Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | À l'écoute de notre santé

Healthy Built Environments Working Group
DRAFT Terms of Reference

December 9, 2015

1.0 PURPOSE

The purpose of the Healthy Built Environments Working Group is to address one of the strategic priorities in the Population & Public Health (PPH) Strategic Priorities/Conceptual Framework. The Working Group is guided by the Healthy Built Environments Strategic Plan, and crosses PPH service areas and community areas.

The WRHA Population and Public Health Program service areas and community areas work collaboratively with other WRHA sites and programs (e.g. Capital Planning) and other organizations to promote the development of natural and built environments accessible to all in the Winnipeg Health Region that support health, well-being, safety, social interaction, mobility and a sense of pride and cultural identity. Together, we promote a culture where the role of healthy built and social environments are recognized and valued.

2.0 FUNCTIONS

Key functions include:

- Develop the Healthy Built Environments Strategic Plan for Population & Public Health.
- Develop the Healthy Built Environments Action Plan.
- Facilitate implementation of the Healthy Built Environments Action Plan across Population & Public Health and Community Areas.
- Foster linkages with other internal and external stakeholders including;
    - Community Areas
    - PPH Strategic Priority Area Working Groups
    - PPH Service Areas
    - PPH Staff Development Working Group
    - PHN CA Resource Allocation Working Group
    - PHN CA Change Management Working Group
    - Regional Health for All Working Groups and activities
    - Regional Food Security Working Group
    - WRHA Accessibility Planning Committee
    - Community Development Working Group
    - Practice Councils (Public Health Nurses, Public Health Dietitians, Family First Home Visitors, etc.)
    - Local community initiatives

- Respond to relevant legislation including Accessibility for Manitobans Act and others.

Comment [SG1]: If anyone knows of other specific examples that should be included here, let me know.

3.0 CHAIR & MEMBERSHIP

Chair: Co-chairs: MOH- HBE and Community Area Representative

Comment [SG2]: Still TBD – CADs had recommended new Downtown CAD – will wait for confirmation.

Membership

Committee members are leaders and champions for healthy built environment work. They bring their experience in their areas of work to the table, contribute to collective strategic thinking, envision pragmatic action, and make recommendations to support this work. Committee members also act as ambassadors, leaders and communicators for information and action in their usual circles of influence.

Positions/Roles
Community Area Director
Community Area Team Manager
Community Development Program Specialist
Community Facilitator
Chronic Disease Collaborative representative
Clinical Nurse Specialist
Epidemiologist
Family First Home Visitor
Healthy Built Environment Specialist
Medical Officer of Health – Housing
Medical Officer of Health – Healthy Built Environment
Population Health [Equity] Initiatives Leader
Public Health Dietitian
Public Health Nurse
PPH Centralized Team representative – Injury Prevention
PPH Centralized Team representative – Physical Activity Promotion
PPH Centralized Team representative – Healthy Sexuality & Harm Reduction
PPH Centralized Team representative – Nutrition Promotion
PPH Centralized Team representative – Mental Health
PPH Medical Director (if co-chair)

This group reports to the PPH Healthy Built Environments Steering Committee.

4.0 DECISION MAKING

The Working Group will make decisions related to strategic priorities for the working group. Recommendations for priorities within the PPH program or Community Areas will be provided to the Healthy Built Environments Steering Committee, with final decisions made by the PPH Program Team or Community Area as appropriate.

Decision-making is by consensus. Consensus is defined in the *Leadership Competencies for Public Health Practice in Canada*:

> In the context of a Delphi process consensus occurs "when there is a convergence of opinion or when a point of diminishing returns is reached" (Fink et al., 1984, p.980). The results of consensus studies derive their credibility, in part from the composition of the consensus panel. All current consensus strategies assume that the participants can produce sound decisions and that these will be listened to in the proper circumstances (p. 981).
>
> (Community Health Nurses of Canada, 2015, p. 8)

At times conflict may arise either within group discussion or in relating to others such as partners. At all times, consideration will be maintained, but respectful differences of opinion should be viewed as creating opportunity for dialogue, growth and change.

5.0 MEETINGS

The Working Group will meet monthly or as called by the co-chairs.

6.0 TERMS OF REFERENCE

The Working Group should review its terms of reference every year or as necessary.

7.0 REFERENCES

Community Health Nurses of Canada *(June 2015). Leadership Competencies for Public Health Practice in Canada.* Public Health Agency of Canada: St. John's, Newfoundland.