Building Capacity for Policy Work
What Helps and Hinders
Healthy Eating, Physical Activity and Good Mental Health
for Residents of Wilmot Township

A report prepared for:
The Waterloo Region Healthy Communities Partnership
The Wilmot Healthy Communities Coalition

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The consulting team would like to thank the following individuals for their input and guidance throughout the project:

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About the Healthy Communities Partnership

In May 2009, Region of Waterloo Public Health (Public Health) was asked by the Province to establish a Waterloo Region Healthy Communities Partnership (Partnership) to improve population health outcomes through the development of local healthy public policies in six health promotion priority areas – physical activity, sport and recreation, injury prevention, healthy eating, tobacco use/exposure, substance and alcohol misuse, and mental health promotion. The Partnership was formed in late 2009 and developed a twofold vision to create a strong voice for health promotion in Waterloo Region and to reflect the diversity of our community in decision making. In March 2010, a Community Picture was released and identified three priority actions for the Partnership:

1. Implement the Healthy Community Food System Plan for Waterloo Region which includes food skills and food access. Ensure that the plan addresses issues which contribute to the viability of local farms and to ensure access to healthy eating options through the implementation of regional and municipal planning, human services, and zoning support.

2. Improve the affordability and availability of physical activity, sports and recreation opportunities, including active transportation, at the neighbourhood level and region wide (including formal and informal).

3. Use social determinants of health approach to address the underlying contributing factors associated with mental health and to advocate for stakeholders to adopt and fund such an approach.

Three existing and nascent networks stepped forward to guide next steps regarding these priority actions. The Waterloo Region Active Living Network, the Waterloo Region Food System Roundtable and the Mental Health Work Group agreed to act as the respective leads for the food system, physical activity and mental health priorities.

This report, Building Capacity for Policy Work – What Helps and Hinders Healthy Eating, Physical Activity and Good Mental Health for Residents of Wilmot Township, was made possible by a third round of funding by the Ministry of Health and Long Term Care released in January 2013; it is intended to support the evolving work of the Waterloo Region Healthy Communities Partnership and the Wilmot Healthy Communities Coalition. Two other reports have been released due to this third round of funding. They are Planning: for Food Friendly Municipalities and Blueprint for Physical Activity. A report to the Waterloo Region Active Living Network.

Readers with questions regarding the Partnership are welcome to contact Katherine Pigott at kpigott@regionofwaterloo.ca or 519-883-2004 ext. 5415. Those who would like further context regarding this report should contact, Elba Martell at emartell@regionofwaterloo.ca or 519-883-2004 ext. 5921

The perspective and recommendations expressed within Building Capacity for Policy Work. What helps and Hinders Healthy Eating, Physical Activity and Good Mental Health for Residents of Wilmot Township, belong to the consulting team and do not necessarily reflect the perspective of the Ministry of Health and Long Term Care or Region of Waterloo Public Health.
1.0 BACKGROUND

1.1 THE WILMOT HEALTHY COMMUNITIES COALITION (WHCC)

The Wilmot Healthy Communities Coalition (WHCC) began as a grassroots initiative in the late 1990s and incorporated in December 1998. The Coalition seeks to activate community and individual strengths and to encourage cooperation among all sectors and generations, in order to create a healthy community in Wilmot where all people can thrive. The Coalition has three key goals:

1. To promote healthy communities principles and activities in Wilmot Township, with a central focus on youth.
2. To be a catalyst in bringing together individuals and groups to take collective action that makes Wilmot Township a healthier community.
3. To contribute to healthy public policy impacting Wilmot Township.

The WHCC partners with schools, governments, community organizations, churches, and businesses to build a healthy community and establish the building blocks for the next generation to be healthy and productive contributors to their community and society as a whole. The Living Well Festival is a yearly event run by WHCC that promotes healthy living in the community through health-related workshops and activities for residents of all ages.

1.2 Purpose of the Project

The purpose of this project was to help build the knowledge and skills of WHCC members to advocate more effectively for local policy actions that support healthy eating, physical activity and mental health. Since its inception, the Coalition’s work has predominantly focused on building community capacity for health by:

- Educating and promoting the healthy communities’ principles to community members through workshops, presentations, community forums, etc.
- Creating opportunities for intergenerational interactions by offering events and activities where people from all ages participate (e.g., roller skating, ball hockey tournaments, reading buddies, etc.).
- Mobilizing the community around healthy communities’ topics (e.g., The Living Well Festival).
- Building partnerships and collaboration among different sectors of the community.

With the encouragement of Public Health staff, Coalition members expressed an interest and willingness to strengthen their focus on policy development and advocacy.

1.3 Project Deliverables

The Waterloo Region Healthy Communities Partnership (WRHCP) and the Wilmot Healthy Communities Coalition (WHCC) retained Coppola & Associates, Inc. in February 2013 to perform the following tasks:

- Lead a community engagement process (key informant interviews and focus groups) to identify barriers and supports to healthy eating, physical activity and positive mental health for residents of Wilmot Township as well as identify possible policy priorities in those three areas.
- Develop a community profile document/resource that can be used by the Coalition to motivate and engage the community in local policy action initiatives.
- Review relevant reports to identify opportunities for alignment.
- Help build the capacity of the WHCC to advocate for local policy actions that support healthy eating, physical activity and mental health by:
o Designing and delivering a training workshop on how to undertake policy development work at a community level.

o Designing and facilitating a strategic planning workshop to review the vision and mission of the WHCC and identify how policy development initiatives fit with the Coalition’s strategic priorities.

o Identifying existing networks, organizations and individuals working on the three areas of focus.

This work was substantively completed by March 31, 2013. This report highlights relevant demographic information for Wilmot Township, summarizes the results of the community engagement process and identifies opportunities for synergy and alignment outlined in reports about other relevant initiatives. A separate report was created to document the strategic planning process and outcomes.

1.4 Health Promotion/Healthy Communities Approaches

It is important to note that this work was strongly grounded in two fundamental health-promotion frameworks:

- The healthy communities approach, and
- The Ottawa Charter for Health Promotion (1986).

1.4.1 A Healthy Communities Approach

Briefly, a healthy communities approach (see Appendix 5.1) “addresses multiple determinants of health (social, economic, environment, physical) and is based on five essential strategies that build on a community’s existing capacity to improve community health and wellbeing”:

- Community/citizen engagement;
- Multi-sectorial collaboration;
- Political commitment;
- Healthy public policy; and
- Asset-based community development.

Community and citizen engagement is fundamental to a healthy communities approach and “wide community involvement is particularly important for creating a shared vision for a common future.”

1.4.2 The Ottawa Charter for Health Promotion

The Ottawa Charter (see Appendix 5.2) describes health “as a resource for everyday life, not the objective of living” and defines health promotion as “the process of enabling people to increase control over and to improve their health.” The Charter outlines five key health promotion actions:

- Building healthy public policy – including legislation, fiscal measures, taxation and organizational change;
- Creating supportive environments – where people live, learn, work, play and love;
- Strengthening community action – engaging community members in decision-making, planning and implementation activities;
- Developing personal skills – by providing information and educational opportunities, and enhancing life skills; and
- Reorienting health services – working together with individuals, community groups, health professionals, health service institutions and governments to create health systems that move beyond clinical and treatment services to include prevention and a focus on “the needs of the individual as a whole person”.

Wilmot Healthy Communities Coalition: Building Capacity for Policy Development (May 2013)
The Charter also notes that improving health through the actions outlined above must be firmly grounded in:

- **Advocacy** – ensuring political, economic, social cultural, environmental, behavioural and biological factors create favourable conditions for health.
- **Enabling** – striving to reduce differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential.
- **Mediation** – resolving differing interests in society and coordinating efforts across all sectors in the pursuit of health for all.

This health promotion framework will be used to categorize the results of the community engagement activities as one way to help inform decision-making during the strategic planning sessions that will be held with the Coalition members and key community partners.

### 2.0 TOWNSHIP OF WILMOT – COMMUNITY PROFILE

The Township of Wilmot is a small rural municipality in the Region of Waterloo, Ontario, Canada. The majority of Wilmot residents live in the towns of New Hamburg and Baden, but the Township also has a number of smaller settlements including St. Agatha, Petersburg, Mannheim, New Dundee, Philipsburg, Shingletown, Wilmot Centre, Haysville, Luxembourg, Lisbon, Sunfish Lake and Foxboro Green.

Wilmot’s total population is roughly **19,220 people** (2011 Census, Statistics Canada).

![Region of Waterloo GIS Department](image]

Growth projections estimate Wilmot's population **will increase to roughly 28,500 people by 2029**. This represents a growth rate of approximately 48 per cent. Here are some other facts and figures about the residents of Wilmot Township.

### 2.1 Family Composition

- 53 per cent of couples (married/common-law) have children living at home; the other 47 per cent don’t
- 75 per cent of single parent families are led by females; 25 per cent are led by males
- Children living in private (census) households are in the following age groups:
  - 23 per cent are under 6 years of age
  - 36 per cent are between 6-14 years of age
  - 34 per cent are between 15-24 years of age
  - 8 per cent are over 25 years of age

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1. 2006 Census, Statistics Canada and Region of Waterloo Official Plan 2009
2. 2011 Census, Statistics Canada
2.2 Education & Income Levels

- 24 per cent of Wilmot residents aged 15 years and older have not earned their high school diploma
- The level of education attained by residents between the ages of 25-64 is:
  - 15 per cent have not earned their high school diploma
  - 27 per cent have earned a high school diploma or equivalent
  - 58 per cent have completed post-secondary education
- The average after-tax income in Wilmot is approximately $53,300 based on the following household estimates:
  - Couple with children = $83,540
  - Couple – no children = $60,000
  - Single parent – female = $40,000
  - Single parent – male = $53,000
  - Single person = $30,000

2.3 Language, Ethnicity & Faith

- 10 per cent of Wilmot’s total population are immigrants, the majority of whom arrived prior to 1991
  - German was the most common ethnic origin identified by all respondents to the Woolwich Community Health Centre (WCHC) 2010 needs assessment survey followed by Canadian, English, and Scottish;
  - 22 per cent of the WCHC respondents who live in Wilmot selected German as their ethnic origin.
- 90 per cent of the population selected English as their ‘mother tongue’, 1 per cent selected French and the remaining 9 per cent selected another language
- The top five languages spoken by residents who speak a language other than English (10 per cent) are:
  - German, French, Dutch, Romanian and Polish
- In 2006, Mennonites comprised 11-12 per cent of the population of Wilmot Township
- There are 31 Protestant ‘religious facilities’ in Wilmot (91 per cent); 2 Catholic facilities and 1 ‘other’ facility

2.4 Health & Lifestyle

Data about the healthy eating, physical activity and mental health status of Wilmot residents is not readily available due to how Census data is collected and the relatively small sample sizes that result. Where “township” level data was available, it represents combined data from North Dumfries, Wellesley, Woolwich and Wilmot Townships. Otherwise, data for the Region of Waterloo has been provided as a reasonable proxy as there are usually not statistically significant differences between municipal and regional results.

2.4.1 Physical Activity Levels

Canada’s Physical Activity Guidelines recommends children/youth between the ages of 5-17 years of age get 60 minutes of moderate to moderately-vigorous activity daily. Adults 18 years of age and older should accumulate 150 minutes (2.5 hours) of moderate to moderately-vigorous activity each week. These targets can be achieved in time increments as short as ten minutes each throughout the day.

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3 2006 Census, Statistics Canada
4 2011 Census, Statistics Canada
5 Township of Wilmot website, 2013
6 Quick Stats, Region of Waterloo Public Health (July 30, 2012) LEISURE_TIME_PHYSICAL_ACTIVITY
7 Available online at Canadian Society for Exercise Physiology
Almost half (48 per cent) of Waterloo Region residents 12 years of age and older indicated they were not active during their leisure time (e.g., walking less than 30 minutes/day) according to the Canadian Community Health Survey (CCHS) 2009-2010.

- 48% of Waterloo Region residents were not active during their leisure time
- 22% - were moderately active
- 30% - were active

Twenty-two percent indicated they were moderately active (e.g., engaging in 30-60 minutes of walking/day or a one hour fitness class three times a week) and 30 per cent indicated they were active (e.g., walking for one hour/day or jogging for 20 minutes each day).

CCHS respondents residing in the four Waterloo townships\(^9\) reported slightly higher levels of physical activity during leisure time with 54 per cent indicating they were active or moderately active and 46 per cent reporting they were inactive during their leisure time.

Female residents of Waterloo Region 12 years of age and older reported they were either moderately active or active during leisure time (54 per cent) compared to their male counterparts (51 per cent). And greater numbers of youth and young adults reported they were physically active during their leisure time (79 per cent of youth 12-17 years old; 66 per cent of young adults 18-24 years). Immigrants also reported lower levels of physical activity during leisure time with only 42 per cent describing themselves as active or moderately active as compared to 55 per cent of Canadian-born respondents.

