



DISCUSSION PAPER:
PUBLIC AND PRIVATE SECTOR FUNDING OF SCHOOL HEALTH PROMOTION
January 2006

This paper was prepared by the Alberta Coalition for Healthy School Communities (ACHSC) to describe what we believe to be the preferred role of the public sector and the private sector in funding school health promotion. It is timely for ACHSC stakeholders to gain consensus on these funding matters as we seek partners and funding for future initiatives.

I. Who is the ACHSC?

ACHSC is a registered non-profit society representing a network of individuals and organizations committed to promoting and fostering healthy school communities. The ACHSC vision is that every school-aged child or youth is part of a healthy school community.

Since 1990, health promotion professionals and educators have come together to discuss and advocate for practices and policies that have the best chance of improving health and educational attainment of Alberta children and youth. ACHSC is guided by an Executive Committee that meets regularly to fulfill its mission -- to promote and foster healthy school communities through a comprehensive school health (CSH) approach that enhances the health of Alberta children and youth. CSH is a population approach¹ to health promotion in the school setting and is comprised of several key components²:

1. A 'whole' school approach is adopted where students, teachers, parents, school staff, community groups, agencies, and institutions work together on key priorities for improving health and educational attainment.
2. Priority health issues are addressed through integration, coordination, and enhancements to a) curriculum and teaching methods, b) social and physical environments, and c) home, school, and community partnerships and services.
3. Identified champions of the CSH approach provide leadership in schools.

¹ Population health concerns itself with the living and working environments that affect people's health, the conditions that enable and support people in making healthy choices, and the services that promote and maintain health. As an approach, it calls on the use of strategies that address the entire range of factors that determine the health and well-being of the overall population. It focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the well-being of those populations.

² Developed from WHO (http://www.who.int/school_youth_health/en/), Public Health Agency of Canada (http://www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/comphealth_e.html), Canadian Association for School Health (<http://www.safehealthyschools.org/> & <http://www.schoolfile.com/cash.htm>).

4. Facilitation of coordinating processes in schools helps assure success.
5. Strategies or interventions that are implemented are evidence-based or have a strong indication that they are promising practice.
6. Evaluation methods are utilized to report on the benefits or desired outcomes for school communities.

ACHSC has been referred to as a “virtual network” because there have been few resources to formally maintain a registry of “members” however hundreds of health and education professionals and organizations volunteer in leadership roles, provide in kind support, and participate in coalition activities.

2. What does the ACHSC do?

In 2004 and 2005, ACHSC received grants from the Public Health Agency of Canada (PHAC) to support network development and knowledge exchange. ACHSC hosted a successful conference in April 2005 that drew 270 delegates from across the country. International, national, and provincial speakers opened delegate’s eyes as to the potential for promising practice and policies for healthy school communities. The conference supported the development of an increasingly interested network of people. Funding was also instrumental in the redevelopment and updating of the popular www.achsc.org website.

Following formal and informal consultations with key stakeholders, a 3 Year Strategic Plan was developed and addressed the need for a “secretariat” to strengthen network development and knowledge exchange. A preliminary funding proposal was drafted in July 2005 and formed the basis of discussion with potential funders. From these discussions we found support for the 3 Year Strategic Plan however it was apparent that knowledge exchange and network development were not priority areas for funding. There was a desire to see action, not just talk, with measurable outcomes as to improved health of children. Therefore, ACHSC stakeholders agreed that in order to provide leadership for comprehensive school health action and secure funding, we need to pool our collective knowledge and expertise and put forth a strategic plan to guide an initiative that would realize our vision – every school-aged child or youth is part of a healthy school community. The *Draft Strategic Plan: Building Capacity for Healthy School Communities through Comprehensive School Health* was completed January 2006.

3. Why do we need this position paper?

ACHSC is at a crossroads. We identify the public sector as playing a lead role in providing long-term and sustainable funding to take action on comprehensive school health in a coordinated and integrated fashion. We identify the private sector as important partners in providing funding for specific projects that will help ensure success in local, regional and provincial initiatives.

This paper aims to address who we believe should fund school health promotion in Alberta, to what degree, and under what guidelines should we partner with and accept funding from the private, for profit sector.

4. What are the principles that guide the work of the ACHSC?

The ACHSC developed a set of guidelines that are firmly embedded in the knowledge and experience of health promotion around the world³. We believe that any partnerships developed with public or private sector funders should be guided these principles.

