved in BC communities to date with this substantial provincial investment, which sets British Columbians on the path to a healthier future.

Allocation of \$25.2 million grant by pillar 2007-2010

Healthy Eating	\$5,998,600
Physical Activity	\$6,000,000
Tobacco Reduction	\$4,545,000
Community Capacity Building	\$5,100,000
Evaluation	\$1,200,000
Secretariat	\$2,000,000
Contingency	\$356,400
Total	\$25.2M



Strategy documents were developed for each of the four pillars of Healthy Eating, Physical Activity, Tobacco Reduction and Community Capacity Building, which outlined objectives and descriptions for the healthy living initiatives. Initiatives were based on evidence and promising practice, balanced with the need to move quickly and get results by 2010 in order to meet the BC Government's timeframe. Environmental scans identified potential gaps in current activities and it was agreed that existing data sources, such as the Canadian Community Health Survey, would be used rather than creating new databases to track progress.

In all, 15 initiatives were developed. BCHLA's focus was on at-risk and hard to reach populations. They were able to be innovative, and attempted to reach those areas of the province underserved by healthy living programs in the past. More detailed implementation plans were then created by the lead organizations to determine how the objectives for each initiative would be achieved, including workplans and budgets.

BCHLA initiatives built upon partnerships between lead organizations playing to their combined strengths, both

in terms of their stakeholder reach, previous work and potential sustainability. For instance, the BC Recreation and Parks Association's knowledge of the provincial recreation community led them to plan and implement the *Built Environment and Active Transportation* and the *Healthy Food and Beverage Sales in Recreation Facilities and Local Government Buildings* initiatives, focusing on grants that were promoted within local governments through the Union of BC Municipalities.

Evaluation was also identified as a critical factor. All of the BCHLA initiatives were evaluated to determine which, where and how communities in BC have been impacted by the initiatives. The Michael Smith Foundation for Health Research was contracted by BCHLA to facilitate external evaluations to coincide with the implementation of the initiatives. As part of the evaluation process, an External Expert Advisory Panel reviewed the work of the evaluators. Seven initiatives were selected for independent external evaluations. All evaluation activities added to the understanding of how healthy living initiatives evolve from planning to implementation, and how to use these lessons for continuing practice.



Simpw First Nations children learn about healthy eating through the Healthy Food and Beverage Sales Initiative



Table 1: Background information on BCHLA Initiatives: Leads and Descriptions

Leads & Co-Leads	BCHLA Initiatives	Web address
Healthy Eating		
Public Health Association of BC	Farm to School Salad Bar <ul style="list-style-type: none"> • Linked local farmers with schools to provide fresh fruits and vegetables at least twice per week • Gave children a better awareness about healthy eating, local food, gardening, agriculture and seasonality 	www.bchealthyliving.ca/farm_to_school www.phabc.org/modules.php?name=Farmtoschool
Canadian Diabetes Association	Food Skills for Families <ul style="list-style-type: none"> • Developed four targeted food skills curriculums, aimed at Aboriginal, South Asian, newcomer and low-income families • Programs were delivered locally by trained facilitators 	www.bchealthyliving.ca/food_skills
Dietitians of Canada	School Guidelines Support <ul style="list-style-type: none"> • Supported faster and happier implementation of the Guidelines for Food and Beverage Sales in BC Schools by helping schools identify and serve healthier choices 	www.bchealthyliving.ca/healthy_food_and_beverages www.brandnamefoodlist.ca www.healthyeatingatschool.ca
BC Pediatric Society and Heart & Stroke Foundation, BC & Yukon	Sip Smart! BC <ul style="list-style-type: none"> • An education module for long-term use by BC teachers and BC children • Aimed at children in grades 4 to 6, teaches them to sip smart and reduce consumption of sugar sweetened beverages 	www.bcpeds.ca/sipsmart/
BC Recreation and Parks Association and Union of BC Municipalities	Stay Active Eat Healthy - Healthy Food and Beverage Sales in Local Recreation Facilities and Local Government Buildings <ul style="list-style-type: none"> • Provincial coordination of supports for local government buildings and recreational facilities to voluntarily adopt the sale of healthy food and beverages • Provided grants to support implementation in local governments and Aboriginal communities 	www.stayactiveeathealthy.ca/
Physical Activity		
Heart & Stroke Foundation, BC & Yukon and BC Recreation and Parks Association	Walk BC <ul style="list-style-type: none"> • Provincial level infrastructure and support to encourage individuals to walk on a regular basis in their communities • Provided grants to support implementation in local governments and Aboriginal communities 	www.walkbc.ca/
BC Recreation and Parks Association and Heart & Stroke Foundation, BC & Yukon	Everybody Active <ul style="list-style-type: none"> • Provided seed grants to help communities determine access priorities • Created resources to support municipal policies to increase inclusion and accessibility to facilities and programs • Shared these approaches with communities across the province 	www.physicalactivitystrategy.ca/index.php/everybody-active/



Leads & Co-Leads	BCHLA Initiatives	Web address
BC Recreation and Parks Association and Heart & Stroke Foundation, BC & Yukon	<p>Community-based Awareness</p> <ul style="list-style-type: none"> Developed community resources to complement provincial and national social marketing campaigns Provided grants to support implementation in local governments and Aboriginal communities 	www.physicalactivitystrategy.ca/index.php/community-based-awareness/
BC Recreation and Parks Association and Union of BC Municipalities	<p>Built Environment and Active Transportation (BEAT)</p> <ul style="list-style-type: none"> Provided planning grants for developing pathway and active transportation plans Developed resources, networking summits and other aids for local governments Included a stream of grants for Aboriginal communities 	www.physicalactivitystrategy.ca/index.php/beat/
Tobacco Reduction		
Canadian Cancer Society, BC and Yukon Division	<p>Tobacco-Free Workplace Initiative</p> <ul style="list-style-type: none"> Supported employees to quit smoking whether in an office or offsite environment 	www.cancer.ca/bc/tobaccofreeworkplace
BC Lung Association	<p>Tobacco-Free Post-Secondary Institutions (PSI)</p> <ul style="list-style-type: none"> Established tobacco cessation programs in PSIs and technical schools Worked with PSIs to develop and implement tobacco-free campus policies 	www.bc.lung.ca/smoking_and_tobacco/tobacco_free.html
Heart & Stroke Foundation, BC & Yukon	<p>Smoke-Free Housing Initiative (multi-unit dwellings)</p> <ul style="list-style-type: none"> Electronic tool kit that outlined how to implement smoke-free policies in multi-unit dwellings Education and engagement with housing providers Pilot project to implement smoke-free policy 	www.smokefreehousingbc.ca
BC Lung Association	<p>Community Detailing Initiative</p> <ul style="list-style-type: none"> Partnered with businesses through the use of a marketing technique called 'detailing' to promote smoking cessation information 	www.bchealthyliving.ca/tr_community_outreach
Heart & Stroke Foundation, BC & Yukon	<p>Targeted Education Initiative</p> <ul style="list-style-type: none"> Worked with professors to challenge students in senior level marketing classes to design a multi-media tobacco education campaign Winning campaign was focus-tested, further developed and launched in 10 BC communities 	www.quitthersunite.com/
Community Capacity Building		
Canadian Cancer Society, BC and Yukon Division	<ul style="list-style-type: none"> Integrated complementary implementation activities at the provincial, regional and local community levels. Included were training, granting, networking support, and efforts to integrate capacity building with initiatives in the other three strategies 	www.bchealthyliving.ca/capacity_building



TRANSPARENCY AND ACCOUNTABILITY



Karen refugee youth participating in Community Capacity Building

The desire for transparency and openness of communication in BCHLA's work was embedded within the Conceptual Framework which guided the Alliance's work on the initiatives. The member organizations of the BCHLA Coordinating Committee have made huge contributions of time and resources, as their senior representatives volunteered their time to develop the Conceptual Framework and continued to steward the funds. As stewards of the \$25.2 million one-time grant, the Coordinating Committee of BCHLA includes the heads of the nine voting-member organizations, and senior officials from the six Health Authorities, the Public Health Agency of Canada, BC and Yukon Region, ActNow BC, 2010 Legacies Now and the Ministry of Healthy Living and Sport. Semi-annual reports, including financials, for all initiatives were vetted by the Coordinating Committee, tracking their progress every six months. This stringent reporting mechanism ensured a high level of accountability by the voting members themselves and to the government representatives on the committee.

