



# Greater Penticton Community Health: Environmental Scan

## Final Report

A research project conducted by the Okanagan College Human Kinetics Diploma Program students and professor of HKIN 261: Health, Policy and Canadian Society for the Okanagan-Similkameen Healthy Living Coalition – Environmental Scan Working Group.

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## Executive Summary

A *Healthy Communities BC Approach* is a ‘whole of community’ approach that engages citizens within local communities to define health issues, generate solutions, take action and evaluate overall success. Healthy communities are learning communities that build on past successes and plan for future improvements. Communities start by gathering evidence to determine their health priorities and then a plan is created to focus limited action resources on specific improvement goals. This ‘way of working’ requires the creation of strong intersectoral partnerships within and across a wide range of public and private sector organizations. These partnerships are successful when they are more effective, efficient and sustainable than could be achieved by any one sector alone<sup>1</sup>.

The primary purpose of this report was to discover the various ways that local organizations – partners in the Okanagan Health Living Coalition – have been promoting community health in six key areas: healthy eating, physical activity, tobacco reduction, the built environment, special populations and social connectedness<sup>2</sup>. The goal of the project has been to get a “snapshot” of the health of the Greater Penticton Community and to assist the partners in determining priorities for action for the creation of “self-organizing action teams” that will come together around a particular issues or projects.

Groups of student researchers met with representatives from Interior Health, City of Penticton, School District 67, Penticton Indian Band, and the Regional District of the South Okanagan Similkameen in March 2014. Students asked a set of specific survey questions and gathered additional information from the internet. Socio-demographic data and local health statistics are included in the results section of this report along with annotated bibliographies from the college librarian in Appendix A.

Health statistics reveal that the Okanagan<sup>3</sup> has had worse age-standardized population prevalence for Depression/Anxiety, Coronary Heart Disease, Rheumatoid Arthritis, and Cancer. The Okanagan also has had a lower percentage of the population that consume at least 5 fruits and vegetables per day and a higher percentage of the population who are current smokers, when compared to the BC average.

Interview results revealed that all the organizations involved in this study have been implementing multiple initiatives that impact community health in all areas studied: healthy eating, physical activity, tobacco reduction, social connectedness, built environment and priority populations. Students identified current community strengths and assets including; passionate hard-working people within each organization, recreation facilities, and a team approach. Students also identified current needs and opportunities including; additional capital funding and human resources, more sidewalks, improved social connectedness / mental health, and better facility utilization (during and after-school hours).

The recommendations below highlight potential areas for the formation of self-organizing action groups, or *constellations*<sup>4</sup>. Additional details are provided in the recommendations section of this report.

1. Engage youth in recreation and physical literacy.
2. Promote mental health and wellness.
3. Build active and public transportation networks.
4. Develop community and/or school food gardens.

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<sup>1</sup> Health Canada (2000). Intersectoral Action Toolkit.

<sup>2</sup> Modified from the *Healthy Communities BC Framework*. [www.planh.ca](http://www.planh.ca)

<sup>3</sup> Okanagan Health Service Delivery Area as defined by the B.C. Provincial Health Services Association.

<sup>4</sup> Surman, T. and Surman, M. (2008). Constellation Model for Action.

## 1 – Introduction

### What is a Healthy Communities BC Approach?

A *Healthy Communities BC Approach* is a ‘whole of community’ approach that engages citizens within local communities to define health issues, generate solutions, take action and evaluate overall success. Healthy communities are learning communities that build on past successes and plan for future improvements. *The Healthy Communities Approach: A Framework for Action on the Determinants of Health*<sup>5</sup> assists communities in developing comprehensive approaches which are more effective than solutions that address one single component in isolation. These concepts have emerged from a global movement<sup>6</sup> that now includes over 80 countries.

This approach integrates health concepts into everyday community practices. It follows a health promotion philosophy - *together let’s help to make the right choice the easy choice*. Communities start by gathering evidence to determine their health priorities and then a plan is created to focus limited action resources on specific improvement goals.

### What are Intersectoral Action and the Constellation Collaboration Model?

This ‘way of working’ requires the creation of strong intersectoral partnerships within and across a wide range of public and private sector organizations. Intersectoral action is defined by Health Canada as a “mutually beneficial and well-defined relationship entered into by two or more sectors, intending to take action on an issue to achieve health outcomes in a way that is more effective, efficient and sustainable than could be achieved by any one sector alone”<sup>7</sup>. The Okanagan Similkameen Healthy Living Coalition has identified the Constellation Collaboration Model<sup>8</sup> as a method to create “self-organizing action teams” that will come together around a particular issues or projects.

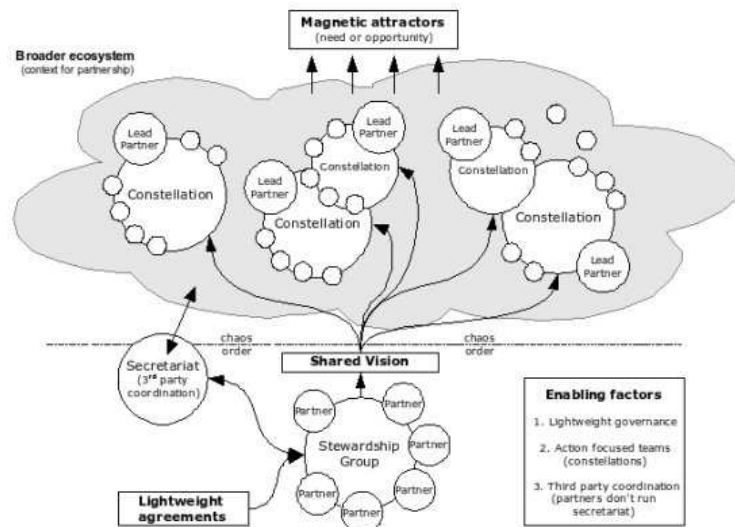


Figure 1. Surman & Surman (2008) Constellation Model

<sup>5</sup> <http://bchealthycommunities.ca/healthycommunities>

<sup>6</sup> Hancock, T. (2007). Healthy Cities and Communities: Past, Present and Future. Retrieved from <http://www.scahec.net/courses/PH%20Modules/Mod4Hancock.pdf>

<sup>7</sup> Health Canada (2000). Intersectoral Action Toolkit. . The cloverleaf model for success. (pp. 1-). Retrieved from <http://www.phac-aspc.gc.ca/canada/regions/ab-nwt-tno/pdf/programs/isatoolkit.pdf>

<sup>8</sup> Surman, T. and Surman, M. (2008) Open Sourcing Social Change: Inside the Constellation Model retrieved from <http://timreview.ca/article/183>.

