HEALTHY COMMUNITY SYMPOSIUMS 2017

Summary Report
This March, individuals from across the province came together in Calgary and Edmonton for the first-ever Healthy Community Symposiums hosted by Communities ChooseWell. These free events brought together 82 local individuals, champions, and health professionals working to foster healthy eating and active living in Alberta communities.

Each symposium began with an evening keynote from Dr. James Talbot who explored the notion of design thinking and asset-based community development as they applied to building healthier communities. Participants were then invited to finish the evening networking over appetizers.

A keynote address by Dr. Trevor Hancock kicked off the second day, with Dr. Hancock discussing the impact of community environments on individual lifestyles and health behaviours. Following this, participants heard from Molly Hansen-Nagel, Stephanie Patterson, and Teree Hokanson from the Alberta Cancer Prevention Legacy Fund (ACPLF) who reviewed the Healthy Communities Approach, drawing on local examples to demonstrate how the model was being applied in Alberta. From here, a panel discussion followed. The panel featured ChooseWell Champions from Camrose, Coronation, Fort McKay, and Lacombe (Edmonton), as well as Brooks, Longview, and Okotoks (Calgary). Each panelist had the opportunity to share a brief overview of their community’s initiatives, with the floor then being opened to audience questions. After lunch participants were engaged in a conversation café that consisted of various topics relating to creating healthier communities. For our final session of the day, Howard Lawrence from The Abundant Communities Initiative explored the how the asset-based community development approach is currently being used in some Edmonton neighbourhoods.

PowerPoints from each presenter can be found in Appendix A. Notes from the conversation café can be found in Appendix B.
Appendix A
Presentation 1: Dr. James Talbot
Building communities that build Health and Wellness:

Exploring the use of design thinking & asset based community development
The Goals

• Designing Communities that create wellness every day
  • Educate ourselves as to what works and what does not work,
  • Involve the community meaningfully in the design process, (using design thinking to identify wellness assets in the community)
  • Advance the formation of the communication and collaboration networks necessary for healthy community design.
Rough Outline

1. The vision
2. The swamp
3. The evidence
4. The process - Design Thinking
5. The task - asset identification
The Vision
The settlement as the local human habitat in its global context

The health map: Barton and Grant 2006 developed from a concept by Doughren and Whitehead 1991

- Climate stability, Biodiversity
- Wildlife habitats, Soils, Trees
- Buildings, Places, Spaces
- Working, Shopping, Moving
- Enterprise, Markets
- Social capital
- Diet, Physical activity
- Work-life balance
- Social networks
- Income, Investment
- Streets, Routes, Utilities
- Air, Water, Land, Energy

Resource conservation

Their nature, health and well-being
The Health Map Applied
Community wellness created here!
“Wellness is not simply the absence of illness and disease, but is something we build with our families, schools, communities and workplaces, in our parks and playgrounds, the places we live, the air we breathe, the water we drink and the choices we make.”
The swamp
Wellness is not merely the absence of illness.

- “Healthy to us means that people are mentally, physically and socially as healthy as possible.”

- "Socially is especially important. Studies indicate that social isolation is as dangerous to your health as smoking.”
Wellness is not solely created by your individual willpower.

• Your life behaviors were set early by your parents, your opportunities and challenges and will vary. E.g. tobacco use
• Your physical environment past and present varies
• Your social environment past and present varies
• Your genetic endowment varies and is hard to change.
• These all interact with one another. E.g. Poor child with bicycle gets injured, better off child gets healthier
Most wellness is not created by our health care system

• “The biggest contributors to our health are our physical and social environments.”

• –Living in a safe neighbourhood, having access to enough nutritious food and living near good schools, parks and playgrounds are all important to our mental, physical and social health.
Health Care System (hospitals, doctors, prescription drugs) 25%

Genetics 15%

Social, Economic & Environmental Factors 60%
• “To improve our wellness we need to improve our physical and social environments”

• *We need to design to make it easier for us to connect to one another, to our natural world, to ensure our built environment is safe and wellness-enhancing*
• “To be well throughout our life course, we need to be able to connect to other people, so that the knowledge and resources of our families, neighbors, and businesses to improve wellness are available to everyone.”

• –Seniors connecting to volunteers to shovel their walk (to prevent falls and hip injuries, new mothers connecting to organizations to learn how to breast feed successfully, adolescents connecting to summer baseball teams can all improve wellness.
Values that resonate with Albertans

• *Human Potential*, which concentrates on the need to promote wellness in order to help everyone reach their potential and contribute to the province.

• *Interdependence*, which highlights the linkages between Albertans, the key being “What affects any one of us affects all of us” when it comes to wellness.

• *Prevention*, which identifies the necessity to act now, before problems appear or worsen: “Committing to prevention means putting programs in place that create living conditions that promote wellness and address threats to wellness before they become problems.”
Applying these values in a way that makes their connection to wellness clear.

- As Albertans, we need to promote our community’s wellness in order to maximize the potential of all members of society.
- Wellness is more than not being sick or hurt; it goes beyond physical health to include other aspects of people’s lives such as the social, emotional and environmental.
- When we promote wellness, we enable people to fully realize their capacity to contribute to society — this makes the most of society’s potential to succeed.
- Fulfilling human potential requires programs that create living conditions that promote wellness.
- Alberta can maximize each citizen’s wellness and ability to contribute to society by making communities places for health and wellness.
- Realizing everyone’s potential to contribute to the province requires that we ensure the wellness of all Albertans.
- To realize Alberta’s potential, we need to ensure the wellness of all Albertans.
The evidence

• What do we know about designing communities to relentlessly create wellness?
What parts of community design are known to create wellness?\(^6\)

- A transportation network (roads, sidewalks, trails, protected bicycle lanes etc.) that supports physical activity throughout the entire life course.
- Local access to shops, services and transit
- Access to sport and recreational facilities
- A network of public open spaces
- A level of density e.g. >20 dwellings per hectare that ensures proximity to public transport, shops and services but not so high as to increase crime or decrease traffic and other safety.
- Preventing crime through environmental design e.g. eyes on the street, front porches, traffic calming
Better design in a sentence\textsuperscript{6}

- More compact, self-sufficient, pedestrian and bicycle friendly neighborhoods with local destinations and public transport links.
What were the Goals again?

• Designing Communities that create wellness every day
  • Involve the community meaningfully in the design process,
  • Educate ourselves as to what works and what does not work, and
  • Advance the formation of the communication and collaboration networks necessary for healthy community design.
The Process

- Using Design Thinking to accomplish,
- Community Asset Identification
Design Thinking Modes (Stages)
Empathy

• **Empathy** is the foundation of a human-centered design process.

• To empathize, you:
  – Observe. View users and their behavior in the context of their lives.
  – Engage. Interact with and interview users through both scheduled and short ‘intercept’ encounters.
  – Immerse. Experience what your user experiences.
• The define mode is when you unpack and synthesize your empathy findings into compelling needs and insights, and scope a specific and meaningful challenge.

• It is a mode of “focus” rather than “flaring.”

• Two goals of the define mode are to
  – develop a deep understanding of your users and the design space and,
  – based on that understanding, to come up with an actionable problem statement:
• **Ideate** (Brainstorm) is the mode of your design process in which you aim to generate radical design alternatives.

• Mentally it represents a process of “going wide” in terms of concepts and outcomes—it is a mode of “flaring” rather than “focus.”

• The goal of ideation is to explore a wide solution space – both a large quantity of ideas and a diversity among those ideas. From this vast depository of ideas you can build prototypes to test with users.
• **Prototyping** is getting ideas and explorations out of your head and into the physical world. A prototype can be any thing that takes a physical form – be it a wall of post-it notes, a role-playing activity, a space, an object, an interface, or even a storyboard.

• The detail of your prototype should be consistent with your progress in your project. In early explorations keep your prototypes rough and rapid to allow yourself to learn quickly and investigate a lot of different possibilities.

• Prototypes are most successful when people (the design team, the user, and others) can experience and interact with them. What you learn from those interactions can help drive deeper empathy, as well as shape successful solutions.
• **Testing** is the chance to get feedback on your solutions, refine solutions to make them better, and continue to learn about your users.

• The test mode is an iterative mode - doing something again and again in a way to improve it.

• You test your prototype(s) in the appropriate context of the user’s life.

• Prototype as if you know you’re right, but test as if you know you’re wrong.
Useful Mindsets for Design Thinking

• **Show Don’t Tell**-Communicate your vision in an impactful and meaningful way by creating experiences, using illustrative visuals, and telling good stories.

• **Focus on Human Values**-Empathy for the people you are designing for and feedback from these users is fundamental to good design.

• **Craft Clarity**-Produce a coherent vision out of messy problems. Frame it in a way to inspire others and to fuel ideation.

• **Embrace Experimentation** - Prototyping is not simply a way to validate your idea; it is an integral part of your innovation process. We build to think and learn.

• **Be Mindful Of Process**-Know where you are in the design process, what methods to use in that stage, and what your goals are.

• **Bias Toward Action**-Design thinking is a misnomer; it is more about doing than thinking. Bias toward doing and making over thinking and meeting.

