Healthy Living Strategy Summit
SUMMARY

Developing and Implementing a Healthy Living Strategy
MAKING THE HEALTHY CHOICE THE EASY CHOICE

February 19th and 20th, 2009

Health in Common’s commitment to moving this process forward:

• provide all participants with a Summit Report by March 13th;
• facilitate a process with provincial branches (mental health, chronic disease, healthy living, aboriginal health and public health) that provides an opportunity for input and collaboration with respect to the Summit Report;
• create a document, with your input and feedback, that shares information on existing strategies and networks; and
• bring stakeholders back together in May to further articulate vision, mission, strategic directions and actions for implementation of a shared ‘strategy’.

For more information contact csteven@healthincommon.ca or call 949-2022.
The Healthy Living Summit brought together a range of stakeholders to develop a shared vision intended to shape the future of healthy living in Manitoba – making the healthy choice the easy choice.

Stakeholders were invited to take part in a two-day process, facilitated by Wildwood Consulting, that would result in a collective vision, mission, strategic directions and an overall strategy approach. The overall strategy approach was intended to allow for collaborative action; strengthening community action; creating supportive environments; evaluation and monitoring; and building healthy public policy.

In an effort to build on existing efforts, invited stakeholders were those involved in the development of existing Strategies and Frameworks and representatives from existing Coalitions and Networks.

As identified in the Integrated Pan-Canadian Healthy Living Strategy, without an integrated effort on healthy living:

- opportunities for collaboration will not be fully realized;
- gaps in knowledge development and exchange will persist;
- public messaging will be inconsistent and confusing;
- community capacity to promote healthy living will be limited;
- chronic diseases and obesity rates are likely to continue to rise; and
- disparities will continue to grow and widen.

Through consultation and discussion with community, NGOs, government and RHAs, a readiness to create a strategy that would result in an integrated approach was evident. The need to extend that integration beyond the scope of the health sector was also clear.

As an organization whose strategic directions include enhancing opportunities for communication and collaboration, Health in Common wanted to create an opportunity to further align efforts intended to create healthy communities, families and individuals.
On day one, participants introduced themselves and completed the statement, *This summit can make a great contribution to healthy living in Manitoba by _________.* The responses were clustered and became the components of the vision question (see page 5 – Summit Expectations).

After individually interacting with other participants to identify one common interest related to healthy living, table groups developed statements reflecting their commonalities. These statements were later used to develop components of a mission statement (see page 19 – Development of the Mission).

Participants were asked to respond to the following vision question on index cards.

As a result of our collective efforts, what do we want to see happening in 3 to 5 years:

- in general?
- to better align our strategies and coalitions?
- to realize our potential for synergies and partnerships?
- to address health inequities together?

Participants then put each of their index cards into the ‘mailbox’ that corresponded with the part of the vision question it addressed.

Each ‘mailbox’ was given to a group to sort and theme (see Developing the Vision charts – 4 components – page 7, 10, 13 & 16).

Day two began with a presentation by Dr. Sara Kreindler, *What Works? What Doesn’t?*, based on the directional document *Lifting the Burden of Chronic Disease – What’s Worked, What Hasn’t, What Next* (see appendix 5).

Following the presentation and discussion, participants were asked to identify obstacles that could make achieving the vision and doing ‘what works’ challenging.

Participants were then asked what should happen to achieve the components of the vision. Again, index cards were used and completed cards were placed in the corresponding mailbox; groups sorted the ‘mailboxes’ creating strategic directions for each component of the vision (see Developing Strategic Direction charts – 4 components – page 8, 11, 14 & 17).

Finally, groups were asked to identify next steps in relation to their component of the vision and strategic directions (see Recommended Next Steps charts – 4 components – page 9, 12, 15 & 18).

At the end of the two days, Health in Common committed to moving the process forward to further articulate vision, mission, strategic directions and next steps, in consultation with stakeholders (see cover – Health in Common moving process forward).
**Summit Expectations**

**Address health inequities**
Connecting, empowering all  
Ensuring aboriginal people are part of the discussion  
Recognizing first nations issues are unique be equally important  
Creating understanding that fosters inclusiveness, equality and balance  
Being mindful of the multiple barriers some people face  
Acknowledge the barriers; reduce those barriers beyond health care system  
Identify parameters and spheres of real influence  

Enshrine the reduction of health inequities as key goal, indicator and outcome  
Addressing social determinants of health  
Ensure mental health given same importance and physical health  
Recognize needs of women with addictions  
Engaging lower income children and families in healthy living activities  
Address health disparity  
Speak common language about complexity of health  
Remembering needs of most disenfranchised  
Healing for all families  
Address the health needs of the immigrant and refugee communities  

Acknowledging that people are experts in their own lives  
Helping others to enjoy life  
Reduce health inequities  
Helping Manitobans to maintain and improve health status  
Diverse needs and concerns of Manitobans are considered  

**Align strategies and coalitions**
Communicate healthy living strategies to all Manitobans  
Identifying areas of strategic investment  
Common plan and participation leading to outcomes  
Building collaboration between different sectors  
Creating a shared vision and strategy  
Focusing on a common direction for healthy living  
Moving toward collaborative action  
Shared path to improve health status  
Combining varied strategies behind single action plan  
Enhance partnerships and identify strategic directions  
Having shared efforts in healthy living
A clear vision
Unite us on a common ground
Best knowledge into our best vision
Road map to a healthier future
Sharing intention to impact health
Manitobans see themselves in clear statement of healthy living
Connecting us in passionate vision of healing
Solid collective vision
Vision for families to work toward healthy lifestyles
Creating practical common vision
Creating broadest possible definition of health
Create a common vision in a holistic manner
Clarify common concepts and language

Synergy among networks and agencies
Engaging and synthesizing efforts
Building synergy and collaboration across health care systems
Creating partnership with common goals
Coordinating efforts
Creating new linkages between agencies
Identify new opportunities to work together
Bringing many organizations together around common goals
Building bridges between agencies to develop common clear goals
Focusing our energies and resources
Creating strength through partnership
Fostering innovation and creativity at all levels
Working more cooperatively and innovatively

