

Healthy Canada by Design CLASP Case Study: Newfoundland and Labrador Project



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BUILDING HEALTHY COMMUNITIES



HEART &
STROKE
FOUNDATION
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COALITIONS LINKING ACTION
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Copies of this Report

Copies of this report can be downloaded from the Healthy Canada by Design CLASP website at:
<http://hcbd-clasp.com/clasp-i-resources-tools/>

1.0 Introduction

1.1 Healthy Canada by Design CLASP Coalition

This report is a case study report prepared on the project conducted by the Building Healthy Communities Collaborative, Newfoundland and Labrador under the Healthy Canada by Design CLASP Initiative. Healthy Canada by Design (**HCBD**) is a coalition of health authorities, non-governmental organizations, academic researchers, and national health, planning and transportation organizations, that have agreed to collaborate on projects directed at creating healthy communities that foster and support health and well being with the goal of reducing risks that contribute to chronic disease. The HCBD Coalition has been funded since October 2009 by Health Canada through *Coalitions Linking Action and Science for Prevention (CLASP)* program run by the Canadian Partnership Against Cancer (**CPAC**). It is facilitated and supported by two staff who work on contract with the Heart and Stroke Foundation which is the lead agency for the Coalition.

Under the second round of funding, received between October 2012 and September 30, 2014, the HCBD partners agreed to expand their work into additional provinces and rural contexts and to focus their work on policies and processes that foster active transportation and active living. Under this phase of work, five health partners received funding through the HCBD CLASP Coalition to hire a Planner to work with them for an extended period (e.g. from 12 to 18 months). The Planners were expected to help the health partners to: build relationships with local planning and transportation professionals; and bring health considerations into local land use and transportation planning processes and policies.

1.2 Newfoundland and Labrador Provincial Wellness Advisory Council & Building Healthy Communities Coalition - Background

In 2011, the Provincial Wellness Advisory Council, partnered with the NL Public Health Association and NL Chapter of the Canadian Institute of Public Health Inspectors to organize a provincial conference – *Building Healthy Communities: Bringing Health and Wellness to the Community Planning Table*. This conference was a catalyst for collaborative action to create and enhance healthy built environments in communities throughout the province and led to the formation of the Building Healthy Communities Collaborative (**BHCC**) in early 2012.

The BHCC includes representatives from the health and planning fields in both public and private practice. In 2012, the BHCC continued to build its membership and oversaw research on Health Impact Assessment in the province in support of a policy paper on health and the built environment being prepared by the Newfoundland and Labrador Provincial Wellness Advisory Committee (**PWAC**). In 2012, under the second round of funding for the HCBD CLASP Initiative, the PWAC and BHCC received funding to support its healthy community work in the Eastern Health Region of Newfoundland.

1.3 Eastern Health Region - Newfoundland & Labrador - Context

The Eastern Health Region in the province of Newfoundland and Labrador encompasses the most eastern land mass which covers approximately 21, 000 km². Settlement patterns, due in large part to the region's historic ties to the cod fishery, have resulted in many small communities, scattered predominately along the coastline of the peninsulas. The area also takes in the capital of the



province and the largest metropolitan area, the St. John's census metropolitan area (**CMA**). The boundaries of Eastern Health include 111 incorporated municipalities, 69 local service districts and 66 unincorporated municipal units. The Eastern Health Region makes up over half of the population of the province.

The rapid rise of public health care costs, coupled with an aging and increasingly physically inactive population, has put a strain on economic and social sustainability. According to *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador*, the rates of chronic disease are significant. Of residents 12 years of age and up, over half (approximately 61 per cent) report having at least one chronic disease, and many have more than one. The leading causes of death in Newfoundland and Labrador are now diseases of the circulatory system, such as heart disease and stroke; cancer; and respiratory diseases. Over half of residents are not physically active, and obesity and overweight continue to be a concern.

