

## WRHA Population & Public Health Healthy Built Environments Strategic Planning Conceptual Framework (Draft December 9, 2015)

**PPH ROLE STATEMENT:** Population and Public Health works with you, your family, community and partners. We work with all to promote health, prevent disease and injury, as well as to create healthy places and relationships. Our goal is to educate, advocate and work with people and communities to reduce health differences and to improve everyone's health.

**Vision: "Healthy People, Vibrant Communities, Care for All"**

The WRHA Population and Public Health Program works collaboratively with other WRHA sites and programs (e.g. Community Areas and Capital Planning) and other organizations to promote the development of natural and built environments accessible to all in the Winnipeg Health Region that support health, well-being, safety, social interaction, mobility and a sense of pride and cultural identity. Together, we promote a Winnipeg Health Region culture where the role of healthy built and social environments are recognized and valued.

| 10 Key PPH Strategic Approaches     |
|-------------------------------------|
| Applied Public Health Research      |
| Collaboration & Partnership         |
| Community Development               |
| Health Assessment                   |
| Health Communication                |
| Healthy Built & Social Environments |
| Healthy Public Policy               |
| Outreach                            |
| Public Health Clinical Practice     |
| Surveillance                        |



| Key PPH Strategic Priorities (2012 – 2017) |
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| Applied Public Health Research             |
| Health Equity Promotion                    |
| Health Communication                       |
| Healthy Built & Social Environment         |
| Healthy Public Policy                      |
| Public Health Information Systems          |
| Program Monitoring                         |

### Guiding Principles:



# Context for our Work/Outside Influences

Health is determined by multiple factors, only some of which are influenced by the healthcare system (Kreindler, 2008). We must consider the broad determinants of health when approaching our work, and this is especially true when it comes to built and social environments. Some of the external influences for our work that are important to consider, include governance, public culture, and organizational structure and priorities.

Many decisions that shape built and social environments are made outside of the health sector by governments at different levels. The relationships between the three main levels of government (municipal, provincial, and federal) and health authorities can be challenging to navigate. Differing mandates between the various levels of government often result in public health not being a priority focus.

A sense of health individualism, the belief that it's up to the individual to make choices that create health, remains the dominant framework for our society. Public health must work to reframe these perceptions to build understanding that many factors that challenge health are influenced by our built and social environments. We must collectively work towards healthier built and social environments to improve health equity and population health.

Current public perceptions of “healthy communities” and “healthy lifestyles” present both a challenge and an opportunity. There is an opportunity to take advantage of synergies between sectors to maximize impact – e.g. concern for the environment and climate change, interest in healthy lifestyles, and changing urban design for sustainability and vibrancy. However, barriers still exist in

developing healthy communities, particularly with respect to the drive to support economic development and societal convenience.

Within the WRHA itself, public health competes with a variety of organizational priorities. At the same time, many of our partners outside the healthcare sector perceive that the health sector is demanding an increasing portion of the provincial budget and would like to see additional resources put towards common public health objectives.

The strategic priorities and objectives that follow are contextualized to the Winnipeg Health Region and focus on actions that the Population & Public Health Program of the WRHA can take to address healthy built and social environments.

Kreindler, S. 2008. Lifting the Burden of Chronic Disease: What's Worked, What Hasn't, What's Next – Directional Document. Winnipeg Regional Health Authority Research and Evaluation Unit.



PROMOTING EQUITY • ACCESS • DESIGN FOR ALL AGES

# Collaboration and Partnerships

## Goal #1: Build on stakeholder engagement at multiple levels to achieve collective impact.

- a. Lead and participate in opportunities to bring local stakeholders together to support healthy built environments (e.g. CLASP Healthy Canada by Design initiative and Food Security Working Group).
- b. Broaden impact by supporting and participating in provincial initiatives, including the provincially-led Healthy Built Environment Working Group.
- c. Continue to support the maintenance of a national collaborative to share best practice.

## Goal #2: Be recognized as a valuable and contributing partner in built environments policy discussions and decisions.

- a. Articulate our roles related to supporting healthy built environments.
- b. Establish a coordinated approach to identify key policies that would benefit from the addition of a health lens.
- c. Contribute to built environment policy decisions/discussions.

## Goal #3: Continue to develop our relationship with municipalities in the Winnipeg Health Region to support healthy built environments.

