

BRINGING HEALTH TO THE PLANNING TABLE

A Profile of Promising Practices in Canada and Abroad



BUILT ENVIRONMENT

Prepared for the Healthy Living Issue Group of the Pan-Canadian Public Health Network

Production of this report is made possible
in part through a contribution from
the Public Health Agency of Canada.

Table of Contents

Acknowledgements	2
Executive Summary	4
Introduction	6
Key Findings	8
The Planners' Perspective	10
Methodology	11
Case Study Profiles	
British Columbia.....	14
Alberta.....	18
Saskatchewan.....	22
Manitoba.....	26
Ontario.....	30
Québec.....	34
New Brunswick.....	38
Nova Scotia.....	42
Prince Edward Island.....	46
Newfoundland and Labrador.....	50
Yukon.....	54
Northwest Territories.....	58
Nunavut/Northwest Territories.....	62
Norway.....	66
California (USA).....	70
Conclusion	74
Appendix A: Additional Resources	75

This report is available on the internet at the following address: <http://www.phac-aspc.gc.ca/hl-vs-strat>

Cover Photo Credit: City of Fredericton, NB

Acknowledgements

A Profile of Promising Practices in Canada and Abroad was prepared by Erik Lees and Heidi Redman of LEES + Associates and Alex Berland of A. Berland Inc. for the Healthy Living Issue Group (HLIG) of the Pan-Canadian Public Health Network (http://www.phn-rsp.ca/About_e.html).

Strategic Collaboration Working Group

The Strategic Collaboration Working Group (SCWG) of the HLIG helped to create the broad vision of the report and provided input and feedback throughout the project. The SCWG consists of the following members:

Kathy Cassels

Executive Director, DASH BC (The Directorate of Agencies for School Health BC)

Carol Ann Cotter

Health Promotion Consultant, Health Promotion and Wellness Division, Department of Health & Community Services, Newfoundland and Labrador

Heidi Craswell

Policy Analyst, Healthy Communities Division, Public Health Agency of Canada

Keri Hoffman

Manager, National Initiatives, Canadian Parks and Recreation Association

Susan Irwin

Senior Policy and Research Analyst, Federation of Canadian Municipalities

Amanda MacNaughton

Research Associate, Food and Nutrition Policy, Food & Consumer Products of Canada

Lisa Mawani

Policy Analyst, Healthy Communities Division, Public Health Agency of Canada

Sophie Sommerer

Senior Policy Analyst, Strategic Initiatives and Innovations Directorate, Public Health Agency of Canada

Sharon Zeiler

Chair of the SCWG
Senior Manager, Nutrition Initiatives and Strategies, Canadian Diabetes Association

Key Informants

The authors wish to thank the following key informants who generously shared insights during telephone interviews and reviewed earlier versions of the case studies:

Eva Almhjell

Senior Adviser, Vestfold County Council, Norway

Kate Baird

Move this Way—Active Living Program, Recreation Division, City of Fredericton, New Brunswick

Louise Bélanger

Community Health Educator, Sunrise Health Region, Saskatchewan

Harold Boone

Trail and Project Coordinator, Parks and Trees Division, City of Fredericton, New Brunswick

Marie S. Carlson

Population Health Consultant, Population Health and Research, Alberta Health Services

Tannis Cheadle

Provincial Manager, Population & Public Health Initiatives, Provincial Health Services Authority, British Columbia

Paulette Cumby

Coordinator, Lower Trinity South Regional Development Association, Newfoundland and Labrador

Elsie De Roose

Territorial Nutritionist, Department of Health and Social Services, Northwest Territories

Michael Haynes

Director, TransActive Solutions, Ottawa, Ontario

Sue Hendricken

Manager, Parks and Recreation Department, Prince Edward Island

Doug Hnatiuk

Projects and Community Development Coordinator, City of Whitehorse, Yukon

Sheila Hryniak

Community Volunteer, Yorkton *in Motion*, Saskatchewan

John Ingram

Principal, EcoPlan International, Vancouver, British Columbia

Sherrill Johnson

Population Health Consultant, Population Health and Research, Alberta Health Services

Amanda Joynt

Chair, Inuvik Garden Society Board of Directors, Northwest Territories

Shebreh Kalantari

Director of Community Organizing, United Way of Santa Cruz County, USA

George McKibbin

Director, Policy Development, Ontario Professional Planners Institute

Frank Quinn

Program Coordinator, City of Charlottetown, Prince Edward Island

Gunnar Ridderström

Planner, Public Road Administration, Norway

Cindy Roache

Manager, Department of Health and Social Services, Nunavut

Sangita Sharma

Principal Investigator, Healthy Foods North, Nunavut and Northwest Territories

Janet Shindle

Councillor, City of Portage la Prairie, Manitoba

Bhavna Sivanand

Project Specialist, Peel Health – Chronic Disease and Injury Prevention, Ontario

Annick St-Denis

Active Transportation Director, Vélo Québec

Denyce Warren

Office Manager, Lower Trinity South Regional Development Association, Newfoundland and Labrador

Marjorie Willison

Project Manager, Chebucto Communities Development Association, Nova Scotia

Executive Summary

There is ample evidence proving that declining physical activity levels, together with limited access to healthy food, contribute to the rising incidence of chronic disease in Canada. A key determining factor to promote physical activity and prevent obesity is the built environment – that is, the buildings, parks, schools, road systems, and other infrastructure that we encounter in our daily lives.¹ Urban planning decisions can advance or hamper health goals. However, as with any complex issue, progress will require inter-sectoral action. This means that planners and health officials need to work together to strengthen the health promoting features of land use and community planning.

This report profiles case studies of 13 Canadian communities where collaborative approaches to improve health outcomes have been a key consideration in planning decisions related to the built environment. This focus was chosen so that the successes (and lessons learned) of a variety of different projects could be shared with other communities. With one case study from each province and territory, it provides a pan-Canadian perspective. Two international examples highlight similar work happening abroad.

The case studies profiled in this report include:

- BRITISH COLUMBIA: Provincial Health Services Authority
- ALBERTA: Alberta Health Services
- SASKATCHEWAN: Yorkton Active Transportation Collaboration
- MANITOBA: WHO Age-Friendly Cities Pilot Project
- ONTARIO: Peel Public Health
- QUÉBEC: On the Move to School!
- NEW BRUNSWICK: Fredericton Active Transportation Committee
- NOVA SCOTIA: Healthy Housing, Healthy Community Project
- PRINCE EDWARD ISLAND: Charlottetown Active Transportation Initiative
- NEWFOUNDLAND AND LABRADOR: St. Francis School Greenhouse
- YUKON: Millennium Trail
- NORTHWEST TERRITORIES: Inuvik Community Greenhouse
- NUNAVUT/NORTHWEST TERRITORIES: Healthy Foods North
- INTERNATIONAL: Children’s Tracks Program, Norway
- INTERNATIONAL: Go for Health! Collaborative, California (USA)

The key informants interviewed for this report offered helpful “lessons learned” from their experience. Their insights can be grouped under three general headings: cultivate effective partnerships; build commitment about the importance of the work; and maintain a focus on end results throughout implementation.

1 Health Canada (2002). Division of Childhood and Adolescence. Natural and Built Environments. Ottawa: Health Canada.

The key lessons learned include:

Cultivate effective partnerships

- Include all major stakeholders from the outset to make sure the right partners are at the table. It is important to seek partners who will enhance the program with their knowledge and diverse perspectives.
- Focus on the purpose of partnerships by encouraging everyone around the table to discuss their issues and ways of working together to address these.
- Keep your partnership goals and objectives transparent.
- Establish champions early on (either individuals or groups).
- Use the relationships developed in each project to advance your health promotion agenda, for example through invitations to other planning venues.

Build commitment about the importance of the work

- Establish early on that the project belongs to the community. A community-driven and community-owned project is more likely to be sustainable long term.
- Develop well-researched background reports and a business case to create credibility for the project, increasing buy-in at the municipal level.
- Consider funding sources early in the project. Most of the projects profiled in this report were well received. For many, the biggest challenge was funding.

- Health professionals should get involved early in the stakeholder process – do not wait until the end to make a contribution.
- Link human health benefits with other benefits of healthy built environments such as lower vehicle emissions, reduced traffic infrastructure costs, and increased tourism.

Maintain a focus on end results throughout implementation

- Start with small-scale projects and build from these. Pilot projects can inspire confidence, bring visibility, and generate excitement about a larger-scale vision.
- Use realistic goals and timelines to build partner confidence. Partners are more likely to remain engaged if they not only feel listened to but can also see tangible goals achieved through small steps along the way.
- Expect different solutions for rural locations since they have different needs and priorities.
- Be strategic as you use the media to help get the word out – ensure they understand the big picture and how each stage of the project contributes to larger goals.

This report presents many successful projects as a foundation for future efforts. These stories capture the diversity of our country's many built environments, partnerships being developed and promising practices. Further details in the lessons learned section suggest how these initiatives can be repeated in other communities. The common theme of these innovative projects is strategic collaboration that includes health outcomes as part of the planning goal. Much work is already taking place across the country and internationally in this field. Please refer to the Appendix for a list of key reports, reference materials and other case study documents to advance work in this area.

Introduction

Why is it important to include a health perspective in planning processes related to the built environment? The most obvious example is the increasing incidence of obesity across Canada and globally. Some experts suggest that the impact of this problem is comparable with climate change, and similarly requires action across all of society due to its complexity.² There is ample evidence proving that declining physical activity levels, together with limited access to healthy food, contribute to the rising incidence of obesity and associated problems such as diabetes, hypertension, and cardiovascular disease.^{3,4} It is now also recognized that a key determining factor to promote physical activity and prevent obesity is the built environment. The built environment includes buildings, parks, schools, road systems, and other infrastructure that we encounter in our daily lives.⁵

Urban planning decisions can advance or hamper health goals. However, as with any complex issue, progress will require inter-sectoral action. This means that planners and health officials need to work together to strengthen the health promoting features of land use, community and transportation planning.

This report profiles case studies of 13 Canadian communities where collaborative approaches to improve health outcomes have been a key consideration in planning decisions related to the built environment. This focus on collaboration was chosen to profile different types of projects so that their successes (and lessons learned) could be shared with other communities. With one case study from each province and territory it provides a pan-Canadian perspective. Two international examples highlight similar work abroad. By and large, the case studies address healthy eating and physical activity

related to the built environment – two priorities identified by the Healthy Living Issue Group – although it is recognized that many other aspects of the built environment affect population health, including environmental pollution, injury prevention, housing, and access and inclusion. The case studies profiled in this report include:

- BRITISH COLUMBIA: Provincial Health Services Authority
The Healthy Built Environment Alliance is a hub of knowledge exchange across BC
- ALBERTA: Alberta Health Services
Population health professionals are getting involved in land use decision-making to put health on the planning agenda
- SASKATCHEWAN: Yorkton Active Transportation Collaboration
A variety of sectors are mobilizing to promote community and recreational cycling and walking within Yorkton
- MANITOBA: WHO Age-Friendly Cities Pilot Project
The community of Portage la Prairie is making their city a better, healthier and safer place for seniors to live
- ONTARIO: Peel Public Health
Peel Health is re-forging the historical relationship between planning and health
- QUÉBEC: On the Move to School!
A program to improve walking and cycling conditions for elementary school children in Québec

2 UK Department of Health (2008). Healthy Weight, Healthy Lives: a Cross-Government Strategy for England. <http://www.dh.gov.uk/publications> (accessed 21 March 2009).

3 WHO (2005). Preventing chronic diseases: a vital investment. Geneva, World Health Organization, http://www.who.int/chp/chronic_disease_report/en (accessed 21 March 2009).

4 Butler-Jones, D. (2007) "A pound of cure? Avoiding a generational decline in overall health." Canadian Family Physician Vol. 53, No. 9, September 2007, pp.1409 – 1410.

5 Health Canada (2002). Division of Childhood and Adolescence. Natural and Built Environments. Ottawa: Health Canada.

- NEW BRUNSWICK: Fredericton Active Transportation Committee
Formed to identify, educate, and plan for active transportation issues in the community
- NOVA SCOTIA: Healthy Housing, Healthy Community Project
Health professionals, residents, planners and developers are at the table talking in a meaningful way
- PRINCE EDWARD ISLAND: Charlottetown Active Transportation Initiative
Walking and cycling improvements are taking shape in downtown Charlottetown
- NEWFOUNDLAND AND LABRADOR: St. Francis School Greenhouse
Local students have hands-on involvement in growing food and preparing healthy snacks
- YUKON: Millennium Trail
The Yukon's first accessible multi-use trail
- NORTHWEST TERRITORIES: Inuvik Community Greenhouse
Building a strong sense of community through recreational gardening, food production, knowledge sharing, and volunteer support
- NUNAVUT/NORTHWEST TERRITORIES: Healthy Foods North
A culturally appropriate and community-based program to promote healthy eating and lifestyle
- INTERNATIONAL: Children's Tracks Program, Norway
Bringing children's knowledge of community open spaces and trails into the municipal land use planning process
- INTERNATIONAL: Go for Health! Collaborative, California (USA)
An innovative program to increase healthy nutrition and regular physical activity among youth in Santa Cruz County

These case studies provide insight into key approaches to including the health "lens" to improve planning decisions, such as:

- how inter-sectoral collaboration was initiated and fostered;
- how innovative approaches have been introduced to the planning process;
- how non-traditional partners have been integrated;
- what has been accomplished;
- what challenges exist; and
- what supports and resources are needed.

This pan-Canadian snapshot presents many successful projects as a foundation for future efforts. These stories capture the diversity of our country's many built environments, partnerships and promising practices. The lessons learned suggest how these initiatives can be repeated in other communities.

This is not an exhaustive sampling but rather a selection of innovative projects that provide pertinent and varied lessons. Their common theme is strategic collaboration that includes health outcomes as part of the planning goal. The intent of this report is to strengthen the "evidence to practice" link so that health promotion concepts will influence decisions around the built environment.

The first part of this report includes a summary of key findings. The next provides insights from planners who have worked with various projects across the country. This is followed with a discussion of how the case studies were solicited and written. The bulk of the report contains the case studies. The final section provides concluding remarks and next steps. Much work is already occurring across the country and internationally through research and various initiatives. The Appendix lists key reports, reference materials and other case study documents as further resources to advance work in this area.

Key Findings

Change management theorists note that successful strategic initiatives address several critical factors: forming a powerful guiding coalition, making the issue significant, and articulating a clear implementation pathway. These themes also emerged from the key informant interviews for this report:

Cultivate effective partnerships

At the outset:

- Identify local strengths and capacity.
- Send invitations to participate from the Mayor’s Office, or similar authority. This can add credibility to the project.
- Include all major stakeholders from the outset to make sure that the right partners are at the table. It is important to seek partners who will enhance the program with their knowledge and diverse perspectives.
- Focus on the purpose of partnerships by encouraging everyone around the table to discuss their issues and ways of working together to address these.

During the project definition and development phase:

- Build programs around your partners’ other program priorities and objectives. Linking with those who are already taking action can help to ensure the success of the project.
- Nurture your partnerships, taking care to understand the objectives of each partner. The different perspectives of both health and planning professionals need to be appreciated and validated.
- Keep your partnership goals and objectives transparent. Strong community engagement will increase support for implementation as well as for the initial planning.
- Establish champions early on (either individuals or groups).

- Assign specific roles to project partners. It may be helpful to use a “Task Force” model where partners choose their role to play and level of involvement.

Ongoing:

- Use the relationships developed in each project to advance your health promotion agenda, for example through invitations to other planning venues.
- Nurture your relationships – keep up with people you have worked with, even through an informal e-mail or a coffee chat. Remember that developing trusting relationships takes time. By maintaining these relationships you can work with these partners for future programs.

Build commitment about the importance of the work

For all project participants:

- Establish early on that the project belongs to the community. A community-driven and community-owned project is more likely to be sustainable over the long term. Partners can strengthen connections to the community through extensive public engagement. At the same time, public education builds community support which helps to mobilize political leadership.
- Engage a senior-level champion as this raises the priority and credibility of the project. It is imperative for each participating organization to have their senior management team on board.
- Make presentations to local boards and community groups – this can help to spread the word quickly.

For project leaders or staff:

- Encourage provincial government officials (elected and staff) to make the project a priority.
- Develop well-researched background reports to create credibility for the project, increasing buy-in at the municipal level.

- Build a business case to gain support from senior management, and tailor your message to show each group “what is in it for them.”
- Adapt your communications to suit your audience. Frame public health messages for different sectors (e.g., planners, developers, residents), in a language that they can use.
- Consider funding sources early in the project. Most of the projects profiled in this report were well received, with little or no resistance. For many, the biggest challenge was securing funding.
- Ground your work in existing literature to build credibility with stakeholders.
- Produce a formal report. At the municipal level, a report can help establish long-term thinking early on and helps build support from all levels of stakeholders.

For health professionals:

- Get involved early in the stakeholder process – do not wait until the end to make a contribution. Being engaged early means there is an opportunity to embed health promotion concepts into the project rather than commenting after the main ideas have been developed.
- Contribute health data to the project. Select data that a planner can use to make a compelling case for a healthier built environment.
- Link human health benefits with other benefits of healthy built environments such as lower vehicle emissions, reduced traffic infrastructure costs, and increased tourism. This perspective can help engage a wider variety of stakeholders.

Maintain a focus on end results throughout implementation

- Start with small-scale projects and build from these. Pilot projects can inspire confidence, bring visibility, and generate excitement about a larger-scale vision. For instance, engaging community members in a walkabout can bring home the message about specific opportunities for improvement. Other pilot projects could include a healthy environment audit, or a “walkability” or “bikeability” study.
- Make the time to build a strong foundation, especially when you are forming partnerships across sectors. However, be sure to balance process (consultation and networking) with action that moves you ahead towards the project goals.
- Set short-term goals within a longer-range plan; incremental goals accumulate over time.
- Use realistic goals and timelines to build partner confidence. Partners are more likely to remain engaged if they not only feel listened to but can also see tangible milestones achieved along the way.
- Expect that uptake of project findings and recommendations will take time.
- Work with short timelines if you have dedicated champions who understand the project and its goals.
- Expect different solutions for rural locations since they have different needs and priorities. For instance, with resources usually limited, it is especially important to build on partners’ existing staff, facilities and capacities.
- Be strategic as you use the media to help get the word out – ensure they understand the big picture and how each stage of the project contributes to larger goals.

The Planners' Perspective

Health officials have commented that they would like guidance about how to become involved with planning processes. Planners were asked for their perspective on how others can best work with them (e.g., health promotion and recreation professionals, educators and public health professionals such as community nurses, medical health officers, environmental health and licensing officers). Interviews with a small sample of planners yielded these insights:

The relationship between health and planning is emerging but evolving

- It is important to understand the different training and orientation: health professionals are trained for intervention; planners for contextualization.
- Also, these two professions operate within different ministries, with separate legislation and unfortunately, “silos.”
- Relationships between planners and health professionals vary greatly across the provinces and territories.
- One planner suggested that health effects of the built environment will soon be as important as climate change among planners’ priorities.

Planners and health professionals create a powerful alliance for improvement

- Because health implications resonate with people on a personal level, including health outcomes in the planning process can be very influential.
- Health professionals can educate the public and elected officials about the determinants of health. They can also state the urgency of tackling the alarming rise in chronic disease with authority and credibility.
- Health professionals’ contribution can be simple. For instance, a letter from a Medical Officer of Health carries a lot of weight.

Concrete suggestions of next steps for building this relationship

- Professional Planning Institutes can make members aware of new science and emerging research around health and the built environment. For instance, the Ontario Professional Planners Institute issues “Calls to Action” to municipalities, and has created a joint Healthy Communities Award with the Heart and Stroke Foundation of Ontario.
- The recently launched Leadership in Energy and Environmental Design for Neighbourhood Development Rating System (LEED-ND) can help develop this relationship because it provides baseline metrics for healthy built environments.
- Planners should use health professionals as a resource for Official Community Plan Reviews and other planning processes.
- Both groups of professionals can develop opportunities and venues for “cross-fertilization”, and joint professional development.
- It would be helpful to create a “Health 101” resource manual for planners, as has been created for health professionals with a “Planning 101” workshop.

Methodology

This collection of case studies represents projects from each of Canada's ten provinces and three territories, as well as two international examples. Communities were selected through two mechanisms: first, by request for nominations to the Healthy Living Issue Group and the Population Health Promotion Expert Group of the Public Health Network; second, through research and networking by the authors. The following case study selection criteria were established to facilitate meeting the overall project requirements.

Case study selection criteria

1. An example from each province and territory, if possible, and two international;
2. Different sizes of communities/municipalities;
3. Urban and rural examples;
4. Different changes in the built environment (urban design and buildings), transportation infrastructure (bike lanes, streets), or policy, planning and programming;
5. Collaboration of different partners including non-governmental organizations (NGOs), government, industry, community groups, business, education, etc.;
6. Examples from different stages of development and engagement, with higher priority given to more mature projects;
7. Success stories, although it is not necessary to only profile success;
8. Examples that reflect a health perspective – ideally with health outcomes included in the decision-making process (healthy weights, physical activity, healthy eating, and food security are the primary focus, without excluding others);
9. Examples that achieve multiple objectives related to health outcomes; and
10. Examples that address the needs of vulnerable or marginalized populations since these are often the people living in the unhealthiest environments.