Practical Actions
Social sustainability and environment stewardship through active, green lifestyle
Creating a healthy living life force that will motivate and inspire Manitobans
Providing community’s voice about what to included in healthy living strategy
Identify actions that will reach target and result in behavior change
Including healthy environment into mainstream healthy living messages
Defining common threads for action
Creating realistic and applicable opportunities for our youth through schools
Move from understanding to hope into action
Making healthy living practical / concrete / real
Partnership to advance MB health research into improving health of Manitobans
Getting people to think healthy living in all aspects of life
Increasing awareness of current initiatives and program
<table>
<thead>
<tr>
<th>Themes</th>
<th>Index Card Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Developing the Vision</strong></td>
<td>Component 1</td>
</tr>
<tr>
<td><strong>Living Healthy through a social justice lens</strong></td>
<td>Communities leading the way to address inequities</td>
</tr>
<tr>
<td>Manitobans embrace a healthy living for all movement</td>
<td>Intersectoral body to develop &amp; coordinate policies that promote health &amp; decrease disparity</td>
</tr>
<tr>
<td>Good health is a human right and responsibility</td>
<td>Champions at community, program, bureaucratic, and political levels, with common messages, visions and actions</td>
</tr>
<tr>
<td>The “right to health” informs public discourse</td>
<td>Constant public voice to support appropriate diet and exercise</td>
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<tr>
<td>Focus on health advancement and growth</td>
<td>People not involved giving input &amp; acting on healthy living</td>
</tr>
<tr>
<td>Discourse about health is framed by discussion of social responsibility not by access to the system</td>
<td>We are involving peers and experiential voices in decision making that affects them</td>
</tr>
<tr>
<td>Healthy living is meaningful and lived by all</td>
<td>Initiatives are evidence based</td>
</tr>
<tr>
<td>HL lens is off individual and onto the system and structures that prevent access</td>
<td>Use research that relates health inequities to socio-economic gradients</td>
</tr>
<tr>
<td>Looking at the person as a whole not as symptom/disease</td>
<td>Increase public education about diet</td>
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<tr>
<td>Life success described in different ways</td>
<td>Vet all policies for positive or negative impacts on health</td>
</tr>
<tr>
<td>Service providers acknowledge that we use a western model that for many is neither familiar nor useful</td>
<td>People have incorporated behaviors into healthy lifestyle</td>
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<tr>
<td>Shorten the path from our hearts and minds</td>
<td>All have access to all aspects of care… Counseling, SP care, energy healing</td>
</tr>
<tr>
<td>“Health for all” an achievable goal</td>
<td>Increase accessibility to services throughout Manitoba</td>
</tr>
</tbody>
</table>
## Developing Strategic Directions

### Component 1

<table>
<thead>
<tr>
<th>Themes</th>
<th>Living healthy though a social justice lens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing all policies for impact on health equity title</td>
<td>Advance action on social justice</td>
</tr>
<tr>
<td>Influence healthy policy across sectors &amp; jurisdictions</td>
<td>Healthy living as a human right – reclaim public health</td>
</tr>
<tr>
<td>Create a cabinet committee to oversee health impacts access all government policies</td>
<td>Social justice lens via education that links evidence with viable strategies</td>
</tr>
<tr>
<td>Ask the fairness question of all policies, laws, actions, etc.</td>
<td>Define social justice, expertise, healthy living take inventory in these areas</td>
</tr>
<tr>
<td>Ensure all HL approaches / programs / policies provide opportunities for all</td>
<td>Activation of workers to be advocates in their own system</td>
</tr>
<tr>
<td>Support the integrated Pan-Canadian HLS (healthy living strategy)</td>
<td>Participatory action research – involves power sharing</td>
</tr>
<tr>
<td>Social determinants of health the basis of a HLS</td>
<td>Teach poverty as symptom of larger economic inequity</td>
</tr>
<tr>
<td>Create and sustain authentic interdependent partnerships</td>
<td>Resource sharing</td>
</tr>
<tr>
<td></td>
<td>Responsive respectful partnerships</td>
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<td></td>
<td>Engage communities in broad concept let them choose focus</td>
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<td></td>
<td>Consider individual community barriers</td>
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<td></td>
<td>Use health indicators that measure how our poorest do (not how our most affluent do)</td>
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<tr>
<td>Recommended Next Steps</td>
<td>Component 1</td>
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</tbody>
</table>

In each of our capacities we will advocate, create and sustain authentic interdependent partnerships (individual, inter-sectoral, community and cross-jurisdictional) to advance action on social justice by assessing all plans/policies within our influence for impact on health equity.

Who: All of us  
When: Specific to each plan/policy
### Developing the Vision

**Component 2**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Issues Funding / Resources</th>
<th>Creating a Coalition</th>
<th>A culture of Collaborative Actions</th>
<th>Define / Clarify Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information Sharing</strong></td>
<td>All regions of Manitoba get equal access</td>
<td>One inclusive representative organizing body</td>
<td>Manitobans “get” that wait times are contingent on a communities health</td>
<td>Common messaging</td>
</tr>
<tr>
<td>Info @ 311 system</td>
<td>Eliminate competitive grant funding programs</td>
<td>Coordinate common action i.e. coordinate social marketing</td>
<td>Healthy living goals are developed in accordance with evaluation criteria</td>
<td>Healthy living goals are developed in accordance with evaluation criteria</td>
</tr>
<tr>
<td>A clearing house of common connection for issues related to health</td>
<td>Health promotion is grass roots, flexibility allowed &amp; innovation encouraged</td>
<td>Ongoing discussion as to what healthy living is</td>
<td>Clarity and transparency in health planning</td>
<td>Clarity and transparency in health planning</td>
</tr>
<tr>
<td>Environmental scan of all strategies, programs, initiatives which now contribute to HL then collaboratively reconstruct.</td>
<td>Organizations collectively invest in actions for collective</td>
<td>Create a Healthy Living Coalition and ongoing education discussion sharing etc.</td>
<td>Social welfare policy and healthy living policies are synergistic</td>
<td>Social welfare policy and healthy living policies are synergistic</td>
</tr>
<tr>
<td>Create a fund to bankroll development of promising ideas</td>
<td>Coordinated funding between MHHL and FS&amp;H</td>
<td>Voluntary caucus to communicate &amp; share information between organizations</td>
<td>Develop a common “lens” or framework</td>
<td>Develop a common “lens” or framework</td>
</tr>
<tr>
<td>Resource Center a.k.a. clearing house</td>
<td>Central surveillance system</td>
<td>Centralized ability to identify need and move partnerships toward the need</td>
<td>Social policy that strengthens individuals and families</td>
<td>Social policy that strengthens individuals and families</td>
</tr>
<tr>
<td>A social marketing campaign will identify where to find info</td>
<td>Effective coalitions with common goals</td>
<td>Effective coalitions with common goals</td>
<td>Healthy sexuality and harm reduction are treated as an integral part of health</td>
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</tr>
<tr>
<td>Healthy living advocacy office</td>
<td>One strategy with focus on improved quality of life</td>
<td>One strategy with focus on improved quality of life</td>
<td>Define healthy living</td>
<td>Define healthy living</td>
</tr>
<tr>
<td>Make cooperation &amp; policy coherence a priority</td>
<td>HiC provide leadership in collating strategic plans, milestones, and policies toward forging partnerships &amp; maintains inertia for a healthy living agenda</td>
<td>More awareness equals less duplication</td>
<td>Outcomes defined – what is a healthy Manitoba?</td>
<td>Outcomes defined – what is a healthy Manitoba?</td>
</tr>
<tr>
<td>Support larger provincial Strategy</td>
<td>Integrated partnerships</td>
<td>Using consistent info for policy / program development</td>
<td>Communities go through strategic plan (their own HL plan)</td>
<td>Communities go through strategic plan (their own HL plan)</td>
</tr>
<tr>
<td>“Summits” occur regularly</td>
<td>Communities to be at the table</td>
<td>More partnerships, alliances, coalitions</td>
<td>Have a strong action plan being implemented</td>
<td>Have a strong action plan being implemented</td>
</tr>
</tbody>
</table>
## Developing Strategic Directions