Working within an alliance of like-minded organizations is common for non-profit organizations; however, the

introduction of the one-time grant meant added levels of coordination, communication and trust. Sharing funds and accountability to government was accepted as a serious responsibility by BCHLA members; this responsibility was entrenched in the Conceptual Framework that was developed to ensure transparency throughout the implementation of the initiatives. BCHLA has matured through its stewardship of the funds and work on the initiatives, strengthening the ability of the Alliance to work effectively towards their common chronic disease prevention goals. As the one-time grant funds come to an end, BCHLA members remain strong in their commitment to working together to advocate for healthy living in BC.

The BC Government's investment of \$25.2 million was well placed in BCHLA. The investment has been amplified by the in-kind contributions of the organizations and communities involved with BCHLA, and their many volunteers – from the heads of BCHLA's member organizations to the community champions on the ground. By working with BCHLA, the province achieved extensive reach into communities and benefited from the rich experience of the Alliance.



IMPACTS & SUCCESSES OF BCHLA INITIATIVES

Trust in lead organizations

The BCHLA initiatives showed great success in working with and engaging communities. This success came in part as a result of the lead organizations building relationships with community leaders, local organizations and individuals. All organizational leads are well respected on either a national or provincial level and seen as a credible source for information and providers of healthy living programming. This foundation of trust provided easier and quicker entry into communities, as well as increased participation from citizens.

Communities engaged in new healthy living initiatives partially as a result of the esteem they felt for the organizations leading the programs. Some communities indicated that had this relationship not existed with the lead members of BCHLA, they would not have participated. Trust lent critical strength to BCHLA's work as an alliance.

For example, the *Smoke-Free Housing* initiative was able to build on existing networks of multi-unit dwelling providers, both rental and owned, to quickly get the word out and educate housing providers about the legality of smoke-free housing. The Heart and Stroke Foundation of BC and Yukon is a well known source of information on tobacco reduction, and the manager of the initiative was a long-time advocate.

These factors helped legitimize this initiative and will ultimately lead to its sustainability – a Canadian first to bring forward the issue of second-hand smoke in private homes.

Promoting community partnerships

The BCHLA initiatives demonstrated tremendous success in bringing together communities, sectors, and different partners to achieve healthy living goals. BCHLA was able to build bridges across different sectors as well; for instance, bringing members of the food industry together to discuss the impact of the healthy food and beverage guidelines. Many communities did not have the pre-existing partnerships they needed to extend their healthy living activities. Using the BCHLA model of collaboration, facilitators were able to demonstrate to communities the importance of partnerships and the strength they can bring to healthy living programs.

The partnerships created by the BCHLA initiatives in communities were extensive and included some unusual combinations of stakeholders. *Everybody Active's* objective was to enable dialogues within communities on how to overcome barriers to physical activity. The initiative brought social service agencies together with recreation programmers and many other stakeholders to determine how to connect

Food Skills For Families



One participant in the Aboriginal curriculum of Food Skills illustrates the role that familiarity and trust can play in ensuring positive results. The participant was a father and grandfather who had a critical caretaking role for his grandchild. He had never cooked before and depended on processed foods to feed his family. He reported that he had been very intimidated to take part in the program and questioned whether he should return after the first lesson, but he knew the facilitator and trusted her, and came back so as not to disappoint her. By the end of the six sessions, he felt capable to shop for and prepare healthy meals for his family.



Participants from Everybody Active

with hard to reach populations, including the homeless. *Community Capacity Building* supported many unlikely partnerships, such as the skateboarding youth in the Interior who went before town council, and impressed the Mayor to the degree that he is now an ongoing participant on the town's Youth Council.

However, partnerships were not only formed within communities, but also between communities. For instance, communities that had been close in geographic proximity but had not previously worked together developed a shared community garden. By focusing on the work that needed to be done rather than on why it couldn't be done, stakeholders were able to find solutions. BCHLA initiatives provided the facilitation and funding support, and these community partnerships actualized the vision.

“ The program actually challenged us to work harder to create new partnerships with local and nearby communities. We have gained new friends and allies... we are keen to run with it again next year... ”

Farm to School Salad Bar Participant
Lorraine Ladan, Principal,
nkmaplqs isn'ma'ma'ya'tn klsqilxwtet
Cultural Immersion School, Vernon

Support means more than money

Support from BCHLA was defined not simply as financial, but support in the form of tools, resources and personnel to help communities develop their priorities, plan their next move and implement their ideas. BCHLA initiatives created extensive resources to support ongoing efforts to increase healthy living around the province. These resources are available online, and are embedded in ongoing programs to sustain the successful implementation of these practices. A list of the resources with links can be found on the BCHLA website at www.bchealthyiving.ca.

BCHLA's success was increased by identifying that communities need additional supports, beyond funding, to facilitate change. In many cases, community champions are at capacity. They cannot take on additional projects, even those that are funded. Human resources in communities need to be fostered and developed to a point where more people and new faces begin to share in the work of supporting healthier communities.

Different forms of support were provided across BCHLA initiatives. For example, the *Built Environment and Active Transportation Initiative (BEAT)* provided a successful grant program to enable local governments to begin the planning process for healthier communities, including a program for Aboriginal communities. This financial support was supplemented by resources geared to the local planning context. Summits were organized to bring together local leaders for networking opportunities and to hear first-hand experiences from other communities that had moved ahead in creating active transportation opportunities for their citizens.

The *School Guidelines Support Initiative*, led by Dietitians of Canada, was developed as a support to schools and vending operators to help school districts implement the provincially legislated School Food Guidelines. The school community can access online and call centre resources to help them identify which products are healthier for their students, tips and recipes to address the more common roadblocks, and opportunities to share and learn from other school colleagues. These core supports make the job of schools tasked with the implementation of the Guidelines within tight timeframes, and multiple priorities, a little easier.



“ Small grants are very valuable to small communities to support planning, help build momentum for activities and to raise awareness of issues. This grant helped to create a bridge in the community and creates hope among partners who are committed to healthy living. ”

Chair, Chase Spirit of BC Committee

Policies to strengthen the Guidelines at the local level have incorporated the Brand Name Food List (www.brandnamefoodlist.ca), a web-based resource listing products that comply with the Guidelines and therefore are able to be sold in schools. Gradually these types of policy changes and the practical supports for their implementation will adjust the way schools and vendors do business, and lead to healthier food choices in schools.

School Guidelines Support

A company contacted the Food Guidelines Dietitian, indicating they wanted their products added to the Brand Name Food List. The company noted schools were interested in purchasing their product, but understood that to do so they had to be on the Brand Name Food List. The products were reviewed by the dietitian and it was determined that very few met the Guidelines; however, by reducing the portion size (i.e. by half which resulted in a more reasonable size) many would meet the requirements. The owner was eager to comply. Similarly, other companies offering cookies, muffins, etc. have reformulated their products based on guidance they received from the Food Guidelines Dietitian.