A total of forty-two projects were initially nominated and sorted in a table (see next page) specifying setting, project type, partners involved, development stage, target group, implementation level, and health outcomes. A brief synopsis described location, topic, and contact information. The Strategic Collaboration Working Group reviewed and evaluated each of the projects, and selected one for each province and territory and two international examples.

The case studies were selected with the intent to represent the wide variation of settings, regional circumstances and partners found across Canada. The case study communities profiled in this document range from the village of Harbour Grace, Newfoundland and Labrador with three thousand residents, to the Region of Peel, Ontario with a population over one million. Similarly, the implementation reach of projects ranges from the local level, to the provincial, to the inter-territorial level. The rich variety of the case studies reveals an impressive array of innovations.

SELECTION CRITERIA																										
Cluster A: Setting		Cluster B: Project Type				Cluster C: Partners Involved								Cluster D: Development Stage			Cluster E: Target Group			Cluster F: Implementation Level			Cluster G: Health Outcomes			
Urban	Rural	Urban Design	Transportation Infrastructure	Policy/Planning	Program	Health	Planning	NGO/Community Group	Elected Officials	Government	Education Sector	Citizens	Industry/Private sector	Other	Nascent	In Progress	Completed	Children/Youth	General Population	Marginalized Populations	Local	Regional	Provincial	Healthy Eating	Physical Activity	Other

Case Study Evaluation Matrix

After final review and case study selection, key informants were identified and invited to participate in a telephone interview. The case studies are based on these key informant telephone interviews using a structured set of questions. The key informants, all actively involved with their project, came from public health, health promotion, regional or urban planning, recreation, non-governmental organizations (NGOs), local government, and education, among others.

The case studies were then summarized and analyzed for planning and implementation processes, partnerships, evaluation methodologies and results, lessons learned, and advice to other communities. The analysis focused on how a health perspective was developed and how the participating organizations influenced the planning process. It is important to note that this study does not represent an exhaustive analysis of *all* healthy built environment efforts in Canada.

We are grateful to the project participants whom we interviewed for this report. Their willingness to share detailed information about their work and the challenges they faced has strengthened this review.

CASE STUDY PROFILES



BRITISH COLUMBIA: Provincial Health Services Authority



The Healthy Built Environment Alliance is a hub of knowledge exchange across BC

“Our Land Use Planning for Health Professionals workshop has opened the door for a health voice.”

Lead Organization:

Provincial Health Services Authority

Key Partners:

Regional Health Authority, Local and Provincial Government, Planning, Transportation, Recreation, Sport, Tourism, First Nations, Academic Institutions and Community Organizations

Communities:

Cranbrook, Kamloops, Kelowna, Prince George, Sechelt, Vancouver, Langley, Victoria

Setting:

Urban and rural

Target Group:

Health Professionals

Project Focus:

Knowledge Translation, Networking

Implementation Level:

Provincial

Stage of Development:

Ongoing

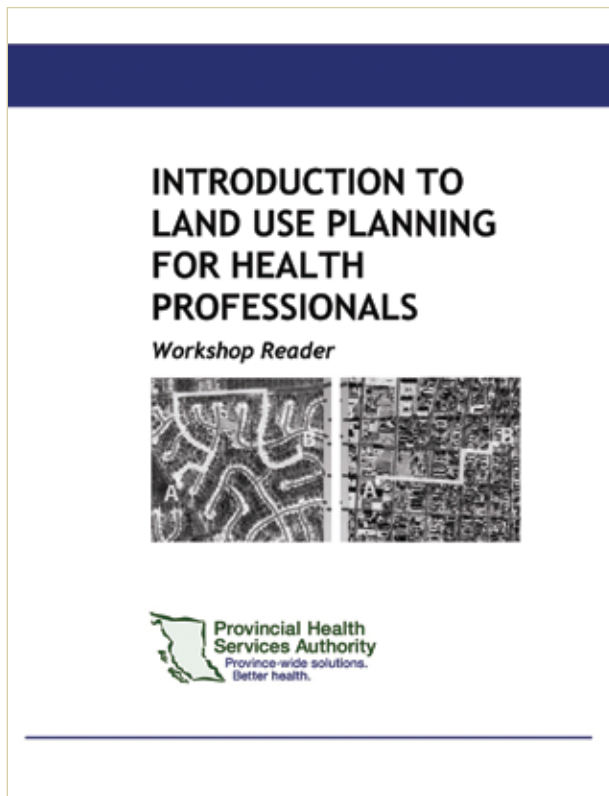
BACKGROUND

This initiative grew out of a Provincial Forum on Health and the Built Environment hosted by the Provincial Health Services Authority (PHSA) in 2007. At the forum, participants asked for more opportunities to network. Three months later, the BC Healthy Built Environment Alliance was born. Approximately twenty-two organizations attended the first meeting representing an impressive range of sectors: Health, Government, Planning, Transportation, Recreation, Sport, Tourism, Academic Institutions, First Nations, and Community Organizations. The Alliance now has 26+ organizational/agency representatives and many more corresponding members.



With PHSA providing secretariat support, the Alliance meets a minimum of three times a year. The group’s objectives include providing a forum for knowledge sharing, and participating and collaborating on the development of priority activities.

“Introduction to Land Use Planning for Health Professionals” – commonly referred to as “Planning 101” – was one of the first projects identified as a priority by the Alliance. The intent was to develop a training module that would build a common language between planning and health, and begin to provide health professionals with some of the knowledge and tools to become more involved in



land use planning. A curriculum was developed and in June 2008 a pilot workshop was launched in the City of Cranbrook in the Interior Health Authority. The workshop took the form of a day-long continuing education course facilitated by two professional planners. Presentations were made, resources provided, and a case study example undertaken.

The nineteen health professionals who attended also took part in a post-workshop evaluation led by a master's student at Simon Fraser University. Participants gave high ratings to the workshop, and

also provided constructive feedback. The evaluation process allowed PHSA to make changes to the module before offering it to the other four health authorities.

Other major activities of the Alliance have included the creation of Healthy Built Environment Indicators, a Conference Presentation, and a Foundations Paper on Health and the Built Environment (please see the Resources section at the end of this case study for more information). Projects have been spearheaded by PHSA with both in-kind and financial support from several partners at the Alliance table.

PARTNERSHIPS

Recruiting Alliance partners was done mainly via word of mouth. PHSA fields ongoing requests from organizations wanting to join the Alliance or receive updates on their activities. At their most recent meeting, the Alliance decided to go on hiatus for a brief period of time – members identified the need to work with and evaluate the many resources that were developed during the first year. Many of the individual members needed time to debrief with their home organizations about next steps, particularly regarding how to increase the awareness, profile and priority of this work.

One challenge faced by the Alliance is that membership is still heavily weighted towards the health side. In an effort to bridge the gap between sectors, if/when the Alliance resumes, PHSA will be investigating the possibility of co-chairing the Alliance with another organization. It may also be possible that another member organization “picks up the baton” and assumes the secretariat

role. Overall, the Alliance has been quite successful at forging relationships with the planning sector. There has been less success in connecting with engineers, architects and developers, and members are continuing to explore ways to get these groups to the table. Options include identifying the value-added for these groups if they were to participate (e.g., pursuing an environmentally-friendly agenda often aligns with building healthier communities).

GENERATING BUY-IN

At the end of its first year, the Alliance undertook a self-evaluation. It was recognized that while individual members of the Alliance were definitely on board with the issues, and placed high priority on addressing them, they only represented a “slice” of their organization. There were often varying levels of support amongst both senior leadership and front-line staff at the partner organizations. To help encourage support from a larger and broader audience, PHSA is creating a four page informational piece summarizing the innovative work undertaken by the Alliance over the past year. This brochure will be used by Alliance members to increase knowledge about the subject of the healthy built environment and its importance and relevance, to make people aware of the resources that are available, and to obtain endorsement and support from existing and potential new organizations.

LESSONS LEARNED

The Planning 101 workshops in particular have cemented the understanding that health professionals have valuable contributions to make at the planning table. Health professionals can bring a depth of understanding about the determinants of health, and also understand the urgency of addressing the built environment to avoid significant increases in an already alarming rate of chronic disease.

The Planning 101 workshop was launched with significantly large goals in mind. After the first pilot workshop in Cranbrook, these goals had to be revisited; it is now seen as a “Phase 1” or a first step – recognizing that follow-up work and support will be

required. In some cases, simple but unanticipated spin-offs resulted. It was apparent right away that in many cases, the people attending the workshops, often from different cities, and from different parts of the organization, were meeting each other for the first time. The simple value inherent in bringing these regional health professionals together for networking was an unanticipated benefit. Another spin-off identified at one of the workshops was the potential creation of a Regional Health Authority “Who’s Who” – a list of health professionals that local planners could contact for input and recommendations. As it stands now, whether and how this contact occurs often depends on individual personalities and relationships (i.e., who knows who), which hampers consistency and sustainability.

In addition to further work with the health sector, another next step will be getting the message out to planners and elected officials. It is recognized, however, that this will likely need to employ a different approach than that used for “Planning 101.” It will be important to explore the needs of these two groups so that any knowledge translation tools and mechanisms that are developed are appropriate. It will also be important to identify which organizations, in addition to those in the health sector, need to be key partners in these knowledge translation efforts. It is also recognized that there need to be more opportunities for joint professional development events with planners and health professionals to ignite more interdisciplinary conversations.

Many of the Regional Health Authorities are already carrying forward the torch and building new partnerships with the planning sector. For example, Northern Health is building a relationship with Smart Growth BC, and the Vancouver Island Health Authority will be partnering with the BC Recreation and Parks Association to host a regional Summit on active transportation.

ADVICE TO OTHER COMMUNITIES

The Planning 101 workshop can be applied at almost any scale. Since the initial pilot workshop in Cranbrook, the training module has been adapted to large urban centres and small communities. Adaptations to the workshops are being made in many ways – from using local examples, to including planners as both presenters and participants, to having local senior management from the health sector give introductions. All of this has required a lot of planning and preparation time, but has been invaluable for improving the success of the events.

While the workshop evaluations have yet to be completed, many lessons have already been learned. Whether taking place in an urban or rural community, you need to set the stage. At the pilot workshop, facilitators realized the importance of having senior leaders from within the Health Authority present at the workshop to signal that it is a priority. At subsequent workshops, local health champions (e.g., Medical Health Officers) were present to describe the link between health and the built environment, rather than leaving it up to the facilitator.

Other advice for communities wanting to conduct a workshop includes:

- Know who your audience is and what they need;
- Build ownership into the workshop;
- Demonstrate ways in which the work can be incorporated into what health professionals are already doing – not as an “extra workload”;
- Create a Regional Health Authority “Who’s Who”;
- Use local examples/case studies in any hands-on or small group activities; and
- Situate the workshop within a longer-range plan that identifies how the work can be sustainable.

EVALUATION AND IMPACT

Now that Planning 101 sessions have recently been completed in all five Health Authorities, PHSA will host a debrief with representatives from each region to discuss the learnings and talk about possible short and long-range next steps. It will be important to identify the appropriate roles that the Health Authorities, PHSA and other Alliance members can play in moving this work forward – it needs to be a collaborative effort, approached on many fronts and at many levels.

The student who was hired to evaluate the Cranbrook pilot project will be completing another post-workshop follow-up to see how health professionals are implementing the skills they learned seven months earlier.

It became evident at the workshops that many health professionals are already on board and are ready for a formal input mechanism into the planning process. For others, the idea of integrating into planning processes is new. All eight workshops completed to-date have shown a wide range of players and buy-in. For many, however, this work has opened the door for a health voice, and has demonstrated how health professionals’ knowledge and skills can be leveraged as community planning functions occur.

CONTACT

Tannis Cheadle

Provincial Manager,
Population & Public Health Initiatives, PHSA
700 – 1380 Burrard St.
Vancouver, BC V6Z 2H3
Telephone: 604-675-7421
E-mail: tcheadle@phsa.ca

RESOURCES

Visit the PHSA Population Health webpage to download the Paper, *Foundations for a Healthier Built Environment* (2009); *Introduction to Land Use Planning for Health Professionals*; and other resources: <http://www.phsa.ca/PopulationHealth>

ALBERTA: Alberta Health Services



Population health professionals are getting involved in land use decision-making to put health on the planning agenda

“Alberta Health Services – Edmonton area is bringing a population health perspective to many different municipal planning tables in the Edmonton region.”

18

BUILT ENVIRONMENT – BRINGING HEALTH TO THE PLANNING TABLE

Lead Organization:

Alberta Health Services – Edmonton area

Key Partner:

City of Edmonton

Community:

Greater Edmonton, Alberta

Population of Community:

1,024,263

Setting:

Urban

Target Group:

General population

Project Focus:

Knowledge Mobilization

Implementation Level:

Local

Stage of Development:

Ongoing

BACKGROUND

In 2005/06, the Population Health team at Alberta Health Services – Edmonton area (AHS) embarked on a new strategic direction. This shift meant a consolidated focus targeting built and social environments; specifically an environment-centered perspective on improving population health. It also meant a greater focus on policy and regulatory mechanisms, identification of non-traditional stakeholders with whom to collaborate and new entry points for action. This work received strong support from the Medical Officer of Health (MOH), and was also endorsed at the executive level.



There is a growing body of research highlighting the health impacts of the built environment. In 2006, the team reviewed the literature and identified specific opportunities for their involvement in local land-use and transportation planning. Their first task- and a key driver of this work- was the publication and release of a 2007 issues paper called *Healthy Places: Land Use Planning and Public Health* which provided an evidence-based foundation for future work. The paper explored the relationship between public health and land use planning and identified appropriate avenues for public health involvement in land use decision-making. The team has since established links with municipal policy makers and other non-traditional stakeholders



(e.g. developers, planners, engineers, architects) and is now actively bringing a population health perspective to a variety of “tables” within greater Edmonton.

The Population Health team has developed three key strategies for building health-promoting environments and healthy public policy.

1. Build evidence and knowledge on key issues;
2. Frame and communicate issues from a population health perspective; and
3. Advocate for health promoting environments.

Initially, their goal was to assist stakeholders to *connect the dots* between health impacts and the built environment. Now that partnerships have evolved, Population Health is increasingly being recognized for contributing an important and unique health perspective to the planning process, and various stakeholders are coming back for further information and support.

PARTNERSHIPS

One of Population Health’s ways of working is to cultivate effective collaborations and strategic alliances.

In 2006, the City of Edmonton initiated a review of two of its major planning instruments: the Municipal Development Plan (MDP) and the Transportation Master Plan (TMP). As one of the organizations on the City’s “key stakeholder list”, the opportunity arose for Alberta Health Services – Edmonton area to become involved as a stakeholder in these reviews.

The Medical Officer of Health was supportive of this and identified two staff – one from Environmental Health and another from Population Health – to formally represent the Public Health Division at the MDP review. Once this role was established, Population Health was subsequently invited to participate in relevant stakeholder consultations hosted by the City.

This relationship is ongoing and the team has now been involved in many other consultations at the municipal level. Some of the initiatives they have actively participated in with the City of Edmonton include:

- Transportation Master Plan Update (*The Way We Move*);
- Municipal Development Plan Review (*The Way We Grow*);
- Sidewalk Strategy;
- Bicycle Transportation Plan Update;
- Walkability Strategy consultations; and
- Design Guidelines for New Neighbourhoods Review.

In addition, the Medical Officer of Health has presented to City Councillors, and Population Health has presented at Council Hearings on planning and transportation bylaws. A team member also co-chairs the Walkable Edmonton Committee.

Added to their various consultations with the City of Edmonton, Population Health has been engaging with the private sector, other municipalities, professional associations, and universities on a number of activities:

- Presenting at conferences focusing on the built environment and design, (e.g. Alberta Association of the Canadian Institute of Planners);
- Responding to information requests from various sectors including municipal planners, architects, and transportation engineers;
- Giving ‘Lunch and Learn’ talks on the connections between health and the built environment to provincial government and the private sector;
- Collaborating with University of Alberta researchers on a study of neighbourhood walkability, food security and obesity;
- Hosting ‘Meet and Greets’ with non-traditional stakeholders (e.g. developers, engineers); and
- Participating on the Sustainable Building Symposium planning committee.

Some of the other ways of getting health to the table include networking at events and conferences, and cold calls. The Population Health group at AHS is a multi-disciplinary team. With backgrounds in geography, epidemiology, natural resource management, sociology and public health administration, the team has a broad array of skills and is linked to a diverse group of informal and professional networks.

GENERATING BUY-IN

Cultivating strategic alliances involves, among other things, framing and communicating information on the health impacts of built environments in ways that non-health stakeholders can use to advocate for change. In collaboration with the City of Edmonton, Population Health assembles current health statistics and trends within/across the local population, as well as synthesizes information on these associations. For example, there is compelling evidence that urban sprawl and low density neighbourhoods negatively influence physical activity rates, which in turn can affect chronic disease rates and injury.

LESSONS LEARNED

Population Health’s work has generated many lessons learned including:

- The importance of starting with an evidence base; having a foundation grounded in the research literature helps to build credibility and identify strategic linkages;
- The importance of consistent messaging – Population Health has developed a set of key messages that are used in all communications;
- Get involved early in the stakeholder consultation process – early engagement provides an opportunity to embed a population health perspective into various activities/initiatives;
- Communicate messages in multiple ways – Population Health has developed issues papers, fact sheets, PowerPoint presentations, and a video clip;

- Be explicit about the types of built environments that are health promoting and bring this information to specific discussions, be it sidewalks, age-friendly guidelines or land use planning;
- Nurture your relationships – keep up with new contacts through an informal e-mail or coffee; and
- Be proactive and strategic in terms of recognizing opportunities. As Population Health began working in this area their timing aligned with the initiation of the City of Edmonton’s Municipal Development Plan review.

The team is vigilant about scanning for other opportunities and relevant policy windows.

ADVICE TO OTHER COMMUNITIES

The AHS Population Health team is interested in sharing ideas and connecting with other health authorities undertaking similar work. However, they note that “unfortunately in Canada, there is not really a mechanism for health authorities to communicate laterally.”

EVALUATION AND IMPACT

Correlations between this work and local population health outcomes will be measured over the long term. Awareness of the health impacts of built environments is growing, and generating a lot of public interest.

CONTACT

Sherrill Johnson

Population Health Consultant
Population Health and Research
Alberta Health Services
Suite 300, 10216 – 124th St.
Edmonton, AB T5N 4A3
Telephone: 780-413-7733
E-mail: Sherrill.Johnson@capitalhealth.ca

Marie S. Carlson

Population Health Consultant
Alberta Health Services
Suite 300, 10216 – 124 St. Plaza 124
Edmonton, AB T5N 4A3
Telephone: 780-413-4970
E-mail: Marie.Carlson@capitalhealth.ca

RESOURCES

Environments Matter, Annual Report from Capital Health (2007)
<http://www.capitalhealth.ca/AboutUs/ResourceLibrary/CapitalHealthAnnualReports/PopHealthAR2007-2008>

Designing Healthy Places –
Land Use Planning and Public Health
<http://www.capitalhealth.ca/AboutUs/ResourceLibrary/Other/default.htm>

How Healthy Are We, Medical Officer of Health’s report
<http://www.capitalhealth.ca/AboutUs/ResourceLibrary/CapitalHealthAnnualReports/HowHealthyAreWe/default.htm>

Together, we are the answer
http://www.capitalhealth.ca/AboutUs/OurOrganization/PublicHealthDivision/Population_Health_and_Research.htm

SASKATCHEWAN: Yorkton Active Transportation Collaboration



A variety of sectors are mobilizing to promote community and recreational cycling and walking within Yorkton

“Out of the initial workshop came a philosophy, a commitment, a plan, and an educated group to move it forward”

Lead Organization:

Yorkton *in motion*

Key Partners:

Sunrise Health Region, Yorkton *in motion*, Yorkton Business Improvement District, Saskatchewan Government Insurance (SGI), RCMP, Society for the Involvement of Good Neighbours (SIGN), non-profit organizations, community champions

Community:

Yorkton, Saskatchewan

Population of Community:

15,038

Setting:

Urban

Target Group:

General Population

Project Focus:

To enhance the health of local residents through active transportation

Implementation Level:

Local

Stage of Development:

Ongoing

BACKGROUND

In 2006, a community committee called “Yorkton *in motion*” sponsored a series of workshops focused on active transportation with support from Saskatchewan *in motion*. The workshops included a talk by internationally renowned walking expert Mark Fenton, and an “Active Transportation Workshop” with Go for Green’s Active Transportation Coordinator, Michael Haynes. Participants went on a walkabout and assessed the “walkability” and “bikeability” of Yorkton. The workshop explored ways to create conditions necessary for physical activity, and the group created a local vision for active transportation. At this time, a spark was lit.



Just as Yorkton *in motion* began mobilizing around active transportation, an important change was taking place at the Sunrise Health Region (SHR). Their latest Health Status Report indicated that only 36% of the population in Yorkton was active, compared to 52% of other regions in Saskatchewan. The Medical Health Officer put a priority on getting people active, and the Health Region decided to shift their internal mandate away from “telling”, toward “building” relationships with the public. Active transportation represented a great segue



for the Health Region to start building relationships with the local community about health and physical activity.

PARTNERSHIPS

Invitations to participate in the Yorkton Active Transportation Workshop were sent through the Mayor's office to key groups identified by the Yorkton *in motion* Committee. Yorkton *in motion* organizers felt that invitations from the Mayor would draw attention and generate a positive response. They were right. The key partners all responded positively to the request and a broad range of sectors attended including: the City of Yorkton, the SHR, Yorkton *in motion*, the Yorkton Business Improvement District, Saskatchewan Government Insurance (SGI), the RCMP, NGOs, and community members who have a passion for active transportation. Out of this workshop session, the Yorkton Active Transportation Collaboration was born.

