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1.0 Introduction

1.1 Healthy Canada by Design CLASP Coalition

This report is a case study report on the project conducted by the Winnipeg Regional Health Authority under the Healthy Canada by Design CLASP Initiative. Healthy Canada by Design (HCBD) is a coalition of health authorities, non-governmental organizations, academic researchers, and national health, planning and transportation organizations, that have agreed to collaborate on projects directed at creating healthy communities that foster and support health and well being with the goal of reducing risks that contribute to chronic disease.

The HCBD Coalition has been funded since October 2009 by Health Canada through Coalitions Linking Action and Science for Prevention (CLASP) program run by the Canadian Partnership Against Cancer (CPAC). It is facilitated and supported by two staff who work on contract with the Heart and Stroke Foundation which is the lead agency for the Coalition.

Under the second round of funding, received between October 2012 and September 30, 2014, the HCBD partners agreed to expand their work into additional provinces and rural contexts and to focus their work on policies and processes that foster active transportation and active living. Under this phase of work, five health partners received funding to hire a Planner to work with them for an extended period (e.g. from 12 to 18 months). The Planners were expected to help the health partners to: build relationships with local planning and transportation professionals; and bring health considerations into local land use and transportation planning processes and policies.

1.2 Winnipeg – Background

The HCBD project in Winnipeg was run as a partnership between the Winnipeg Regional Health Authority (WRHA) and the City of Winnipeg (Winnipeg).

The WRHA is one of five regional health authorities in Manitoba and is responsible for health care delivery for the City of Winnipeg, two adjacent municipalities (East St. Paul and West St. Paul), and the Town of Churchill in northern Manitoba. The HCBD project was led by the Population & Public Health program within the WRHA that focuses on health promotion and prevention of disease and injuries.

The WRHA’s strategic plan has been guided in part by the WRHA directional document “Lifting the Burden of Chronic Disease: What’s worked, what hasn’t, what’s next”\(^1\). This document reviewed the evidence to assess the effectiveness of chronic disease prevention and management strategies. The authors of the report concluded that one of the most effective

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approaches to chronic disease prevention is to direct efforts at the improvement of the built environment. For example, the systematic review reported a significant association between some aspects of the built environment and obesity. Evidence supports the need for more free, available, safe and attractive spaces to be physically active. It also identifies urban design or the built environment as a significant risk factor that affects levels of physical activity.

The City of Winnipeg provides the municipal public services for Winnipeg. Health authorities in Manitoba are arm’s length entities of the Province. As such, no formal relationship exists between the WRHA and the City of Winnipeg. To achieve the vision of HCBD, a relationship had to be developed between the Physical Activity Promotion team within the Population and Public Health program of the WRHA and the City of Winnipeg’s Planning, Property and Development Department (PPD).

Prior to the HCBD project, there was an existing relationship between the WRHA Physical Activity Promotion team and the City of Winnipeg. Through participation on the City of Winnipeg’s Active Transportation Advisory Committee (ATAC) and as a partner in Winnipeg in motion, the WRHA Physical Activity Promotion team had established contacts within the City of Winnipeg.

The City of Winnipeg adopted an official development plan (OurWinnipeg) and an accompanying city-wide secondary plan (land use and development plan) in 2011. Based on extensive community consultations, this secondary plan – entitled Complete Communities – embodies healthy built environment principles as part of the overall vision statement: “OurWinnipeg supports a pedestrian and transit friendly environment by integrating public infrastructure, land uses and built form to encourage higher residential densities and building-type variation, where practical and feasible” OurWinnipeg and the existing relationship were seen as opportunities to more closely align the working partnership between these two organizations.

1.3 Winnipeg - Context

Figure 1 depicts the timeline and process for HCBD work in Winnipeg. While it appears to be a linear path, relationship building and project development usually occur in a circuitous manner. The work in Winnipeg was no exception, as consultation between the City of Winnipeg, the WRHA and community stakeholders was dynamic and continuous.

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2 http://www.winnipeg.ca/interhom/CityHall/OurWinnipeg/

2.0 Project Summary

2.1 Winnipeg HCBD Project Team

The Core Project Team consisted of staff from the WRHA, including the Healthy Built Environment Specialist (the HCBD Planner), in partnership with staff from the City of Winnipeg. The larger project team also included a number of stakeholders from a variety of sectors (i.e., health, transportation, engineering, environment, business, advocacy, academia) involved in specific projects.

