

# **Building a Healthier Simcoe Muskoka**

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**simcoe  
muskoka**  
DISTRICT HEALTH UNIT

# Overview

- The importance of public health work on the built environment;
- The Simcoe Muskoka (Ontario) context;
- Pursuing the opportunities in Simcoe Muskoka;
- Action throughout the province.

# Disclosure of Interests

**When I cycle I  
feel young  
again.**

.....

**I want to be  
able to cycle  
safely  
anywhere in  
the world by  
the time I  
retire.**



HOME AGAIN — Chuck Gardner, 17 (left), his brother Howard, 15, both of 29 Park Avenue, and John Deraps, 17, of 45 VanBuskirk Drive, have just completed a 500-mile bicycle trip over a period of

six days. During that time they went to a rock concert, did some skin diving and encountered some unfriendly natives, but they're glad they went. As they said, it relieves boredom before they start their jobs. (T-J Photo).

## 500-mile trip

**Rock concert, rock throwers  
all part of cyclists' trip**





# Some Health Impacts Related to the Built Environment

## Precursors:

- Ability to be physically active
- Air quality
- Access to good nutrition

## Biomedical outcomes:

- Obesity
- Blood pressure
- Injuries
- Mental health
- Mortality

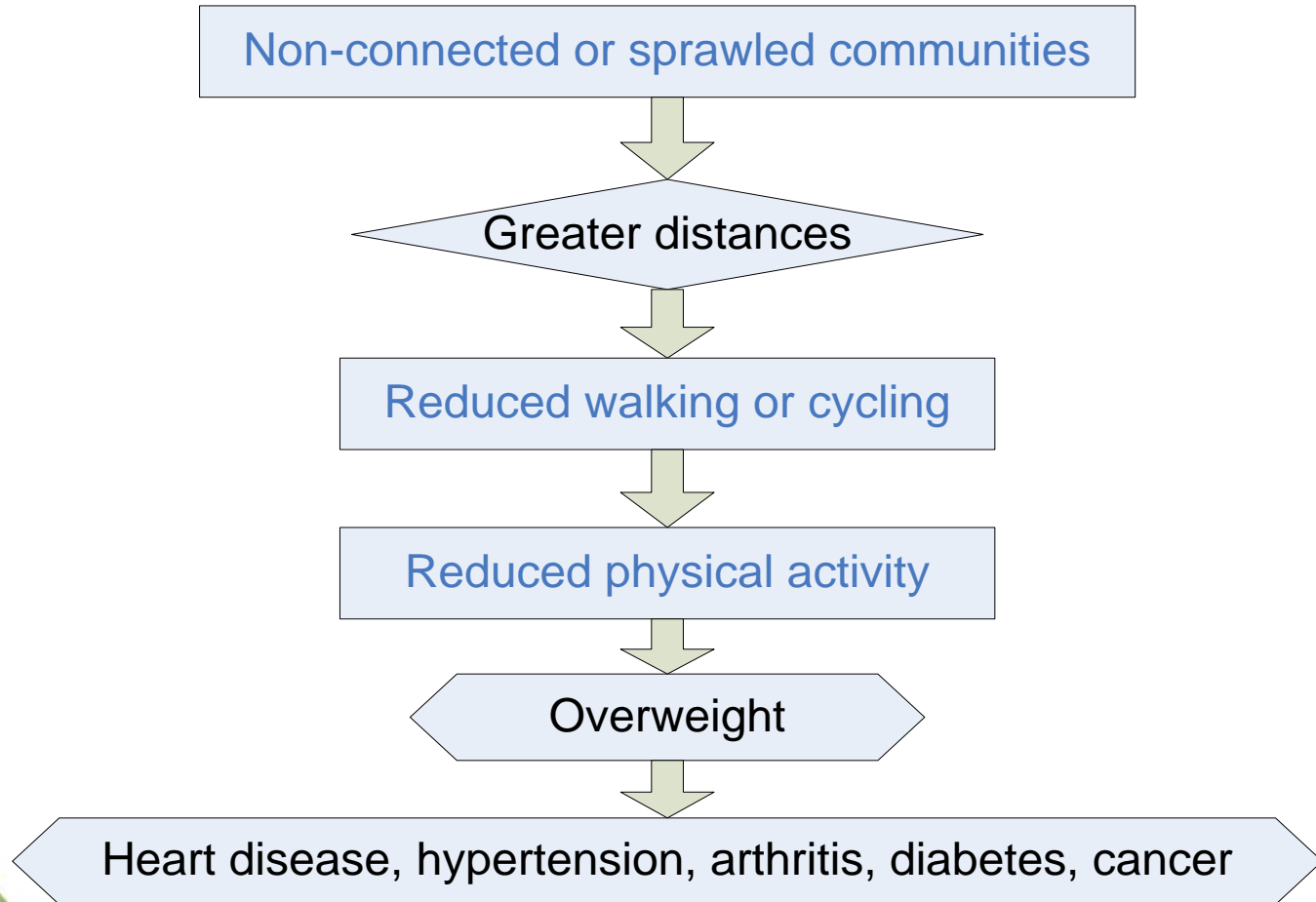


# Some Related Broader Determinants of Health

- Social determinants
  - Social capital
  - Safe access to education, work, housing, services
- Carbon emissions



