



Healthy Canada by Design CLASP Case Study: Regina Qu'Appelle Health Region



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COALITIONS LINKING ACTION
& SCIENCE FOR PREVENTION

An initiative of:



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Photos

Cover, pages 4, 6 & 7, Megan Jones; Pages 5 & 9, Kim Perrotta

Copies of this Report

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1.0 Introduction

1.1 Healthy Canada by Design CLASP Coalition

This report is a case study report on the project conducted by the Regina Qu'Appelle Health Region (**RQHR**) 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 the *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.

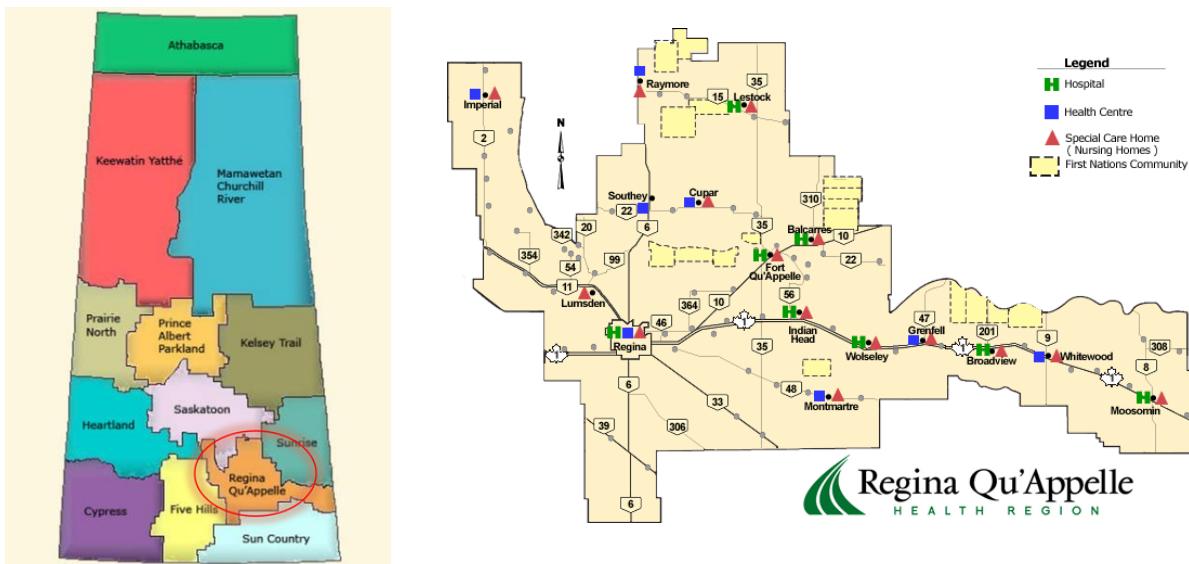
1.2 Regina Qu'Appelle Health Region (RQHR) - Background

The Health Promotion Department of Population and Public Health Services within the RQHR has been working to influence the design of communities within their health region for a few years. The Department has been focused on creating built environments that foster active living and easy access to healthy and affordable food. Department staff had identified the Built Environment as one of their priorities and formed a Built Environment Action Team (**BEAT**) with community members and other organizations to provide support and comments on the City of Regina's Community Official Plan. When the opportunity to join the HCBD CLASP Initiative was presented they recognized that an RQHR HCBD project could be used to gain momentum in this area by providing them with: a Planner for an extended period; access to knowledge translation support from the HCBD CLASP Coalition; and partnerships and information-sharing with other HCBD CLASP partners.

Through the HCBD CLASP Initiative, RQHR received funding to contract a Planner for 15 months from November 2012 to April 2014. This report provides the highlights of the work undertaken during those 15 months in the hopes that it will be useful to others who are working to create or re-create communities that support and foster physical activity, active transportation and healthy eating.

1.3 Regina Qu'Appelle Health Region (RQHR) - Context

The RQHR is located in the south eastern portion of the Province of Saskatchewan – as indicated by the red circle on the map below. The region has a population of approximately 260,000 residents spread across 26,663 kilometres – with 210,000 residing in urban communities and 50,000 in rural, First Nations and Aboriginal communities.¹ The RQHR offers a full range of hospital, rehabilitation, community, public health, long term care and home care services to meet the needs of its residents and provides tertiary care to residents through two provincial hospitals – Regina General Hospital and the Pasqua Hospital.



¹ Regina Qu'Appelle Health Region. The Inside Story – About the Regina Qu'Appelle Health Region. Accessed February 2014 from: http://www.rqhealth.ca/inside/about_us/rqhr_info.shtml#.