ACHSC believes that creating and sustaining healthy school communities requires the following:

- 4.1 A shared understanding of the broad factors that affect health not simply risk factors such as poor diet and lack of exercise but also risk conditions such as lack of financial resources and lack of sense of belonging.
- 4.2 An emphasis on proactive approaches that work to address root causes of poor health by focusing on the conditions and environments in which people live, learn, work, and play.
- 4.3 Ensure that the participation of individuals and communities whose health is to be influenced is at the centre of all our work.
- 4.4 Strengthening collaboration is a focus and we must do this through broad-based, multidisciplinary, and inter-sectoral partnerships.
- 4.5 Respect for the skills, values, and experiences of diverse people and cultures are critical for success.
- 4.6 The development of healthy policies is a key component.
- 4.7 The pursuit of social justice to reduce health disparities must be a lens from which we carry out our work.
- 4.8 The recognition that “it takes time” and therefore long-term goals must be matched with long term sustainable resources.

5. What is the ACHSC position on the role of the public sector in funding school health promotion?

Some areas of health care seem to fall naturally under the purview of the public sector. For example, it would be difficult for the private sector to provide enough public health and communicable disease management services, yet these services are important in that they have been shown by more than one study to have a net positive social benefit.

The Fraser Institute. (2004). The Alberta Health Care Advantage. Public Policy Sources. Number 81. Page 57.

- 5.1 We believe that the public sector, the provincial government is responsible and accountable for the health and educational attainment of Alberta children and youth. Therefore, government departments and funded agencies must be *central funding*

³ See http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf; http://www.euro.who.int/AboutWHO/Policy/20010827_2 and http://www.phac-aspc.gc.ca/hl-vs-strat/symposium/symp_june_e.html#13

partners in school health promotion.

5.2 We believe that Alberta Health and Wellness, Alberta Education, Alberta Children's Services, and Alberta Community Development should provide *core funding* through a cross ministerial agreement (e.g., Alberta Child and Youth Initiative: Student Health Initiative⁴) to ACHSC to *coordinate* network development and knowledge exchange strategies and lead in the planning, implementation, and evaluation of a 5-7 year provincial comprehensive school health initiative.

5.3 We believe that all Regional Health Authorities and Alberta Health and Wellness need to fund *ACHSC and Public Health professionals* to work in comprehensive school health multi-disciplinary and inter-sectoral partnerships. Alberta Health and Wellness funds regional health authorities and these organizations are responsible for promoting and protecting the health of the population and work toward the prevention of disease and injury⁵. While we acknowledge that considerable work is being done around the province, the roles and responsibilities of Public Health professionals, most specifically Public Health Nurses, in school health promotion initiatives have been eroded.

5.4 We believe that all School Boards and Alberta Education need to fund *ACHSC and Education professionals* to work in comprehensive school health multi-disciplinary and inter-sectoral partnerships. Alberta Education funds school boards and these organizations are responsible for providing core programs of language arts, mathematics, science, social studies, and health and physical education. While we acknowledge that considerable work is being done around the province, we believe that student learning outcomes with respect to health⁶ need to be elevated in importance and increased resources to school communities be allocated to comprehensive school health.

5.5 We believe that Alberta Community Development, through the Alberta Sport Recreation and Wildlife Foundation, provides leadership in funding work currently being implemented by Alberta Milk, Alberta Centre for Active Living, Schools Come Alive and Ever Active Schools. While these initiatives are making an impact on creating healthy, active schools there needs to be an *expanded, integrated and coordinated approach to professional development and*

⁴ see <http://www.education.gov.ab.ca/shi/>

⁵ see <http://www.health.gov.ab.ca/regions/index.html>

⁶ see <http://www.education.gov.ab.ca/educationguide/pol-plan/polregs/422.asp> for student learning outcomes that include "demonstrate desirable personal characteristics such as respect, responsibility, fairness, honesty, caring, loyalty, and commitment to democratic ideals; recognize the importance of personal well-being and appreciate how family and others contribute to that well-being; know the basic requirements of an active, healthful lifestyle").

⁷ see http://www.phac-aspc.gc.ca/ph-sp/phdd/pdf/funding/health_fund.pdf

⁸ The private sector is defined as businesses that are intended to make a profit for their owners.

⁹ see http://www.imaginecanada.ca/page.asp?ethical_fundraising

¹⁰ The following document was a key reference and was used extensively in drafting this position paper - WHO. (2000). *Guidelines on working with the private sector to achieve health outcomes*. EB107/20.

implementation of comprehensive school health. The ACHSC, in partnership with the aforementioned and other key organizations such as the Society for Safe and Caring Schools and Communities, is well positioned to ensure a coherent approach is effectively carried out.

5.6 We believe that provincially funded agencies and initiatives (e.g., Alberta Alcohol and Drug Abuse Commission, Alberta Cancer Board, Alberta Mental Health Board, Alberta Home and School Council Association, and Alberta Healthy Living Network) and regional networks (e.g., Southern and North Central Child and Youth Health Networks) provide instrumental advocacy and in-kind support to the school health promotion.

5.7 We believe that the non-profit voluntary sector (e.g., Canadian Diabetes Association, Canadian Cancer Society, Boys and Girls Clubs) are vital community stakeholders in school health promotion.