2.2 Winnipeg HCBD Objectives

Within the over-arching goal of collaborating to develop health-promoting built environments, it was recognized that there was/is a need for changes at an organizational level, a policy level and a practice level. Specific objectives relating to each of these were developed.

Organizational and Learning Objectives

- Develop an increased shared understanding within the WRHA and the City of Winnipeg regarding the connection between health outcomes and planning policy;
• Develop an increased understanding within the WRHA of built environment decision-making frameworks and processes in Winnipeg in order to increase the WRHA’s ability to participate effectively in those processes as an advocate for healthy communities;
• Increase the understanding of challenges and barriers to developing and implementing healthy built environment projects, plans and policies;
• Identify local knowledge gaps around healthy built environments and active design;
• Increase the understanding of the partners in the healthy built environment network and to build capacity to leverage these partnerships effectively in the future;
• Build awareness about the relationship between health, quality of life and urban design; and
• Increase the understanding of data needs related to healthy built environment and physical activity in Winnipeg.

Policy Objectives

• WRHA is engaged as a valuable partner with the City of Winnipeg in applying a health lens to built environment decisions;
• Increased consideration is made to the health impacts of planning decisions by municipal leaders, decision-makers and private and public developers; and
• Integrate promising practices that facilitate neighbourhood design supporting active transportation and physical activity in Winnipeg into planning and development processes.

Practice Change Objectives

• Winnipeg-specific data is available for use in built environment decision-making; and
• Municipal leaders, decision-makers and stakeholders increasingly recognize the relationship between local built environment decisions and public health and quality of life.

Although some of these objectives are long term and were not possible to accomplish within the timeframe, the activities and relationship building provided a solid foundation, and progress has already been made towards achieving these objectives.

2.2.1 Winnipeg HCBD Themes

Through stakeholder consultations and discussion with partners, three themes emerged as recurring local interests and priorities:

• Building Strategic and Sustainable Relationships with organizations and groups that play a role and/or have an interest in Winnipeg’s built environment.
• **Identifying Promising Practices & Policies** by exploring municipal practices and policies used elsewhere that support decision-making that could promote physical activity.

• **Supporting Research & Evaluation** by identifying data and means for evaluation required in order to build the case for policy and practice change related to healthy built environment and physical activity. Focus on data collection and evaluation that highlights the relationships between context, neighbourhood, characteristics, density, proximity, connections, and physical activity.

Underlying these three themes is the recognized need to build the sustainability of local efforts in encouraging healthy built environments.

Four projects were identified and developed with consideration of the following:

- Alignment with HCBD scope and objectives;
- Potential for long-term benefits;
- Opportunity for the health lens to bring added value;
- Potential to incorporate HCBD Phase 1 tools and resources; and
- Potential to leverage local opportunities for policy change.

A logic model was developed to demonstrate how each of the projects could contribute to a vision of institutionalizing health considerations in built environment decision making over time.

Short-term outcomes that were anticipated to be achieved over the course of the one-year Winnipeg HCBD initiative include:

- Increased awareness and understanding across local organizations, professionals and stakeholders about the link between health and the built environment; and
- Identification of local collaboration opportunities related to maximizing health impacts of the local built environment.

Beyond the Winnipeg HCBD initiative, potential medium-term outcomes include the exploration of promising practices and tools to support healthy built environments and increasingly common collaboration between the WRHA, the City and other partners. The potential long-term outcomes include the institutionalization of tools and practices that support such decision-making; these tools and practices have been incorporated into organizational structures and practices that support healthy built environments. The logic model is attached as Appendix 1.
2.3 Projects

2.3.1 Applying a Health Lens to Public Facility Design

This initiative explored the relevance of site selection and site design of public facilities on active modes of travel by users of the facilities. It further sought to understand existing factors that present challenges to the selection and designing of sites to achieve access by active modes. The WRHA's Capital Planning Division, the City of Winnipeg’s Community Services Department, the University of Manitoba's Campus Planning Office, and a private medical fitness facility provided opportunities to explore the incorporation of a health lens into public facility design and site selection.

Outputs:

- Created the **Active Design Checklist for Public Facilities**.
- Shared and tested the Checklist with a variety of partners and in several contexts including: WRHA Capital Planning for Access Centre (multi-service medical and social service facility) development; the City of Winnipeg Community Services Department for a City of Winnipeg Community Centre; the University of Manitoba's Campus Planning Office for campus and facility development; and a private medical fitness centre for a facility expansion project.
- Two WRHA and one City of Winnipeg facilities have actively sought and/or incorporated Checklist feedback into their site design processes.
- Administered key informant interviews to select partners to evaluate the utility of the Checklist and to further understand the specific points in the facility development process where it may have the most impact.