\(^9\) North Dumfries, Wellesley, Wilmot and Woolwich

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**Not active during leisure time - Waterloo Region (e.g., walking less than <30 minutes/day)**

Photo Credit: Alamy
Income levels may contribute to lower levels of physical activity during leisure time: 43 per cent of Waterloo residents earning less than $40,000 reported they were moderately active or active compared to 60 per cent of those earning $70,000.

It is important to note that leisure time accounts for only a portion of an individual’s total daily physical activity levels. Physical activity also occurs at work (occupational physical activity), doing daily chores and engaging in active transportation (walking or bicycling to get to destinations).

### 4.1.2 Recreation Facilities

According to Weston (2009), there appears to be a good range of recreation facilities in Wilmot including: 2 ice arenas, 9 athletic fields, 13 baseball diamonds, 6 community centres, 10 playgrounds, 11 parks, 1 indoor pool, 3 tennis courts, 3 public golf courses, 2 trails, and 1 museum. It is not known how many privately operated recreation programs/facilities there are in Wilmot Township.

### 4.2 Healthy Eating

Most adults are familiar with the Canada Food Guide message that encourages people to ‘eat five to ten servings of vegetables and fruit each day’. However, it is generally easier for people to recall how often they consumed vegetables and fruit (frequency) rather than the number of servings (based on portion size). As such, frequency is used as a proxy measure for number of servings.

Results from the CCHS 2009/2010 survey indicate that over half of Waterloo Region residents (59 per cent) 12 years of age and older are not consuming the recommended number of servings of vegetables and fruit, eating these foods less than five times a day; 37 per cent eat vegetables and fruit between five and ten times a day and 4 per cent report eating vegetables and fruit ten or more times a day. Residents of the four townships are not faring much better as 52 per cent report eating vegetables and fruit less than five times a day.

More women (49 per cent) report eating vegetables and fruit five or more times a day as compared to men (33 per cent). Similarly, greater numbers of immigrants report consuming vegetables and fruit five or more times a day (42 per cent) compared to Canadian-born respondents (36 per cent).

As with physical activity, income levels may also be contributing to the frequency of vegetable and fruit consumption although the differences are not as striking as one might expect. 41 per cent of those earning less than $40,000 report eating five or more servings of vegetables and fruit daily which means 59 per cent are eating less than five servings each day. Of those earning $100,000+, 51 per cent report eating five or more servings of vegetables and fruit each day while 49 per cent report eating less than five servings.

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**Not Active during Leisure Time by Income Level**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>$100,000+</td>
<td>43%</td>
</tr>
<tr>
<td>$70,000 - $99,999</td>
<td>38%</td>
</tr>
<tr>
<td>40,000-69,999</td>
<td>52%</td>
</tr>
<tr>
<td>&lt; $40,000</td>
<td>57%</td>
</tr>
</tbody>
</table>

**Canadian Community Health Survey, 2009/10**

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**59% of Waterloo residents**

12+ years of age eat vegetables and fruit **LESS than 5 times/day**

**52% of residents in the 4 Townships** report eating vegetables and fruit **less than five times a day.**

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**Vegetable & Fruit Consumption by Income Level**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100,000+</td>
<td>49%</td>
</tr>
<tr>
<td>$70,000 - $99,999</td>
<td>62%</td>
</tr>
<tr>
<td>40,000-69,999</td>
<td>65%</td>
</tr>
<tr>
<td>&lt; $40,000</td>
<td>59%</td>
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</tbody>
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**Canadian Community Health Survey, 2009/10**

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Quick Stats, Region of Waterloo Public Health (July 19, 2012) [VEGETABLE FRUIT CONSUMPTION](#)
Surprisingly, it is the middle income groups that seem to have the poorest consumption habits: 65 per cent of those earning $40,000-$69,999 and 62 per cent of those earning $70,000-$99,999 consume less than five vegetables and fruit each day.

The possible impact of income on healthy eating habits will also be viewed through the lens of food security data.

### 2.4.3 Food Security

The World Food Summit of 1996 defined food security as existing “when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life”. Commonly, the concept of food security is defined as including both physical and economic access to food that meets people’s dietary needs as well as their food preferences.

In its Quick Stats publication on food insecurity\(^\text{11}\), Waterloo Region Public Health provides the following definitions to help with data interpretation:

- **Food secure**: No indication or one indication of difficulty with income-related food access.
- **Moderately food insecure**: Indication of compromise in quality and/or quantity of food consumed.
- **Severely food insecure**: Indication of reduced food intake and disrupted eating patterns.
- **Adult food insecurity**: Proportion of households where the adult household members (i.e., 18 years of age or older) are food insecure.
- **Child food insecurity**: Proportion of households where the child household members (i.e., less than 18 years of age) are food insecure.

Township level data was not available (suppressed) due to unacceptably high sampling variability. Data for Waterloo Region as a whole suggests fewer than 9 per cent of households in the region experience either moderate (6.2 per cent) or severe (2.4 per cent) food insecurity due to income-related reasons. 6 per cent of households have children under 18 years of age deemed to be food insecure while 8.4 per cent of households have adult members (over 18 years of age) deemed to be food insecure.

25 per cent of Waterloo Region households earning less than $40,000 are deemed to experience food insecurity as are 7 per cent percent of households with incomes ranging from $40,000-$69,000. Again, data for the other income levels was suppressed due to unacceptably high sampling variability.

### 2.4.4 Body Mass Index – Adults

Body Mass Index\(^\text{12}\) (BMI) classifies body weight into health risk categories: unhealthy weight (BMI <18.5), healthy weight (BMI 18.5-24.9), overweight (BMI 25-29.9) and obese (BMI 30+). Adults with BMIs 25 and over are considered to be a greater risk for of serious health conditions such as type 2 diabetes, heart disease and high blood pressure\(^\text{13}\).

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\(^{11}\) Quick Stats, Region of Waterloo Public Health (July 19, 2012) [Food Insecurity](http://www.wwph.ca/)

\(^{12}\) BMI for adults is calculated as weight in kilograms divided by high in metres squared.

\(^{13}\) Morrison KM, Chanoine JP. 8 Clinical evaluation of obese children and adolescents. *CMAJ 2007;187(8): online-45-online-49*
According to CCHS 2009/2010 data\(^{14}\), 52 per cent of adults (18 years of age and older) residing in Waterloo Region were classified as either overweight (34 per cent) or obese (18 per cent). Sixty percent of adults residing in the four townships had BMIs over 25 putting them in the overweight/obese health risk categories.

A higher proportion of adult males (61 per cent) were considered to be overweight or obese compared to 42 per cent of women. Canadian-born respondents were also more likely to be overweight or obese (56 per cent) compared to immigrants (41 per cent). Adults aged 18-24 were less likely to be overweight or obese (38 per cent) while 64 per cent of those aged 50-64 years old fell into these BMI categories.

**Waterloo Residents: Overweight/Obese**

Canadian Community Health Survey, 2009/10

### 2.4.5 Body Mass Index – Adolescents

BMI is calculated differently for youth\(^{15}\) (those aged 12-17 years old) and is reported in three categories:

- neither overweight or obese,
- overweight, and
- obese.

The good news is that the majority of youth living in Waterloo Region and its four townships are neither overweight or obese (87 per cent and 74 per cent respectively)\(^{16}\). That said, there is still one quarter (26 per cent) of youth who reside in the four townships that are considered to be overweight or obese.

Ten percent of female youth and 21 per cent of male youth fall into the overweight and obese classifications. One third (32 per cent) of immigrant youth are either overweight or obese compared to 14 per cent of Canadian-born youth\(^{17}\).

### 2.4.6 Mental Health

This data in this section has been pulled from two local reports:


The WCHC report presented data compiled from a community survey they conduct every five years and contained some Wilmot specific data; however most of the data reported covers the three townships within the WCHC catchment area: Woolwich, Wellesley and North Wilmot.

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\(^{14}\) Quick Stats, Region of Waterloo Public Health (July 19, 2012) [ADULT_BODY_MASS_INDEX](#).


\(^{16}\) Quick Stats, Region of Waterloo Public Health (September 17, 2012) [ADOLESCENT_BODY_MASS_INDEX](#).

\(^{17}\) Quick Stats, Region of Waterloo Public Health (September 17, 2012) [ADOLESCENT_BODY_MASS_INDEX](#).
2.4.7 Adults

According to 2009 CCHS data, 72 per cent of Waterloo residents aged 12 years and older rated their mental health as *very good or excellent*. The WCHC survey found that just over half (52 per cent) of its respondents rated their mental health *very good or excellent* and another 34 per cent indicating their mental health was *good*. Twelve percent of WCHC survey respondents rated their mental health as *fair or poor*.

When it came to rating stress levels, 56 per cent of WCHC respondents reported *moderate* levels of stress while 13 per cent stated they had *high* levels of stress. The report went on to note that females reported slightly higher levels of stress than males. CCHS data for Waterloo Region indicated that 24 per cent of respondents report having *quite a lot of stress* with one third of adults aged 35-44 reporting that they have quite a lot of stress.

![Top 3 Stressors](Image)

The top three stressors for WCHC survey respondents were related to family/relationships, money and employment. Women indicated they were stressed the most by family/relationships, commitments/lack of time and caregiving responsibilities while men were stressed by money and employment issues, followed by family/relationships.

The WCHC *Community Needs and Capacity Assessment* also asked survey respondents about *social isolation*. 80 per cent of respondents stated they ‘had someone to turn to’ (family 90 per cent; friends 79 per cent; Church 47 per cent). Three percent reported they ‘had no one to turn to’.

When asked to rate how often they felt ‘lonely or sad’, 53 per cent said they felt sad or lonely *some of the time*. 2 per cent indicated they *always* felt sad or lonely. Prolonged periods of sadness or loneliness could be a sign of depression.

In Waterloo Region the number two cause of deaths is intentional self-harm, with 36 deaths attributed to this cause in 2009.

All-cause mortality data for the Waterloo Region reveals there were 36 deaths attributed to intentional self-harm in 2009; 31 of those deaths were men, five were women. This data is not available in any finer detail (i.e. at the city or township level). The only data found at the broad ‘township’ level pertained to deaths due to injury which reveal that there were fifteen deaths across the four Waterloo townships in 2009.

Data on death by suicide is hard to locate, although the WCHC report contained some statistics provided by Waterloo Region Police Services. In 2004, Waterloo police reported that they responded to 387 calls related to suicide in the Region of Waterloo and 34 deaths occurred by suicide. From January to August, 2009, the police department responded to 744 calls related to suicide and during that same time 21 deaths by suicide occurred. The WCHC report went on to note that males have higher mortality rates related to suicide while females have higher rates of emergency room visits due to suicide attempts than males.

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18 Waterloo Region, Quick Stats. [MORTALITY](#)

19 Waterloo Region, Quick Stats. [INJURY_MORTALITY](#)
2.4.8 Youth

The Ontario Student Drug Use and Health Study (OSDUHS) gathers information from students about their mental health. One in eight students (12.5 per cent) attending schools in the catchment area for the Waterloo-Wellington Local Health Integration Network (WW-LHIN) reported poor mental health,

31.5 per cent report medical use of opioid pain relievers, 28.3 per cent reported psychological distress, 26.3 per cent had been bullied and 22.2 per cent had visited a mental health professional in 2009 (DWRCA, March 2011).

The WCHC Community Needs and Capacity Assessment found self-harm (cutting and burning) was identified as an issue among youth. When asked what they felt was the root cause of self-harm, youth throughout the area mentioned the following factors:

- home life and poor relationships with parents,
- bullying and cyber-bullying,
- pressure to do well,
- boredom, and
- low self-esteem and poor body image.

Youth participants and adult service providers both raised concerns about eating disorders such as anorexia and bulimia. According to the Draft Waterloo Region Community Assessment report (March 2011), from 2003 to 2007, there were 42 cases of hospitalization for an eating disorder in Waterloo Region and nearly half (42.9 per cent) of those hospitalized were between the ages of 15 and 19. The overwhelming majority (93 per cent) of those hospitalized were female.

3.0 COMMUNITY ENGAGEMENT – PROCESS & RESULTS

Key informant interviews and focus groups were undertaken in February and early March 2013 with the following objectives in mind:

1. To identify the supports and opportunities that enable residents to be physically active, access healthy foods and nurture positive mental health.
2. To identify the barriers and challenges for increasing access to healthy food, physical activity and mental health for Wilmut residents from the perspective of Township residents and service providers.
3. To identify possible policy priorities within each of the three areas of focus.
4. To compile additional background information that could inform discussions during the policy development workshop and for action planning during the strategic planning session with the WHCC.