Leveraging community capacity

The BCHLA initiatives were particularly successful in leveraging additional support from a variety of sources, such as volunteers and other funding sources. This was made possible by ensuring that communities were involved in BCHLA's healthy living work. By creating strong links between and within community players the stage was set for local continuity. This commitment from communities has included extensive volunteer support and in some cases, increased funding to support the investments made by BCHLA grants. For instance, many projects supported by the *Community Capacity Building Strategy* were able to garner equal amounts of financial or in-kind support from other sources. The over \$1.1 million invested in financial support to communities through the *Community Capacity Building Strategy* has leveraged more than \$500,000 in non-financial in-kind support and \$820,000 of additional financial support to date, involving 361 community partnerships and impacting 16,863 community members.

Communities that participated in *BEAT, Stay Active Eat Healthy* and *Tobacco-Free Post-Secondary* initiatives have produced plans that will be implemented over time to further healthy living goals. In the case of *BEAT*, local governments now have concrete actionable 'shovel-ready' plans needed to apply for larger healthy infrastructure grants. To date the plans created through *BEAT* funding have leveraged 15 Provincial Local Motion and Cycling Infrastructure Partnership Program grants valued from \$36,000 to \$1,000,000. The communities of Qualicum Beach and Invermere have leveraged enough funds to ensure their active transportation plans become a reality. Qualicum Beach further leveraged their \$20,000 *BEAT* grant into \$400,000 from a Provincial Government grant program and has already built part of their walking and cycling path; Invermere has taken the plan created with their *BEAT* grant and successfully leveraged \$1.3 million in grants from both the Provincial and Federal Governments. A 3km run/walk trail has already been built to further the local school's running program, while trail connections between the town centre and existing trails are being built.



Farm To School Salad Bar



"Perhaps the most significant factor that indicates the success of the program for me as an administrator is the presence of our Aboriginal parents. It was rare that we had this population in the school prior to the establishment of the salad bar. Initially, I think many realized that they could not pay for it, but could certainly volunteer some time. It brought them into the school, and they have continued to come. Elders as well have increased their presence in the school, and it has had a fantastic impact on all of our other programs as well. They feel welcome, wanted, appreciated, and part of the community for the first time. It has led to positive relationships with some of our most vulnerable families. Food heals in many ways."

*~ Rick Miller, Principal
Mountview Elementary School, Williams Lake*

As a result of the BCHLA initiatives being run by non-profit organizations they benefit from the willingness of community members to get involved and volunteer their time and effort to make things happen. Volunteers have been critical to the successful implementation of many initiatives. It is impossible to quantify in dollars the volunteer hours that have been supplied by parents who have helped prepare healthy foods for the *Farm to School Salad Bar* or walk leaders inspired through *Walk BC* and *Everybody Active* who are continuing to support physical activity in their communities. It is through these efforts, however, that the momentum for change will continue to grow.

Reaching the hard to reach

BCHLA is especially proud of the ability of its initiatives to reach out to and successfully engage vulnerable populations, going beyond the mainstream. BCHLA's unique position of having trusted, well-established organizations on the ground in many rural and remote

areas enabled the initiatives to reach communities that may not have otherwise been accessible. Being part of a much larger program with the support of an alliance like BCHLA helped to give participants the strength and motivation to make changes in their communities.

The case studies developed as part of the external evaluation outlined the impact that capacity building activities had on Aboriginal and rural communities and showed the positive changes identifiable on both an individual and group level. In terms of youth engagement and confidence, the projects helped to increase connections between youth and their communities, creating a sense of pride for those involved. This type of engagement on such a broad level is unusual in healthy living projects, and gains within communities will undoubtedly continue to increase with future work.

Through small grants, tools and resource staff, BCHLA initiatives were able to engage Aboriginal, rural and remote communities at a grassroots level. Grants that were specific to Aboriginal communities were a later



addition to some of the initiatives as the appetite for healthy living programs in these communities was whetted. Across the *Physical Activity Strategy*, which included a grant component in all four of its initiatives, a separate stream was established to accommodate the high demand from Aboriginal communities. Fifty-six Aboriginal communities and organizations took part in activities across the four initiatives, showing the breadth of interest in communities for information and help to improve the health of their citizens.

Activities in rural and remote communities also reached families. *Food Skills for Families* targeted four specific at-risk populations, including Aboriginal communities where 70 sessions were hosted by local organizations.

Kuper Island Band was the smallest group to receive *Food Skills* training, but the impact has been broad. They collaborated with the *Community Capacity Building Strategy* to capitalize on the interest in healthy eating generated by the six sessions of *Food Skills*. Participants realized they needed to increase their vegetable and fruit consumption and that they could have a positive impact on their own health by planting a garden to provide some of the missing fresh produce in their diets. In this example, collaboration was easy as the *Food Skills* Facilitator was also the Community Development Leader for the area. By combining and layering exposure to healthy living initiatives, and with individuals in smaller communities taking on multiple roles, there was a highly integrated approach to health promotion.



Community Capacity Building

photo: Htoo Law La



The Community Capacity Building Strategy partnered with several Langley community organizations including Langley Community Services, the City of Langley, Langley Evangelical Free Church and Promoting Community Through Kids in Sport (PuCKS) to empower Karen refugee youth. The project has succeeded in mentoring the youth through sport to increase their leadership and language skills to become a part of their Canadian community. Karen youth were able to try hockey for the first time,

having never seen ice before, and use their newfound sense of team and confidence to improve other areas of their lives.

Their increased confidence is evidenced through independent participation in community events, community programs and their willingness to teach others about cane ball; a sport played commonly in the refugee camps on the Thai/Burmese border. The Karen Cane Ball Group was asked to do demonstrations at Multicultural Day at a school in Surrey. In that school were three young Karen boys – who were very proud to have “big high school boys show their school something from their culture!” A young adult mentored through the program, Ra Htoo, gained skills helping to organize and lead a cane ball league in Langley. He now uses his organization and language skills working for Langley Community Services as a multicultural worker. In addition, the solid partnership with PuCKS, including resources, financial support and future development, will be key in sustaining this project.



Overcoming barriers to healthy living

The BCHLA initiatives were successful in helping individuals and communities overcome barriers and challenges to healthy living. The long-term success of these efforts will be the sustained changes in communities where attitudes and ways of working together have evolved. Living on a low-income, for instance, is an obvious and ongoing barrier to healthy living. Many recreation centres and local governments have access policies that provide subsidies to clients who can prove their need. Unfortunately, the barriers are deeper than just removing the fees to take part in an activity. *Everybody Active* showed communities how to move beyond subsidy programs, and try new methods and policies to take their inclusion policies further.

The City of Nanaimo, with its community partners, used some of the funds they received from *Everybody Active* to develop a program that created recreation opportunities for homeless people. Participation did not require the participants to be in compliance with any program, fill out confusing forms or be regimented in any way. Frequently the paperwork to participate in a program can be incredibly daunting, particularly for those with lower literacy skills. An outreach worker was funded to build the personal connection to encourage people to get involved.

Providing services and offering programs is important, but as the example above illustrates it takes more effort to determine and overcome systemic barriers. Barriers to participation can also be community-wide, with communities unable to take advantage of programs and available funding, because the human resources are not present to take advantage of new

opportunities. Skills, tools and resources are needed to improve the health of communities. The same is true of individuals. Those with low income or other vulnerabilities may sometimes lack the capacity to utilize new information and adopt healthy behaviours. They may be unable or unwilling to fill out forms or paperwork or even have the fixed address needed to access many community services. In some cases lack of equipment or appropriate clothing and footwear can be deterrents for people to take part in physical activity.

Childcare and transportation were potential impediments for *Food Skills* participants. These barriers were overcome through partnerships with other agencies that saw the value to their clients of participating in *Food Skills*. Culture was also a barrier that needed to be addressed. Newcomers to Canada, who are often reluctant to take part in programs because of language and cultural difficulties, were supported to take part in the *Food Skills* program. Partnerships with other service organizations were critical to overcoming these barriers as they were able to provide translation services and other information that helped to ensure participants were comfortable enough to take part. Respect for traditional cultures was essential to getting buy-in from Aboriginal, Punjabi and refugee groups who did not want to be told how their culinary practices were wrong, but were interested in learning about healthy Canadian cooking. *Food Skills* listened to the needs of these participants and addressed them. The piloted materials were changed in response to what was happening in the classes. This reflects the priority BCHLA placed on piloting and continuous improvement in its initiatives, making necessary changes from pilots to even more successful programs.

