

Below is a summary of the 8 replies received (email) to the reflection questions about the **April 30 2013 HCBD PEER TO PEER session**:

♥ Positive feedback, learnings

⌚ Constructive feedback for improvement

Questions, issues, tensions for further discussion and reflection

1.	What did you take away from the Launch meeting? Any learnings, any gaps? In particular, how well did the session meet its goal of learning from and sharing with peers in other health authorities?
♥	<ul style="list-style-type: none"> Some call participants said they found it interesting to see what other sites are doing. Concrete tools and approaches were most useful because participants could then consider if or how they could use them. Even just knowing they were available and where to look for them was seen as helpful (i.e., didn't necessarily have to have a lot of detail in the presentation, just an overview and where to go for more). Creating a sense of connection with others across the country was also mentioned as a positive take-away, and some participants now feel they can reach out to others in the network more easily.
⌚	<ul style="list-style-type: none"> There were differences among participants in how relevant they found to presentations: some not at all, and some quite a bit. This is related in part to the type of organization – not all those on the call were health authorities. Some participants wished there had been more opportunities to interact with peers, to dialogue and ask questions.
?	<ul style="list-style-type: none"> When participants are very busy and they are not sure they will have a concrete gain from the session, they are less likely to participate. In the future, some said they would assess whether they would have something specific to learn from or contribute to the particular issues planned for the call before deciding that it would be worthwhile for them.
2.	So what implications or impacts might this have for your own work on HCBD?
♥	<ul style="list-style-type: none"> Knowing where to go in the future to follow up will be a timesaver for some participants. Some said they intended to follow on specific tools, studies and data sources they heard about.
3.	Now what? How, if at all, will this affirm or change your work on HCBD?
♥	<ul style="list-style-type: none"> For most participants, no changes will occur. However, some participants will be reviewing their own approaches to see if any of the tools can be incorporated. Having a better understanding of CLASP 1 resources will allow participants to use them more effectively to inform our work.

Update on evaluation requirements for built environment work:

Organization	Evaluation/monitoring requirements for Healthy Built Environment
Eastern Health / Newfoundland Provincial Wellness Advisory Council	Project is a collective – the facilitators report to a committee on progress of Action Plan Implementation. We involve members of the Building Healthy Communities Collaborative in implementation. Main area of emphasis is establishing things that will have a legacy beyond the HCBD project. Evaluation will be done on each action item. But there is no formal requirement for evaluation that has to be undertaken/met outside the requirements of the CLASP II project.
Capital District Health, NS	Not sure – would be at MOH level?
New Brunswick Health	Not sure – would be at MOH level?
Montreal Public Health	?
Urban Ecology centre	Requirements are project-specific depending on funder
Ottawa Public Health	?
Toronto Public Health	?
Toronto Coalition for Active transportation	Requirements are project-specific depending on funder
Winnipeg Regional Health Authority	Not sure – would be at MOH level?
Regina Qu'Appelle Health	Not aware of any requirements
Vancouver Coastal Health Authority	Indicators are collected and reported to the BC Healthy Communities initiative; includes basic Built Environment indicators (e.g., no. of municipalities worked with)
Fraser Health	Evaluation not mandated but have goals and objectives, for which progress is monitored