Outcomes:

- Increased understanding by Core Project Team members and by facility designers/managers in both public and private sectors of facility site location and design process considerations.
- Increased awareness by partners of the role of site selection and building and site design in influencing active transportation and active recreation.
- Refinement of the *Active Design Checklist for Public Facilities* to better meet the needs of our partners.
- Identified opportunities to incorporate checklist considerations into current WRHA facility development projects.
- With WRHA Capital Planning, identified opportunities to modify existing RFP evaluation criteria to reflect Checklist considerations.
- Adjustments to site designs for 2-4 facility development projects – in progress/ pending.

**Lessons learned:**
- Reference to the Checklist at the earliest opportunity in the facility planning and design process maximizes potential for uptake of recommendations.
- Organizational process change can be challenging and may require senior leadership and administrative support, especially when working across departments, which may have different leaders and decision-making structures.

**Potential next steps:**
- Integrate existing commonly used tools into the Checklist (e.g., LEED criteria).
- Develop and expand existing initiatives (e.g. develop a Checklist for interior design considerations that aims to establish greater opportunities for physical activity by users) and reach other interested partners.
- With existing partners and others, further integrate the Checklist and provide further consultation toward adaptions to processes and resource allocations, depending on available resources.
- Develop a background/supporting document aimed at project proponents in the early stages of project development that highlights relevant statistics supporting Checklist recommendations (similar to the New York’s Active Design Guidelines and Toronto’s Active City report).

### 2.3.2 Data Collaborative

Public health and planning practitioners and local stakeholders identified the need to demonstrate the link between health and the build environment using local data, and the opportunity that exists among stakeholders to coordinate the collection and sharing of data to respond to that need. The benefits of highlighting additional synergies with environmental and economic community goals were also noted.

This project brings together a variety of sectors (i.e., health, transportation, engineering, environment, business, advocacy, academia) to complete a gap analysis identifying existing and required data and to identify a strategy for future collection, sharing, and use of data to
influence policies and decision-making processes. With access to broader data, stakeholders will be able to build stronger cases for the connection between built environment decisions and health.

A variety of data analysis tools were explored, and New York’s "Measuring the Streets" report was chosen as an initial framework for discussion. The installation of a parking protected bike lane on Sherbrook Street is being explored as a case study for testing NYC’s “Measuring the Street” approach of using data to demonstrate health and complementary community benefits (economic, environmental, etc.) of active transportation infrastructure projects.

**Outputs:**

- Review of literature and data analysis tools focused on developing guidelines for health-supportive development and evaluating the health impacts of infrastructure projects and neighbourhood-scale development.
- Presented summarized literature and data analysis tool review to stakeholders.
- Identified New York’s “Measuring the Streets” report as an initial framework/approach for stakeholder discussions in Winnipeg.
- Generated table of existing data sources in Winnipeg and their collection methods through discussions with individual stakeholders.

**Outcomes:**

- Local sources of data have been identified.
- Opportunities for other collaboration/synergy are being identified among stakeholders. Some stakeholders have begun collaborating on a walkability map for Winnipeg based on common research and practice interests.

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• Data required to support the link between built environment policy/practice and individual behaviour in Winnipeg is being identified and shared.

Lessons learned:
• Relationships developed; face to face discussions have given people a better understanding of each others’ data as well as the limitations of that data.
• Increased sharing of data and creative approaches to solving data problems.
• A wealth of interesting and potentially useful tools and guidelines are currently being developed around the world. These can provide excellent starting points for discussion, but in order to move forward efficiently, and to encourage participation, there must be an understanding of both the local context, and what the tools do and do not do.
• We anticipate that there may be value in broadening the discussion around the benefits of healthy built environments beyond health-specific benefits (like decreasing rates of diabetes, for example) to include benefits that are important to other sectors (for example, decreasing greenhouse gas emissions as an environmental benefit or increasing retail sales as an economic benefit). This may help to eliminate any notion that different community objectives need to compete for the same resources and to emphasize that multiple objectives can be achieved through a focus on healthy built environments.

Potential next steps:
• Using existing data, produce a case study report in the form of “Measuring the Streets” as proof of concept.
• Pursue and support opportunities identified for increased data sharing.
• Continue to host discussion groups as forums for stakeholders to identify further opportunities to collaborate.