## **Our Research Method: An Appreciative Inquiry**

The primary purpose of this inquiry was to discover the various ways that local organizations – partners in the Okanagan Health Living Coalition – have been promoting community health in six key areas: healthy eating, physical activity, tobacco reduction, the build environment, special populations and social connectedness<sup>9</sup>. Students were interested in the complex set of issues surrounding community health initiatives and intersectoral partnerships. The goal of the project has been to get a “snapshot” of the health of the Greater Penticton Community and to assist the partners in determining priorities for action.

Groups of 3-4 Okanagan College Human Kinetics student researchers met with representatives from Interior Health, City of Penticton, School District 67, Penticton Indian Band, and the Regional District of the South Okanagan Similkameen in March 2014. Students asked a set of specific survey questions designed to:

- Acknowledge Unique Perspective
- Celebrate Past Successes
- Identify Current Needs and Opportunities
- Identify Leadership Potential
- Identify Potential Partnerships

Data was also gathered from other public sources via the internet. Several annotated reference sheets that are included in Appendix A. Before student researchers met with local school representatives they wanted to learn more about each organization. Appendix B includes a brief summary for each partner organization.

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<sup>9</sup> Modified from the *Healthy Communities BC Framework*. <http://bchealthycommunities.ca/>

### 3 – Results

#### Part 1: Penticton Community Statistics

Penticton is located in the Interior region of the province of British Columbia (BC). It is the largest community within the South Okanagan-Similkameen Area. The Greater Penticton Community includes the communities of the City of Penticton, Naramata, West Bench, Kaleden and the Penticton Indian Band. During its history Penticton has seen periods of dramatic population growth. Table 1 illustrates however, that over the past ten years, its population growth has been approximately 0.5% per year which is less than the provincial average of approximately 1% per year.

**Table 1: Population Statistics<sup>10</sup>**

	2000	2006	2011
Greater Penticton Area		41,303	42,361 (+2%)
City of Penticton	30,985 (+0%)	31,909 (+3%)	32,877 (+3%)

Socio-demographic and community health statistics vary based on geo-political boundaries. Specific references are included in footnotes to clarify sources. Tables 2 - 4 summarize relevant statistics on community health. Data was not available for the Greater Penticton Area and has been reported for the Okanagan Health Service Delivery Area in comparison to the BC average. Since the OSHLC has set a target to be the healthiest jurisdiction in BC, this report highlights health indicators that are observed worse than the provincial average.

Since chronic diseases tend to show greater prevalence amongst older population groups, chronic disease statistics in Table 2 are presented as an age-standardized prevalence rate. The Okanagan Health Service Delivery Area shows higher rates of Depression/Anxiety, Coronary Heart Disease [CHD], Rheumatoid Arthritis, and Cancer. Table 3 illustrates that the Okanagan has a lower percentage of the population that consume at least 5 fruits and vegetables per day and a higher percentage of the population who are current smokers, when compared to the BC average.

**Table 2: Health Statistics – Chronic Diseases<sup>11</sup>**

Age-standardized prevalence rates in BC in 2006/2007 (3-year moving average)

	Okanagan HSDA	BC Average
Diabetes	4.99% (-0.81)	5.80%
Hypertension	14.68% (-0.67)	15.35%
CHD	<b>4.60% (+0.40)</b>	4.20%
Cancer	<b>1.13% (+0.06)</b>	1.07%
Depression/Anxiety	<b>25.07% (+4.37)</b>	20.70%
Rheumatoid Arthritis	<b>1.20% (+0.30)</b>	0.90%

<sup>10</sup> Statistics Canada. Census Data.

<sup>11</sup> Provincial Health Services Authority (PHSA) (2010, March) *Summary Report on Health for British Columbia from Regional, Longitudinal and Gender Perspectives*.

**Table 3: Health Statistics – Healthy Lifestyles<sup>12</sup>**

	Okanagan HSDA	BC
% population who are physical active or moderately active	61.7 (+4.0)	57.7
% population who consume at least 5 fruits and vegetables per day	<b>40.9 (-2.5)</b>	43.4
% population who are current smokers	<b>22.1 (+3.9)</b>	18.2

Table 4 shows that there may be some gender differences for indicators of overall health and wellness. When compared to the BC average, a smaller proportion of Okanagan females perceive their health as excellent or good. Also, a smaller proportion of Okanagan females reported life satisfaction. A smaller proportion of Okanagan males, perceived their mental health as excellent or good.

**Table 4: Health Statistics – Health and Wellness<sup>13</sup>**

	Okanagan HSDA	BC
Self-perceived health as excellent or good	58.3% (62.7M; <b>54.1F</b> )	57.8% (59.1M; 56.5F)
Self-perceived mental health as excellent or good	<b>70.9%</b> ( <b>68.1M</b> ; 73.4F)	71.4% (70.5M; 72.3F)
Proportion of population with quite a lot of life stress	19.4% (17.1M; 21.6F)	21.0% (20.6M; 21.5F)
Proportion of population with life satisfaction	<b>90.8%</b> (93.1M; <b>88.5F</b> )	91.1% (91.0M; 91.1F)