### Component 2

<table>
<thead>
<tr>
<th>Themes</th>
<th>Leading the Movement</th>
<th>Shared Values &amp; Commitment to Action</th>
<th>Shared Resources (Funding)</th>
<th>Identify and engage stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leadership &amp; coordination reflective of groups involved</td>
<td>A culture of collaborative ‘action with traction’ through HL Charter</td>
<td>Require partnership for access to any money</td>
<td>Track who’s doing what toward implementing ‘the strategy’ and communicate the information</td>
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<tr>
<td></td>
<td>Identify champions at every level of every sector (within and outside of health)</td>
<td>Lets play in the sandbox together</td>
<td>Tie funding to collaboration</td>
<td>Identify stakeholders and engage</td>
</tr>
<tr>
<td></td>
<td>Healthy living department is funded/managed by multi departments like healthy child</td>
<td>Develop a systematic approach to collaborative work to make settings healthier</td>
<td>Centralize small pockets of funding into community development funding</td>
<td>Reconcile CDPP with this action plan</td>
</tr>
<tr>
<td></td>
<td>Create an all party HL strategy – long term vision</td>
<td>Create a culture of collaboration – engage sectors beyond health domain, ensure workforce has skills to do collaboration</td>
<td>Advocate for funding to follow a more integrated approach</td>
<td>Ongoing meeting / communication to continue momentum</td>
</tr>
<tr>
<td></td>
<td>HiC assumes the role of collaboration broker via education, event planning, technical support and clearing house</td>
<td>Be nice</td>
<td>Pool funding</td>
<td>Review memberships of committees/coalition to assess who’ missing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Build and establish trust</td>
<td>Share information and resources</td>
<td>Advocate for a legal change to include healthy living into mandates of municipalities and school divisions</td>
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<tr>
<td></td>
<td></td>
<td>Choose a priority to see if there is and early way to engage and see win/win</td>
<td>Participatory action research creates a culture of collaborative action</td>
<td>Coordination of activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less paperwork, protocol, multiple layers of barriers - more action in collaboration</td>
<td>Coordinate research, evidence, information &amp; knowledge across sectors</td>
<td>Building networking and extended resources</td>
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<tr>
<td></td>
<td></td>
<td>Educate ourselves - build our personal capacity to understand aspects of vision that we may not have ‘bought into’</td>
<td>Share the story</td>
<td>Devote some time each week to network</td>
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<tr>
<td></td>
<td></td>
<td>Take ownership in your area</td>
<td>Shared messaging</td>
<td>Identify commonalities across networks/strategies</td>
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<td></td>
<td></td>
<td>Develop working groups (gov’t, community, business) to focus on specific goals i.e. affordable, quality food</td>
<td></td>
<td>Identify shared initiatives &amp; establish partnerships</td>
</tr>
</tbody>
</table>

- **Themes Index Card Responses**
  - Develop a systematic approach to collaborative work to make settings healthier
  - Create a culture of collaboration – engage sectors beyond health domain, ensure workforce has skills to do collaboration
  - Be nice
  - Build and establish trust
  - Choose a priority to see if there is and early way to engage and see win/win
  - Less paperwork, protocol, multiple layers of barriers - more action in collaboration
  - Educate ourselves - build our personal capacity to understand aspects of vision that we may not have ‘bought into’
  - Take ownership in your area
  - Develop working groups (gov’t, community, business) to focus on specific goals i.e. affordable, quality food
  - Require partnership for access to any money
  - Tie funding to collaboration
  - Centralize small pockets of funding into community development funding
  - Advocate for funding to follow a more integrated approach
  - Pool funding
  - Share information and resources
  - Participatory action research creates a culture of collaborative action
  - Coordinate research, evidence, information & knowledge across sectors
  - Share the story
  - Shared messaging
  - Track who’s doing what toward implementing ‘the strategy’ and communicate the information
  - Identify stakeholders and engage
  - Reconcile CDPP with this action plan
  - Ongoing meeting / communication to continue momentum
  - Review memberships of committees/coalition to assess who’ missing
  - Advocate for a legal change to include healthy living into mandates of municipalities and school divisions
  - Coordination of activities
  - Building networking and extended resources
  - Devote some time each week to network
  - Identify commonalities across networks/strategies
  - Identify shared initiatives & establish partnerships
  - Define ‘Healthy Living’
**Recommended Next Steps**  
**Component 2**

<table>
<thead>
<tr>
<th>Leading the charge to a culture of collaborative action</th>
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</table>

*Health in Common* becomes a secretariat to identify and engage stakeholders who will determine shared values and resources and commit to action in leading the movement under a common definition of healthy living.

**Who:** *Health in Common* facilitates  
**What:** Identify and engage stakeholders (settings, governments) to develop action plan  
**When:** April 1/09 – March 31/10

**What:** Build a 'sand box' by developing a trusting, respectful team to determine values and resources and define healthy living  
- Working document  
- Action plan  
**When:** October 1/09 → to be determined by stakeholders