5.8 We believe that the federal government plays a vital role in funding school health promotion and that the Public Health Agency of Canada's Population Health Fund⁷ needs to operate with multi-year funding cycles as opposed to one year. In addition, development grants for creating multi year proposals would support the two principles of the Fund: promoting participation and strengthening collaboration.

5.9 We believe that the post secondary institutions and Alberta Advanced Education are critical stakeholders in school health promotion through the provision of pre-service training, research and evaluation, professional development, and certification.

6. What is the ACHSC position on the role of the private sector⁸ in funding school health promotion?

Some critics situate public-private partnerships within a discourse over the appropriate role of the state and public institutions in society ... fears arise that inadequately monitored relations with the commercial sector may subordinate the values and reorient the mission of its organs, detract from their abilities to establish norms and standards free of commercial considerations ... displace organizational priorities ... among other things.

WHO. (2001). Public-private health partnerships: a strategy for WHO. Bulletin of the World Health Organization, 2001 79(8) p. 750.

¹¹ see <http://www.teachers.ab.ca/Issues+In+Education/Ongoing+Issues/Commercialization+of+Education.htm>

6.1 We believe that private sector funding for school health promotion offers important partnership opportunities to achieve improved health and educational attainment of Alberta school-aged children and youth.

6.2 We believe that ACHSC should become a member of Imagine Canada⁹ and register as an adherent to the Ethical Fundraising & Financial Accountability Code in order to assure donors of the integrity and accountability of ACHSC.

GENERAL CONSIDERATIONS¹⁰

6.3 In order to fulfill its mission, ACHSC will partner with the private sector to generate and access funding and in-kind donations to a) advocate for comprehensive school health, b) exchange knowledge as to evidence-based strategies, c) provide leadership in planning, implementation and evaluation of comprehensive school health, d) support professional development, and e) partner in school health promotion research.

6.4 In order to fulfill its mission, ACHSC will partner with the private sector and partnerships will be expected to conform to ACHSC principles (see article 4).

6.5 In developing relationships with the private sector, ACHSC's reputation and principles must be ensured. Furthermore, evidence-based strategies based upon a comprehensive school health approach must not be compromised. All proposed relationships must be evaluated for real or perceived conflict of interest either for staff members or for the work of the organization. Relationships will be avoided with private sector enterprises whose activities are incompatible with ACHSC's work.

6.6 We support the Alberta Teachers Association's position statement on Business Involvement in schools which states¹¹

When entering into a business partnership or deciding to contract out services, schools should note the following:

- *Partners' expectations must be clearly defined at the outset.*
- *The goals of public education must not be compromised.*
- *Teacher and student participation must be voluntary.*
- *The partnership must not exploit students or their families.*
- *Business partners must not promote specific*

products to students, determine curricula or influence education policies.

Schools exist to educate children, not to provide business with captive customers.

6.7 All partnerships with the private sector must be established on the basis of an exchange of clearly written letters or agreements indicating contribution (financial or otherwise) that each party brings to the relationship and formalizing that the donor's intent and direction is consistent with ACHSC objectives and priorities.

DONATIONS

6.8 We believe that the role of private sector partners in dispersing funds to school health promotion is advisory. We believe there needs to be arms length technical and administrative structures to ensure a) collaboration and participation among key stakeholders occurs, b) funded initiatives are evidence-based, and c) conflicts of interest are avoided or managed.

6.9 Contributions may be accepted to support overall costs of an ACHSC convened meeting or ACHSC attendance at an external meeting convened by a party, subject to the provisions relating to avoidance of conflict of interest.

6.10 Donations for financing staff salaries (including short term consultants) may not be accepted from private enterprises if they could give rise to a real or perceived conflict of interest in relation to ACHSC work.

6.11 Donations for printing cost of ACHSC publications may be accepted as long as no conflict of interest arises. Private enterprise advertisements may be placed in ACHSC publications as long as no conflict of interest arises.

6.12 Anonymous donations (i.e., where the donor's name is unknown to ACHSC) may not be accepted under any conditions.

ACKNOWLEDGEMENTS OF DONATIONS

6.15 We believe for reasons of transparency, contributions from private enterprises must be publicly acknowledged by ACHSC (e.g., "ACHSC gratefully acknowledges the financial contributions of [company's name] toward [description of the activity]"). Recognition will be given in ACHSC documentation relating to the activity concerned.

USE OF ACHSC NAME AND LOGO

6.16 ACHSC's name and logo are recognized symbols of upholding the principles and practices of school health promotion and no private enterprise shall be authorized under any circumstances to use the ACHSC name or logo for the promotion, advertisement, or marketing of its products or services.

CONTROL

6.17 ACHSC shall maintain full control over the activity to which a contribution in cash, kind, or personnel relates, including control over any report of the activity, its contents, whether it is published or disseminated in any form, and timing of such diffusion.