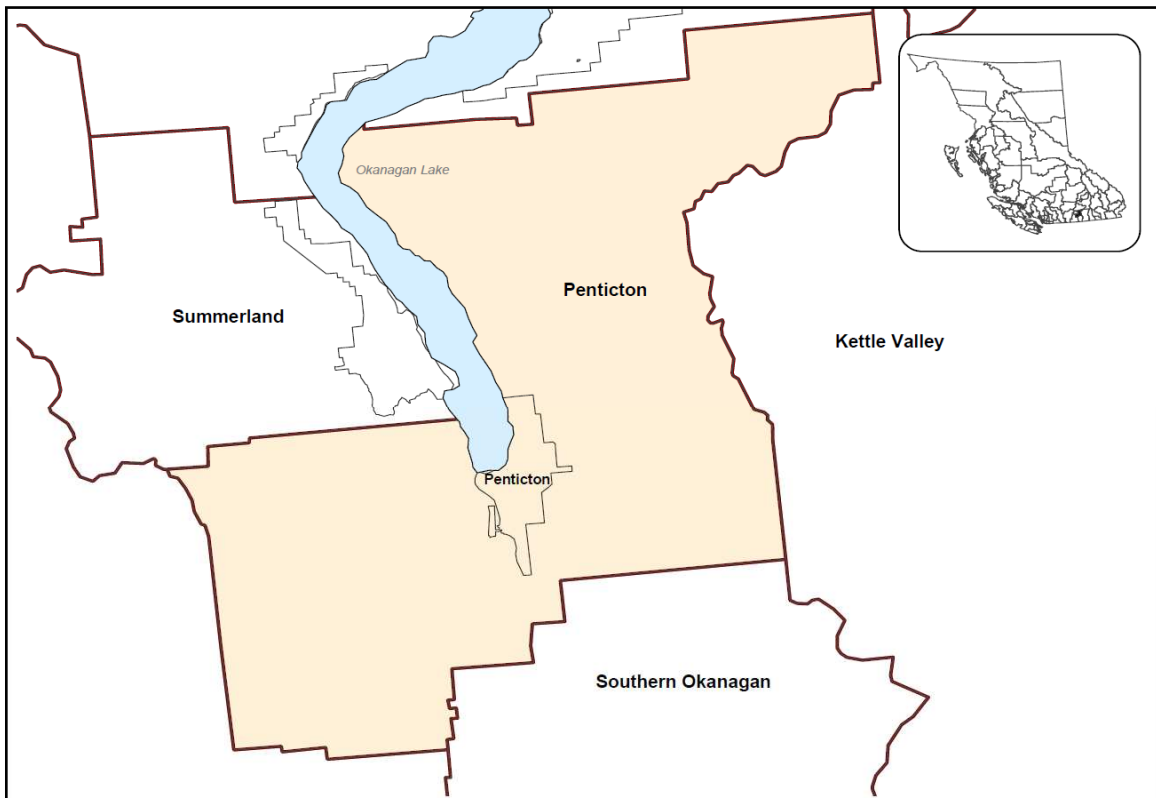
The plan-h application guide for the *Healthy Communities Capacity Building Grants for Local Governments*<sup>14</sup> describes how it is common for certain sub-populations groups within a community to experience inequities when it comes to health outcomes. These inequities are based on a range of factors including social, economic and physical environments. While each community is unique and may choose to identify priority population groups based on local needs. Tables 5 – 8 have highlighted common priority population groups for community health initiatives. BC Statistics publishes reports for Local Health Areas (LHA) and School Districts (SD). This report uses statistics that have been summarized for the LHA 15 - Penticton as it is more closely related to the Greater Penticton Area than the area boundaries for SD67, as is illustrated in Figure 2.

<sup>12</sup> Data Source: Statistics Canada 2007/2008 Canadian Community Health Survey (CCHS). Reference: Provincial Health Services Authority (PHSA) (2010, March) *Summary Report on Health for British Columbia from Regional, Longitudinal and Gender Perspectives.*

<sup>13</sup> Data Source: Statistics Canada 2007/2008 Canadian Community Health Survey (CCHS). Reference: Provincial Health Services Authority (PHSA) (2010, March) *Summary Report on Health for British Columbia from Regional, Longitudinal and Gender Perspectives.*

<sup>14</sup> Plan-h (2013, November) *Healthy Communities Capacity Building Grants for local governments – Application Guide.*





**Figure 2: Geographical Boundaries for Local Health Area 15 – Penticton<sup>15</sup>**

Common priority population groups for community health initiatives include children, youth and seniors. Table 5 illustrates that 0-24 year olds make up 23% percent of the population of Penticton and 47% of the population of the Penticton Indian Band. Seniors make up 27% of the population of Penticton and 4% of the Penticton Indian Band.

**Table 5: Demographics – Age Statistics**

	<b>LHA 15 - Penticton<sup>16</sup></b>	<b>Penticton Indian Band<sup>17</sup></b>	<b>BC<sup>18</sup></b>
<b>Age (years)</b>	<b>% of the population</b>	<b>% of the population</b>	<b>% of the population</b>
0-4	4%	9%	5%
5-14	8%	21%	10%
15-24	11%	17%	13%
25-64	51%	6%	56%
65-74	13%	4%	9%
75+	14%	0%	7%
Total	41,482	475	4,581,978

<sup>15</sup> BC Statistics. Local Health Area 15 – Penticton. 2012 Socio-economic Profile.

<http://www.bcstats.gov.bc.ca/statisticsbysubject/SocialStatistics/SocioEconomicProfilesIndices/Profiles.aspx>

<sup>16</sup> BC Statistics. Local Health Area 15 – Penticton. 2013 Population Estimates.

<http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationEstimates.aspx>

<sup>17</sup> Statistics Canada. 2006 Census Data. Age Characteristics of Aboriginal Identity Population.

<http://www12.statcan.gc.ca/census-recensement/2006/>

<sup>18</sup> BC Statistics. Province of British Columbia. 2013 Population Estimates.

<http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationEstimates.aspx>

Community health initiatives sometimes prioritize groups based on ethnic identity. Table 6 below illustrates that there are a number of people living in Penticton who are aboriginal, a visible minority or a recent immigrant.

**Table 6: Demographics – Ethnic Identity**

	<b>LHA 15 - Penticton</b>	<b>BC</b>
Total Aboriginal People	1580 (4.0%)	4.8%
Total Visible Minorities	2050 (5.2%)	24.8%
Immigrants and Newcomers	Total 6,460 '01-'06 Recent <sup>19</sup> 280 '07-'12 Recent <sup>20</sup> 506  Europe (36.4%) Asia & Middle East (32.7%) USA (12.7%)	

The current provincial government focuses on BC Families. Table 7 illustrates that Penticton has 1840 lone parents with children at home and 3810 couples with children at home. Lone parent families are sometimes prioritized for community health initiatives.