Early on, the Collaboration decided to steer away from a traditional "committee" approach and adopted a Task Force or project team approach. This meant that everybody at the table had a clear role to play through their task to complete. The Task Force created an 11-point Action Plan, and members each took on a task. In this way, everyone took on a leadership role to ensure that their task was completed. The Task Force currently meets bi-annually to update each other on progress made. This approach has worked exceptionally well – especially with members of the business community who have limited time to spend on committees, but have a lot to contribute to the project. Each partner can commit to specific projects within a defined timeline.

Everyone around the table has stayed engaged and has used their passion and skills for their task. For example, the business association started the "Walk-A-Mile" project to revitalize the downtown, and encourage people to park and walk. The City of Yorkton assisted with the Cycling Network Plan, as their support was required to receive grant money to fund the study. If a task required expertise that was not around the table, the partners used their networks to find the right person.



Yorkton Business Improvement District Walk-A-Mile
Photo Credit: Yorkton *in motion*

GENERATING BUY-IN

While there was a lot of buy-in by those around the table (especially people who had attended the active transportation workshops) there was not necessarily buy-in at the board level of partner organizations. The Task Force had to make a case to gain support from senior management. They did this by building a business case and tailoring their message to show each group "what was in it for them." For the City, they identified opportunities

for economic development. For the Health Region, the support came based on their new priority on active living. For the business community, the rationale was to increase foot traffic downtown. The Task Force built its evidence, and then made presentations to key decision-makers to make them aware of the importance of active transportation. The business case became both a strategic exercise and an educational tool.

A turning point occurred when the Mayor of Yorkton observed the committee's second update meeting. When he heard what the group had achieved and the compelling health implications of their work, he made a move to push walking, cycling trail connections and play structures as priorities in the City's budget.

PLANNING & IMPLEMENTATION

The Active Transportation workshops were the biggest influence for the Task Force and provided the initial vision to move the group forward. Similarly, Mark Fenton's philosophy about how to change your community has been a good fit. From a health perspective, the group was influenced by the work of Kim Bergeron at Queen's University, who developed a checklist for planners to design active communities. Louise Bélanger, SHR's representative on the Task Force, attended a webinar on Bergeron's work and then brought this data back to the group. Every partner did some research and brought it to the table.

Public consultation was also a part of the process. At the Yorkton Exhibition/Fair they set up a survey booth to get feedback on residents' preferred routes and destinations. They then hosted a "Ride A-long" with key community leaders to select and refine the preferred route options on their bikes. Engagement has taken many forms, with an emphasis on getting people out in the community.

LESSONS LEARNED

Key lessons learned include:

- Hosting the initial active transportation workshops was the single most important driver. Out of these

workshops came a philosophy, a commitment, a plan, and an educated group to move it forward;

- Using the "11 Point" action plan really worked. It allowed partners to choose their level of involvement, and kept people engaged;
- Having invitations come from the Mayor added credibility and garnered a lot of attention;
- Participating in some form of audit can really bring home the message. Those who took part in the walkability and bikeability audits realized that while Yorkton is a small city, it can be difficult to get from point A to point B without a car;
- Educating officials and executives was most successful when the Task Force promoted "what is in it for them"; and
- Using published Canadian research helped to build the case.

From a health perspective, the relationship of partner organizations with the Health Region has been strengthened. Partners on the Task Force had to learn a lot about each other, including how to speak a common language. The health sector had to learn to frame the "population health" message so it makes sense to the other stakeholders, in a language that they can use. The project was an opportunity for the health partners to educate public officials about the role of public health and health promotion, and show them that it is not just about immunization. "It has opened up a realm of understanding about the role of public health."

Now if another project comes up, the Community Health Educator can make a phone call to partners and ask if there is anything the Health Region can do to help. The project has created an extended network that partners can go back to.

One unanticipated spin-off was an invitation to the SHR to attend a developer's charrette. This was the first time in Yorkton that health was invited to sit at the table with developers. SHR is now working with the developer of a new sub-division who has agreed to incorporate standards for designing active communities. The project has also spurred an annual

Sidewalk Clearing Contest – a local business has decided to give away a prize to the person in the community who kept their sidewalk clear all year.

Next steps for the Task Force may include:

- Developing a three-year Strategic Education Awareness Plan;
- Preparing a demonstration site (painting trial bike lanes on a street) and hosting on-site education sessions for cycling safety; and
- Advocating for the appointment of the Active Transportation Task Force to the City of Yorkton Planning and Development Commission, to ensure active living principles are considered in every new development in the City.

ADVICE TO OTHER COMMUNITIES

The process developed by the Task Force is not complicated: the walkabouts, audits and presentations can be replicated at any scale. The Task Force intends to package their process and take it to outlying communities within the SHR.

Their advice to other communities is to start with a high visibility project that requires low effort, and then work up from there. The Walk-A-Mile project developed by the Yorkton Business Improvement District was an example of an action that required little work and funding, and had a huge impact.



Ride-A-Long. Photo Credit: Yorkton *in motion*

EVALUATION AND IMPACT

The group now has plans to do a follow-up community “Ride-A-Long” to ensure signage is in place and cycling routes are being maintained as called for in the Cycling Network Plan. There are also plans to engage the community to submit their walking and cycling stories – these will be posted on a web-based forum such as Facebook or a website. The Health Region will be using data collected by the RCMP and Sunrise Emergency in order to track cycling injuries over time. The group is starting to put the foundations in place to measure health outcomes over the long term. Physical inactivity will be one of the key categories in the next update of the Health Status Report, and health outcomes will begin to be documented there. From an observational standpoint, more people are out walking and cycling, including people riding their bikes in the snow.

The project has involved a great deal of ongoing education and creating awareness to get to this phase. As the Cycling Network Plan is implemented, the network will continue to grow.

CONTACT

Louise Bélanger

Community Health Educator
Sunrise Health Region
Public Health
170 Independent Street,
Yorkton, SK S3N 0S7
Telephone: 306-786-0627
E-mail: Louise.Belanger@shr.sk.ca

RESOURCES

City of Yorkton: www.yorkton.ca

Sunrise Health Region:
www.sunrisehealthregion.sk.ca

Look for “Connect to a healthy choice”,
“Activate your life”



MANITOBA: WHO Global Age-Friendly Cities Pilot Project

The community of Portage la Prairie is making their city a better, healthier and safer place for seniors to live

“The spokes of the wheel are in place – we are now united and ready to make changes in the community.”

Lead Organization:

City of Portage la Prairie

Key Partners:

University of Manitoba’s Centre on Aging, Portage Services for Seniors, Canadian Mental Health Association, Portage Community Network, Portage Regional Library, Central Regional Health Authority, Herman Prior Senior’s Centre, City of Portage, Portage Friendship Centre, Public Health Agency of Canada

Community:

Portage la Prairie, Manitoba

Population of Community:

12,730 (2,810 seniors)

Setting:

Urban

Target Group:

Seniors

Project Focus:

Community consultation, partnership development, and universal accessibility

Implementation Level:

Local

Stage of Development:

Ongoing

BACKGROUND

In 2006, The City of Portage la Prairie was invited to be part of the World Health Organization (WHO) Global Age-Friendly Cities Project. A total of 33 cities participated worldwide, with four of the cities located in Canada (please see the Resources section at the end of this case study for more information). The project aimed to engage seniors and their communities in making their community a better, healthier and safer place for seniors to live, enjoy good health and participate fully in society.

Once the request to take part in the project was made to City Hall and approved by Council, the Director of Recreation and Leisure Services was assigned responsibility for the project. The study was led by the University of Manitoba’s Centre on Aging who organized four focus groups with seniors ranging in age from 61 – 92. In addition, one focus group was conducted with caregivers of seniors, and three focus groups were held with professional staff, business people, and representatives of volunteer organizations, respectively. The focus groups addressed eight domains related to aging:

1. Outdoor Spaces and Buildings;
2. Transportation;
3. Housing;
4. Respect and Inclusion;
5. Social Participation;
6. Communication and Information;
7. Civic Participation and Employment; and
8. Health and Social Services.



The health perspective was brought to the table under the premise that a community supportive of “active aging” is a community that is good for everyone. There is a desire for seniors to be able to stay and age in place in the City of Portage la Prairie. Not only do these issues affect seniors, but they are integral to the health of the whole community.

An Advisory Committee was struck to act as a resource for the pilot project. The end result was a report released to Mayor and Council that contained findings including: Key Age-Friendly Features, Key Age-Friendly Opportunities and Recommendations.



Photo credit: City of Portage la Prairie

PARTNERSHIPS

After the pilot project, an Age-Friendly Cities Advisory Committee was formed (with many of the same members) to oversee implementation of the Portage la Prairie Age-Friendly Report.

It was important to have the right people at the table. The advantage of a small community, with a

population of 12,730 (including 2,810 seniors) is that it was easy to identify who should be at the table – it was a matter of just asking them.

This Advisory Committee was made up of: Portage Services for Seniors, Canadian Mental Health Association, Portage Community Network, Portage Regional Library, Central Regional Health Authority, Herman Prior Senior’s Centre, City of Portage la Prairie, Portage Friendship Centre, and four seniors at large (including one Aboriginal elder).

The Advisory Committee began its work by developing the following Action Steps:

1. To develop and adopt Terms of Reference for the Committee;
2. To present the Terms of Reference to Council and seek formal appointment of Committee members;
3. To review the recommendations arising from the research report;
4. To assess each recommendation;
5. To identify three immediate priority areas;
6. To recommend to Council an implementation strategy/action plan for each priority area;
7. To engage other stakeholders as necessary; and
8. To carry out the parts of the action plan that fall under the jurisdiction of the Age-Friendly Cities Advisory Committee.

The Advisory Committee then selected the following three priority areas: (1) Transportation, (2) Housing, and (3) Communication.

A sub-committee was formed to oversee each priority area. These committees engaged local stakeholders as needed in order to begin addressing the recommendations. Different recommendations in the report were relevant to particular groups, ranging from the City, to local businesses, to the Regional Health Authority to the Advisory Committee itself.

The Housing Sub-Committee collected information on all available senior's housing in the community.

The Transportation Sub-Committee invited all local seniors' transportation providers together to talk. The intent was that both non-profits and for-profits would have a dialogue and ultimately work together. However, non-profits attended and for-profits did not. The unanticipated spin-off was that the non-profits were appreciative of the chance to network with each other and talk about their challenges. Through conversation, they collectively realized that a major challenge was getting information out to seniors about their services.

The Communication Sub-Committee began by developing an Age-Friendly Cities brand in the community. It took some time to develop an Age-Friendly logo, and in the end it was decided to use bright colours and a larger font size to remain consistent with the Age-Friendly initiative. The Sub-Committee is currently pursuing development of a website as well as pamphlets providing information for businesses, for non-profits and information on the Age-Friendly Cities Advisory Committee itself. The first two will contain checklists to encourage organizations to assess their own age-friendliness.

Another initiative involves a partnership between the Advisory Committee and Services for Seniors directed at the development of a booklet containing all of the information collected by the Housing and Transportation Sub-Committees, as well as other information on locally available services. The Sub-Committees are developing a broad distribution strategy to ensure the information gets into the hands of seniors, family members and caregivers.



Age Friendly Logo. Image credit: City of Portage la Prairie

Another upcoming project of the Advisory Committee is an information and education luncheon for select business owners and operators in the City. The initiative is focused on encouraging business owners to make Age-Friendliness an everyday part of their thinking.

On November 10, 2008, at the regular organizational meeting of Council, the members of the Age-Friendly Cities Advisory Committee were formally appointed. This has paved the way for the Committee to make formal recommendations to Council on making municipal facilities, services and policies more age-friendly. The Committee is now considering various options for moving forward with this.

GENERATING BUY-IN

There is tremendous support for this work locally, provincially and nationally. From the original targeted communities in Manitoba, the movement is fanning across the province stewarded by individual communities, the Province of Manitoba and the Public Health Agency of Canada.

LESSONS LEARNED

One of the most important lessons learned by Age-Friendly Portage la Prairie was that the simple act of bringing people together to talk can be a catalyst for change.

The Age-Friendly concept has created a focal point for drawing people into a new way of thinking about community. Yet another unanticipated spin-off has been team-building around a central issue. This beneficial networking is happening within the community and within the Advisory Committee as well.

ADVICE TO OTHER COMMUNITIES

Every community is different and will need to be true to its own way of doing things. Allow time to evolve as a committee. The process of becoming a cohesive group and determining action steps takes time. Having the right people at the table with knowledge in different areas is critical. It is important to seek partners at the beginning who will enhance the initiative.

The model used in the Age-Friendly project is extremely adaptable. In fact, 27 communities in Manitoba are on board. A forum was hosted in Portage La Prairie in February 2008, and both urban and rural communities were represented. The end goal is to adapt the project in every community in Manitoba.



Photo credit: City of Portage la Prairie

Being a part of the World Health Organization study and the beneficiary of a formal report at the start proved to be very valuable for Portage la Prairie. At the municipal level, it expedited buy-in. Having people from “outside” giving recommendations was also perceived as valuable. Producing a report was a formal approach, and in smaller communities it may not be needed.

While a formal study or report is not necessarily needed, some kind of inventory or assessment of the community needs to be undertaken. It is important to show people what is in it for them – i.e. for businesses, being age-friendly could increase the number of shoppers in stores, or increase their profile.

EVALUATION AND IMPACT

Although implementation is ongoing, so far the project has brought nothing but positive things to the community. With the release of the Portage la Prairie Age-Friendly Cities Report in 2007, the work on the ground began. Exposure to Age-Friendly ideals has impacted thinking at City Hall. The old cobblestone sidewalks, while still attractive, are recognized as being difficult to navigate. The City’s new recreational facility has incorporated many Age-Friendly features and is exploring options for health and wellness partnerships within its programming.

There is the potential to impact many other sectors in the community. Through the Advisory Committee, the project has brought people together who are committed to furthering change. It took time to get to this point, but the partners are united and moving forward.

Most importantly, the project has raised the profile of age-friendliness in the community.

CONTACT

Janet Shindle

Councillor, City of Portage la Prairie
97 Saskatchewan Avenue East
Portage la Prairie, MB R1N 0L8
Telephone: 204-857-8142
E-mail: janetshindle@hotmail.com

RESOURCES

City of Portage la Prairie: www.city-plap.com

Portage la Prairie Age-Friendly Cities Report:
[www.city.portage-la-prairie.mb.ca/corporate/pdf/Portage_Report_May_2007 - Final.pdf](http://www.city.portage-la-prairie.mb.ca/corporate/pdf/Portage_Report_May_2007_Final.pdf)

University of Manitoba’s Centre for Aging:
www.umanitoba.ca/centres/aging

Public Health Agency of Canada Age-Friendly Communities Initiative: www.phac-aspc.gc.ca/sh-sa/ifa-fiv/2008/initiative-eng.php

World Health Organization Age-Friendly Cities:
www.who.int/ageing/age_friendly_cities/en/index.html

ONTARIO: Peel Public Health



Peel Health is re-forging the historical relationship between planning and health

“We believe a multi-disciplinary approach is the key to mitigating chronic disease, and this requires strong and committed partnerships”

Lead Organization:

Peel Public Health

Key Partners:

Region of Peel

Community:

Region of Peel, Ontario
(Caledon, Brampton and Mississauga)

Population of Community:

1,154,000

Setting:

Urban and semi-urban

Target Group:

General Population

Project Focus:

To provide leadership, advocacy and support for integrating public health considerations in growth and development planning in the Region of Peel

Implementation Level:

Regional

Stage of Development:

Ongoing

BACKGROUND

Increasing diabetes rates and dependence on the automobile have brought the issue of a healthy built environment to the forefront in the Region of Peel. In 2005, a report was tabled to Peel Regional Council highlighting the impact of the built environment on population health. The Council took action and directed a formalized relationship between Peel Health and the Regional Planning Department. Peel Health now provides comments from a health perspective on development applications, and regional plans. The organization is also working on advocacy for provincial policy and knowledge transfer.

PARTNERSHIPS

Key partners on the project include regional planning and municipal planning staff. This collaboration is not new, but is being re-forged in this generation.

At Peel, getting this collaboration off the ground required a lot of internal work, but the two sectors are now engaging in a meaningful way.

GENERATING BUY-IN

Regional Council and the Medical Officer of Health (MOH) were the key decision-makers who had to approve the project. Important to the process was the political support received through Council.



PLANNING & IMPLEMENTATION

Peel Health's philosophy is not to focus on individual's risk for obesity, but to take a population health approach where the physical environment is developed in a way that is conducive to active living for the community in general. This approach must be based on evidence and include other interventions besides environmental change, including institutional policy on nutrition and physical activity as well as education and health promotion. When work began in this area there were few best practices already in place, so the Health department applied public health rigor to this new project.

Outcomes of this project include:

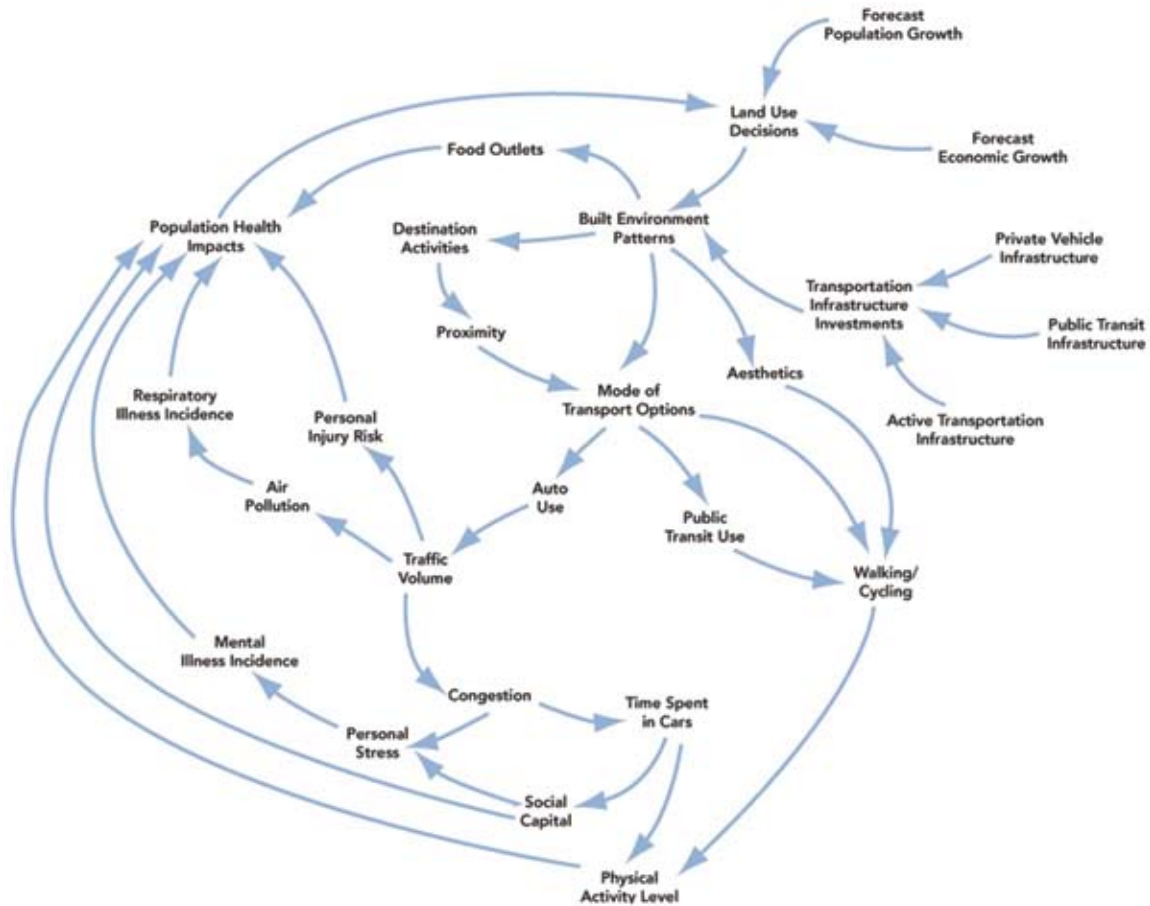
- A set of conceptual models capturing the relationship between health and planning (see figure next page);
- A literature and realist review;
- Review of development applications;
- Input into regional and municipal policies;
- Incorporating language about healthy place into planning documents; and
- Opportunities for knowledge exchange including conferences, networking and presentations.

LESSONS LEARNED

The need to keep partnerships strong and objectives transparent was among the most important lessons learned. The forging of new partnerships has helped to create a more seamless merging of the health and planning disciplines.

Another important lesson is that it is easier to *do* development than it is to *undo* it. Thus, strong partnerships, and having health at the table at the early stages, are critical. Without established best practices to rely on, strong and committed partnerships were the key ingredient for building expertise.

In the future, Peel Health would recommend getting key stakeholders involved in the process from the start. In order to achieve this, it is imperative for organizations to have their senior management make the issue a priority. One of the supports still required is policy change at the provincial and federal level – it is important for planning to be part of discussions within the Ministry of Health and for health to be part of the discussions within the Ministry of Municipal Affairs and Housing. At a regional level, joining forces with other health units would help to strengthen the cause.