3.1 Key Informant Interviews

A diverse cross-section of individuals with a sound knowledge of the community and familiarity with one or more of the three focus areas being studied (physical activity, healthy eating and mental health) were identified by one of the co-chairs of the WHHC and the Public Health Planner providing resource support to the Coalition. Interviewees were also asked if they could suggest others who should be interviewed or if they would be willing to either host a focus group or recommend an established group that might be willing to host a focus group.

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20 The Waterloo Wellington Local Health Integration Network (WW-LHIN) boundary includes all of the County of Wellington, the Region of Waterloo, and the City of Guelph as well as part of Grey County.
A total of 25 key informants were interviewed by phone between February 14 and March 4, 2013. One third (8) of the interviewees were male; the other two thirds (17) were female. The majority of those interviewed (20) were between 19-64 years of age; three were over 65 years old and one was under 19 years of age. Individuals represented the following sectors:

- Non-Profit Organizations and Groups – 10
- Business – 5
- Municipal Government – 4
- Education – 1
- Residents - 5

Participants were asked a series of questions based on an interview guide (see Appendix 5.3) that most received prior to their interview. Participants had a choice of responding to questions on physical activity, healthy eating or mental health. While several respondents chose to answer questions in one area based on their interests and background, many chose to answer questions for all three areas. Each respondent was also asked to indicate how relevant a number of regional issues\(^\text{21}\) were to Wilmot Township. Each interview lasted between 45 to 90 minutes.

### 3.2 Focus Groups

Five focus groups were held in late February and early March and were attended by a total of 37 people (4 men, 33 women). One focus group was held with staff from the Wilmot Family Resource Centre (WFRC) followed by one with clients of WFRC. One focus group was held with high school students attending Waterloo-Oxford Secondary School and two were held with existing groups for women/mothers.

Efforts were made to have a diverse range of participants from different age cohorts, faiths, income levels and job types as well as a balance between men/women. It proved challenging to find existing groups for men, seniors and healthcare professionals that were interested in participating in a focus group within the time frame for the project. As such, the focus groups were predominantly attended by women (89 per cent), many of whom were mothers with children at home, even though both daytime and evening options were made available to local organizers.

### 3.3 Findings

Due to the relatively small sample sizes for the key informant interviews (25 people) and focus groups (37 people) and the fact that the core questions asked of participants were similar, the results will be presented in a combined format. Any results that are unique to a specific group of respondents will be noted.

For each of the three areas of focus (physical activity, healthy eating and mental health), findings from the key informant interviews and focus groups will be organized under three sub-headings:

- Supports – what helps residents to engage in this behaviour?
- Challenges – what makes it difficult for residents to engage in this behaviour?
- Potential Policy Opportunities - what specific suggestions do you have that will make it easier for residents to engage in this behaviour? What policies might the Township of Wilmot consider to better support residents’ health and well-being?

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\(^{21}\) Issues pull from the 2011 Community Picture compiled for the Waterloo Regional Healthy Communities Partnership.
3.3.1 Experience with Policy Development

At the outset of each interview and focus groups, individuals were asked to provide some background about themselves and their current situation (work/family life). Only one of the key informants interviewed indicated previous experience with policy development initiatives which formed a large part their job. Three others had some knowledge of policy development processes from a municipal perspective. The majority of those interviewed (21) indicated they had no experience in policy-related activities other than organizational policies at their place of work. The same was true of focus group participants.

It was noted by one individual that not many residents attend Council meetings when policies are presented unless they feel really passionate about the issue. Recently, many residents attended a Council meeting to voice their disapproval of a plan to establish a casino in the Township.

None of the key informants interviewed felt that culturally-specific programs were necessary within any of the three areas of focus, as they believed there was very little cultural diversity in Wilmot. Both key informants and focus group participants suggested that the Township look for opportunities to provide services and recreation opportunities in places where people already naturally gather. The Wilmot Recreation Complex, area churches, the three seniors’ communities, the Thrift Store and the Wilmot Family Resource Centre (WFRC) were all identified as hubs where people gather and socialize.

3.3.2 Physical Activity

3.3.2.1 Supports

When asked, “What makes it easy for residents to be physically active within the Township?” the majority of key informants and focus group participants mentioned the Wilmot Recreation Complex and described it as a hub for physical activities, minor sport and social interaction. Residents appreciate the size and quality of the facilities and the many programs for hockey, skating, swimming, walking, fitness and general interest.

The Recreation Complex was seen to offer lots of activities for children, youth and seniors although opinion was divided on how affordable those activities were. Some felt registration fees were ‘reasonable’ while others felt they were ‘somewhat expensive’, particularly if families were enrolling multiple children in multiple activities. Several people felt the Township did offer some low and no cost activities with free public skates and swim times mentioned specifically. Both adults and students identified the old arena as a good place for youth and teens to participate in additional physical activities such as skateboarding and roller blading.

Some interviewees indicated they participated in organized physical activities at their church and students did most of their physical activity at school. Students also noted they often learned of physical activity opportunities through others like their parents and the school guidance counsellor.

Unstructured, non-organized physical activities that were mentioned by the respondents included walking, cycling and gardening. A few individuals indicated that they joined a local gym, while others find it more convenient to travel to Kitchener to participate in some physical activities, particularly competitive sports (e.g., youth baseball).
Participants also mentioned local parks were seen as a good place to walk and take children. Scott Park was mentioned frequently although many felt it was under-utilized and that the playground equipment and tennis courts needed some maintenance. The addition of wider lanes for cycling on certain regional roads was appreciated by those who ride bicycles. One interviewee noted that the Township is currently developing a Trails Master Plan that would link the Recreation Complex to Baden and New Hamburg.

3.3.2.2 Challenges

In response to the questions, “What makes it difficult or challenging to be physically active for you and for groups of people you think are not as active as they would like to be?” key informants and focus group participants mentioned a variety of barriers and challenges. Those barriers and challenges that were also identified in focus groups/key informant interviews held previously in Waterloo Region (2010) have been highlighted in italics. The items are not listed in any priority order.

- **Equipment costs, registration fees and travel expenses for sports like hockey and skating** was mentioned consistently as a barrier to participation, particularly for lower income families and for families with more than one child in a program
  - Subsidies seem to be geared to income and don’t take into consideration family size and composition (e.g., one or more children with special needs)
- **Registering for Recreation Complex programs** can be a challenge for those without internet access; programs often fill up prior to the on-site registration day
- **Lack of transportation to the Recreation Complex as well as to team and other organized events** was a big challenge for those without cars
  - Children and youth rely on their parents for rides to events. Teens especially would like to be more independent and would use trails to bike to recreation opportunities or use public transit.
  - Seniors can sometimes get rides from volunteers, but priority is given to rides for medical appointments
- **Lack of interconnected trails for active transportation** was noted frequently. Respondents cited the Waterloo Region as a positive example of a community with a good trail system and endorsed the idea of more trails in Wilmot
- Several respondents mentioned a lack of safe dog-walking/leash free parks
- Park equipment and facilities such as tennis courts and children’s play structures are in need of repair, maintenance or updating
- **Need for safe areas to walk and bicycle** in neighbourhoods and to points of interest
  - Routes need to be cleared of snow in winter
  - Parents were reluctant to encourage their children to walk/bike to school or recreation activities due to the lack of sidewalks/bike lanes, traffic volumes/speed
  - Seniors felt that a fear of falling prevented them from participating in regular physical activity, particularly in the winter
  - Many noted sidewalks not cleared in winter and snow often piled up at the corners of intersections making it difficult to access pedestrian crossing signals and/or to cross the street
- **Need more activities/facilities suitable for pre-adolescent aged children and teens**
- Several parents noted there were limited program offerings for children requiring special accommodations due to physical or intellectual challenges and policies around ‘accommodation’ for maturity/ability appeared to be applied inconsistently, particularly by sports organizations
- **Need creative ways to encourage participation in physical activities and promote existing opportunities, e.g., through social media or neighbourhood challenges**
3.3.2.3 Suggestions with Possible Policy Implications

When asked for "specific suggestions that will make physical activity and recreation easier and more accessible for all Wilmot Township residents" respondents found it easier to suggest programming and promotional activities and struggled to describe supportive policies even when prompted with examples. All the suggestions made have been captured to inform strategic planning discussions; some could inform a policy development initiative and so have been marked with a (p), the remaining ideas might be championed/implemented by other community organizations. Again, those that are common to both Waterloo Region as well as Wilmot Township have been highlighted in italics.

a) Promote active transportation through mechanisms such as:
   i.  An interconnected trail system for walking and cycling linking the communities to the Recreation Complex as well as the towns and key destinations within the Township (p)
   ii. Adding bicycle lanes on all local roads as they are resurfaced (p)
   iii. Add sidewalks in neighbourhoods and along major thoroughfares to make walking safer (p)
   iv. Bylaws to require developers to create trails and allot green space in new sub-divisions (p)
   v. More signage for trails and better promotion of existing trails – where they are, where they go, distances, etc. It was suggested a trails map would be helpful.
   vi. Employers to offer incentives (financial or otherwise) to encourage employees to bike to work (p)
   vii. Explore feasibility of ‘rent-a-bike’ programs to increase access and convenience
   viii. Install bike racks at public buildings; encourage businesses to provide bike racks at their facility or join together to place bike racks in key locations in the township(p)

b) Have public transportation available to facilitate travel between towns and settlements within Wilmot as well as to other urban centres such as Kitchener-Waterloo and Stratford.

c) Increase access to physical activity by:
   i. Making organized sporting activities more affordable through additional subsidies or decreased costs (p)
   ii. Enhancing the discount policy at the Recreation Complex especially for families with more than one child participating in programs (p)
   iii. Change Township policy of needing all programs to be cost neutral (p)
   iv. Increase opportunities for children and youth to play in less structured and less competitive activities, e.g., summer playground programs in local parks (drop-in format); a Splash Pad facility
   v. Move some program offerings into local parks during summer/fall to increase visibility and access;
   vi. Offer free ‘try it out sessions’ so people can experience a program before making a financial commitment (p)
   vii. Provide childcare options so parents can participate in activities or ensure program scheduling aligns so family members can participate in different programs at the same time (p)
   viii. Offer residents access to fitness/nutrition advice (personal trainer, dietitian) to help them ‘map out’ a healthier lifestyle
ix. Consider shift workers when scheduling physical activity programs
x. Optimize the use of local gyms in schools and churches at low cost
   ▪ review existing policies for community use of schools (p)
xi. Enhance mandatory physical activity in secondary schools (p)
d) Maintain the sports facilities (tennis courts) and playground equipment in Township parks
e) Bring back working water fountains in parks and key destinations in the township; improve
   access to washroom facilities

3.3.3 Healthy Eating

When asked to describe “What does healthy eating mean to you?” the majority of respondents mentioned
eating fresh foods and homemade meals instead of processed/packaged foods. Some noted healthy eating
meant ‘balance’ – eating more fresh foods and less ‘junk food’ (e.g., potato chips, chocolate bars, French
fries). One student athlete defined healthy eating in terms of consuming the proper amount of proteins and
carbohydrates to fuel his sports activities.

3.3.3.1 Supports

Participants were asked, “What makes it easy for residents to purchase and eat healthy foods
within the Township?” Everyone mentioned the two grocery stores in New Hamburg (Sobeys and No
Frills). One participant mentioned that she occasionally used the delivery service of one of the grocery
stores who offered free delivery if an order was over a minimum amount (thought to be $25). Another
participant mentioned that one of the grocery stores had a ‘price-matching’ policy which saved her time
and money when doing her shopping.

Respondents also mentioned there were other smaller markets and seasonal
organic local food markets located throughout the area. A Buy Local, Buy Fresh
map is available to help residents locate individual farms where produce may
be purchased in season. Many respondents mentioned that there used to be a
local farmers’ market in New Hamburg; it closed several years ago and no
one really knew why. Many participants were aware of community garden
sites and felt they improved access to fresh produce for people who wouldn’t otherwise be able to have a
garden.

The local food bank operates out of the Wilmot Family Resource Centre (WFRC). It distributes hampers
containing three-days’ of food choices based on Canada’s Food Guide. The Centre also offers cooking
classes to clients and sells local Good Food boxes. Resource Centre staff noted there is a new
promotional program in the local grocery stores where shelf labels indicate good choices for food bank
donations.

Students commented that the quality of food sold at the high school varies although there seemed to be
some healthier options available in the cafeteria and in vending machines. Even so, the students felt
more could be done to improve healthy options and eliminate less healthy choices.

