



Collaborative Planning & Action for Community Wellness:  
*Local Governments and Health Authorities Working Together*

## **WORKSHOP OUTCOMES**

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**HOSTED BY: Interior Health, Northern Health, Provincial Health Services Authority**  
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## EXECUTIVE SUMMARY

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*Collaborative Planning & Action for Community Wellness: Local Governments and Health Authorities Working Together* was intended to raise awareness among planning and health professionals in the Interior Health and Northern Health regions of the need for partnerships to reduce preventable illness and injury by creating healthier built environments. The event was funded by the Public Health Agency of Canada, and hosted by Interior Health, Northern Health, and BC's Provincial Health Services Authority. Preparation, promotion, facilitation, and documentation services were provided by Joanne de Vries, founder and CEO of the Fresh Outlook Foundation. The event was promoted extensively to all local government elected officials, administrators, and planning staff in BC, and also to Interior and Northern Health environmental health officers, public health nurses, nutritionists, planning-facility managers, and staff from Environmental Sustainability-Plant Services.

### WORKSHOP AGENDA

The event — which attracted 33 in-person delegates (11 planners, 13 health professionals, 9 others) and more than 60 people by webinar — featured two important components. The morning session provided information to raise awareness among participants of the need for integration of work performed by planning and health employees (see Appendix for detailed program). Presenters were chosen strategically to systematically build a strong case for collaboration across working groups, organizations, and communities. A mid-morning assessment and afternoon table exercises were designed to identify integration priorities, to move participants through discussion first about optimizing integration tools and techniques and then about building strategies for successful integration, and finally about committing to positive change.

### WORKSHOP OUTCOMES

Discussion was both meaningful and productive, as shown by the workshop outcomes.

### TEAM SELF ASSESSMENT

During this initial exercise, participants completed the Team Self-Assessment Guide found in *Health 201: A Knowledge-to-Action Framework for Creating Healthier Built Environments*. This helped them identify trends within their organizations regarding existing and potential collaborative efforts (see page 6). Feedback was compiled by the facilitator, with average agreement levels determined.

Results show that while leaders encourage collaborative efforts to make the built environment a better place, there are many opportunities for improvement (e.g., increased human and financial resources, widespread use of best practices, organizational commitment to implementation).

The results of the Team Self Assessment also helped workshop organizers identify potential priorities for change, which were discussed in greater detail in Table Exercise #2.

### TABLE EXERCISE #1

Participants were divided into five groups; two including planners, and three with health professionals. Using worksheets at each table, participants identified and prioritized the potential benefits and barriers to job-specific integration tools and techniques (see page 6). Each group reported the following top three tools / techniques.

#### Planning Group #1

1. Agreement on common goals
2. Agreement on language
3. Inclusion of IH and other agencies for referral processes

#### Planning Group #2

1. Formal dialogue (e.g., MOU, Terms of Reference)
2. Building capacity for informed input (e.g., public workshops, public engagement)
3. Community sustainability plans

### Health Group #1

1. Direct communication
2. Strategic vision for municipality
3. OCP (with health providing input)

### Health Group #2

1. Pre-existing relationships (e.g., with planners / public works)
2. Communications / community groups / physical presence in communities
3. Neutrality / credibility

### Health Group #3

1. Ensuring all stakeholders have input, engagement, participation
2. Online data collection and analyses
3. Lifestyle analyses

### **TABLE EXERCISE #2**

Participants self-selected one of five groups, each focused on a priority issue identified in Exercise #1. The outcomes included potential success connections and collaborative solutions (see page10).

### **Group #1: Communication (general)**

1. Internal and external working groups to break down silos (e.g., municipal departments and external agencies)
2. Education / information sharing
3. Memorandum of Understanding

### **Group #2: Communication (Interior Health)**

1. Internal links within IH ("One IH")
2. Focus by senior executive team
3. Strategy with housing services (mental health, addictions) for community-based intervention

### **Group #3: Incentives & Regulations**

1. Design guidelines
2. Amenities zoning (incentive)
3. Expedited "low-risk" application process

### **Group #4: Project, Community & Regional Plans**

1. Staff meetings
2. Public / stakeholder meetings
3. Political collaboration

### **Group #5: Business, NGOs, and Other Key Stakeholders**

1. Senior management / executive support
2. Opportunities for engagement
3. Shared visions / common goals

### **TABLE EXERCISE #3**

Participants were asked to sit with people they hadn't interacted with during the day. They were then asked to identify on their worksheets the specific tools/techniques and potential partners that would expedite their move toward integration. They were also encouraged to set three-month, six-month, and twelve-month goals, and to determine their own indicators of success. They then shared their commitments with people at their table.

