This paper draws on many sources for which we are grateful. In particular, members of the PHSA Health 201 Project Team and Reference Group provided invaluable feedback and advice at all stages of the work.

**Project Executive Sponsor**
Tom Kosatsky, Acting Director, Environmental Health Services Division, BCCDC

**Project Sponsor**
Lydia Drasic, Director, Provincial Primary Health, Population Health

**Project Manager**
Jane McCarney, Provincial Manager, Population & Public Health Initiatives, PPH, PHSA  Tel: 604.875.7354

**Project Consultants**
Alex Berland, A.Berland Inc. and Erik Lees, LEES + Associates

**Project Team**
Tina Atva, Planner City of Vancouver, Planning Institute of BC
Ken Christian, Director, Health Protection, Interior Health
Matt Herman, Director, Injury Prevention and Built Environment, Ministry of Healthy Living and Sport
Alison McNeil, Chair, Public Administration Department, Capilano University

**Reference Group and Key Informants**
Cam Brewer, Executive Director, SmartGrowth BC
Shelina Babul, BC Injury Research & Prevention Unit
Marilyn Chiang, Policy Analyst, Union of BC Municipalities
Cara Fisher, BEAT Initiative, BC Recreation and Parks Association
Ron McIntyre, Architectural Institute of BC
John Millar, Executive Director, PPH, PHSA (representing the Medical Health Officers)
Pam Moore, Environmental Health Officer, Interior Health
Delena Patterson, Manager, Local Government Management Association
Eva Robinson, BC Healthy Living Alliance Partner Initiatives Manager, BC Recreation and Parks Association
Mona Shum, Manager, National Collaborating Centre for Environmental Health
Winnie Yu, Manager, Healthy Environments, Ministry of Healthy Living and Sport

---

**Setting the Context**

This document is one of a series of products from PHSA’s Healthy Built Environment Initiative. As recommended by the Healthy Built Environment Alliance, BC Environmental Health Officers Council and the BC Public Health Leaders Collaborative, this module is intended for architects, planners, design professionals, engineers and decision-makers in municipal and regional governments. It will also be of interest to professionals working in Parks and Recreation as well as in Health. In this sense, the Knowledge-to-Action Framework can be seen as a component of “knowledge exchange”, a companion piece to the “Planning 101” module previously developed for health professionals.
What this guide is about

This Knowledge-to-Action Framework is a step-by-step guide that aims to assist planners and design professionals to take action towards creating a healthier built environment\(^1\) in partnership with health professionals. It can be used to raise awareness of the issue and to initiate action. The framework is based on three elements.

1. A “Team Self-Assessment Tool” can be used by planning teams, ideally collaborating with Health staff, to assess their organization’s readiness for healthy built environment [HBE] work.

2. An “HBE Primer” of sources, references and suggested activities aims to answer the question, “What do we do with the self-assessment findings?”

3. “References and Resources for Health 201” maps in-depth and BC specific resources to HBE themes that have been vetted by knowledgeable stakeholders (Appendix A).

You will find in this guide reference to supplementary materials available at the PHSA Healthy Built Environment website. The following are especially relevant for people using this guide:

1. The slide presentation, “Five Things that Planners and Design Professionals need to know about Health and the Built Environment” introduces the topic. This is at a level suitable for using with elected officials or senior staff unfamiliar with the topic.

2. “Foundations for a Healthier Built Environment” is a background report that explains the link between health and the built environment. It is supplemented with two presentations.

3. “From Strategy to Action” provides case studies of built environment initiatives to increase physical activity and promote health through community planning and design.

\(^1\) “Built environments are the urban and rural human-made surroundings that provide the settings for human activity. Built environments encompass buildings and spaces (e.g. homes, schools, workplaces, neighbourhoods, parks and recreation areas, industrial and commercial areas and other settings) the products they contain, and the infrastructure (e.g. transportation, energy and agricultural systems) that link and support them.” BC Ministry of Healthy Living and Sport.
Getting started

The following steps outline a simple process to initiate healthy built environment work in your agency or department.

Step 1 Confirm your mandate.

What other organizational priorities have similar or congruent objectives to HBE work?