In the Northeast Avalon Region (within the Eastern Health Region), municipalities are experiencing considerable development pressure and struggle to keep up with the demands for services such as parks, recreation, public transportation, water and sewer. Outside the Northeast Avalon, smaller rural communities are also facing pressures arising from increasingly elderly populations, outmigration of young people, maintenance of potable water systems and other infrastructure, and lack financial resources to invest in public spaces. Very little planning has been achieved that considers development through a community health lens.

Locally, non-governmental organizations (**NGOs**) such as the local chapter of the Heart and Stroke Foundation and Seniors Resource Center, are actively working on projects to improve

local food security and physical fitness levels among youth and seniors through improved community walkability. Health regions work collaboratively with communities, NGOs and other health supporting groups to build capacity within the population to improve their health and wellbeing.

Planning professionals in Newfoundland and Labrador, through their professional association, the Canadian Institute of Planners, are aware of, and have access to, the tools and materials prepared under the HCBD CLASP Initiative with the first round of funding. Some planners have begun to incorporate policies in municipal plans and are revising regulatory documents with healthy community design in mind. Other design professionals are beginning to recognize the contribution their work can make to creating healthy built environments. Architects and engineers are increasingly using multi-disciplinary teams to design buildings to high standards of Leadership in Energy and Environmental Design (**LEED**). Transportation engineers are beginning to think about active transportation and broadening their perspective to include cycling, walking and transit into transportation plans. Up to now, design and health professionals, policy makers, elected officials and the public, have tended to operate within their own traditional spheres.

2.0 Project Summary

2.1 Newfoundland HCBD Project Team

Project team leadership was provided through a core group of BHCC members whose skills represented practice, research and academic areas. This group monitored the overall goals of the project and provided support to the consultants as well as linkages with other BHCC members and key stakeholders. These members participated in community engagement activities and were a sounding board for the consulting team.

In early 2013, the PWAC and BHCC in Newfoundland and Labrador (**Newfoundland**) asked for proposals from local enterprises for Planning Facilitator who could support them on the Newfoundland HCBD project. CBCL Ltd was the successful bidder and set up a consulting team to provide facilitation services through two individuals; one person with 30 years of experience working as a Planner in the province and one with 30 years of experience working for the public health sector in the province.

The individuals in the consulting team have worked in many of communities throughout the province of Newfoundland and Labrador, in both rural and urban settings, and have a solid understanding of the challenges that municipalities face on a daily basis. They also understand well the provincial framework within which communities operate including provincial legislation, policies and programs that influence community development and where there are potential barriers that will frustrate incorporation of health considerations and requirements into municipal planning policies and regulations. The team was also joined by a student with a

Masters of Public Health, who supported the early work relating to the initial collaborative workshop and the indicator development process included in the action plan.

The consulting team was brought into the project from January, 2013 until June, 2014.

2.2 Newfoundland HCBP Project Goals

Under the Newfoundland HCBP project, the consulting team helped to facilitate and support the PWAC and the BHCC to work collaboratively with planners, engineers and other built environment stakeholders to identify strategic areas of action, establish linkages between the planning and health sectors, develop methods for inter-sectoral consultation and collaboration, and help accelerate integration of health considerations into land use and transportation policies and practices.

The process also involved further developing and leveraging the existing relationships and resources developed in Newfoundland, as across Canada, to incorporate the health considerations into areas that are most relevant at local and community levels. Core to this work was the



fostering of meaningful engagement among stakeholders, including health system decision-makers and practitioners, community planners, engineers and NGOs, in the development, implementation and evaluation of tools and interventions.

This work was to increase the province's capacity for engagement in complex, inter-sectoral policy work and system change around health and the built environment and leading to new collaborations between health, planning, engineering and NGOs around built environment issues and chronic disease prevention.

Under the Newfoundland HCBD project, the Planning Facilitator and the Public Health Consultant, working with the PWAC/BHCC, were expected to meet the following three goals:

1. Build strategic alliances between the health region and local planners, engineers, NGOs and health practitioners around health and built environment issues;
2. Facilitate the development and adoption of built environment policy at the provincial and/or local level that are aligned with health objectives; and
3. Promote the use and adaptation of HCBD tools in one or two areas of Newfoundland and Labrador – in both urban and rural areas.