### **CONCLUSION**

The workshop met its objectives of raising awareness and building networks among planning and health officials within the Interior and Northern Health regions. Workshop outcomes indicate there are a number of steps that can be taken by individuals and organizations to integrate planning and public health efforts. To optimize the potential for collaboration, participants should be encouraged to use this document as a catalyst for positive change.

Feedback from participants has been positive, but has also identified opportunities for improvement.

**IN-PERSON WORKSHOP** — The post-event evaluation shows that almost all attendees (20 of 25 respondents) found the workshop either "good" (11) or "excellent" (9). Almost all found the presentations to be "effective" (14) or "very effective;" (9), and most found the table exercises to be "useful" (14) or "very useful" (6). Verbal and written feedback indicates that the worksheets could have been simpler and better explained, and that more time could have been allocated to each table exercise.

Preliminary feedback from the formal evaluation completed by in-person participants shows that workshop objectives were met. Most participants:

- gained new knowledge about the relationship between health and the built environment
- gained insight about their roles and actions in creating healthier built environments
- acquired more knowledge and an increased understanding of health's role and contribution in creating healthier built environments
- increased their awareness about strategies to support creating healthy built environments
- met / found potential allies, networks, and opportunities for partnerships among sectors.

Feedback also shows that most participants are “very likely” to use this knowledge and the connections they made as they move toward increased integration. Virtually all participants intend to:

- download or refer to some of the tools discussed
- forward related web links and other documents to colleagues / networks
- seek out cross-sector partnerships between planning and health.

Respondents are also likely to participate in future activities such as this workshop, with the purpose of mutual learning and collaboration.

**WEBINAR** — While some webinar participants would have liked to see the speakers via video feed, most were satisfied with the online experience.

- “We enjoyed the workshop and were impressed by how fluid it was to ‘attend’ through webinar.”
- “For an online workshop we experienced minimal technical difficulties, and felt the voice of the speaker was engaging even though it was coming from computer speakers.”
- “You did a FANTASTIC job of keeping everyone on time within the scheduled agenda.”

- “Very convenient, and kudos to you on a very well organized event with very knowledgeable and interesting speakers. There were some sound issues, but they were taken care of very quickly.”

Other suggestions for an improved webinar were to provide participants with speakers’ presentations before the event, and to provide access for questions on the webinar site rather than having to send them by email.

**POST-WORKSHOP DEBRIEFING** — Planning committee members met immediately following the workshop to brainstorm what worked and what could have been done more effectively. They liked the sequencing of information and the webinar flexibility, and felt the day increased awareness and promoted the need for collaboration. They agreed that more time could have been spent on the table exercises, and that there was perhaps too much work and not enough breathing time.

As a follow-up, the Fresh Outlook Foundation was asked to distribute a list of delegates and email addresses and the final report to all participants.



Workshop planning committee members, from left: Joaquin Karakas (HB Lanarc), Britt Erickson (Public Health Agency of Canada), Alison McNeil (Planning Institute of BC),

Doug Quibell (Northern Health), Pam Moore (Interior Health), Tannis Cheadle (Provincial Health Services Authority), Gary Stephen (City of Kelowna). Photo by Joanne de Vries (Fresh Outlook Foundation).

## TEAM SELF-ASSESSMENT: Defining & Prioritizing the Problems

During this exercise, participants completed the Team Self-Assessment Guide found on pages 5 and 6 of *Health 201: A Knowledge-to-Action Framework for Creating Healthier Built Environments*. The following components were scored 1-11 (with 11 being the best score) and then prioritized based on actual responses.

1. **61% agreed with the following:** Senior leaders in our organization and potentially collaborating agencies...encourage collaborative efforts to make the built environment a healthier place. **This is the only component where respondents, on average, felt their agencies were functioning relatively well. Other trends, as shown below, show the need for considerable improvement.**
2. **59% agreed:** Leadership (an executive level "champion") for healthy design...is reflected in vision statements and plans, but few resources are available for this work.
3. **54% agreed:** Access to specialists in designing for public health...is achieved through planners' attendance at annual conferences or occasional seminars.
4. **50% agreed:** Guidelines or examples of "better practice" in designing for public health...are available but are not integrated into planning.
5. **50% agreed:** Project, community, and regional plans...do consider some public health issues, but have not yet implemented changes.
6. **46% agreed:** Informing elected officials about designing for public health...happens on request or through agency publications and reports.
7. **45% agreed:** Organizational goals for designing a healthier built environment...exist organization-wide on paper, but are not actively pursued or reviewed.
8. **39% agreed:** Incentives and regulations...are used to influence new greenfield developments.

