Winnipeg Regional Health Authority's
Position Statement on Healthy Built Environments

Healthy Built Environment Description

The term "built environment" refers to our human-made or modified physical surroundings. These places and spaces include our homes, communities, schools, workplaces, parks/recreations areas, business areas and transportation systems. They vary in size from large-scale urban areas to smaller rural developments[i]. The physical environment is recognized as a determinant of health by the Public Health Agency of Canada[ii].

Healthy built environments can be thought of as encompassing five physical features- neighbourhood design, transportation networks, housing, food environments, and natural environments. Promoting equity, access, and design for all ages are foundational principles in this model[iii]. The effect of these underlying principles may be amplified for Indigenous peoples whose connection to the lands is inextricably tied to their culture, a key determinant of health.

Source: Healthy Built Environment Linkages http://www.phsa.ca/Documents/linkagestoolkitrevisedoct16_2014_full.pdf

Context

It is important to acknowledge upfront that the Winnipeg Health Region is on Treaty 1 and Treaty 5 territory, and is on the traditional lands of Anishinaabeg, Cree, Oji-Cree, Swampy Cree, Dakota and Dene peoples, and the homeland of the Métis Nation. We respect the Treaties that were made on these territories, we acknowledge the harms and disruptions of the past, and we dedicate ourselves to move forward in partnership

with Indigenous communities in a spirit of reconciliation and collaboration. In its Calls to Action, the Truth and Reconciliation Commission of Canada provides for specific actions to ensure that the innate connection between lands and Indigenous peoples is recognized, and that any development and/or redevelopment of land prioritizes the incorporation of perspectives of Indigenous peoples[iv].

It is now well recognized that public health authorities should act to influence the decisions that shape our built environment. Evidence suggests that planning to support healthy built environments increases physical activity, mental health and social well-being, and health equity; and reduces injuries, respiratory disease, cardiovascular disease, and diabetes[v]. In fact, public health has a long history of using community design to address major public health issues. In the last century, policy and design interventions like zoning and sewage systems reduced the spread of infectious diseases. Public health authorities now need to focus on influencing urban planning and advocating for actions that support efforts to decrease health inequities in order to address the following contextual factors:

- **Chronic disease is pervasive** – one half of all Canadians over 20 years of age are living with one or more chronic conditions.[vi] In 2004, medical care costs for people living with chronic disease were estimated to account for approximately 40% of total direct medical care expenditures.[vii] In Manitoba, the cost of treating someone living with a chronic condition is 2.5 to 8 times higher than for someone without a chronic condition (depending on the condition).[viii]
- **Physical inactivity is prevalent** – during 2007-2012, 43% of residents aged 12 years and older in the Winnipeg Health Region (WHR) self-reported being physically inactive.[ix] Objectively measured data shows that 91% of children and youth (aged 5-17) and 85% of adults (18-79) in Canada do not get the recommended levels of physical activity.[x,xi]
- **Obesity is on the rise** – more than 50% of adults in the WHR are overweight (36%) or obese (18%). In 2004, 31% of children in Manitoba were overweight or obese.[xii] Canada's childhood obesity rates are among the highest in the developed world - rates have almost tripled since 1978.[xiii]
- **Communities are designed for cars rather than pedestrians** - research shows that suburban developments tend to be built with low-density, single-land use neighbourhoods with street networks that are poorly suited to walking.[xiv]
- **Many in struggle to buy healthy food** – some populations in the WHR, particularly low income, single parent, and Indigenous, have difficulty accessing healthy fresh food.
- **There is room for improvement related to social cohesion** – in 2010, only 31% of Winnipeggers knew many or most of their neighbours[xv]. Additionally, just over 60% have a strong sense of belonging to their community[xvi].
- **Health inequities exist** – a large number of people experience poorer health than the general population— for example, people living in poverty, those with mental illness, Indigenous people, and new immigrants.