# LINKS – Built Environment & Chronic Disease





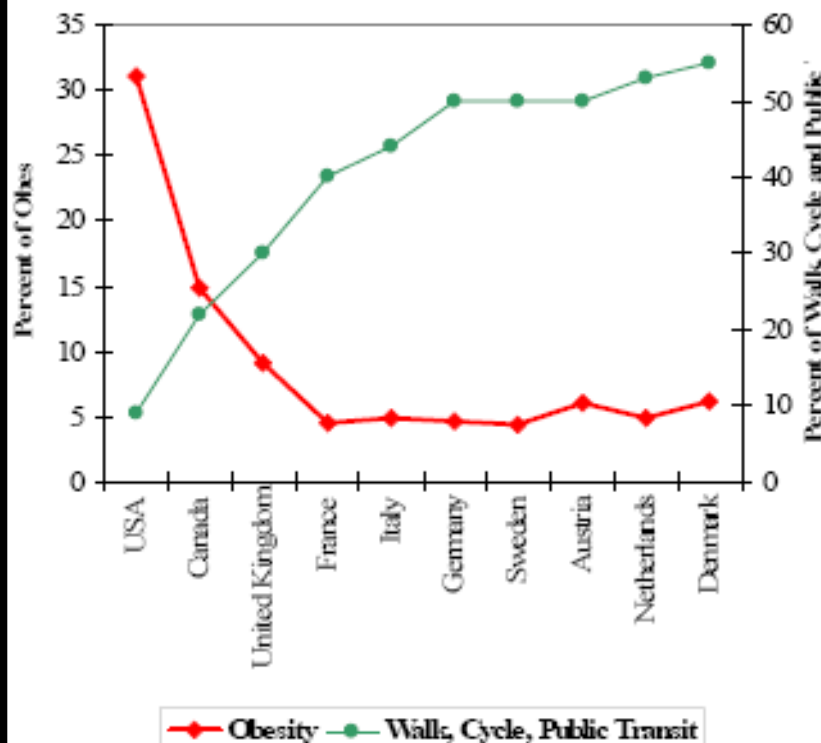
# The Difference Active Transportation Can Make: Physical Activity- Walkable Communities

- An analysis of studies in 6 communities found that on average, residents in highly-walkable neighbourhoods took twice as many walking trips as people in less walkable neighbourhoods. Most of the increase was due to walking for errands or to go to work. [\[1\]](#)



# Auto Use and Obesity – International Correlations

Does auto-dependency make us fat? Obesity falls sharply with increased walking, cycling, and transit use.



Background Paper:

National Scan of Actions to Address the Relationship between Built Environments, Physical Activity and Obesity

Draft May 2006

Chronic Disease Prevention Alliance of Canada



# Active Transportation vs. Recreational Activity

## Recreational Physical Activity

Defined as exercise, sports, recreation or hobbies. ■

Occurs during one's leisure or spare time. ■

Is not associated with activities as part of regular job duties, household or transportation (Surgeon General's Report, 1996). ■

Requires motivation & time to initiate & sustain. ■

**When busy person is “pressed for time”, usual sacrifice is Recreational PA.**

## Active Transportation

Self-powered human movement.

■ Primary purpose is to get to a destination or accomplish a task.

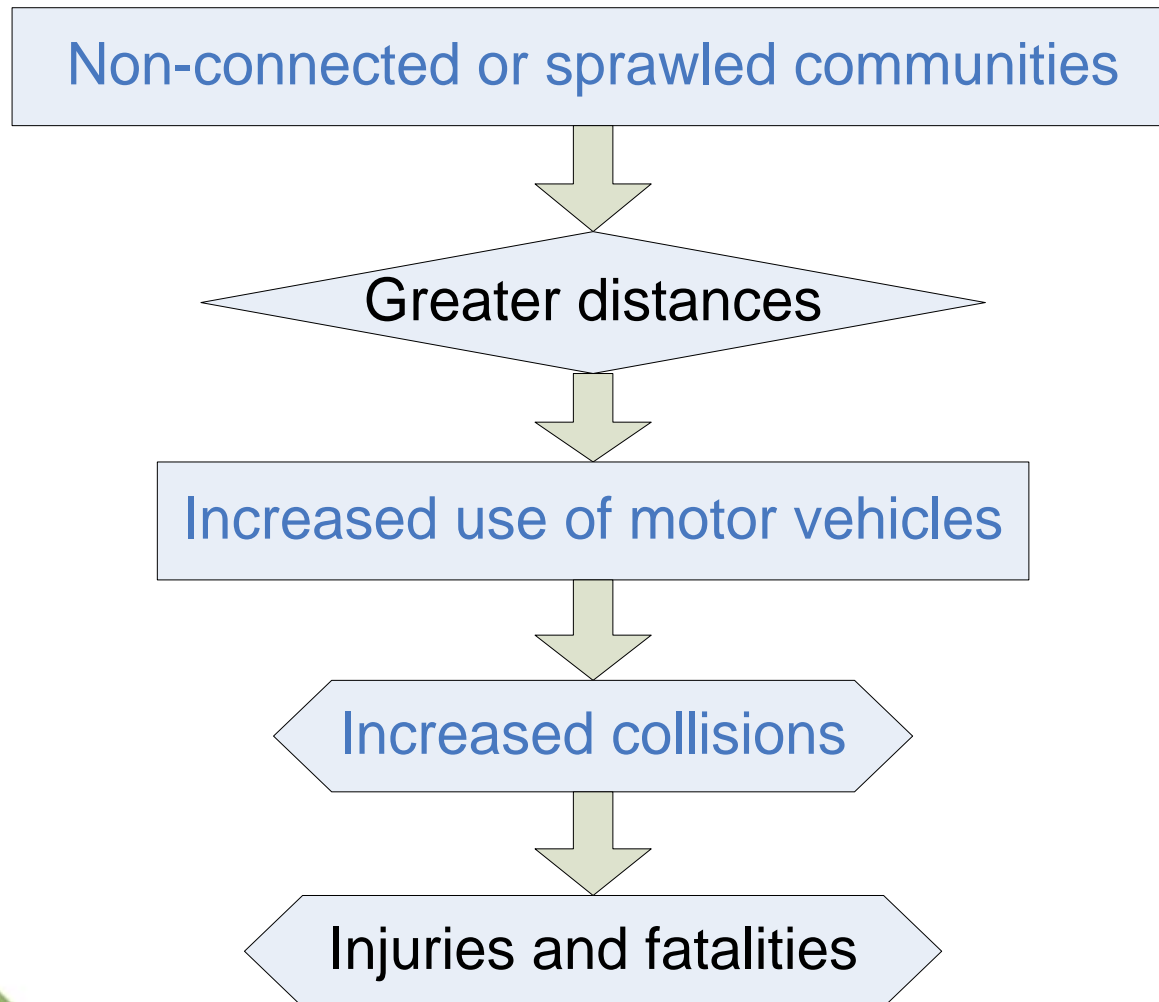
■ Secondary purpose is doing the physical activity.