## TABLE EXERCISE #1: Optimizing Integration Tools / Techniques for Planning and Public Health

The intent of this exercise was to help members of the planning and health communities understand the tools and techniques available to them to better integrate planning and public health through plans, policies, programs, projects,

and partnerships. Participants were broken out into five tables, three with health officials and two with planners. Discussion at each table was strategically facilitated and recorded on customized worksheets. The outcomes are as follows:

### PLANNING TABLE #1

Priority	Job-Specific Tools & Techniques	Potential Benefits	Potential Barriers	Success Connections	Specific Opportunities for Collaboration
1	<ul style="list-style-type: none"> <li>▪ Agreement on common goals</li> </ul>	<ul style="list-style-type: none"> <li>▪ Work to same outcome</li> <li>▪ Synergy</li> <li>▪ Better understanding of regulations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Job protection</li> <li>▪ Legislation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Planners and EMO meeting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Specific meetings</li> </ul>
2	<ul style="list-style-type: none"> <li>▪ Agreement on language</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cross education</li> <li>▪ Verification on issues</li> </ul>	<ul style="list-style-type: none"> <li>▪ Time</li> <li>▪ Jargon</li> </ul>	<ul style="list-style-type: none"> <li>▪ PIBC</li> <li>▪ IH professionals</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conferences</li> <li>▪ Seminars / webinars</li> </ul>
3	<ul style="list-style-type: none"> <li>▪ Inclusion of IH and other agencies on referring</li> <li>▪ Referral process</li> </ul>	<ul style="list-style-type: none"> <li>▪ Different input / broader prospective</li> <li>▪ Cross education</li> <li>▪ Increase credibility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Time</li> <li>▪ Conflicting values</li> <li>▪ Staff capacity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Other municipal depts.</li> <li>▪ Developers</li> <li>▪ Public / special interest groups</li> </ul>	<ul style="list-style-type: none"> <li>▪ Web applications / social networking</li> <li>▪ Schools, college, university outreach</li> </ul>

4	<ul style="list-style-type: none"> <li>Regular multi-disciplinary meetings / working group</li> </ul>	<ul style="list-style-type: none"> <li>Clarification issues</li> <li>Building trust</li> <li>Integration</li> </ul>	<ul style="list-style-type: none"> <li>Time</li> </ul>	<ul style="list-style-type: none"> <li>Planners and EMO and specialists</li> <li>Finance</li> </ul>	<ul style="list-style-type: none"> <li>Reg scheduled meeting</li> </ul>
5	<ul style="list-style-type: none"> <li>Topic specific presentations</li> </ul>	<ul style="list-style-type: none"> <li>Education</li> <li>Relationship building</li> <li>Could engage community foster champion</li> </ul>	<ul style="list-style-type: none"> <li>No champion</li> <li>Division over topic</li> </ul>	<ul style="list-style-type: none"> <li>Special interest groups</li> </ul>	
6	<ul style="list-style-type: none"> <li>Informal meetings</li> </ul>	<ul style="list-style-type: none"> <li>Relationship building</li> <li>Educational</li> </ul>	<ul style="list-style-type: none"> <li>Commitment</li> </ul>	<ul style="list-style-type: none"> <li>Engaging with other prof.</li> </ul>	