2.3.3 Impact of School Site Selection on Active Transportation and Active Recreation

School location is a potential factor in transportation mode choice; however, there is little local data available about the effect of school site selection on active travel. Stakeholders in our initial consultation suggested that there might be an opportunity to bring a health lens to these discussions. In order to assess the most effective way to engage, this project involved an exploration of the current processes and policies around school siting decisions. The Core Project Team quickly learned that decision-making regarding schools is very complex due to the breadth of organizations involved and the complexity of relationships between them. In Winnipeg, organizations involved in the process include the Province of Manitoba (through the Public Schools Finance Board, in particular), the City of Winnipeg (particularly relating to zoning and permitting), and the local school boards. Depending on the context and the stage of decision-making, other stakeholders involved in the siting and design decisions might include the private developer (especially in the case of a new subdivision) and the project architect. For
existing schools, the local Active and Safe Routes to School program can play a key role in supporting and encouraging the use of active modes for travel to and from school.

**Outputs:**

- Identified policies relating to school planning/sitting/design and active transportation/recreation.
- Identified opportunities to work with a local school division in site selection and design.
- Meeting held with Public Schools Finance Board to learn about the school site selection and design process from their perspective.
- Meeting held with Planner who has dealt with school planning and site selection in new subdivisions to increase the Core Project Team’s understanding of how planning for new schools functions within the City of Winnipeg’s processes and by-laws.

**Outcomes:**

- Increased Core Project Team understanding of health impact assessments as a tool for building relationships and for promoting health-supportive design.
- Increased Core Project Team understanding of school travel planning processes.
- Increased Core Project Team understanding of school site selection rationale and benefits of approaches.
- Overall, the Core Project Team is better prepared to act as a resource in this area.

**Lessons learned:**

- Decision-making around school site selection involves balancing the numerous priorities of various decision-making entities – priorities that can appear to be competing. In order to become productively involved in future discussions, it will be important to be a resource to decision-makers, providing tools and expertise that highlight the synergies between health considerations and other factors.
Potential next steps:

- Meeting scheduled with a local school division to discuss opportunities for involvement in processes.

### 2.3.4 Building a Case for Transportation Demand Management Strategies and Employee Health

Consultation with stakeholders identified the need to understand the factors that influence workplace location selection and site design and the extent to which these represent challenges to implementing Transportation Demand Management programs.

The project had objectives relating to both city planning and health. Through a series of case studies of several workplaces, the project sought to increase understanding around five factors in particular:

- The potential relationship between active transportation use and self-reported health;
- Perceived barriers and facilitators to active transportation;
- Influence the built environment surrounding a workplace may have on transportation behaviour;
- Difficulties work places encounter to pursuing TDM strategies; and
- Potential opportunities to address these through planning policies or tools.

**Outputs:**

- Received grant approval for a Med 2 Summer Research Project, which included the placement of a medical student to develop and implement this research over the summer of 2014.
● WRHA commitment to implement survey, focus groups and key interviews at all Winnipeg work sites. [To date, more than 1200 survey responses have been received and more than 150 people have indicated their interest in participating in focus groups.]
● Engaged in high-level discussions with managers and directors within the WRHA regarding workplace active commuting policies.
● Collected Winnipeg specific active commuting data to inform the potential development of WRHA active commuting programs and policies.
● Summary report detailing preliminary findings at one WRHA workplace, with reports in development for up to forty additional WRHA worksites.

Outcomes:
● Support from WRHA Senior administration for continuing to explore and to report on the relationship between workplace location, and design and employees’ active transportation use.
● Study designed to increase understanding of the relationship between WRHA employees’ self-perceived health and their active transportation use.
● Study designed to increase understanding of barriers and facilitators to active transportation use for work in the Winnipeg context for a variety of work site location types.

Lessons learned:
● When surveying employees, there can be sensitivities regarding responsibility for employee health, especially mental health, and can result in some workplaces hesitating to participate in such a survey. Another common hesitation related to participation being perceived as an employer commitment or responsibility to act on the findings.

Potential next steps:
● Complete built environment audits for several sites in order to study the potential impact of the built environment surrounding the workplace on active transportation use.
● Summarize findings (including surveys, focus groups, key informant interviews, and built environment audits) both by workplace and WRHA-wide.
● Present findings of this research and related opportunities to WRHA Senior Management in order to advocate for workplace policies that support active transportation.
● Follow up with individual WRHA worksites to consider establishing TDM policies and programs.
● Present findings of planning and development factors related to TDM opportunities to City of Winnipeg planners.
3.0 Outcomes and Accomplishments

The following four outcomes were identified as short-term i.e. achievable in the CLASP timeframe during the development of the action plan (see Logic Model in Appendix A). Specific outcomes and accomplishments related to each one are listed below. Discussions regarding the longer timeframe are ongoing between the WRHA and the City of Winnipeg. Therefore, medium- and long-term outcomes shown in the logic model can be considered to represent the Winnipeg HCBD Core Project Team’s ‘best estimate’ of future continued collaboration and change.