Conceptual Model: From the Built Environment to Public Health
 Credit: Paul Conway, Public Health Agency of Canada

ADVICE TO OTHER COMMUNITIES

This approach is adaptable to other communities, but some of the tools that have been developed require local data that would need to be collected and inputted locally. Also, in rural areas, the priorities and needs are different. Consequently, rural environments may have different indicators than those developed for Peel.

The first step is to identify local strengths and capacity within a community. Identifying partnerships that can be developed between health, planners and developers is an important part of the process. This may involve partnerships between key individuals or groups. It is important to work to establish champions early on, and to determine the strengths of these champions.



Peel Neighbourhood Showing Curvilinear Design, Long Walking Distances and Low Connectivity.
Photo Credit: First Base Solutions

EVALUATION AND IMPACT

In order to evaluate the project, Peel will be pilot testing their tools and doing a thorough evaluation of the process. Determining the ultimate success of the project will require long-term evaluation. It is important to disseminate results to decision-makers and local community. Peel Health has done this through conferences and presentations and their work has generated excitement. They are creating a “buzz about health and the built environment.”

CONTACT

Bhavna Sivanand

Project Specialist

Peel Health – Chronic Disease & Injury Prevention

10 Peel Centre Drive, Suite B

PO Box 2009, STN B

Brampton, ON L6T 0E5

Telephone: 905-791-7800, ext 2168

E-mail: bhavna.sivanand@peelregion.ca

RESOURCES

Peel Public Health – Health and Urban Form

www.peelregion.ca/health/urban



QUÉBEC: On the Move to School!

A program to improve walking and cycling conditions for elementary school children in Québec

“Kids who walk to school not only improve their fitness, but also improve the quality of their environment.”

Lead Organization:

Vélo Québec

Key Partners:

Schools, parents, police departments, local government, public health

Community:

85 schools in ten communities in Québec in 2008-09

Population of Community:

Varies

Setting:

Urban, semi-urban and rural

Target Group:

Elementary school children

Project Focus:

Improving children’s health and raising community interest in the health, environmental and safety benefits of active transportation

Implementation Level:

Provincial

Stage of Development:

Ongoing

BACKGROUND

“On the move to school!” is an educational active transportation program that aims to improve walking and cycling conditions for elementary school children and raise community interest in the health, environmental and safety aspects of active transportation. Originally implemented in eight schools in Greater Montréal, the program now extends to 85 schools in ten communities throughout Québec.

“On the move to school!” was inspired by Sustrans’ “Safe Routes to Schools” program, created more than ten years ago in Great Britain (please see the Resources section at the end of this case study for more information). “On the move to school!” aims to address the issue of increasing car use by families and the sedentary lifestyle of many school-aged children, by motivating key decision-makers to improve walking and cycling conditions around schools. In 1971, eight out of ten Canadian children walked or biked to school. In Greater Montréal today, less than four out of ten students rely on active transportation (e.g., walking, cycling or in-line skating) to get to school.

Following the success of the initial pilot project in 2005-2006, Vélo Québec decided to make “On the move to school!” a permanent program. Making health a priority is a natural and logical progression of work undertaken by Vélo Québec over the years – their expertise in active transportation and province-wide reputation have helped to build credibility and achieve the goals of the program.



PARTNERSHIPS

The pilot project was backed by an Advisory Committee comprised of: the City of Montréal, the Commission Scolaire de Montréal, the Association of Physical Educators of Québec, Montréal Public Health Branch, police, and transportation organizations.

In each community that receives the program, Vélo Québec forms key partnerships with the local schools, parents, police, and municipal government. But many other partners are integral to the success of this program and play a variety of roles, including:

- Providing funding, in-kind contributions and promotion of the program;
- Endorsing Vélo Québec at other regional tables; and
- Making recommendations that align with priorities and projects that are already in place – and in turn contributing to the project's success.

Key decision-makers that oversee the project approach are Vélo Québec, its regional partners (who provide the program outside greater Montréal), and the principals of the participating schools. The success of the project depends upon their collaboration.

Partners have proven to be critical in helping build a realistic picture of what can be accomplished in each community. With the right partners, there is a greater chance that changes to neighbourhoods and changes in behaviour will be realized. Building connections with those who are already taking action can help to ensure the success of the project.



Photo Credit: Didier Bertrand

GENERATING BUY-IN

In Québec, there is political support in principle for active transportation and healthy living, but not yet a lot of support for on-the-ground action. However, as awareness about this issue grows, more and more funding is becoming available.

The only resistance encountered during the program was a concern amongst those in the schools implementing the program that it would add to their workload. It is important to demonstrate that this program will enhance quality of life, and not be a burden. Today, schools have many responsibilities, so there is a need to integrate active transportation programs with activities already happening at the school.

PLANNING AND IMPLEMENTATION

A Vélo Québec specialist works with each participating school to assess the safety problems in the area around the school and to identify possible solutions. Through meetings with local stakeholders, they determine what is already in place and what is needed. Each school receives a map of the neighbourhood marked with the locations of the student's homes. This map is used to analyze the area, identify issues and begin to propose concrete solutions to improve walking and cycling conditions in the area.



Photo Credit: Didier Bertrand

The next step is to work with the municipality to modify the urban environment of the school and neighbourhood. This may involve the installation of bicycle parking facilities or other infrastructure likely to encourage active transportation among students.

Vélo Québec has a range of tools and activities to offer to the schools. The project team works with the school and the parents to determine those tools and activities that will best suit their needs. Other communication tools include a brochure, a newsletter, and workshops for families on urban cycling. Vélo Québec also publishes a program magazine, "L'aller-retour," containing games, comics and tips on active transportation which is distributed to participating kids two times a year.

In the end, enjoyment and quality of life are the central goals of "On the move to school!" The program's tools and activities are intended to encourage families to rediscover the pleasure of outdoor recreation and active transportation.

LESSONS LEARNED

For Vélo Québec, the key to success has been investing energy into building partnerships at the beginning. In each community, the Vélo Québec specialists work with the local players to lay a good foundation. The "On the move to school!" team provides support to the school over the first three years, at which time a transition is made and the responsibility is handed over to the community. The goal is that, at the end of this time, the partnerships will be cemented and the program will run autonomously. The success of the project rests on Vélo Québec's ability to empower the schools themselves.

Lessons learned in partnership building include:

- Go on-site to the schools and mobilize the school and the parents;
- Build a team with key players to get things on the ground faster;
- Remember that there are many types of partners – e.g., those who provide financing, those who help with promotion and marketing and those who open doors and give resources; and
- Stay flexible. Partnerships that do not seem initially well-aligned may prove fruitful in the end.

ADVICE TO OTHER COMMUNITIES

This project has proven to be very adaptable to different communities. The key is getting to know and understand the environment in question. Each school is unique and will have its own active transportation needs and priorities.

Vélo Québec has already reached out to urban, semi-urban and rural communities. The versatility of the program means it can happen at any scale, as long as there is an understanding that the solutions need to be adapted to each location. For example, semi-urban settings tend to revolve around car use, and pedestrian routes are often poorly connected. In rural areas of Québec, a village may have one road and often no sidewalks. In some areas, the solution may be as simple as removing snow from sidewalks on the route to school. Each community will need to identify its issues, and find its own solutions to promoting active transportation to school.

EVALUATION AND IMPACT

In its first two years alone, the program reached out to over 12,000 students and their parents. While health outcomes as a result of this project will need to be evaluated over the long term, it is already apparent that attitudes are changing. In September 2008, the “On the move to school!” program connected with a research team at the Université de Montréal. The researchers plan to study changes in attitude and behaviour that result from this program over the next three years.

It is clear that this skilfully managed program is raising awareness across Québec about the health-supporting benefits of active transportation for children and families. Vélo Québec hopes to extend “On the move to school!” to all regions of Québec by 2015.

CONTACT

Annick St-Denis

Active Transportation Director
Vélo Québec
1251 Rachel Street East
Montréal, Québec H2J 2J9
Telephone: 514-521-8356, ext 347
E-mail: astdenis@velo.qc.ca

RESOURCES

Vélo Québec
www.velo.qc.ca/monecole/index_e.php

Sustrans – “Safe Routes to Schools” Program
www.sustrans.org.uk

NEW BRUNSWICK: Fredericton Active Transportation Committee



Formed to identify, educate, and plan for active transportation issues in the community

“We just reached out to everyone we knew that had a vested interest professionally and personally.”

Lead Organization:

City of Fredericton

Key Partners:

Planners, recreation officers, cyclists, school board representatives, members of the seniors’ community, councillor, wellness coordinator

Community:

City of Fredericton

Population of Community:

50,535

Setting:

Urban

Target Group:

General Population

Project Focus:

To identify safety concerns related to active transportation; to recommend a public education program; and to act as an advisory committee during the Trails and Bikeways Master Plan process.

Implementation Level:

Local

Stage of Development:

Completed

BACKGROUND

In 2005, a two-day seminar was held in Fredericton to identify active transportation issues, hosted by Go for Green. As a result of this seminar the Active Transportation Committee was formed to serve a one-year term starting in January 2006. Harold Boone, Trail and Project Coordinator, Parks and Trees Division of the City of Fredericton was involved from the beginning. “We just reached out to everyone we knew that had a vested interest professionally and personally,” he said. It started by gathering staff members and community volunteers to form an Active Transportation Committee with diverse representation.



Photo credit: City of Fredericton

The health perspective came at the beginning, as all committee members had an interest in active transportation and active living both professionally and personally. This issue was a priority area for the City of Fredericton because the community was concerned about both people’s health and the environment. They wanted to get people outside on the trails walking, cycling and running.



The three goals of the Active Transportation Committee were: (1) to identify safety concerns related to active transportation, (2) to recommend a public education and promotional program, and (3) to act as an advisory committee for the City of Fredericton's Trails and Bikeways Master Plan process.

PARTNERSHIPS

From early on in the process, planners, recreation officers, cyclists (both competitive and commuter), school board representatives, and members of the seniors' community were involved with this project. For the City, a new partner that was brought to the table was a Wellness Coordinator from the Department of Transportation.

Resources required to support the Committee were funded from the city budget. There was overwhelming support from the members of the Committee, a willingness to come and be heard, voice their opinion and provide encouragement.

The Active Transportation Committee continued for two and a half years, a year and half longer than originally anticipated. The group felt like they had achieved what they set out to do, the major goal being to advise the City on the Trails and Bikeways Master Plan, which has been completed successfully. Now a Staff Committee is continuing to oversee the implementation of this Master Plan.

GENERATING BUY-IN

The key decision-makers were at the municipal level in the City of Fredericton. Elected officials and staff were very supportive of the project. The positive political support translated into financial support for the project.



Photo credit: City of Fredericton

PLANNING & IMPLEMENTATION

The major outcome of this Committee was the City Trails/Bikeway Master Plan which will be phased in over 20 years and includes \$16,000,000 in built infrastructure.

The philosophy of the Master Plan is to meet the needs of all age groups, including those residents and visitors with mobility challenges, by enhancing choices and opportunities for multi-modal travel (i.e., trips consisting of two or more travel modes) and recreational pursuits that promote physical activity and healthy lifestyles.

Public consultation was part of the process, and included focus group meetings, stakeholder meetings and general public meetings. The City has already implemented some of the items in the Master Plan including new bike lanes, and has paved some trails.

LESSONS LEARNED

In retrospect, the planning process may have taken too long and attributed to a feeling of lost time in the end. There was some debate at the staff level about non-staff Committee members making operational decisions.

40

Most importantly, health and environment issues were on the table from the beginning and this was a major driving force behind the project.

ADVICE TO OTHER COMMUNITIES

It is advisable that any community, regardless of its size, undertake a Master Plan if they have not already done so. It is a crucial document that has become a working resource for the municipality.

Getting political support early on (from a Mayor or a Member of the Legislative Assembly) is also critical. It is important to have a local champion who is respected in the community and has the ability to reach out and tap into resources.

EVALUATION AND IMPACT

Ultimately, the City of Fredericton created a Trails and Bikeway Master Plan which was the result they were striving for throughout this two-year process.



Photo credit: City of Fredericton

Now that the Master Plan is starting to be implemented, built infrastructure projects will be realized along with the resulting impacts on the community. Solutions can be simple. For example, when a one kilometre dirt trail connection was paved, trail use on this section increased by 28%. As well, there was increased use by a variety of user groups such as wheelchair users, skateboarders and people pushing strollers. This focused attention on improving the active transportation infrastructure has paid off – in 2008 the City of Fredericton was named the second best walking city in Canada by the Canadian Federation of Podiatric Medicine.

According to Kate Baird, Move this Way—Active Living Program, at the City of Fredericton Recreation Division, “One of the most important outcomes of this project is how it has strengthened our connections to the community.”

CONTACTS

Harold Boone

Trail and Project Coordinator,
Parks and Trees Division
City of Fredericton
397 Queen Street / P.O. Box 130
Fredericton, NB E3B 4Y7
Telephone: 506-460-2507
E-mail: harold.boone@fredericton.ca

Kate Baird

Move this Way –
Active Living Program Recreation Division
City of Fredericton
397 Queen Street / P.O. Box 130
Fredericton, NB E3B 4Y7
Telephone: 506-460-2230
E-mail: Kathryn.baird@fredericton.ca

RESOURCES

City of Fredericton Active Transportation Page

[www.fredericton.ca/en/transportation/
activetransportation.asp?_mid_=2903](http://www.fredericton.ca/en/transportation/activetransportation.asp?_mid_=2903)

Fredericton Trails/Bikeways Master Plan

[www.fredericton.ca/en/recreation/resources/
TrailsBikewaysMasterPlan.pdf](http://www.fredericton.ca/en/recreation/resources/TrailsBikewaysMasterPlan.pdf)

NOVA SCOTIA: Healthy Housing, Healthy Community Project



Health professionals, residents, planners and developers are at the table talking in a meaningful way

“Bringing together people with different viewpoints to discuss shared interests in a non-confrontational format is beneficial in breaking down barriers.”

Lead Organization:

Chebucto Communities Development Association (CCDA)

Key Partner:

Spryfield Residents’ Association

Community:

Spryfield, Nova Scotia

Population of Community:

4,460 (Spryfield)
372,679 (Halifax Regional Municipality)

Setting:

Semi-Urban

Target Group:

Residents, Planners, Developers, Health Professionals

Project Focus:

Knowledge translation; dialogue

Implementation Level:

Local and Regional

Stage of Development:

Ongoing

BACKGROUND

Spryfield is a suburb of the Halifax Regional Municipality (HRM), well known for its strong sense of community and history of resident participation in civic life. Recently, members of the Spryfield Residents’ Association (SRA) became concerned about development coming to their community. The Residents’ Association saw the need to give citizens a tool for assessing local development proposals for their potential impact on community health.

The Chebucto Communities Development Association’s Marjorie Willison (also a local resident on the committee) saw a link between the needs of the SRA and her organization’s mandate. With a background in population health and health promotion, she was able to make the initial connection between the SRA’s concerns and the need to increase understanding of the strong, but generally unrecognized, link between community design and the health and well-being of the public.

Seeing that more work could be done in this area, CCDA applied for funding and launched the Healthy Housing, Healthy Community (HH,HC) project in October 2005. The project revolved around an extensive engagement process with four groups who do not usually find themselves at the same table: planners, public health professionals, developers and residents. These groups were brought together for four facilitated Round Tables as well as one-on-one discussions. With input from these four stakeholder groups, and an extensive review of the literature, CCDA developed a user-friendly Healthy Development Evaluation



Framework, and the Healthy Places Toolkit, both designed to help residents, health professionals, and planners assess existing and proposed developments to determine how well they support community health. The project was not part of a particular planning process, but rather about getting groups ready for the planning process.

PARTNERSHIPS

To complement her background in public health promotion, Willison added an environmental planner to the HH,HC project team. This duo clicked, and the synergy of their collaboration filtered down to the participants. Their collaboration demonstrated that individuals with health and planning backgrounds could work effectively as a team.

CCDA got the players to participate simply by identifying the right people and asking them to participate. Attendance at the Round Tables was high.

Getting these groups to the same table was a successful first step, given the history of conflict related to development in HRM. After the Round Tables, the feedback from all sides was that they appreciated the chance to build something together – the Healthy Development Evaluation Framework. The Round Tables got divergent groups at the table talking in a meaningful way. Through facilitated dialogue, the residents learned about the challenges faced by developers, and health professionals and planners contributed their perspective on how housing affects health. As well, many informal one-on-one conversations took place.

The CCDA project team kept the participants engaged by sending out frequent project updates, Round Tables' results, and requests for feedback at all stages.

GENERATING BUY-IN

Early feedback showed some hesitancy to give full support, but by the second round of stakeholder interviews, the comments were very positive. Now in its final stages, the project enjoys a great deal of support, and has received almost universally positive reports from all the sectors involved.

The philosophy from the beginning was to focus on stakeholder input. Because the Healthy Places Toolkit was grounded in literature and then refined by the stakeholders at the Round Tables, all four groups had a say in shaping it. This contributed greatly to the buy-in and sense of ownership around the document.

It became evident during the project that while the link between the built environment and physical activity is generally understood, the link between the built environment and other factors affecting health is not as well known. In order to educate the public about the many aspects of health affected by the built environment, the CCDA returned to four strategies of health promotion:

1. Raise Awareness;
2. Change Attitudes;
3. Change Behaviours; and
4. Maintain Changed Behaviours.

Thanks to the HH,HC project, awareness and changing attitudes are taking root in Spryfield and HRM. The challenge now is to work towards changing behaviours and maintaining those changed behaviours among planners, developers, and public health professionals.

At the Round Tables, developers suggested that establishing a prize or award for excellence in healthy development would help to get the word out to other developers. An award would allow

for peer recognition, provide publicity for healthy developments, and create visibility for developers committed to promising practices in healthy community design. The CCDA is currently working with the municipality to develop criteria for an award.

LESSONS LEARNED

Lessons learned include:

- Identify and include all major stakeholders from the beginning. The next time around the CCDA would like to include financiers (bankers) as a fifth stakeholder group;
- Ground your work in existing literature to build credibility;
- Developing trusting relationships takes time;
- Having a common focus reduces conflict;
- Senior staff within the municipality can make change happen over the long term; Councils often change with elections;
- Uptake of project results takes time; and
- Carry on in spite of setbacks.

The need to tailor your message to suit your audience has been another important lesson learned. During the project, CCDA worked to frame their key message for different audiences. For planners, they framed the issue in terms of smart growth planning and environmental sustainability. For developers, they highlighted how healthy development principles could reduce conflict-related delays and improve sales. For health professionals, they focused on relating the built environment to reducing poverty and health inequities. Finally, for residents, the key message was how they could contribute to making their communities better places to live for themselves, their children, and their grandchildren.

One unanticipated spin-off was a partnership with a Professor at Dalhousie University who is planning to map Spryfield with the indicators from the Framework using a Geographic Information System (GIS). This GIS inventory will add to other mapping

layers used by the municipality. Over the coming years, health and population layers will be added to the data set and at that point they can start to see the interconnections among the built environment indicators, population information, and health status.

On the ground in Spryfield, the next step is for residents to use the tools developed during Spryfield's planning process. While the first few months of the project seemed to move slowly, the last few months have seen an increase in momentum. Things are coming together, and local public health and planning professionals are now discussing joint training opportunities. As well, a developer in Spryfield is planning a development using the Healthy Development Evaluation Framework as a guide.

ADVICE TO OTHER COMMUNITIES

The HH,HC project team has already started to get the word out to other communities – hard copies of project results including the toolkits, framework, bibliography and a CD were mailed to Mayors, Chief Administrative Officers and Directors of Planning in the 10 largest cities in each province across Canada, plus the territories. The HH,HC Healthy Places Framework graphic that was developed (see next page) contains suggested indicators that can be adapted or added to those already used by towns and cities. The attributes of a healthy community, however, are not likely to change over time. The project team's advice is to start by building evidence and bringing stakeholders together.

EVALUATION AND IMPACT

Evaluation of the project included participatory process evaluation, and impact evaluation in the form of two rounds of stakeholder interviews. Midway through the project, the feedback was positive, but tentative. By the second round of evaluation, the reviews were overwhelmingly positive.

CCDA has participated in the Community-Based Research Network through the University of Ottawa and realized in networking with others around the country that the work they are doing is innovative.

There are few approaches being employed today that specifically consider not only the link of the built environment to physical activity (access and linkages), but also sociability, nature and resources, multiple activities and uses, healthy housing and neighbourhoods, and safety, comfort and identity.

As for health outcomes related to this project, it is still too early to tell. But with Dalhousie University mapping indicator data for Spryfield into GIS, there will soon be an excellent baseline for measuring changes in population health over time.

It is known, however, that the tools developed are also being incorporated into community visioning within the Halifax Regional Municipality. In a way, the project has come full circle – the very residents who brought forward their concerns and helped to shape the Framework and Toolkit are now using the tools and are empowered to engage in the planning process.

While the HH,HC project is coming to a close, the project team feels that change will continue to occur. "Planners and Health Professionals are talking with each other – they have started going down that road and the project now has a life of its own."