The best example of this may be municipal and regional activities arising from BC’s Climate Change Charter Act. Its proposed “strategies and actions related to creating complete, compact and more energy efficient communities” produce multiple benefits: cleaner air, increased physical activity and reduced greenhouse gases. Here are some more examples of healthy community initiatives that intersect with other priorities of local government:

- reducing air pollution and greenhouse gas emissions
- managing traffic congestion
- increasing street safety and vibrancy
- effectively using lands, buildings and infrastructure
- reducing waste going to landfills
- facilitating access to local healthy foods and improving food security
- creating an age-friendly community
- reducing energy and water consumption and decreasing fossil-fuel dependency
- increasing access to social, cultural and recreational facilities
- mitigating and adapting to severe weather events
- protecting agricultural areas
- creating economic opportunities, growth and resilience
Step 2  Define what problem you are trying to solve.

Get started by identifying strengths, barriers and opportunities in your own workplace.

Clarify your purpose:
• Is there a need, and is it our mandate to do this? (should do)
• Are the necessary resources and expertise available to do this? (can do)
• Is there commitment and support in the group to do this? (want to do)

You can use the Team Self-Assessment Guide (shown on the following pages) to identify readiness of your organization to engage in HBE issues. You can ask colleagues to complete the Team Self-Assessment Guide with the responses collated by you as a basis for organizing team development activities. Alternatively, you could also use the Guide to structure discussion at a team planning session. You can also talk to health authority staff about their priorities in creating Healthy Built Environments.

GUIDE FOR ASSESSING YOUR ORGANIZATION’S READINESS AND CAPACITY TO ENGAGE IN HEALTHY BUILT ENVIRONMENT PLANNING

This survey is designed to help us all improve design of the built environment for Public Health. The results can be used to help your team identify areas for learning and improvement.

Instructions are as follows:

1. Form your team. Identify colleagues whose job duties involve aspects of design, planning, regulation and assessment of health impacts in the built environment. This might include people with responsibility for sidewalks, roads, parks and recreation, development approvals, business licensing and social programs. If possible, invite staff from your local Health Authority such as Environmental Health Officers, Medical Health Officers, Public and Population Health staff and community developers.

2. Ask your colleagues to answer each question from the perspective of your agency (e.g. municipal or regional district planning department; public health office in a regional health authority; private design studio; non-profit community group).
3. For each row, circle the point value that best describes the situation that currently exists in your agency. The rows in this form present key aspects of designing the built environment for Public Health. Each aspect is divided into levels showing various stages in improvement. The stages are represented by points that range from 0 to 11. The higher point values indicate that the actions described in that box are more fully implemented.

4. Use the self-assessment guide scores to assess your agency’s progress. Identify priority areas for improvement, either to boost areas that are lagging or to build on current strengths. The topics are all important, so assess all of them. The sequence is approximately related to the natural development of any project, but is not intended to imply one component is more important than another.

5. The self-assessment guide can be used in various ways. You might use it to kick off a team meeting about Health and the Built Environment, as a prompt for discussion about areas of agreement and disagreement. Alternatively, ask colleagues to complete the guide in advance, so that you can focus on key issues for follow-up or discussion.