• **Radical Collaboration**-Bring together innovators with varied backgrounds and viewpoints. Enable breakthrough insights and solutions to emerge from the diversity
Stanford resources

• Stanford offers a d.school (d for design) crash course on-line called, “A virtual crash course in design thinking.

• They provide a video, handouts, and facilitation tips to take you step by step through the process of hosting or participating in a 90 minute design challenge.

• https://dschool.stanford.edu/resources-collections/a-virtual-crash-course-in-design-thinking
The Task

• Identifying the assets in your community that contribute to wellness.
What is a community asset?\(^5\)

- Asset mapping provides information about the strengths and resources of a community and can help uncover solutions. Once community strengths and resources are inventoried and depicted in a map, you can more easily think about how to build on these assets to address community needs and improve health. Finally, asset mapping promotes community involvement, ownership, and empowerment.
What is a community asset?

- What is a community asset?
- A community asset or resource is **anything that improves the quality of community life**. Assets include:
  - The **capacities and abilities** of community members.
  - A **physical structure or place**. For example, a school, hospital, or church. Maybe a library, recreation center, or social club.
  - A **business** that provides jobs and supports the local economy.
  - Associations of citizens. For example, a Neighborhood Watch or a Parent Teacher Association.
  - Local **private, public, and nonprofit institutions or organizations**.

**Resource or asset?**
When to use Asset Mapping

• You want to start a new local program and need information about available resources.
  – You are interested in teen mothers finishing their education. You could draw a community asset map that identifies school drop-out prevention, tutoring, and education counseling programs for young teen mothers. This helps you see what already exists, or if support services are lacking. You may find it is necessary to develop a program to help young mothers finish their education.

• You are making program decisions.
  – For example, an asset map of food banks and nutrition resources for low-income families in your neighborhood may reveal that there is a lack of programs, or that existing programs are located in areas that are not accessible to families in your service area.

• You want to mobilize and empower the community.
  – Involving different community members in constructing the asset map can be an organizing tool. For example, mapping local public services and identifying the dollars spent per community member can mobilize residents to lobby city or county council members to improve local public services.
Steps to create an asset map

1. Define community boundaries
2. Identify and involve partners
3. Determine what type of assets to include
4. List the assets of groups
5. List the assets of individuals
6. Organize assets on a map
It’s the things we do with and for one another that create wellness every day!
Thank-you all!
Early Childhood Asset Mapping

http://www.ecmap.ca/findings-maps/community-results/complete-community-results.html
Leduc Community Resources Legend

Community assets

- Addiction services centre
- Art gallery or museum
- Child and Family Services Authority (CFSA)
- Child or family serving agency or organization
- Community hall or community league facility
- Community health centre or public health centre
- Cultural/ethnic group organization or facility
- Delegated First Nation Agencies
- Disability organizations
- First Nations; Inuit and/or Métis organization
- Food support
- Head Start/Pre-Kindergarten
- Hospital
- Housing support
- LGBTQ organization
- Library
- Licensed day care centre
- Licensed family day homes
- Live performance space
- Low income/poverty family support
- Mental health services centre

Other ECD marginalized community support asset
Other ECD parks; recreation; or community centre asset
Other ECD religious or spiritual asset
Other child- and family-serving asset
Other early learning and care asset
Other medical practitioner office
Other portable ECD asset
Parent Link Centre
Park or trail
Physician office only
Playground
Playschool/Preschool
Portable Child and Family Services Authority (CFSA)
Portable Delegated First Nation Agencies
Portable ECD arts; music and culture asset
Portable ECD early learning and care
Portable ECD health support
Portable ECD marginalized community support asset
Portable ECD parks; recreation or community centre asset
Portable ECD religious or spiritual asset
Portable Parent Link Centre
Leduc ECD Community Resources Map
Leduc ECD Community Resources Inventory
Leduc County ECD Physical Health and Well-being

Pie Charts

Green-Proportion of children developing appropriately
Blue-Proportion experiencing difficulty
Orange-Proportion experiencing great difficulty
References

1. Frameworks Institute Overcoming Health Individualism: A FrameWorks Creative Brief on Framing Social Determinants in Alberta
2. Bootcamp bootleg for design thinking. https://static1.squarespace.com/static/57c6b79629687fde090a0fdd/t/58890239db29d6cc6c3338f7/1485374014340/METHODCARDS-v3-slim.pdf
Presentation 2: Dr. Trevor Hancock
Lifestyle is a collective noun: Shaping communities to shape our health

ARPA Healthy Community Symposium
Edmonton March 21st & Calgary March 23rd

Dr. Trevor Hancock
Professor and Senior Scholar
School of Public Health and Social Policy
University of Victoria
We shape our communities and afterward they shape us.

(with apologies to Sir Winston Churchill)
1. ‘Lifestyle’ is a collective noun
2. What makes the unhealthy choice easy/ the healthy choice hard?
3. How do we get to be a healthy community?
   ◦ Governance for health - Make the healthy choice easy
But first, I want to commend you for this

“The way our communities look, feel and operate directly affects our ability to live healthy lifestyles and develop to our full potential. In fact, nearly all of the factors or “health determinants” known to impact health happen at the community level” (p 6)

Success Travels - 3rd edition, 2014
“The most effective strategy for community-based health promotion may involve a 3-tiered approach, incorporating

● one-on-one interventions for high-risk individuals,

● community-wide interventions that attempt to change social norms, and

● policy-level efforts that also help modify the social and political environments.” (p 6)

Merzel and D’Afflitti, 2003

Cited in Success Travels - 3rd edition, 2014
I am going to focus on the 2nd and 3rd points, and encourage you to

- Dig deeper
  - Look at some of the socio-economic factors at work in your communities that make it difficult to choose well

- Think broader
  - Understand the complex system/web of causation

- Head upstream
  - Address causes at their roots
1. ‘Lifestyle’ is a collective noun
Beyond the individual

One of the problems of the ‘wellness’ approach is that it has tended to be very individualistic
  ● Lifestyle choice
  ● Individual behaviour
  ● Personal responsibility
  ● Health education

Unfortunately, this becomes victim-blaming
  ● “Diseases of choice”
In reality

Choice is limited by the choices

- Available to you
- Affordable and accessible to you

Behaviour is shaped and constrained by

- Your societal and community culture/collective way of life
- Your income/SES
- The marketing to which you are subjected
Your lifestyle reflects your

- **Family**
  - The habits you acquired from infancy

- **Community**
  - e.g. urban core v suburban v rural

- **Income/SES**
  - High v middle v low

- **Culture**
  - e.g. Hispanic v Asian, Muslim v Baptist

- **Society**
  - e.g. North American v European
• So if we make the healthy choice difficult and the unhealthy choice easy . . .
• . . . we should not be surprised if people make unhealthy choices . . .
• . . . and we should not then point the finger at them.
2. What makes the unhealthy choice easy/ the healthy choice hard?
Some examples

1. Factors influencing food consumption
2. Urban sprawl
3. Less outdoor and risky play (risk aversion/helicopter parenting)
4. (Happy hour) ... and many more!
2.1 Factors influencing food consumption

Some examples

a) Obesity
b) Portion size
c) Salt content
d) Marketing
e) Food deserts
2.1a) Obesity in a nutshell

- Too many calories in
- Not enough calories out

- But its not that simple, in fact it’s a bit complicated!
Why too many in?

**Convincing evidence**

- High intake of energy-dense (high fat and/or sugar) foods
- Sedentary lifestyles

**Probable**

- Heavy marketing of
  - Energy-dense foods
  - Fast-food outlets
- Adverse social and economic conditions
  - Esp for women
- High sugar drinks

Swinburn et al, 2004
Why too many in?

Possible

- Large portion sizes
- High proportion of food prepared outside the home
- Rigid restraint/periodic disinhibition eating patterns

Swinburn et al, 2004
Why too few out?

- Sedentary jobs/schools
- Inactive transport
  - Commuting, shopping etc
- Sedentary leisure/housework
  - TV, internet etc
  - Powered vehicles e.g. skidoo, seadoo, ATVs etc
  - Power tools (kitchen, garden, repairs etc)
7 thematic clusters – only 2 are at the individual level

UK Obesity Systems Map Framework
UK Obesity Systems Map Framework

108 variables, 304 causal linkages, 7 major thematic clusters
2.1b) Portion size: The elephant in the room

In supermarkets,
- Number of larger sizes has increased 10-fold between 1970 and 2000

In restaurants
- Jumbo-sized portions are consistently 250% larger than the regular portion.