1. Potential collaboration mechanisms and processes are identified by the WRHA and City of Winnipeg where planning decisions impact health:
   - Enhanced visibility of WRHA as a key built environment stakeholder; and
   - The need to renew an existing Memorandum of Understanding between the City of Winnipeg and the WRHA (along with the Universities of Manitoba and Winnipeg) regarding Winnipeg in motion was identified as a possible opportunity to expand working relationships to other areas of each organization that make decisions that influence the built environment.

2. Increased understanding of local challenges, barriers and opportunities for incorporating active design into policies, practices, and tools:
   - Active Design Checklist for Public Facilities developed in response to needs identified through consultation; and
   - TDM research study results provided information about active design as it relates to workplace related active transportation.

3. Increased awareness among staff, decision-makers, and local stakeholders regarding the need and opportunities for collaboration on built environment issues:
   - Stakeholders in Winnipeg came to the table willingly, quickly, and enthusiastically to participate in discussions around opportunities for collaboration;
   - Increased understanding within the WRHA of the role of health professionals in influencing the built environment;
   - Increased healthy built environment profile within WRHA and within Planning, Property and Development and other departments within the City of Winnipeg;
   - Increased integration of healthy built environment considerations into the work of local stakeholders including facility developers and managers; and
   - Increased understanding of planning and development processes by the Core Project Team, and of opportunities to influence them.

4. Winnipeg specific data related to active design policy and practice needs are identified.
   - Increased understanding by WRHA, City of Winnipeg and community stakeholders of existing data, as well as data limitations;
Increased sharing of data among stakeholders; and
Stakeholders are working together to explore creative approaches to bridging apparent data gaps by bringing together existing data from different organizations.

Unanticipated Outcomes:

In part as a result of the relationships fostered through collaboration on the HCBD initiative, a number of other healthy built environment outcomes have been achieved:

- **WRHA participated in a City of Winnipeg Technical Advisory Committee:** WRHA was invited to participate in meetings of the City of Winnipeg Technical Advisory Committee for the Area Master Plan for the redevelopment of a large new complete community on a former industrial area.
- **City of Winnipeg Zoning By-laws:** WRHA made a formal written representation to the City of Winnipeg’s Standing Policy Committee on Property and Development as part of the official approval process for recommended changes to zoning by-laws. This representation urged the committee to support recommendations that would strengthen the commitment to a healthy built environment through zoning by-law regulations with supporting rationale. This process had the additional benefit of providing the WRHA with insight into how to participate in the City’s formal hearing processes.
- **City of Winnipeg Pedestrian and Cycling Strategies:** WRHA staff participated in the Stakeholder Advisory Committee for the development of these strategies.
- **Work with a local school division:** WRHA was asked to provide a public health lens to school re-designation discussions. One WHRA staff person, in her role as a parent, provided a local school division with contact information for the Core Project Team as content area experts who should be included in the discussions. This opportunity dovetailed very well with one of the identified Winnipeg HCBD initiatives, but the way in which the connection was made was unanticipated and reflects the benefits of increasing awareness among WRHA staff on built environment issues.
- **WRHA GIS spatial database:** An epidemiologist working in the Surveillance Unit of WRHA’s Population and Public Health program (PPH) learned of the work being done through the Winnipeg HCBD initiative and proposed partnering on the development of a GIS spatial database for PPH. This has led to a sharing of resources and to the development of other built environment related research and surveillance initiatives.
- **University of Manitoba Visionary (re)Generation:** WRHA was invited to participate in meetings regarding the development of a 25 year plan for the University of Manitoba’s Fort Garry Campus, including 120 acres of newly acquired land.
4.0 Challenges and Barriers

The Winnipeg HCBD Team has found that many stakeholders understand and are supportive of the concepts of healthy communities and built environments that support physical activity and active transportation. However, there are a number of barriers and challenges which need to be addressed in order to affect change in this area.

Resources in the form of staff time and project budget are always in demand. Many Core Project Team members and stakeholders found it challenging to work on projects off the side of their desks. While the initiatives selected were based on existing projects, the health focus was new to some and involved new sources of literature and research than those usually used by participants.