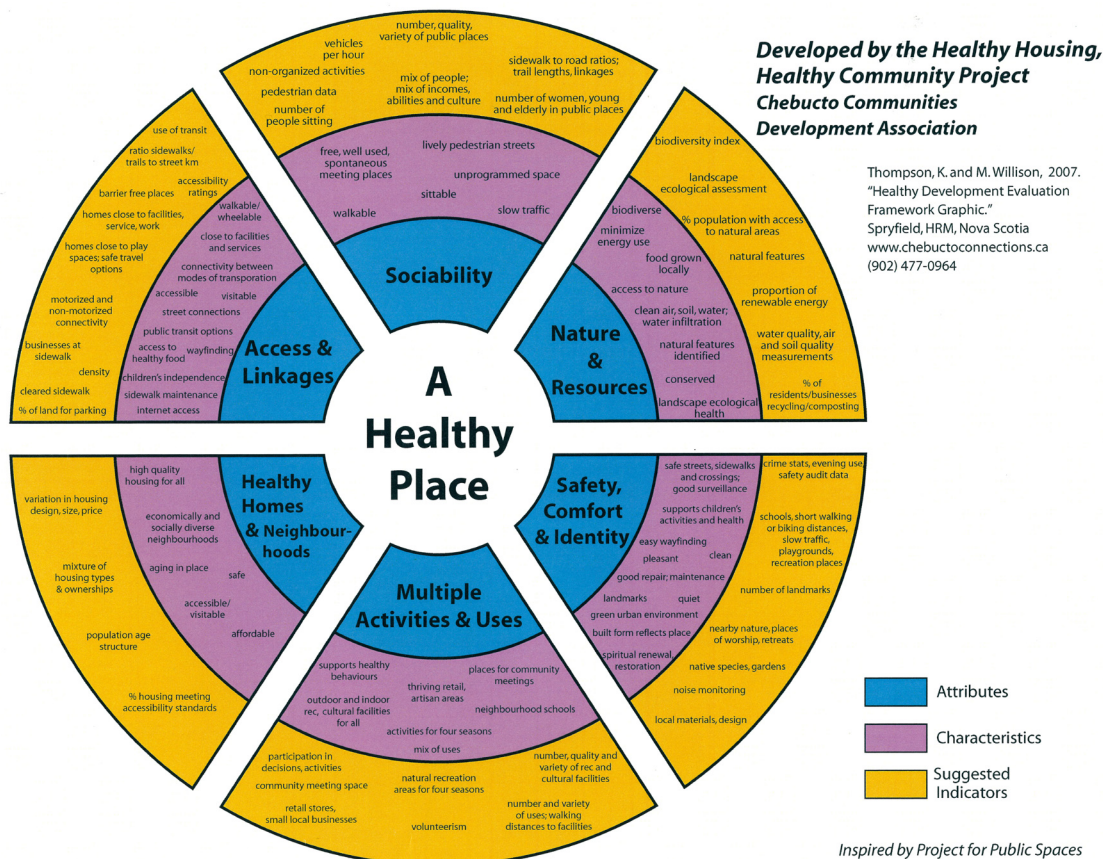
CONTACT

Marjorie Willison

Project Manager, Chebucto Communities Development Association
 Spryfield Mall, 16 Dentith Road
 Halifax NS B3R 2H9
 Telephone: 902-477-0964
 E-mail: ccda.willison@ns.sympatico.ca

RESOURCES

Visit the Chebucto Communities Development Association web site to download the Healthy Development Evaluation Framework, and the Healthy Places Toolkit, in English or French:
www.chebuctoconnections.ca



Healthy Places Framework Graphic
 Image Credit: Chebucto Communities Development Association

Inspired by Project for Public Spaces

PRINCE EDWARD ISLAND: Charlottetown Active Transportation Initiative



Walking and cycling improvements are taking shape in downtown Charlottetown

“Start to do something right away! A small pilot project next to a high profile park helped generate buy-in and brought visibility to the project.”

Lead Organization:

City of Charlottetown

Key Partners:

Cycling PEI, Tourism Charlottetown, Government of PEI, Private Sector, Resident Cyclists

Community:

Charlottetown, PEI

Population of Community:

32,174

Setting:

Urban

Target Group:

General population

Project Focus:

Under the guidance of an inter-sectoral steering committee, a pilot project has moved cycling into the spotlight

Implementation Level:

Local

Stage of Development:

Ongoing

BACKGROUND

Charlottetown is undertaking an active transportation initiative with a focus on cycling that already includes 45 km of trail that run throughout the City, including the 11 km Confederation Trail and the “Routes for Nature and Health.” The cycling focus has developed under the leadership of a community committee, known as the Active Transportation Steering Committee, with representation from the Parks and Recreation Department, the private sector, resident cyclists, Cycling PEI, Tourism Charlottetown and the provincial government.

The catalyst for this project was the City of Charlottetown’s Parks Master Plan (2007). This policy document identified key strategic directions for active transportation, and called for building more health-supporting built infrastructure that would support commuting and recreating in Charlottetown. For the recreation sector, health is a major issue and the Parks Master Plan brought credibility to undertaking work in this area.

The Parks Master Plan brought forward the concept of “active streets” as a priority area. Following approval of the Parks Master Plan by Council in 2007, there were a few key residents, as well as Cycling PEI, Tourism Charlottetown and the business sector who led the charge in pushing for the implementation of active streets.



PARTNERSHIPS

Because stakeholder groups were engaged during the Parks Master Plan process, partner agencies were eager to continue collaborating with the City. Getting different sectors on board was easy. As the Active Transportation initiative came on the heels of the Parks Master Plan, many of the partner groups were already at the table.

Since Charlottetown is a small city, there is generally a lot of collaboration between interest groups. However, this initiative was unique in that all interest groups and partners were involved from the very start. As a result of the overwhelming success and enthusiasm generated by the Parks Master Plan process, the partner groups jumped at the opportunity to be part of the Active Transportation Steering Committee. The group even grew, with the addition of a private sector representative.

Good timing meant that the Active Transportation initiative was able to get off the ground right away, and groups were enthusiastic about their involvement. Setting realistic goals, with timelines attached, also helped build partner confidence. Partners knew they were being listened to, and were kept engaged as they saw tangible products and goals being achieved along the way.

All partners had a role to play. The tourism sector worked to create six cycling loops that would connect from the downtown to other destinations outside of the City, using existing trails and identifying the safest streets and roadways. Each group collected information pertinent to its area

of interest, and reported back to the organizations they represented. The City has effectively used the expertise around the table to build and implement a robust project that aims to make walking and cycling an easier alternative to driving.

The general public was engaged as well, through on-line surveys. These surveys were used not only as a way to gain input, but also to educate the general public about the initiative.



Photo Credit: City of Charlottetown

GENERATING BUY-IN

Council took the lead by approving a pilot project early in the process. The City was eager to have something happen within the first six months of the project. The pilot project saw a dedicated cycling lane opened on a road in Victoria Park – a very high profile park in Charlottetown. Although small in scale, this project inspired confidence, brought visibility, and generated excitement about the project. This Victoria Park street closure may or may

not be continued in the final implementation of the Active Transportation Plan, but it has certainly helped to generate buy-in, and has validated a “build it and they will come” approach when it comes to cycling. It would seem that the majority of the community supports the street closure, with many users taking advantage of the cycling lane, including families and children getting out on their bikes.

Council will be responsible for approving the final Active Transportation report, and having their support has been crucial. The active transportation movement is just starting on Prince Edward Island and it is exciting for all sectors to be involved with getting the first on-street cycling infrastructure off the ground.

LESSONS LEARNED

One of the biggest lessons learned was the importance of having Council buy-in from the start, and this was due in great part to the success of the Parks Master Plan. Involving partner agencies from the start was another valuable lesson. These partners are now all very familiar with the municipal process, and the City will not hesitate to continue working with them during “next steps” or in future projects.

Linking health benefits with other benefits of healthy built environments such as lower emissions, reduced traffic, increased tourism, and an overall healthy, attractive city has helped to get people on board with the concepts. There is always some resistance to accept change, but the tourism perspective did help in this regard – Charlottetown wants to be known as an attractive, healthy city.

Building more public awareness and finding capital dollars to undertake further projects are two ongoing challenges. Also, it is recognized that in future planning processes, the Parks and Recreation Department will need to work more with Planning and Public Works Departments to integrate healthy built environment planning into all facets of city work including infrastructure upgrades and new infrastructure projects.

One unanticipated result of this project was the Mayor’s call for the formation of an ad hoc Committee to look broadly at active transportation within the entire City. This committee, made up of municipal councillors and staff, will focus on integrating active transportation into bigger picture initiatives. For the Active Transportation Steering Committee, the next step is getting approval for their Active Transportation report from Council, which is expected to occur in May 2009.



Photo Credit: City of Charlottetown

ADVICE TO OTHER COMMUNITIES

This type of project could happen in any municipality. The less formal approach used in this project worked very well for a smaller community where it is easy to identify the key stakeholders. In a larger community, more time may need to be spent at the beginning to establish a Steering Committee, and to ensure that it contains the right range of representation.



Photo Credit: City of Charlottetown

Doing something visible right away, such as a cycling lane street closure, or the installation of bike racks, is another way to build enthusiasm and get people on board. Finally, prepare a Master Plan, if one has not already been completed. The Charlottetown Parks Master Plan represented a large investment for the City, but it brought a lot of credibility to the active living movement and established big-picture thinking from the beginning.

EVALUATION AND IMPACT

Evaluation was carried out through an on-line survey by staff who carried out additional consultation. The Victoria Park pilot was the first cycling lane in Charlottetown, so at this point it is difficult to evaluate its impact. But the very fact that families are out on their bikes on the cycling lane at Victoria Park means some of the barriers to cycling are starting to be overcome. The City has plans to continue measuring results and will continue to use surveys.

CONTACTS

Sue Hendricken

Manager of Parks & Recreation
Parks and Recreation Department
City of Charlottetown
P.O. Box 98
199 Queen Street
Charlottetown PE C1A 7K2
Telephone: 902-368-1025
E-mail: shendricken@city.charlottetown.pe.ca

Frank Quinn

Program Coordinator
Parks and Recreation Department
City of Charlottetown
P.O. Box 98
199 Queen Street
Charlottetown PE C1A 7K2
Telephone: 902-629-4028
E-mail: FQuinn@city.charlottetown.pe.ca

RESOURCES

To receive updates on the Active Transportation initiative and download the Parks Master Plan, visit the City of Charlottetown's web site:
www.city.charlottetown.pe.ca

NEWFOUNDLAND AND LABRADOR: St. Francis School Greenhouse



Local students have hands-on involvement in growing food and preparing healthy snacks

“This project was one of the first in what has become a growing trend in healthy eating and healthy living in the province.”

Lead Organization:

Lower Trinity South Regional Development Association

Key Partners:

Eastern School District, St. Francis School, Junior Achievement, Department of Health and Community Services, College of the North Atlantic, Service Canada

Community:

Harbour Grace, Newfoundland and Labrador

Population of Community:

3,074

Setting:

Rural

Target Group:

Youth, Older Adults

Project Focus:

Healthy Eating, Agriculture Awareness, Skill Development

Implementation Level:

Local and Regional

Stage of Development:

Ongoing

BACKGROUND

In Newfoundland and Labrador there has been a growing concern about childhood obesity, especially in the last five to six years. The St. Francis School Greenhouse project was one of the first in what has become a growing trend in healthy eating and healthy living in the province.

The project was spearheaded by the Lower Trinity South Regional Development Association (LTSRDA), a non-profit organization whose mandate is to help improve the economic and social conditions of all residents of the region. It has been very proactive in community and regional development. In 2002, LTSRDA partnered with the Eastern School District to reactivate a state-of-the art greenhouse attached to St. Francis School in Harbour Grace. Their first project at the Greenhouse was a Youth Entrepreneur Partnership Program funded through the Atlantic Canada Opportunities Agency (ACOA). The goal of this initial project was to encourage entrepreneurship using the Greenhouse as a venue for a real business venture. The Greenhouse became a focal point for getting students involved in agriculture and developing entrepreneurial skills.

The St. Francis Greenhouse is the only one of its kind in the province. A high-tech, modern facility, it has computer-controlled heating, watering, and operating roof panels, and is equipped with three webcams. The LTSRDA saw the potential to use the Greenhouse to complement the Department of Education’s healthy living curriculum for school children in Newfoundland and Labrador. The Association partnered with Junior Achievement



of Newfoundland and Labrador, an international non-profit organization who helped LTSRDA “get the program in the door” and integrated into the school curriculum. The Association was then successful in receiving funding from the Department of Health and Community Services’ Provincial Wellness Grants Program and through the Job Creation Partnership Program and Skills Link Program at Service Canada. The LTSRDA hired a project manager, coordinator and a greenhouse technician. Students from different schools in the District participate in the “Healthy Living Partnership Program” provided by the LTSRDA. The children take part in planting and harvesting fruits and vegetables, preparing fresh food themselves and learning about the relationship between agriculture and food on the table.

Students in schools from across the region visit the Greenhouse to plant their seeds and then monitor the growth of their plants via the Greenhouse webcams that broadcast on the internet. Presentations appropriate to various grade levels are given in local schools and students are informed of the nutritional values of the vegetables and fruits they have planted. But the real learning occurs when the process comes full circle and the students are able to prepare healthy snacks – wraps, salads, zucchini muffins – with the produce they helped to plant and harvest. Students learn in a hands-on way about the relationship between agriculture and food on the table.



Photo credit: Lower Trinity South Regional Development Assoc.

PARTNERSHIPS

A wide variety of partners have been engaged in the Greenhouse project: the Eastern School District, College of the North Atlantic, Department of Health and Community Services, Service Canada, Junior Achievement, and School Councils. These partnerships have allowed the Association to gain credibility and access different funding sources to keep the programs running.

The LTSRDA is heading the initiative, and has taken the lead in developing the proposals, lobbying, and organizing meetings. The Greenhouse project did not become successful overnight – lots of lobbying was done to secure funding and this included managing working committees, hosting open houses, contributing news stories, and writing proposals.

Good relationships were developed with all of the partners, and the LTSRDA emphasizes that they could not have done it without them. The Association worked early on to ascertain the needs of partners,

and then build programs at the Greenhouse around their partners' objectives. Most of all, they worked to build good relationships. These relationships have become rock solid, and the Association feels they would go back to these partners for future programs.

GENERATING BUY-IN

Finding funding agencies has been the greatest obstacle in this initiative. The operation relies on funding – to buy soil and seeds, and employ staff. But the Association has worked creatively to keep the Greenhouse running. They have integrated labour through a variety of their programs, and work to meet granting criteria through different ways. Some staffing has been done through the LTRSDA's Skills Link Program, which targets youth at risk ages 18-29. These youth are learning the horticultural aspects of overseeing the Greenhouse. Also, the Association is sponsoring a targeted initiative for older workers called the Horticultural Awareness Program. This older workers program allows people who have been out of the workforce to develop new skills. The Greenhouse provides an environment where participants can get hands-on experience in horticulture. In addition to experiencing practical horticulture operations, workers learn about the value of healthy eating by growing fruits and vegetables in the Greenhouse and sharing this knowledge with students.

The Association has really had to lobby funding agencies to access funding, and has tended to go after economic funding, and career and personal development funding even though the core principle of the project is now health promotion. The biggest challenge is to make the project "fit" the granting criteria of funding agencies. In order to gain funding they have had to think outside the box. And the challenge of funding still exists.

Generating buy-in and exposure within the community has not been a problem. St. Francis Intermediate School and Harbour Grace Primary School took their venture a step further and hosted a "Salad Party." Students invited parents,

grandparents, government officials and other partners. It allowed people to come on site and see what was happening, and was an opportunity for the students to practice healthy eating using their own produce.

St. Francis Principal, Christina Pike said, "My students clearly have an increased knowledge of where their food comes from and how it is grown." The program has brought publicity to the healthy living aspect of local agriculture – something that has all but fallen off the map for many people in the region, especially kids.



Photo credit: Lower Trinity South Regional Development Assoc.

LESSONS LEARNED

The key to getting the project off the ground was developing a program that linked with the Department of Education's curriculum on healthy eating. The Association has worked to combine the benefits of healthy eating with other objectives and there have been a number of unanticipated spin-offs: from after-school garden clubs, to mentoring between older workers and kids, to career and personal development. The benefits continue to multiply.

ADVICE TO OTHER COMMUNITIES

St. Francis was lucky to have a unique infrastructure already in place and attached to the school, but this kind of program can happen off site as well. Students who visit from out of town can plant seeds and watch them grow on the webcam. And presentations made around the region are always accompanied with the preparation of healthy snacks by the students themselves.

The Association's advice to other communities is to find the right partners, and then build these relationships. Good partners can become your "support team." Looking to funding agencies as partners early on can also be beneficial. Finally, remember that in-kind contributions can come from non-funding partners. At St. Francis, one of the partners provides electricity to the Greenhouse as an in-kind contribution.

EVALUATION AND IMPACT

Health outcomes resulting from this project have been amazing. As Denyce Warren explains, "the kids are actually eating fresh vegetables!" Local agriculture is starting to get back on the radar, especially with kids.

Because fresh vegetables are so expensive, many school children do not get this kind of fresh food at home. This program has introduced them to new vegetables, and a greater awareness of healthy eating, and through the salad parties and open houses, excitement about the project is spreading.

The St. Francis School Greenhouse project has generated an interest in healthy eating amongst youth, and has become a great resource for both the school and community.



Photo credit: Lower Trinity South Regional Development Assoc.

CONTACT

Denyce Warren, Office Manager or
Paulette Cumby, Coordinator

Lower Trinity South Regional Development
Association (LTSRDA)

PO Box 100, New Perlican

Newfoundland and Labrador A0B 2S0

Telephone: 709-583-2016

E-mail: ltsrda@personainternet.com

RESOURCES

Contact the Lower Trinity South Regional
Development Association for more information.

YUKON: Millennium Trail



The Yukon’s first accessible multi-use trail

“This project has sparked enthusiasm at both the city and community level for creating environments that are accessible to all.”

Lead Organization:

City of Whitehorse

Key Partners:

Yukon Electrical Company, Yukon Energy, Yukon Council on disABILITY

Community:

Whitehorse, Yukon

Population of Community:

25,403

Setting:

Urban

Target Group:

General population, persons with disabilities

Project Focus:

The planning process focused on community consultation, partnership development, and universal accessibility

Implementation Level:

Local

Stage of Development:

Completed

BACKGROUND

Although Whitehorse is in a wilderness location, the five kilometre Millennium Trail is a very urban trail that loops through the downtown core of the City. The Trail follows the scenic Yukon River, crossing the river on an 80 metre pedestrian footbridge that was added in 2005. The Trail connects a number of recreational resources including a skatepark, a historical site, a campground and a favourite local water access point known as “the intake.”

The initial concept for the Trail was brought forward by long-time Whitehorse resident, Father Mouchet, who envisioned a trail that would give everyone, regardless of ability, an opportunity to get out and be active.

Today in Whitehorse, there is a growing trend in health considerations being incorporated into planning projects. The Millennium Trail, completed in 2002, was the first step towards providing more accessible built environments within the City. Because of the huge success of the Trail, it has become a feature project that demonstrates how universal accessibility can be incorporated into projects. The Trail has sparked enthusiasm within the community, and at City Hall, for creating environments that are accessible to all. In a sense, the Millennium Trail has been a catalyst, and was indirectly influential in bringing health considerations into future city projects.

One unanticipated spin-off was the striking of a new ad hoc committee called the Persons with Disability Advisory Committee. This Committee has remained active and now provides recommendations to Council on all new developments and capital projects undertaken by the City.



PARTNERSHIPS

To get partners to the table, Douglas Hnatiuk (Projects and Community Development Coordinator), organized a public meeting in 1999 to introduce the project and invited interest groups to attend. As a result of this initial meeting, a number of partners got on board. By the end of the project, over 200 stakeholders were involved from government, to business and industry, to the recreation sector and local residents.

Two of the main stakeholders, Yukon Electrical Company and Yukon Energy, were new partners for the City and initially got on board as land owners. They also had an interest in public safety because of a dam located on the route, and used this project as a public safety education tool.

Partners were kept engaged throughout the process, as there was a feeling around the table that this project was state-of-the-art and a revolutionary step forward for the City. This feeling of participating in something revolutionary kept people involved.

There was no shortage of feedback, both through formal mechanisms (meetings and consultations) and informal methods. The project generated so much enthusiasm that local residents were dropping in to City Hall and offering photos and brochures of exemplary trails they had visited on their holidays – ideas for the Trail came in from Whistler to as far away as Ireland.

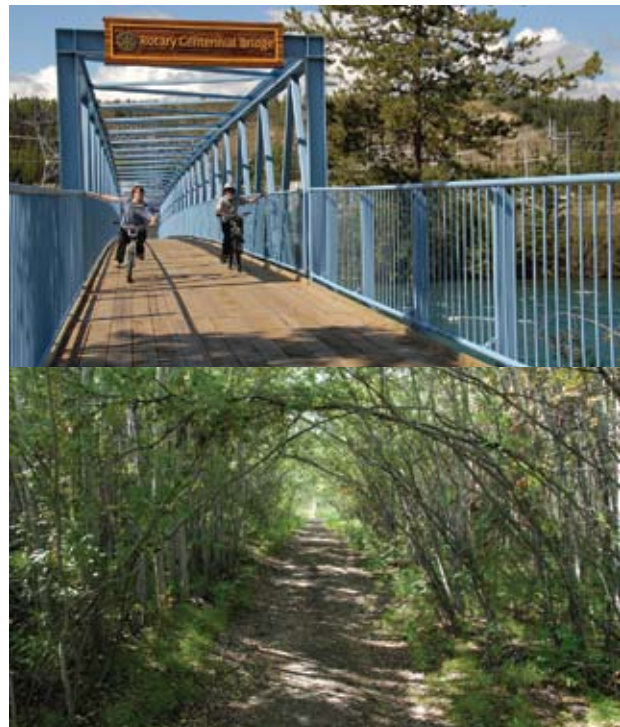


Photo Credit: YG Photo

GENERATING BUY-IN

The biggest hurdle was convincing community stakeholders that the Trail should be paved. The concept of an asphalt trail was initially polarizing within the community. At an early public meeting that focused on the technical aspects of the Trail (such as trail surfacing, trail width), the concept met with some resistance. There was concern that a paved trail would be environmentally degrading, and it was perceived as an “urban” intrusion into a pristine river environment.

It became clear that there were philosophical issues behind the project that needed to be discussed,

such as rights and standards for people with disabilities. The City decided to take a different approach, and launched a public education piece about universal access through a CBC radio call-in show. It was at this point that the City's approach to the planning process switched from a focus on technical aspects to what can best be described as "heavy duty consultation." A Task Force was launched with representation from all city departments, City Council, the Yukon Energy Company and the community.

The switch to an emphasis on community involvement and partnership development led to increased buy-in from all sectors, and the community took real ownership of the Trail. This approach galvanized a sense of community within the City and the Trail became a high-profile project.

Ultimately, the Task Force brought forward enough positive evidence to build consensus that paving the Trail was the best option.

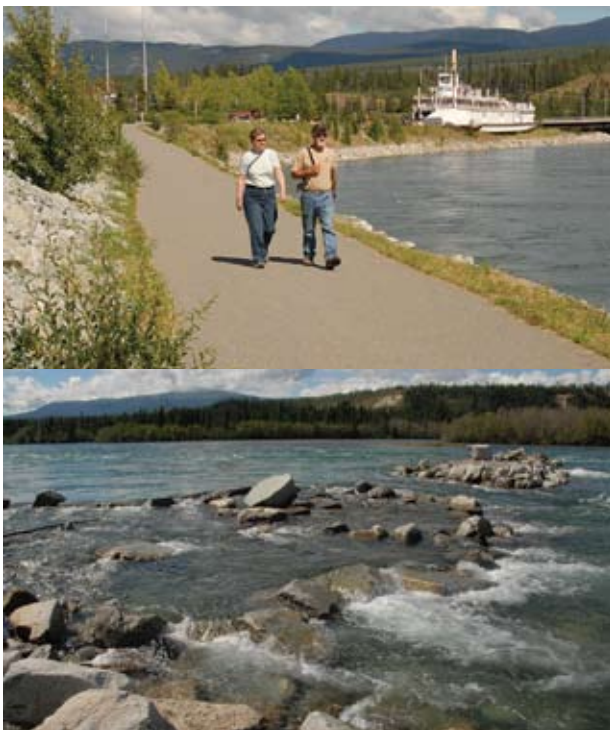


Photo Credit: YG Photo

Over time, the benefits and merits of having a paved trail have become apparent. There is less erosion and degradation along the banks of the river, as people are keeping to the Trail. Aesthetics have also improved as native rose bushes and other vegetation have begun to re-vegetate the slopes. Arguably the biggest benefit of all, people of all ages and abilities are now able to be physically active along the river and access the water.

LESSONS LEARNED

For the City of Whitehorse, the Millennium Trail project "heralded in a new dynamic of public consultation." An extensive public consultation process is now used for all city planning projects including Official Community Plan Reviews and Parks Master Plans.

There is a sense in the Yukon of wanting to do things differently, to be unique, and as a result, the City adjusted and customized some of the tried and true approaches for public consultation. Local citizens want to be sure they are not getting a solution from Vancouver or Toronto – they want to develop solutions that are "customized" for the North. The project has been an overwhelming success, and a recent survey suggests that the \$300,000 Millennium Trail is seen within the community as having more recreational value than a recently built \$12,500,000 swimming pool.

It has also cemented relationships with partner groups. The City is now considering installing a "Green Gym" with wheelchair-accessible fitness equipment along the Trail and the City will certainly go back to its partners for support. The Millennium Trail has become a showcase. While it was the first accessible multi-use trail in the Yukon, there is now a large network of paved trails in the area and a new understanding and appreciation for the merits of this type of infrastructure. In a recent public survey, trails were rated the number one recreational resource in Whitehorse, a statistic that has been used to rally political support.

Securing funding resources for trail projects continues to be the biggest hurdle, although gas tax money has helped in this regard. When limited funds are available, trail projects tend to lose out to road or sewer upgrades. Concerned groups and individuals need to make noise to keep bringing active living, and health and wellness considerations back onto the agenda.

If the project were done again, the City would have engaged the Task Force earlier, and forged a strong relationship from the get-go with the major partners including stakeholders and the community, to establish early on that it is the “community’s” project. As it happened, the Task Force was created three months into the project, due to a controversial public meeting. Now seven years later, no one would argue that this trail has done anything but benefit the community.

ADVICE TO OTHER COMMUNITIES

For other communities wishing to do a similar project, Hnatiuk recommends meeting and consulting with others who have already undertaken this type of work. While the technical aspects of the project need to be considered, there should be an emphasis on community consultation and partnerships.

EVALUATION AND IMPACT

User statistics collected over a period of two years show that the pedestrian passes over the footbridge average 250,000 per year. This kind of result is amazing considering a population of 25,000 in the City. Students have also been hired to survey people on the trail.

In addition to these statistics, there is ample anecdotal evidence of the health benefits of the Trail. Reams of testimonials flood into City Hall on an almost daily basis: from those who were inspired to take up walking, to temporarily disabled residents who use the Trail as a resource for therapy. Families with children are regularly out cycling the Trail. For the people of Whitehorse, the Trail represents a place where all members of the community can recreate and exercise.

Father Mouchet is also still involved, and although now in his 90s, is still out on the Trail setting an example for all.

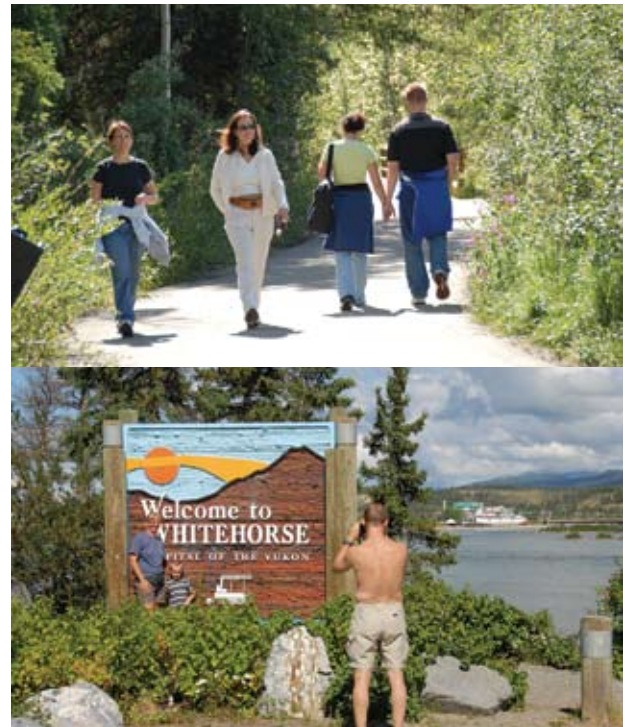


Photo Credit: YG Photo

CONTACT

Douglas Hnatiuk

Projects & Community Development Coordinator,
City of Whitehorse

2121 Second Ave

Whitehorse, Yukon Y1A 1C2

Telephone: 867-668-8662

E-mail: Douglas.Hnatiuk@whitehorse.ca

RESOURCES

City of Whitehorse

www.city.whitehorse.yk.ca

NORTHWEST TERRITORIES: Inuvik Community Greenhouse



Building a strong sense of community through recreational gardening, food production, knowledge sharing, and volunteer support

“People can see the difference between the produce that comes up in a truck and produce that we can produce here.”

58

BUILT ENVIRONMENT – BRINGING HEALTH TO THE PLANNING TABLE

Lead Organization:

Inuvik Garden Society

Key Partners:

Government of Canada, Government of the Northwest Territories, Aurora College, Community sponsors, and local businesses

Community:

Inuvik

Population of Community:

3,700

Setting:

Rural

Target Group:

General population

Project Focus:

Recreational gardening and food production; Building a strong sense of community through member support and sharing of knowledge.

Implementation Level:

Local

Stage of Development:

Ongoing

BACKGROUND

“Part of the problem in Inuvik is the over availability of non-healthy food.” In the Town of Inuvik, the Community Greenhouse gives local community members access to healthy, affordable food. Located on the Mackenzie River Delta, two degrees above the Arctic Circle, fresh, economical produce is often not available.

The Community Garden Society of Inuvik (CGSI) is a non-profit organization formed in November 1998. The Garden Society wanted to create a positive space for the community. With the help and support of Aurora College, they began converting a decommissioned arena, Grollier Hall, by removing the tin roof and replacing it with polycarbonate glazing. Slated for demolition, the group transformed the arena into a Community Greenhouse, which now serves as a focal point for community development.

The Greenhouse contains two main areas: 74 full-sized community garden plots on the ground floor, and a commercial greenhouse on the second floor. Garden plots are available to residents of Inuvik, and are also sponsored for elders, group homes, children’s groups, the mentally disabled, and other local charities. Greenhouse members are required to do 15 hours of volunteer service for each plot they rent. This includes giving tours, watering, and taking care of the children’s or elders’ plots. The commercial Greenhouse produces bedding plants and hydroponic vegetables to cover operation and management costs.



PARTNERSHIPS

Initially, the Garden Society did a lot of fundraising, cold calls, and letter writing to seek sponsorship from local companies.

Resources to support the collaboration came from grants and donations from the Government of Canada, Government of the Northwest Territories, aboriginal groups, community sponsors, and local businesses. Community sponsors in 2008 included Conoco Phillips, CIBC and Shell Canada.

Some of the non-traditional partners that were brought to the table include: local oil companies and businesses donating in-kind services and time (e.g., plumbers and electricians).

Another important partnership is with the Aurora College Trades Access Program. They have provided carpentry, plumbing, and electrical services to the Greenhouse. This year, they created a partnership with a program in which the Greenhouse provides materials and the College provides student labour and supervision. This has been a great resource for ongoing maintenance and completing new projects at the Greenhouse.

GENERATING BUY-IN

Aurora College, who helped support the conversion of the arena to a greenhouse, and the Community Garden Society Board of Directors were the key decision-makers who approved this project. Local political support for this project came from the Mayor at the time of its inception.

PLANNING & IMPLEMENTATION

During the spring and early summer of 1999, the project progressed from the conceptual and feasibility stage, into the renovation and construction phase, and finally through to operation.



Photo credit: Inuvik Community Greenhouse Society

The Greenhouse serves as a community-development project that not only grows food, but plays host to school groups, workshops and tourists. Every Saturday, a community market is held to sell produce and other local goods; as well, there is a carnival for the kids. This has helped bring more family culture into the community.

Some informal feedback has been received from community members through the Community Garden Society Board, but the only structured reporting was done as a requirement of the various government grants. Generally, the Greenhouse is very well supported by the town and gets positive feedback from the community. It is one of the top tourist attractions in Inuvik and, in this sense, an important economic generator for the community.

LESSONS LEARNED

One major challenge is the high turnover at the board level and among volunteers – this is partly because it is so much work to run the Greenhouse, and this work is predominately done on a volunteer basis. Another reason is the transitional nature of the community, to which many people come temporarily or on a seasonal basis. The Greenhouse does have a part-time paid coordinator, but this is a seasonal position and the majority of the work is done by the board and community volunteers. This is currently the biggest challenge the board is facing. If funding were available for a full-time coordinator, the Greenhouse could be run more efficiently.

Relationships with partners have been very positive. However, the high turnover rate of staff and volunteers has resulted in a loss of knowledge, and partnership relationships and donations have suffered from this. The local community and the board have worked very hard to make the daily operations of the Greenhouse a reality, but there is a need for more local leadership in the community, and a need for a local champion who is committed to the long-term vision of the Greenhouse.

One other challenge is the community's perception of the Greenhouse, said Amanda Joynt, Chair of the Inuvik Garden Society Board of Directors. "We have a limited membership and a limited number of plots, so you have to work hard to make sure the community understands that the Greenhouse is for them. You do not want to make it look like a 100 member exclusive club." Therefore, the Greenhouse puts on workshops, has a partnership with a local quilting guild to display their quilts in the Greenhouse classroom, and has started a gift shop and a Saturday market that is open to the public. Greenhouse volunteers also make the flower baskets that hang around town and hold a yearly plant sale that is advertised to the local community.

Additional funding for a permanent coordinator is a major resource still needed. Unfortunately, the grant and donation money received is not eligible to pay for salaries.

One factor that has contributed to the success of the Greenhouse is media coverage – as the most northerly operational greenhouse in North America, there has been a lot of international interest.

Unanticipated spin-offs as a result of the project include a few other northerly greenhouse projects including the Iqaluit Greenhouse Project and the Arctic Devon Island Greenhouse Project.

There is a possibility in the future that the food bank will move to the Greenhouse and partner with the Healthy Foods North Program. If this becomes a reality, it will really promote healthier eating in the community. "People can see the difference between the produce that comes up in a truck and produce that we can produce here."

ADVICE TO OTHER COMMUNITIES

Advice to other communities includes:

- Try to use the infrastructure you already have; building a greenhouse from scratch is expensive; and
- Get political support and something in writing in terms of support and taxes. Try to get the land donated – a project like this will benefit the entire community.

EVALUATION AND IMPACT

Over the last few years, more local First Nations people have been joining the Greenhouse and raising crops. This is not part of their tradition here, but it is catching on and becoming quite popular.

Even though the health outcomes have not been formally evaluated, the Community Garden Society's 100 plus members and their supporters can say with confidence that the project has experienced unequalled success and will serve as an effective model for other northern communities.

CONTACT

Amanda Joynt, Chair

Inuvik Garden Society Board of Directors
Inuvik Community Greenhouse
P.O. Box 1544, Inuvik
Northwest Territories X0E 0T0
Telephone: 867-777-3267
E-mail: inuvikgreenhouse@yahoo.ca

RESOURCES

Inuvik Community Greenhouse
www.inuvikgreenhouse.com

NUNAVUT/NORTHWEST TERRITORIES: Healthy Foods North



A culturally appropriate and community-based program to promote healthy eating and lifestyle

“Working with stores, workplaces, and community partners, the Healthy Foods North program aims to make healthy foods more available and affordable”

Partners:

Government of Nunavut (NU), University of North Carolina at Chapel Hill, Nutrition Research Institute Kannapolis, American Diabetes Association, Government of Northwest Territories (NWT), Arctic Co-operatives Limited, and North West Company

Communities:

Cambridge Bay and Taloyoak, NU
Inuvik and Tuktoyaktuk, NWT

Population of Communities:

From 809 – 3,484

Target Group:

Inuit and Inuvialuit

Project Principles:

Promote traditional food and activities;
Improve people’s diet; Provide nutrition education;
Increase physical activity;
Reduce risk of obesity and disease

Implementation Level:

Inter-Territorial

Stage of Development:

Ongoing

BACKGROUND

In Northern communities of Nunavut and Northwest Territories, risk factors for chronic diseases such as heart disease and diabetes are high. This is largely attributed to a rapid transition in the Arctic diet and lifestyle. Physical activity levels are decreasing with less hunting activity and increased dependence on cars, snowmobiles and all terrain vehicles for transportation. Traditional foods are increasingly replaced with processed foods high in sugar and fat, and low in fibre and nutrients. Based on this potential burden of disease, the need for intervention was recognized by the territory. The Healthy Foods North (HFN) program was established by the Government of Nunavut to promote traditional foods and activities, improve people’s diet, increase physical activity, and reduce the risk of obesity and chronic disease.

By working closely with local Inuit and Inuvialuit community groups, program leaders have developed a multi-level intervention program that functions at the individual, household and community level. Led by project managers Cindy Roache (Nunavut) and Elsie De Roose (Northwest Territories), the program is currently taking place in four communities: Cambridge Bay, Taloyoak, Inuvik and Tuktoyaktuk. The project involves two main interventions:

1. *Store interventions:* including taste tests, cooking demonstrations, posters, flyers, and shelf labels with the Healthy Foods North logo identifying healthier alternatives; and



2. *Community component*: integration of activities into workplaces and community events including coffee station makeovers, health fairs, school programs, the use of local media, as well as promoting traditional foods in cooking classes and walking programs.

Interventions are tailored for each community based on input from community members. Local residents are employed as much as possible to carry out the program.



Image Credit: Healthy Foods North

PARTNERSHIPS

From the beginning, the Healthy Foods North project has been guided by the philosophy that it remains community-driven and community-owned. The program has brought together partners from all sectors including government, community organizations, stores and workplaces. The program is unique in that so many different groups in the community are involved – in Inuvik, a community of 3,484, it is rare to meet someone who has not heard of the program.

Partner organizations at all levels, as well as within the communities, provide guidance on who to approach, which stakeholders to involve, and who will provide feedback on the materials and activities. Capacity building has been an immensely important part of the success and sustainability of the program. In Taloyoak, the Hamlet has essentially taken over the program. In other cases, the communities are now putting their own programs under the Healthy Foods North banner. Everybody knows the program, recognizes the logo, and in Nunavut, all materials are translated into Inuktitut and Inuinnaqtun. Because Healthy Foods North is completely accepted, it has become a natural umbrella for other programs.

GENERATING BUY-IN

Getting partners to the table was not a challenge – the project leaders did numerous presentations to local boards and community groups, and the word spread quickly. Now it has come full circle and people are coming forward and asking how they can help. Many are volunteering their time to hang posters, help facilitate taste tests and coffee station makeovers, give out pedometers, and host walking groups.

The project would not be successful without its incredible partnerships. Healthy Foods North (HFN) has multiple partners who contribute funding, in-kind contributions and staff time. Local grocery stores have been very involved, and store managers have worked with Healthy Foods North so that when people ask questions, they know what to recommend (e.g., products high in fibre and low in sugar).

LESSONS LEARNED

The project leaders have identified three important lessons learned, including:

1. Importance of building partnerships – as the program has grown it has had a “snowball effect,” and many people now want to be a part of it;
2. Listening to the community – from the beginning, HFN has used a bottom-up as opposed to a top-down approach; and
3. Building capacity –the goal is to make the program sustainable so that when a researcher leaves or funding ends, the program will continue.

Several factors have contributed to the success of the program including: (1) Excellent communication skills; (2) Involving the community at all stages; and (3) Doing formative evaluation work. The project team spent one to two years doing background work and gathering baseline data. They subsequently presented the information and asked the community to help them create solutions. Community members identified what was important for them, which foods they wanted to intervene on, and recommended culturally acceptable foods and messages they would like to recommend as alternatives. The project team also worked with the stores and community leaders to identify their issues. This approach laid the foundation for the program.

More and more communities are now requesting to be part of Healthy Foods North. The very success of the program, and the fact that it is growing so fast, has led to new challenges. The project team is

challenged to recruit and train new people, and to continue the project’s solid research methodology as the program expands.

For each community, the program is based on information collected in that community. Following the gathering of baseline data, there is a community workshop. Finally, there is the development of materials, and translation into local languages. Currently, four communities are running the program and the communities of Gjoa Havan, NU and Ulukhaktok, NWT will start the program in fall 2009. Word is spreading fast and other communities have already approached the government asking how they can start the program. The fact that other communities are coming forward and requesting the program is an incredible and totally unanticipated spin-off.

Another unanticipated spin-off was the growth of the program’s own objectives. The program grew from its initial focus on promoting healthy eating and physical activity to incorporating nutrition education. Cancer, obesity, diabetes, heart disease, hypertension, and stroke are all nutrition related, and as the Arctic diet has undergone a rapid transition, it has affected all of these chronic diseases. Although they did not originally set out to, the project has grown to address all of these conditions by addressing nutritional inadequacies in the local diet. Additionally, the Government of Nunavut has incorporated Healthy Foods North into the Department’s Public Health Strategy and is using the project to inform Departmental decision-making and policy development.

ADVICE TO OTHER COMMUNITIES

The principal investigator, Dr. Sangita Sharma, and a consultant, Dr. Joel Gittelsohn, who are providing the expertise for the Healthy Foods North project, have substantial experience working on similar community-based food store intervention programs. Their other projects have ranged from inner-city to rural settings in the United States and Canada, including healthy stores projects in inner-city Baltimore, and on two Apache Indian reservations,

and a diabetes project with First Nations in Northwest Ontario. Because the project is community-driven, it can be adapted to almost any setting. The underlying framework is to:

- Do formative work including collecting background information and baseline data;
- Find out what is going on in the community, who are the key players, what the problems are, and what the priorities are for the local community; and
- Build partnerships by getting everyone around the table discussing their issues and working together to address them.

EVALUATION AND IMPACT

The interventions that are currently running will continue for a period of 12 months. During the next phase, post-intervention information will be collected on participant's height, weight, amount of physical activity, and diet. Through questionnaires, other factors such as food and nutrient intake, and amount of money spent on food will be collected as part of the overall assessment. There is also process information collected during each phase, as well as food costing. Data will be used to compare results pre- and post-intervention. Results will be disseminated to local communities, governments, and to journals, and will hopefully be used to effect policy and strategy development.

It is still too early to know what the health outcomes will be, but one store has already ordered 35% more fruits and vegetables since the program began. Participating grocery stores have reported that products promoted by Healthy Foods North are flying off the shelves. The program has not been successful with all foods, but the majority of promoted foods have gone over really well. Some successful examples include using skim milk powder over coffee creamers, replacing chips with homemade popcorn, adding frozen vegetables to meat-based stews, and using fruit in smoothies. Promoting local foods such as fish (e.g., Arctic char), and traditional meats such as muskox or caribou, is also important to the program because they are full of essential nutrients.

The long-term goal is to expand Healthy Foods North throughout Nunavut and the Northwest Territories. The emphasis on building capacity in the communities has paid off, and the many requests to expand the program speak more to the success of the program than anything.

CONTACT

Program Contact – Nunavut

Cindy Roache

Healthy Foods North
Department of Health and Social Services
P.O. Box 1000, Station 1000
Iqaluit, NU X0A 0H0
Telephone: 867-975-5729

Program Contact – Northwest Territories

Healthy Foods North
c/o **Elsie De Roose**, Territorial Nutritionist
Department of Health and Social Services
Box 1320
Yellowknife NT X1A 2L9
Telephone: 867-873-7925

Sangita Sharma, PhD, Associate Professor

Department of Nutrition
University of North Carolina at Chapel Hill
Nutrition Research Institute
500 Laureate Way Room 1338
Kannapolis NC USA 28081
Telephone: 704-250-5015
Email: sangita_sharma@unc.edu

RESOURCES

Healthy Foods North
www.healthyfoodsnorth.ca

NORWAY: Children's Tracks Program

Bringing children's knowledge of community open spaces and trails into the municipal land use planning process

"...part of the method was bringing all the players around the table; this forced them to learn that planning and landscape architecture are key components of realizing the ultimate project vision."

66

BUILT ENVIRONMENT – BRINGING HEALTH TO THE PLANNING TABLE

Lead Organization:

Vestfold County Council

Key Partners:

Ministry of Environment Affairs,
Department of Community Planning,
Department of Parks and the Outdoor
Environment, Department of Education,
Local ombudsmen for Children, Teachers,
Nursery school nurses

Community:

Vestfold County

Population of Community:

220,000

Setting:

Urban and rural

Target Group:

Children (ages 8 -13)

Project Focus:

Democracy; culture; health;
contribution to sustainability

Implementation Level:

Local, regional, and national

Stage of Development:

Completed

BACKGROUND

In Vestfold County, Norway, eighty-five percent of children live in densely populated urban regions, so there is a pressing need to ensure there are safe outdoor spaces for children that promote health.

The concept for the project began in the late 1970s, at a time when children were not involved in the land use planning process. A wave of political interest in the idea was spurred by the United Nations' proclamation of the International Year of the Child in 1979.

In 1989, Norway legislated a "Building and Planning Act" which put a priority on children's interests in local and regional land use planning. The Act made it obligatory for every county to appoint a representative for children's interests, and children were given the right to participate in the land use planning process.

Vestfold County promoted this issue through different projects, among them the "Children's Tracks" program. The project was founded on four main principles: (1) democracy, (2) culture, (3) health, and (4) contribution to sustainability. The goal was to get children to actively map out the outdoor play spaces they enjoyed in their community. Local children were asked to map: where they lived; areas/ places/ playgrounds they used during the summer, winter, and year round; streets/ roads/ trails that were used; as well as any areas that they perceived as dangerous. The ultimate goal was to incorporate this information into future city planning.





PARTNERSHIPS

Partnerships were made at local, regional, and national levels. Nationally, four ministries were involved. Regionally, the Public Road Administration, the County Governor and the Norwegian Mapping Authority (Vestfold) participated.

At the municipal level, three sectors were involved: the Department of Culture, the Department of Parks and Outdoor Environment, and the Department of Education.

Non-traditional partners that were brought to the table included: children, youth, engineers, architects, politicians, elementary school teachers, and parents, all of whom collaborated to make this unique program a success.

At the regional level (Vestfold County), Eva Almhjell, a sociologist and regional advisor, worked full time on these projects. Funding came from participating partners at all levels, but mostly from the municipality.

Initially, the projects focused on raising awareness about children's rights and their ability to participate in the planning process. Until this time, few people had given children credit for this, so raising awareness was a prerequisite to implementing local mapping programs. Almhjell brought forward the ethical considerations of the project, and started discussions about whether, and how, to involve children in the planning process. Eventually consensus came through discussions about the projects with both the children and adults.

Almhjell applied her background in sociology toward developing the model for this project. "We have been adapting the model to the planning sector. Part of the method was bringing all the players around the table – this forced them to learn that planning and landscape architecture are key components of realizing the ultimate project vision." Input from partners started as an ad hoc process and morphed into a more formal, structured process.



Image Credit: Gunnar Ridderström

GENERATING BUY-IN

The key decision-makers in this process were the local politicians. Though skeptical in the beginning, they eventually became very supportive of the project. Though compromise has been a big part of the process over the years, taking children's interests into consideration in the planning process is now considered part of "doing good business."

LESSONS LEARNED

One of the most rewarding aspects of the project was the cooperation amongst the children who were involved. Other models similar to this program have been implemented in Sweden and Denmark; however, children did not participate to the same degree, and so the extent of the children's involvement in Children's Tracks is considered a strength of this innovative project. According to Almhjell, one of the only challenges remaining today is politics – "planning is not an endeavour of harmony, but conflict of interest."

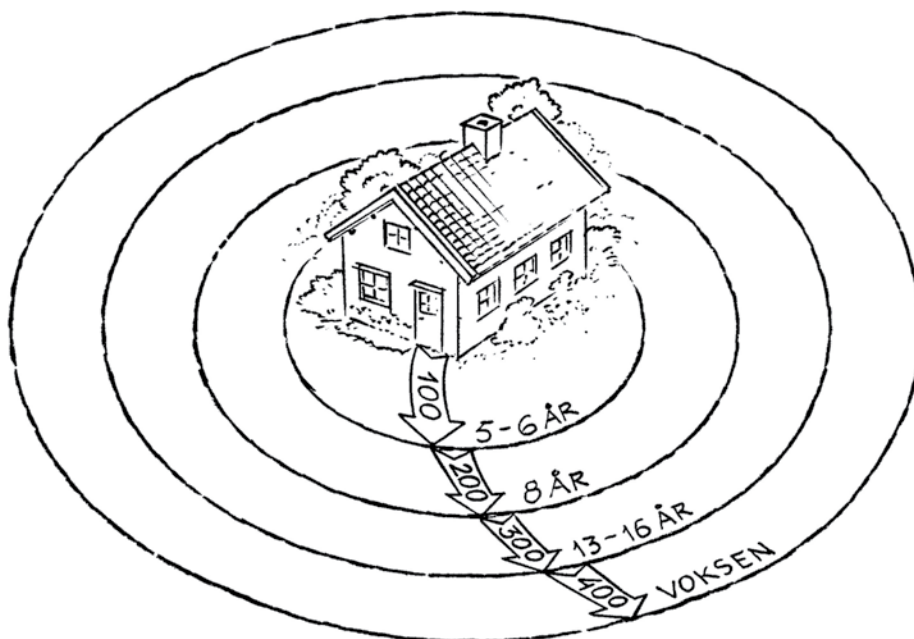
One spin-off as a result of the project is that traffic safety has dramatically improved in Vestfold County, as the infrastructure projects have been completed. The hand drawn maps created by the children were compiled digitally and informed the Vestfold County Municipal Master Plan. The final report submitted to politicians has also been circulated to the children who participated in the initial mapping.

Another unanticipated spin-off is the development of FORMLab, a hands-on educational workshop for children to learn about architecture and design. The program is being developed by Norsk Form, a foundation funded by the Norwegian Ministry of Culture (please see the Resources section at the end of this case study for more information).

ADVICE TO OTHER COMMUNITIES

Other communities wanting to undertake a similar project are advised to make it clear to the children involved in the mapping that land use planning can be a drawn-out process. There are often limitations that may lead to unlikely expectations.

Figur 2: Barns aksjonsradius øker med alderen



Kilde: Faktaperm for Barnerepresentanten. s. 62

Image Credit: Faktapermen for barnerepresentanten, Norwegian Ministry of the Environment

EVALUATION AND IMPACT

The success of the program is evident in the planning processes employed today in Norwegian cities. Developers are given the results of the Children's Tracks mapping exercise and are strongly encouraged to utilize this data in their plans, and to incorporate items such as informal children's paths and play areas. Today, in Norway, the Children's Tracks projects are a part of regular planning routines at both the local and regional level.

CONTACTS

Eva Almhjell

Senior Adviser
Vestfold County Council
Svend Foynsgate 9
N – 3126 Tønsberg
Telephone: + 47 33 34 42 70
Email: evaa@vfk.no

Gunnar Ridderström

Planner
Public Road Administration
Telephone: + 47 33 37 17 68
Email: gunnar.ridderstrom@vegvesen.no

RESOURCES

Vestfold County: www.vfk.no
FORMLab: www.norskform.no

California (USA): Go for Health! Collaborative

An innovative program to increase healthy nutrition and regular physical activity among youth in Santa Cruz County

“Collaboration, an open process, and engaging the media...those are the things that worked”

Lead Organization:

United Way of Santa Cruz County

Key Partners:

Over 150 agencies: schools, parents, community-based organizations, health care professionals, media, food industry, businesses, planners, policy-makers

Community:

Santa Cruz County, California, USA

Population of Region:

249,705

Setting:

Urban

Target Group:

Youth

Project Focus:

A comprehensive multi-sector approach to address the fast growing epidemic of childhood obesity

Implementation Level:

County-wide

Stage of Development:

Ongoing

BACKGROUND

Over the last three decades, Santa Cruz County has faced rising rates of childhood obesity. In 2003, the rate of childhood obesity in Santa Cruz County was among the worst in California. To address this issue, the Go for Health! (GHF!) collaborative was established in August 2003 with the goal of developing and coordinating a county-wide response to the childhood obesity health crisis. With more than 150 member organizations, the collaborative represents a broad array of sectors. Together these agencies are working to create a comprehensive plan to improve children’s health through healthy eating and regular physical activity.



A community scan showing a need for bike lanes in Watsonville, CA

Photo Credit: United Way of Santa Cruz County

Go for Health! has enlisted the help of schools, parents, health care professionals, local media, local businesses, city planners, and local and state policy-makers to effect long-term change in reducing rates of obesity in the county. During its initial nine month planning phase, Go for Health! did extensive research





to learn how to address childhood obesity. They realized childhood obesity is a health epidemic with multiple and complex causes. To combat the problem would require a collective effort, a comprehensive plan and collaborative strategies among all sectors of the Santa Cruz County community. For this reason, Go for Health! worked from the beginning to develop a broad based membership.

One of the main purposes of the Go for Health! collaborative is to bring agencies together so that they are unified in an effort to create long-term change.

Examples of Go for Health!'s successes include:

- School wellness policies with comprehensive recommendations around nutrition and physical activity for each School District in Santa Cruz County;
- Incorporation of recommendations for healthy lifestyle components into community plans;
- Facilitation of a tri-county summit on the built environment; and
- Workshops for Santa Cruz County healthcare providers featuring pediatricians who are experts in the field of childhood obesity prevention.

PARTNERSHIPS

The Go for Health! collaborative started getting partners on board during the initial 2003 planning phase. Public awareness speeches and press releases were vital to making community organizations aware of what was happening. Strategic outreach and community outreach was directed to a wide audience. To maximize their impact, Go for Health! also partnered with other coalitions working on similar health issues, such as a tri-county diabetes collaborative, and a Nutrition Fitness Collaborative of the Central Coast. This allowed Go for Health! “to reach across county lines.” Go for Health!'s large membership base has made it possible to accomplish a great deal of work through sharing of resources.

The key organizations that were driving forces behind the project included the Public Health Department, Second Harvest Food Bank, United Way, the County Board of Supervisors, local businesses and health groups. Local businesses were a non-traditional partner who started by getting involved during the planning process and then continued providing support through the Steering Committee. Law enforcement was another new partner, and a crucial one, as perceptions of public safety are important to engage people in outdoor activities. Unfortunately, law enforcement agencies did not continue to participate as departments are short staffed and need staff to be out in the field.

Local and state lawmakers were very supportive during the planning process. In 2004, GFH! held a policy summit which was well attended by lawmakers – even today they remain engaged in the program.

PLANNING & IMPLEMENTATION

The planning process started with nine monthly meetings with key stakeholder groups, facilitated by United Way. Forty-five to fifty-five people attended each meeting. Members were informed about childhood obesity and local statistics. They then brainstormed desired community changes, identified outcomes and chose action steps. A draft plan was presented to over 250 people in 19 community and civic groups. The result of this process was a long-term strategic planning document, which has become a guiding tool for achieving the goals and objectives of GFH! The plan identifies 24 outcomes and related action steps to improve children's eating and physical activity habits by improving children's and families' environments, engaging health care providers, changing food industry practices and enlisting the media. Several sub-committees and a Steering Committee were created to carry out the various components of the Strategic Plan. The plan was also used to guide funding requests and implement a "call to action."

GENERATING BUY-IN

Involving stakeholders in an open planning process helped promote buy-in and led to a high level of engagement. "The initial process was very successful," said Shebreh Kalantari, Director of Community Organizing at United Way.

Media, public service announcements, local newspaper articles, radio interviews and television interviews have also helped to increase awareness and spur more community involvement. Today, there is far more awareness around childhood obesity than when the project started. "The collaboration, an open process, and engaging the media... those are the things that worked" the Director adds.



Health fair with state first lady Maria Shriver promoting food stamps

Photo Credit: United Way of Santa Cruz County

Initial funding for the project came through mini-grants from Pajaro Valley Community Health Trust and from Catholic Health Care West, in addition to in-kind funding from local agencies and non-profits such as United Way.

Securing ongoing funding continues to be a challenge. Because funding is provided largely through in-kind contributions, few paid staff resources can be dedicated to the project. In addition, GFH! has been challenged to track and evaluate the work it undertakes, as this requires both funding and time.

LESSONS LEARNED

If starting the project again, Kalantari would involve more youth in the early stages. This was not done during the initial planning process and would have been extremely beneficial.

One unanticipated spin-off was the development of a Youth Advocacy project in the City of Watsonville, located in south Santa Cruz County. The project involves a group of 25-30 youth who are focusing on policy, procedures and systems change. Currently, they are working to address issues such as providing more sidewalks in Watsonville and creating policy to limit fast food restaurants near schools. Another unanticipated spin-off at GFH! was the launch of a new social marketing campaign called "52-10," to target childhood obesity. The campaign is based on a healthy lifestyle messaging strategy pioneered by the Maine Youth Overweight Collaborative.

The next steps for the Go for Health! collaborative include revising their Strategic Plan to incorporate a vision for the next five years, and securing additional funding to continue the project.

ADVICE TO OTHER COMMUNITIES

Advice for other communities wanting to do something similar is to base the problem statement on accurate, research-driven data. The collaborative process used by Go for Health! could be adapted to both urban and rural settings with little modification. The collaborative has demonstrated the effectiveness of a diverse coalition of partners in promoting community health.

EVALUATION AND IMPACT

Go for Health! has access to state-wide data and some local data that measures obesity and nutrition. Currently, they are in the process of collecting secondary data, but, unfortunately, lack of funding has limited this time-consuming and costly process.

Some encouraging local statistics include the fact that Santa Cruz County has gone from ranking in the top 10 counties in the state of California for high rates of childhood obesity to a ranking of 29th. The Director believes this decrease in obesity rates in the last 6 years is at least partially a result of the GFH! program.

To disseminate the results of this project to the public, GFH! makes regular presentations to the board of supervisors and to stakeholders, and continues to provide information to the media as often as possible. Go for Health! also presents findings and showcases their work at community events such as health fairs. In the future, they would like to present findings about the success of the program at conferences.

Go for Health! is steadily moving towards its goal to ensure that all children in Santa Cruz County will be physically fit and well-nourished through healthy eating and regular physical activity.

CONTACT

Shebreh Kalantari

Director of Community Organizing
United Way of Santa Cruz County
1220 41st Avenue, Suite C
P.O. Box 1458
Capitola, CA 95010
Telephone: 831-465-2207
E-mail: skalantari@unitedwaysc.org

RESOURCES

United Way of Santa Cruz County
http://www.unitedwaysc.org/index.php?pr=Go_for_Health

Go for Health! Strategic Plan
http://www.unitedwaysc.org/media/Go_For_Health_Plan--_EmailWeb_version.pdf

Conclusion

There is growing understanding of the public health challenges posed by many aspects of our built environment. To meet these complex challenges, we need a broader, more collaborative approach that recognizes the interdisciplinary nature of the problem. The fifteen case studies presented here show that many innovative strategies and initiatives are already taking place across Canada and abroad, in all sectors – private, voluntary and non-profit, provincial/territorial and municipal, federal and beyond.

The key informants interviewed for this report offered helpful “lessons learned” from their front-line experience. Their insights can be used to shape and influence needs analysis, strategy, planning and implementation. The main themes are cultivating effective partnerships; building commitment about the importance of the work, and maintaining a focus on end results throughout the implementation.

In addition to the lessons learned, participants recommended “Next Steps” for their own work that could also be applied more generally:

1. Concerned groups and individuals need to “make noise” to keep bringing active living, and health and wellness considerations back onto the agenda. More sophisticated communication tools would be helpful, such as sample business cases or learning resources aimed at different audiences.
2. Another helpful step may be to engage a wider audience through the development of a “Health 101” educational module for planners and local government officials. There also need to be more opportunities for joint professional development events involving planners and health professionals, where tools such as these could be shared.
3. In order to gain buy-in from the start, it is imperative for organizations to have senior management make the issue a priority. One of the supports still required is policy change at the provincial and federal levels to ensure that planners are part of discussions within the Ministry of Health and vice versa. At a regional level, collaboration between health units would help raise awareness of the opportunity and skills needed to influence planning decisions.
4. Any community, regardless of its size, should consider developing a Master Plan. This crucial document will be a working resource for the municipality, creating a common reference for various stakeholder groups.

This report should be a useful guide for practitioners who are interested in developing collaborative efforts in their own community between health and planning professionals. From whatever professional perspective we approach the problem, the ultimate objective is healthy living opportunities for all Canadians. A concerted effort to introduce public health perspectives into planning and policy related to the built environment will help create more vibrant, liveable communities where all users and residents benefit.

Appendix A: Additional Resources

PROVINCIAL-LEVEL CASE STUDY DOCUMENTS.....	76
OTHER CASE STUDY DOCUMENTS.....	77
RESEARCH PAPERS/REPORTS/ARTICLES.....	77
CONFERENCE PROCEEDINGS.....	79
EDUCATIONAL OPPORTUNITIES/RESOURCE GUIDES.....	79
LITERATURE REVIEWS.....	81
ELECTRONIC NETWORKS/WEBINARS.....	81
OTHER INITIATIVES AND PROJECTS FROM ACROSS CANADA HIGHLIGHTING HEALTH IN THE BUILT ENVIRONMENT.....	81

Please note: this is not an exhaustive list, but should provide readers with a good assortment of resources to assist in further work in this area.

PROVINCIAL-LEVEL CASE STUDY DOCUMENTS:

ONTARIO: Healthy Communities and the Built Environment: Principles and Practices of Multi-sectoral Collaborations



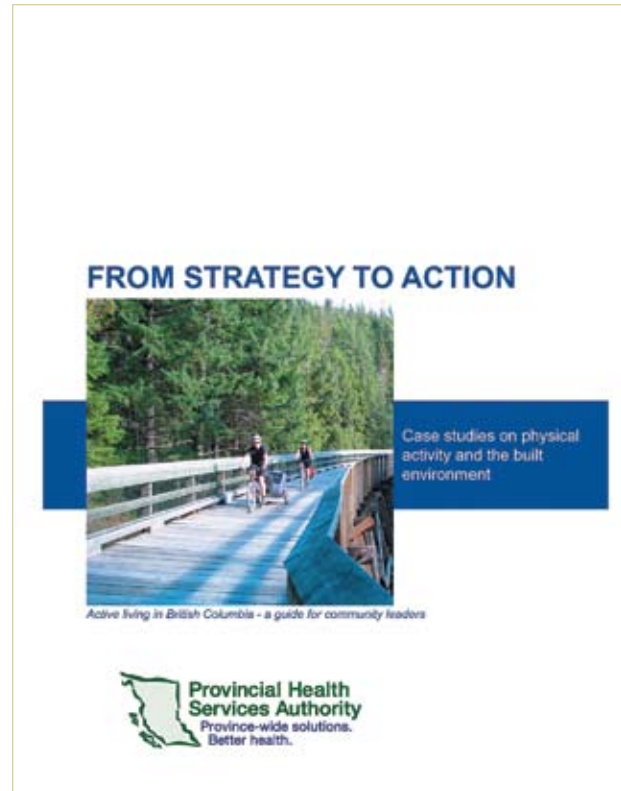
This document features seven case studies of multi-sectoral collaboratives in Ontario aiming to improve public health through land use, planning policy, and community design. The document showcases initiatives and collaborative efforts and shares the experiences, insights, lessons and knowledge of each unique collaborative. The document was developed as part of the “Healthy Communities and the Built Environment” project, a collaborative project led by the Ontario Healthy Communities Coalition (OHCC) and involving seven organizations. To view the case studies and learn more about the project please visit the OHCC website:

<http://www.ohcc-ccso.ca/en/healthy-communities-and-the-built-environment-project>

For more information please contact:
Jadie McDonnell, Communications Coordinator,
Ontario Healthy Communities Coalition

2 Carlton Street – Suite 1810,
Toronto, Ontario M5B 1J3
Tel: 416-408-4841, ext 3
Email: jadiem@ohcc-ccso.ca

BRITISH COLUMBIA: From Strategy to Action: Case Studies on Physical Activity and the



Built Environment

This made-in-BC resource guide is designed to strengthen our collective understanding about how to enhance health through effective planning and design. It is intended for those who work in health services, urban planning and development, government, and education. Each of the 21 case studies includes a project summary and a *Tools Used* section identifying its policy, programming and procedural devices. For international examples, an *Application in B.C.* section explains how similar projects could be undertaken in British Columbia. To view the case study document please visit the PHSA website:

<http://www.phsa.ca/NR/rdonlyres/76D687CF-6596-46FE-AA9A-A536D61FB038/30832/StrategytoActionCaseStudiesFINAL.pdf>

For more information please contact:
Tannis Cheadle, Provincial Manager,
Population & Public Health Initiatives
Provincial Health Services Authority (PHSA)
700 – 1380 Burrard St, Vancouver, BC V6Z 2H3
Tel: 604-675-7421 Email: ttheadle@phsa.ca

OTHER CASE STUDY DOCUMENTS:

- **Communities in Motion**

http://sustainablecommunities.fcm.ca/files/Capacity_Building_Transportation/CommunitiesinMotion-PUB-e.pdf

A selection of Canadian communities that are making active transportation a priority.