In our homes
- the surface area of the average dinner plate has increased 36% since 1960

In cookbooks,
- the serving size of some entrées in the 2006 edition of the Joy of Cooking has increased by as much as 42% from some recipes in the first edition of 1931.
<table>
<thead>
<tr>
<th>Food Type</th>
<th>1977</th>
<th>1996</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamburgers</td>
<td>161.6 g</td>
<td>198.4 g</td>
<td>22.8%</td>
</tr>
<tr>
<td>Soft drinks</td>
<td>387 ml</td>
<td>588 ml</td>
<td>51.9%</td>
</tr>
<tr>
<td>French fries</td>
<td>87.9 g</td>
<td>102 g</td>
<td>16.2%</td>
</tr>
<tr>
<td>Mexican food</td>
<td>178 g</td>
<td>226 g</td>
<td>26.9%</td>
</tr>
<tr>
<td>Salty snacks</td>
<td>28.4 g</td>
<td>45.4 g</td>
<td>59.9%</td>
</tr>
</tbody>
</table>

Source: Nielsen and Popkin, *JAMA*, 2003
Fries and a coke: Serving sizes in 1955 & 2001

1955
- Fries 72g
- Coke 200 ml

2001
- Fries 205g
- Coke 950 ml

3 x
5 x
Cheeseburger

20 Years Ago

333 calories


590 calories

77% increase
Difference = 257 calories
or
>5,000 steps or >2.5 miles
or
lift weights for 1 hour and 30 minutes

Source: U.S. National Heart, Lung & Blood Institute - "Portion Distortion"
https://www.nhlbi.nih.gov/health/educational/wecan/eat-right/portion-distortion.htm
French fries

20 Years Ago

- 210 Calories
- 2.4 ounces


- 610 Calories
- 6.9 ounces

190% increase
Difference = 400 calories
or
8,000 steps or 4 miles
or
walk leisurely for 1 hour and 10 minutes

Source: U.S. National Heart, Lung & Blood Institute - "Portion Distortion"
https://www.nhlbi.nih.gov/health/educational/wecan/eat-right/portion-distortion.htm
Turkey sandwich

20 Years Ago

320 calories


820 calories

156% increase
 Difference = 500 calories
 or
 10,000 steps or 5 miles
 or
 ride a bike for 1 hour and 25 minutes

Source: U.S. National Heart, Lung & Blood Institute - "Portion Distortion"
https://www.nhlbi.nih.gov/health/educational/wecan/eat-right/portion-distortion.htm
Portion size, Philadelphia and Paris

Comparing 11 similar food outlets

- average portion size in Paris was 25% smaller
- Chinese restaurants in Philadelphia served meals that were 72% bigger
- in Philadelphia
  - a candy bar was 41% larger
  - a soft drink was 52% larger
  - a hot dog was 63% larger
  - a carton of yogurt was 82% larger

(Rozin et al, 2003)
Could this be why only 7% of French people are obese, compared with 30% of Americans? (Rozin et al., 2003)
Salt: Population attributable risk of lifestyle factors in hypertension

<table>
<thead>
<tr>
<th>Factor</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>11 - 17%</td>
</tr>
<tr>
<td>Excessive sodium intake</td>
<td>9 - 17%</td>
</tr>
<tr>
<td>Low potassium intake</td>
<td>4 - 17%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>5 - 13%</td>
</tr>
<tr>
<td>Low intake of fish oil</td>
<td>3 - 16%</td>
</tr>
<tr>
<td>Low calcium intake</td>
<td>2 - 8%</td>
</tr>
<tr>
<td>Low magnesium intake</td>
<td>4 - 8%</td>
</tr>
<tr>
<td>Excessive alcohol</td>
<td>2 - 3%</td>
</tr>
</tbody>
</table>

Geleijnse, J.M., et al, 2005
2.1c) Salt – International comparisons (g salt/100g)

- **Chicken products**
  - UK - 1.1 g
  - Canada - 1.8 g (+63%)

- **French fries**
  - France – 0.5 g
  - Canada - 1.8 g (+260%)

- **Pizza**
  - UK – 1.2 g
  - Canada – 1.6 g (+33%)

- **Salads**
  - France, NZ – 0.3 g
  - Canada – 0.8 g (+167%)

- **Sandwiches**
  - France – 0.8 g
  - Canada – 1.4 g (+75%)

- **OVERALL**
  - USA 1.5 g
  - Canada 1.4 g
  - Average 1.3 g
  - France 1.1 g

Dunford et al. (2012)
Table 2: Salt content of the same fast food products sold in different countries

<table>
<thead>
<tr>
<th>Company; product</th>
<th>Australia</th>
<th>Canada</th>
<th>France</th>
<th>New Zealand</th>
<th>United Kingdom</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burger King</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Double Whopper</td>
<td>359</td>
<td>2.9 (0.8)</td>
<td>373</td>
<td>2.5 (0.7)</td>
<td>—</td>
<td>367</td>
</tr>
<tr>
<td>Double Cheese</td>
<td>213</td>
<td>2.6 (1.5)</td>
<td>189</td>
<td>2.4 (1.3)</td>
<td>—</td>
<td>187</td>
</tr>
<tr>
<td><strong>Domino’s</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaiian Pizza</td>
<td>65</td>
<td>1.0 (1.5)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>67</td>
</tr>
<tr>
<td><strong>Kentucky Fried Chicken</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zinger burger</td>
<td>197</td>
<td>3.0 (1.5)</td>
<td>—</td>
<td>—</td>
<td>207</td>
<td>2.6 (1.2)</td>
</tr>
<tr>
<td><strong>McDonald’s</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Big Mac</td>
<td>200</td>
<td>2.4 (1.2)</td>
<td>209</td>
<td>2.6 (1.2)</td>
<td>221</td>
<td>2.3 (1.0)</td>
</tr>
<tr>
<td>Chicken McNuggets</td>
<td>98</td>
<td>1.1 (1.1)</td>
<td>114</td>
<td>1.7 (1.5)</td>
<td>107</td>
<td>1.3 (1.2)</td>
</tr>
<tr>
<td><strong>Pizza Hut</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaiian Pizza</td>
<td>88</td>
<td>1.3 (1.5)</td>
<td>84</td>
<td>1.0 (1.1)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Subway</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Club sandwich</td>
<td>212</td>
<td>1.8 (0.9)</td>
<td>240</td>
<td>2.7 (1.1)</td>
<td>238</td>
<td>1.3 (0.5)</td>
</tr>
</tbody>
</table>

Note: NA = not available.
*Known as "Hungry Jack’s" in Australia.
Reduce salt levels

- Decreasing salt in fast foods would appear to be technically feasible and is likely to produce important gains in population health—the mean salt levels of fast foods are high, and these foods are eaten often.

- Mean salt levels are already lower in fast foods from the UK than from elsewhere, which may be a consequence of industry’s active participation in salt reduction efforts in that country.

Dunford et al. (2012)
Voluntary efforts don’t work

- Sodium levels in Canadian chain restaurant meals have changed little since 2010, despite the food industry’s commitment to offer more meals with less sodium.

- “industry efforts to voluntarily decrease sodium levels in Canadian restaurant foods have produced inconsistent results”

Scourboutakos and L’Abbé, 2014
2.1d) Marketing: Food advertising expenditures

<table>
<thead>
<tr>
<th>Product</th>
<th>Amount ($m)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coca Cola</td>
<td>$277</td>
<td>1997</td>
</tr>
<tr>
<td>McDonald’s</td>
<td>$572</td>
<td>1998</td>
</tr>
<tr>
<td>Total food industry</td>
<td>$11,000</td>
<td>1997</td>
</tr>
</tbody>
</table>

Total expenditures on nutrition education (USDA)

RATIO 33:1
Food advertising expenditures

**USA 2013**
- Prepared foods industry: $1.68 billion
- Confectionery and snacks industry: $1.98 billion
- Food and beverage industry: $136.53 million

**Canada, 2008**
- Food - 7.7%, about $600 million
Restricting advertising works

- A 2011 study in the *Journal of Marketing Research* found that the ban on fast-food advertising to children in Quebec between 1984 and 1992 reduced fast-food expenditures by 13 percent per week “which translates to approximately 3.4 billion fewer calories consumed.”
2.1e) Food deserts

- Food deserts are defined as parts of the country lacking in fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers’ markets, and healthy food providers. - USDA
N’hoods of “high need” with low supermarket access, Edmonton, 1999

Neighbourhoods with higher rates of poverty, renter-occupied housing, and single-parent households not only had more fast food restaurants, they also had fewer supermarkets (but ethnic food outlets were not included).

Smoyer-Tomic, Spence and Amrhein, 2006
Fast food access, Edmonton, 1999

- Many more fast food outlets in neighbourhoods with a higher proportion of Aboriginal Canadians, renters, single parents, low-income families, and residents dependent on public transportation.

- Fast food outlets were less common in areas with higher median income

* likely an under-estimate

(Smoyer-Tomic, Spence and Raine, 2006)
2.2 Urban Sprawl and Public Health

Chapters in Frumkin, Frank and Jackson

- Air quality
- Physical activity
- Injuries and deaths from traffic
- Water quantity and quality
- Mental health
- Social capital
- Health concerns of special populations
Walkability and physical activity

- Walkability (mixed use, residential density, and street connectivity) is “a significant factor in explaining the number of minutes per day of moderate physical activity” (Frank et al, 2005)
  - “A five per cent increase in the overall range of walkability was associated with a 32.1 per cent increase in minutes of active transport and about a quarter point reduction in BMI” (Frank et al. 2006)
Obesity and suburban sprawl

- “research has consistently found that sprawled land use patterns are correlated with increased time spent in cars, and a higher likelihood of sedentary, over-weight and obese residents” (Lopez 2004).