Initiative Sustainability

Sustainability was built into planning for BCHLA's initiatives, ensuring that successes will live beyond the one-time grant funding. By ensuring that sustainability was top of mind at the start, greater success is possible in the long-term. BCHLA demonstrated the importance of this approach through the resources, partnerships and continued investment and leveraging that have occurred and which will ensure the sustainability of much of this work.

*As the City of Nanaimo's Social Planner
for Everybody Active put it:*

“ The key outcome is barrier-free and supportive access to recreation for the most disadvantaged, which is not a group that has been tackled in the past. ”



Some of the initiatives have been successfully integrated into ongoing programs operating in BC as well as in other jurisdictions that have requested the resources. *Farm to School Salad Bar*, *School Guidelines Support* and *Sip Smart! BC* will continue to run in BC schools. *Sip Smart! BC* was also a core part of a successful national Coalitions Linking Action and Science for Prevention (CLASP) grant application, *Collaborative Action on Childhood Obesity* and will be adapted for use in Northern Ontario, Quebec and the Northwest Territories. School districts in the Interior and the Vancouver Island Health Authority are supporting new farm to school projects.

Quitters Unite received Health Canada funding to continue to address 19 to 29 year olds through the initiative's website and social media tools. *Tobacco-Free Workplaces* provided the first module for a new workplace wellness program that the Canadian Cancer Society, BC & Yukon Division will be launching in fall 2010. The maintenance of the online Brand Name Food List will be supported by the BC Government through Dietitian Services, HealthLink BC. These are just some of the ways that work will continue.

Initiatives will also be sustained through partnerships, continued leadership from within schools, organizations and local governments, and the dedication of volunteers interested in maintaining activities with or without funding. Policy changes also provide long-term support for positive changes to promote healthier environments.

Scores of resources created by the BCHLA initiatives are online providing ongoing access for the many interested BC communities as well as external jurisdictions. Toolkits on providing healthy choices in community centres, guidebooks explaining the steps for schools to set up their own salad bars, how-tos, including posters, ads and marketing materials for communities to set up walking clubs and events, and online communities to sustain smoke-free campuses are all available. BCHLA initiatives succeeded in creating resources that are valuable and available to sustain the efforts of communities to improve health. The momentum of these ongoing efforts is incalculable.



VCC nursing students will continue to promote tobacco-free environments



REACH OF BCHLA INITIATIVES

BCHLA initiatives reached across the province of BC, have impacted 233 communities to date. They brought walking clubs, food skills classes, community led initiatives, and access to healthier environments – whether they be smoke-free, have greater access to fresh salad greens or promoting that ‘active is’ a way of life – to areas of the province underserved by previous healthy living programming.

The adjoining map and Table 2 summarize the reach of the initiatives work. As some BCHLA initiatives have been extended to the end of September 2010, and many others sustained through other means, their full impact will not be captured here, but the scale of the work to date demonstrates success. For more information on individual initiatives, see the web links in Table 1.

Some of the initiatives focused on education and raising public awareness of the importance of healthy behaviours, while others partnered with communities to determine their needs for supporting healthy behaviours. Others reached out to community leaders to learn, plan and act to create healthier environments.

To date one-quarter of British Columbians, more than 1 million, have been impacted by the awareness raising activities of the BCHLA initiatives. Over 7.3 million web hits have been generated from people seeking more information. In all, 171,355 users have accessed the services provided by BCHLA initiatives, including websites, support from professionals, meetings, workshops and training. Of these 36,880 participants worked directly to improve the health of their communities, by eating better, increasing their physical activity or reducing their tobacco use.

BCHLA initiatives delivered up to 900 events, workshops, and programs, ranging from a small group program for six individuals to a town-wide walking event with over 100 people. Overall, 298 grants were distributed across BC to bring meaningful local projects alive, in many cases these leveraged significant additional funds and magnified the benefit to the community.

BCHLA initiatives increased funding for healthy living to vulnerable populations and remote communities, reaching out to those communities that really need help. BCHLA targeted initiatives to rural and remote communities, youth, young adults, inactive adults, new immigrants, and Aboriginal people. These target populations are frequently missed by programs that focus on the ‘general population’. However, they are groups in need of support and providing this support warranted an extra investment from BCHLA in time and funds. This investment had led to a greater involvement from these populations.

Reaching out to rural and remote communities allowed BCHLA to present a healthy living agenda to new audiences. In many cases the initiatives helped to influence policy changes at the community level, supporting healthier options for food and physical activity environments. These types of broader policy impacts have wide reaching and sustained impact on communities. BCHLA looks forward to seeing the long-term benefits of these lasting impacts.