### PLANNING TABLE #2

Priority	Job-Specific Tools & Techniques	Potential Benefits	Potential Barriers	Success Connections	Specific Opportunities for Collaboration
1	<ul style="list-style-type: none"> <li>Formal dialogue (e.g., MOU, Terms of Reference)</li> </ul>	<ul style="list-style-type: none"> <li>Commitment</li> <li>Review of specific plans</li> <li>Improved service</li> <li>Healthier communities</li> </ul>	<ul style="list-style-type: none"> <li>Silos</li> <li>Jurisdiction</li> <li>Politics</li> </ul>	<ul style="list-style-type: none"> <li>Regional partners</li> <li>Doctors / nurses</li> <li>Businesses</li> <li>Schools</li> </ul>	<ul style="list-style-type: none"> <li>MOU</li> <li>Council committee</li> <li>Regional service (e.g., health planner)</li> </ul>
2	<ul style="list-style-type: none"> <li>Building capacity for informed input (e.g., public workshops, public engagement)</li> </ul>	<ul style="list-style-type: none"> <li>Understanding community</li> <li>Networking</li> </ul>	<ul style="list-style-type: none"> <li>Interpersonal conflicts</li> <li>Resources</li> <li>Burn-out</li> <li>Political will</li> </ul>	<ul style="list-style-type: none"> <li>Local community groups</li> <li>NGOs (e.g., Smart Growth)</li> <li>Health authorities</li> <li>Developers</li> <li>Chamber of Commerce</li> </ul>	<ul style="list-style-type: none"> <li>Health officials presenting at workshops</li> </ul>
3	<ul style="list-style-type: none"> <li>Community sustainability plans</li> </ul>				
4	<ul style="list-style-type: none"> <li>Creating a new health planner position in local government</li> </ul>				
5	<ul style="list-style-type: none"> <li>TDM initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Leadership</li> <li>Showcase</li> </ul>	<ul style="list-style-type: none"> <li>Non-participation</li> <li>Stigma</li> </ul>	<ul style="list-style-type: none"> <li>Transit authority</li> <li>Regional partners</li> </ul>	

### HEALTH TABLE #1

Priority	Job-Specific Tools & Techniques	Potential Benefits	Potential Barriers	Success Connections	Specific Opportunities for Collaboration
1	<ul style="list-style-type: none"> <li>Direct communication</li> <li>Community around a variety of issues, including a shared vision</li> </ul>	<ul style="list-style-type: none"> <li>Development of relationships</li> <li>Clear understanding of outcomes desired</li> <li>Synergies and cost savings</li> </ul>	<ul style="list-style-type: none"> <li>Identifying the right players</li> <li>Turn over within organizations often means lost connections</li> </ul>		<ul style="list-style-type: none"> <li>Consistent stakeholder</li> <li>Coordinate periodic mtgs between council and CAO and Interior Health executive to share ideas (work filters down) and senior management</li> <li>Establishment of formal link</li> </ul>

2	<ul style="list-style-type: none"> <li>Strategic vision for city or municipality</li> <li>Community around a variety of issues, including a shared vision</li> </ul>		<ul style="list-style-type: none"> <li>Political environment and competing agendas</li> </ul>		
3	<ul style="list-style-type: none"> <li>OCP (we're involved in providing input)</li> <li>Community around a variety of issues, including a shared vision</li> </ul>	<ul style="list-style-type: none"> <li>Overarching barrier that impacts implementation of all tools and techniques</li> </ul>	<ul style="list-style-type: none"> <li>Disconnect in health authority in terms of who's doing relevant work (silos with in large organizations)</li> <li>Internal lack of communication and support</li> </ul>	<ul style="list-style-type: none"> <li>Specific orgs or people who can help</li> </ul>	
4	<ul style="list-style-type: none"> <li>Common data (e.g., forecasts for population growth)</li> <li>Are we using same data?</li> <li>What are our assumptions?</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to develop common set of assumptions</li> <li>Opportunity to share data</li> </ul>	<ul style="list-style-type: none"> <li>Different organizations keep different data</li> <li>Lots of data collected but not always analyzed (time and resources)</li> </ul>		
5	<ul style="list-style-type: none"> <li>Health impact assessment tool</li> </ul>	<ul style="list-style-type: none"> <li>Help planners apply health lens in blueprint stage</li> </ul>	<ul style="list-style-type: none"> <li>Speaking different languages</li> <li>Resource issues and time constraints</li> <li>Data generated by ministry</li> <li>Nobody in IH to interpret data</li> </ul>	<ul style="list-style-type: none"> <li>Population health liaison? Who would interpret the numbers? (e.g., Dr. Larder?)</li> </ul>	<ul style="list-style-type: none"> <li>Interpretation needed</li> <li>Need to identify person / role</li> <li>Tailored to specific audiences and needs of planners and municipalities (e.g., seniors, homeless)</li> </ul>
6	<ul style="list-style-type: none"> <li>Workshops / conferences</li> </ul>	<ul style="list-style-type: none"> <li>Joint professional development</li> </ul>	<ul style="list-style-type: none"> <li>Cost</li> </ul>		
7	<ul style="list-style-type: none"> <li>Tendering process for facilities</li> </ul>	<ul style="list-style-type: none"> <li>Apply health lens and include parameters important to HBE</li> <li>Opportunity to create mixed-use developments (related to OCP)</li> </ul>	<ul style="list-style-type: none"> <li>Decrease potential bidders (score them off)</li> </ul>	<ul style="list-style-type: none"> <li>Who comments on tenders?</li> <li>Special interest groups affected</li> </ul>	<ul style="list-style-type: none"> <li>Better link those who comment on tenders (facilities) with others in health who can provide relevant info</li> </ul>