- “... each additional hour per day spent driving was associated with a six per cent increase in the odds of obesity, while each additional kilometre walked per day was associated with a 4.8 per cent reduction in the odds of obesity” (Frank et al. 2004)

Cited in Frank et al, 2006
Smart Growth - A medical miracle?

“At its best, Smart Growth is like a medicine that treats a multitude of diseases - protecting respiratory health, improving cardiovascular health, preventing cancer, avoiding traumatic injuries and fatalities, controlling depression and anxiety, improving wellbeing. In the medical world, such an intervention would be miraculous. In the worlds of land use and transportation, it is a thrilling, and attainable, opportunity.”

Frumkin, Frank and Jackson, 2004
2.3 Less outdoor and risky play
The nature-health link

Nature and health

● We need contact with nature
  ◦ Biophilia – E.O. Wilson
  ◦ Landscape and human health – Frances Ming Kuo

● Yet we are increasingly divorced from nature

● How do we bring nature to people?
  ◦ Schools, hospitals, housing
  ◦ Streets, parks
Benefits of ‘green nature’

‘Green nature’ can
- reduce crime
- foster psychological wellbeing
- reduce stress
- boost immunity
- enhance productivity
- promote healing in psychiatric and other patients, and

It is most likely essential for human development and long-term health and wellbeing

Healthy Parks, Healthy People, 2002
‘Vitamin G’

If this was a drug, we would call it a miracle drug!
Inequitable access to Vitamin G

“Living in a deprived neighbourhood increases the chances of living in an area with poor environmental conditions and exposure to social and environmental characteristics that increase health risks”

Source: *Natural solutions for tackling health inequalities*
Jessica Allen and Reuben Balfour,
UCL Institute of Health Equity
Populations living in area with the least favourable environmental conditions in relative terms, UK, 2001–2006

>70% no adverse conditions

>70% one or more adverse conditions

>20% have three or more adverse conditions

Environmental conditions: river water quality, air quality, green space, habitat favourable to biodiversity, flood risk, litter, detritus, housing conditions, road accidents, regulated sites (e.g. landfill)
Green space inequality in Canada

- Research in Montreal and Toronto found that neighbourhoods with the lowest socio-economic status are more likely to reach higher temperatures and less likely to have open green space than higher socio-economic status neighbourhoods.

CIHI, 2011
Disparities in access to parks & greenspace, USA

- Poverty levels were negatively associated with distances to parks and percentages of green spaces in urban/suburban areas while positively associated in rural areas.
- Percentages of blacks and Hispanics were in general negatively linked to distances to parks and green space coverage along the urban–rural spectrum.

Wen et al, 2013
Nature and health inequalities

“Health inequalities in England are persistent and some measures show they are widening. The evidence presented in this report describes how increasing access to, and use of, good quality natural environments can help improve health and reduce inequalities”

*Natural solutions for tackling health inequalities*

Jessica Allen and Reuben Balfour,
UCL Institute of Health Equity
The Biggest Risk is
KEEPING KIDS INDOORS

2015
The ParticipACTION Report Card on Physical Activity for Children and Youth
The protection paradox

We overprotect kids to keep them safe, but keeping them close and keeping them indoors may set them up to be less resilient and more likely to develop chronic diseases in the long run.

The 2015 ParticipACTION Report Card – Highlight Report
Some risk is actually good for kids

- Kids with ready access to unsupervised outdoor play have better-developed motor skills, social behaviour, independence and conflict resolution skills.

- Adventure playgrounds and loose parts playgrounds, which support some exposure to “risky” elements, lead to an increase in physical activity and decrease in sedentary behaviours.
“Get out of the way and let kids play”

“... long-term health should be valued as much as safety. We need to consider the possibility that rules and regulations designed to prevent injuries and reduce perceived liability consequences have become excessive, to the extent that they actually limit rather than promote children’s physical activity and health. Adults need to get out of the way and let kids play.”

The 2015 ParticipACTION Report Card – Highlight Report
‘Healthy risk’

- We need a conversation on the health benefits of risk
- What level of risk is not only acceptable, but even beneficial
  - e.g. not wearing a bike helmet
- Needs to include
  - Municipal gov’ts, school boards, parks boards
  - Insurance industry
  - Public health/injury prevention
  - Child health and child play professionals
What can we learn from all this?

Our health behaviour is influenced, among other things, by
- Commercial forces
- Public policies
- Income
- Technology
- Risk perception

So these are some of the areas we have to work in.
3. How do we get to be a healthy community?
What is a community?

- “A group of people living in the same place or having a particular characteristic in common”
  - Oxford Dictionaries

- For our purposes, I am referring to place-based communities
  - not communities of affinity or virtual communities
Key elements of a spatial community

● A physical place
  ◦ The built environment
  ◦ The natural systems in which the community is embedded

● A social space
  ◦ The people who inhabit it (citizens)
  ◦ A governance system

All this constitutes an eco-social system

All these elements shape the choices and the way of life of the people who live there
A socio-ecological model of health

“Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health.”

Ottawa Charter for Health Promotion, 1986
The settings approach

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.”

Ottawa Charter for Health Promotion, 1986
What is a setting?

- A physical place and a social space
- What makes it interesting is that it is
  - Where the physical environment and the social environment are deeply enmeshed
  - A ‘node’ in people’s lives
Some key settings initiatives

- Home
- School
- Workplace
- University
- Hospital
- Prison
- Market

- Village
- Community
- City
- Island

Note: Those in red exist within communities and cities
- and most exist within villages
The settings approach

- The focus is the setting, not the people who are in it
  - A *settings-based approach* uses settings to reach people with services
    - e.g. providing preventive services through a school-based clinic
- The purpose of the *settings approach* is to change the setting so that
  - It is inherently health-promoting
  - The healthy choice becomes the easy choice
Definition

“A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.”

Hancock & Duhl, 1986
In a nutshell . . .

- A healthy community is one in which there is a conscious effort to make the healthy choice easy and the unhealthy choice hard.
Health promotion

- Build healthy public policy
- Create environments supportive of health
- Strengthen community action
- Develop personal skills
- Re-orient health services

The Ottawa Charter

The order is not random
“Make the healthy choices the easy choices” – Nancy Milio

This calls for collective action:

- Public policies that support health
- Creating physical, social, economic, cultural, commercial and, yes, political environments that support health
- Strengthening community action in support of creating healthy public policy and supportive environments
Establish healthy governance

- Governance is “the sum of the many ways individuals and institutions, public and private, plan and manage the common affairs of the city.”
  (UN Habitat, 2002)
  - involves individuals as well as institutions
  - the private realm as well as the public realm
Healthy urban governance

“Within cities, new models of governance are required to plan cities that are designed in such a way that the physical, social, and natural environments prevent and ameliorate the new urban health risks, ensuring the equitable inclusion of all city dwellers in the processes by which urban policies are formed.”

(WHO Commission on Social Determinants of Health, 2008, p 6)
Put people at the centre of governance

The central purpose of any government and process of governance is – or should be – to maximise the health, well-being and quality of life of ALL the people

- within the limits of local, regional and global ecosystems
Improve daily living conditions

- Place health and health equity at the heart of urban governance and planning.
  - Manage urban development to ensure greater availability of affordable housing
  - Invest in urban slum upgrading
  - Ensure urban planning promotes healthy and safe behaviours equitably

WHO Commission on Social Determinants of Health
Political Empowerment – Inclusion and Voice

- Empower all groups in society through fair representation in decision-making
- Enable civil society to organize and act in a manner that promotes and realizes the political and social rights affecting health equity

WHO Commission on Social Determinants of Health
Some key principles of healthy urban governance

Lessons from Healthy Cities

● Political commitment
● Community capacity building and engagement
● Intersectoral action
● Healthy public policy
Governance for health - Make the healthy choice easy

- Healthy public policy
  - Federal/provincial
  - Municipal
- Healthy private policy
- Supportive environments/settings
- Community action
- Skills for health
  - To do all the above
Healthy public policy

At what level is the policy enacted

- **Federal**
  - Salt, other food policy (inter-provincial)
  - National marketing (viz tobacco)

- **Provincial**
  - Some food policy (within the province)
  - Some marketing (viz Quebec)
  - Urban sprawl
  - Provincial transport policy
  - Liability and risk?
So you need to

- Talk to your MP or MLA
- Organise, or join an organisation
- Use mainstream and social media to push for what you/your family/your friends and neighbours need
Happily, municipal governments focus on people

- Provincial and federal governments and the media are fixated on GDP and GDP growth
- Municipal governments are not – they measure quality of life
Some areas for healthy municipal policies

- Urban planning
  - Smart growth, not sprawl
- Transport – prioritise active transportation
- Parks and Rec – increase accessibility (all ages, incomes, abilities etc.)
  - Preferentially better access and quality in low-income communities
  - Re-consider issues of risk and liability
Establish Food Policy Councils

- Urban food system policy, urban agriculture, community gardens, address food deserts etc.
- Healthy food policies in all municipal buildings, meetings and events (Hamilton has such a policy)

Encourage community participation

- Youth Councils
PlanH – BC Healthy Communities

- PlanH facilitates local government learning, partnership development and planning for healthier communities where we live, learn, work and play.