6. Refer to the Framework for Self-Directed Learning for resources and tools to tackle each component you have assessed.

For more information, please see the resources at http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm
<table>
<thead>
<tr>
<th>Components</th>
<th>Level D</th>
<th>Level C</th>
<th>Level B</th>
<th>Level A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership (an executive level “champion”) for healthy design</td>
<td>...does not exist in our agency or there is little interest.</td>
<td>...is reflected in vision statements and plans, but no resources are available for this work.</td>
<td>...is reflected by senior leadership commitments with dedicated resources (dollars and personnel).</td>
<td>...is resourced as part of the agency’s long term strategy, with specific people held accountable.</td>
</tr>
<tr>
<td>Score</td>
<td>0 1 2</td>
<td>3 4 5</td>
<td>6 7 8</td>
<td>9 10 11</td>
</tr>
<tr>
<td>Informing elected officials about designing for public health</td>
<td>...is not done.</td>
<td>...happens on request or through agency publications and reports.</td>
<td>...is done through the briefing process for each project.</td>
<td>...includes specific training for elected officials to describe their role in building a healthier community.</td>
</tr>
<tr>
<td>Score</td>
<td>0 1 2</td>
<td>3 4 5</td>
<td>6 7 8</td>
<td>9 10 11</td>
</tr>
<tr>
<td>Organizational goals for designing a healthier built environment</td>
<td>...do not exist or are limited to one-off issues or isolated departments.</td>
<td>...exist organization-wide on paper but are not actively pursued or reviewed.</td>
<td>...are comprehensive, measurable and reviewed by senior staff and elected officials.</td>
<td>...are implemented robustly, reviewed routinely, and linked to other agencies’ plans.</td>
</tr>
<tr>
<td>Score</td>
<td>0 1 2</td>
<td>3 4 5</td>
<td>6 7 8</td>
<td>9 10 11</td>
</tr>
<tr>
<td>Senior leaders in our organization and potentially collaborating agencies</td>
<td>...discourage collaboration with other agencies</td>
<td>...do not consider collaboration for healthy design a priority.</td>
<td>...encourage collaborative efforts to make the built environment a healthier place.</td>
<td>...visibly collaborate in improvement efforts for a healthier built environment.</td>
</tr>
<tr>
<td>Score</td>
<td>0 1 2</td>
<td>3 4 5</td>
<td>6 7 8</td>
<td>9 10 11</td>
</tr>
<tr>
<td>Components</td>
<td>Level D</td>
<td>Level C</td>
<td>Level B</td>
<td>Level A</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Incentives and Regulations</td>
<td>...are not used to influence developers and planners to design healthier environments</td>
<td>...are used to influence new greenfield developments.</td>
<td>...are used to encourage all new development in our community.</td>
<td>...are used to motivate and empower all stakeholders to support a healthier environment.</td>
</tr>
<tr>
<td>Score</td>
<td>0 1 2</td>
<td>3 4 5</td>
<td>6 7 8</td>
<td>9 10 11</td>
</tr>
<tr>
<td>Project, Community and Regional Plans</td>
<td>...do not include public health concerns, guidelines, or measures at the program level.</td>
<td>...do consider some public health issues but have not yet implemented changes.</td>
<td>...currently coordinate guidelines, measures and resources fairly late in the planning process.</td>
<td>...currently build public health concerns into all appropriate stages of planning.</td>
</tr>
<tr>
<td>Score</td>
<td>0 1 2</td>
<td>3 4 5</td>
<td>6 7 8</td>
<td>9 10 11</td>
</tr>
<tr>
<td>Guidelines or examples of “Better Practice” in designing for Public Health</td>
<td>...are not available to planners in our community.</td>
<td>...are available but are not integrated into planning.</td>
<td>...are available and supported by education as required.</td>
<td>...are supported by education and integrated into planning through frequent application and updating.</td>
</tr>
<tr>
<td>Score</td>
<td>0 1 2</td>
<td>3 4 5</td>
<td>6 7 8</td>
<td>9 10 11</td>
</tr>
<tr>
<td>Access to specialists in designing for Public Health</td>
<td>...is non-existent or infrequent.</td>
<td>...is achieved through planners’ attendance at annual conferences or occasional seminars.</td>
<td>...includes specialist leadership and designated specialists who provide team training to the agency.</td>
<td>...includes specialist leadership and specialist involvement in planning for specific projects.</td>
</tr>
<tr>
<td>Score</td>
<td>0 1 2</td>
<td>3 4 5</td>
<td>6 7 8</td>
<td>9 10 11</td>
</tr>
</tbody>
</table>
## Step 3

Once you have identified leverage points for change in your organization, go to these sources for ideas and action plans. Each of the priority areas in the table comes from the Team Self-Assessment Guide. (Also see the reference list, Appendix A, for general background available from other sources.)