The initial project work involved the development of a Action Plan built around these primary goals. Key participants and their respective roles in shaping the built environment in the eastern health region were identified through a situation scan. This scan identified areas of expertise and knowledge among health practitioners and support for healthy built environment planning and development. A short survey of key stakeholders assisted in determining gaps in knowledge of planning the built environment, as well as the role of health in planning and where linkages could be made between planners and health, and other stakeholders.

Policy and program areas at the provincial and municipal level, which directly and indirectly impact the built environment, were identified as potential areas for aligning with health objectives. Current ongoing local planning related to health and built environment were assessed for opportunities to build on land use and active transportation initiatives.

2.3 Goal #1 Building Strategic Alliances - Five Objectives

The Newfoundland Project Team developed an Action Plan which included five objectives under the goal of building strategic alliances:

- To increase the knowledge and skills of planning and health professionals in the use of Health Impact Assessment as a tool for informing land use decision-making.
- To increase the knowledge of health practitioners and planning professionals in the availability and adaptability of CLASP I and other tools in the local (Newfoundland and Labrador) context.
- To raise public awareness of the relationship between health and well-being and urban design and generate public debate around implementing change.
- To develop a shared vocabulary among various partners around health and the built environment.
- To engage municipal leaders in discussions about the link between local decisions involving the built environment and community health and well-being.

2.4 Goal #2 Facilitating Built Environment Policies - Eight Objectives

The Newfoundland Project Team developed an Action Plan which included eight objectives under the two goals; Facilitating the development and adoption of built environment policies at the provincial and/or local level that are aligned with health objectives; and Promoting the use and adaptation of HCBD tools in one or two areas of Newfoundland and Labrador:

- To promote the development of a Health Impact Assessment policy framework for incorporation into municipal and provincial decisions around land use and built environment.
- Encourage the establishment of formal relations for participation of health practitioners in the Municipal Plan Review Process throughout the province of Newfoundland and Labrador.
- To have Health Impact Assessment formally incorporated into at least one Municipal Plan and development application review process.
- To use (adapting where necessary) HCBD CLASP (and other) tools in a municipal planning process in the Eastern Health Region in both urban and rural areas.
- To have healthy built environment concepts introduced into the education program for engineers, public health practitioners and geographers at Memorial University.
- To have criteria for improving community health added to the evaluation grid of the Tidy Towns of Newfoundland and Labrador Program for use in 2014.
- To facilitate the appointment of health practitioners to municipal advisory committees related to health and built environment in the Eastern Health Region (e.g. City of St. John's Seniors Advisory Committee).



The poster for the API-NL Spring Workshop features three landscape photographs at the top: a wooden bridge over a river, a person walking on a path by a lake, and a red wooden fence. Below the photos, the title 'API-NL SPRING WORKSHOP' is displayed in white text on a blue and orange background. The dates and times 'MAY 30, 2013 8:30 am - 4:30 pm' are listed in white on a blue background. The main title 'Planners and Health Professionals: Working Together for Community Wellness' is in blue. The 'Hosted By' section lists the API Atlantic Planners Institute and IUA Institut des Urbanistes de l'Atlantique. The 'Venue' is the Foran Room at St. John's City Hall. A 'Background' section describes the workshop's purpose. A 'Special thanks' section acknowledges BHCC and CLASP. Logos for Healthy Canada by Design, CLASP, and other partners are at the bottom.

API-NL SPRING WORKSHOP
MAY 30, 2013 8:30 am - 4:30 pm

**Planners and Health Professionals:
Working Together for Community Wellness**

Hosted By: **API** | Atlantic Planners Institute
IUA | Institut des Urbanistes de l'Atlantique
Newfoundland and Labrador Branch / Division de Terre-Neuve et Labrador

Venue: Foran Room, St. John's City Hall, 10 New Gower Street, St. John's, NL
**Please note: Parking at City Hall will not be available.