The WRHA recognizes that:

- ☐ Healthy built environments are fundamental to the overall health of individuals, families and communities. Our built environment influences our well-being, safety, social interaction, mobility and a sense of pride and cultural identity.
- ☐ Healthy built environments are grounded in planning best practices.
    - How we design our neighbourhoods can impact social cohesion as well as our physical health.
    - The safety and accessibility of our transportation networks can have a significant impact on our quality of life.
    - The food we eat is critical to our health. Land use decisions can influence food production which can then impact the accessibility, quality and variety of food available to us.
    - While housing is considered a basic human right, not all housing is created equally. Differences in housing, such as quality, accessibility and affordability, all have impacts on the health of the people who live there.
    - Natural environments sustain life. Our health stands to improve when land use decisions enhance the ability of natural environments to mitigate negative health impacts associated with development.
- ☐ Our existing built environment can widen the health gaps in our region. Some populations, particularly structurally disadvantaged groups, children, older adults, and persons with disabilities are disproportionately affected by certain built environment characteristics and their health impacts (e.g. lack of sidewalks)[xvii].
- ☐ Healthy built environments can increase health equity; through infrastructure that promotes active and public transportation; opportunities for social interaction; improvements to street, neighbourhood, and community safety; and increased access to affordable housing. Healthy built environments promote conditions for every person to reach their full health potential. As a designated Age-Friendly Community, the City of Winnipeg is committed to adapting "its structures and services to be accessible to and inclusive of older people with varying needs and capacities."[xviii]

The WRHA Commitment

The WRHA is committed to optimizing health and wellness and improving the quality of life for residents of the Winnipeg Health Region by promoting healthy built environments. Specifically, we commit to:

- ☐ Developing collaborative municipal, community and academic partnerships to bring a health lens to decisions that influence the built environment. Key municipal partners are the City of Winnipeg, and the municipalities of East & West St. Paul and Churchill
- ☐ Increasing staff, stakeholder and community awareness about the built environment as an important determinant of health through:
    - Supporting knowledge translation through dissemination of research and innovative approaches for supporting health through built environments.

- Providing relevant health data and indicators to key partners to support their work.
- Highlighting reconciliation, equity, access, and design for all ages as key considerations in any built environment discussion.

☐ Advocating for policies that support the creation and preservation of healthy built environments:
- Neighbourhoods where people can easily connect with each other and with a variety of services.
- Safe and accessible transportation systems that incorporate a variety of transportation modes and place priority on active transport over the use of private vehicles.
- Access to and availability of healthy food for all.
- Affordable, accessible and good quality housing for all that is free from hazards.
- Natural environments that are protected and natural elements that are incorporated, and accessible to all.

☐ Promoting the use of health impact assessment tools in built environment decision-making.

☐ Advocating for meaningful engagement of structurally disadvantaged populations in planning for healthy built environments.

☐ Supporting the implementation of the recommendations contained in the Truth and Reconciliation Commission of Canada's Calls to Action[xix], particularly those that ensure that the innate connection between lands and Indigenous peoples is recognized, and that any development and/or redevelopment of land prioritizes the incorporation of perspectives of Indigenous peoples.

☐ Leading by example, and developing internal policies, programs, and initiatives to contribute to a healthy built environment within our region, including:
- Healthy building design and site selection.
- Access to traditional healing spaces, guided by knowledge keepers and Indigenous leaders.
- Support for active transportation amongst our employees.
- Opportunities for accessing healthy food and natural environments (e.g. space for Farmer's markets, community gardens, and outdoor spaces).

Links:

WRHA Position Statement on Health Equity
WRHA Position Statement on Food Security
WRHA Position Statement on Supports in Community Housing Environments

Appendices

Backgrounder

Healthy Built Environment Linkages: A Toolkit for Design, Planning, Health, version 1.1. Retrieved from: http://www.phsa.ca/Documents/linkagestoolkitrevisedoct16_2014_full.pdf

Action Plan:

Refer to the WRHA Population & Public Health Healthy Built Environments Strategic Planning Conceptual Framework.

Evaluation Plan:

The WRHA Position Statement on Healthy Built Environments will be evaluated using a routine position statement review process addressing the following areas:

Relevance

- Is this PS still relevant and needed given current context?
- Does this PS have outdated ideas, language, attitudes, context or recommendations?
- Have views from the community changed the way this issue is now understood?

Accuracy

- Is there new knowledge in the areas of the PS that is not yet included?
- Is any data, literature or research that informed this PS now outdated or incomplete?
- Has the knowledge informing this PS been challenged by different knowledge traditions or perspectives?

Impact

- Has this PS been used? (describe)
- Has this PS influenced dialogue, media, decisions, public opinion, community relationships? (describe)
- Has this PS contributed to change that is positive for closing gaps in Indigenous health, promoting health equity, or improving the health of the WHR population?
- Has this PS had unexpected or negative impacts?