**What:** Cabinet/committee concept of healthy living to the Minister  
(e.g. Healthy Child)  
**When:** March 31/09
<table>
<thead>
<tr>
<th>Themes</th>
<th>Index Card Responses</th>
<th>Developing the Vision</th>
<th>Component 3</th>
<th>Realizing our potential for synergies &amp; partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong resource base</td>
<td>HiC establish an adequately funded HL network to implement and coordinate HL strategy</td>
<td>Increasing multi-sectoral involvement in initiatives</td>
<td>Synergies and partnerships a condition of funding</td>
<td>Environmental health is a mainstream concept in healthy living</td>
</tr>
<tr>
<td>Active community engagement and involvement</td>
<td>Organizations sharing resources to achieve shared objectives</td>
<td>Community coalitions direct the creation (sustaining) of healthy communities</td>
<td>Access to wellness program in all jurisdictions</td>
<td>‘Kitchen party’ approach to planning is in place</td>
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<tr>
<td></td>
<td>MHL has resources to undertake supportive role for HL network</td>
<td>Initiatives are community driven</td>
<td>Strong partnerships and better integration</td>
<td>Coordinated programs to educate/train youth in healthy living</td>
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<tr>
<td></td>
<td>Sharing resources &amp; knowledge between organizations &amp; groups</td>
<td>An informed and active public</td>
<td>HL Network with engaged organizations and communities</td>
<td>Growing grassroots strategy</td>
</tr>
<tr>
<td></td>
<td>Various organizations sharing resources to address a common issue</td>
<td>Community capacity building for a sustainable system led by both community and providers</td>
<td>Established coalition working groups</td>
<td>Holistic preventative programs are the norm</td>
</tr>
<tr>
<td></td>
<td>Pooling of collective resources has occurred</td>
<td>Formal channels for citizen, community, NGO involvement in policy development</td>
<td>Regional Healthy Living Committee</td>
<td>Every seniors complex has a meaningful partnership with a school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase multi-sectoral involvement in initiatives</td>
<td>Government models ‘comprehensive’ and ‘integrated’ approaches</td>
<td>True partnership through honest discussion of tensions related to values or belief</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strong partnerships and better integration</td>
<td>Collect data, access activity/project impact. Re-strategize based on evidence</td>
<td>Increased culture of sharing – approaches/resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HL Network with engaged organizations and communities</td>
<td>Accessible data storage and dissemination</td>
<td>Dental care becomes universally available</td>
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<td></td>
<td></td>
<td>Established coalition working groups</td>
<td>Sex, gender, diversity analysis are integrated into planning &amp; evaluation</td>
<td>Spiritual health care utilized/accepted as health care profession</td>
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<td></td>
<td></td>
<td>Regional Healthy Living Committee</td>
<td>Research based evidence of effective programs</td>
<td>Flexibility allows for new priorities and creative solutions</td>
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<tr>
<td></td>
<td></td>
<td>Government models</td>
<td>Make the connection between infectious disease &amp; chronic disease</td>
<td>Engage First Nations and youth in stages of planning, implementation and evaluation</td>
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<tr>
<td></td>
<td></td>
<td>‘comprehensive’ and ‘integrated’ approaches</td>
<td>Proactive needs &amp; resource identification</td>
<td>Concern for ‘healing’ – body, mind, relationships, soul</td>
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<td></td>
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<td></td>
<td>Forum where ideas, initiatives and results can be shared</td>
<td>Extensive adoption of shared care model to unite non-traditional partners</td>
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<td>Folding our individual passions into the big picture</td>
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<td>Municipalities and School division recognize Health promotion as their business</td>
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<td>First Nations are an active members of HL network</td>
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<td>HL projects underway in First Nations communities</td>
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<tr>
<td>Themes</td>
<td>Index Card Responses</td>
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<tr>
<td>Engage &amp; Develop Leadership</td>
<td>Engage those who can advocate (non Government funded) related to health determinants</td>
<td></td>
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<tr>
<td>Community leaders who link into other scales of leadership</td>
<td>Involve / include community leaders</td>
<td></td>
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<tr>
<td>Leadership</td>
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<table>
<thead>
<tr>
<th>A Column no title</th>
<th>B Column no title</th>
<th>C Column no title</th>
<th>D Column no title</th>
<th>Create Communications Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage those who can advocate (non Government funded) related to health determinants</td>
<td>Walk the talk</td>
<td>Standardize the community feedback process</td>
<td>Create movement that leads to citizen demand for healthy living</td>
<td></td>
</tr>
<tr>
<td>Community leaders who link into other scales of leadership</td>
<td>Brainstorm and identify who isn’t at the table</td>
<td>Develop a forum to have ongoing networking &amp; collaboration</td>
<td>Create a “community of practice” across sectors to further principle of community engagement</td>
<td></td>
</tr>
<tr>
<td>Involve / include community leaders</td>
<td>Engage relevant community groups in initiative planning</td>
<td>Only fund that which can demonstrate value and effectiveness</td>
<td>Develop “healthy community coalitions” that do community development</td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td>Ask communities what active community engagement &amp; involvement looks like to them</td>
<td>Develop “living healthy” road show</td>
<td>Support initiatives involving community &amp; collaborative action</td>
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<td></td>
<td>Act on what we share to exploit the power of the group</td>
<td>Establish a community based research unit at the MB Center for Health Policy</td>
<td>Create a healthy living network</td>
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<tr>
<td></td>
<td>Core Element of every HL program / policy is active community engagement</td>
<td>Participatory Action Research actively engages community involvement</td>
<td>Collective wisdom</td>
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<td></td>
<td>Support healthy living community development with most vulnerable</td>
<td>Use Community Development Theory</td>
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<td></td>
<td></td>
<td>Fund, support community development efforts</td>
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<td>Communicate better via community forums, workshops involving government</td>
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<td>Host a HL best practices or community development conference</td>
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<tr>
<td>Develop a social marketing campaign</td>
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<td></td>
<td>Communication &amp; education strategies in communities with follow up of what works</td>
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<td></td>
<td>Be proactive in terms of reflecting health issues vs. what gets media play</td>
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<td></td>
<td>Require listening skills for all staff</td>
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<td></td>
<td>Recognize that fun and happiness is motivating</td>
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<td></td>
<td>Promote healthy living and health as fun, pursuit of joy/happiness</td>
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<td></td>
<td>In addition to healthy living talk more about healthy, homes, schools, workplaces etc.</td>
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<tr>
<td><strong>Recommended Next Steps</strong></td>
<td><strong>Activate the spirit of community engagement and involvement</strong></td>
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<tr>
<td><strong>Component 3</strong></td>
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</tbody>
</table>

Strategic Goal: Inspire Manitobans to create and embrace a culture of wellness in all settings

Next Steps:
Recommend Health in Common to facilitate:
- Engaging partners (include built and social environments)
- Identifying key stakeholders to act as connectors – include missing/vulnerable groups
- Engaging community leadership
- Developing ongoing communication plan to inspire
- Utilizing best practices, collaborative research and existing frameworks
- Identifying and adopt a framework that includes guiding principles
- Supporting formal and informal networks
## Developing the Vision