BC Healthy Living Alliance Initiatives Community Reach

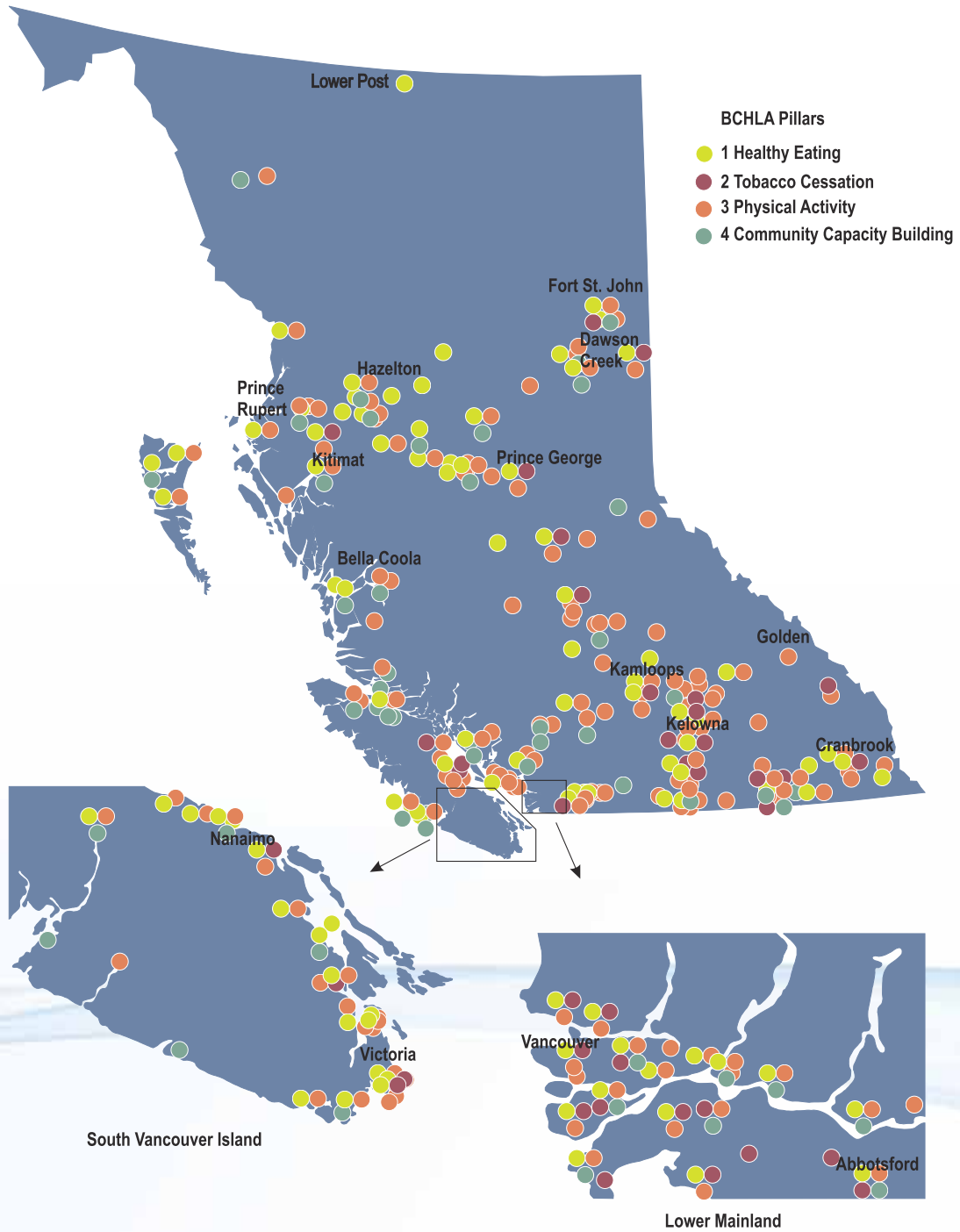




Table 2: Reach of BCHLA Initiatives

Initiative	Leads and Co-leads	Reach to British Columbians
Healthy Eating Strategy		
School Guidelines Support for Healthy Food and Beverage Sales	Dietitians of Canada	59 of 60 School Districts accessed Initiative resources; 7,000 registered users of Brand Name Food List website with 7 million website hits and 4,200 foods rated
Stay Active Eat Healthy - Healthy Food and Beverage Sales in Recreation Facilities and Local Government Buildings	BC Recreation and Parks Association Union of BC Municipalities	49 grants to 61 local governments; plus 12 Aboriginal communities, totalling \$573,589
Farm to School Salad Bar	Public Health Association of BC	20 programs established in schools – which provided the opportunity for salad bars twice weekly to 7,000 kids; 16 grants, totalling \$305,368
Food Skills for Families	Canadian Diabetes Association	1,600 participants plus 143 trainers
Sip Smart! BC	BC Pediatric Society Heart & Stroke Foundation, BC & Yukon	6,213 students and their families received Sip Smart! materials; 1,000 packages have gone to 123 BC communities
Physical Activity Strategy		
Walk BC	Heart & Stroke Foundation, BC & Yukon BC Recreation and Parks Association	68 grants to initiate community walking programs totalling \$376,572; Walk BC 1,526 (active in events and programs); activities in 149 communities; 6,680 physician recommendation packages were distributed
Everybody Active	BC Recreation and Parks Association Heart & Stroke Foundation, BC & Yukon	2,793 participated in engagement activities; 1,232 people participated in pilot physical activity programs aimed at less active lower income adults; 69 grants, totalling \$203,045
Community-based Awareness	BC Recreation and Parks Association Heart & Stroke Foundation, BC & Yukon	231,296 residents estimated to be reached through media awareness; 18,404 participants in events and programs; 90 grants, plus 26 aboriginal stream, totalling \$326,538
Built Environment and Active Transportation	BC Recreation and Parks Association Union of BC Municipalities	678 participated in community consultation; 24 grants, plus 14 aboriginal stream; totalling \$605,679



Initiative	Leads and Co-leads	Reach to British Columbians
Tobacco Reduction Strategy		
Tobacco-Free Workplaces	Canadian Cancer Society, BC and Yukon Division	12,705 employees were reached at 59 worksites; 2,032 potential smokers; of those 442 quit attempts were made; 175 of these by 19 to 29 year olds
Tobacco-Free Post-Secondary Institutions	BC Lung Association	30,000 smokers on 10 campuses across BC were provided messaging and supports to quit
Targeted Education	Heart & Stroke Foundation, BC & Yukon	165,000 students on nine campuses, estimate 34,650 smokers; but broader reach would be 225,000 in target age range
Community Detailing	BC Lung Association	1,042 partners across the province helped to distribute materials
Smoke-Free Housing in Multi-Unit Dwellings	Heart & Stroke Foundation, BC & Yukon	8,200 housing providers; plus 7,000 unique website hits to the Smoke-Free Housing site
Community Capacity Building Strategy		
	Canadian Cancer Society, BC and Yukon Division	<p>The reach of the Community Capacity Building Strategy to date is 17,682 British Columbians</p> <p>1,482 people trained to strengthen community capacity building</p> <p>Partnered with 438 regional and provincial organizations</p> <p>69 grants to communities for capacity building projects for a total of \$1,142,771 invested. Communities then provided \$509,965 non-financial in-kind support and \$429,726 of financial support of their own. The reach of these projects to date is 16,863 British Columbians.</p>



LESSONS LEARNED

Responsiveness and flexibility leads to greater engagement

Celebrating and accommodating the differences between BC communities was essential to BCHLA's successful initiative delivery. Planning led to initiatives that were based on promising practice and evidence; however, in some communities the implementation required a high degree of flexibility. Positive results were achieved by allowing delivery frameworks and timelines to be flexible, and responding to the needs of individual communities. By being responsive there was better buy-in from communities, strengthening the results of the work.

For instance, *Stay Active Eat Healthy* was introduced to communities through a grants program that enabled communities to decide how they would support moving to healthier food environments in their recreation centres and local government buildings. It was assumed that making changes to the foods provided in vending machines would be the first use of the funds as it was easier; however, a surprisingly large number of communities tackled changes to the food offerings at their concession stands and even their food policies in the first year of implementation. This provided a foundation for lasting change.

Understanding the needs of a community, including its demographic and geographic characteristics, is essential. BCHLA initiatives were well placed to do this through the lead organizations and their existing connection with people on the ground. Many of the initiatives included grant components where communities could determine how best to implement healthy living activities. This was especially true in the Community Capacity Building Strategy which not only allowed communities to determine their own priorities, but focused on communities that had been identified by regional stakeholders as those in need of the greatest support.

The importance of local level leadership

Community champions are the catalyst for successful initiatives. Champions came from all levels and regions to enhance BCHLA's work. They were the leaders on the ground encouraging participants to attend programs and moving the agenda forward within community groups, businesses,

schools or local government mechanisms. These champions made a difference in their communities and have led to greater success for BCHLA initiatives.

The best promotion benefits from genuine word of mouth interest, personally connecting with potential participants and building the buzz and energy around a project. The walk leader who keeps pace with new participants to encourage them to keep up the good work is a great example. The following examples will help to illustrate how these champions were pivotal to the initiatives' success.

*Through the Community Capacity Building Initiative
one youth joined the Trail Youth
Advisory Committee with a specific goal in mind:
to try to get a skate park.*

“ When I first started this, I didn't know how to make a petition, but now I do, and I've learned how to give presentations to City Council and to fundraise. I've gotten to know a lot of good people. I've met with the mayor and am learning about politics. Before our presentations to City Council I was so nervous. But I was super happy after the meeting. I had such a sense of accomplishment. I was amazed that everyone I talked to was so supportive of the idea and that I got so much support from the local newspapers. I think this project should continue, I will stay involved. ”

The *Farm to School Salad Bar* initiative had champions who believed in the program and the potential for schools to link with local food producers. Together they enhanced the eating habits of students, especially in elementary schools. The external evaluation recognized that this initiative was particularly ambitious in its scope and timeline, and the best work was done with the



Tobacco-Free Post-Secondary Institutions:



Kwantlen Polytechnic University has four campuses located in the Metro Vancouver region with a student population of

more than 17,000 students. Kwantlen embraced the Tobacco-Free Post-Secondary Institutions Initiative through funding for nicotine replacement therapy for student benefit plans, stronger outdoor smoking restrictions and embracing tobacco reduction

events, such as the Great Canadian Smoke Out.