3.3.3.2 Challenges

One of the key challenges noted by key informants and focus group participants was that ‘things
(referring to healthy food vendors) were not centralized’. There was a perception that it was more time
consuming and costly to purchase fresh, healthy, local foods as local stores did not seem to stock local
produce and so one had to travel to multiple farms and vendors to make these purchases.
Many focus group participants stated they knew people who did not have basic food preparation skills and suggested busy schedules might also contribute to poor eating habits. That said, they also believed that those challenges could be overcome if one ‘made a commitment’ to eating healthy.

Other challenges mentioned by participants included:
- The lower cost No Frills store is located south of the main highway making it difficult for downtown residents without cars to access.
  - The traffic light timing at that intersection does not allow sufficient time to cross the highway on foot, particularly for seniors or parents with small children.
- A lack of public transit makes it difficult and expensive to get to the large grocery stores that have lower prices for many foods, especially for those who don’t have cars and/or live outside New Hamburg

Several professionals expressed concern that provincial health regulations unduly restricted healthy eating options for food bank clients. It was noted that the food bank can no longer accept local food products such as eggs and meat, nor can they accept donations of home-canned food directly from residents. School nutrition programs were also mentioned as being “over-regulated” with respect to the types of healthy food options that could be offered.

### 3.3.3.3 Suggestions with Possible Policy Implications

There was no shortage of suggestions for how to improve access to fresh, healthy food options. As with physical activity, many were programmatic in nature. Those that lend themselves to policy development are marked with (p) and suggestions that are common to both Waterloo Region as well as Wilmot Township have been highlighted in italics.

- **Link public transit to sources of inexpensive food**
- **Encourage grocery stores to alter their buying policies to ensure locally grown/sourced foods are available in the grocery stores (p)**
- **Advocate for reduced restrictions on the types of fresh food donations that food banks can accept (p)**
- **Explore the possibility of reopening a local farmers market in New Hamburg**
- **Amend bylaws to permit local farmers to sell produce produced on other farms, not just their own (p)**
- **Make accessible public land (with a water source) available for community gardens (p)**
  - Have experienced gardeners available to advise new gardeners
  - Encourage gardeners to grow an extra row for the food bank
  - Link community gardens to food skills programs to teach people how to cook what they grow.
- **Offer life skills programs that include food skills and budgeting in school curricula** during regular school hours so that students learn how to purchase and prepare unpackaged food. It was noted one school in Stratford uses a local chef; meals are available for the families to purchase.
- **Institute healthy food and snack policies in schools and at the Recreation Complex (p)**
  - offer universal breakfast programs with healthy food choices in all schools (elementary and high school)
  - use better quality ingredients in high school cafeteria foods (p)
  - include milk, 100 per cent juices and plain bottled water in vending machines instead of pop, Gatorade and flavoured waters (p)
- have water stations readily available for water bottle refills in schools and public buildings (need to retrofit older buildings) (p)
- scale back less nutritious menu options and replace with easy, quick fresh food options like apples, bananas, nuts – for both snack bar and vending machines (p)
  i) Encourage community organizations to institute healthy foods policies for food offered at community meetings (p)
  j) Encourage restaurants offering healthy food to locate near the fast food outlets to provide convenient healthy alternatives
  k) Promote a breast-feeding friendly community

### 3.3.4 Mental Health

When asked to describe what ‘mental health’ meant to them, key informants and focus group respondents mentioned the following:

- the ability to interact positively with people
- the ability to easily manage stress (work, school, relationships)
- self-confidence, self-acceptance
- strong, satisfying relationships with others

Students in the Waterloo-Oxford focus group described mental health as "being comfortable where you are”, “having plans and goals to provide direction in life.”

### 3.3.4.1 Supports

Many participants identified that community connectedness was a factor that promoted good mental health in Wilmot. People of all ages noted a strong affiliation with a church or with those in their neighbourhoods contributed to a sense of belonging. In addition to churches, the Recreation Complex, the three seniors’ communities, the thrift store and the Wilmot Family Resource Centre (WFRC) were all identified as hubs where people socialize.

Many people also believed that there was a strong relationship between physical activity, healthy eating and mental health. Being active and eating healthy foods was associated with positive mental health while inactivity and poor eating habits were seen as having the potential to exacerbate poor mental health.

There is one publically funded agency in New Hamburg (Interfaith Counselling Services) that provides mental health counselling. It has a strong presence in the high school. Treatment for those in crisis is available in Kitchener or Stratford although the Canadian Mental Health Association (CMHA) has a mobile crisis response team for the Region of Waterloo.

A local community group called Suicide Action of Wilmot and Wellesley (SAWW) includes key members from local agencies, police, and the Community Health Centre. It promotes suicide awareness and links local residents to services. The Self-help Alliance has proposed offering a ‘Skills for Safer Living Group’ in Wilmot for those who have attempted suicide. KidsLink and CMHA provide services in Wilmot however the CMHA does not have an office in Wilmot and thus was not seen to have a very visible presence by residents.
### 3.3.4.2 Challenges

Students noted that social media and the internet could negatively impact students’ mental health, particularly fostering depression. One student observed, the internet “exposes you to a bigger world which is great until you realize you are stuck here with limited options.”

When discussing bullying and fighting, one student observed that “more stuff is happening online than in the hallways”. He went on to say that in some ways that reduced the visibility of incidents, yet on the other hand, more people could be exposed to the incident as things were ‘shared’ with others not directly involved. Others noted small incidents can get ‘blown out of proportion’ on Twitter and Facebook.

Other observations made by key informants and focus group participants included:

- There is a high rate of suicide across the age spectrum and self-harm amongst youth.
- The lack of treatment options located in the township was seen as a barrier to early diagnosis and treatment of mental health issues.
  - Timeliness of service was viewed as a major challenge – priority is given to dire and immediate crisis situations (e.g., suicide attempt is imminent) vs. prevention
  - The Region of Waterloo has made efforts to implement strategies in the rural areas however there is a perception that service providers in these areas have not been engaged or invited to participate in some of the initiatives
- There is a gap in outreach services available in Wilmot
- There is a growing population of seniors in Wilmot who will require support services and respite care. A lack of transportation further isolates them
- There is a need to integrate and coordinate services offered to seniors in their homes; each agency tends to operate separately due to separate funding
- It is difficult to maintain anonymity in a small town environment adding to the stigma of mental health and a reticence to seek help. “It’s easy to become ‘labelled for life’”
- Not everyone is comfortable ‘self-advocating’ to get the help they need and the environment is not always perceived to be ‘safe and welcoming’
- Some respondents speculated that those with lower incomes might not be able to afford the medications prescribed or the fees associated with counselling services
- The Wilmot Family Resource Centre staff noticed an increase in the numbers of participants in their job-finding programs due to recent layoffs; higher paying jobs are located in Kitchener, Waterloo or Stratford
- Drug use amongst students was acknowledged, although the extent of the use was unknown by the participants. A drug prevention program was instituted by parents about ten years ago and was said to be less active now
- Volunteer drivers don’t always feel comfortable driving people with mental health problems to their appointments in Kitchener

### 3.3.4.3 Suggestions with Possible Policy Implications

Suggestions offered by key informants and focus group participants tended to focus on increasing public awareness about the signs associated with poor mental health and how to access support services rather than mental health promotion and prevention. Attracting more treatment options for those dealing with existing mental health issues was also mentioned frequently.
Suggestions that lend themselves to policy development are marked with \((p)\) and suggestions that are common to both Waterloo Region as well as Wilmot Township have been highlighted in \textit{italics}.

a) Provide creative, flexible options to coordinate services for seniors  
b) \textit{Integrate mental health promotion with substance and alcohol misuse prevention efforts}  
c) \textit{Explore the link between mental health and income}  
d) Encourage service providers in larger centres to provide more mental health treatment options in Wilmot  
   i. Promote available services more assertively and using wide range of mediums, e.g., social media, easy to find buttons/links on organizational webpages describing where and how to access help  
   ii. provide services in places at which people already gather as it helps to reduce stigma  
   iii. provide more support groups (drop-in) for different groups of people, e.g., new parents’ group, children and youth, seniors  
e) Offer more courses on mental health and suicide prevention – in schools and for the general public. “Friends and family don’t always know what to say or how to help you”  
f) Workplace policies that offer employees more flex-time or reduced work hours so families can be together and do things together (helps to alleviate stress, burnout) \((p)\)  
g) Develop a ‘community charter’ that describes what it means to care about fellow residents of all ages; a ‘youth-friendly’ charter was also mentioned \((p)\)  
h) Provide more community events during the winter months to encourage social interaction and reduce isolation
3.3.5 Summary of Suggestions by Health Promotion Action Categories

Table 1 below summarizes the suggestions made by key informants and focus group participants according to the health promotion action areas described in the Ottawa Charter for Health Promotion. Categorizing the suggestions in this format should allow WHCC members and their community partners to determine which policy suggestions might be championed by the Coalition collectively, and which program-oriented suggestions better fit the mandate of other organizations. Adopting a ‘best or promising practice’ lens will be important when selecting which policy options to bring forward.

Table 1: Key Informant & Focus Group Suggestions by Health Promotion Action Categories

<table>
<thead>
<tr>
<th>Priority Issue</th>
<th>Reorient Health Services</th>
<th>Develop Personal Skills</th>
<th>Strengthen Community Action</th>
<th>Supportive Environments</th>
<th>Healthy Public Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity</td>
<td>Focus on total needs of individual as a whole person. Move beyond clinical and curative services to include prevention.</td>
<td>Provide information and education for health and enhancing life skills.</td>
<td>Engage community members in setting priorities, making decisions, planning and implementing strategies to achieve better health.</td>
<td>Living and working conditions that are safe, stimulating, satisfying and enjoyable and that make healthy choices, easy choices.</td>
<td>Coordinated action that supports health for all through legislation, fiscal measures, taxation and organizational change.</td>
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<td></td>
<td>* offer residents access to fitness/nutrition advice (personal trainer, dietitian) to help them ‘map out’ a healthier lifestyle</td>
<td>* offer more community events – low/no cost, all seasons</td>
<td>a. increase number of multi-use trails (walkers and cyclists) b. improve connectivity of trails, esp. to Rec Centre and key destinations c. adding bicycle lanes on all local roads as they are resurfaced d. enhance trail signage and promotion e. better maintenance of public infrastructure (playground equipment, tennis courts, sidewalks) f. public transit options to key community hubs and destinations g. adjust timers at pedestrian crossings h. offer programs in parks to increase access/visibility i. explore feasibility of ‘rent-a-bike’ programs to increase access and convenience j. install bike racks at public buildings; encourage businesses to provide bike racks at their</td>
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Wilmot Healthy Communities Coalition: Building Capacity for Policy Development (May 2013)
<table>
<thead>
<tr>
<th>Priority Issue</th>
<th>Reorient Health Services</th>
<th>Develop Personal Skills</th>
<th>Strengthen Community Action</th>
<th>Supportive Environments</th>
<th>Healthy Public Policy</th>
</tr>
</thead>
</table>
| Physical Activity |                         |                         |                            | facility or in key locations in the township  
|                   |                         |                         | k. Increase opportunities for children and youth to play in less structured and less competitive activities, e.g., summer playground programs in local parks (drop-in format); a Splash Pad facility  
|                   |                         |                         | l. move some program offerings into local parks during summer/fall to increase visibility and access  
|                   |                         |                         | m. offer free 'try it out sessions' so people can experience a program before making a financial commitment  
|                   |                         |                         | n. provide childcare options so parents can participate in activities or ensure program scheduling aligns so family members can participate in different programs at the same time  
|                   |                         |                         | o. Consider shift workers when scheduling physical activity programs  
|                   |                         |                         | p. Optimize the use of local gyms in schools and churches at low cost  
|                   |                         |                         | q. bring back working water fountains in parks and key destinations in the township  
|                   |                         |                         | r. improve access to washroom facilities in public parks/places  
| Healthy Eating    | • Home Economics & Life Skills courses in elementary and secondary schools.  
|                   | • healthy eating courses at Food Bank and Recreation Complex  
|                   | • Link community gardens to  
|                   | • Have experienced gardeners available to advise new gardeners  
|                   | • Encourage gardeners to grow an extra row for the food bank  
|                   | a. Explore reopening a local farmers market in New Hamburg  
|                   | b. Make accessible public land (with a water source) available for community gardens  
|                   | c. Encourage restaurants offering healthy food to locate near fast food outlets  
|                   | i. healthy options in vending machines  
|                   | ii. school fundraising policies that promote/support healthy eating  
|                   | iii. alter buying policies to ensure locally grown/sourced foods are available in grocery stores  

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<thead>
<tr>
<th>Priority Issue</th>
<th>Reorient Health Services</th>
<th>Develop Personal Skills</th>
<th>Strengthen Community Action</th>
<th>Supportive Environments</th>
<th>Healthy Public Policy</th>
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<tbody>
<tr>
<td>Healthy Eating</td>
<td></td>
<td>food skills programs to teach people how to cook what they grow</td>
<td>d. Promote a breast-feeding friendly community</td>
<td>iv. reduce restrictions on the types of fresh food donations that food banks can accept</td>
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<tr>
<td>Mental Health</td>
<td></td>
<td>Initiate awareness campaigns and offer more courses e.g., 'recognizing signs of mental health issues and how to help'; suicide prevention courses</td>
<td>e. offer universal breakfast programs with healthy food choices in all elementary and high schools</td>
<td>v. Amend bylaws to permit local farmers to sell produce produced on other farms, not just their own</td>
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<tr>
<td></td>
<td></td>
<td>Promote available services more assertively and using wide range of mediums, e.g., social media, easy to find buttons/links on organizational webpages describing where and how to access help</td>
<td>f. use better quality ingredients in high school cafeteria foods</td>
<td>vi. Encourage community organizations to institute healthy foods policies for food offered at community meetings</td>
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<td></td>
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<td>g. include milk, 100 per cent juices and plain bottled water in vending machines</td>
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<td></td>
<td>h. have water stations readily available for water bottle refills in schools and public buildings</td>
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<td></td>
<td>i. scale back less nutritious menu options in vending machines, snack bars, cafeterias - replace with easy, quick fresh food options like apples, bananas, nuts</td>
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Wilmot Healthy Communities Coalition: *Building Capacity for Policy Development (May 2013)*
4.0 REVIEW OF RELEVANT REPORTS – OPPORTUNITIES FOR ALIGNMENT

A number of different reports and information sources were reviewed to identify opportunities to align policy development efforts with existing initiatives as well as to flag opportunities to initiate policy development work in areas not currently being addressed. This section summarizes the findings of that document review.