### Component 4

<table>
<thead>
<tr>
<th>Themes</th>
<th>Visionary</th>
<th>Targeted Activities/Investments, Concrete yet flexible</th>
<th>Engage communities at all levels</th>
<th>Evidence based/Informed decision making</th>
<th>Pooled (long term) FUNDING</th>
<th>Collective Complimentary Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To reduce health inequalities &amp; to improve health for MB’s</td>
<td>Dedicated school based programs</td>
<td>“Citizens” engaged in partnership &amp; coalition and see value of engagement</td>
<td>Articulation of what the evidence is telling us to do re: Inequity</td>
<td>Provincial partners</td>
<td>Integration of healthy living across government ministries</td>
</tr>
<tr>
<td></td>
<td>Province of choice for living</td>
<td>Access to affordable healthy food</td>
<td>Individuals engaged in health promotion (peer leaders)</td>
<td>Only do what works Evaluate for impact &amp; act on findings</td>
<td>Think globally, fund collective to support community based initiatives</td>
<td>Align with 2 goals of Pan CDN Healthy living Strategy</td>
</tr>
<tr>
<td></td>
<td>More people walking to work and riding bikes</td>
<td>Affordable &amp; Accessible Healthy food becomes available in every part of WPG &amp; MB</td>
<td>Health decisions base on evidence, not politics</td>
<td>Local research into what works for prevention</td>
<td>One relevant strategy</td>
<td>Some small early wins has occurred to improve health of Manitobans</td>
</tr>
<tr>
<td></td>
<td>Less people sleeping on park benches</td>
<td>Access to affordable sport in low socio-economic neighbourhoods</td>
<td>Concrete process tools, indicators &amp; outcomes</td>
<td>Concrete process tools, indicators &amp; outcomes</td>
<td>Pool funding pockets</td>
<td>Launch strategy Manitobans know about</td>
</tr>
<tr>
<td></td>
<td>Children laughing as I walk down the neighbourhood street</td>
<td>Increased food production &amp; food skills@ the community level</td>
<td></td>
<td></td>
<td></td>
<td>Manitobans are aware of coalition &amp; it’s purpose, benefits to them, resources that can be provided</td>
</tr>
<tr>
<td></td>
<td>Youth without risk factors for chronic disease</td>
<td>Equal opportunities for All</td>
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</table>
## Developing Strategic Directions

### Component 4

<table>
<thead>
<tr>
<th>Themes</th>
<th>Structures</th>
<th>Process</th>
<th>Research</th>
<th>Communication</th>
<th>Outliers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put in place / reorganize infrastructure to support action</td>
<td>Broadly share findings &amp; research from this workshop</td>
<td>Collect and organize research</td>
<td>Develop simple phrase that will engage people to enjoy &amp; work toward HL</td>
<td>Create action groups to address the 4 strategic areas</td>
<td></td>
</tr>
<tr>
<td>Restructure the “system” to health</td>
<td>Describe roles and responsibilities for all sectors</td>
<td>All government departments working to adopt healthy living under comprehensive understanding</td>
<td>Review existing strategic plans in collective common goals, metrics of progress</td>
<td>Determine ownership and engage them in collective thinking and agreement</td>
<td></td>
</tr>
<tr>
<td>Use social marketing strategies to promote Healthy Living - shared messages</td>
<td>Develop interdepartmental / multi-sectoral vision/principles to guide HL MB.</td>
<td>Focus on healthy living promotion / realization</td>
<td>Communication plan</td>
<td>Create action/working groups to move forward from today</td>
<td></td>
</tr>
<tr>
<td>Become a ‘what works’ coalition</td>
<td>Soul, mind, body, emotion turn Maslow’s hierarchy on it’s head</td>
<td>Embrace our similar differences and have faith in a common goal</td>
<td>Re-educate the system the public and providers</td>
<td>Allow a working network to map the course to achieve the vision (ongoing)</td>
<td></td>
</tr>
<tr>
<td>Government develop a healthy child committee of cabinet</td>
<td>Build a common definition of healthy living</td>
<td>Participatory action research</td>
<td>Realize this is long term and crosses all political parties</td>
<td>Think outside the box = be bold</td>
<td></td>
</tr>
<tr>
<td>Have courage to stop doing what doesn’t work</td>
<td>HiC to engage stakeholders in creating &amp; endorsing a provincial wellness charter</td>
<td>Draft a charter and invite the stakeholder group to refine and sign</td>
<td>Regular inclusive reflective meetings</td>
<td>Rename Manitoba’s strategy as Healthy living/Mino Bemadizine (eg)</td>
<td></td>
</tr>
<tr>
<td>Identify the “value added” this coalition will bring</td>
<td>Draft a charter and invite the stakeholder group to refine and sign</td>
<td>Articulate clear guiding principles – specific</td>
<td></td>
<td>Build consensus of working definition of healthy living</td>
<td></td>
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<tr>
<td></td>
<td>Collaborative approach to create a space of respect, sharing of power, equality.</td>
<td></td>
<td>Clearly articulate the purpose of a HLS/ shared action plan with guiding principles</td>
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</table>
### Recommended Next Steps

**Component 4**

**Implement a visionary, shared action plan with guiding principles**

| Establish a coalition with a mandate to move towards a ‘Healthy Living Movement’ facilitated by *Health in Common*  
Brokers of collaboration  
Build capacity to facilitate knowledge exchange  
Feedback to stakeholders – participating groups share this responsibility |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>The coalition will make use of research, evidence and shared experience.</td>
</tr>
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</table>
| **Time Line:**  
1. Volunteer to be a member today  
2. *Health in Common* collates and distributes report to all participants March 31/09  
3. Then Health in Common calls a meeting with thirty days April 30/09  
4. Meeting  
   a. Review summit report  
   b. Identify membership development plan  
   c. Build a charter – Fall ’09  
5. Form subgroups and action plan  
   a. Develop timelines and deliverables |

Formulate bibliography of ‘healthy living’ related documents to inform the coalition.
1. A holistic approach to normalizing healthy living as a social responsibility and right, supported by comprehensive policy; Governments; Communities (built and social environment); Families and individuals.

2. To impact partnerships, share knowledge and shape policy and programs to empower individuals and communities to make healthy choices!

3. Strong roots = New Shoots

4. Individual and community strengths and similarities are necessary to build capacity/health and wellbeing

5. Create sustainable and healthy communities by using a focused and integrated approach to enhance evidence based health promotion and prevention

6. Creating common opportunities that result in healthier Manitobans, stronger families and more vibrant communities

7. All Manitobans have the right of equal access to the conditions that enable meaningful participation in \ physical, mental, emotional and spiritual activities that promote health, healthy living and healing in their communities

8. Make healthy living a way of life

9. Manitobans embrace life long healthy living that is enhanced by an attitude of positive change and addresses barriers!