2.0 Project Summary

2.1 RQHR HCBD Project Team

The RQHR HCBD project was led by the RQHR Health Promotion Department who was able to hire a Planner and received support from other departments within RQHR such as: the Medical Health Officer (**MHO**), the Deputy MHO, the Executive Director of Population & Public Health Services (**PPHS**), a Public Health Inspector from the Environmental Health Department, and the Manager of the Emergency Medical Services Department.



2.2 RQHR HCBD Project Objectives

The RQHR HCBD project team developed an Action Plan which identified the project goals and objectives, the specific projects to be undertaken, and the steps to be taken to achieve the goals and objectives identified within the 15 month time frame allotted to the project. The specific projects were selected based on: opportunities presented by policy processes on-going in the community; the willingness of leaders of those initiatives to include RQHR as partners; the priorities identified by the RQHR team; and the potential to fulfill the objectives within the limited time frame of the HCBD project.

Objective #1 – Foster & Build a Relationship with the City of Regina

The Action Plan identified actions to be taken to develop a long-term collaborative relationship between RQHR and the City of Regina staff on built environment issues. It identified the need for meetings, presentations, information-sharing sessions, and participation in *Design Regina* stakeholder sessions, and Planning Commission and City Council meetings.

Outcomes:

Through the RQHR HCBD project:

- Collaboration has begun on projects that impact health and the built environment;
- Contacts have been established between RQHR and staff in Current Planning, Long Range Planning, Neighbourhood Planning and Infrastructure Planning within the City of Regina;

- RQHR has been added to the list of external partners to receive Development Applications for review and comments;
- Conversations have begun between RQHR and City Management about the possibility of RQHR being included in policy development discussions earlier in the process to support a more effective role in those processes; and
- Through the *Design Regina* process, health-related policies and language were included in the new Official Community Plan.

Challenges & Lessons Learned:

Through the RQHR HCBD project, RQHR learned that:

- Knowing who to contact with an inquiry within the City is half the battle;
- It is important for health representatives to be present at Council or Planning Commission meetings when opposing some element of a Development Application;
- High turn-over of staff at the City can make it difficult to cultivate effective relationships; and
- Solid relationships take time to develop.

Objective #2 - Increase Knowledge about Healthy Communities

This objective was pursued by hosting educational opportunities directed at a variety of audiences and by accepting offers that arose. While many opportunities for education arose, three large-scale events were organized by the RQHR team:

- **A Telehealth Presentation** - A healthy built environments educational event was organized, using telehealth, which featured three guest speakers. This event was designed to introduce health professionals across the province to: the evidence linking health to the built environment; the actions that can be taken to create or re-create communities to foster physical activity and active transportation; and the role that health authorities can play in those processes.



- **Growing Healthy Communities Forum** - This forum was organized around the Saskatchewan Professional Planner's Institute (SPPI)'s annual conference. The audience included public health professionals, planners, decision-makers, and residents from urban and rural Saskatchewan. The forum aimed to: introduce participants to linkages between health and the built environment; provide them with opportunities to apply that knowledge in group activities; and foster relationships between people from different sectors.



- **SPPI Annual Conference & Pre-Conference Workshop** - A pre-conference workshop was organized around the SPPI's Annual Conference. It aimed to: introduce planning professionals to evidence linking health to the built environment; identify the actions that have been taken in other jurisdictions to create healthy built environments; and to provide opportunities to apply that knowledge in group activities.

Outcomes:

Through the RQHR HCBD Project awareness about healthy built environments has increased among health professionals, planners, decision-makers and residents in urban and rural areas of the Region although there is much more work to be done.

Lessons Learned:

Through the RQHR HCBD Project, RQHR learned that:

- The educational process works both ways; that meetings and educational events should be used for discussions about the operational challenges associated with the development or re-development of healthier communities;
- Opportunities for education and collaboration will become available as stakeholders become aware of health authorities that are working in this field;

- It is crucial to ensure that decision-makers and administrators within any community are aware of the many benefits associated with healthy community policies;
- By planning events around the SPPI Annual Conference, there was a good turn-out and RQHR was able to reach an audience of Planners, and it was essential to have the SPPI conference organizers on side to support these events;
- It was useful to have access to a high profile built environment expert who could draw an audience and make a compelling case for action on healthy communities; and
- It was useful to have access to other HCBD CLASP partners to draw upon for credible information and experience in other jurisdictions.

Objective #3 – Understanding the Built Environment from a Rural Perspective

Rural RQHR includes towns, villages, hamlets, farms, resort villages, bedroom communities, and First Nations & Aboriginal communities, with populations less than 5,000 people. Little is known about the role of the built environment on the levels of physical in rural and remote communities. Questions that need answers include: What is a healthy built environment in a rural setting? What role can active transportation play in a rural environment? What policies need to be included to benefit health in relation to the built environment?