■ Done as part of daily tasks – on the “To Do” list.

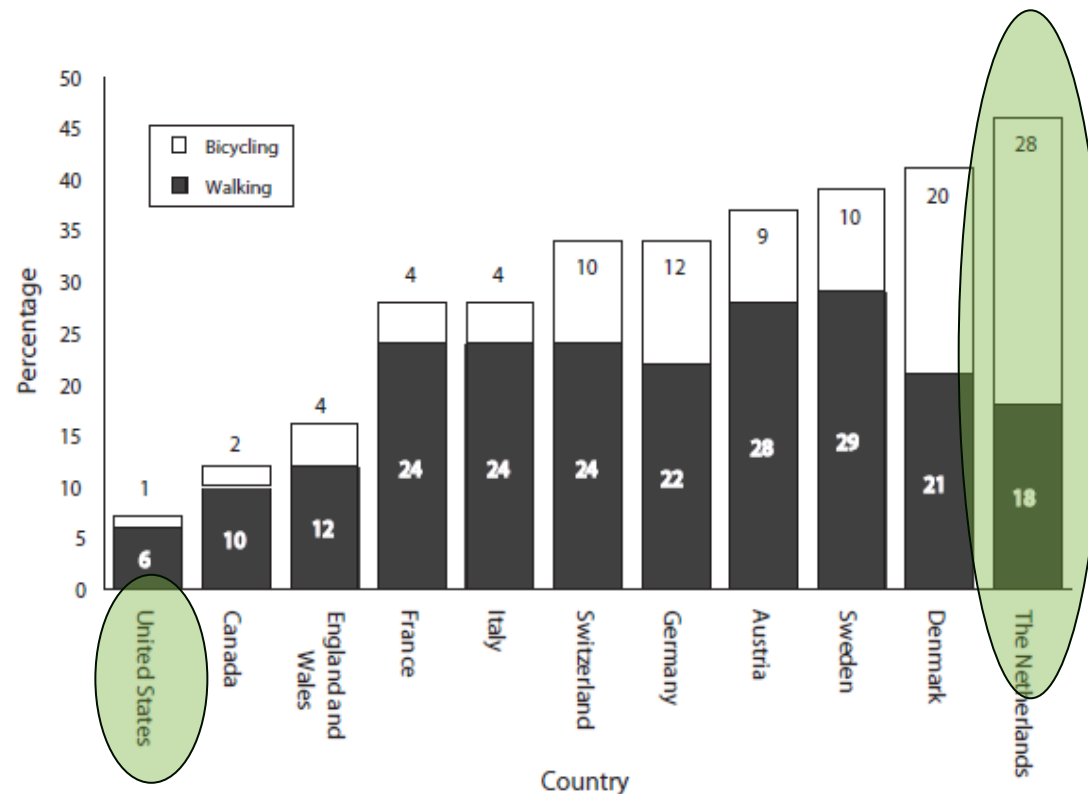
When busy person is “pressed for time”, the “To Do” list still is addressed.

■ **If busy person can easily walk to the store, bank, etc – they accomplish necessary tasks & are physically active at the same time.**

# LINKS – Built Environment and Injuries



# A lot more walking/cycling in the Netherlands....



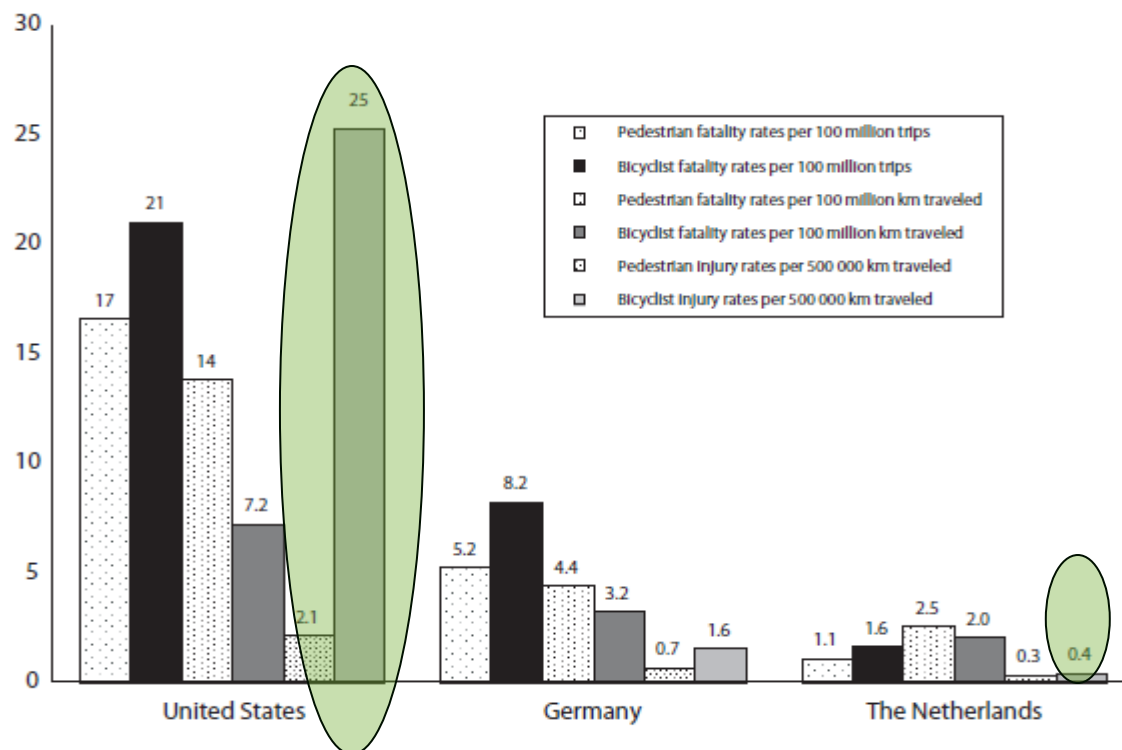
*Note.* Modal split distributions for different countries are not fully comparable owing to differences in trip definitions, survey methodologies, and urban area boundaries. The distributions given here are intended to show the approximate differences among countries and should not be used for exact comparisons.

*Source.* Transportation Research Board,<sup>29</sup> Table 2-2, p. 30.

**FIGURE 1—Percentage of trips in urban areas made by walking and bicycling in North America and Europe, 1995.**



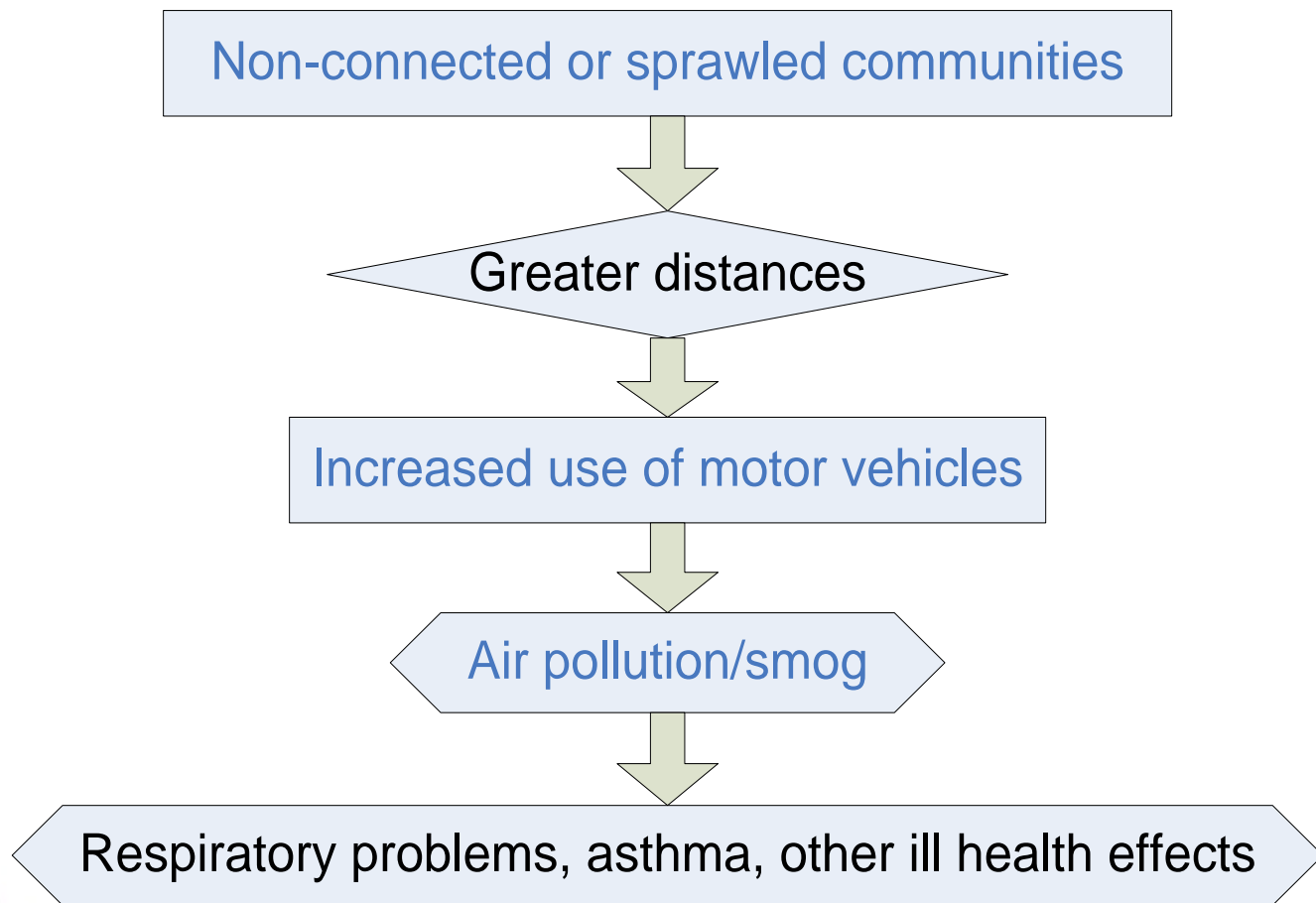
...because it's a lot safer



Source. US Department of Transportation<sup>11,12</sup>; Centers for Disease Control and Prevention<sup>13</sup>; German Institute of Economic Research<sup>16</sup>; German Federal Statistical Office<sup>17</sup>; German Federal Traffic Institute<sup>18</sup>; Statistics Netherlands<sup>9</sup>; and Dutch Ministry for Transport, Public Works and Water Management.<sup>20</sup>

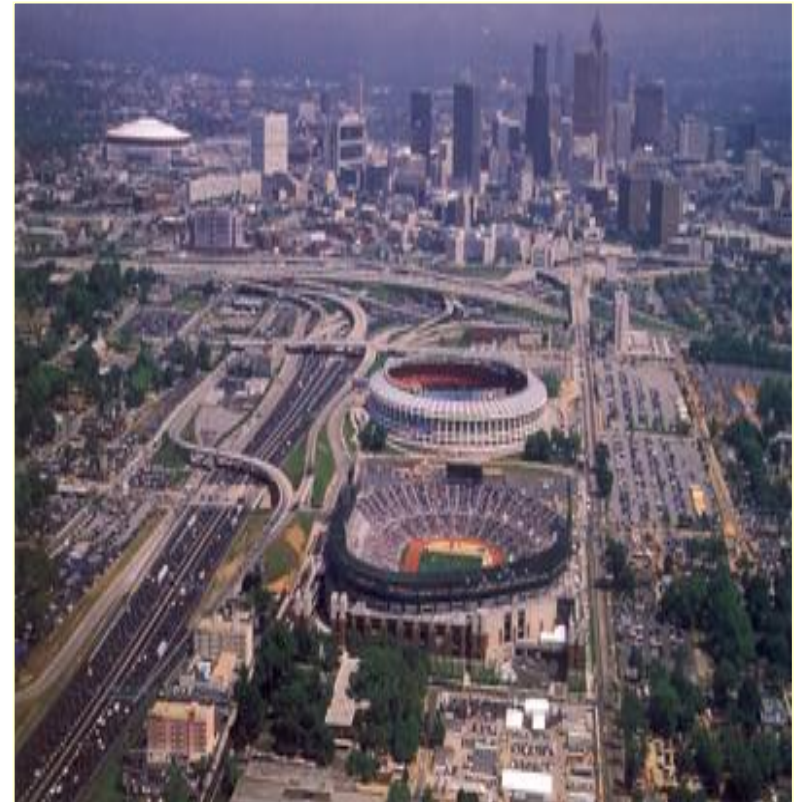
**FIGURE 3—Pedestrian and bicycling fatality rates and nonfatal injury rates in the United States, Germany, and The Netherlands, 2000.**

# LINKS – Built Environment & Air Quality



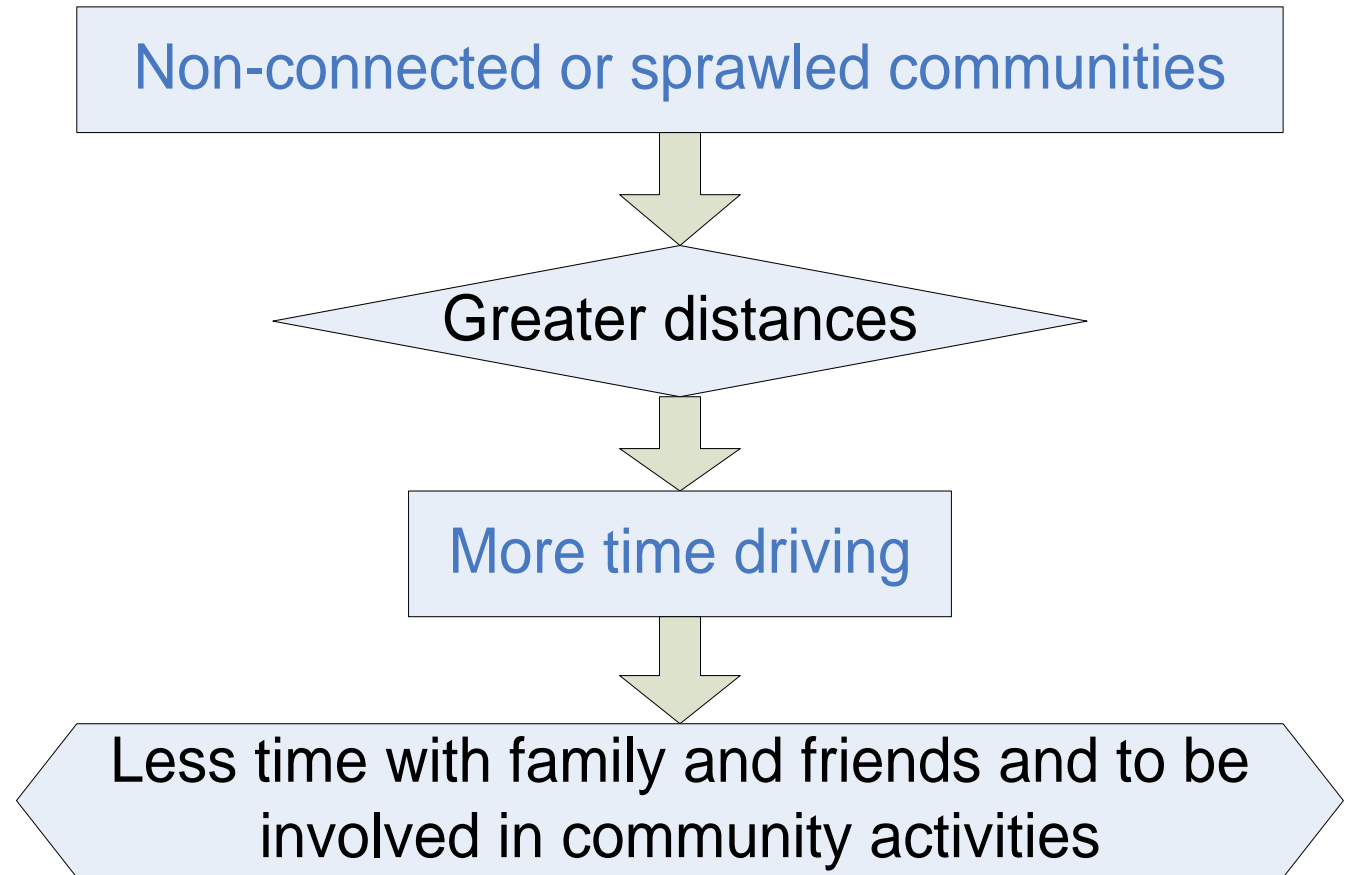
# Air Quality

- Living near heavy traffic = 2.5 years loss of life (*Finkelstein et al, Am J Epi, 2004*)
- Atlanta Olympics 1996: increased public transportation = 22% reduction in traffic, 28% reduction in ozone, 41.6% reduction in ER visits for asthma (*Friedman et al, 2001*)
- ◆ Sequence of associations – community design impacts on mode of transportation; more vehicles used, more trips taken, more miles traveled impacts on amount of emissions; impacts on air quality; impacts on health (*Frumkin et al, 2004*)





# LINKS – Built Environment & Mental Health



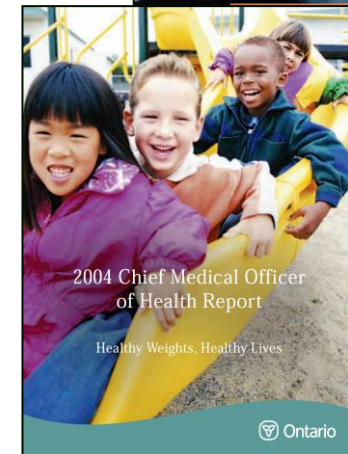
# Issue: Social Capital and Well-being

- Each additional 10 minutes spent in daily commuting time cuts involvement in community affairs by 10%. [1]
- Respondents who reported one or no places to walk were significantly less healthy than person who said they had five or more places to walk. [2]
- The intellectual and emotional development of children is more advanced in communities that are walkable and that combine a mix of land uses. [3]



# Many have made a connection between the built environment and health

- World Health Organization – European transportation and physical activity collaboration
- Ontario Medical Association – obesity and air quality reports
- Ontario College of Family Physicians reports on Urban Sprawl
- Ontario Chief MOH reports in 2004 and 2011
- Ontario Professional Planners Institute
- The Province of Ontario – Places to Grow
- Heart and Stroke Foundation
- Canadian Index of Wellbeing
- Ontario's Public Health Sector Strategic Plan
- Canadian Medical Association – built environment review paper