10. Have Faith, Think Big, Start Small, Act now

11. Personal and systemic engagement in achieving and maintaining healthy and balanced living

12. Manitobans take action for their own health and healthy living
Reflecting on the scope of these statements, a working group identified the following components of a healthy living mission statement:

Manitobans

Policy
Community
Family
Individual

\{ Systems / Systemic approach \}

Equal access
Rights

Holistic / integrated
Partnerships / engagement

Create
Action

Healthy living
HL as a social norm

Promotion
Obstacles for consideration as we move toward the VISION

Healthy living’s potential isn’t widely supported
- return on investment in ‘Healthy Living’ isn’t appreciated
- paradigm shift needed
- healthy living ≠ a junior government department
- healthy living isn’t seen as a movement or culture
- short term leadership lacks vision
- focus is on disease

We still do what we know doesn’t work
- selected indicators ≠ community health
- disconnect between evidence and practice (social determinants v. individual focus)
- campaigns still focus on individuals and public (we still do what doesn’t work)

Siloed system
- system design is siloed
- our geography challenges us
- isolated programs ineffective
- not aware of available resources

Communities lack processes and power to engage
- community engagement isn’t well understood
- structures concentrate power, exclude community
- ownership must be reclaimed (root of healthy living strategy is lost)
- Aboriginal community under-represented in process

Competing for resources/Priorities undermines productivity and collaboration
- funding mechanisms short change us
- paperwork undermines productivity
- competition for money breeds fragmentation
- competing priorities

Low trust relationships undermine collaboration
- building trust/relationship takes time and money
- low trust relationships undermine partnerships

Expertise isn’t integrated into effective solutions
- overwhelming information
- political decisions at cross purposes with evidence
- expertise isn’t incorporated effectively into solution design
- we use language differently
- dialogue isn’t grounded in available wisdom
The most useful aspect of this workshop...

- Affirmation of my own personal vision of the road to healthy living
- Good people, good thinking, good spirit
- Opportunity to share and discuss what healthy living means and what it can mean in Manitoba
- The process was interesting. The core themes were not all known (learned).
- Building common ground amongst service providers and a possible working group to continue to move forward
- I am impressed by the level of consensus on a number of important areas. Need to focus on determinants of health, commitment to health equity, holistic approaches, willingness to work collaboratively.
- The activity where we identified what we had in common was very effective in bringing the diverse group together.
- Integrated vision/obstacle/action. Spirituality was incorporated in the best of fashion...motivation with no inspiration is dangerous to us all!
- Facilitators where excellent and helped move process forward. Having variety of community folks/voice here. Structure and progress we made towards vision & suggested actions
- Establishing contacts
- Getting various partners in the room. A shared language re: health as social justice. What a wonderful wealth of resource is available in our province: its been quite inspiring.
- That Health in Common had the courage to try. Opportunity to network with key people.
- Recognition of the challenge we face in Manitoba around healthy living.
- Networking Opportunities. Interesting tools to encourage participation.
- Bringing diverse stakeholders together.
- Awareness of multiple groups and issues affecting healthy living in Manitoba!
- Well done facilitation. The flow from individual ideas to group discussion was excellent. The wide breadth of strategies and organizations around the table and the opportunity to meet people.
- Inclusive. Got from vision to action plan – got the job done in a concrete actionable manner.
- The process utilized. We were able to get through all the work required for participants to leave with a good understanding of “the big picture”.
Coming to agreement / discussion regarding the future of healthy living in Manitoba.

Participatory process

Well facilitated

I enjoyed the interactive approach, helps us as the participants take more ownership as we work towards our goals.

Meeting a new network of people. New linkage.

Facilitators did a great job. Very respectful group to work with. To work about the vast range of networks, etc. working in the context of healthy living in Manitoba. What works & doesn’t work – presentation – excellent.

The concept of health as living a life of happiness. Making the healthy choices fun and easy to make. Trusting this process – having faith that we would get to where we needed to be – thank you for your facilitation.

Great facilitation of overall group. High level of participation – appreciated Dr. Kettner’s involvement for both days.

Wonderful facilitation – inspirational. Opportunities to network and be very engaged. Loved the poetry, quotes, metaphors.

The first morning when we talked to others to find out what we had in common. I could use more of that.

The process – excellent facilitation.

Ideas for improvement...

None

Clearer understanding or the context, history and language, as well as organizational accountabilities and responsibilities – all expressed at the beginning.

Streamline facilitation process. Pre-session summary of each group represented to help get to know each other.

We are a difficult group – I don’t know how you can address this.

A beginning, first steps, but need to ensure that it doesn’t stop here, Could loose momentum past this point.

Describe who Health in Common is or plans to be. Hopes for the session could have been more clearly articulated.

Further discussion around the planned actions would have been helpful.

Explain fully implications of the summit for duration – who owns what?
Further clarity as we heard throughout the process, as to who is leading, what it was, etc. Some folks wanted more information, more background, opportunity to do “homework” before gathering.

Working with the diverse group with diverse interests was extremely challenging. Healthy living is extremely broad and not surprisingly the definition / meaning is confusing. Consider tackling sub topics in the “healthy living” envelope.

Increasing representation & stakeholders. Firm population focus leading to aboriginal, immigrant and refugee inclusion in an economic strategy.

Have “What works and what doesn’t work” presentation at the beginning of the summit – create a more informed context for the two days.

Clarity in setting the stage & pre – understanding of the goal of the meeting.

More focus/ direction/ purpose from the planning committee. More background information.


More clarity in terms of the background leading up to this summit. I don’t think this has been sufficiently clarified. (Excellent facilitation of the strategy development process!)

Appreciate there exists a lot of community networks already in place, these just need to be identified and tapped into – be cautious of redundancy, reinventing the wheel.

None

Provide suggested background documents, research, information that may assist in preparation. Include more youth and First Nations people.

Segregate those who want to use/leave vibrating blackberries and cell phones on tables – it’s rude (yes like we used to do with smokers).

Ministry’s (MHHL) role in planning, future commitments/plans (e.g. reporting back on this summit to the Minister of Healthy Living regarding the idea of a cabinet committee) should have been made clear from the onset. Would have been great to have open public invitation to this event. At least share list of invitees so can suggest broadening.

Initial intent of the summit not well communicated – I did not know why/what I was attending. Would have been helpful to have a better understanding of mandate of Healthy Living Manitoba and Health in Common.

More clarification on the history of the history of Health in Common, The formation of Health in Common etc. Would have been nice to include in participants package.

More people working with facilitators in group settings.

Appreciated that you offered to change up process for the second day.

Individuals identified for small group facilitation to maintain consistency and movement.

Inform players in advance, allowing preparation of collective thoughts in advance.
Seemed to be recreating the wheel, regurgitating existing government language. May have been more efficient to develop a MB version of the 2005 Pan Canadian Healthy Living Document, lets build on what already exists e.g. how to use the existing injury prevention strategy with an overall healthy living context. We all come from similar contexts, I think we could have started further down the path.

It would be helpful to have a better understanding of Health in Common agenda prior to the summit.

Next Steps...

The “second date” meeting convened to review the report.

Establish an interim steering group to continue the work.

Summary of summit. Bibliography/posting on HiC website relevant document that inform the MB Healthy Living Movement

Keep communication lines open

Create a coalition to move this forward.

Well planned

It will be great to see the written proceedings from these two days. The written version will provide the overall cohesion - as the group had input into only specific aspects of the action plan.

Don’t lose the momentum of collaboration.