Recommendation:

This PS should be:

- ☐ Extended in its current form for ____ years
- ☐ Minor updates needed
- ☐ Major revision needed
- ☐ No longer needed - can be removed.

Date of Review: Every 5 years from date of Board approval or earlier.

[i] Provincial Health Services Authority (2014). *Healthy Built Environment Linkages: A Toolkit for Design, Planning, Health, version 1.1*. Retrieved from: http://www.phsa.ca/Documents/linkagestoolkitrevisedoct16_2014_full.pdf

[ii] Public Health Agency of Canada (2011). *What Determines Health?* Retrieved from: http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php

[iii] Provincial Health Services Authority (2014). *Healthy Built Environment Linkages: A Toolkit for Design, Planning, Health, version 1.1*. Retrieved from: http://www.phsa.ca/Documents/linkagestoolkitrevisedoct16_2014_full.pdf

[iv] TRCC (Truth and Reconciliation Commission of Canada) (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. Winnipeg: Truth and Reconciliation Commission of Canada. Retrieved from http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf

[v] Frank, L., Kavage, S, & Devlin, A. (2012). *Health and the Built Environment: A Review*. Report for the Canadian Medical Association. Retrieved from: http://urbandesign4health.com/wp-content/uploads/2012/10/Built_Env-Final_Report-August2012.pdf

[vi] Centre for Chronic Disease Prevention (2015). *Improving Health Outcomes: A Paradigm Shift*, 17. Retrieved from: http://www.phac-aspc.gc.ca/cd-mc/assets/pdf/ccdp-strategic-plan-2016-2019-plan-strategique-cpmc-eng.pdf

[vii] Mirolla, M. (2004). *The cost of chronic disease in Canada*, iii. Retrieved from: http://www.gpiatlantic.org/pdf/health/chroniccanada.pdf

[viii] Finlayson, G., Ekuma, O., Yogendran, M., Burland, E., & Forget, E. (2010). *The Additional Cost of Chronic Disease in Manitoba,* xiii. Winnipeg: Manitoba Centre for Health Policy. Retrieved from: http://mchp-appserv.cpe.umanitoba.ca/reference/Chronic_Cost.pdf

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[xi] Statistics Canada (2011). Physical activity of Canadian adults: Accelerometer results from the 2007 to 2009 CHMS, Catalogue no. 82-003-XPE*. Health Reports*, 22(1). Retrieved from: http://publications.gc.ca/collections/collection_2011/statcan/82-003-X/82-003-x2011001-eng.pdf

[xii] Government of Canada (2007). *Healthy Weights for Healthy Kids*. Ottawa: Communication Canada – Publishing. Retrieved from: http://www.parl.gc.ca/content/hoc/Committee/391/HESA/Reports/RP2795145/hesarp07/hesarp07-e.pdf

[xiii] Government of Canada (2007). *Healthy Weights for Healthy Kids*. Ottawa: Communication Canada – Publishing. Retrieved from: http://www.parl.gc.ca/content/hoc/Committee/391/HESA/Reports/RP2795145/hesarp07/hesarp07-e.pdf

[xiv] Canada Mortgage and Housing Corporation. (2005). *Smart growth in Canada: A report card.* Retrieved from: https://www.cmhc-schl.gc.ca/odpub/pdf/64931.pdf

[xv] Peg. (2014). *Indicator: Neighbourliness*. Peg. Retrieved from http://www.mypeg.ca/explorer/WellBeing/SocialVitality/Neighbourliness/

[xvi] Peg. (2015). *Indicator: Sense of Belonging*. Peg. Retrieved from http://www.mypeg.ca/explorer/WellBeing/SocialVitality/SenseOfBelonging/

[xvii] The Canadian Medical Association (2013). *Policy on the Built Environment and Health*. Retrieved from: http://policybase.cma.ca/dbtw-wpd%5CPolicypdf%5CPD14-05.pdf

[xviii] City of Winnipeg (2014). *Age-Friendly Winnipeg Action Plan.* Winnipeg: City of Winnipeg. Retrieved from http://winnipeg.ca/interhom/Mayor/pdfs/AgeFriendlyWinnipegActionPlan-May2014.pdf

[xix] TRCC (Truth and Reconciliation Commission of Canada) (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. Winnipeg: Truth and Reconciliation Commission of Canada. Retrieved from http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf