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The **healthy communities** movement is a process whereby organizations define new health promotion as the twin pillars of empowerment and community participation (Minkler, 1997) p. 3-4. In a larger context, healthy communities encompass social, economic and environmental factors in the urban setting (Larsh et. al. 2002). Recently, Plan Canada (Volume 42, Issue No. 4, 2002) published a series of articles about healthy communities, where the movement started, and which direction it was heading in 2002. Within Manitoba, the Healthy Communities Network was an informal network of community organizations that promoted health (primarily in Northern communities). In Winnipeg, there are resource centres in a number of communities, which are currently active in economic development.

**Synopsis**

Public health has been in the news to an alarming extent in the recent past. The issues covered include obesity (child and adult), increase of Type 2 Diabetes in youth, child hypertension, and many other illnesses related to inactivity of the population. Some of the reports lay blame (if not wholly, at least in part) to poor urban planning with lack of access to walkable communities and neighbourhoods. Public health has been written up in a number of books alongside urban planning, in particular, issues with sprawl. Within these books, there are possible solutions presented, among them listings for healthy community movements and sustainable developments.

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**Objective**

This project is going to examine how planners and the Winnipeg Regional Health Authority (WRHA) have been attempting to address the issue of health promotion in the Healthy Communities context and identify some lessons to be learned for application in Winnipeg. This will be accomplished through examining four models of health promotion that the WRHA has become involved with through partnerships. The four models range in scope from City wide initiatives, to target groups such as students.

This examination will result in identifying some of the successes of these programs, along side with looking at some of the barriers (perceived and real) in healthy living in the City of Winnipeg.

The intent of examining this program is not to identify cutting edge technology, but to showcase simple and easy solutions that any neighbourhood, community organization, or city could implement.
The Winnipeg Regional Health Authority (WRHA) was established in 1999 by the Province of Manitoba under the Manitoba Health Act, as one of 12 (now 11) regional health authorities responsible for coordinating health services in designated regions.

The WRHA coordinates, manages, delivers, and allocates funds to and evaluates health care and health promotion in Winnipeg (including East and West St. Paul). Each day, more than $3 million is spent on the delivery of health services. Over 27,000 people are employed in health care in Winnipeg. The WRHA oversees over 200 health services, facilities, and programs including: 4 community hospitals, 2 tertiary (teaching) hospitals, 3 long term care centres, 39 personal care homes, and 20 community health offices. Health services include long term care, public health, primary care, home care, mental health, and acute care.

In the WRHA’s Strategic Plan of April 2005, “Prevention and Promotion” is one of six key components of their vision.

We will lead with innovative, evidence-based, and cost-effective health education, promotion, and prevention programs. We will have a holistic approach that embraces all factors that influence health. We will foster a community of people who contribute to their own health and well-being.

The 5 year strategic goals set for Prevention and Promotion are:
- To have implemented strategies and initiatives that have reduced the incidence of preventable disease in the on-going priority areas of tobacco reduction, early childhood development, and communicable disease control.
- To have implemented strategies and initiatives that have improved the health of the population in the multi-sectoral areas of active living, healthy eating, sexual health, mental health promotion, and injury prevention.

A Life Long Wellness program was developed in order to provide leadership and a framework for achieving the above goals. “Life Long Wellness maximizes the quality of life and minimizes disease, disability, discomfort, and distress throughout the life cycle.” (WRHA website) The leading causes of death in the Winnipeg health region are chronic conditions, such as heart disease, cancer, and diabetes. They represent a modern epidemic in terms of premature death, disability, and health care costs. In order to address these chronic conditions, the WRHA with community partners is leading the development of and coordinating primary care and health promotion initiatives. The hope is that these initiatives will reduce the burden of chronic conditions and improve the health of the population overall. One of the major initiatives in the area of active living is the WRHA’s involvement (as a partner) in Winnipeg In motion.

WRHA Background Rationale for Health Promotion

The Winnipeg Regional Health Authority strives to promote health by:
- Helping to make people more aware of good health practices
- Helping people to make changes in their lifestyle to improve their health
- Helping to create an environment that supports good health practices

The WRHA is responsible for the continuum of health services – from health promotion/disease prevention to primary care to acute care and to long term care. And as such, the support of health promotion/disease prevention initiatives such as active living, is a natural extension of their health coordination and management role.