Further timely information to all participants. Draft document for review and feedback.

Keep the initiative but need to restructure agenda and goals.

I hope a clear, succinct document results. I would like to see a follow up meeting within six months.

Keep working and sharing the story.

Publish report on this summit. Set next meeting to establish action plan.

Document and share findings.

Sharing of the group’s work with participants and their organizations. Health in Common to facilitate a process to implement the common strategies developed by the group.

Communication with those in attendance. Clear purpose for moving forward in concrete ways. Consider idea of health being a limiting vision, liked suggestion for common quest of ‘a good life’.

Ensure the actions are followed up on in addition to being communicated. Confirm accountability plan in writing shortly after today.
Send report to participants. Participants to present (what they contributed to) outcomes to their organization. Organizations to indicate willingness to be a part of this. Host validation forum with organization ‘Heads’

Health in Common has lots of “herding willing cats’ to do.

I appreciate the challenge it is to bring stakeholders together meaningfully, this has been a good start.

See flip charts

Include a representative from First Nations and Inuit Health at the next meeting

Filter all this info and disseminate to the group

Be sure to close information/ communication loop by reporting back to participants

The second meeting

Follow up

Send me update emails once facilitator presents report!

Syntheses & collation of information – report back to group

Share report

Synopsis of major documents related to this and actual analysis

**Overall Value…**

Hard to judge but appears to have had the effect of crystallizing resolve and clarifying the path

Good

9 out of 10 “nothing is perfect”

High value of this historical gathering of health living stakeholders who represent a wealth of knowledge, experience abilities and will to promote the health and wellbeing of all Manitobans.

Value – has a huge expectation that may not be achievable but we can appreciate the effort.

Definitely valuable

I have high hopes for the forum

I think this is a great step in moving Manitobans toward a ‘Healthy Living Strategy’

Still debatable… it will depend on application, implementation – future direction.

Thought it was very useful and productive. Participants were very engaged and active throughout the two days.

Not the greatest however have to acknowledge the challenge
Overall value will depend on what happens next. I look forward to a document that I can bring back to my organization/team to begin to ‘sell’ the concept. I don’t feel that I can do this alone and need this grounded in something bigger.

- Very focused process – well facilitated. Thanks.
- Not sure yet!
- Understanding, clarifying our common interests.
- Good start proof will be in the follow up.
- Excellent experience in synergizing and combining individual energy and ideas to establish common concerns and values, and envisioning a better future for Manitobans.
- Very important to moving Manitoba towards a more positive ‘good life’ future.
- I found David and his team took a very diverse audience – with a very broad mandate – and successfully brought us to our goals in a painless manner.
- Excellent. Hope for a change.
- Great! It actually seems tangible. Good food.
- Thank you – good use of my time.
- Still not sure of where information is going or purpose.
- A start, a beginning to developing a more inclusive strategy for health (broad based).
- Very good
- Useful sharing of mandates was a value added benefit of these two days.
- Depends if it results in action.
- Greater sense of commonalities.
- I got value from 1/4 of the summit – the networking part, the real operations of what is happening on the ground.
- Great start – hopefully sustainable.
- Excellent opportunity to meet partners.
## Participant list

Developing a Healthy Living Strategy - February 19 and 20, 2009 - list of participants

<table>
<thead>
<tr>
<th>Organization/Group</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Agency Network</td>
<td>Barry Fogg</td>
<td><a href="mailto:bfogg@afm.mb.ca">bfogg@afm.mb.ca</a></td>
</tr>
<tr>
<td>Advancing Age: Promoting Older Manitobans</td>
<td>Phaedra Miller</td>
<td><a href="mailto:phaedra.miller@gov.mb.ca">phaedra.miller@gov.mb.ca</a></td>
</tr>
<tr>
<td>Agencies for School Health</td>
<td>Kate Evans</td>
<td><a href="mailto:kevans@afm.mb.ca">kevans@afm.mb.ca</a></td>
</tr>
<tr>
<td>Alliance for the Prevention of Chronic Disease</td>
<td>Val Dunphy</td>
<td><a href="mailto:vdunphy@kidney.mb.ca">vdunphy@kidney.mb.ca</a></td>
</tr>
<tr>
<td>Arthritis Society</td>
<td>Carol Hiscock</td>
<td><a href="mailto:chiscock@mb.arthritis.ca">chiscock@mb.arthritis.ca</a></td>
</tr>
<tr>
<td>Assembly of Manitoba Chiefs</td>
<td>Kathleen McKay</td>
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</tr>
<tr>
<td>Beyond Kyoto</td>
<td>Randall Shymko</td>
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</tr>
<tr>
<td>Canadian Cancer Society Knowledge Exchange Network</td>
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</tr>
<tr>
<td>Chronic Disease Prevention Initiative</td>
<td>Laura Plett</td>
<td><a href="mailto:lplet@mb.cancer.ca">lplet@mb.cancer.ca</a></td>
</tr>
<tr>
<td>Coalition for Safer Waters</td>
<td>Betty Kozak</td>
<td><a href="mailto:bkozak@arha.ca">bkozak@arha.ca</a></td>
</tr>
<tr>
<td>Community Health Assessment Network</td>
<td>Carl Shier</td>
<td><a href="mailto:cshier@lifesaving.mb.ca">cshier@lifesaving.mb.ca</a></td>
</tr>
<tr>
<td>Diabetes: A Manitoba Strategy</td>
<td>Sonia Busca Owczar</td>
<td><a href="mailto:sonia.buscaowczar@gov.mb.ca">sonia.buscaowczar@gov.mb.ca</a></td>
</tr>
<tr>
<td>Environmental Health Guide</td>
<td>Jim Evanchuk</td>
<td><a href="mailto:jim.evanchuk@gov.mb.ca">jim.evanchuk@gov.mb.ca</a></td>
</tr>
<tr>
<td>Envisioning the Future: Manitoba Health Research Strategy</td>
<td>Sande Petkau</td>
<td><a href="mailto:sande_petkau@hs-sc.gc.ca">sande_petkau@hs-sc.gc.ca</a></td>
</tr>
<tr>
<td>Falls Prevention Strategy</td>
<td>Jim Davie</td>
<td><a href="mailto:jim.davie@mhrc.mb.ca">jim.davie@mhrc.mb.ca</a></td>
</tr>
<tr>
<td>FASD Strategy</td>
<td>Marylou Muir</td>
<td><a href="mailto:marylou.muir@gov.mb.ca">marylou.muir@gov.mb.ca</a></td>
</tr>
<tr>
<td>First Nations Community Wellness Working Group</td>
<td>Holly Gammon</td>
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</tr>
<tr>
<td>GLBTQQ Coalition</td>
<td>Amber Prince</td>
<td><a href="mailto:amberp@serdc.mb.ca">amberp@serdc.mb.ca</a></td>
</tr>
<tr>
<td>GO Teams</td>
<td>Horst Backe</td>
<td><a href="mailto:hbacke@wrha.mb.ca">hbacke@wrha.mb.ca</a></td>
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<tr>
<td>Health in Common Board</td>
<td>Cathey Day</td>
<td><a href="mailto:cathey.day@gov.mb.ca">cathey.day@gov.mb.ca</a></td>
</tr>
<tr>
<td>Health Promotion Network</td>
<td>Bruce Leslie</td>
<td><a href="mailto:bleslie@creswin.ca">bleslie@creswin.ca</a></td>
</tr>
<tr>
<td>Healthy Child Manitoba</td>
<td>Don Gamache</td>
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<tr>
<td>Healthy Kids Healthy Futures</td>
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<td><a href="mailto:kathy.mallett@gov.mb.ca">kathy.mallett@gov.mb.ca</a></td>
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<tr>
<td>Healthy Living and Populations</td>
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<tr>
<td>Healthy Sexuality Action Plan</td>
<td>Mark Robertson</td>
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<td></td>
<td>Jeff Dodds</td>
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<td>Lighthouses</td>
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Thursday, February 19