**HEALTH TABLE #2**

Priority	Job-Specific Tools & Techniques	Potential Benefits	Potential Barriers	Success Connections	Specific Opportunities for Collaboration
1	<ul style="list-style-type: none"> <li>Pre-existing relationships (e.g., with planners / public works)</li> </ul>	<ul style="list-style-type: none"> <li>Trust / connections / speed</li> </ul>	<ul style="list-style-type: none"> <li>Double- edged sword</li> <li>Message overload</li> </ul>	<ul style="list-style-type: none"> <li>Local government</li> <li>Associations (e.g., UBCO)</li> <li>Schools / PAC</li> </ul>	
2	<ul style="list-style-type: none"> <li>Communications / community groups / physical presence in communities</li> </ul>	<ul style="list-style-type: none"> <li>People see us / are engaged with us</li> <li>Existing network for messaging</li> </ul>	<ul style="list-style-type: none"> <li>Could be negative / perceptions / misconceptions of role / history</li> <li>Lack of internal connections</li> </ul>	<ul style="list-style-type: none"> <li>Social planning council</li> <li>Community / environmental groups</li> <li>PIBC / UBCO / UBCM</li> </ul>	<ul style="list-style-type: none"> <li>Community meetings</li> <li>PHSA</li> </ul>
3	<ul style="list-style-type: none"> <li>Neutrality / credibility</li> </ul>	<ul style="list-style-type: none"> <li>Public acceptance / reception</li> </ul>	<ul style="list-style-type: none"> <li>Lack of trust (have closed hospitals)</li> <li>Mixed messaging (e.g., meat regs implementation)</li> </ul>	<ul style="list-style-type: none"> <li>PHAC / PHSA / CIPHI</li> </ul>	<ul style="list-style-type: none"> <li>Local and long range planning</li> <li>Strategic planning</li> </ul>
4	<ul style="list-style-type: none"> <li>Hierarchy / MHOs</li> </ul>	<ul style="list-style-type: none"> <li>Have big players with expectations</li> <li>Credibility</li> <li>Consistent messaging / concepts</li> </ul>	<ul style="list-style-type: none"> <li>Very few / busy</li> </ul>	<ul style="list-style-type: none"> <li>Media</li> <li>Integrated health networks</li> </ul>	
5	<ul style="list-style-type: none"> <li>Data / statistics / information / expertise</li> </ul>	<ul style="list-style-type: none"> <li>Door opener / tangible</li> <li>Establishes credibility / niche</li> <li>Highlights important trends</li> </ul>	<ul style="list-style-type: none"> <li>Misinterpretation</li> <li>Limited data (not broken down enough / self repeating)</li> <li>Too specific; miss big picture</li> </ul>	<ul style="list-style-type: none"> <li>UBCO / Red Cross / BC Ambulance</li> <li>BCCDC / Heart &amp; Stroke / Cancer Society</li> <li>Stats Canada / ICBC</li> </ul>	<ul style="list-style-type: none"> <li>Internally</li> <li>Local government / OCP</li> <li>NGOs</li> </ul>
6	<ul style="list-style-type: none"> <li>Vision of the corporation</li> </ul>	<ul style="list-style-type: none"> <li>Up-front / consistent / priority</li> </ul>	<ul style="list-style-type: none"> <li>Lack of internal collaboration</li> <li>Broad and all-encompassing</li> <li>Being able to practice what we preach</li> </ul>	<ul style="list-style-type: none"> <li>Media / communications</li> <li>Department / website / MHO</li> <li>Newsletter</li> </ul>	