### HBE PRIMER

**WHAT SHOULD WE DO WITH THE SELF-ASSESSMENT FINDINGS?**

<table>
<thead>
<tr>
<th>If your priority is</th>
<th>Then consider these sources and activities</th>
</tr>
</thead>
</table>
| **Building leadership around healthy design in your organization**  
If there is no commitment of resources and senior champion for HBE, you may need to create the "burning platform" yourself. | PHSA’s [Foundations for a Healthier Built Environment: Summary Report](https://www.phsa.ca/assets/1/6/Foundations-for-a-Healthier-Built-Environment-Summary-Report-2015-6.pdf) explains the link between health and the built environment and calls for improved collaboration between the health and planning sectors.  
[Valuing Health: Business Case Literature Review](https://www.phsa.ca/assets/6/6/Valuing-Health-2014.pdf) explains how investing in preventative public health also makes sound business sense.  
[Bringing Health to the Planning Table](https://www.phsa.ca/assets/1/5/Bringing-Health-to-the-Planning-Table-2012.pdf) was produced by the Healthy Living Issue Group of the Pan-Canadian Public Health Network. The report profiles case studies within 13 Canadian communities across Canada that used collaborative approaches to improve health outcomes. |
| **Informing elected officials about designing for public health**  
Councils are often the best organizations to take a comprehensive overview of the needs and priorities of their local communities and lead the work to meet those local needs. | PHSA provides a 30-minute presentation: [PHSA Healthy Built Environment](https://www.phsa.ca/assets/6/5/PHSA-Healthy-Built-Environment-Presentation.pdf) that aims to engage elected officials as well as planning and design professionals. It could be delivered by any planning team member using the accompanying themed references. It is also suitable for web-based viewing.  
BC’s Climate Change Charter is top of mind for many elected officials just now. Here are some ideas to link HBE with this issue:  
Good zoning supports the development of attractive, prosperous communities.  
[Zoning Talking Points](https://www.phsa.ca/assets/1/1/Zoning-Talking-Points-2015.pdf) explains how elected officials can help create healthy communities through zoning. |
| **Developing organizational goals for a healthier built environment** | See “Municipal Checklist – Ideas to Execution” in [Planning by Design](https://www.planningbydesign.org/). This guide from Ontario provides details on integrated approaches to planning, community assessment and action planning.  
The [Service Plan](https://www.planningbydesign.org/resources-service-plans) from BC’s Ministry of Healthy Living and Sport contains goals that may help in framing your plan. |
If you are new to HBE topics, you may find it helpful to go back and forth between goals, principles and examples (the next two sections of this table).

**Indicators for a Healthy Built Environment in BC.** This report provides indicators as objective ways to measure and track changes in community status and population health.

**In Tools for Action: A Resource Guide for Designing a Community Indicator Project** SPARC-BC explains how to design and implement a CIP that is linked to the development of local action strategies in your community.

**Promoting Public Health Through Smart Growth,** is a research review produced by Smart Growth BC that looks at community health through the lens of urban design and planning.

If you are tackling the special concerns affecting rural communities, see the Canadian reference **Age-Friendly Rural and Remote Communities.**

From Australia, **Building Healthy Communities,** uses demonstration projects as examples for local action e.g. by making a submission for funding and evaluating, or developing and running a project.

**Ensuring that plans are based on healthy built environment concepts**

**Guidelines or examples of “Better Practice” in planning and designing for public health**

Consider the task: “partnership working that meets the social, economic and environmental needs of a community, and improves social cohesion and inclusion for present and future generations.” This is a huge challenge. All the more reason that good examples help people to get started and profit from lessons learned by others.

SmartGrowth BC’s guide **“Creating Healthy Communities”** recommends land use policies and programs that local governments can adopt to promote healthy living. Examples show how BC communities have used the ideas. The accompanying video is an excellent tool to engage others.

In 2007, PHSA produced **From Strategy to Action: Case Studies on Physical Activity and the Built Environment** – a report highlighting case studies of built environment initiatives to increase physical activity and promote health through community planning and design.

These innovative projects funded by BC’s **Community Health Promotion Fund** focused on helping individuals and communities to promote healthy lifestyles, prevent illness and manage their health.

**Local Government Action to Prevent Childhood Obesity** explains how to support farmers’ markets and community gardens, craft joint use agreements to open school grounds, and use incentives to attract healthy food in under served neighborhoods.

BC Recreation and Parks Association’s **Built Environment and Active Transportation** Initiative provides training events, resources and planning tools.

**Active Aging in BC Communities - Case Studies of Community Actions** is a compilation of case studies that showcase programs that made an impact in the community and in the lives of older adults in BC.
Conclusion

The purpose of PHSA’s Healthy Built Environment Initiative is to engage stakeholders in a partnership approach to reduce preventable illness and injury by creating healthier built environments. Over the last few years the BC Healthy Built Environment Alliance has guided PHSA in the development of various tools and processes to encourage dialogue and collaborative action between planners and design professionals and those working in Health.