They also got involved academically, training their students to help others reduce their tobacco use. Their Wellness Centre submitted a proposal to their curriculum development department to have tobacco education and training added to the curriculum for nursing students. Kwantlen nursing students received brief intervention training from the Fraser Health Tobacco Reduction Coordinator after which Kwantlen implemented the 'train the trainer' model — students now train other students in brief intervention. This has created a sustainable model of ongoing support for tobacco reduction at Kwantlen and gives Kwantlen's Tobacco Working Group access to a renewable supply of support staff for future events and activities.

aid of many local champions. They were parents who volunteered their time to run the salad bar and plan menus, local farmers who worked to coordinate between different elementary schools to create buy-in for the farm aspect of the farm to school concept, and school principals who provided the leadership and flexibility to ensure the program succeeded. Without these dedicated champions, programs would have been unable to move past the planning stages to implementation. In turn, they are critical for ongoing sustainability.

The role of and need to bolster the abilities of local champions is a crucial element of the *Community Capacity Building Strategy*. In small communities there can be one 'go to' person who takes on the majority of community work and engagement. The constant demand for their attention can burn out these leaders if they don't find support. One of the objectives for the *Community Capacity Building Strategy* was

to provide tools, skill building and networks that would not only help existing champions, but also create new leadership in communities.

Gains were made especially among youth, who were sought out for their energy and ambition. These youth were supported in working together to create events, workshops and other activities that broadened their skill sets and confidence, affirming their place within the community. These included youth led activities on Vancouver Island with Aboriginal youth creating and delivering workshops on local food security. In the Interior, youth worked to create physical activity opportunities for mountain biking and skateboarding. In the Sea to Sky region, youth were engaged in acquiring leadership skills to create multiple opportunities for community involvement. These youth will carry their newly acquired skills and experiences forward with them to continue to improve their communities.



Timing



Walk BC in the Sunshine Valley

BCHLA was encouraged by the Provincial Government to move quickly to improve the health of British Columbians. The initiatives went ahead, but the time pressure of finishing by March 2010 impacted the ability of the initiatives to collect data on their results and for communities to entrench positive healthy living behaviours. With less than three years for initiatives to be planned, launched and implemented, it was inevitable that there would be bumps in the road working in some communities. Working in 'a community space at a community pace' was identified as essential to successfully implementing sustainable healthy living programs in communities, but the realities of budgets and the need to show results meant that like all commodities, time was limited for the initiatives. Measurement of behaviour change in communities is not realistic in only two to three years. Therefore, success must be redefined to include progress in policy development, and qualitative rather than quantitative measures that tell the story of reaching and impacting communities. These impacts are real and deeply felt within communities and ensure sustainability of these efforts.

community centre doors was a new and intimidating action to take. Time was needed to bring these people in and make them feel welcome. Sharing lessons between communities was also critical to broaden the impact of these pilot projects.

Despite the timing pressures, school-based initiatives, such as *Sip Smart! BC* and *Farm to School Salad Bar* were far enough along in their programs by the end of the first year of implementation to report better eating habits or reduction in the consumption of sugar sweetened beverages among participating students. Where the Michael Smith Foundation for Health Research evaluation for *Farm to School Salad Bar* identified its ambitious time frame as an issue, reviewers were very impressed by the level of engagement within schools from both the school leadership and volunteers. A phased approach was identified as a potential lesson for future practice, where first, school infrastructure is physically updated, then the concept is introduced, followed by a second phase linking schools with farms, once the program is up and running.

Everybody Active provided grants to communities to begin a dialogue on how to address barriers to physical activity. The results were different in each location, but some of the lessons learned include: the need to understand the community context ahead of moving into action, and to involve stakeholders outside of the recreation community. For instance, stakeholders from partnering social service agencies provided advice on how to increase the comfort level of their clients in accessing community centres. For some people just going through the



Awareness raising campaigns reinforce healthy living behavioural change programming

The BCHLA initiatives spread along a continuum of behavioural change activity, with some focusing on programming and others creating an awareness of the issues within new target groups. In order to impact public behaviour and make sustained change, a full spectrum of activities is needed. It is also important to allow time for awareness building to take hold within target groups. The following examples of BCHLA initiatives illustrate the need for these activities and how they can complement other activities.

The *Community-based Awareness Initiative* supported physical activity events and activities in BC communities. The social marketing template materials let people know that 'Active is...' what you make it, whether it was supporting local Bike to Work Week events in Prince George, creating walking groups or encouraging people to take the stairs. These resources will continue to support community events for years to come, as they are adjustable to communities' ongoing needs. Small grants also helped communities identify their awareness raising needs, along with providing some financial support to make things happen. In some cases, communities identified ways to layer the different supports available through BCHLA initiatives to make a greater impact. This layered approach to social marketing is a best practice, and shows how healthy living initiatives can build on one another.

Sip Smart! BC raised awareness among BC children, educating them about how to make better beverage choices. Parents were also part of this awareness raising process; a booklet was sent home to encourage families to support the messages children were learning in their classrooms. Getting families to reinforce their children's healthy choices is critical to changing behaviour. External evaluation of *Sip Smart!* showed that it was effective in educating children on better choices, and that children who drank the most sugar sweetened beverages reduced their intake over the term of the initiative. It is critical that these healthy choice messages continue to be sustained over time, and with *Sip Smart!*

materials available in classrooms across BC, this message should continue to be heard.

Another important component of *Sip Smart!* is raising children's awareness of the inaccurate messages they are being bombarded with about fruit punch and pop being good choices. The initiative includes education on marketing and provides the children with tools to decipher

Of nine participating campuses, totaling 165,000 students, 53% of students surveyed after the campaign's completion were aware of the Quitters Unite campaign. Of those, 20% of tobacco users reported that the campaign had impacted their behaviour in some way – either to quit or consider quitting.



The Quitters Unite website.



marketing messages to know when they are being ‘fooled’. School age children are targeted constantly by messaging through television and more recently through a range of social media, much of which encourages unhealthy food and beverage consumption. It is important to ensure children receive accurate information to combat these messages and prevent unhealthy behaviours.

The *Quitter’s Unite* campaign for 19 to 29 year olds was the product of the *Targeted Education* and *Community Detailing* initiatives from the *Tobacco Reduction Strategy*. This hard to reach age group had not previously been targeted by tobacco control awareness campaigns, and yet they are constantly marketed to by tobacco companies. From focus groups and surveys, it was discovered that this target group would not be receptive to traditional tobacco control messaging, including *Quit Now* services. As a result, a separate website, promotional materials and advertising campaign were developed to reach this specific population. In total, the first campaign had a potential reach of 1.6 million people, 225,000 of whom were in the target age range. A questionnaire conducted before and after the first campaign on the targeted post-secondary campuses indicated that 20% of tobacco users reported that the campaign had impacted their behaviour in some way – either to quit or consider quitting. *Quitter’s Unite* is now changing its ‘look’ to keep current with its 19 to 29 year old audience and with additional funding from Health Canada, its message to reduce tobacco use will be sustained.

Where initiatives are implemented, affects how they are implemented

The setting for initiatives was another important factor in trying to layer messages around tobacco reduction and healthy eating, and certain lessons came through clearly about how and when to approach different types of settings. Schools, for instance, whether elementary, secondary or post-secondary, are not available during the summer months, so work needs to be started in May at the latest and will not likely fully resume until mid-September. Approvals in post-secondary settings are slow to come by, and as discovered by the *Tobacco-Free Post-Secondary* initiative, it may take years rather than months to shift policies. In this case, it is

important to ensure plans are in place to support the ongoing needs of the institutions, so that as opportunities and new champions arise, the work can be moved forward.