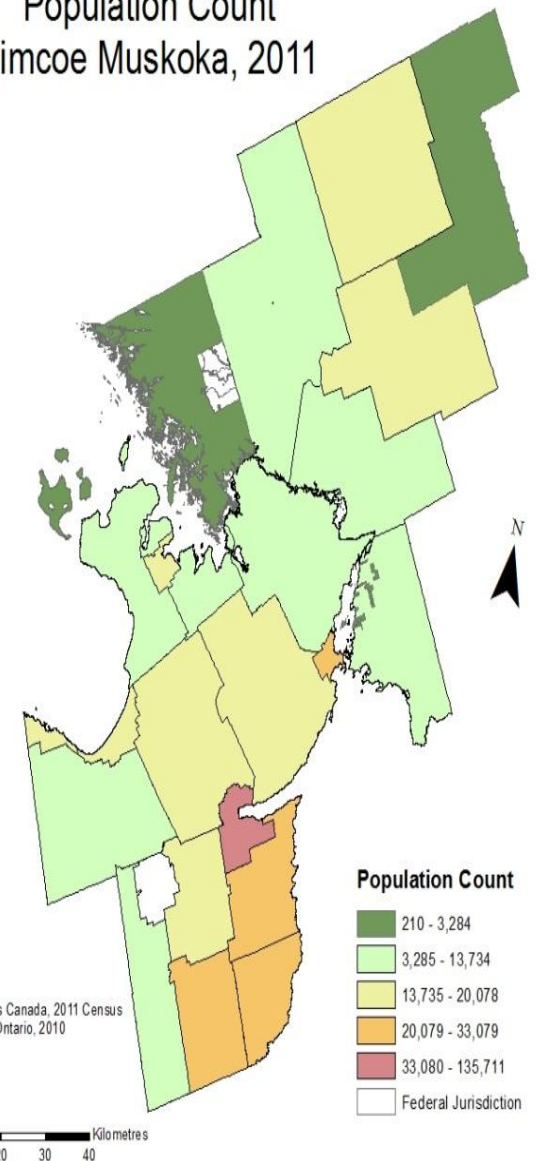




# Simcoe Muskoka District Health Unit

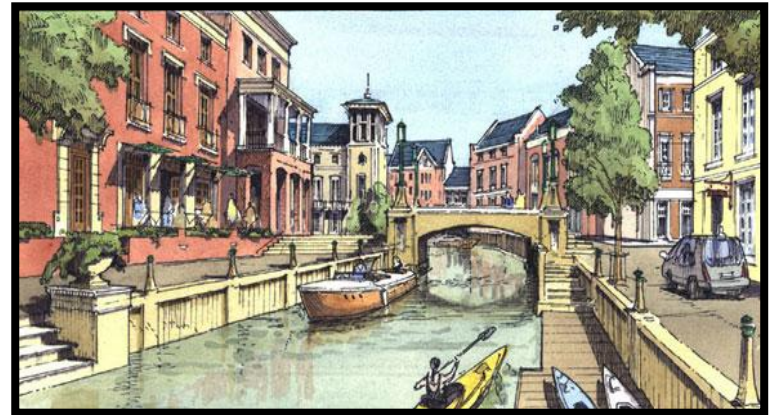
- 1 of 36 health units in Ontario
- Independent Board of Health:
  - 5 public representatives (provincially appointed), and 9 municipal representatives
- Servicing 504,110 people (2011 Census) – mixed medium to small urban and rural populations – farmland and cottage country
- 8,797 square kilometers
- Population increase 5% from 2006 to 2011
- Four upper tier / single tier municipalities (26 municipal councils)

Population Count  
Simcoe Muskoka, 2011



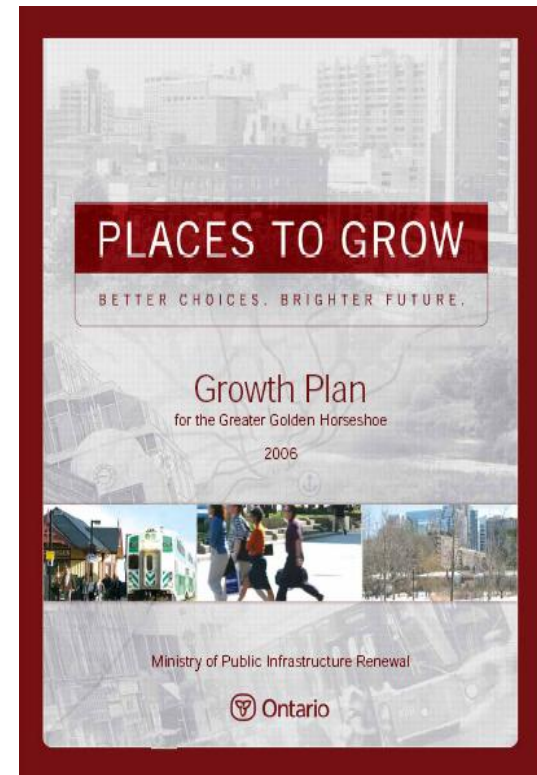
# Simcoe Muskoka, 2006: Why focus on the built environment here? Why now?

- Simcoe Muskoka has had a high incidence of preventable disease
- Simcoe Muskoka has been rapidly growing and developing (45% growth increase anticipated over 25 years)
- How this growth and development happens is dramatically impacting on the health of some 500,000 (and more to come) people
- We have seen opportunities to influence how this growth happens



# “Discovering” the Built Environment

- Simcoe Muskoka “Call to Action” with municipalities and other partners to address chronic disease reduction through policy and supportive environments – predated 2005 amalgamation
- 2005 – Ontario’s Places to Grow Act and Policy – healthy, environmentally sustainable, economically beneficial management to growth in the Greater Golden Horseshoe (includes Simcoe but not Muskoka)
- 2006 – SMDHU became aware of the potential public health opportunities posed by this provincial policy





# Opportunities to Make a Difference in Simcoe Muskoka

- Community readiness – growth has been a high priority issue, in the media, and from our strategic planning consultations in 2006
- Intergovernmental Action Plan on growth management in Simcoe (with Barrie and Orillia) in 2006 – MOH was on municipal planning committee
- Building Healthy Communities in SMDHU 2007 to 2010 Strategic Plan



# Enabling and Informing Our Path

- Building Healthy Communities internal committee – formed in 2006 with cross-agency representation, including senior management with the MOH
- Research - to gather information for use in health unit planning
- 3 Components of Research Study
  1. Literature Review of the evidence on the impact of the built environment on health
  2. Scan of Ontario health units' and community partners' roles/practices in land use planning – partnered with Ontario Healthy Communities Coalition (PHAC funded)
  3. SMDHU manager/director survey – to identify current and potential HU programming related to land use planning and the built environment