This “Knowledge-to-Action Framework” is PHSA’s latest knowledge product for Planners and Design Professionals. Along with an accompanying PowerPoint presentation, it aims to help planners and design professionals work with colleagues from regional health authorities.

The three steps in this report outline a simple process to initiate healthy built environment work in your agency or department:

1. Confirm the mandate by referring to related priorities for your agency.
2. Define what problem you are trying to solve using the Self-assessment guide.
3. Apply ideas from the “Healthy Built Environment Primer” to move forward based on your self-assessment.

Chronic illness and injury are a risk to both public health and our universal health care system. The purpose of this Initiative is to create a sense of urgency and tools for action. However positive change requires collaborative effort from Health and planning and design professionals sharing a common imperative: to reduce preventable illness and injury by design.
### Theme, description and why planners should care about this

**1. The impact of preventable illness and injury on our health care system and society**

Increasing levels of chronic illness have had a significant effect on our health system. In addition to individual disability and suffering, society suffers from loss of workers and escalating costs of care; ultimately these costs could make our publicly-funded health care system unsustainable. **Understanding the causes and impact of chronic illness** will help planners to tackle the connection between “the fence at the top of the cliff and the ambulance at its foot”.

### Selected references and resources in addition to those available on PHSA’s website

- BC’s Health Authorities develop internal reports (e.g. Social Determinants of Health on Vancouver Island; Interior Health Healthy Community Environment reports). These provide local detail and data suitable for writing the business case for investments in HBE.

- BC Ministry of Health also offers many excellent resources, including community-specific data on chronic illness and reports like The Evolution of Falls Prevention Programs in BC.

- The BC Injury Research & Prevention Unit offers resources on the human and financial burden of injury and evidence-based literature and best practices around injury prevention ([www.injuryresearch.bc.ca](http://www.injuryresearch.bc.ca)). An on-line tool with an easy-to-use system provides hospitalization and mortality data as well as BC hospital utilization cost data.

- **The Geography of Wellness and Well-being across BC** has been developed in response to the ActNow BC health promotion initiative. This provides maps for over 50 wellness and well-being indicators from the combined 2007 and 2008 Canadian Community Health Survey. Data show the 16 Health Service Delivery Areas for BC.
2. Socio-economic determinants and population health

"Why are some people healthy while others are not?" Global evidence suggests that inequalities in health are caused by differences in the socio-economic determinants of health, such as occupation, income, education, housing and access to transport. **Planners need to recognize the limitations of health services in changing the conditions that lead to good health.**

The BC Healthy Living Alliance produced **Healthy Futures for BC Families.** This comprehensive report provides a BC perspective in explaining the importance of a “whole of government” approach to healthy living.

**Primer to Action** is a Canadian resource on methods to address determinants of health. Set in an easy-to-read format, with hundreds of links and resources, it provides a point of entry to take action on six health determinants: Income, Employment, Housing, Food Security, Education and Inclusion.

The BC Healthy Living Alliance produced **Healthy Futures for BC Families.** This comprehensive report provides a BC perspective in explaining the importance of a “whole of government” approach to healthy living.

This **Health Inequalities Self-Assessment Tool** can help local government consider whether there are gaps in their capacity to tackle the health problems in their area. It can be used in a variety of ways to support planning and organizational development, and includes recommendations that local authorities can use for specific populations and concerns.

**This report** from PHSA looks at disparities in chronic disease in Canada’s low-income populations, the impact of poverty in BC and how other provinces tackled the problem.

3. How does “The Built Environment” affect health?

Potential health effects arise from obvious factors such as building and street safety and health-promoting design, noise, air and water quality, traffic safety and injury prevention, as well as “softer” influences like social inclusion, disability access, housing and food security. **It is important for planners to recognize how built environment issues affect many health determinants.**

The BC Healthy Living Alliance produced **Healthy Futures for BC Families.** This comprehensive report provides a BC perspective in explaining the importance of a “whole of government” approach to healthy living.

**Smart Growth BC** provides various resources that link HBE concepts to other planning issues such as compact communities, climate change, community engagement, agricultural policy and affordable housing.