**Table 7: Demographics - Families**

	<b>LHA 15 - Penticton</b>	<b>BC</b>
Total Number of Families	11,755 <sup>21</sup>	1,161,420
Couples with no Children at home	6105 (52%)	41%
Couples with Children at home	3810 (32%)	44%
Lone Parent with Children at home	1840 (16%)	15%
Average Number of Children per Family	1.7	1.8

<sup>19</sup> 2006 Census. Permanent residents who arrived between January 2001 and 2006.

<sup>20</sup> Citizen and Immigration Canada “intended destination” at time of landing between 2007 and 2012.

<sup>21</sup> BC Statistics. Socio-economic Profile Local Health Area 15.

Lastly, the social determinants of health explain a large portion of the variation in many community health outcomes. Table 8 highlights that the average family income in Penticton is less than the BC average. The community has approximately 9.5% low-income persons with 1.5% percent of the population on income assistance and employable and additional 2% of the population on employment insurance benefits. Penticton also has a higher rate of low-education levels than the BC average for 25 – 64 year olds with 15% of the population without completion of high school and 45.5% of the population without a post-secondary credential.

**Table 8: Demographics - Socioeconomic Indicators**

	<b>LHA 15 - Penticton</b>	<b>BC</b>
Average Family Income – All Economic Families	\$68,071 <sup>22</sup>	80,511
Average Family Income – Female Lone Parent	\$35,704	43,491
Prevalence of low-income persons after tax in 2005	9.5%	13.1%
Percentage of the population 15+ on income assistance and employable (2012)	1.5%	0.9%
Percentage of population 15+ on employment insurance benefits (2012)	2.0%	1.5%
Prevalence of low-education level (25 – 54 years):		
- without high school completion	15.0%	11.1%
- without post-secondary credentials	45.5%	37.3%

<sup>22</sup> BC Statistics. *Socio-Economic Profile – Local Health Area 15. Based on 2006 Census data.*  
<http://www.bcstats.gov.bc.ca/Files/df1889d6-4326-4c74-95a8-4f8d282fc31d/Socio-EconomicProfile-LocalHealthArea15.pdf> (accessed on February 21,2014)

## **Part 2: Summarized Results from Interviews**

Data gathered from interviews at each organization was summarized by student researcher groups. Detailed notes from each interview are included in Appendix D.

### **Section 1. What Makes a Healthy Community?**

“Physically active people.  
Access to healthy food.  
Socially active and engaged people.  
Free of crime, disease, stress.  
Agencies working together.  
Infrastructure (bike trails, walking paths).  
Accessibility.  
Aesthetically pleasing.”  
– City of Penticton

“Alive and vibrant.  
Infrastructure is maintained.  
Active community.  
Accessibility to services.  
People can get help.  
Job opportunities.  
Community centre”  
– Interior Health

“Everyone is working together.  
All inclusive mental/physical/emotional/spiritual/nutritional.  
Communication and Partnerships.  
Opportunities to thrive and succeed.  
Access to information”  
– School District 67

“Everyone has an opportunity to better themselves and work on their journey.”  
– Penticton Indian Band

“Access to services that promote a healthy environment without financial burden.”  
– Regional District of the Okanagan Similkameen

## **Section 2: Celebrate Past Successes**

All the organizations involved in this study reported implementing multiple initiatives that impact community health related to healthy eating, physical activity, tobacco reduction, and social connectedness. Tables 9 through 12 below highlight the current initiatives mentioned during the interviews and may not represent a comprehensive list of all current activities within the community. Table 13 lists how many organizations have considered the build environment's impact on community health. Additionally, Table 14 identifies several priority population groups within the community. Table 15 identifies established partnerships for health within the community.

**Table 9: What does your organization do to promote healthy eating within the community?**

Healthy Eating Initiatives	COP	RDOS	IHA	SD67	PIB
Agricultural plan to promote and protect agricultural lands around the city	✓		✓		
Community gardens / greenhouse	✓				✓
Community kitchens			✓		✓
Changes to vending machines	✓		✓	✓	
Policy for what food can be sold onsite				✓	
Partnerships with food outlets e.g. Nature's Fare	✓				
Workshops for healthy eating / Dietician Services	✓		✓	✓	✓
Support for local non-profit associations			✓		✓
Breakfast Club / Meals on Wheels Program				✓	✓
Family events to promote food security over winter					✓

**Table 10: What does your organization do to promote daily physical activity within the community?**

Physical Activity Initiatives	COP	RDOS	IHA	SD67	PIB
Manage sport, fitness facilities, community centre	✓	✓		✓	✓
Waterfront walkways, sidewalk programs	✓		✓		✓
Bike paths	✓	✓	✓		
Outdoor sport or fitness facilities and equipment	✓			✓	✓
Reduced fee programs for priority populations	✓				✓
Events (Grandfondo, Challenge Penticton, etc.)	✓				✓
Parks and Nature Trails	✓	✓	✓		
Daily Physical Activity – mandatory requirements				✓	
Physical Education / Traditional Games				✓	✓
Walk/run programs (partnership)	✓				✓
Community leaders - active by example	✓				✓
Playgrounds	✓			✓	✓
Fitness and Recreation Programs	✓	✓			✓

**Table 11: What does your organization do to reduce tobacco use within the community?**

Tobacco Reduction Initiatives	COP	RDOS	IHA	SD67	PIB
Rules and Regulations	✓		✓	✓	✓
Tobacco Free Zones	✓		✓	✓	✓
Smoking cessation programs			✓	✓	✓
Public Awareness Campaigns				✓	
Family Support Workers				✓	

**Table 12: What does your organization do to promote social connectedness within the community?**

Social Connectedness Initiatives	COP	RDOS	IHA	SD67	PIB
Community Plans (diversity in one neighbourhood). Housing	✓		✓		
Outreach programs	✓				✓
Integrating all ages together (facilities and programs)	✓				✓
Youth engagement and employment			✓		✓
Mental health programs			✓	✓	✓
Transition Programs between schools				✓	
Buddy Mentorship programs				✓	✓
Positive Relationship programs				✓	✓
In-school suspensions				✓	
Staff collaboration and problem solving time	✓			✓	✓
Health fairs and children's fairs	✓		✓	✓	✓
Community dinners					✓
Recreation Programs	✓	✓			
Public Transportation	✓	✓			