RQHR collaborated with the New Brunswick and Newfoundland HCBD CLASP project teams, the Heart & Stroke Foundation Community Action Specialist, an RQHR Rural Health Educator, and the community of Grenfell, to adapt the Rural Active Living Assessment (**RALA**) Tools that were developed by the Maine Rural Health Research Center at the University of Southern Maine in 2009. The adapted tools were applied to the Town of Grenfell to gain an understanding of what preventative built environment health measures might apply in a rural community.



Outcomes:

Through the RQHR HCBD project:

- The RALA tools were adapted for application to rural communities in a prairie context;
- The adapted RALA tools were piloted in the Town of Grenfell;

- The results from the RALA process were used by the Town of Grenfell to develop a community action plan; and
- The Town of Grenfell has since taken steps to construct a playground on the north side of the rail road tracks within Town to increase access to “play opportunities” for families on that side of Town.

Lessons Learned:

Through the RQHR HCBD Project, RQHR found that:

- A solid foundation of trust and understanding needs to be built with a rural community before any work can take place;
- Capacity on the issue needs to be built within the rural community before applying the adapted RALA tools;
- It is helpful if health staff can support the community with the application of the RALA tools and the development of a community action plan; and
- Based on this one pilot project, the adapted RALA tools appear to be useful for identifying priorities for healthy community improvements within rural communities.

Objective #4 - Policy Development & Implementation

Bringing health considerations into local policies that affect community design is the cornerstone of the HCBD CLASP Initiative. In the RQHR HCBD project, the project team was fortunate to have the opportunity to participate in the review of Regina’s Official Community Plan through the *Design Regina* process. The RQHR team ended up participating in all elements of this process.

“Through the review of their Official Community Plan, the City of Regina engaged a broad range of stakeholders to share their thoughts on the future of their community. The Regina Qu’Appelle Health Region (RQHR) stepped up and participated throughout. They provided valuable input on a variety of policy topics in the Plan. The active and informed involvement of the RQHR CLASP Facilitator and other staff ensured the issue of health in planning was consistently brought forward for consideration during the process.”
City of Regina, Planning Department

Outcomes:

Through the RQHR HCBD project:

- The RQHR Health Promotion Department has been part of the policy development process for the Community Official Plan, the Zoning By-law, and the Transportation Master Plan for Regina;
- The three departments within RQHR, the Health Promotion, Environmental Health and Emergency Medical Services Departments, are now part of the development review process in the City of Regina; and

- Through the *Design Regina* process, health-related policies and language were included in the new Official Community Plan for Regina.

Lessons Learned:

Through the RQHR HCBD Project, RQHR learned that:

- It is beneficial to understand the context of policies and to provide concrete examples to support recommendations or new or revised policies;
- Making recommendations, early in the planning process, pertaining to operations and maintenance, can have a significant impact on the final design of communities;
- It is important to conduct research on policies before offering recommendations for policy change to ensure that input is seen as credible and useful;
- While it is important to offer recommendations on broad policies, it is also important to offer assistance and recommendations on the operational and maintenance policies that are needed to support implementation; and
- When looking to implement planning policies, it is imperative that decision-makers understand the importance of the policies.

3.0 Conclusions

The RQHR - HCBD project has produced many positive outcomes:

- Three departments in RQHR – Environmental Health, Emergency Medical Services and Health Promotion – have developed a collaborative relationship on built environment issues;
- These three departments have established a foundation for work on the built environment with a number of external partners including staff in the City of Regina;
- Staff in these three departments have had the opportunity to participate in, and become familiar with, the planning processes related to the Official Community Plan for Regina, Secondary Plans, Concept Plans and Site Plans;



- Health-based policies have been offered on, and in some cases incorporated into, local planning documents;
- The profile of the RQHR Health Promotion Department has been increased among planners, engineers, and decision-makers across the region;
- There has been an increase in awareness about the links between health and the built environment among health staff, planners, decision-makers, and the public across the region; and
- The groundwork has been laid for work in rural communities with the modification and application of the Rural Active Living Assessment (RALA) Tools in one rural community.

4.0 Sustainability

Now that RQHR has become involved in the land use planning processes with the City of Regina and rural communities, it is important to maintain and cultivate that role. This will require a long-term increase in the staff complement dedicated to Built Environment issues across the health authority. It is with this knowledge that the Health Promotion Department of the Region is seeking additional funding from the Ministry of Health and from internal sources to provide a Healthy Community Program. This Program will work to build upon the work of the RQHR HCBD project and seek additional opportunities for involvement.