- [http://planh.ca](http://planh.ca)
PlanH – 3 key themes

Healthy People
- Local conditions support healthy behaviours and choices where people live, work, learn, and play.

Healthy Society
- Vibrant places and spaces cultivate belonging, inclusion, connectedness and engagement.

Healthy environments
- Well-planned built environments and sustainable natural environments support all citizens to thrive, now and in the future.
Healthy People

- Active Living
- Healthy Eating and Food Security
- Low Risk Alcohol Use
- Tobacco Reduction
Healthy Society

- Inclusive Communities
  - Age-friendly
  - Social Connectedness
  - Welcoming Communities

- Public Involvement
  - Citizen Engagement
  - Community Capacity Building

- Vibrant Economy
Healthy Environments

● Built Environments
  ◦ Active Transportation
  ◦ Healthy Neighbourhood Design
  ◦ Healthy Housing

● Natural Environments
  ◦ Clean Air & Water
  ◦ Climate Action

● Parks & Greenspace
Healthy private policy

- Healthy food
  - Low fat/salt/sugar
  - Portion size, etc
  - The Healthy Corner Store

- Urban planning, architecture
  - Incorporate healthy aspects

Use boycotts, protests etc

- How about a “One portion, two mouths” campaign?
Create supportive environments/ settings

- Natural
- Built
- Social
- Organisational
Remember, healthy communities include healthy

- Homes
- Schools
- Workplaces
- Universities/colleges
- Hospitals
- Prisons
- Markets
- Neighbourhoods
Some other areas of action

- Healthy schools
  - Healthy food policies
  - Safe walk/ bike routes/ Walking school bus
  - Natural play areas
  - Nature contact/ Nature KG

- Healthy workplaces
  - Healthy food policies
  - Incentives to walk/ bike
  - Mentally healthy work environments
● Healthy colleges/universities
  ◦ See the Kelowna Declaration

● Healthy (and green) hospitals
  ◦ Join the international movement
    □ Planetree (USA/international)
    □ Canadian Coalition for Green Health Care

● Neighbourhoods
  ◦ Join and be active with your local community association
Community action and personal skills for health

- Make sure you and your kids have the skills to be engaged citizens
- Join your local community association, PTA etc.
- Identify allies and partners to work with
  - Find common aims, declare them
- Use the mainstream and social media
- Attend Council meetings, demand action
- Consider becoming a candidate yourself
  - Or supporting someone who gets it
Contact

Dr Trevor Hancock
School of Public Health and Social Policy
University of Victoria

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250 472 5374
Presentation 3: ACPLF
A Look at Healthy Communities in Alberta

Teree Hokanson
Stephanie Patterson
March 23, 2017
Outline

Learn more about the Healthy Communities Approach
- What is it?
- Why is it important?
- Five foundational building blocks

What has been learned from others

How this Approach is being piloted in Alberta
Healthy Community

“People are healthier when the places where they live and work support good health.”

The Public Health Institute and the San Francisco Foundation, 2015
Healthy Communities Movement

- Originated in Canada during the late 1980’s, at a meeting in Ottawa
- Ottawa Charter was created
- Spread worldwide in 1986, when the WHO initiated the ‘Healthy Cities Project’ in Europe
Healthy Communities in Canada

Four Provincial Healthy Community Networks:
- New Brunswick
- Ontario
- BC
- Quebec

Community Coalitions & Networks across Canada focused on creating communities where people have a sense of belonging, are active, safe and healthy.

“An approach to take action on the determinants of health in Canada”

Ontario Healthy Communities Coalition: http://www.ohcc-ccso.ca/en/hc-cs
Aligning what’s happening
...where are we in Alberta

- Community Development
- Community Coalitions
- Community Networks
- Working Groups
- Sub/Ad-hoc committees
- Community Programs, Projects & Supports
Some examples in Alberta

Camrose Healthy Living Network
Healthy Okotoks
Carstairs Connections
Sexsmith Wellness Coalition
High Country Wellness Coalition
Champions for Change (St. Paul)
Early Childhood Coalitions of Alberta (97)
Crisis Assistance Network (Medicine Hat)
What is the Healthy Communities Approach
Rooted in the Determinants of Health

Diagram showing the determinants of health:
- Income and Social Status
- Employment and Working Conditions
- Biology and Genetic Endowment
- Healthy Child Development
- Health Services
- Personal Health Practices and Coping Skills
- Gender
- Physical Environment
- Social Environment
- Social Support Networks
- Education

Central to the diagram is the concept of Determinants of Health.
Determinants of Health

https://www.youtube.com/watch?v=DtU_W4FeTno
Five Foundational Building Blocks

- Community engagement
- Multi-sectoral collaboration
- Political commitment
- Healthy public policy
- Asset-based community development
Connecting with community

Foundational

Understand why…what are you hoping to accomplish

Learn about the community

Be flexible and open

Build relationships. Spend time in the community

LISTEN
Learn about community assets
Identify community champions
Host community conversations
Bring together a multi-sectoral team
Meet municipal leaders & involve them
Learning more from Networks

Canadian Healthy Communities Coalition: A joint project of

Interviews: 4 provincial networks
Past Alberta initiatives

British Columbia
http://bchealthycommunities.ca

Ontario
http://www.ohcc-ccso.ca

Quebec
http://www.rqvvs.qc.ca

New Brunswick
http://www.macsnb.ca
Key learnings

➢ Upfront investment of time: Build relationships!
➢ Collaboration: we need to work together.
➢ There are people who believe in healthy communities: Find them!
➢ Evidence & research are key
➢ Learn from others: Celebrate & share stories
➢ Evaluate challenges and successes.
➢ Build in sustainability from the start.
➢ Create a place to connect
Alberta Prevents Cancer

ABOUT SUPPORTIVE COMMUNITIES

Health is influenced by more than just individual behaviours such as smoking, diet and exercise. A supportive community is one where people feel safe and can easily walk, have places to grow local produce, the availability of healthy choices at recreation facilities, and...

http://albertapreventscancer.ca/community/
Overview of our work

• **Foundation of research and community facilitation**

• Partnering with 16 communities to test newly developed tools (pilot) and support community action

• **Adapting tools to support 3 indigenous communities**

• **Evaluation and learnings are used to inform future initiatives**

• **Communities are involved in taking action: HC Approach**

• **Creating mechanisms for communities to connect**
Commitment to Community

In the Community

• Building relationships
• Finding & supporting community champions
• Developing partnerships
• Facilitating conversations
• Building capacity
• Using a comprehensive approach
• Supporting community action

Support the Community

• Developing tools & resources
• Using an applied research method
• Providing access to evidence
• Connecting with data sources
• Evaluating & sharing learnings
• Building on academic partnerships
• Linking with AHS partners
Five Foundational Building Blocks

- Community engagement
- Multi-sectoral collaboration
- Political commitment
- Healthy public policy
- Asset-based community development
Community Cancer Prevention through a Healthy Community Lens

The Road to Success: A Comprehensive Community Cancer Prevention Guide

Strategy Kit

Alberta Healthy Communities Hub
Current locations across the province

16 pilot communities
3 Indigenous communities with cultural adaptations
Early Successes: Building Connections

**New Coalitions or Networks:**
- Castor Community Network
- Mirror Community Network
- ACT 4 Health (Vulcan)
- Hinton Cares
- Central Peace Health And Wellness Coalition
- Pincher Creek Wellness Committee
- Fort Macleod Community Health Champions

**Existing Coalition/ Collaborations:**
- Coronation Choosewell
- Bawlf BEST team
- HEAL our Future (Strathmore)
- St. Paul Champions for Change
- Thrive on Wellness Committee (Evansburg/Entwistle)
Early Successes: Action

St Paul:
➢ Partnered with multiple sectors on Raised Gardens, Incredible Edibles, and ‘Salad in a Jar’ card.
➢ UV: Partnered with local business and Municipality for portable shade, bench shade, and UV safety campaign

Central Peace: Communities of Spirit River, MD of Spirit River, Rycroft, Saddle Hills County, Birch Hills County
➢ Created Community Connect Newsletter to promote local activities;
➢ Promotion of Move and Play Outdoor Activity Stencils;
➢ Development of Central Peace 150 Activities Guide;
➢ Developing Smoothie Bike Healthy Eating Promotion

Evansburg:
➢ 10 raised garden beds, built by students at the high school
➢ Community garden – site secured and plans underway
➢ Entwistle School Fruit Program
Early Successes: Action

**Strathmore**: Town of 13,000
- Healthy food forum; healthy options at community events;
- Low cost or free physical activity inventory; walking promotion;
- UV shade structures; leadership development

**Vulcan**: Town of 2000
- Grocery store & Food Bank partnership/fundraising
- Cross country skiing track at golf course
- Creating gathering spaces
- Adding UV signage

**Coronation**: Town of 1000
- Walking Path enhancement

**Castor**: Town of 900
- Created a Community Network
- Walking Path enhancement
Early Successes: Action

- **Pincher Creek**: Town of 3600
  - Portable shade tents
  - “Community Raised” garden beds
  - Enhanced trail map project

- **Fort Macleod**: Town of 3200
  - Creating permanent shade structure
  - Seed/plant exchange for healthy food

- **Mirror**: Hamlet of 450
  - Creating a community hub to include playground, fitness equipment, gardens, shade trees, walking path and signage
Learning from community

What happens when you are with people
Communities asked....