**Table 13: How has your organization considered the built environment's impact on community health?**

Built Environment	COP	RDOS	IHA	SD67	PIB
Senior citizens have big influence	✓				
Land use planning and growth strategies	✓	✓			✓
Community engagement – education / awareness	✓				✓
Access to facilities after hours				✓	✓
Community Hubs and Transportation Networks		✓		✓	✓
Playgrounds next to schools	✓	✓		✓	✓
Co-location of services (Health & Wellness Centre)					✓

**Table 14: Has your organization identified any priority population groups?**

Priority Population Groups	COP	RDOS	IHA	SD67	PIB
Children	✓		✓		✓
Seniors	✓		✓		✓
Low-income families	✓				✓
Sedentary populations	✓				
Youth	✓				✓
Youth at risk			✓	✓	✓
Aboriginal	✓			✓	✓
People with disabilities	✓		✓	✓	✓

**Table 15: Do you currently work with any partner organizations related to specific community health initiatives.**

Partnerships	COP	RDOS	IHA	SD67	PIB
Interior Health	✓			✓	✓
School District 67	✓		✓		✓
Penticton Indian Band	✓		✓		
RDOS	✓				✓
Urban Agricultural Association	✓				
Local Sports Organizations	✓				✓
Oxbow Group	✓				
Canadian Tire – Jump Start	✓			✓	
BC Lung Association			✓		
Salvation Army			✓		
Canadian Mental Health Association			✓		✓
Healthy Families BC	✓		✓	✓	
Quit Now			✓		
Canadian Cancer Agency			✓		✓
Action Schools BC				✓	
Director of Agencies for School Health (DASH)				✓	
Pacific Sport Okanagan	✓			✓	
Local Businesses	✓			✓	✓
BC Diabetes Association			✓		✓

### **Section 3: Identify Community Health Assets and Opportunities**

Students were asked a series of questions to identify the Greater Penticton Community Assets as well as Opportunities for future health improvement. These results are presented below in Table 16 and 17.

**Table 16: What are your organizations current strengths, priority areas and personal passions?**

Strength and Community Assets	COP	RDOS	IHA	SD67	PIB
Knowledge and Expertise	✓		✓		✓
Established partnerships and team approach	✓		✓	✓	✓
Good corporate structure	✓	✓			✓
Passionate, hard-working people within organization	✓	✓	✓	✓	✓
Leadership – sets a good example	✓				✓
Facilities	✓			✓	✓
Access to grants (in process)	✓			✓	
Social Connectedness Initiatives				✓	✓
Program Accessibility and Inclusion	✓				✓
Tobacco Reduction Programs	✓				✓
Seniors Programs	✓				
Youth Programs	✓				✓
Food Security	✓				✓
Community Garden	✓				✓
Pedestrian Corridor		✓			

**Table 17: What are some specific community health needs and opportunities?**

Community Health Needs and Opportunities	COP	RDOS	IHA	SD67	PIB
Need additional funding and grants	✓	✓	✓		✓
Need additional human resources	✓				✓
Need more sidewalks		✓	✓		✓
Need access to public transportation			✓		✓
Need to help maintain independent seniors			✓		✓
Need more affordable housing	✓		✓		✓
Need access to schools			✓		✓
Need / opportunity - Mental Health / social connectedness			✓	✓	
Need Drug/alcohol awareness – addiction prevention			✓	✓	
Need Physical Literacy development in children			✓	✓	
Need to improve quality of food				✓	
Need/opportunity - After school programs / facility accessibility	✓			✓	✓
Upcoming Elections – opportunity / funding cycles			✓		
THRIVE program – best practice opportunity				✓	
RBC “Learn to Play” program – education opportunity				✓	



## 4- Discussion and Recommendations

The organizations involved in this study have highlighted the complexity of health within the local community. These organizations have taken a leadership role within the Okanagan Similkameen Healthy Living Coalition (OSHLC) that goes beyond the Greater Penticton Area. Their past successes demonstrate an understanding that the health behaviours of local citizens are heavily influenced by multiple factors both internal to the individual, as well as in their social and physical environment. Each organization has been leading initiatives related to all the pillars of community health. In the future, all organizations are looking for creative ways to maximize limited resources and are keen to engage in projects that will benefit the health of the local community.

The OSHLC has set a goal to become the healthiest jurisdiction in BC<sup>23</sup>. The health statistics presented in this report highlight that improvements can be made related to the prevention of the following chronic diseases: Depression/Anxiety, Coronary Heart Disease, Rheumatoid Arthritis, and Cancer. Additionally, a focus on increasing consumption of fruits and vegetables and reducing the number of people who smoke should be a priority. Health statistics were available for the whole of the Okanagan Health Service Delivery Area; the OSHLC may wish to seek statistics for the Greater Penticton Area in the future.

One of the biggest community assets identified in this report was passionate, hard-working people within all local organization. Passionate community-based leadership can make things happen. An intersectoral “whole-of-community” approach has been favored with targeted initiatives that can lead to specific successes. Using the Constellation Model for action, “lead partners” initially come from the stewardship group. These lead partners can then attract other internal and external partners to selected constellations. Each constellation would then create specific goals, generate solutions, take action and evaluate overall success. The accumulation of small successes, with sustained efforts over time, can lead to big changes for citizens within our local community.

The recommendations below highlight potential priority areas for action based on the identified community assets and opportunities identified from the information gathered during the interviews and theoretical information learned throughout their course; Health, Policy and Canadian Society. Based on the constellation model, students were asked to make a specific recommendation for improvement that included: Lead partners and other potential partners; rationale; models for action, access to resources, supports; timelines and costs. Each of the four recommendations below includes a brief summary along with selected student submissions.