**Creating a Healthier Built Environment in British Columbia** is one of the first products from PHSA’s HBE Initiative. This is a comprehensive research review on best practices related to the built environment that address obesity-promoting factors.

The **American Journal of Preventive Medicine** is an excellent resource for scholarly articles on topics such as physical activity, food security, impacts of climate change and other HBE concerns.
4. How does BC’s health care system “work”?

Within Health Authorities, various professionals work on built environment issues, such as environmental health officers, medical health officers, population and public health staff and community developers. Knowing who is working in each community will help planners identify leverage points for intersectoral action.

Each of BC’s five regional health authorities [HA] offers population and public health programs that meet local needs while conforming to provincial standards. The leverage points for collaborative work can be found at Fraser Health, Interior Health, Northern Health, Vancouver Coastal Health, Vancouver Island Health Authority.

Local government can also influence HA decisions by participating in forums set up by HAs in each region, such as the Seniors’ Planning Tables and those for Aboriginal communities, children and youth and people with mental illness. In addition, Healthy Built Environment Alliance members include representatives of all health authorities as well as a host of other potential partners.

5. Joint action for improving health effects of the built environment

Health services and planners have many opportunities for interventions to address existing health and social inequalities. Globally, policies aimed at corporate social responsibility and cross-sector management have improved conditions in the built environment. Strategic cooperation requires leadership by civil society representatives, senior planners and elected officials. Planners will benefit from learning of examples and strategies for engagement.

In 2009, BC Healthy Living Alliance released its report Healthy Futures for BC Families – Policy Recommendations for a Healthier British Columbia. The report urges all levels of government to work with communities, First Nations, business and the non-profit sector to put in place policies that can improve health outcomes in BC and ease the burden on the health care system by addressing social issues.

Once you start working with colleagues from Health, you will find that Smart Growth BC’s Creating Healthy Communities Guide, and the BC Provincial Health Services Authority’s Introduction to Land Use Planning for Health Professionals Workshop Reader are complementary. Smart Growth has produced Instructions for using these resources together.

UBCM’s Community Health Promotion Fund and BC Recreation and Parks Association’s Built Environment and Active Transportation Initiative offer numerous examples of collaborative projects funded by these programs.

Health Impact Assessment can be a powerful tool for analyzing development projects by identifying effects on the health of a population, and the distribution of those effects within the population. The National Collaborating Centre for Healthy Public Policy offers many HIA resources to advance healthy public policy.

Planning for the Future: Age-Friendly, Disability-Friendly Official Community Plans provides suggested guidelines, with examples from local governments around British Columbia, on how Official Community Plans can be used to make communities more accessible and inclusive for people of all ages and abilities.
Schedule ii:
Internet Links

Page 1

**PHSA Healthy Built Environment**: [http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm](http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm)

Page 4

[http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm](http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm)

Page 7


**Bringing Health to the Planning Table**: [http://origin.phac-aspc.gc.ca/hl-vs-strat/](http://origin.phac-aspc.gc.ca/hl-vs-strat/)

**PHSA Healthy Built Environment**: [http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm](http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm)


**Zoning Talking Points**: [http://www.phlpnet.org/healthy-planning/products/zoning-talking-points](http://www.phlpnet.org/healthy-planning/products/zoning-talking-points)

**Planning by Design**: [http://www.mah.gov.on.ca/Page6737.aspx](http://www.mah.gov.on.ca/Page6737.aspx)


Page 8

**Indicators for a Healthy Built Environment in BC**: [http://www.phsa.ca/NR/rdonlyres/BF1C056B-4890-4A6D-BD7F-D26E00C14826/0/IndicatorsforaHealthyBuiltEnvironmentinBC.pdf](http://www.phsa.ca/NR/rdonlyres/BF1C056B-4890-4A6D-BD7F-D26E00C14826/0/IndicatorsforaHealthyBuiltEnvironmentinBC.pdf)


Creating Healthy Communities: http://www.smartgrowth.bc.ca/Portals/0/Downloads/CreatingHealthyCommunitiesGuide.pdf


Community Health Promotion: http://www.ubcm.ca/EN/main/funding/healthy-communities/community-health-promotion-fund.html

Local Government Action to Prevent Childhood Obesity: http://www.rwjf.org/childhoodobesity/product.jsp?id=47908

Built Environment and Active Transportation: http://www.physicalactivitystrategy.ca/index.php/beat/