Background:
Health professionals, planners, recreation specialists and community groups share an interest in the health and well-being of citizens in our communities. Yet we seldom work together to discuss the ways in which the built form of a community can affect health outcomes. There is a growing movement of collaboration across the country between professionals involved in community design and the health sector. This meeting is the beginning of the exchange of knowledge here in Newfoundland and Labrador between planners, health professionals and others who influence community form and function.

Meet the people and learn about the process and resources that can support you in developing policies, plans and actions that will improve community health outcomes. Learn about new tools that are available, and discuss specific actions to further cross collaboration.

Special thanks to BHCC and CLASP for generously contributing toward this event.

HEALTHY CANADA by design
CLASP CANADIAN LEADERSHIP ACTION STRATEGY FOR PREVENTION
An initiative of: CANADIAN PARTNERSHIP FOR ACTIVE LIVING, CANADIAN COUNCIL ON AGING, CANADIAN COUNCIL ON SOCIAL DEVELOPMENT

The Healthy Canada by Design CLASP Initiative is a partnership of national health, planning and transportation organizations, regional and local health authorities, non-governmental organizations and university researchers that are collaborating to bring health considerations into land use and transportation planning processes with the goal of creating healthy communities that support active transportation and physical activity.

3.0 Outcomes and Accomplishments

In its efforts to build awareness about healthy communities and strategic alliances across sectors and jurisdictions on issues related healthy communities and active transportation, the project team:

- Organized a workshop in May of 2013 entitled, *Planners and Health Professionals: Working Together for Community Wellness*. Organized in partnership with the Atlantic Planners Institute, it brought 70 participants from the health planning, and academic sectors, NGOs and the community together to discuss health and the built environment.

[\(Click here to view workshop report\)](#)

- Organized presentations, meetings and media events around a tour from Healthy Built Environment expert, Dr. Karen Lee, on the creation of healthy and active communities:



- For approximately members of the Provincial Wellness Advisory Council and Regional Wellness Coalitions;
- For senior level policy makers from seven provincial ministries;
- For 19 health staff and senior municipal staff from the Eastern Avalon region.
- For 135 members of the public (85 in the room and 50 via the Web) with the Harris Centre and the Newfoundland Centre for Applied Health Research at Memorial University;
- On the CBC Radio Noon call-in program. [\(See Dr. Karen Lee's presentation\)](#)

In its efforts to facilitate the adoption of healthy built environment policies and to build upon HCBD and other tools that support policy goals, the project team:

- Worked with Municipalities Newfoundland and Labrador (MNL), the member organization for incorporated communities, to identify opportunities to increase member awareness about the many benefits associated with healthy built environments and

active transportation and about the policies and practices needed to support those changes.

- Worked to have criteria for improving community health added to the evaluation grid for the 2013 *Tidy Towns*



program. *Tidy Towns*, with linkages to the national *Communities in Bloom* program, is run by municipalities across the province. Open to 300 communities, it is a competitive program in which communities are judged according to an evaluation grid with criteria for environmental and heritage protection, cleanliness, landscaping, recreation, citizen engagement, etcetera. This year, a new award, the **Well ♥ Minded Community Award**, was added to the program, to recognize the efforts of the community that does the most to promote health through its town planning processes and programs.

The winning community had to demonstrate a concerted effort to address the health impacts associated with its activities and plans by, for example, increasing community walkability or utilizing health data to inform decision-making. This award was judged with a separate evaluation criteria from the overall *Tidy Towns* awards. In 2013, judges assessed 40 communities through *Tidy Towns*. The community of Norris Point (population 600) was named the winner and the Heart and Stroke Foundation of Newfoundland provided the award.

- Built on the work of the Newfoundland Centre for Applied Health Research on health impacts assessments (**HIAs**) by encouraging municipal planners and appropriate government departments to include HIAs in to the planning processes. A city planner in the Eastern Region has expressed interest in being part of a working group that explores approaches for implementing HIAs into the planning process. In addition, one neighbourhood association in the City of St. John's had asked for further information about incorporating HIA into their community assessment. At recent meetings they have been using a modified HIA to do the assessment.