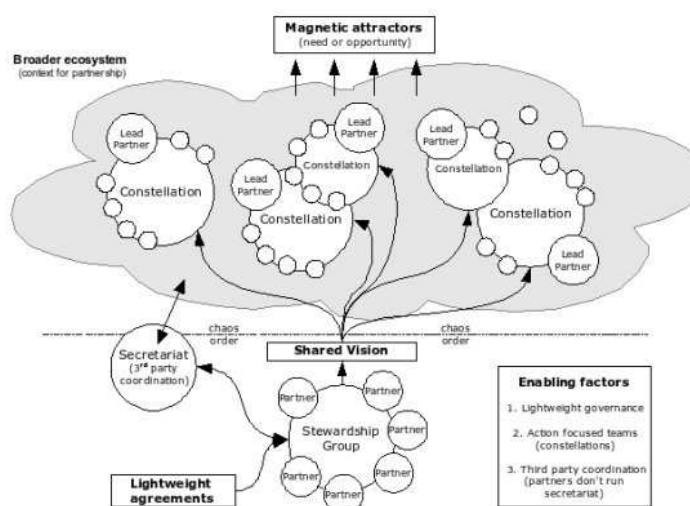


Figure 3. Surman & Surman (2008) Constellation Model

<sup>23</sup> <http://www.healthylivingfair.com/healthy/living/society/268-Okanagan%2BSimilkameen%2BHealthy%2BLiving%2BCoalition>

## Recommendation #1 – Engage youth in recreation and physical literacy.

### SUMMARY

Lead Partner: City of Penticton

Other Potential Partners:

- School District 67
- Penticton Indian Band
- RDOS (transportation)
- Local Sport Organizations
- After-School Program Organizations

Models for Action, Access to Resources, Supports:

- *A Healthy Communities BC Approach* is a ‘whole of community’ approach that engages citizens within local communities to define health issues, generate solutions, take action and evaluate overall success. Civic leaders with help from the school district could engage a broad cross-section of local youth in a facilitated discussion that helps them to define recreation and physical literacy issues, generate solutions and evaluate overall success of local initiatives. Leaders would then work to remove behavioural barriers; making the right choice the easy choice for youth to be active in Penticton.
- See Mayor’s Youth Forum example:  
[http://www.civicinfo.bc.ca/practices\\_innovations/kelowna\\_youth\\_2007.pdf](http://www.civicinfo.bc.ca/practices_innovations/kelowna_youth_2007.pdf)
- The City of Penticton and the School District 67 reported an interest in increasing youth utilization rates at facilities at the local recreation centre and the school facilities after hours. The Penticton Indian Band also recognizes youth as a priority population group. Could youth utilization rates be increased with after-school service partners and promotion of field trips to recreation facilities within the school day?
- Youth may be otherwise engaged in activities via local sport organizations, these groups are important partners in the spectrum of activities available to local youth and should be included in a ‘whole of community’ approach.
- The Canadian Sport for Life Rectangle ([www.CS4L.com](http://www.CS4L.com)) could be used as a framework to assist in assessing the range of activities available for youth in the local community.
- Resources for developing physical literacy in youth at <http://play.physicalliteracy.ca/>.
- See MEND program example for community-based innovative whole-family approach related to childhood obesity. <http://www.childhoodobesityfoundation.ca/MEND>
- *Physical Activity Promotion in the After School Time Period: Key Learnings’ from Government Action across Canada* [http://www.prontario.org/index.php?ci\\_id=7048](http://www.prontario.org/index.php?ci_id=7048)
- ViaSport has recently completed an environmental scan of other funding sources offered to sport in British Columbia and Canada. For more information see <http://viasport.ca/other-funding-sources-sport-bc>.
- See also the (\$1,000,000 prize contest). Play-Exchange Challenge...*share your ideas for a healthier Canada* <https://www.changemakers.com/playexchange#competition>

Timelines: Short-term

Costs: Low

### **Example Student Recommendation 1a:**

The specific recommendation for health improvement in the Greater Penticton Community would be for the youth in schools to access the recreation facilities like the pool and ice rinks that are provided by the city. This would incorporate the City of Penticton and the school district to come together to discuss a plan of action. During the interview with the City of Penticton, the health need that stuck out was, engaging youth in activities at the recreation facilities. The City of Penticton recreation centre has many opportunities for youth to participate and even have their own special category for them to use the facilities for free during school hours, and after school activities for youth and families to participate in. The recreation centre is looking for ways to engage youth to be more physically active and to teach fundamental movements to keep them active and healthy. The school district has some activity throughout the day but the number of inactive youth is still high. I believe the city of Penticton and SD67 should partner to make weekly trips for youth to the recreation centres. The recreation centres have waived fees and have activities in place.

## Recommendation #2 – Promote mental health and wellness.

### SUMMARY

Lead Partners: School District 67 and Interior Health

Other Potential Partners:

- Penticton Indian Band
- City of Penticton (whole-family approach)
- Canadian Mental Health Association

Models for Action, Access to Resources, Supports:

- See THRIVE program example at Princess Margaret Secondary School
- See MEND<sup>24</sup> program example for community-based innovative whole-family approach delivered out of a community centre (Childhood Obesity Foundation).

Timelines: Short – Medium Term

Costs: Low to Moderate Costs

### Example Student Recommendation 2a:

My recommendation to the OSHLC would be the implementation of local mental health programs. Mental health is seen as a priority area with many organizations and will benefit the community by dealing with issues of mental health and provide a support network that can facilitate social connectedness among citizens. Implementation of mental health programs within schools and other areas of the community will greatly benefit community health.

I would recommend that IH take the lead on this initiative due to their ongoing partnerships with the majority of the local organizations, as well as their partnerships with the Canadian Mental Health services. In our interview they also let us know that they are currently working with the provincial government in providing evidence for the need of mental health services in our area. Continuing communication with the ongoing efforts to better mental health at the Penticton Indian Band will supply good evidence to the current successes and shortcomings of their implementation of mental health initiatives in our local area. IH's current personnel resources, in the form of experts are also a reason they should take the lead on this recommendation. The experts are most fit to enter the community and develop appropriate communication among local organizations and orchestrate the direction of mental health initiatives and programs. The use of the city of Penticton's space such as the recreation centre may also decrease cost and provide a centralized location where support groups and information can be distributed. Partnerships with the School District will also ensure an early start to dealing with mental health issues in the community. I believe that will the proper lines of communication and synergy of mental health goals the community is fully capable of handling this recommendation.

Long-term commitment would be ideal in providing the most beneficial outcomes as mental health is rapidly expanding and new information is continuing to shed light on the issue. Short-term goals in improving mental health and developing evidence for the need of mental health programs can begin immediately with monitoring of progress of the current Penticton Indian Band - Mental Health Program.