- **Pedestrian and Bicycle Information System Case Study Compendium**

http://drusilla.hsrb.unc.edu/cms/downloads/pbic_case_study_compendium.pdf

This compendium contains a collection of case studies that cover pedestrian and bicycle projects and programs from across the US and abroad.

RESEARCH PAPERS/ REPORTS/ ARTICLES:

- **Active Cities: An Opportunity for Leadership By the Big City Mayors Caucus**

<http://www.sportmatters.ca/Groups/SMGResources/InfrastructureandSport/ActiveCitiesBCMCBriefingNoteFinal.pdf>

This brief makes the case for civic leaders from Canadian cities to adopt a strategic and integrated approach to sport, recreation, and physical activity.

- **Active Design: Promoting Opportunities for Sport and Physical Activity Through Good Design**

http://www.sportengland.org/facilities__planning/planning_tools_and_guidance/active_design.aspx

Active Design provides easy-to-use guidance and information to town planners, architects and urban designers on how to put sport and opportunities to get active at the heart of new housing and community developments, both public and private.

- **Background Paper: National Scan of Actions to Address the Relationship between Built Environments, Physical Activity and Obesity**

<http://www.cdpc.ca/media.php?mid=61>

A summary of the actions underway nationally to improve community physical/built environments which encourage physical activity and reduce the risk of obesity and chronic disease.

- **BC on the Move: Planning the Path to Health**

<http://physicalactivitystrategy.ca/pdfs/PlanningWestSept08.pdf>

A discussion of ways to promote active transportation planning in British Columbia, including key policies and a rationale for change.

- **BC Sprawl Report: Walkability and Health 2009**

<http://www.smartgrowth.bc.ca/Portals/0/Downloads/sgbc-sprawlreport-2009.pdf>

This report is the third in Smart Growth BC's Sprawl Report series and focuses on how the physical design of neighbourhoods affects walking and biking in BC's communities, and whether this has any impact on individual health.

- **The Built Environment, Physical Activity, Heart Disease and Stroke**

http://www.heartandstroke.com/site/c.iklQLcMWJtE/b.3820627/k.DB5D/The_built_environment_physical_activiy_heart_disease_and_stroke.htm

Heart and Stroke Foundation of Canada position statement.

- **Creating a Healthier Built Environment in British Columbia**

<http://www.phsa.ca/NR/rdonlyres/76D687CF-6596-46FE-AA9A-A536D61FB038/25519/PHSAreportbuiltenvirofinalreport10.pdf>

The purpose of this report is to identify and assess a number of changes related to the built environment that can effectively address obesogenic factors and promote healthy body weight at a population level through increased physical activity and improved nutrition.

- **Fitting Places: How the Built Environment Affects Active Living and Active Transportation**

http://www.physicalactivitystrategy.ca/wp/wp-content/uploads/2008/06/fitting_places-built-environment.pdf

A discussion paper explores recent trends in making the built environment more supportive of active living.

- **Foundations for a Healthier Built Environment: Summary Paper**

<http://www.phsa.ca/NR/rdonlyres/76D687CF-6596-46FE-AA9A-A536D61FB038/32052/PHSAreportHBEfoundations.pdf>

This paper provides an introduction to the topic of healthy built environments.

- **Greener Neighbourhoods Better for Kids' Waistlines**

<http://www2.canada.com/components/print.aspx?id=950460&sponsor>

A study of whether children living in city neighbourhoods with high “greenness” have less weight gain over time than those living in less green neighbourhoods.

- **Healthy Communities, Sustainable Communities: The 21st Century Planning Challenge**

http://www.ontarioplanners.on.ca/pdf/Healthy_Sustainable_Communities_2007.pdf

A Call to Action and position paper focusing on healthy and sustainable communities that emphasizes the importance of urban design, active transportation, and green infrastructure. The paper also explores the links between public health and land use planning and includes strategies for collaborating on tangible actions that result in healthier communities.

- **How Land Use and Transportation Systems Impact Public Health: An Annotated Bibliography**

<http://www.cdc.gov/nccdphp/dnpa/pdf/aces-workingpaper2.pdf>

This annotated bibliography is structured around the relationships between the built environment, activity patterns, and public health.

- **Improving the Health of Canadians: An Introduction to Health in Urban Places**

http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_21nov2006_e

The report shows that health differences between neighbourhoods can be just as big as—or sometimes bigger than—differences between Canada’s cities or even between countries.

- **Linking Health and the Built Environment: An Annotated Bibliography of Canadian and Other Related Research**

http://www.ohcc-ccso.ca/en/webfm_send/176

The report describes the methodology used and discusses various themes that emerged from the search, that was one component of the “Healthy Community and the Built Environment” project of the Ontario Healthy Communities Coalition.

- **Neighbourhood Environments and Resources for Healthy Living – A Focus on Diabetes in Toronto**

http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=67&morg_id=0&gsec_id=0&item_id=4406&type=atlas

The first Canadian study of its kind, this ICES Atlas examines the role neighbourhoods play in the diabetes epidemic. In the three-year comprehensive study of 140 Toronto neighbourhoods, poverty and immigration were found to be key factors in developing type 2 diabetes.

- **New Data for a New Era: A Summary of the SMARTRAQ Findings**

http://www.act-trans.ubc.ca/smartraq/files/smartraq_summary.pdf

This report summarizes the results of one of the largest, most comprehensive planning studies yet undertaken for a large metropolitan area.

- **New Healthy Community Design Articles**

<http://www.cdc.gov/healthyplaces>

A number of articles on the built environment and public health on the Centers for Disease Control and Prevention website.

- **Promoting Physical Activity and Active Living in Urban Environments: The Role of Local Governments**

<http://www.euro.who.int/document/e89498.pdf>

This booklet concisely overviews the best available evidence on physical activity in the urban environment and makes suggestions for policy and practice based on that evidence.

- **Promoting Public Health Through Smart Growth – Building Healthier Communities Through Transportation and Land Use Policies and Practices**

http://www.smartgrowth.bc.ca/Portals/0/Downloads/SGBC_Health_Report_FINAL.pdf

This report explains how our built environment shapes our transportation choices, and in turn, human health. It reviews the existing research for a range of transportation-related health impacts on seven public health outcomes.

- **State of the Evidence Review on Urban Health and Healthy Weights**

http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=GR_1929_E

The objectives of the report were to review and synthesize the evidence on: structural and community-level characteristics of urban environments that promote or inhibit the achievement of healthy weights, and effectiveness of interventions to assist urban populations in achieving healthy weights.

CONFERENCE PROCEEDINGS:

- **Healthy Communities and the Built Environment Provincial Roundtable Report (Ontario)**

http://www.ocdpa.on.ca/docs/OHCC-HCBE_Roundtable_Rpt_Sep08.pdf

This report provides an overview and identifies next steps arising from the Ontario Healthy Communities and the Built Environment Provincial Roundtable held on June 12, 2008 in Toronto, Ontario.

- **Ontario Healthy Communities Knowledge Exchange Forum**

http://healthycommunities.uwaterloo.ca/forum/Final_Proceedings.pdf

The Healthy Communities Knowledge Exchange Forum was held in April 2008 in Waterloo, Ontario; it was co-hosted by the Waterloo Region Healthy Communities Coalition and the Healthy Communities Research Network.

- **Thinking Differently about Public Health and the Built Environment**

http://www.canurb.com/events/event_details.php?id=198

An Urban Leadership Series Event on the built environment was hosted by the Canadian Urban Institute in December 2007.

EDUCATIONAL OPPORTUNITIES/ RESOURCE GUIDES:

- **Built Environment Tool Kit**

(Heart and Stroke Foundation)

<http://www.heartandstroke.com/site/c.iKlQLcMWJtE/b.2796497/k.BF8B/Home.htm?src=home>

Coming in 2009, the Heart and Stroke Foundation is developing a Tool Kit to help build community level capacity, policy-relevant knowledge, and collaborative multi-sectoral action to facilitate the changes needed to make built environments more supportive of physical activity and the health of Canadian individuals and families. The Tool Kit will be available on-line and free of charge and is intended to:

- build capacity for action by Canadians at the community level to encourage and facilitate community design that supports physical activity and improved health;

- build multi-sectoral understanding of, and engagement with, healthy urban design principles and processes; and
 - facilitate partnerships and collaborative action in healthy community planning and design.
- **Children, Youth and Transport – Information Booklets**
[http://cst.uwinnipeg.ca/documents/Health booklet.pdf](http://cst.uwinnipeg.ca/documents/Health%20booklet.pdf)
 Information Booklets for health and recreation professionals, educators, municipal officials, parents and youth.
 - **Community Assessment Tool**
http://www.activelivingresources.org/assets/community_assessment_tool.pdf
 This Community Assessment Tool is designed to help you define or identify where your community is and to suggest where it needs to go. With this information, you can use various guides as “road maps” to plot a course to make your community bicycle-friendly and walkable, and to support active living.
 - **Core Indicators for Public Health in Ontario: Built Environment Resources**
<http://www.apheo.ca/index.php?pid=107&PHPSESSID=5b28cd371419377c1fe547b855b34d54>
 In 2009, in response to the inclusion of the built environment in the Ontario Public Health Standards and the interest in this at a meeting of the Association of Public Health Epidemiologists in Ontario, a working group was established to develop indicators and three resources were produced to inform indicator development.
 - **Increasing Physical Activity Through Community Design – A Guide for Public Health Practitioners**
http://www.bikewalk.org/pdfs/IPA_full.pdf
 This guide presents strategies for promoting active community environments.
 - **A Kid’s Guide to Building Great Communities: A Manual for Planners and Educators**
http://www.ontarioplanners.on.ca/pdf/kids_guide.pdf
 This manual is designed to provide planners and educators with ideas, exercises and materials for use with children and youth – in a variety of settings.
 - **Leadership in Energy and Environmental Design for Neighbourhood Development Rating System Pilot Project (LEED-ND)**
<http://www.usgbc.org/DisplayPage.aspx?CMSPageID=148>
 This Rating System integrates principles of smart growth, urbanism and green building into the first national system for neighbourhood design.
 - **Making the Case for Active Transportation: 8 Fact Sheets**
http://www.cflri.ca/eng/active_transportation/index.php
 Information bulletins have been developed for professionals and community members who want to build a case for active transportation in their community. Academic, government and non-government sources are used to build a strong case for implementing active transportation opportunities at the local level.
 - **Planning Primer Program**
http://www.ottawa.ca/residents/planning/primer/index_en.html
 A series of half-day courses designed to provide resources and teach skills to aid residents participating in the land-use planning process in the City of Ottawa.
 - **Public Health Law & Policy – Planning for Healthy Places (US)**
<http://healthyplanning.org/toolkits.html>
 A number of toolkits including how to assist in building healthy, vibrant communities through land use policy change, from the perspective of planners and health officials/practitioners.

- **Your Next Move: Choosing a Neighbourhood with Sustainable Features**
<https://www03.cmhc-schl.gc.ca/b2c/b2c/init.do?language=en&shop=Z01EN&areaID=0000000001&productID=00000000010000000005>

This guide provides assistance on finding a home in a neighbourhood that is safe, convenient, environmentally-friendly and affordable.

LITERATURE REVIEWS:

- **The Impact of the Built Environment on the Health of the Population: A Review of the Review Literature**
http://www.simcoemusokahealth.org/Libraries/HU_Library/BHC_LitReview.sflb.ashx

Provides an overview of the evidence of the impacts of land use planning on the health of the population.

- **Linking Health and the Built Environment – A Literature Review**
<http://www.ohcc-ccso.ca/en/linking-health-and-the-built-environment-a-literature-review>

Contains listings of Canadian literature, and other related research, along with abstracts and other pertinent information.

- **Public Health and Urban Sprawl in Ontario: A Review of the Pertinent Literature**
[http://www.ocfp.on.ca/local/files/Communications/Current Issues/Urban Sprawl-Jan-05.pdf](http://www.ocfp.on.ca/local/files/Communications/Current%20Issues/Urban%20Sprawl-Jan-05.pdf)

This report summarizes pertinent information on the relationship between urban sprawl and health, and identifies the key issues that are relevant to the growing sprawl-related health problems in Ontario.

ELECTRONIC NETWORKS/ WEBINARS:

- **Active Transportation Canada List Serve**
<http://activetransportation-canada.blogspot.com>
 By TransActive Solutions (Michael Haynes).

- **CHNET-Works! Webinar Series – University of Ottawa**
<http://www.chnet-works.ca>

Hosted by the Community Health Research Unit at the University of Ottawa, CHNET-Works! is an evolving infrastructure, using innovative information technology to help support discussions and actions on pressing community health issues.

- **Green Municipality Fund Webinars Series – Federation of Canadian Municipalities (FCM)**
<http://gmf.fcm.ca/Webinars>

FCM features webinars in each of the program areas: brownfields, energy, planning, transportation, waste and water.

OTHER INITIATIVES AND PROJECTS FROM ACROSS CANADA HIGHLIGHTING HEALTH IN THE BUILT ENVIRONMENT:

- **Active Communities Program, Prince Edward Island**
<http://www.peiactiveliving.com/site/index-4.aspx>

A program promoting physical activity – currently 22 towns and villages are registered, populations ranging between 700 and 40,000.

- **Active Community Plan, Quesnel, British Columbia**
[http://www.city.quesnel.bc.ca/DocumentBank/recguide/Active Communities Plan.pdf](http://www.city.quesnel.bc.ca/DocumentBank/recguide/Active%20Communities%20Plan.pdf)

Quesnel's Active Community Committee developed an Active Community Plan which contains strategies for increasing physical activity levels in greater Quesnel by 20% by 2010.

- **Active Halton, Halton, Ontario**
<http://choices4health.org/pages/Networks/Active+Halton>

A community planning and networking initiative launched by Health Department to address unhealthy weights in Halton.
- **Active Transportation Committee, Prince Albert, Saskatchewan**
<http://www.saskatchewaninmotion.ca/communities/stories/?s=1958>

This multisectoral committee (including health reps) provides input to developers and advocates for Active Transportation supportive environments.
- **Active Transportation Plan, Bridgewater, Nova Scotia**
<http://www.pathwaysforpeople.ca/ns/community>

This town of 8,000 established a multi-sectoral Active Transportation Committee that led the development of an Active Transportation and Connectivity Plan.
- **Active Transportation Plan, Moncton, New Brunswick**
http://www.moncton.ca/Residents/Recreation_Parks_and_Culture/Active_Living/Active_Transportation.htm

The Moncton Active Transportation Plan is steering the community towards a healthier lifestyle.
- **Arctic Hip Hop Initiative, Nunavut**
http://www.phac-aspc.gc.ca/media/nr-rp/2008/2008_17-eng.php

A recent initiative that will encourage youth in Nunavut to eat healthy, and stay active by dancing to hip hop.
- **BIXI, Montréal, Québec**
<http://www.bixi.com/home>

The first public bike system in North America – 2,400 bikes will be available for rent at self-service stations.
- **Building Healthy Communities Initiative, Simcoe/Muskoka, Ontario**
<http://www.simcoemuskokahealth.org/Home.aspx>

The Simcoe-Muskoka District Health Unit is working with local planning agencies.
- **Built Environment and Active Transportation Initiative, British Columbia**
<http://www.bchealthyliving.ca/node/108>

The Built Environment and Active Transportation Initiative (BEAT) is promoting changes in the design of the Built Environment and planning for Active Transportation in communities throughout British Columbia.
- **Child and Youth Friendly Land Use and Transport Planning Guidelines, Nova Scotia**
http://saferoutesns.ca/images/uploads/Guidelines_NS2.pdf

Cape Breton University is leading a study to explore what needs to be done in Nova Scotia to further active transportation in and around small towns/villages and in rural areas.
- **Community Track Projects, Old Crow and Carcross, Yukon**

In these rural communities of less than 500 people, local RCMP, government, community members and youth partnered to build single tracks for biking, skiing, walking etc.
- **Creating Active Rural Communities, Haliburton, Ontario**
<http://www.bicyclinginfo.org/library/details.cfm?id=4279>

A coalition of local planning, public health, and tourism representatives joined forces to develop Active Transportation Plans.
- **East Coast Trail, Newfoundland and Labrador**
<http://www.eastcoasttrail.com>

A 560 km trail maintained by a non-profit association, with funding from the provincial government.

- **Farm to School Salad Bar, British Columbia**
<http://www.bchealthyliving.ca/node/102>

A program aiming to improve health of school kids by increasing access to healthy food in 12 BC schools.

- **Farming an urban neighbourhood, Comité local de Revitalisation urbaine intégrée de Place Benoît, Montréal**

The project aims to mobilize a vulnerable group of citizens by launching an urban agriculture project to control food insecurity and to bring about sustainable improvements to the living environment for 750 residents of a housing complex. The residents will be involved in sponsoring fruit trees, improving their surroundings, and creating a gardeners' network and a site plan for greenhouse market gardens.

- **GO-by-Bike, Ajax, Ontario**
<http://www.bikesandtransit.com>

An active living, local tourism and green transportation pilot project aiming to kick start a new bicycle and transit travel model in Ontario.

- **Grand Concourse Walkway, St John's, Newfoundland and Labrador**
<http://www.grandconcourse.ca/default.asp>

A 120km interconnected walkway system that links three municipalities.

- **Health Centre, Taloyoak, Nunavut**
The Hamlet of Taloyoak is working with the Health Department to develop health and wellness programs based at the health centre.

- **Heart & Stroke Foundation of Canada & CIHR – Built Environment, Obesity and Health Strategic Initiative, Canada**
<http://www.hsf.ca/research/en/strategic-funding-opportunities/built-environment-obesity-and-health-re.html>

Information on nine research projects currently being funded by the Heart and Stroke Foundation of Canada and Canadian Institutes of Health Research.

- **Imagine Milton-Parc, Centre d'écologie urbaine, Montréal**
<http://www.urbanecology.net/imagine/en/index-en.html>

This project aims to develop ecological alternatives at the neighbourhood level by encouraging the adoption of healthy lifestyles and promoting supportive social environments so that the experience can be applied to other neighbourhoods. At least 70 residents will receive training on collective urban gardening, sustainable transportation, reducing energy and water consumption, and healthy waste management.

- **In Motion Committee, Weyburn, Saskatchewan**
<http://www.saskatchewaninmotion.ca/communities/stories/?s=1958>

A variety of sectors including the health region have formed a committee with a strong voice in city parks planning.

- **Pedestrian Charter Steering Committee, Waterloo, Ontario**
<http://www.together4health.ca/workgroups/pedestrian-charter>

A citizen's advocacy group has partnered with public health, and has now advised on eight local municipal plans and construction projects.

- **Réseau Blanc, Montréal, Québec**
http://ville.montreal.qc.ca/pls/portal/docs/PAGE/TRANSPORT_FR/MEDIA/DOCUMENTS/2007-12-20_DEPLIANT_RESEAU_BLANC.PDF

A 30km cycling network maintained for winter cycling.

- **Schoolyard Naturalization and Transformation Program, Newfoundland and Labrador**
In 2002, the Western School District began transforming local schoolyards into naturalized "outdoor laboratories."

- **Trail System, Okotoks, Alberta**

<http://www.okotoks.ca>

Created a 40 kilometre trail system that connects all schools and residences to within 200m from an off-road path.

- **TravelSmart, Vancouver, British Columbia**

<http://www.translink.ca/en/TravelSmart.aspx>

A pilot program involving targeted marketing to increase walking and cycling.

- **Urban Heat Island, Éco-Quartier**

Peter McGill, Montréal

<http://www.eco-quartierpm.org>

The project aims to revitalize an Urban Heat Island in Montréal from a sustainable development perspective. A number of partners and citizens will be involved in activities aiming to: enhance air quality and residential living environments, practice responsible resource management, and adopt sound sustainable development practices in local businesses, institutions and stores as well as among citizens living in the urban island neighbourhood.