**HEALTH TABLE #3**

Priority	Job-Specific Tools & Techniques	Potential Benefits	Potential Barriers	Success Connections	Specific Opportunities for Collaboration
1	<ul style="list-style-type: none"> <li>Ensuring all stakeholders have input, inclusion, engagement, participation</li> </ul>	<ul style="list-style-type: none"> <li>Establish contacts and liaison</li> <li>Brings buy-in, ownership</li> <li>Sets stage for proactive rather than reactive</li> </ul>	<ul style="list-style-type: none"> <li>Getting people involved</li> <li>Bias by defeat of participation</li> <li>Slows process down</li> </ul>	<ul style="list-style-type: none"> <li>NGOs, industry, local government, government agencies</li> </ul>	<ul style="list-style-type: none"> <li>Public health should produce health data</li> <li>Move forward, evidence-based</li> </ul>

2	<ul style="list-style-type: none"> <li>On line data collection on energy consumption for GHG contribution</li> <li>“FAME” to “SMART TOOL”</li> <li>BC stats, health data</li> <li>Emergency room data on injuries</li> <li>Environmental analysis, state of air, water etc.</li> </ul>	<ul style="list-style-type: none"> <li>Have info, the facts</li> <li>Helps inform evidence-based decision</li> <li>Risk analysis</li> <li>Helps prioritize</li> </ul>	<ul style="list-style-type: none"> <li>Credibility of data</li> <li>Cost of collection</li> <li>Convincing management to allocate resources for change</li> <li>Delayed benefit</li> </ul>		
3	<ul style="list-style-type: none"> <li>Lifestyle analysis – how many smoke, exercise</li> </ul>	<ul style="list-style-type: none"> <li>Lens of community</li> </ul>	<ul style="list-style-type: none"> <li>People don’t want to be told</li> <li>Difficult to quantify</li> </ul>		
4	<ul style="list-style-type: none"> <li>Opinion papers (e.g., urban farming – Yes or No?)</li> </ul>	<ul style="list-style-type: none"> <li>Opinions, views of pop.</li> </ul>	<ul style="list-style-type: none"> <li>Source dependent</li> <li>Possible bias</li> <li>Difficult to get HA to give opinion</li> </ul>		

## TABLE EXERCISE #2: Building Partnerships for Successful Integration of Planning & Public Health

This exercise was designed to help participants from the planning and health communities to work together to explore challenges identified in Exercise #1, and to identify potential partnerships to address those challenges. Participants broke into five groups with the following focus areas: communication (general);

communication (within Interior Health); incentives and regulations; project, community, and regional plans; and working with businesses, NGOs, and other key stakeholders. Discussion at each table was strategically facilitated and recorded on customized worksheets. The outcomes are as follows:

### GROUP #1: COMMUNICATION (general)

Collaborative Solution	Potential Partners	Partner’s Role	Benefits of Partnership	Barriers to Partnership	Overall Benefits	Specific Opportunities for Collaboration
1. For breaking down silos – “working groups” internally and externally (e.g., municipal departments / external agencies and local governments)	A. Local governments (staff and council)	<ul style="list-style-type: none"> <li>Funding</li> <li>Information sharing</li> <li>Coordination</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge and expertise</li> <li>Finding efficiencies</li> <li>Building personal relationships</li> </ul>	<ul style="list-style-type: none"> <li>Scheduling</li> <li>Commitment levels</li> </ul>	✓ Same as benefits of partnership	
	B. Different levels of government health	<ul style="list-style-type: none"> <li>Possibly funding</li> <li>Information sharing</li> <li>Coordination</li> </ul>	<ul style="list-style-type: none"> <li>Building knowledge and understanding</li> </ul>	<ul style="list-style-type: none"> <li>Committee burnout</li> <li>Time</li> <li>Buy-in</li> </ul>		

Could meet every two months	C. First Nations	<ul style="list-style-type: none"> <li>▪ Funding</li> <li>▪ Information sharing</li> <li>▪ Coordination</li> </ul>		<ul style="list-style-type: none"> <li>▪ Staff resources</li> </ul>		
	D. Community groups (e.g., env, social)	<ul style="list-style-type: none"> <li>C. Funding</li> <li>D. Information sharing</li> <li>E. Coordination</li> </ul>	F. Bringing a different perspective to the table			
2. Education / sharing of info – listserv (common place to house info) – social media – web pages – media relations – workshops and conferences webinars – to bring planners and public health officials together	A. All levels of government (planners and health personnel) Research, statistics on health, etc.	<ul style="list-style-type: none"> <li>G. sharing development plans</li> <li>H. sharing proposed policies and bylaws</li> </ul>				
	B. General public	I. Expertise				
	C. Media	J. Disseminate info to the public				
3. Memorandum of Understanding	A. Local governments					
	B. Regional districts					
	C. Health authorities					
	D. Schools					