The WRHA provides opportunities for citizen engagement in the planning of health services through their Community Health Advisory Councils. The Councils were established in June of 2002 and have provided community feedback and suggestions for addressing the following topics:
- Issues that impact the health of children
- The delivery and coordination of health services
- Injury threats in communities
- Criteria for strategic planning
- Issues that impact the health of children
- Barriers to active living and disease prevention
- Community perspectives of patient safety

Throughout the deliberation of all of the topics covered so far by the Councils, citizens have continued to ask for increased focus of resources on disease prevention and health promotion by the health authority. The Councils’ position on this assists the WRHA in continuing to move more resources into the area of disease prevention and health promotion.
Community Development Participation Model

Although the partnerships often include government agencies, the importance of creating partnerships within the community cannot be ignored. The WRHA promotes health initiatives through community development initiatives and community resource networks. The purpose of the WRHA’s involvement with community developments is, on an ongoing basis, improve the health and well being of the population through a range of strategies including organizational capacity building, intersectoral networking and local neighbourhood development.

The values that the WRHA strive to follow include respect, equity, participation, meaningful processes, and integrity. The value of participation is shown in the Participation Model figure on the following page. Again, similar to partnerships themselves, having public participation in community development programs varies from community to community. Also, public participation is where the success of the initiatives comes in (in one interview, it was noted that some participants had good ideas, but never came to pass since there was limited to no citizen involvement).
Partnerships in Health Promotion

Participation Model

Community development is inextricably linked to public participation and is expressed through various strategies.

More Active Participation
Often Fewer Participants

Participant Control
- Participant controlled activities

Joint Planning
- Advocate groups, Coordinating committees, Interagency, etc.
- Extended involvement with mutual responsibility for planning and results.

Participant Feedback
- Dialogue between RHA, planners, public/stakeholder
- Specific issues identified

Information
- Press releases, news conference
- Public/stakeholder displays, Newsletters
- Simplest form of communication between planner and public/stakeholders
- To keep public/stakeholders informed about decision making but not requesting input.

Less Active Participation
Often More Participants

This participation Model is applicable to citizen participation AND intra/intersectoral collaboration activities.

Source: http://www.wrha.mb.ca
Benefits to Healthy Living

**Community benefits**
- A healthy vibrant community
- Increased social relationships
- Crime prevention
- More productive individuals at work, home, school and in the community
- Many benefits to the environment
- Promotes community partnerships
- Promotes ethnic and cultural harmony

**Health Benefits**
- Reduced risk of heart disease and stroke, hypertension, osteoarthritis, some cancers, and Type II diabetes
- Reduced body fat and risk of obesity
- Better posture and balance
- Improved fitness
- Stronger muscles and bones

**Economic Benefits**
- $2.1 billion total direct health care costs can be attributed to physical inactivity
- Diabetes cost estimates are $9 billion in direct & indirect costs
- Cost of obesity is over $1.8 billion
- Reducing the number of inactive Canadians by 10% would result in savings of $5 billion

**Personal and Social Benefits**
- Contributes to a full and meaningful life
- Is one of the very basic methods of health insurance for individuals
- Feel more energetic
- Builds self esteem and positive self image
- Improved relaxation and reduced stress

“Physical activity doesn’t mean running a marathon, it doesn’t have to take a lot of time, and it doesn’t have to be complicated or expensive.”

Winnipeg in Motion

Recreational teams can create and enhance the enjoyment of physical activity along with coaching for injury reduced activity.
Source: http://www.ccski.mb.ca/TripleThreat

Creating active living opportunities helps to encourage a healthy lifestyle
Source: http://www.beaverisland.net

Model #1 Winnipeg in Motion

The WRHA approach to healthy and active living promotion is accomplished through multiple strategies. One model is the Winnipeg in Motion, a collaborative project in health promotion. Partners for this model include the City of Winnipeg, University of Manitoba, Winnipeg Regional Health Authority and the Province of Manitoba. As collaborators, this partnership strives to promote 30 to 60 minutes of daily physical activity as a regular part of the populations’ day. As part of a collective strategy, Winnipeg in Motion is one component to promote health within the urban context.

Support from the major partners come from the ‘ambassadors’ of the partners – Mayor Katz, Dr. Emőke J. E. Szathmáry of the U of M, and CEO of the WRHA Dr. Brian Postl. These ambassadors provide strong organizational support along with the important community level staff – community development and health promotion staff.

In addition to the direct health benefits of physical activity, there are a number of other benefits that Winnipeg in Motion indicates from an increase in physical activity, including economical, social, and community benefits. These benefits are explained below.