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<sup>24</sup> MEND program example. <http://www.childhoodobesityfoundation.ca/MEND>

I believe with the appropriate partnerships, cost can be low. The local organizations are capable of providing manpower, building space, lines of communication to the community. Additionally, The Healthy Communities Capacity Fund (Plan-H) could also provide additional funding to the development of local mental health programs, this fund currently is supporting the development of local policies and actions to help resident's lead healthy lives.

#### **Example Student Recommendation 2b:**

- Specific Recommendations for Improvement: Raising awareness to educate students, parents, staff and eventually the Penticton community as a whole about mental health.
- Lead Partners and Other Potential Partners: I think School District #67 should partner with Interior Health, with Interior Health being the main educating contributor. The City of Penticton has also mentioned they would like to get more involved with the youth (perhaps they don't know in what capacity or what they need, this is a great opportunity for some dialogue!) In our interview, it is mentioned that Pacific Sport has not money but is able to donate time...Princess Margaret Secondary School already has a mental health program in place called "THRIVE"...
- Rationale: *Describe the potential benefits to the community health.* This topic is very relevant to our course content. Not only does mental health already have a stigma attached, but it's also extremely prevalent in today's society, especially in youth! Physical activity is one way to combat some aspects of mental health, including depression and anxiety.
- Models for Action, Access to Resources, Supports: *Does the community have what it needs to get this done?* It is mentioned that there is time available after school by both the School District and the City of Penticton. Interior Health would have to get their staff on board. *Do you know of any example success stories?* I think looking into Princess Margaret's school program they have in place could give the coalition a great start. They could investigate its progress and more specifically, how it got started. I think students themselves (or even Leadership groups) could do a lot of the work alongside the Interior Health staff. *Do you know of any resources available to help (e.g. Government Grants)?* There are always grants available, Jenny had mentioned she is always looking.
- Timelines (short/long-term): *Estimate the timelines for action. How long would it take to make this happen?* It is hard to say, I think depending how available Interior Health is to get on board will affect the timeline. To get all schools in the district it would definitely be a long-term project, however the development and implementation could be within a year for an individual school if Interior Health is able to help at the start, then students and staff can take over the program!
- Costs Involved (low, high): *Is this a low cost or high cost initiative?* I would estimate this initiative to be at a fairly low cost, just because the only cost would be the Interior Health staff. Any afterschool hours would be at no cost to the schools, and of course the students and staff that would be taking over the program would be a non-profit group!

### Example Student Recommendation 2c:

I would like to think about helping the kids by looking at ways to better serve them. The stresses that students have now are enormous and mental illness is one of the most prevalent problems in our school system. "Studies suggest that as many as 14-25% (over 800,000 in Canada) of children and youth experience significant mental health issues"<sup>25</sup>. "Given that children and youth spend a substantial part of each day within the school setting, these communities become a natural and important venue for mental health service delivery"<sup>26</sup> My recommendation would be to help raise awareness and to familiarize the school system with this issue to allow students with mental health issues to feel more comfortable and live a better life.

For this to be a successful endeavor it must be taken on by two parties. School district 67 and Interior Health would be the main groups. In our discussion in class the Interior Health representatives stated that they were interested in getting into the school in order to address the mental health issues. In my interview with the School District 67 representatives they said that teachers want the skills and knowledge in order to help the students that are coming to them for help. We know how big role models teachers are, especially to young students and if we equipped them with the skills they need they would be the most influential in helping them.

This recommendation will greatly help the health of the community. By increasing the awareness and comfort ability with mental health and taking away the stigma of thinking it is something to hide will only help community. In class, we talked about how diseases like cancer used to be something you kept to yourself and look how far we have come. I believe mental health is at the point now that we need to help take away the stigma.

The community easily has the capability to get this done. It would only take a small effort on behalf of all of us, SD67 and IH in order to collectivise our resources. This endeavour would also seem to be of little to no cost. This recommendation is not something tangible like a bike paths. It's pooling of knowledge and resources to help make those affected live a better life. The school system has so many examples of training themselves to help the students. For example, it seemed the big issue when I was a student was bullying and major efforts were taken in order to help eliminate that threat. The threat of mental illness is one that has to be taken seriously as well.

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<sup>25</sup> Waddell, Shepherd, Chen & Boyle (2013); Boyle & Georgiades (2009); Canadian Institute for Health Information (2009); Waddell, Offord, Shepard, Hua & McEwan (2002).

<sup>26</sup> National Research Council and Institute of Medicine (2009); WHO (1994)

## Recommendation 3 – Build active and public transportation networks

### SUMMARY

Lead Partner: Regional District of the Okanagan Similkameen

Other Potential Partners:

City of Penticton

Penticton Indian Band

Bike Barn and other local businesses

Cycling Associations

Cycling Advocacy Groups

Models for Action, Access to Resources, Supports:

- See Boulder Colorado Bike Story. <http://www.youtube.com/watch?v=CvG9b6A9AC8>
- The South Okanagan and Penticton, in particular, seems well positioned to differentiate itself as a “Bike-friendliest City” in the Okanagan. A significant amount of work has already been done in area. There are keen community groups. There are local “star” athletes. There are big events. There are developing on-road and off-road trail networks. There is also great tourism potential (e.g. bike/wine tours along KVR). With a solid intersectoral partnership, a long-term plan, and metered investment in infrastructure – something really unique could be created here. As the leaders in Boulder Colorado Report...you build it one meter at a time over 20 years.

Timelines: Long-term

Costs: High

### Example Student Recommendation 3a:

Specific Recommendations for Improvement: The continued development of the built environment in order to promote and encourage a healthier life style. The city of Penticton is an ideal location for more outdoor parks, walking paths, biking trails. The city has experienced success with these projects in the past such as the several permanent road hockey nets set up in various sports court throughout the city, the walk way up to the West Bench area, and the recently re-done lakeshore walking path. There are many more areas in the city that can be further developed, specifically improving the access to the biking and walking trail along Skaha Lake to Okanagan Falls, as well as the path itself.

Lead Partners and Other Potential Partners: The leading partners on the project would have to be the Regional District of the Okanagan Similkameen, and the city of Penticton. They would have to collaborate and take charge and the initiative to get this development started. The area falls very close to the Penticton Indian Band reservation and their contribution to the project will also be crucial to its success. The current area is a little congested and a tricky task to say the least, so many public and private partners would have to be on board in order to make it happen.