- Collaborated with the HCBP Project Teams in New Brunswick and Saskatchewan to adapt the Rural Active Living Assessment (RALA) Tool, that was developed through the Rural Health Research Centre of the University of Southern Maine, for use in our respective provinces (see original RALA tool at: <http://activelivingresearch.org/node/11947>). The Eastern Region Health Authority is currently reviewing this tool for use by the Newfoundland and Labrador Provincial Wellness Advisory Coalitions in rural areas of the region. The community of Gillams in western Newfoundland has also shown interest in using the tool.
- Collaborated on the development of a PWAC paper, which is focused on the creation of healthy communities, that was submitted to the Minister of Health and Community Services in May 2014. (Paper available through the Department of Health and Community Services, Govt NL)
- Drafted healthy built environment indicators with a working group of planners and public health professionals. The BHCC plan to work with different sectors to integrate these indicators into current information systems such as Community Accounts with the support of a student in the Masters of Public Health program.

4.0 Challenges and Barriers

The Newfoundland HCBP Project Team has found that key stakeholders understand, and are supportive of, the concepts of a healthy communities, built environments that support physical activity, and active transportation. However, there are a number of barriers and challenges which need to be addressed in order to affect change in this area:

- Within the stakeholder groups, as well as in communities in general, there are always competing priorities. Regional health authorities, provincial ministries, and local municipalities have limited resources and are continually balancing the demands and needs of their respective clients.
- Rural areas are very dependent upon volunteers to do work. They do not have the resources, expertise or capacity to facilitate changes in processes.
- At present, there are few policies and regulations, and little funding, to support healthy communities, built environments that foster physical activity, and active transportation.
- Municipal Elections, which were held in Newfoundland and Labrador in October 2013, had a negative impact on the project. There were a number of changes in elected representatives in the communities within the Eastern Health Region catchment area with whom the project team was working. Healthy built environments became less of a

priority for new members of council that were focused on learning about their new responsibilities.

5.0 Lessons Learned

The Newfoundland HCBD Project Team made the following observations over the year in which our project ran:

- It is important to link the positive economic and sustainability outcomes that can be associated with healthy built environments to build support for action among different sectors and communities;
- Health and planning have many mutual interests; collaboration can be used to share information, resources, and best practices;
- Health and planning can collaborate to address barriers to change;
- Leadership from the health sector is essential;
- People and financial resources are required to make a sustainable change;
- Information sharing and collaboration at a national level is very important to local implementation; and
- Sustainability of healthy built environment activity requires champions, engaged communities, and ongoing support.

6.0 Conclusions and Sustainability

Through the Newfoundland HCBD project, the Project Team has:

- Facilitated knowledge transfer and collaborative opportunities through workshops, presentations, dissemination of materials, and one to one interactions with key stakeholders;
- Increased the number of people in different sectors who are excited about the creation of healthy built environments; there is now a network of towns, neighbourhood associations, educational institutions, NGOs, and volunteer organization that are starting to "walk the talk".
- Encourage several municipalities to integrate health consideration into their planning efforts. For example, the Town of Paradise recently released a Request for Proposals for a review of the Town's Municipal Plan and Development Regulations which specifically referenced healthy communities and walkability. It indicated that the bidders should have public health expertise.

- Identified health contacts who have been added to the Department of Municipal Affairs referral list for Municipal Plan reviews.
- Identified healthy built environment indicators and initiated a process for cross- sectoral discussion about how they might be integrated into public processes.
- Submitted a healthy built environment paper to the Province which contains a number of recommendations, which if accepted, would result in more support for healthy built environments across the Province.
- Initiated the Well Minded Community Award as a successful component of the *Tidy Towns* program which will be continued in 2014. *Tidy Towns* Newfoundland has also suggested that similar criteria be incorporated into the national *Communities in Bloom* program.
- Increased momentum on the BHCC which is: exploring next steps for the collaborative; continuing to advocate for built environments that support and foster active living; looking for opportunities to share what has been learned from the HCBD project with other partners across the Province; and considering convening another workshop to learn about more specific ways to turn healthy built environments evidence into policies, programs and action.