- Help us find resources
- What are other communities doing?
- What does the research say?
- How do we access data and how do we use it?
- How do we connect with other communities?
We investigated....

A Review of the Literature: Healthy Community Networks to Inform a Best Practices Approach in Alberta
By
Alberta Cancer Prevention Legacy Fund, Community Team
December 7, 2015

✓ Provincial network interviews
✓ Stakeholder engagement
✓ Gathering Perspectives

http://www.albertapreventscancer.ca/community/
What did we find out?
Responding to what we heard

Alberta Healthy Communities HUB

Vision: Healthy communities supporting healthy Albertans.

Mission: An online destination that will support communities on their journey toward building supportive environments for a healthy community.

A virtual place designed to bring people together to improve the places we live, work, learn and play.
Coming this Spring!

Alberta Healthy Communities HUB

- About Healthy Communities
- Build A Healthy Community
- Take Action
- Get Inspired – Stories
- Tools & Resources
The Community Team

Community Facilitators
Cheryl Stetsko-Mayne, Grande Prairie
Yvonne Rempel, Grande Cache
Shana Young, Lac La Biche
Beverly Milroy, Edmonton
Molly Hanson-Nagel, Stettler
Teree Hokanson, Airdrie
Magan Braun, Fort Macleod
Brenda Roland, Indigenous Community Coordinator

Research & Evaluation Team
Lisa Allen-Scott, Scientific Lead
Natalie Ludlow, Research Associate
Grace Shen-Tu, Evaluation Associate
Kate McBride, Research Associate
Angeline Letendre, Scientific Lead
Edward Makwarimba, Scientific Lead

Stephanie Patterson, Integration Team Lead
Thank you for helping to build Healthy Communities

• There is not one single definition of a healthy community
• Each community has the wisdom to create a healthy environment

“The choices people make are shaped by the choices they have.”

Questions
Additional Resources
Healthy Communities Framework

The Healthy Communities Approach:
A Framework for Action on the Determinants of Health

Core Value
Capacity Building and Empowerment (Individuals, Organizations, Communities)

Key Building Blocks of the Healthy Communities Approach
- Community/Citizen Engagement
- Multi-Sectoral Collaboration
- Political Commitment
- Healthy Public Policy
- Asset-Based Community Development

Integrated Action on the Determinants of Health
- Income and Social Status
  - Employment/Working Conditions
  - Personal Health Practices and Coping Skills
  - Health Services
- Social Support Networks
  - Social Environments
  - Healthy Child Development
  - Gender
- Education and Literacy
  - Physical Environments
  - Biology and Genetic Endowment
  - Culture

Examples of Outcomes
- Individual
  - Skills/Behaviours
  - Social Participation
  - Lifestyle
  - Knowledge
  - Health Status
- Organization
  - Participation
  - Skills Development
  - Critical Knowledge
  - Communication
  - Recognition
  - Provision/Access to Services
- Community
  - Governance
  - Social
  - Economy
  - Culture
  - Environment
  - Healthy Public Policy
  - Resilience
  - Social Inclusion
- Regional/Provincial/National
  - Governance
  - Legislation
  - Programs
  - Healthy Public Policies

Developed collaboratively by Ontario Healthy Communities Coalition, BC Healthy Communities, Réseau Québécois De Villers Et Villages En Santé, Mouvement Académie Des Communautés En Santé Du Nouveau-Brunswick.
Healthy Community Approach

**Community Engagement**: a process of meaningfully involving communities in determining priority areas for action plans and decision making.

**Inter-sectoral Collaboration**: a recognized *relationship* between different sectors of society which has been formed to take action on an issue

**Asset Based Community Development**: empowering individuals and communities by focusing on community strength, skills, knowledge, and assets

**Political Commitment**: leadership and decision-making that considers health and well-being in policy decisions and planning

**Healthy Public Policy**: policy at any level of government to improve health conditions
Alberta Policy Coalition for Chronic Disease Prevention

www.abpolicycoalitionforprevention.ca
Presentation 4: Howard Lawrence
Social Capital and Community Building

This vision of a “strong” community is one in which residents look out for both themselves and for others, in which residents are positively invested. It follows that the community-building process would focus on providing ways for people in the neighborhood to connect meaningfully with one another.

A strong or “built” community could be identified by:
1) a large number of block associations and civic participation,
2) stable local voluntary associations,
3) high levels of informal neighbor-to-neighbor interaction, or
4) all of the above.

Andrea Anderson and Sharon Milligan
Hi neighbour,
My name is __________; I live down the block at ___________.
The Highlands neighbourhood leadership group has asked if I would be a “Block Connector” for our block (or cul-de-sac or building).
They are asking that I:
1) Be our side of the block’s point person so that…
2) Initiate organizing a social event (i.e. block party)…
3) Discover your vision, activities and gifts…
Regards,
Your friendly Block Connector
Asset Based Neighbourhood Organizing: By Howard and John

- Human scale neighbourhoods
- A compensated neighbourhood-wide “Organizer”
- Block level “Connectors” are identified and supported
- Disseminated, discussed and acted upon content from Asset based conversations
Background in Asset-Based Community Development (ABCD)
When it comes to mental health, one conversation can change everything.
“To be rooted is perhaps the most important and least recognized need of the human soul.”

Simone Weil
Philosopher
1909
Neighbourhood Conference 2015

- **Topics explored:**
  - Why are neighbourhoods back on the agenda?
  - Why is asset-based thinking so critical?
  - How do we decentralize city services?
  - Can neighbourhoods be the center of community life?
  - Can neighbourhoods be places of belonging?
  - Can neighbourhoods be places of caring?
Where We Live Matters

Place-Based Neighbourhood Work –
A Review, Promising Practice and an Approach

August 2013
Relational Nutrients

Family

Friends

Neighbours
Appendix B

Conversation Café – Notes

1. COMMUNITY ASSETS: What community assets have you used (or could you use) to enhance the wellness of your community? How?

- Community assets that have been or could be used to enhance wellness in your community:
  - Recognition of volunteers and partners
  - Celebrate big and small successes
  - Partnerships with school divisions
  - Local politicians
  - Local grant writing
  - Sense of community
  - Community champion succession planning
  - Local staff from large organization to access facilities (i.e. Local school division staff monitor afterhours access of school gym)
  - Church groups and church spaces (gyms, basements, halls, land)
  - Parent link centres
  - Intergenerational partnerships
  - Creativity
  - Flexibility
  - Resist territorialism
  - Respectful of groups uniqueness
  - Generosity and appreciation
  - Focus on abundance
  - Move from what’s wrong to what’s strong
  - Organizations with similar values
  - Volunteers
  - City/town
  - Seed grants
  - Vacant land/buildings
  - People with a variety of skills
  - Local facilities (arena, pool, etc.)
  - Unused yards
  - Repurposed waste (logs from broken trees)
  - Local equipment (earth, moving, shovels, barricades)
  - Hidden talents (diplomacy)
  - School gym – joint use agreement
  - Partnerships
    - Transportation companies
- Library – neutral place – help communicate about initiatives
  - Fort Mac – The Hub family services
  - Community groups – accessing volunteers (i.e. Lions club)
  - Sponsorship (i.e. private business, industry, possibly volunteers, business community), money or in-kind
  - River valley, trails, rivers/bodies of water, bike lanes/paths
  - Parks and green spaces – free
  - Sidewalks, paved roads
  - Policies that support health (i.e. For McKay – stray dogs)
    - Champions in political positions
  - Support of municipal staff
  - Community members
  - Non-profit organizations – promote access to vulnerable populations and awareness of barriers
    - Access society/charitable to get money
  - Law enforcement – i.e. Ticketing
  - Communication /established relationships
  - Smaller scale (i.e. Smaller community, relationships)
  - Champions with passion
  - Combo FCSS and recreation within same department – foster better action on issues/easier – partnerships
  - Community food hubs – healthy meals, cooking classes, free food markets
  - Food banks
  - Youth – youth groups
  - Public works (i.e. Cleaning sidewalks, trails)
  - Fire department (i.e. First aid at events, volunteering, EMS community involvement)
  - Empty/underutilized/non-traditional spaces (private and public land)
    - i.e. Lacombe – empty asphalt area – see the potential
  - Flower pots/planters – edible gardening
  - Communities in Bloom communities
  - Community events
  - ChooseWell – community stories
  - “Pop-up” ideas (temporary)
  - Important to consider reciprocal relationships and mutual benefits
  - Consider the process of obtaining access to resources/assets
  - Local café – community connections café using local people to share info/education
  - DATS (Edmonton)
  - Subsidy programs
  - Connect with other sectors to access resources/tools/policies
  - Be creative with existing systems and infrastructure
  - Students! (Practicums, interns, co-op, volunteers)
How to use community assets to enhance wellness:

- Let municipal leaders know that space is being used so they’ll continue to support
- Donated materials to build assets (i.e. garden boxes)
- Community garden on vacant space or boulevards or seniors lawn (food share)
- Logs from damaged trees can be turned into play spaces in parks
- Sponsorship plan - recognize volunteers
- Leverage local money for more
- Reciprocal usage agreements to access school gyms (city and school division)
- Let other community groups use your space when it’s available
- Be open to sharing space – don’t know if it will work until you try it
- Publicly funded – “obligation to share”
- Encourage sharing between groups – help them to see the benefits and make it easy
- Youth groups moves tables for seniors groups
- Identifying the capacity among organizations
- Multi-use spaces (repurpose: cross country course on ball diamond)
- System synergy, private partnerships
- Leverage existing momentum
- Using the knowledge and services of local businesses (win –win)
- Retrofit existing buildings (fire hall – community use space)

2. **COMMUNITY ENGAGEMENT:** Why is it important to engage the community in wellness initiatives? What does “community engagement” even mean and look like?
   a. What are some successful ways that you can engage community members to create a healthy community?
   b. What are some challenges to engaging community members, and how can these challenges can be overcome?

Successful ways to engage community members in wellness initiatives:

- Using social media – Facebook
- Face-to-face gatherings and conversations
- Safe neighbourhood initiatives (mentoring youth, new community members)
- Have gatherings from various community groups to share what they are doing (all together event)
- Sharing of information between groups (same people on different committees)
- Sharing outcomes, pictures, fun! – feedback
- Survey the community to understand their interests and vision for the community
- Host ‘meet your neighbour’ day, community groups have displays and information
- Find like-heartedness
- Listen to what people want
• Connect with youth (schools, youth centres)
• Find projects that people are interested in then get feedback along the way
• Community bulletin board – promote what is happening, what has happened and contact details
• Communicate in different languages
• Volunteering – promote and meet interests of different community members
  o Create interesting programs
• Informal meetings and conversations (hike, at the park, etc.)
• Build relationships
• Community dinner (weekly, free or donation)
• Food, friends
• Create opportunities to connect (i.e. benches)
• Have intergenerational programs/events

➢ Challenges and solutions to engaging community members:
• How to get more community members involved?
  o Using variety of ways to communicate (including different languages)
  o How to make it interesting/engaging
  o Planning with multigenerational and cultural lens – knowledge skills shared
• Surveys don’t capture everyone’s feedback
  o Get everyone together at one event
  o Survey/feedback online (technology at event) – keep short
  o Take time to contact and go to people
    ▪ Help with completing survey
  o Use local gathering places/hubs
  o Creative ways - rocks, stickers
• Things ebb and flow, decreased interest/involvement
  o Demographic shift, housing
  o Are ideas changing to meet changing interests, needs, demographics
  o Get youth involved
• Volunteer Fatigue
  o Recognize role/involvement that works
  o Planners/doers
  o Early successes – have some, recognize and celebrate them
• Can take time to see results
  o Celebrate small successes
  o Take pictures of success and share
• Inner city communities may not have all assets so people go outside the community to access them
• Increasing awareness of what is in the community
• Local business sponsors weekly event
• Challenges and limitations of different partners and community organizations
Recognize who else could lead and who can support
Participation
Belonging as a social component and positive action
Pride, ownership - less vandalism
Buy-in keeps momentum going
Citizens involved in decision making and establishment of policies
Empowered – shape own environments
You know who your neighbours are (neighbourhood associations)
Helps deal with capacity issues and promotes sustainability
  Translates benefits into ways consumable for all involved – involves education
Make it worth their while and make everyone’s job easier
Grassroots actions can be pushed upwards – not allowing disconnect to happen between citizens and elected government
Advocacy vs complaining – good strategy, peoples support, community conversations
Work yourself out of a job
Take off service provider hat – we are a facilitator
Can help build policy and institutionalize the action
  Synergistic/spark for other actions
• Shed light on other possible issues in the community
• Identify doers and planners for other projects
• Be aware of demographics (research) when planning engagements/engaging targets
  Different media for different audiences
• Find champions of different influence groups
• If you are engaging, people want to see some sort of result
  Share stories, evidence, and updates
  Offer different options for ways people can engage/volunteer
• Balance between formal and informal
• Invest in finding volunteers or support
  Free software for volunteers so take advantage of tools
• Relevant programming
• Helps us grow professionally – learn different things from community
• Make sure you have thought an idea through – feedback – more diverse views
• Builds relationships and trust – opens doors
  Opportunity to partner
  Maximize assets
• Go to where the people are at – like public events
  Farmers markets
• Capacity and understanding
• Be aware you might get some unrelated or unorthodox ideas
• Have clear boundaries around engagements
• Genuine intention
• Piggybacking on mandatory events – consistency

3. **POLITICAL SUPPORT**: What are some ways to increase community political leaders’ support for wellness?
   a. In what ways do your elected leaders support wellness? In what ways do they not?
   b. What might motivate political leaders to take a more active role in creating wellness?
   c. What resources would someone in your role need to engage political leaders around wellness?

➢ Ways to increase community political leaders’ support for wellness:
   • Decision makers could be Board, Municipal or other
   • Okotoks – direct action in neighbourhoods/areas where influencers live/work
   • CEO is a spokesperson/buy-ins through communication but isn’t always visible
   • Look at in kind support as well as money
     o Try bringing money to the table yourself as leverage
     o How will it save them not cost them money
   • CEO/CAO- so make sure they are engaged
     o Easier conversations then for MD and then province
   • Understanding the “chain of command” is important
     o Landscape – and where you can influence it
   • Tailor message to your audience
     o Talk about benefits in a way they understand
   • Elevator pitch or compelling case
   • Be ready to pitch!
   • Understand limitations you are working under
     o Research so you don’t waste anyone’s time
   • Show sustainability
   • Know timing! Quick wins can benefit you and them with solutions to common issues
   • Ask candidates about wellness policies
   • Prepare and think outside of the box
   • Members of Parliament (MP) – Mayor writes letter and send to address of riding
     o Know staff of MP offices – relationships are key
     o Invite political leaders to events
   • Strength in numbers – show how the benefits ripple out – create partnerships in action
   • Supports:
     o Local programming
     o Implement suggestions around walking
     o Created policy to support access
     o Municipalities act change/mandate change
• Cradle to grave initiatives – make them look supportive
• Volunteer work can be used to offset funding needs – demonstrate support of citizens
• Know your influencers – even past politicians
  o Know who they think of as influencers themselves
  o Community champions and local celebrities can spread your message
• Don’t be scared to ask municipalities for what you want/support
  o Bureaucracy wants to help you!
• A good story will capture their attention
  o But make sure you have numbers and stats too – evidence
• Adaptable strategies
• Use language that reflect their values
• Political leaders are just people!
• Friendly competition through cities for example, i.e. Calgary vs Edmonton
• Platform for their agenda
• Relationship/trust is important
  o Network in a genuine way
• Send thank-you’s and opportunities to celebrate and updates
• 100 cups of coffee
• Leaders that support wellness:
  o Sit on walkable Camrose
  o Bike lanes Calgary
  o Adventure playgrounds
  o Low cost playground (i.e. loose parts)
  o Attend events for wellness on invitation (see for real)
  o Support through letters
  o In-kind donations (equipment, etc.)
  o Live Active Strategy – Commitment from municipal leaders (Edmonton)
  o Bike lanes in Edmonton
  o Promoting by participation
  o Include health and wellness activities into municipal celebrations (Grande Prairie)
• Non-supportive leaders
  o Saying “no” to programs
  o Old boys club
  o Cost – won’t spend
  o Reasons – lack of education
  o Being a non-advocate (not supporting)
  o Different budget priorities
  o Economic growth may drive poor choices/decisions
    o I.e. fast food by high schools vs proper sidewalks
  o Bylaws that don’t make sense
    o I.e. driving buses long distances because no bus parking on the street
• Motivation
  o Educating council to needs
  o Presenting to council regularly
  o Build social capital
  o Awareness – strong communication
  o Hear in “their” language with existing priorities
  o Spin off benefits for leaders (council)
  o They want to be good leader – be seen publicly that leadership plays a role (help leaders be good leaders)
  o Represent the large community – have evidence
  o Acknowledge political contribution, big or small

➤ Resources “you” need to engage political leaders:
  • Initiative to go to council
  • Would like to have council support
  • Ties to political people
  • Connections
  • Messages to take to leaders (replay over and over)
  • Spin language to coincide with council priorities (learn the language of council)
  • Time to engage and be there in person
  • Introduce yourself – new council
  • Evidence needed (research) to present (economic impact)
  • Time to prepare proper evidence or info
  • Learn the lingo – what do they speak
  • Add creativity and innovation to ideas (think of multi-uses)
  • Infiltrate the “influencers” may be staff people
  • Be non-partisan in approach
  • Lead motivation:
    o Statistics and other successes in other towns
    o “Agenda” of the leader
      ▪ I.e. green initiatives

➤ Resources needed to engage political leaders:
  • Evidence
    o Long term cost outweighs short term outlay
    o Geographical evidence re: fast foods/unhealthy businesses
  • Understand the background of political leaders
  • Be informed (attend council meetings)

Engaging Vulnerable Populations
4. **ENGAGING VULNERABLE POPULATIONS:** Healthy living initiatives often attract people who are already interested in healthy living and who have the means to participate. How can vulnerable populations in our communities be more effectively engaged in wellness initiatives?
   a. What do we mean by vulnerable populations?
   b. What are some barriers that might be encountered when trying to engage vulnerable populations in wellness initiatives? How can these barriers be addressed?