Active Aging in BC Communities - Case Studies of Community Actions: http://www.hls.gov.bc.ca/seniors/PDFs/mhls_aap_cs.pdf


Introduction to Land Use Planning For Health Professionals: Workshop Reader: http://www.phsa.ca/NR/rdonlyres/B874A0D9-398F-4B44-A0D5-32634328EBAB/0/IntroductiontoLandUsePlanningforHealthProfessionalsWorkshopReader.pdf

Social Determinants of Health on Vancouver Island: http://www.crd.bc.ca/reports/regionalplanning_/generalreports_/housingaffordability_/buildingthehousingaff_/miscellaneous_/understandingsociald/understanding_social_determinants_of_health_05082006.pdf


www.injuryresearch.bc.ca

on-line tool: http://injuryresearch.bc.ca/categorypages.aspx?catid=10&catname=Online%20Data%20Tool

The Geography of Wellness and Well-being across BC: http://www.geog.uvic.ca/wellness/Update07-08/index.html

Page 11

Healthy Futures for BC Families: http://www.bchealthyliving.ca/sites/all/files/BCHLA_Healthy%20Futures-Final-Web.pdf


Healthy Futures for BC Families: http://www.bchealthyliving.ca/sites/all/files/BCHLA_Healthy%20Futures-Final-Web.pdf

Health Inequalities Self-Assessment Tool: http://www.idea.gov.uk/idk/aio/276453


Creating a Healthier Built Environment in British Columbia: http://www.phsa.ca/NR/rdonlyres/F22E3EA8-D466-4504-B3CA-A2A37ACA6EFB/0/CreatingaHealthierBuiltEnvironmentinBC.pdf

Smart Growth BC

American Journal of Preventive Medicine: http://www.ajpm-online.net/content/editorschoice

Page 12

Fraser Health: http://www.fraserhealth.ca/Interior Health

Northern Health: http://www.northernhealth.ca/Contact_Us/default.asp

Vancouver Coastal Health: http://www.vch.ca/your_health/population_health/

Vancouver Island Health Authority: http://www.viha.ca/mho/
Schedule ii: Internet Links


Smart Growth **Instructions** for using these resources together: http://www.smartgrowth.bc.ca/Portals/0/Downloads/CHCGuide&PHSAWorkshopReader_Instructions.pdf

**Community Health Promotion Fund**: http://www.ubcm.ca/EN/main/funding/healthy-communities/community-health-promotion-fund.html

**Built Environment and Active Transportation**: http://www.physicalactivitystrategy.ca/index.php/beat/

**HIA resources**: http://ccnpps.ca/627/Health%20Impact%20Assessment.htm

**Planning for the Future: Age-Friendly, Disability-Friendly Official Community Plans**: http://www.ubcm.ca/assets/Library/Policy~Topics/Healthy~Communities/Planning%20for%20the%20Future.pdf
The objective of this guide is to provide a tool that is relevant and informative to readers and supports professionals in taking action towards creating healthier built environments. To assist us in improving this guide for future audiences, please take a few minutes to answer the questions below.

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The aim of this guide is clear</td>
</tr>
<tr>
<td>2</td>
<td>This guide is relevant to my work</td>
</tr>
<tr>
<td>3</td>
<td>I am able to easily use this guide in my practice</td>
</tr>
<tr>
<td>4</td>
<td>The exercises provided are helpful</td>
</tr>
<tr>
<td>5</td>
<td>The resources provided are helpful</td>
</tr>
<tr>
<td>6</td>
<td>My knowledge and skills increased as a result of this guide</td>
</tr>
<tr>
<td>7</td>
<td>This guide makes it easier for me to know how to become involved in creating healthier built environments</td>
</tr>
</tbody>
</table>

Score: 1=strongly disagree, 2=disagree, 3=neither, 4=agree, 5=strongly agree
Schedule iii: Evaluation

What did you find most useful about this guide?

What would you do to improve this guide?

NOTE: Your responses can be sent to the Provincial Health Services Authority [PHSA], Attention Jane McCarney, jmccarney@phsa.ca, 604-875-7354, 604-875-7368. Evaluations can be anonymous but the organization and department would be helpful for our reference.

Thank you, your feedback is valuable for us in improving our tools.