Build Strategic and Sustainable Relationships

- Institutional relationship-building can be a slow process. The Core Project Team has been able to build strong relationships at certain levels within our organizations but ensuring that relationships become institutionalized requires more time and concerted effort.
- Shifting organizational priorities and budgets can create challenges for sustainability of these initiatives.
- It can be challenging for the WRHA to balance developing working relationship with the City of Winnipeg with its responsibility to advocate publicly for health-promoting policies, programs and actions.
- While progress depends on a good relationship between planning and health, relationships with other partners such as transportation and the development industry must also be pursued in order to be successful.

Identify Promising Practices & Policies

- Incorporating active access considerations into a capital project from the outset can be difficult. Project managers often don’t have these issues on their radars at the onset of the project, and budgets and timelines constrain the opportunities for making adaptations at a later point.
- Adaptation and implementation of identified promising practices and policies can be challenging as regional health authorities, local municipalities, and all stakeholders have limited resources and are continually balancing the demands and needs of their respective clients.
Support Research & Evaluation

- Research and evaluation can be time and resource intensive, and draw upon sometimes already limited resources from government, adding challenges to the desired goal of routine collection of built environment data.
- Data pertaining to the built environment are collected by multiple stakeholders, and there is currently no coordinated effort to use these data in a strategic manner to support improvements to our built environment.

5.0 Lessons Learned

The Winnipeg HCBD Team found that participation in the HCBD Coalition was a strategic and productive way to begin work in the area of health and the built environment. Participation in the HCBD Coalition opened the door to partnership opportunities between the WRHA and the City of Winnipeg. From the outset, our Action Plan was ambitious. We chose a wide range of projects and policy areas to explore and were able to cover a lot of ground. We were aware that relationship building would be the primary focus of a one-year initiative and are looking forward to building on this, as well as the specific projects initiated this year.

Build Strategic and Sustainable Relationships

- Regular internal updates and discussions with WRHA Senior Management enabled us to clarify the WRHA’s priority areas, which strengthened the focus of discussions with stakeholders (City of Winnipeg & others).
- Having a seat at the table isn’t always enough. It is important to bring resources or tools to discussions to help build understanding and awareness around issues of interest, and to promote action on healthy built environment initiatives.
- As identified in the previous section, building relationships at higher levels within the WRHA and the City of Winnipeg will require a commitment of time and effort. By undertaking a wide range of projects as part of our contribution to the HCBD initiative, we have been able to develop a wide base of evidence regarding the importance of partnership and work in this area. Ideally, we will be able to draw on this evidence for support as we move forward with relationship building.

Identify Promising Practices & Policies

- There is value in using local experiences as case studies to encourage discussions and consideration of different approaches to moving forward. For example, when potential challenges are identified, experience from other projects can be referred to for possible solutions and as support that challenges can be overcome.
• It will be important to continue to follow developments in healthy built environment practice in order to provide current examples of tools and approaches taken by others to achieve the same outcomes we are working towards.

Support Research & Evaluation

• Acting as a resource to bring objective and quantifiable health rationale to discussions will be a valuable role for the WRHA to play as it continues to participate in healthy built environment work.

6.0 Conclusions and Sustainability

• Through strategic reallocation of existing WRHA Population and Public Health program funding, the Healthy Built Environment Specialist will continue to work within the WRHA’s Physical Activity Promotion team in a 0.5 EFT position from October 1, 2014 to May 12, 2015. Through this period, the Healthy Built Environment Specialist will continue many of the initiatives introduced through Winnipeg HCBD and will continue to focus on built environment factors influencing physical activity.

• Healthy built environment work is so far-reaching in population and public health, as identified in the WRHA’s strategic plan, that it should not be sustained exclusively within the WRHA’s Physical Activity Promotion team. The role of a Healthy Built Environment Specialist should be expanded in order to develop capacity in other areas related to public health, including nutrition promotion, injury prevention, healthy sexuality and harm reduction, mental health, and health equity.

• Findings related to planning and development factors that affect health should be presented to City of Winnipeg planners as part of a workshop/discussion around lessons learned through Winnipeg HCBD.

• In the fall of 2014, the WRHA aims to pursue further discussions with senior administration at the City of Winnipeg on how to strengthen and/or formalize an ongoing working relationship. It will be necessary to build strategic relationships with key decision-makers from each organization at that time in an effort to expand WRHA representation and input on policies and initiatives within the City of Winnipeg.
Appendix A: Logic Model