4.1 Overview of Municipal Policies – Wilmot Township: Supports and Potential Gaps

The information summarized in Table 2 below was excerpted verbatim from the 2010 Report: Supporting Advocacy on Municipal Official Plans (pp19-25). A consultant hired by the Waterloo Region Healthy Communities Partnership identified potential policy options based on a literature review and scan of what other jurisdictions are doing in these areas. This chart was created to help identify which policy areas (column 1) the Township of Wilmot is addressing and how (column 2), and things that the Township might consider developing policies on (column 3) to better support healthy eating, physical activity and good mental health.

The policies identified for consideration in column 3 *may or may not be appropriate or feasible* for the Township of Wilmot to adopt. They are presented to promote discussion on what land use planning and organizational policies might be considered to better support the healthy eating, physical activity and mental health needs of those who live, learn, work and play in Wilmot Township. *Policy options in italics correspond to suggestions arising from key informant interviews and focus group discussions.*

Table 2: Wilmot Township - Results of an Official Plan Review

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Existing Municipal Policies</th>
<th>Other Policy Options for Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walkable access to affordable healthy food</td>
<td>No policies identified</td>
<td>• Ensure affordable and nutritious food for all residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Identify lands close to residential and community use areas for community gardens</td>
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<tr>
<td></td>
<td></td>
<td>• support small scale, food-based home industries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• land use designations for small scale food processing and distribution centre(s) for locally produced foods</td>
</tr>
<tr>
<td>Urban Agriculture (e.g., community gardens)</td>
<td>No policies identified</td>
<td>• permit community gardens in all land use designations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• create community garden location criteria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• set targets for community garden sites (in all new developments)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• provide infrastructure support for community gardens</td>
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<td></td>
<td></td>
<td>• encourage allotment gardens in institutional land uses</td>
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<tr>
<td></td>
<td></td>
<td>• apply zoning to ensure tenure and long-term protection for community gardens</td>
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<tr>
<td></td>
<td></td>
<td>• permit edible landscaping and roof top gardens in all land use designations</td>
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<tr>
<td></td>
<td></td>
<td>• permit bee-keeping</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• permit small animal husbandry (raising of rabbits and hens)</td>
</tr>
<tr>
<td>Sustainable Food Systems</td>
<td>Foster sustainable food systems*</td>
<td>• support sustainable agriculture and food production methods</td>
</tr>
<tr>
<td>Policy Area</td>
<td>Existing Municipal Policies</td>
<td>Other Policy Options for Consideration</td>
</tr>
<tr>
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<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Pedestrian Linkages               | **Link all residents with important destinations** open spaces, recreation areas and parks will be developed as an interconnected system** | **multi-modal pedestrian linkages and corridors (e.g., trails, sidewalks, bike lanes) within and between all land uses**  
**intensification of land use to support pedestrian links interconnected system of regional trails to permit linkages between municipalities** |
| Active & Passive Recreation Opportunities | **Trails as both recreation and active transportation infrastructure** priority for active and passive parks for physical and mental health** | **on and off-road walking and cycling network** |
| Accessible Recreation Opportunities | **Parks and recreation opportunities within close proximity to neighbourhoods** all season recreation opportunities** provide an appropriate supply and distribution of recreation opportunities** | **recreation trails permitted in all land use designations**  
**provide safe, affordable and quality recreation programs and facilities for all residents and visitors regardless of age, physical ability and financial means**  
**all residents within a 15 minute walk or a 5 minutes bike ride of a pathway/trail**  
**utilize a safe and consistent design for pathways using a Planning/Design Guideline standard** |
| Active Transportation             | preference for pedestrian forms of transportation*  
**Bike lanes on all county roads**  
**ensure that bike lanes and pedestrian pathways are integrated into and designed as part of all new road and other infrastructure projects**  
**prepare and use a bicycle transportation master plan** | **support infrastructure for active transportation, e.g., bike parking, bicycle-activated street lights, enhanced street crossings, rest areas**  
**bike lanes on all city arterial roads**  
**bike boxes at major intersections**  
**bicycle parking by-law to support bike parking at major destinations**  
**employment lands shall be linked to residential areas and main transportation corridors with active transportation infrastructure**  
**active transportation infrastructure is connected with other modes of transportation (e.g., transit)**  
**intensification of land uses to support active transportation**  
**provide incentives for pedestrian travel, e.g., increased car parking fees**  
**encourage and support walking and cycling as healthy, safe, convenient modes of transportation all year round**  
**support increased bicycle safety and access for intersections, roadways, bridges, underpasses**  
**develop innovative policies that encourage (city)employees to cycle**  
**all residents within 1km or 5 mins of a bicycle route** |
<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Existing Municipal Policies</th>
<th>Other Policy Options for Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walkability</td>
<td>No policies identified</td>
<td>• traffic calming measures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• pedestrian signals at all intersections</td>
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<tr>
<td></td>
<td></td>
<td>• controlled pedestrian crossings</td>
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<tr>
<td></td>
<td></td>
<td>• sidewalk priority index</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• pedestrian refuge islands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• sidewalks on both sides of the street</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• create and use a sidewalk policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ensure all sidewalks are accessible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• use a municipal pedestrian charter as a guideline in the planning and development of walking opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• signed walking and pedestrian routes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• limit surface parking from the front face of a building and the public street or sidewalk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• design measures that promote pedestrian safety and security</td>
</tr>
<tr>
<td>Inclusive Communities</td>
<td>Provide mixed and non-traditional housing arrangements** be inclusive of the needs of persons with disabilities, seniors, children and those with reduced mobility**</td>
<td>• require developments to meet social, health and well-being needs of current and future residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ensure an adequate supply, range and geographic distribution of housing types</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• design compact urban form that supports walkable communities and live-work opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• support for assessment tools which allows the evaluation of public health impacts of a proposed plan or development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• apply universal physical access design standards to publically accessible spaces and buildings</td>
</tr>
<tr>
<td>Community Connectivity &amp; Social</td>
<td>No policies identified.</td>
<td>• provide mixed use neighbourhoods that reduce the need for residents to commute long distances to work, school, shops and services</td>
</tr>
<tr>
<td>Cohesion</td>
<td></td>
<td>• neighbourhoods are designed to include meeting spaces and common areas that address the needs of people of all ages and physical abilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• increase community safety features and initiatives to encourage more social interaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• provide a community focal point in each neighbourhood</td>
</tr>
<tr>
<td>Affordable Housing &amp; Safe</td>
<td>Adopt affordable housing targets and standards** Buffer residential and sensitive land use areas from noise and incompatible land use areas**</td>
<td>• standards for intensification that minimize the cost of housing and promote compact form, healthy living and safety</td>
</tr>
<tr>
<td>Environments</td>
<td></td>
<td>• design of buildings to create safe, comfortable pedestrian environments</td>
</tr>
</tbody>
</table>
4.2  Region of Waterloo - Community Picture (March 2011)

The Waterloo Region Community Picture was compiled in March 2011 and provides a broad overview of the social, economic, political and environmental context related to the six Healthy Communities priority areas: Physical Activity, Sport and Recreation; Injury Prevention; Healthy Eating; Tobacco Use and Exposure; Substance and Alcohol Misuse; and Mental Health Promotion. It also outlines existing strengths, opportunities and priority issues related to these six priority areas.

Community stakeholders were engaged in a number of ways to gather their input including:

- Consultation with 20 Region of Waterloo Public Health staff;
- Key informant surveys with 19 local priority area experts;
- Two community consultation meetings with 58 community stakeholders;
- An online survey with 105 community stakeholders; and
- A priority setting meeting with 20 stakeholders.

Key policy development opportunities within physical activity, healthy eating and mental health along with the supporting rationale have been excerpted verbatim from the report and highlighted in the following sections. Comments in italics reflect the opinion of the consultants who compiled the Community Picture, not this author. While the language references Waterloo Region as a whole, the policy opportunities and supporting rationale are equally relevant in Wilno Township. Readers will likely note common themes and policy options are emerging across the various reports and information sources reviewed as part of this initiative.

4.2.1  Policy Options – Physical Activity

a) Development and implementation of neighbourhood design policies and guidelines that address the land use and built form issues which serve as barriers to physical activity.

*Policy needs to be strengthened with regard to addressing physical activity barriers. Through the process of developing these policies, there is an opportunity for the partnership* to better promote physical activity in the design and development of Waterloo Region.

b) Creation of an Active Transportation Master Plan for Waterloo Region.

*An Active Transportation Master Plan can bring together a variety of other policies – recreation, leisure, transportation, etc. – under a common umbrella. Through the process of developing these policies, there is an opportunity for the partnership to better promote physical activity in the design and development of the region, and engage a multitude of stakeholder groups/organizations.*

c) Promote the pedestrian and cycling friendliness of the region.

*Promotion of physical activity is an effective way of addressing the issue that many residents see time as the barrier to physical activity. Through promotion of physical activity opportunities, more leisure time can be devoted to the actual activity and less effort is needed to plan an activity. This would also help the partnership build synergies with different groups involved in activity promotion.*

d) Improve the affordability of sports and recreation opportunities.

*Efforts are being undertaken throughout the region to improve the affordability of sports and recreation opportunities. However, the partnership has the opportunity to leverage policy tools to improve access to affordable sports and recreation programs.*

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22 The partnership refers to the Waterloo Region Healthy Communities Partnership, the group that commissioned the Waterloo Region Community Picture report from which these recommendations have been excerpted.
4.2.2 Policy Options - Healthy Eating

a) Establish minimum standards for hospitals and recreation facilities to support nutritious food requirements and local procurement.

**Policies to support nutritious food in schools will be implemented through PPM 150**. However, the community assessment did not identify any known minimum standards for hospitals and recreation facilities being undertaken in Waterloo Region.

b) Implement Regional planning policies and zoning by-laws to support community gardens, green spaces, farmers markets, urban agriculture, and produce markets to improve access to healthy food through the provision of area municipal policies in Municipal Official Plans.

**Regional Official Plan policies exist to support community gardens, farmers markets, rooftop gardens and urban agriculture. However implementation requires that supportive policies exist in Municipal Official Plans, Municipal Zoning By-laws, and in site plan approvals to facilitate the development of community gardens, farmers markets, rooftop gardens and urban agriculture in new developments and in retrofit projects.**

c) Undertake a comprehensive review of Municipal Zoning By-laws to facilitate the development of community gardens, rooftop gardens, farmers markets and urban agriculture in new subdivisions, and to minimize fast food outlets within a specific distance of a school.

**Policies in the Regional Official Plan are silent regarding the proximity of fast food outlets and other food vendors surrounding schools.**

d) Undertake a comprehensive review of the municipal building code and municipal by-laws to support the use of community kitchens and communal dining in institutions and multi-unit residential developments.

e) Advocate for funding to support active transportation and public transportation to help augment the growing need of volunteer-based programs (e.g., Meals on Wheels) and increase access to healthy food choices.