**GROUP #2: COMMUNICATION (Interior Health)**

Collaborative Solution	Potential Partners	Partner's Role	Benefits of Partnership	Barriers to Partnership	Overall Benefits	Specific Opportunities for Collaboration
Internal links within IH, "One IH"	A. Many other depts. Within IH					
	B. Outside agencies of common link to common issues					
	C. Ministry of Health Services – core functions direction					

Focus by senior executive team (as per previous)	A.
Develop strategy with housing services (mental health, addictions) for community-based intervention	A.

### GROUP #3: INCENTIVES & REGULATIONS

Collaborative Solution	Potential Partners	Partner's Role	Benefits of Partnership	Barriers to Partnership	Overall Benefits	Specific Opportunities for Collaboration
1. Design guidelines	A. Design / developers	<ul style="list-style-type: none"> <li>▪ Expertise</li> <li>▪ Options / flexibility</li> <li>▪ Feasibility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Easier implementation</li> <li>▪ Quicker approvals</li> <li>▪ Creativity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Past history / ill-will</li> <li>▪ Exposure to information</li> <li>▪ Lack of capacity – time and knowledge</li> </ul>	<ul style="list-style-type: none"> <li>✓ Creates strong sense of place</li> <li>✓ Vision / branding</li> <li>✓ Sense of community identity</li> <li>✓ Healthy community</li> <li>✓ Provides examples of success to other communities</li> </ul>	<ul style="list-style-type: none"> <li>✓ Workshops</li> <li>✓ Design revue guidelines</li> <li>✓ Focus groups</li> </ul>
	B. Engineering	<ul style="list-style-type: none"> <li>▪ Innovation</li> <li>▪ Timely review</li> <li>▪ Options / implementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Easier implementation</li> <li>▪ Quicker approvals</li> <li>▪ Creativity</li> </ul>			
	C. External agencies (Smart Growth)	<ul style="list-style-type: none"> <li>▪ Education</li> <li>▪ Innovation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Easier implementation</li> <li>▪ Quicker approvals</li> <li>▪ Creativity</li> </ul>			
	D. Mayor and council / board	<ul style="list-style-type: none"> <li>▪ Support staff</li> <li>▪ Honesty and transparency</li> <li>▪ Be informed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Easier implementation</li> <li>▪ Quicker approvals</li> <li>▪ Creativity</li> <li>▪ Political will</li> <li>▪ Respect</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of commitment</li> </ul>		

2. Amenities zoning (incentive)						
3. Expedited “low-risk” application process	A. Developers	<ul style="list-style-type: none"> <li>▪ “Show us the goods”</li> <li>▪ Complete applications</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved service levels</li> <li>▪ Innovation implementation</li> <li>▪ More engaged community</li> </ul>	<ul style="list-style-type: none"> <li>▪ Capacity</li> <li>▪ Interagency referrals</li> </ul>		
	B. Referral agencies	<ul style="list-style-type: none"> <li>▪ Expertise</li> <li>▪ Speed / expedition</li> <li>▪ Best practices / innovation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Transparency</li> </ul>			
	C. Public	<ul style="list-style-type: none"> <li>▪ Engaged / informed</li> <li>▪ Justified interests</li> </ul>				
	D. Internal departments	<ul style="list-style-type: none"> <li>▪ Expertise / speed</li> <li>▪ Collaborative</li> <li>▪ “on the same page”</li> </ul>				
4. Rezoning						