Rationale: This more accessible path, and possibly renovated, can have a positive impact on activity levels in the city. It would be another outlet to help get people out and moving in this beautiful community. The more we get people out and about and keep them moving we help to prevent the chronic illnesses that have become so prevalent in our society today.

Models for Action, Access to Resources, Supports: The city of Penticton has what it takes to accomplish this project. The resources are there and the sooner action begins and collaboration starts the project can reach its potential. Communities such as Boulder Colorado come to mind when thinking of

successful active communities. To be able to achieve a community that emphasizes, and values physically activity such, or even close to Boulder would on the track to great success.

Timelines (short/long-term): The timeline for the project would have to be of the long term nature. As wonderful as it would be to have to project done within a year it is far more realistic to anticipate that the project would take closer to 3 years to be fully completed. This is largely due to the large inter-sectoral action that would be required to complete this project.

Costs Involved (low, high): This initiative would be a higher end cost that other initiatives since it will require a renovation of a congested and highly used area. Specifically with all physical alteration, paving etc., that would have to take place.

### **Example Student Recommendation 3b:**

Specific Recommendation for Improvement: The recommendation that I believe would benefit the Greater Penticton community health would be to incorporate a complete walking/biking trail that encircled the entire Penticton area. The walk/bike path would be along both lakes, with routes leading across town both on east and west side of town. To make access to the path as accessible as possible a number of side paths and routes that would also need to be incorporated with the design that would allow the users of the path to access it from anywhere in town.

Lead partners and other potential partners: In my opinion the lead partner for a project like this would be the City of Penticton. Penticton would not only have to do a major portion of the funding towards the project, but would also have to go over any design plans and building permits that would be required to complete such a project. Other potential partners could include School District 67 (SD67), as well as Interior Health(IH). Both groups could help in fundraising money for the project as well as raising awareness of the benefits that this potential pathway can have to a large quantity of Penticton citizens. The Penticton Indian Band (PIB) would also need to be involved in this project if the plans in anyway involved using reservation land.

Models for Action (Access to Resources and Supports): According to the representatives that we spoke to from the City of Penticton there is no money to be had anywhere except through grants that they can apply for from the government. These grants are not a guarantee though. One grant can have a number of bids on it lowering the chances for Penticton to receive any money to support a project of this size. A success story that Penticton could look at though would be the Boulder Colorado bike routes that did receive government money for their bike path, but also did a lot of community fundraising to help support the project and by doing so got the whole community on board.

Timeline: a project of this size would be a long term project due to changes that may need to be made around the city as well as building permits and money issues. A positive though would be in the fact that Okanagan Lake and Skaha Lake are currently being restructured in to high quality pathways which would help to eliminate some time in the future.

Costs: As previously stated both lakes are currently in the process of restructuring, which would help with the costs of the project, but will still have to refurbish of the east and west side of town as well as adding connecting routes that go through town this project would still fall under the high cost initiative.



## Recommendation #4 – Develop community and/or school food gardens

### SUMMARY

Lead Partner: Penticton Indian Band

Other Potential Partners:

- Interior Health
- City of Penticton
- Local Food Banks and the Soupeteria
- Health Food Stores and other local businesses (e.g. SunRype)
- Culinary Arts and/or Nutrition Programs and post-secondary institutions
- Local professional chefs with a passion for local food growing
- Food growers, food growers associations and Farmer's Markets
- Canadian Diabetes Association
- After-school Programs (e.g. Boys and Girls Clubs + Community Resources Society [PDCRS])

Models for Action, Access to Resources, Supports:

Many communities recognize food gardens as a great way to support community connections, promote healthy eating, connect children to nature and supporting access to nutrition foods for low-income groups. Community kitchens are also an innovative approach towards building skills for healthy food preparation and social connectedness. There are several published frameworks and established networks that may be of assistance in this area. Locally, the Penticton Indian Band has set up an exemplary working model.

- Central Okanagan Food Policy Council <http://www.okanaganfood.com/>
- BC Food Systems Network <http://bcfsn.org>
- Community Food Action Initiative <http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Food-Security/default.htm>
- Food Skills for Families <http://www.foodskillsforfamilies.ca/>

Timelines: Medium to Long-term

Costs: Medium

#### **Example Student Recommendation 4a:**

##### Community/School Gardens

Partners: Penticton Indian Band should be the lead partner as they already have a successful community garden. Interior Health could be interested in this as they want to see a more active community and they support the local food bank kitchens, which teach nutrition. The City of Penticton could be interested, as it could be a good way to get the senior more active and to bring the community together. The school district is looking for after school activities having a school or community garden activities after school could be educational and active for children. I do not know of any public or private investors that are interested.

Rationale: The benefits of a community garden meet the target health behaviours. It will increase knowledge of nutrition and food security. It can provide nutritional information pamphlets at the garden, which could include recipes. It can increase physical activity of the community. Members of the garden have to take care of their own plot. Multiple gardens would make them more accessible to more of the community and encourage walking instead of driving if placed right. Active gardening is a good way to get outside, be physically active and meet people in the community. These gardens could spur increased infrastructure improvement. By adding gardens, pathways could be built or an increase public transport to access gardens, place them near parks. Make the gardens a smoke free zone. IT could increase activity of citizens who are at risk of chronic diseases and provide them more knowledge about eating healthy.

Models for Action, Access to Resources, Supports: The community has what it needs, it just needs to set aside land for the gardens. It will need a supervising body to oversee and maintain standards and rules (could be volunteers). Will need some money to build plots and provide tools and waste bins. Members provide their own seeds for flowers and vegetables. Kelowna has 8 successful community gardens and a few school gardens. “The City of Kelowna supports community gardening by providing land, while the Central Okanagan Community Gardens society coordinates the gardeners and plots. Community garden plots can be rented for 15 per plot, per season (March to November). Irrigation water, compost bins and tools are provided at each garden site. Gardeners are encouraged to grow vegetables, herbs and flowering plants. It is each gardener’s responsibility to maintain their plot and surrounding areas using the principles of Integrated Pest Management. The use of pesticides in accordance with the City’s Pesticide Bylaws.

Timeline: This would be short-term project.

Costs: This would be a low cost initiative utilizing the group’s resources and gaining community support (maybe a fundraiser).