It was also recognized that elementary schools are productive environments for healthy eating initiatives. Across the school-based initiatives (*Sip Smart!*, *School Guidelines* and *Farm to School*) younger students were very receptive to change, and did not avoid the new healthier options being offered to them. Secondary schools, where students have the freedom to purchase unhealthy choices off the school grounds, reported significantly lower participation in healthy eating programs. It is not yet clear whether healthy eating habits created in elementary schools can be engrained well enough to sustain those habits into secondary school.

Another example of where settings played a role was with the *Tobacco-Free Workplaces* initiative. This particular initiative was impacted by the needs and priorities of the businesses taking part. Early adopters were not always early finishers – programs received substantial support from the initiative’s Tobacco Reduction Coordinators but it was staff within the participating companies who controlled the pace of implementation. However, for some companies unexpectedly impacted by the economic downturn it was difficult to maintain priorities that were outside of their core mandate and the initiative had to respond to these challenges.

As with many initiatives, *Tobacco-Free Workplaces* was most successful where buy-in was strong from company leadership and an internal point person was designated to take ownership of the program. It was important to ensure that the implementation meets the needs of the workplaces. For instance, companies were adamant that the program be provided to all staff, not just the target group of 19 to 29 year olds. While companies were chosen on the basis of having a minimum of 30% of staff in the target age range, successful quit attempts were substantially higher among older employees. This was an unintended consequence, but a positive one. Focus groups with the target age group conducted by the external evaluation demonstrated that many of the participants had a greater awareness of the steps and supports available to them to quit, but were not yet ready to take that step. Their older co-workers, on the other hand, were ready and many made successful quit attempts.



Tobacco-Free Workplace



Employees celebrate their success at remaining tobacco-free

Gorman Brothers Lumber is a family run business in Westbank, BC. Mart, the Human Resources Manager, was initially hesitant to participate in the program concerned that it would take too much time and effort to implement. However, Mart became a champion for the cause and since then, he has never looked back.

Having quit smoking six years earlier, he knew that quitting is not an easy option and he was genuinely concerned about helping his colleagues. Mart was amazed when 18 employees stepped forward to participate. He enlisted some non-smoking co-workers as support buddies for the participants and the company helped out on a practical level by reimbursing the cost of nicotine replacement therapy products for anyone who wanted to use it.

Mart oversaw 56 attempts at quitting smoking in one year. He now supports employees who are trying to quit smoking, or who have other health related challenges, in his capacity as Human Resources Manager. Mart and the company both recognized real value in encouraging employee health and wellness and will continue to support their employees in their quest for a healthy lifestyle.

Initiative delivery is enhanced by employing good people close to home

As is often the case, start up of some BCHLA initiatives was delayed by the need to find the right staff, consultants or community trainers to deliver the programs in communities. Adequate timelines for hiring appropriate staff is critical to success; however, in small, rural and remote communities considerably more time is needed to get the right people in place. Having people with the right skills and knowledge of the community context is worth the wait.

Trust is a critical component in teaching new skills to entrench new healthy behaviours. *Food Skills for Families* was implemented in many small, rural and Aboriginal communities; the programs took place in community

settings facilitated by trained local facilitators through a highly effective 'train the trainer' model.

It took time to place the Community Capacity Facilitators who were hired on a regional basis, but their regional perspectives enhanced the *Community Capacity Building Strategy* and helped in hiring local Community Development Leaders. These leaders, in turn, were hired to do the hands-on work in small communities. Providing the flexibility to match available positions to available resources was of great benefit. In the end using more part-time contractors to support the community level of the capacity building initiatives rather than fewer full-time people was an effective strategy. While this complicated the hiring process, having people from within communities with the accompanying trust and knowledge benefited their work. Also, enhancing the skills, experience and professional tool kits of these contractors provided sustained capacity in smaller communities, which is in itself a success.



MOVING FORWARD

Everyone has a stake in creating healthier communities. BCHLA's success is measured in part by the local champions and leaders, and whole communities, strengthened by the resources, support and skills BCHLA provided. An ongoing network to connect and support these leaders is beginning to cement this progress. Engagement is bolstered when communities, as a whole, support health promotion. BCHLA is proud to have raised the level of community engagement and to see the response to this investment. Ongoing sustainability will show the true value of the investment that was made to BCHLA and its many partners.

BCHLA believes in reaching out to underserved populations and communities to ensure that its work does not deepen health inequities, but begins to address them. BCHLA's commitment to working with the hard to reach is underscored in all of its work.

The question of supportive environments is also critical. Towns and cities can use their power to ensure that their community plans support citizens in making the healthy choice the easier choice. Local governments can be proactive in providing these supports, for example, by ensuring access to healthy foods through encouraging local agriculture, implementing zoning that favours stores that provide a full range of healthy foods rather than creating 'food deserts' where only convenience stores and processed food are available. Provincial programs that are working to improve the access of rural and remote communities to healthy foods are also essential. Schools, roads and public infrastructure should be planned in a manner that supports safe, active transportation for all age groups. The move towards this encompassing idea of a healthy built environment is clearly gaining ground in BC communities.

A regulatory approach, such as used for the Guidelines for Food and Beverage Sales in BC Schools, can be an impetus for change but supports are key to making the job of those responsible for implementation a little easier and less onerous. Similarly, the Daily Physical Activity requirement for BC students puts an emphasis on healthy habits and engages children and their families to consider their own contribution to their health; however, it too requires additional support for schools, teachers and families to ensure effective implementation. Even voluntary measures, such as those for healthier food choices in recreation centres, contribute to a climate where the healthy choice becomes easier to make. De-normalizing unhealthy behaviour has worked in reducing smoking rates in British Columbia but it required a range of

actions, policies and programs. Continued work, including a full range of available tools and approaches, will make healthy living the socially acceptable norm over the long-term.

Education is vital to ensuring children and their families have the knowledge and tools to make healthy choices. This understanding should be developed early in life and reinforced throughout the lifespan. The BCHLA initiatives provided good examples of programming within schools and with young families to enable them to make these healthy choices.

It is clear from the response to the BCHLA initiatives that communities want to engage in actions that promote healthy eating, tobacco reduction, physical activity and community capacity building. They are all pieces of the same puzzle. BCHLA is committed to continuing to bring this picture of a healthy future into clearer focus. The next step to completing the puzzle is integrating these messages and programs at a community level. The BCHLA initiatives continue to demonstrate that community capacity building positively affects the impact of healthy living programming.

Leadership is required from all sectors and levels of government to promote healthy living agendas within the province. The BC Government has been recognized by the World Health Organization for its leadership in creating ActNow BC and the Ministry of Healthy Living and Sport, as well as investing in the non-profit and charitable sector through BCHLA, supporting a 'whole of government' approach to healthy living.

The BCHLA initiatives have also shown that there is an important role for the private sector to play in partnering with community organizations to create healthy communities. In order to ensure BC remains a leader in healthy living, a whole-of-society approach needs to be taken, where everyone has a role to play. BCHLA is committed to facilitating this through its ongoing advocacy work.

BCHLA was created out of the strong commitment of its members to help communities create positive change, embracing collaboration and leading by example to prevent chronic disease. Working together to lead the BCHLA's initiatives has reinforced the existing commitment of BCHLA's members. It is the strength of this commitment from BCHLA, the BC Government and the many other partners across the province that will lead BC to a healthier future.