**GROUP #4: PROJECT, COMMUNITY & REGIONAL PLANS**

Collaborative Solution	Potential Partners	Partner’s Role	Benefits of Partnership	Barriers to Partnership	Overall Benefits	Specific Opportunities for Collaboration
1. Staff meetings	A. Municipal staff	<ul style="list-style-type: none"> <li>▪ Planners</li> <li>▪ Engineers</li> <li>▪ Parks and rec /public works</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shared responsibility</li> <li>▪ Synergy / support</li> <li>▪ Perspective</li> </ul>	<ul style="list-style-type: none"> <li>▪ Changing staff</li> <li>▪ Own agenda / competing</li> <li>▪ Time / scheduling</li> </ul>	<ul style="list-style-type: none"> <li>✓ Perceptive</li> <li>✓ Holistic plans</li> </ul>	<ul style="list-style-type: none"> <li>✓ Shared facilitation</li> <li>✓ Record keeping</li> <li>✓ Shared agenda</li> <li>✓ Assigned responsibility</li> </ul>
	B. HA Staff	<ul style="list-style-type: none"> <li>▪ EMO</li> <li>▪ Injury prevention coordinator</li> <li>▪ PHP / MHO</li> </ul>	<ul style="list-style-type: none"> <li>▪ ID of issues</li> <li>▪ Relationship building</li> </ul>			
	C. Consultants	<ul style="list-style-type: none"> <li>▪ Project manager</li> <li>▪ Jr. Staff</li> </ul>				
2. Public / stakeholder meeting	A. Public	<ul style="list-style-type: none"> <li>▪ Feed back / input</li> <li>▪ Review</li> </ul>	<ul style="list-style-type: none"> <li>▪ Buy in</li> <li>▪ Inclusionary</li> <li>▪ Transparency</li> </ul>	<ul style="list-style-type: none"> <li>▪ Time</li> </ul>	<ul style="list-style-type: none"> <li>✓ ID public will</li> <li>✓ Political support</li> </ul>	<ul style="list-style-type: none"> <li>✓ Open houses</li> <li>✓ Focus groups</li> <li>✓ School presentations</li> <li>✓ Social media</li> <li>✓ Surveys</li> </ul>

	B. Business Community	<ul style="list-style-type: none"> <li>▪ Input</li> <li>▪ Feedback</li> <li>▪ Review</li> </ul>		<ul style="list-style-type: none"> <li>▪ Participation of age groups</li> <li>▪ Turn out</li> <li>▪ Bias view points</li> </ul>		
	C. UDI			<ul style="list-style-type: none"> <li>▪ Special interest groups</li> </ul>		
	D. Cultural Groups					
3. Political collaboration						
4. Public interest groups						

**GROUP #5: WORKING WITH BUSINESS, NGOs, and OTHER KEY STAKEHOLDERS**

Collaborative Solution	Potential Partners	Partner's Role	Benefits of Partnership	Barriers to Partnership	Overall Benefits	Specific Opportunities for Collaboration
1. Ensuring senior management / executive support (for high level decision making)	A. Health	<ul style="list-style-type: none"> <li>▪ Relating to health outcomes</li> <li>▪ Give voice to those that don't have it</li> </ul>	<ul style="list-style-type: none"> <li>▪ Representation</li> <li>▪ Appropriateness of presentation</li> <li>▪ Better outcomes</li> <li>▪ Stronger</li> </ul>	<ul style="list-style-type: none"> <li>▪ Different incentives</li> <li>▪ Slower process</li> <li>▪ More potential for conflict</li> </ul>		<ul style="list-style-type: none"> <li>✓ Pre- established networks</li> <li>✓ Establishing new networks</li> </ul>
	B. Private	<ul style="list-style-type: none"> <li>▪ Economic incentives</li> <li>▪ Understand the mandate of org (all)</li> </ul>		<ul style="list-style-type: none"> <li>▪ Competing</li> <li>▪ Outcomes</li> <li>▪ Different time frames</li> </ul>		
	C. NGO's			<ul style="list-style-type: none"> <li>▪ Territory</li> <li>▪ Personalities</li> </ul>		
	D. Local Government			<ul style="list-style-type: none"> <li>▪ Cost</li> <li>▪ Maintaining interest</li> </ul>		
2. Providing the opportunity for engagement						<ul style="list-style-type: none"> <li>✓ Workshops</li> <li>✓ Newsletters</li> <li>✓ Conferences</li> <li>✓ Facebook</li> <li>✓ Blog</li> <li>✓ Routine meetings</li> <li>✓ Events</li> </ul>
3. Shared visions / common goals						
4. Establishing a list of contracts (updated regularly)						

## TABLE EXERCISE #3: Committing to Positive and Practical Change by Integrating Planning and Public Health

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Participants were asked to sit at one of four tables, ideally with people they hadn't engaged with earlier. Participants first worked on their own to identify tools and techniques and potential partnerships that would help them integrate planning and public health. For each category, they were asked to list potential applications,

three-month goals, six-month goals, 12-month goals, and indicators of success on a customized worksheet. They were then asked to share their commitments with their tablemates, with the intent being that participants would help hold each other accountable.

For more information about the workshop or the report, please contact:

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