- a. Formalize a partnership with the City of Winnipeg to recognize the ways in which a relationship can be mutually beneficial and to identify key roles that public health can play in supporting and informing their work.
- b. Formalize partnerships with individual departments at the City of Winnipeg (for example Community Services; Planning, Property & Development; Public Works) to recognize the ways in which a relationship can be mutually beneficial and to identify key roles that public health can play in supporting and informing their work.
- c. Participate in City of Winnipeg processes to inform healthy built environments (e.g. advisory committees for new municipal infrastructure projects, secondary plans and policies).
- d. Develop relationships with other municipalities within the Winnipeg Health Region (i.e. East St. Paul, West St. Paul, Churchill) to support healthy built environments.

# Advocacy and Policy

**Goal #1: Advocate that the WRHA lead by example by following best practices to support healthy built environments.**

- a. Strengthen our relationship with WRHA Capital Planning to support healthy building design in new WRHA facilities (e.g. Access Centers) and leased properties, as well as maximizing active and universal access for our current facilities.
- b. Increase understanding of decision-making processes within our organization and funder (e.g. Manitoba Health).
- c. Influence policies and processes for WRHA to be consistent with best practice for healthy built environments.

**Goal #2: Advocate for policies, programs and investments to create healthier built environments.**

- a. Develop a strategy to react to policy windows by reprioritizing work and/or reorienting resources.
- b. Develop a Healthy Built Environments Position Statement.
- c. Develop a process to contribute to health and health equity considerations in major municipal policies, programs and investments (e.g. health impact assessments and health equity impact assessments).
- d. Support community partners and Community Area staff to reach structurally disadvantaged populations in bringing their voice to these discussions.

# Communication

## Goal #1: Build on awareness and increase engagement on the topic of healthy built environments.

- a. Develop a communication strategy to increase public awareness about and engagement in this issue.
- b. Use community development approaches to engage the public in supporting healthy built environments.
- c. Shift from individual behaviour change to recognizing/acknowledging the importance of healthy built environments in promoting health.

## Goal #2: Facilitate knowledge translation and exchange among stakeholders, including the public.

- a. Share current evidence (i.e. literature and best practices) to support healthy built environments.
- b. Identify opportunities for knowledge translation/exchange (e.g. City of Winnipeg Public Hearings at Council, City of Winnipeg Council seminars, Wave, Free Press op eds, keynote addresses at conferences).

# Internal Capacity Building

## Goal #1: Increase organizational capacity to promote healthy built environments.

- a. Develop and implement a professional development strategy to increase capacity and clarify roles (e.g. for public health nurses, public health dietitians, Community Facilitators, Family First Home Visitors, PH team managers, and centralized PPH staff).
- b. Increase understanding amongst all WRHA staff of the importance of healthy built environments and their relationship with health (e.g. through Health Care Connection).
- c. Encourage learning by doing, innovation, experimentation, risk taking, mentorship, and sharing of promising practices.
- d. Develop senior management support for healthy built environment action, including a process to influence healthy built environment decisions.

## Goal #2: Engage centralized PPH staff and Community Area staff to support healthy built environments.

- a. Prioritize inclusion of this work as an upstream public health intervention.
- b. Dedicate staff time and resources to support this work (e.g. Healthy Built Environments Working Group).
- c. Support effective collaboration among and between centralized PPH staff and Community Area staff.

# Health Equity Promotion

## Goal #1: Integrate health equity as a primary consideration in our work.

- a. Understand how built environments impact structurally disadvantaged populations.
- b. Ensure Indigenous health concepts and wisdom are integrated into our work.
- c. Review, critically explore, and prioritize WRHA's Health For All considerations that pertain to healthy built environments for action.
- d. Actively engage with the WRHA's Health for All Coordinating Committee and Working Groups.

# Surveillance

## Goal #1: Develop a surveillance framework and infrastructure.

- a. Explore and identify key healthy built and social environments indicators.
- b. Identify data requirements and acquire data.
- c. Create an interactive and accessible mapping tool for built environment investigations and analysis to support spatial awareness, education, planning and evaluation.
- d. Determine surveillance products (e.g. dynamic maps, reports, infographics) and a dissemination strategy, including public friendly key messages.

## Goal #2: Influence local, provincial and national level data collection and use.

- a. Support the collection of reliable and useful data for practice and policy.
- b. Gain access to relevant indicators from nationally collected survey data (i.e. Canadian Community Health Survey) on an ongoing basis for surveillance purposes.

# Program Monitoring

## Goal #1: Develop a program monitoring framework.

- a. Develop a program logic model and identify program monitoring indicators.
- b. Develop a Healthy Built Environments Program Monitoring Framework, including a reporting template and schedule.