The Winnipeg in Motion program is not a new concept, as it is based on the Saskatoon in Motion program (www.in-motion.ca) officially launched May 1, 2000. Using Saskatoon as a “springboard” the current in Motion strategy undertook a two year development process to implement in Winnipeg. Currently, the program has a solid structure and a good collaborative partnership with the Manitoba in Motion program which involves approximately 20 communities in the province.

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Model #2 Neighbourhood Resource Networks

As part of the community development supported by the WRHA, Neighbourhood Resource Networks, or NRN’s, are a valuable source of partnering and enabling community members to become involved. Within the NRN’s, the WRHA provides support through the position of community facilitators. The role of the facilitators is to link the community to the WRHA. These facilitators are the enabling body for community capacity building in order to mobilize community healthy projects and to provide support and expertise when necessary. Within the various NRN’s, the role of the facilitator may take on differing functions, including providing support to community groups, schools, and individuals.

Active living strategies that the community facilitates, in general, include public health/active living awareness, creating linkages in order to access resources (such as equipment and facilities), and addressing networking and partnership issues. River East, one of the NRN’s, has been developing a number of initiatives to promote active living through a walking trail development (see Seven Oaks NRN), in partnerships with the local schools youth drop in programs, in Motion committee, and community gardens.

One way that the community facilitators and the NRN’s accomplish the above programs is by setting up external health promotion initiatives with schools and through the YMCA for city partnerships. By targeting service providers for programs, it is possible to expand the operation of facilities and in turn, create more community partners.

Model #3 Seniors and Health Promotion

In Winnipeg, there are approximately 45 sponsoring agencies and 20 adult day programs available for the senior population. Health promotion and active living are only two of the many strategies that the Seniors Resource Network provides for seniors city wide. By providing grants and other funding to community level non-profit organizations, each service provider is able to approach healthy senior living to meet the organizations/users specific needs.

The senior’s healthy living and promotion is really community based with various levels of successes based on the community’s needs. Some of the overly successful programs include the congregate meal program (city wide) that provides healthy meal choices to seniors. Individual senior centres in communities are also generally a successful resource, by providing discussions on injury prevention, health fairs, and other programming suitable to this population. Finally, the Millennium Garden in River East provides the opportunity for seniors to get outdoors and participate in a community garden.
Model #4 Seven Oaks Health Promotion

The Seven Oaks Resource Network has a bold vision – to have a healthy community. The mission of this NRN is to link community and agencies to enhance the lives of the residents of the Seven Oaks Community. Creating partnerships in the multifaceted context of the Healthy Communities Movement is one of the more successful ways in creating their vision. Throughout the history of the NRN, the number of partners in the community has grown to include approximately 20 businesses, schools, service providers, hospitals and city agencies as partner members.

Two health/active living initiatives that the Seven Oaks NRN operates are the Hearts in Motion trail and funding for Chronic Disease Prevention Initiatives (CDPI’s) from the Provincial Government. The Hearts in Motion trail is 42 kilometres of signed and marked pathway through the Seven Oaks area. The trail winds its way through the neighbourhood, identifying various historical points of interest and works its way through Kildonan Park. The trail is marked by small red hearts on the sidewalk every 100 metres and directional arrows for every turn directing users through the trail. A map can be found online with descriptions of the historical points of interest. This simple solution to promoting healthy living operates on a minimal budget with volunteers, community members, and some student grants for maintaining the trail.

The second program, the CDPI’s, is a five year (2005 through 2010) program funded through Manitoba Health and the WRHA. The Seven Oaks NRN is one of two Winnipeg communities that received funding for health initiatives, partly because of the well developed and established network in the area. The CDPI’s are to address personal risk factors in health, including: promotion of increased physical activities; reduction of tobacco use; and nutrition.

Using four steps, or programming over the five years, the Seven Oaks CDPI sub-committee (within the NRN) is first addressing the needs for healthy living and reducing some of the identified barriers, such as accessibility, to increase activities and community facilities (a discussion on barriers follows on page 7). Working with schools and the school division, the NRN is negotiating increasing the availability of space within the school property for before and after school programs along with alternate group use.

The second program is increasing a senior exercise program – peer exercise leaders. This program is intended to increase the amount of exercise leaders that are able to go to senior housing and complexes. A third program is to develop formal walking groups/clubs using the existing resources, such as indoor mall walking programs, and utilizing the Hearts in Motion trail. The final program is to examine the development of community gardens in order to get a cross section of the population outdoors.