Potential actions to develop **food skills and healthy eating practices**:

f) Improve food skills and food literacy in target populations, i.e., advocate for the re-introduction of home economics courses in the elementary and secondary school curriculum, develop food preparation courses for post-secondary school students in Universities and Colleges, and increase access to culturally appropriate foods for new Canadians.

**Though existing efforts are being undertaken in Waterloo Region to improve food skills and food literacy, this is action is a top priority identified by stakeholders in the e-survey. Partnership efforts should leverage existing programs to improve food skills and food literacy that support community wide changes in behaviour.**

g) Support healthy eating practices for people of all ages and economic backgrounds, through social media which target community wide changes in behaviours.

**Partnership efforts should leverage existing programs and advocate healthy eating interventions to support healthy eating as a norm for supporting a healthy lifestyle, rather than a safeguard against obesity.**

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23 PPM 150 refers to the **School Food and Beverage Policy** which sets out nutrition standards for food and beverages sold in publicly funded elementary and secondary schools in Ontario. PPM stands for Policy & Program Memorandum and was issued by the Ontario Ministry of Education in October 2010.
4.2.3 Policy Options - Mental Health

a) Use a ‘social determinants of health’ (SDOH) approach to address the underlying contributing factors associated with mental health.

b) Integration of mental health promotion with substance and alcohol misuse efforts.
   
   *There could be a good synergy for mental health promotion since there are well-established substance and alcohol misuse prevention programs in place. Other synergies with addiction management programs could be viable. This could have a positive impact for those persons where substance/alcohol misuse or addiction is a precursor to greater concerns such as self-harm or suicide.*

c) Ensure available community capacity to meet mental health related needs once awareness has been raised.

d) Provide support to partner agencies with a mental health mandate.

e) Involve immigrants to take an active role in identifying issues, program design and implementation.
   
   *The involvement of newcomers to Canada in mental health may be particularly important if newcomers are migrating from traumatic incidents and/or if mental health is not regarded as an element of physical health in their country of origin.*

4.3 Region of Waterloo - Strategic Focus 2011-2014

Now in its third year of implementation, the Region of Waterloo’s Strategic Plan provides several opportunities for the WHCC to align its work with areas deemed important by Waterloo Regional Council. The strategic objectives and actions that could be leveraged to champion some of the ideas gathered during the community engagement interviews and forums are noted in the chart below along with suggestions on what those opportunities might look like.

**Table 3: Region of Waterloo 2011-2014 Strategic Plan**

<table>
<thead>
<tr>
<th>Key Focus Areas</th>
<th>Strategic Objectives</th>
<th>Actions</th>
<th>Opportunity?</th>
</tr>
</thead>
</table>
| Environmental Sustainability | 1.5 Restore and preserve green space, agricultural land and sensitive environmental areas. | 1.5.4 Work in partnership with various stakeholders to develop policies and programs to provide shade (e.g., tree canopy) in our communities. | - Advocate for tree canopy along new trails/pedestrian pathways in Wilmot Township  
- Explore funding opportunities through Region to improve shade canopy  
- Environmental sustainability also linked to active transportation initiatives – look for opportunities to tie these issues together |
| Growth Management & Prosperity | 2.2 Develop, optimize and maintain infrastructure to meet current and projected needs. | 2.2.1 Continue to prioritize and implement capital program projects required to meet community needs and ensure sustainability. Develop and implement a comprehensive asset management strategy to achieve optimal long-term value from regional infrastructure. | - Advocate for continued improvements to existing trails (benches, lighting, signage) in Wilmot  
- Advocate the prioritization of active transportation options to access the Wilmot Recreation Complex  
- Advocate for sidewalk policy to improve ‘walkability’ of urban areas |
<table>
<thead>
<tr>
<th>Key Focus Areas</th>
<th>Strategic Objectives</th>
<th>Actions</th>
<th>Opportunity?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sustainable Transportation</strong>  &lt;br&gt; Develop greater, more sustainable and safe transportation choices</td>
<td>3.2 Develop, promote and integrate active forms of transportation (cycling and walking). &lt;br&gt; 3.3 Optimize existing road capacity to safely manage traffic throughout Waterloo Region.</td>
<td>3.2.1 Work with Local Municipalities and other stakeholders to develop an integrated and safe network of regional, local and off-road cycling and walking routes. &lt;br&gt; 3.2.2 Work with the community to develop and support a Transportation Management Association that would work with employers to encourage and support active and sustainable transportation. &lt;br&gt; 3.3.2 Implement proven roadway safety strategies and education to enhance the safety of our roadways.</td>
<td>▪ Seek expertise of Region of Waterloo staff in developing connections between Wilmot trails/bikeways and Regional trails/bike networks &lt;br&gt; ▪ Explore partnership opportunities with the Region and (if established) the Transportation Management Association to bring active and sustainable transportation options / campaigns to Wilmot Township &lt;br&gt; ▪ Include road safety display or workshops in next Living Well Festival &lt;br&gt; ▪ Advocate for improved safety measures at intersections that cross Hwy 7 (e.g., timers to support pedestrian crossings vs. vehicle movement)</td>
</tr>
<tr>
<td><strong>Healthy &amp; Inclusive Communities</strong>  &lt;br&gt; Foster health, safe, inclusive and caring communities</td>
<td>4.2 Foster healthy living through information, education, policy development and health promotion.</td>
<td>4.2.2 Establish and co-ordinate a Healthy Communities Partnership in Waterloo Region to take action regarding three community identified priorities: healthy eating, physical activity and mental health promotion. &lt;br&gt; 4.2.3 Plan and implement a Youth Engagement Initiative to inform and direct youth-based health promotion work. &lt;br&gt; 4.7.1 Work with area municipalities and community partners to develop a Seniors Strategy that actively supports the well-being of older adults. &lt;br&gt; 4.7.2 Work with community partners to establish a Seniors Advisory Committee that will provide advice on planning and issues for older adult programs and services. &lt;br&gt; 4.8.1 Continue to support the Immigration Partnership in its work to coordinate efforts to attract, welcome and integrate immigrants and refugees in our community.</td>
<td>▪ Strengthen linkages between WHCC and WRHCP to maximize health promotion efforts within the three priority areas &lt;br&gt; ▪ Learn more about the Region’s Youth Engagement Initiative and identify opportunities to align with or ‘piggy back’ onto this work &lt;br&gt; ▪ Seniors Strategy could be an opportunity to learn from other municipalities and/or support a common approach &lt;br&gt; ▪ Does not appear to be a current concern in Wilmot, but good to be aware of what Region is doing in this area</td>
</tr>
</tbody>
</table>
### Key Focus Areas

<table>
<thead>
<tr>
<th>Service Excellence</th>
<th>Strategic Objectives</th>
<th>Actions</th>
<th>Opportunity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver excellent and responsive services</td>
<td>5.6 Strengthen and enhance partnerships with area municipalities, academia, community stakeholders and other orders of government.</td>
<td>5.6.3 Explore opportunities for partnerships with area municipalities in order to improve services. 5.6.4 Host meetings of all area municipal Councillors at least annually to share information and discuss issues of common interest.</td>
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</tbody>
</table>
- Engage Region on improving transportation challenges between Wilmot and larger urban centres like Kitchener and Waterloo. 
- Participate in these meetings to better understand common issues and identify opportunities to advocate for healthy public policy |

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#### 4.4 Municipal Food Policy Project Summary (January 2012)

This report explores how Waterloo Region might improve access to healthy local foods via three key elements of the local food system: farm viability, local food infrastructure (including but not limited to temporary markets) and urban agriculture (specifically community gardens). The intent is to create a more supportive municipal policy environment for the viability of the local food sector in Waterloo Region, including, but not limited to:

- Creating easier access to community gardens and temporary farmers markets
- Developing policies that support community gardens and temporary farmers markets

These two policy initiatives align with the results of the community engagement activities undertaken for this project and offer an opportunity for the WHCC to learn from and partner with both the Waterloo Region Healthy Communities Partnership (WRHCP) and the Waterloo Region Food System Roundtable (WRFSP) on similar initiatives for Wilmot Township.

The report concisely summarizes findings from a literature review, interviews with municipal staff, and research into best practices from other municipalities in Ontario and organizes this information by the three elements of the food system (farm viability, local food infrastructure and urban agriculture. It also identifies short and long-term recommendations within each food system element. Ones that seem relevant to Wilmot have been excerpted and are listed below:

#### 4.4.1 Farm Viability

- Create a stronger network (hub) to link local farmers, food retailers, restaurants, food businesses
  - Create and maintain weekly availability lists to better connect farm supply and retail markets (restaurants, small food stores, etc.)
  - Provide market resources and support to area farmers to capitalize on emerging trends and opportunities

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#### 4.4.2 Local Food Infrastructure

- Expand local farmers markets
  - Complete a market feasibility study to identify additional year round market, seasonal market, neighbourhood market and mobile market opportunities for the region.
- Map local food assets (markets, community gardens, small to mid-size food stores), and their reach (2km radius) to identify neighbourhoods where access to healthy food is low.

- Support community groups interested in organizing a temporary market in their neighbourhood
  - Create a toolkit for starting a neighbourhood market that helps with navigating policy, connecting with farmers and sources for local foods, shares best practices from other neighbourhood markets
  - Host an event to share best practices and network

- Continue to advocate for supportive land use policies and by-laws
  - Become involved in the by-law review to ensure by-laws and zones are supportive of temporary markets in all land use areas

- Increase institutional purchasing of local foods
  - Advocate for the region and municipalities to add sourcing local foods to their green purchasing policies

### 4.4.3 Urban Agriculture

- Create a regional community garden strategy that:
  - Recognizes the value of community gardens and the work that has been completed to date to advance community gardens
  - Endorses and promotes community gardens in the region
  - Sets targets for increasing community gardens in the region (e.g. 2015 by 2015)
  - Makes lands available annually for community gardens (at the region and municipal levels)
  - Directs municipalities to include community gardens in the parkland dedication amount for new developments
  - Promotes private partnerships to provide land for community gardens
  - Provides support and space for gardening workshops throughout the region (e.g., peer gardening program with peer workers)

### 4.5 Mental Health Report – Community Consultation Results

This report summarizes the findings of four community consultations conducted in the Fall of 2012 on the topic of mental health in Waterloo Region. These consultations were undertaken by the mental health working group of the Waterloo Region Healthy Communities Partnership.

Participants included parents of children with mental health problems, individuals using social housing experiencing mental health issues, cultural mental health navigators and individuals on fixed income experiencing mental health problems. The findings summarized in this report mirror what was heard during the key informant interviews and focus groups conducted as part of this initiative.

Participants in the 2012 ROWPH focus groups suggested the following as areas of policy need more attention:

#### a) Housing
  1. Provide incentives for landlords who offer subsidized housing
  2. Integrate subsidized housing with non-subsidized housing to prevent social exclusion
  3. Locate housing close to affordable transportation, and/or close to mental health services
b) **Food**
   i. develop local car shares and work toward more affordable public transit, in order to access grocery stores
   ii. develop more programs concerned with healthy eating, ensure that healthy food is available even in low income neighbourhoods

**c) Physical Health**
   i. promote physical activity in schools (lots of research coming out on the benefits of physical activity on mental health)
   ii. ensure that there are spaces that promote biking and walking, ensure that the built environment promotes physical activity
   iii. Built environment also promotes social connections and a sense of community
   iv. Physical health concerns should not be separated from mental health concerns, but should be treated as a joint issue

**d) Preventative Programs**
   i. Currently a person must be diagnosed with a mental illness before they are able to receive certain services and funding, therefore, develop strategies that focus on prevention; the goal should be to prevent poor mental health and to promote and foster positive mental health
   ii. This should be integrated in the institutions that are already in place including the school system and the work place. Stress is a common contributor to mental health problems programs that develop awareness for extreme stress and educate on how to cope with these feelings could be very beneficial in promoting good mental health

**e) Employment/Income**
   i. Businesses need to recognize mental health and make the appropriate accommodations for employees with poor mental health
   ii. There should also be more support for parents of children with mental illness in regards to respite days
   iii. There is money for small businesses to hire people with disabilities and there should be similar funding for mental health
   iv. There should also be funding in place to promote good mental health practices within the workplace
   v. Proper funding is needed for education such as the completion of high school or continuing education (i.e., college); supports should also be put in place in order to further one’s education

### 4.6 Mental Health Project – Information Scan Summary Document

Region of Waterloo Public Health (ROWPH) staff has compiled a summary document to help inform action planning related to addressing mental health. This undated resource includes information on what other provincial health units are doing in the area of mental health promotion and provides a summary of different policies and initiatives gathered from the websites of various organizations.