Table 3: Policy Recommendations

Initiative	Policy Recommendations
Healthy Eating Strategy	
School Guidelines Support for Healthy Food and Beverage Sales	The <i>School Guidelines for Healthy Food and Beverage Sales</i> should be part of a comprehensive school-based health promotion intervention that integrates healthy eating, physical activity and mental health. To ensure its successful implementation the BC Ministries of Education and Healthy Living and Sport should maintain supports to schools and teachers and expand mandated policy to all public buildings. It is also important for the Government to make clear that the Guidelines are mandatory.
Stay Active Eat Healthy – Healthy Food and Beverage Sales in Recreation Facilities and Local Government Buildings	Local governments should be supported in implementing the Healthy Food and Beverage Sales Guidelines in recreation and local government facilities. Work is needed to adopt these Guidelines at a national level, ensuring standards are harmonized across the country, and facilitating industry’s role in creating products that are appropriate for all settings and provinces.
Farm to School Salad Bar	School food systems should be enhanced to allow students access to nutritious food and ensure they have time to sit down to eat. The BC Government, local governments, private sector and school boards have a part in supporting local food systems through their programs and policies to increase the availability of healthy local food and support the local food system.
Food Skills for Families	Cooking and food preparation skill development initiatives for vulnerable populations should be supported, recognizing that these populations often face barriers to access and affordability of healthy food.
Sip Smart! BC	Ongoing education is needed for children about healthy beverage choices. Obesity in children is a multi-faceted condition, of which the consumption of sugar sweetened beverages is a contributing factor. Reducing children’s consumption of sugar sweetened beverages and giving them the tools to make healthy beverage choices can reduce the likelihood of obesity in children.
Physical Activity Strategy	
Walk BC	Stakeholders should support local governments in planning for adequate and safe places for walking to encourage citizens to be active.
Everybody Active	Future programming should ensure social, environmental and cultural barriers are addressed to ensure successful implementation. Free access to programming is not the answer to access issues. Community partnerships and streamlining information about available programs will also help to ensure success.
Community-based Awareness	Ongoing healthy living social marketing campaigns are needed at different levels of society, potentially partnering with government, the private sector and NGOs focusing at the community level.

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Initiative	Policy Recommendations
Built Environment and Active Transportation	<p>Stakeholder support at all levels is needed to ensure that there are adequate and safe spaces for active transportation.</p> <p>Local governments could be supported in including active transportation into their Official Community Plans and incorporating access to walking into their snow removal policies.</p>
Tobacco Reduction Strategy	
Tobacco-Free Workplaces	<p>Businesses, government and the NGO sector should work together to develop comprehensive policies on tobacco use in the workplace. This policy should also include smoking cessation resources for employees such as public and private health insurance coverage for nicotine replacement therapies (NRTs) and cessation medications.</p>
Tobacco-Free Post-Secondary Institutions	<p>Support and leadership is needed for policies that support post-secondary institutions in making changes to their smoking policies.</p>
Targeted Education and Community Detailing	<p>Targeted cessation resources should be made available to the public and particularly to those aged 19 to 29 as they are most likely to be targeted by tobacco industry marketing.</p>
Smoke-Free Housing in Multi-Unit Dwellings	<p>The BC Government could make an amendment to the Residential Tenancy Policy Guideline 6. Right to Quiet Enjoyment regulations to send a clear message that second-hand smoke is a serious health hazard and can constitute a nuisance or breach of 'quiet enjoyment' (as with loud noise).</p> <p>Governments and housing providers could support regulations to increase the number of housing units made smoke-free (as has been done in St John's) or enacting legislation that would require all sellers of condos to disclose to prospective buyers whether smoking is/was permitted.</p>
Community Capacity Building Strategy	
Community Capacity Building Strategy	<p>Capacity building at the community level should be considered before implementing new healthy living programs. The BCHLA initiatives demonstrated the effectiveness this has on program implementation and reaching at-risk communities. In order to ensure successful implementation, programs will need appropriate, ongoing and sufficient human and financial resources to support community development and capacity building. First priority for this support should be communities which are geographically remote and have less developed capacity.</p>



COMMUNITIES INVOLVED WITH BCHLA INITIATIVES:

100 Mile House	Cowichan Valley	Kingcome	North Saanich	Slocan Park
150 Mile House	Regional District	Kitamaat	North Vancouver	Smithers
Abbotsford	Cranbrook	Kitimat	Northern Rockies	Sooke
Agassiz	Crawford Bay	Kitsumkalum Band	Regional Municipality	Sorrento
Aldergrove	Creston	Kitwanga	Oak Bay	Sparwood
Alert Bay	Cumberland	Kootenay Boundary	Okanagan Falls	Squamish
Alexis Creek	Dawson Creek	Regional District	Oliver	St. Mary's Band
Armstrong	Daylu Dena Council	Ktunaxa Nation	Osoyoos	Stellat'en First Nation
Babine	Delta	Kuper Island	Parksville	Stewart
Bamfield	Deroche	Kwakiutl Band	Pauquachin First Nation	Sto:lo Nation Society
Barriere	Ditidaht First Nations	Lac la Hache	Peace River Regional	Summerland
Beecher Bay	Duncan	Ladysmith	District	Sunshine Coast Regional
Bella Bella	Esquimalt	Lake Babine	Pemberton	District
Bella Coola	Fanny Bay	Lake Country	Pender Harbour	Surrey
Black Creek	Fernie	Langley	Penticton	Takla Lake
Bowen Island	Fernwood	Lantzville	Pitt Meadows	Tappen
Brackendale	Fort Fraser	Leq'a:Mel First Nation	Port Alberni	Tatla Lake
Brentwood Bay	Fort St. James	Lillooet	Port Coquitlam	Taylor
Burnaby	Fort St. John	Logan Lake	Port Hardy	Telegraph Creek
Burns Lake	Fraser Lake	Lower Similkameen	Port McNeill	Telkwa
Campbell River	Fraser Valley	Indian Band	Port Moody	Terrace
Canim Lake Band	Regional District	Lytton	Port Renfrew	Tofino
Canoe Creek	Fruitvale	MacKenzie	Powell River	Trail
Capital Regional District	Garden Bay	Madeira Park	Prince George	Tsartlip First Nations
Castlegar	Gibsons	Malahat	Prince Rupert	Tsawataineuk First
Cawston	Gitanmaax	Maple Ridge	Princeton	Nations
Celista	Gitga'at First Nation	Masset	Qualicum	Tsawout First Nation
Central Coast	Gitwangak	McBride	Qualicum Beach	Band
Regional District	Golden	Mill Bay	Quesnel	Tsawwassen
Central Kootenay	Grand Forks	Mission	Radium	Tumbler Ridge
Regional District	Granisle	Moricetown	Regional District of	Tzeachten First Nation
Central Okanagan	Greenville	Moricetown Band	Nanaimo	Ucluelet
Regional District	Gwa'sala'Nakwaxda'xw	Mount Waddington	Revelstoke	Valemount
Chase	First Nation	Mt. Currie	Richmond	Vancouver
Chehalis Indian Band	Hagensborg	Musqueam Indian Band	River's Inlet	Vanderhoof
Chemainus	Haida Gwaii	Nadleh Whut'en First Nation	Roberts Creek	Vernon
Cherryville	Hazelton	Nakusp	Rossland	Victoria
Chetwynd	Heiltsuk Nation	Namgis First Nation	Saanich	Warfield
Chilliwack	Hope	Nanaimo	Salmo	Wells
Clearwater	Hornby Island	Nanoose	Salmon Arm	West Moberly First
Clinton	Houston	Naramata	Saulteau First Nation	Nation
Cloverdale	Invermere	Nazko First Nation	Seabird Island Band	West Vancouver
Columbia Shuswap	Iskut	Nelson	Sechelt	Westbank
Regional District	Ittatsoo	New Aiyansh Village	Sechelt Indian Band	Wetsuwet'en First
Colwood	Kamloops	Government	Shxwowhamel First	Nations
Comox	Kamloops Indian Band	New Hazelton	Nation	Whistler
Comox Valley	Katzie First Nation	New Westminster	Sicamous	White Rock
Regional District	Kelowna	Nisga'a Lisims	Sidney	Wickaninnish
Coquitlam	Kent	North Cowichan	Simpco First Nation	Williams Lake
Courtenay	Keremeous	North Okanagan	Skidegate	Williams Lake Indian
Cowichan	Kimberley	Regional District	Sliammon	Band

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