➢ Ways to engage vulnerable populations and potential barriers:
   - Affordability (free)
   - How to connect with people who are “protected” (hard to access)
   - Free food/coffee and tea
   - Inter-generational projects and learning
   - Share stories/pictures/history
   - Develop relationships and provide support and assistance (bring people together, share opportunities)
   - Connect with organizations that support these populations
   - Provide arts and culture opportunities
   - Connect with variety of generations/cultures, etc.
   - Make it easy and bring it to them. Teach them where they are comfortable
   - Community gardens
   - Reduce barriers, i.e. Child care, cost, transportation (access to public transit)
   - Use local media for advertising (include social media)
   - Use local assets (parks, etc.) that are free/low cost and provide opportunity to access
   - Equipment sharing/swaps, skate exchange program
   - Make an effort to understand culture and barriers
   - Connect at times that work for them
   - Reduce stigma of ‘low-income’ or vulnerable
   - Avoid putting a spotlight on vulnerabilities
   - Build confidence, give a sense of purpose
   - Bring people together in community spaces (library, FCSS)
   - Work with organizations who share similar goals/clients
   - Ask them what they want/need
   - Connect with existing champions/leaders
   - Finding points of access (i.e. Doctors, service providers)
   - Free food (lunch and learn program)
   - Find common ground, common interests
   - Youth as a vulnerable population (lack of public transport)
   - Connect through schools (influence parents through children)
   - Having community resources and connections to help in emergency/high risk situations
   - Level of responsibility for issues such as self-harm
     - Brought in expert to teach staff
• Inclusive classes for specific populations (i.e. LGBT, Muslim)
• Staff knowledge and resources as barrier
• Engage as part of planning process
• Youth advisory council
• Dedicated staff building relationships
• Buy-in from parents
• Making “deviant” behaviours more mainstream/acceptable (i.e. skate parks, graffiti walls)
• Lack of trust as a barrier
  o Trust and relationships take time and must come first
• Involve in design and planning process
• Incorporate root causes (i.e. racism, low income, etc.)
• Recognize you may have to cater to needs of target population for planning process
• Engage participants with strategies and people they are comfortable with
• Think upstream, ask right questions to know where people are coming from
• Allow social connectedness with long-term goal of increasing physical activity
• Indirect engagement, create supportive environments (easy choice)
• Create safe spaces, consider cultural aspects
• Use targeted approach for specific vulnerable populations
• Education on norms/rules of PA spaces
• Incremental changes (candy -> toothbrushes)
• Listen and learn (reduce assumptions)
• Learn from past successful efforts
• Give them autonomy and freedom to choose and participate
• Go in without an agenda – you don’t need a plan Day 1 – build relationships
• Consider similarities, not just differences
• Marginalized – refugees, low-income, etc. those whose wellness is negatively affected
• Target adjacent populations to create role models
• Goal is to address conditions that make them vulnerable, not the vulnerability itself
• Vulnerability within our social constructs
• Self-defined vulnerability, do they see themselves as vulnerable/ in poverty?
• Much of our wellness projects are catered to mainstream sport
  o Provide choice and broad definition of wellness
• Recognize physical activity may not be a priority
• Intergenerational programming to teach and understand new lessons
• Need for consistency and sustainability in programming and relationships
  o Consistent day and time
• Humility – no ego, don’t assume you have answers – go in with objective of learning
• Training in cultural competency to better understand need to be more effective
  o Work with peers from community to gain cultural competency
  o Look for people who have been there and understand, “peer mentors”
Build a network to create breadth and depth of knowledge and understanding
• Build a rapport – relationships
• Recognize value of the social determinants of health (SDOH)
• Healthy living initiatives can remind people they are vulnerable
• Recognize strengths and assets, see past labels and prejudice
  o Asset-based (focus on positive)
• Be open-minded, do not fixate on own agenda
• Community decision-making – participant informed practice
• Understanding cultural diversity and researching the community
• Provide a variety to avoid stagnation
• Consider program accessibility – how will they get there?
• Take and listen to feedback
• Be flexible
• Pay attention to changes and trends – observe without judgement
• Create utilization of community spaces
• Physical activity rather than sport and competition
• Not all activity needs to be structured
• Partner with organization who can help you understand communities and their needs (i.e. friendship centres)
• Creative translation services (i.e. photos of text)
• Structure activity to be inclusive and promote sense of belonging
• Physical literacy to improve competency without competition
• Tap into friends to connect (Pokemon Go, Minecraft)

Partnerships:

5. **PARTNERSHIPS**: Looking at existing strengths and assets within your community, who could you connect with to establish a coalition/wellness committee?
   a. Think about more non-traditional groups, who could be brought to the table?
   b. What does a wellness committee need to be successful?

- Potential Partners (Traditional & Non-traditional)
  • City of Calgary (e.g. Neighbourhood Partnership)
  • Community associations/leagues
  • Service groups (Lions, Rotary, Kinsmen, etc.)
  • Community service [justice]
    o Corrections Canada
  • Girl Guides/Scouts
  • Youth and youth groups
  • Churches and Church groups (often have space to offer for meetings, community gardens)
  • Schools and parent councils
• Alberta Health Services (AHS)/ Primary Care Network (PCN) staff
• Local businesses/corporations (i.e. if health or community spin)
  o Business associations, many also have foundations
• Social service agencies (i.e. Boys and Girls Club, Family and Community Support Services (FCSS))
• Heart and Stroke Foundation
• Groups representing cultural and social diversity
• New comers, immigrants, ethno-cultural groups
• Elders
• Inter-generational representation
• Chamber of Commerce
• Local businesses (including Oil & Gas, Cooperation’s)
• Community Foundations – potential funders
• Food banks, Food rescue groups, Food security groups/council
• Libraries
• Recreation centres/departments
• Cycling advocacy groups
• Colleges/universities
• Special interest associations (i.e. Clubs, recreation groups)
• Seniors groups and associations
• Local law enforcement
• Local government – provincial and municipal representatives
• Hobby clubs (i.e. wood workers guild, gardening clubs)
• Local clubs/groups (i.e. event organizers, recruit and promote coalitions, individuals with passion)
• Local community champions (i.e. sport celebrities)
• Fire department, Search and Rescue
• Health Centres
• Parent Link Centres
• Foster Parents
• Volunteer Centres
• Sport groups
• Advocacy groups
• Non-profit organizations
• Education representatives
• Transportation representatives
• 4H Clubs
• Invite people who will be impacted and have most to gain “nothing about me without me”
• Anyone who believes in the work and process

➢ What wellness committees need to be successful:
• Who? How to decide?
• Diverse group – skills, perspectives
  o Like-hearted vs like minded
• People who want to improve community
• Build group then begin planning
• Engage political leaders
• Different decision-making powers, access to resources
• Understand where there is momentum in the community – seek opportunities to align and collaborate
  o Good way to engage local governments
• Planners vs doers – don’t have to be same people! Find ways to engage doers in shorter-term action
• Recognition and collaboration of volunteers and partners
• Planning for shorter term success and quick wins
• See what assets volunteers have (partner or volunteers)
• Commitment
• Measurable deliverables
• Passion
• Feedback
• Community buy-in/support
• Tools to assess needs and gaps variety of tools, different ways
• Local government support, political will and champions
• Multi-generational approach
• Variety of demographics/diversity
• Sustainability and building on the past (legacy, learnings)
• Accessible – meeting times, what works best
• Communication
• Time and availability
• Empathy (listening)
• Ways to engage communities broadly – understand needs
• Intersectoral – network web
• Thick skin – backbone
• Depending on scope – one big committee
  o Better coordination with subgroups
  o Less duplication
• Good recruitment and retention
• Collaboration
• Conviction to values and principles
• Perseverance
• Patience
• Open to new ideas and new ways of doing things – open minded, flexible
• Place/way to meet wellness at a good place
• Funding – can do a lot without funding too (partnerships)
• Guidelines
• Vision (shared)
• Range of engagement/roles
  o Planners and doers
  o Committee members and our volunteers (don’t have to be both)
• Courage to take action
  o Try something until you find what works
  o Tangible quick wins to keep engagement and momentum going
• Celebrate successes
• While we look to be innovative, there is benefit in going back to past initiatives to try again/adapt