8:30  Registration
9:00  Welcome and Opening Remarks
      Health in Common – Cathy Steven
      Review of Agenda and Objectives - David Church
9:30  Who we are and what we have in common
10:30 Break
10:45 Toward a shared understanding of healthy living
11:45 A shared vision of healthy living: why bother?
12:00 Lunch
1:00  Greetings from Healthy Living Minister Kerri Irvin-Ross
1:10  Creating a shared vision for Manitoba
2:45  Break
3:00  Creating a shared vision for Manitoba (continued)
4:30  End of day

Friday, February 20

8:45  Welcome back
9:00  What Works and What Doesn’t
      Sara Kreindler, WRHA Research and Evaluation Unit
9:30  What gets in the way of doing what works?
10:30 Break
10:45 Rapid Innovation Process to identify strategic outcomes
12:00 Lunch
1:00  Rapid Innovation Process (continued)
2:45  Break
3:00  Report back
3:30 Next steps
3:45 Closing Remarks
4:00  End of day
Developing and Implementing a Healthy Living Strategy
MAKING THE HEALTHY CHOICE THE EASY CHOICE

What?

Please consider this an invitation for a representative of (Network/Coalition/Strategy/Framework) to attend a two-day summit to develop a Healthy Living Strategy; supporting healthy individuals, healthy families and healthy communities in Manitoba.

At the end of the Summit, the Strategy will include:
- a collective vision and mission;
- long term strategic outcomes;
- strategic objectives; and
- an overall strategy approach.

Why?

The intent of the Summit is to develop a common vision that will help shape the future of healthy living in Manitoba – making the healthy choice the easy choice.

The Healthy Living Strategy will allow for:
- collaborative action;
- strengthening community action;
- creating supportive environments;
- evaluation and monitoring; and
- building healthy public policy.

Who?

The strategy will be developed through consultation with those involved in the development of existing Strategies and Frameworks and representatives from existing Coalitions and Networks.
When?

The Summit will be held at the Delta Winnipeg on February 19th and 20th, 2009.

Travel expenses and accommodation will be provided for those requiring support.

Registration

Please provide the name of the individual representing your (Network/Coalition/Strategy/Framework) to csteven@healthincommon.ca by January 30th.

If you have questions or would like further information, you can contact Cathy at csteven@healthincommon.ca or (204)949-2022; keeping in mind that further information will be forthcoming in the next few weeks.

NOTE:

If you receive more than one invitation to the Healthy Living Summit, you were identified as a contact for more than one network, coalition, strategy or framework. It does not mean we are asking you to represent both groups; only that you are being asked to facilitate the identification of a representative for each (of which you may be one).
Promoting Healthy Living

what works    what doesn’t

Dr. Sara Kreindler, Research & Evaluation Unit
Winnipeg Regional Health Authority

Doing What Works?

• An injury prevention dilemma in Chelm
• A public nutrition dilemma in Winnipeg
Reviewing the Evidence

- *Lifting the Burden of Chronic Disease*
  - evidence synthesis on chronic disease prevention and management
  - Report prepared for WRHA
    - abridged version in *Healthcare Policy* (March)
  - Broader applicability to health promotion
Target Individuals

- Diet, exercise, smoking cessation
- Good evidence, but...
- Overall impact is modest
  - may not reach those who need most help
  - inefficient way to change collective lifestyle

Target the Public

- Mass communication / public education
  - OK for new info, simple behaviours
  - does not work for broader lifestyle issues like physical activity
- Social marketing
  - can work if well-targeted and pre-tested
  - mass communication ≠ social marketing
Target the Public

• “Community-based” campaigns
  – North Karelia’s success
  – Why have imitators failed?
    • Initiated by professionals, not the community
    • Overemphasis on communication/education
  – but evidence supports community development (residents set the priorities)

Target Environments

• Greatest potential to change behaviour
  – lessons from tobacco control
  – make healthy choices easier, cheaper
• Need for multiple, non-trivial changes
  – policies at different levels
Target Environments

e.g.:

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<tr>
<th>School Food Policy</th>
<th>Improve Public Transit</th>
<th>Curb Urban Sprawl</th>
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<td>More Bike Paths</td>
<td>Subsidize Healthy Foods</td>
<td>Access to Recreation</td>
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<td>Tax Junk Food</td>
<td>Walkable Neighbourhoods</td>
<td>Ban Harmful Products</td>
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Target Broader Determinants

- **Social Determinants of Health**
  - “haves” healthier than “have nots”
  - direct effects on health
  - effects on lifestyle behaviour
**Target Broader Determinants**

- Need for healthy economic, social, environmental policy
- Integrated approach across sectors

**Putting it All Together**

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<th>Most Impact</th>
<th>Potential Impact</th>
<th>Less Impact</th>
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| **Target Environments**  
  • policies that make healthy choices easier  
  • restrict unhealthy products  
| **Target Environments**  
  • tangible changes in schools, workplaces  
| **Target Environments**  
  • workplace promotional events, contests, etc.  
  • school-based with little environmental change  |
| **Target the Public**  
  • community development (residents set priorities)  
| **Target the Public**  
  • well-designed social marketing  
| **Target the Public**  
  • mass media appeals  
  • professionally-initiated campaigns to promote healthy lifestyle  |
| **Target Broader Determinants of Health**  
  • healthy economic, social & environmental policy  
| **Target Individuals**  
  • individual counseling  
  • group programs  
| **Target Individuals**  
  • workplace promotional events, contests, etc.  
  • school-based with little environmental change  |


Is the glass half full?

- The most effective approaches may not be easiest or cheapest
- But redirecting or pooling resources is better than doing what’s ineffective

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