The consulting team did not review all the links contained in this document. ROWPH staff may be able to direct WHCC members to relevant data within this document that might support any policy efforts undertaken by the Coalition with respect to mental health promotion.
5.0 OPPORTUNITIES TO CONSIDER

In compiling the information for this report, it became quite clear there is a lot happening in the areas of physical activity, healthy eating and mental health/wellness, not only in the broader Waterloo Region, but within Wilmot Township itself. The issues, challenges and opportunities associated with these three topic areas that emerged from the key informant interviews and focus groups undertaken in Wilmot Township in February and early March 2013, were similar to the results obtained in surveys, focus groups and interviews done in Waterloo by the Waterloo Region Healthy Communities Partnership (WRHCP) and in the catchment areas for the Woolwich Community Health Centre two years ago. This suggests that there are opportunities to work collaboratively with other jurisdictions on common issues and learn from each other’s efforts.

Data gathered to compile the Community Profile for Wilmot Township reinforces the importance of focusing on improving access to physical activity opportunities and local healthy foods:

- **46 per cent** of residents aged 12+ years living in the four Waterloo townships reported they were inactive during their leisure time (getting less than 30 minutes of activity like walking per day)
- **52 per cent** of residents aged 12+ years living in the four townships also reported eating vegetables and fruit less than five times a day
- **60 per cent** percent of adults residing in the four townships are considered to be in the overweight/obese health risk categories
- **26 per cent** of youth who reside in the four townships are considered to be overweight or obese

The *Waterloo Region Community Picture* was compiled in March 2011 and identified a variety of actions that would support improved access to physical activity, healthy eating and mental health, many of which were relevant to Wilmot Township. These included:

- The development of an “Active Transportation Master Plan”
- Promoting the pedestrian and cycle-friendliness of the Region
- Advocating for minimum nutritional standards in hospitals and recreation facilities re: healthy food options and using locally sourced foods
- A review of planning policies and zoning by-laws, particularly with respect to supporting community gardens and farmers’ markets
- Supporting healthy eating practices for all ages and economic circumstances
- Offering support to agencies with a mental health mandate

It was beyond the scope of this project to determine the status of these recommendations and whether any have been pursued by the Waterloo Region Healthy Communities Partnership. Should the WHCC decide to select any of these initiatives as priorities for the coming years, a logical action step would be to ask for a status update and determine if there are any opportunities to work collaboratively with the WRHCP.

The same approach can be taken should the WHCC wish to tackle one or more issues associated with improving access to healthy, local foods. The Waterloo Region Food System Roundtable has identified a number of initiatives that correspond to needs expressed by Wilmot residents, including exploring expansion of local farmers’ markets and increasing the number of community gardens by developing a community garden strategy. If either of these strategies is of interest to WHCC, establishing a connection with the WRFSR would be a good idea.

One other initiative that the WRFSR is exploring that might be of interest to the WHCC is that of mapping local food assets (markets, community gardens, small to mid-size food stores), and their reach (2 km radius)
to identify neighbourhoods where access to healthy food is low. This may be a logical first step in
determining where community gardens and/or a mobile farmers’ market may have the greatest impact.
Locally, it seems that Wilmot Township already has a number of policies within their Official Plan that can
support improved access to physical activity (refer back to Table 2 found in Section 4.1 on page 23). Notable
examples include:

- Strong policy support for pedestrian linkages between key destinations and trails for
  recreational and active transportation uses
- Support for all season recreation activities and parks/recreation programs in reasonable
  proximity to neighbourhoods
- Integration of bike lanes and pedestrian paths in new road work and infrastructure projects;
  bike lanes on all county roads

It also appears there are not any policies within the Official Plan that specifically address improved access to
healthy foods and positive mental health, other than references to being “inclusive of the needs of persons
with disabilities, seniors, children and those with reduced mobility”.

WHCC members may wish to meet with Township staff to:

- present the findings from this report and the survey done at the 2013 Wellness Festival
- learn more about the work the Township currently has underway that may address some of
  the challenges and gaps that were identified, and
- discuss how the Coalition might work with Township staff to address one or more challenges.
  Coalition members might also review some of the suggested policy opportunities identified in
  Table 2 and
- advocate for their inclusion in the next update of the Official Plan.

With respect to the issue of mental health, many focus group participants and those who were interviewed
were concerned with the lack of treatment services available in Wilmot Township and suggested service
providers needed a stronger presence here. Access to timely and easy to understand information was also
mentioned as a needed support as was training on how best to reach out to and assist someone dealing with
either temporary or chronic mental health issues.

The results of four community consultations undertaken by the WRHCP in Fall 2012 may offer some ideas
on how the WHCC might promote resiliency and positive mental health in Wilmot while concurrently
addressing gaps in access to physical activity and healthy foods. These include:

- advocate for a local car share program and work toward more affordable public transit, to
  improve access to grocery stores
- link with other organizations to develop more programs concerned with healthy eating,
  ensure that healthy food is available even in low income neighbourhoods
- promote opportunities for increased physical activity in schools and for youth
- ensure there are spaces that promote biking and walking and that the built environment
  promotes physical activity and a sense of community connectedness/cohesion

The connection between physical activity and healthy eating, and good mental health was also mentioned by
many interviewees and focus group participants. Inadequate physical activity and poor nutrition were
viewed as contributors to poor mental health while regular physical activity and healthy food choices were
associated with positive mental status. Many also noted the importance of integrating mental health
services and supports within existing programs and organizations – the places where people already gather
and are connected to. The WHCC might adopt an ‘integrated approach’ with respect to fostering positive
mental health through improving physical activity and healthy eating opportunities, and continuing to raise
awareness in the community by increasing the profile of mental health at its annual Living Well Festival.
6.0 CONCLUSION

There is no shortage of ideas and suggestions about how to improve access to physical activity opportunities, healthy local foods and support positive mental health and resiliency in Wilmot Township as outlined in Table 1 (pages 20-22) and in the various other reports summarized in this document. Indeed, the variety of suggestions and opportunities offered should make it easy for the WHCC to identify one or more initiatives that match their interests, skills and capacity.

Albert Einstein is often quoted as saying, “The significant problems we face cannot be solved at the same level of thinking we were at when we created them.” Similarly, we cannot expect to quickly resolve issues and challenges that have been years in the making. Lao Tzu, a Chinese philosopher is believed to have said, “A journey of a thousand miles begins with one step.”

The work required to create and maintain a healthy community is an ongoing journey; one that requires those involved to constantly reassess where they are and where they need to get to. This work should not occur in isolation. Rather it requires constant dialogue with all members of the community in order to make informed decisions that are in the best interests of those impacted and to ensure the right people are working on the right issues based on their knowledge, skills and resources.

The key informant interviews and focus groups conducted as part of this project should be viewed as the beginnings of a longer community conversation that needs to continue. The findings presented within this report provide a solid foundation upon which to base these future conversations. Table 1 (pages 20-22) categorizes the local suggestions put forward by the actions outlined in the Ottawa Charter Health Promotion framework. This was done to make it easier to identify potential partners and relevant actions, as well as sequencing activities along the continuum. This report also synthesizes the findings of numerous other reports from other jurisdictions (Waterloo Region and Woolwich Community Health Centre) and highlights common areas of interest and action.

As a ‘catalyst for bringing together individuals and groups to take collective action that makes Wilmot Township a healthier community’ the WHCC is ideally situated to share the results of this report with a broad range of community organizations. While the Coalition may provide direct leadership on one or more of the policy initiatives identified in this report, there are many ideas and suggestions that better align with the existing mandates of other organizations. The WHCC can provide indirect leadership by engaging other organizations in discussions on the findings within this report and encouraging them to take action on those items that best align with their unique strengths and resources.
The Healthy Communities Approach: 
A Framework for Action on the Determinants of Health

Core Values and Building Blocks

The Healthy Communities (HC) movement has its origins in Canada during the 1980’s. The movement became worldwide when the World Health Organization (WHO) initiated their “Healthy Cities Project” across Europe in 1986 (Hancock, 2009). Today, the HC approach is used in cities, towns, municipalities, villages and communities around the world. In Canada, strong healthy community networks exist in British Columbia, Ontario, Quebec and New Brunswick. The fundamental core value of the HC approach is capacity building and empowerment of individuals, organizations and communities.

Based on the WHO’s success factors for any healthy community initiative, the HC approach addresses multiple determinants of health (social, economic, environment, physical) and is based on five essential strategies- or building blocks- to build on a community’s existing capacity to improve community health and wellbeing:

Five key building blocks:

- Community/citizen engagement;
- Multi-sectoral collaboration;
- Political commitment;
- Healthy public policy; and
- Asset-based community development.

Communities using a Healthy Communities approach have found that it facilitates innovative and creative solutions to community issues and supports collaborative initiatives that address wide ranging community health challenges. At the heart of the HC process is community and citizen engagement. Wide community involvement is particularly important for creating a shared vision for a common future and provides opportunities for individual and community empowerment and leadership. Engagement strategies are inclusive and take a ‘whole of community’ approach. Community members bring their voice to defining the issues, generating solutions, taking action and evaluating overall success and learning.

Strong partnerships are also needed within and across a wide range of sectors including: environment, agriculture, sports/leisure, education, social, faith, culture, language, government and business. There is a vital role for involvement of all levels of government (local, provincial, national) in creating conditions for health and human development. While multi-sectoral partnerships are key, equally important are inter-sectoral,
inter-departmental and inter-ministerial partnerships. Working together, through taking a bottom up and top down approach, communities and governments (at all levels) can create conditions for the health and wellbeing of the whole community.

Another key aspect of successful HC initiatives is healthy public policy--that is, policy that is explicitly designed to improve population health but not necessarily developed by the health sector. Healthy public policies are those that, for example, promote active transportation, affordable and stable housing, and community food security and are designed to have as one benefit the improvement of population health and life quality.

Communities hold much knowledge, expertise and understanding of historical community context. Building on the existing assets of a community (physical resources, existing strengths and capacities of people, organizations, and institutions) is empowering to community members while also acknowledging of the intrinsic merit and abilities individuals and communities have to contribute. Expanding on and nurturing existing community strengths helps to build lasting solutions and foster community sustainability.

**Integrated Action on the Determinants of Health**

In 1948, The World Health Organization declared that health “is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity” (OCDPA 2008). The multiple factors and conditions that contribute to, or undermine our health are known as the determinants of health and they encompass the places where we live, learn, work and play. Examples of the determinants of health include: income and social status, education and literacy, physical environments, personal coping skills, healthy child development, biology and genetic endowment, gender and culture. When we explore how the determinants come together and influence each other we are better equipped to go beyond mere symptoms and understand and take action on the underlying contributing factors.

**Outcomes of a Healthy Communities Approach**

There are many benefits to using a Healthy Communities approach. It provides community members with an opportunity to voice their concerns, learn about complex issues and develop innovative solutions. Local governments and service providers are able to draw on insights and energies from local residents, which help to inform development of healthy public policy (OHCC 2011). Healthy Community activities can lead to outcomes (at the individual to the national level) such as healthier lifestyle choices, improved health status, increased knowledge, skills, expertise, stronger partnerships, cleaner physical environments, a growing economy and healthier, resilient communities.

**References:**


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
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- 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 Villes et Villages en Santé, Mouvement Académie Des Communautés en Santé du Nouveau-Brunswick
7.2 OTTAWA CHARTER FOR HEALTH PROMOTION

Online PDF copy available at: Public Health Agency of Canada

OTTAWA CHARTER FOR HEALTH PROMOTION
CHARTE D’OTTAWA POUR LA PROMOTION DE LA SANTE

N INTERNATIONAL CONFERENCE ON HEALTH PROMOTION
The move towards a new public health
November 17-21, 1 Ottawa, Ontario, Canada

UNE CONFÉRENCE INTERNATIONALE POUR LA PROMOTION DE LA SANTE
Vers une nouvelle santé publique
7-21 novembre 1986 Ottawa (Ontario)
Charter

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma Ata, the World Health Organization’s Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

HEALTH PROMOTION
Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

PREREQUISITES FOR HEALTH
The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

ADVOCATE
Good health is a major resource for social, economic and personal development and important dimension of quality of life. Political, economic, social cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

ENABLE
Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

MEDIATE
The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

HEALTH PROMOTION ACTION MEANS:

BUILD HEALTHY PUBLIC POLICY
Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.
Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

CREATE SUPPORTIVE ENVIRONMENTS
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. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance – to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment – particularly in areas of technology, work, energy production and urbanization – is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

STRENGTHEN COMMUNITY ACTION
Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

DEVELOP PERSONAL SKILLS
Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn throughout life, to prepare them for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

REORIENT HEALTH SERVICES
The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individual and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.
MOVING INTO THE FUTURE
Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one’s life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

COMMITMENT TO HEALTH PROMOTION
The participants in this conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions, and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies
- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and most importantly with people themselves;
- to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The conference urges all concerned to join them in their commitment to a strong public health alliance.