In both health projects, community participation for success is of great importance with a “circle of involvement” meaning that when formal partners feel that there is a need for involvement, they will be available. This results in a balance between business commitments and available resources, but can result in missed opportunities as some business may not feel that their involvement is necessary.

Finally, the community needs to have a champion – or lead – to introduce programs. Without this lead, many projects fail, or are reduced in scale. Community driven projects, initiated by community members, generally have more support than agency initiated projects.
Partnerships in Planning for Health Promotion

The Lessons Learned: barriers to overcome

The Program for Physical Activity Promotion Specialist, Jan Schmallenberg, identified that there were a number of real and perceived barriers in creating an active community. Some of these barriers were also identified by the others interviewed for this report.

In a recent survey by the WRHA, 43 percent of the respondents identified that work commitments, family and school responsibilities and a general lack of time was the primary reason as a barrier to activity. The second leading barrier to activity was physical health factors, (such as age, injury, or pregnancy) identified by over 18 percent of those who were surveyed. Over 13 percent identified that motivation and lifestyle factors were barriers to activity. The final major barrier to activity, with over 10 percent response, was that of environmental factors (weather, lack of facilities/equipment and money).

In this survey, 73 percent of the participants indicated that they had at least one barrier to activity; however, 68 percent identified that they were able to get in at least ten minutes of activity three times daily. The 3 x 10 minute block activity is the recommended physical activity for able bodied people in Canadian Standards.

Although the cost and lack of access to facilities and equipment was only indicated by 10 percent of the survey participants, it is important to note that this survey is city wide, and in certain areas, cost and access may in fact be higher than average. The CDPI funding will help two communities, Seven Oaks (as mentioned) and Point Douglas in combating some of these barriers by putting some of the funding for equipment purchase (including clothing for activities like swimming) and facility rentals.

Other solutions can be simple and straightforward, such as getting a “walk/bike to school” program where one parent walks their kids and neighbours kids (on a rotational basis) to school if possible. Another simple solutions would be to partner with community schools to create an indoor walking program similar to mall walking for seniors before school starts in the day (at least one community school is already allowing this). In Seven Oaks and River East, after school programming is being developed and being put into place for youth activities. Simple solutions can often come from the empowerment of community members in reaching a solution.

Active transportation planning can become an important solution to physical health and promotion from the standpoint of planners. In certain areas that are being developed, the neighborhood of Lindenwoods with a number of new senior housing complexes it was identified that access to simple things like sidewalks are not available. Planners can take an active role in health promotion by ensuring that sidewalks, bike lanes/paths and other active transportation models are being provided for in developing neighbourhoods.

Partnerships in Planning for Health Promotion

Ways to improve partnerships are to increase the regular interaction between existing partners, knowing each of the partners mandates, and to disseminate information. One example is that when one of the authors went to a major sponsor for a map of the Hearts in Motion trail, the employees asked what the walking trail was. Partnerships also mean that there is an expectation for participation and commitment. This raises a question – how can NRN collectively get partners on board?

Although the City of Winnipeg is a partner with many health promotion initiatives, there seems to be a distinctive department missing from many healthy initiatives – the [urban] planner. Planners need to advocate for active transportation programs within developing communities. Finally, according to Jan Schmallenberg, there also needs to be active participation from planners in initiatives such as Winnipeg in Motion in order to provide places for active living pursuits.
Final Considerations

Active living and health promotion are important concepts to integrate within the planning profession. Through urban design and community development and networks, planners should be taking an active role in healthy living initiatives along side the Health Authority, City and Provincial governments. This case-in-point was conducted through internet searches and telephone interviews in order to showcase how simple solutions can be approached for the promotion of healthy communities and citizens.

The partnerships explored here are primarily between the Winnipeg Regional Health Authority and the general public and a few other agencies, including the City of Winnipeg. One identified missing component to the partnerships are urban planners. In order to provide the active living spaces needed, as identified by Jan Schmallenberg, planners in all sectors, public and private consultants, need to champion the importance of a healthy population.

The Neighbourhood Resource Networks are a great source for capacity building within the communities. This resource is a relatively new program within most parts of the city, with two well established NRN’s, and it will take time for all communities to develop a well working tool for community development projects. Again, a great opportunity for urban planners to get involved in an early stage.

“Health is more than merely the absence of disease. It includes a state of complete physical, mental, social and spiritual well-being.”

WRHA

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About the collaborators:

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