## The Impact of the Built Environment on the Health of the Population: A Review of the Review Literature

November 2007

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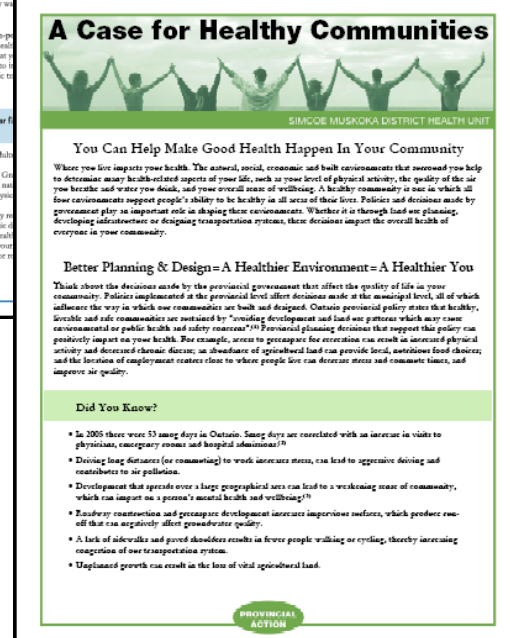
# Early Advocacy Activities

## Municipal Elections – Fall 2006

- Provided Fact Sheets with suggestions for municipal action provided to all candidates and on SMDHU website – *A Case for Active Transportation, Air Quality*

## Provincial Elections - Fall 2007

- Adapted above 2 Fact Sheets with a provincial perspective
- Developed a 3<sup>rd</sup> Fact Sheet on Building Healthy Communities
- Provided fact sheets to all local provincial candidates



# Building Internal Capacity

- One-year BHC Specialist position in 2008 - 2009
- Planning template approach provided to all managers and supervisors to incorporate healthy built environment content in SMDHU Program Operational Plans – commenced in 2009
- Internal built environment sustainability plan created in 2010
- Trained internal multi-disciplinary and multi-program teams (chronic disease and injury prevention, environmental health) to review official plans and other key BE strategic documents – remains in place
- BHC Committee disbanded in 2010





# The Impact of Our Healthy Communities Design Guidelines – Municipal Planners (MP)

- Survey Response rate – 33% (26 of 78)
- Familiarity with resource - 96% yes (25 of 26)
- New concepts introduced – 36% (8 of 22)
  - Social cohesion and well-being (4 of 8)
  - Physical activity (3 of 8)
  - Access to food (3 of 8)
  - Injuries and safety (3 of 8)
- Overall satisfaction with resource – average of 4.1 out of 5 (5 being very satisfied)



HEALTHY COMMUNITY DESIGN

**Policy Statements  
for Official Plans**

# Our Accomplishments

- Worked with municipalities to incorporate healthy community design principles into Official Plans and other municipal documents
- Provided comments to 11 Official Plans, 17 other strategic documents (such as: provincial policy statements, transportation plans, draft Ontario Cycling Strategy, housing strategies) . Will provide comments to 16 more official plans.
- Hosted / supported 10 municipal workshops on healthy community design
- Raised the profile of BE provincially
- Revised our agency policies / practices
  - Reviewed and revised our office / clinic / service locations with BE lens
  - Agency Green Plan to improve infrastructure & sustainability
  - Anti-idling Policy
  - Distance communication / reduced travel / work from home

# Examples of public health work throughout Ontario to foster healthy community design

- Education and awareness raising within the public health community:
  - alPHa conference Feb 2007 and June 2008
  - ASPHIO conference May 2008
  - HKPRHU hosted active transportation workshop in 2010
  - GBHU hosted Healthy Communities Conference in May 2010
  - CPHA Conference had built environment content in June 2010
  - OPHA Conference on the built environment in October 2010
- Regional / provincial partnerships
  - GTA Clean Air Council – Peel, SM, TO
- Healthy design modeling / assessment tool
  - Peel (with Dr. Larry Frank and Dr. Jim Dunn), Grey Bruce, Haliburton



# More examples of public health work in Ontario to foster healthy community design

- Clean Air Strategies / Plans (including anti-idling)
  - Peel, TO, Waterloo, Halton, Simcoe Muskoka
- Active Transportation Plans / Bicycle Paths / Walking Strategies / Planning Tools
  - Peel, TO, York, Hamilton, London, St. Thomas
- Green Building Strategies
  - TO
- Municipal Official Plans / Master Transportation Plans
  - Simcoe Muskoka
- Health Impact Assessment Frameworks / Reports
  - TO, Waterloo, York
- Environmental Assessments
  - York





# More examples of public health work in Ontario to foster healthy community design.

- Community Energy Plan
  - Waterloo, York
- Sustainability Strategies
  - York
- Climate Change Mitigation and Adaptation Plans
  - TO, York
- Transit Emissions Reduction / Smart Commute Plans
  - York
- Comprehensive Food Strategies
  - TO, SMDHU
- Ongoing Review and Advocacy
  - OPHA Built Environment Working Group
- Provincial Policy Advocacy
  - Review of the Provincial Policy Statement
  - Provincial cycling strategy
  - Meetings with provincial ministers





## Final Thoughts

- There is great potential to improve health in many ways with the built environment.
- At SMDHU we have learned much along way – and we will continue on the journey for many years to come.



# Questions?