CALL FOR INTERNATIONAL ACTION
The conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health for All by the year 2000 will become a reality.

This CHARTER for action was developed and adopted by an international conference, jointly organized by the World Health Organization, Health and Welfare Canada and the Canadian Public Health Association. Two hundred and twelve participants from 38 countries met from November 17 to 21, 1986, in Ottawa, Canada to exchange experiences and share knowledge of health promotion.

The Conference stimulated an open dialogue among lay, health and other professional workers, among representatives of governmental, voluntary and community organizations, and among politicians, administrators, academics and practitioners. Participants coordinated their efforts and came to a clearer definition of the major challenges ahead. They strengthened their individual and collective commitment to the common goal of Health for All by the Year 2000.

This CHARTER for action reflects the spirit of earlier public charters through which the needs of people were recognized and acted upon. The CHARTER presents fundamental strategies and approaches for health promotion which the participants considered vital for major progress. The conference report develops the issues raised, gives concrete examples and practical suggestions regarding how real advances can be achieved, and outlines the action required of countries and relevant groups.
The move towards a new public health is now evident worldwide. This was reaffirmed not only be the experiences but by the pledges of Conference participants who were invited as individuals on the basis of their expertise. The following countries were represented: Antigua, Australia, Austria, Belgium, Bulgaria, Canada, Czechoslovakia, Denmark, Eire, England, Finland, France, German Democratic Republic, Federal Republic of Germany, Ghana, Hungary, Iceland, Israel, Italy, Japan, Malta, Netherlands, New Zealand, Northern Ireland, Norway, Poland, Portugal, Romania, St. Kitts-Nevis, Scotland, Spain, Sudan, Sweden, Switzerland, Union of Soviet Socialist Republic, United States of America, Wales and Yugoslavia.

7.3 Key Informant and Focus Group Interview Guides

Developed by Pam Kinzie, Firstbrook Strategies

7.3.1 Key Informant Interview Guide

OBJECTIVES
1. To identify supports for and barriers to increasing access to healthy food, physical activity and mental health for Wilmot residents from the perspective of Township residents and service providers.
2. To identify possible policy priorities to help inform discussions during the policy development workshop and for action planning during the strategic planning session with the WHCC.

INTRODUCTIONS

Purpose of the Project:
For several years the Wilmot Healthy Communities Coalition has focused its efforts on organizing and running the annual Living Well Festival and facilitating other activities designed to educate the public about how to lead healthy lives. Now the Coalition would like to begin to create healthy public policies that would make it easier, directly or indirectly, for Wilmot residents to eat healthier food, participate in regular physical activity and recreation, and promote mental health in the longer term.

These policies can be created at the municipal level such as non-smoking bylaws, at the organizational level such as a policy requiring only healthy food in school cafeterias, at the workplace level such as a policy to support employees who cycle to work, or the regional level such as land use policies that support an integrated trail system for walking and cycling.

I’d like to ask you a few questions that will help us to identify policy priorities in Wilmot Township. I will be taking notes during our conversation. The interview should last about 45 minutes.

Note: The following questions were used as general framework to guide discussion during the key informant interviews. Follow-up questions varied according to the responses given by the interviewees and the interviewer used discretion in determining whether additional prompts were necessary to stimulate a response. Some questions may not have been asked of all interviewees due to time limitations or interest.
Questions – All Interviewees:
1. What organization do you represent?
2. Who are your primary clients? or What are your primary activities?
3. Are you, or have you been, affiliated with the WHCC? If so, for how long?
4. Have you worked on any policy development initiatives before? If so, can you briefly describe one initiative?

For Contacts Addressing Physical Activity
5. From your perspective, what activities are working well to encourage and promote regular physical activity and recreation for Wilmot residents?

6. In early 2011, the Region of Waterloo conducted community engagement activities to identify barriers and challenges that prevent residents from participating in regular physical activity or recreation. How relevant do you think the following issues are for residents in Wilmot Township? I’ll be happy to explain them as well as I can if you are unclear about any of these:
   a. There is a need to ensure that the built environment is supportive of active living. Policies need to address both the barriers and opportunities of the build environment to influence the level of physical activity of the general public.
   b. There is a need to address physical activity as it relates to commuting and the workplace.
   c. There is a need to offer incentives such as nice trails, safe and accessible sidewalks, parks and safe neighbourhoods for active transportation and active living.
   d. There is a lack of culturally appropriate physical activities available in the region.
   e. There is an opportunity to leverage the programming and facilities of schools to improve physical activity opportunities. Fear of liability serves as a barrier for broadening the scope of offerings at community facilities.
   f. There is a need for accessible transportation to and from physical activity opportunities.
   g. There is a lack of affordable options to participate in physical activities.

7. Are there any additional barriers or challenges that you think prevent Wilmot residents from engaging in physical activity and recreation at least three days per week?

8. Are there specific groups of folks who you think are not participating at the same rates as others? Why do you think that is?

9. Do you have any specific suggestions for a policy at any level that will make physical activity and recreation easier and more accessible for Wilmot residents?
For Contacts Addressing Healthy Eating
1. From your perspective, what activities are working well to encourage and promote healthy eating amongst Wilmot residents?

2. In early 2011, the Region of Waterloo conducted community engagement activities to identify barriers and challenges that prevent residents from eating healthy food. How relevant do you think the following issues are for residents in Wilmot Township? I'll be happy to explain them as well as I can if you are unclear about any of these:
   a. Food insecurity affects a person's ability to eat nutritious food.
   b. Some area residents face challenges in accessing healthy food options due to physical barriers, and lack of proximity to access to large grocery stores or farmers’ markets.
   c. There is a rural-urban spatial inequality regarding the availability of public transit to access healthy food across the region since all large grocery stores are located on a public transit routes in the urban areas; travel distances and times can be long.
   d. There is a lack of healthy food options at schools and other institutions.
   e. It is a challenge to access culturally appropriate healthy food in large grocery stores despite an increase in the diversity of the population.
   f. There is a need for funds to support active transportation and public transportation to increase access to healthy food.
   g. Home economic courses should be reintroduced into elementary and secondary school curricula so that students could develop food skills.

3. Are there any additional barriers or challenges that you think prevent Wilmot residents from eating healthy meals and snacks?

4. What do you think causes these challenges or barriers amongst all residents of Wilmot Township; what contributed to their development?

5. Are their specific groups of folks who you think face greater challenges than others with respect to eating healthy meals and snacks? Why do you think that is?

6. Do you have any specific suggestions for a policy at any level that will make it easier and for Wilmot residents eat healthy meals and snacks?

For Contacts Addressing Mental Health
1. The Coalition recognizes that the mental health of all Wilmot residents is a vital part of overall health of the community. What do you think contributes to mental health of Wilmot residents?

2. Please describe what has already been done to address the barriers and challenges to mental health of Wilmot residents from your perspective?

3. In early 2011, the Region of Waterloo conducted community engagement activities to identify barriers and challenges related to the mental health of the residents. How relevant do you think the following issues are for residents in Wilmot Township? I’ll be happy to explain them as well as I can if you are unclear about any of these:
   a. There is a need to better understand the specific issues related to low income and mental health.
b. There is a need to better understand mental health issues affecting rural area residents since they may experience more social and physical isolation.

c. Additional research is required to understand the mental health issues affecting the immigrant population.

d. Data from the Waterloo Wellington LHIN indicate that emergency room visits for intentional self-harm (suicide and suicide attempts) are the 3rd highest in Ontario. Among youth, mental health issues include bullying, alienation/segregation, school testing and over-scheduling.

e. Systematic stigma and discrimination is a concern in the region. One result of this is that people with mental illness often end up in the criminal justice system.

f. There is a need to integrate mental health promotion with substance and alcohol misuse prevention efforts.

4. Are there any additional issues and challenges that the community faces with respect to the mental health of its residents?

5. Are there specific groups in the community that you feel face greater challenges in order to maintain their mental health? Why?

6. Do you have any specific suggestions as to how these challenges might be addressed?

7. Do you have any specific suggestions for a policy at any level at any level that might contribute to mental health within Wilmot Township?

Questions for all Key Informants

1. Can you suggest anyone else that I should interview on these issues or perhaps anyone you think should participate in a focus group?

2. Do you have any suggestions as to where community focus groups might be held during the last week of February or the first week of March?

3. Are there any upcoming meetings in that time frame that I might attend to conduct a focus group?

4. Do you have any questions for me?
7.3.2 Focus Group Questions

OBJECTIVES
1. To identify supports for and barriers to increasing access to healthy food, physical activity and mental health for Wilmot residents from the perspective of Township residents and service providers.

2. To identify possible policy priorities to help inform discussions during the policy development workshop and for action planning during the strategic planning session with the WHCC.

Note: The following questions were used as general framework to guide discussion during the focus groups. Follow-up questions varied according to the responses given by the participants and the moderator used discretion in determining whether additional prompts were necessary to stimulate discussion.

A) Physical Activity and Recreation
1. What makes it easy for you and your family to participate in regular physical activity in Wilmot Township?
2. What makes it difficult or challenging for you and your family to participate in regular physical activity?
3. Are there specific groups of folks whom you think face greater challenges than others with respect to being physically active? Why do you think that is?
4. If you had to pick just one thing that would make it easier for you to be physically active more often, what would it be?
5. Are there specific groups of folks whom you think are not participating in physical activity at the same rates as others? Hard to reach seniors? Youth not involved in organized sports? Why do you think that is?
6. Do you have any specific suggestions for what the Coalition or the Township or perhaps the Health Unit could do to make physical activity and recreation easier and more accessible for all Wilmot residents?
7. If you had to pick one thing that would make it easy for more people to be physically active, what would it be?

B) Healthy Eating
8. What makes it easy for you and your family to buy and eat healthy foods in Wilmot Township?
9. What makes it difficult or challenging for you and your family to buy and eat healthy foods?
10. Are there specific groups of folks whom you think face greater challenges than others with respect to eating healthy meals and snacks? Why do you think that is?
11. Do you have any specific suggestions for what the Coalition or the Township or perhaps the Health Unit could do to make it easier and for Wilmot residents to eat healthy meals and snacks?
12. If you had to pick one thing that would make it easy for more people to eat healthy foods what would it be?

C) Mental Health
13. What does mental health mean to you? What do you think contributes to the mental health of the community?
14. There are fairly high rates of depression in Wilmot Township. Why do you think that is?
15. What do you think affects whether or not people get/seek help?
16. What could be done to reduce the stigma associated with mental illness in Wilmot?
17. I've been told that some kids from grade 7 to 12 are involved in self-harm activities such as cutting or burning. Do you have any idea why this is happening? What do you think could be done in the community to help prevent self-harm?

18. Do you have any specific suggestions for what the Coalition or the Township or perhaps the Health Unit could do to promote mental health in the community?

19. If you had to pick one thing that would contribute to the mental health of Wilmot residents, what would it be?
7.4 Reports & Information Sources

The following reports, web sites and data sources were reviewed to create the community profile and inform the consulting team’s approach to the community consultations as well as the policy development and strategic planning sessions held with WHCC members and community stakeholders.

Centre for Addictions and Mental Health. Systems Improvements through Service Collaboratives (undated brochure).

Local Health Integration Network. Addiction and Mental Health Network – System Change Opportunities (December 2010).

Region 4 Regional Tourism Organization. Trails and Waterways Report (November 2010).

Region of Waterloo
- Community Services Division Census Bulletins
- Strategic Focus 2011-2014
- Walk Cycle Master Plan – Draft Report (November 2012) and WalkCycleWaterlooWebsite
- Crime Prevention Council. Integrated Drugs Strategy (December 2011)

Region of Waterloo Public Health
- Healthy Communities Partnership
  - Community Picture (March 31, 2011)
  - Interim Summary – Municipal Food Policies Project (January 2012)
  - Mental Health Report (undated, file date stamp February 2013)
  - Environmental Scan Results (undated, file date stamp February 2013)
- Waterloo Region Community Assessment Report (March 2011).
- Draft Executive Summary: Waterloo Region’s Food System – A Snapshot (undated, file date stamp February 2013)
- Quickstats
  - Healthy Eating: Food Insecurity; Vegetable Fruit Consumption;
  - Physical Activity: Leisure Time Physical Activity; Sedentary Activity
  - Adult Body Mass Index; Adolescent Body Mass Index
  - Injury Hospitalizations; Injury Mortality


Wilmot Township Website - Wilmot-Strategic-Plan; Community Profile; 2011 Census Profile for Wilmot; Population-Statistics; Recreation-Guide