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Healthy Canada by Design CLASP Initiative

APCPS Pre-Conference Workshop

Regina, Saskatchewan

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September 16, 2013

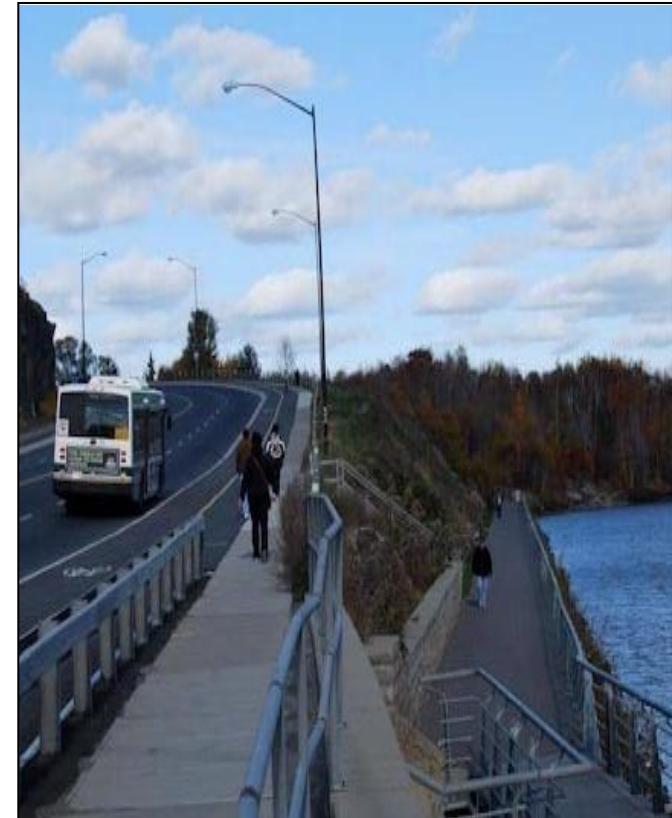


Public Health & the Built Environment



Built environment affects health & well-being by influencing:

- Modes of transportation & VKT
- Levels of physical activity – utilitarian & recreational
- Emissions of air pollutants & GHG
- Number of vehicle-related injuries & deaths
- Access to jobs, services, healthy & unhealthy foods
- Access to parks, green space & recreational facilities
- Time & opportunity for social interaction



HCBD CLASP Vision Statement



Health officials, planners, engineers and NGOs in communities across Canada collaborate seamlessly to:

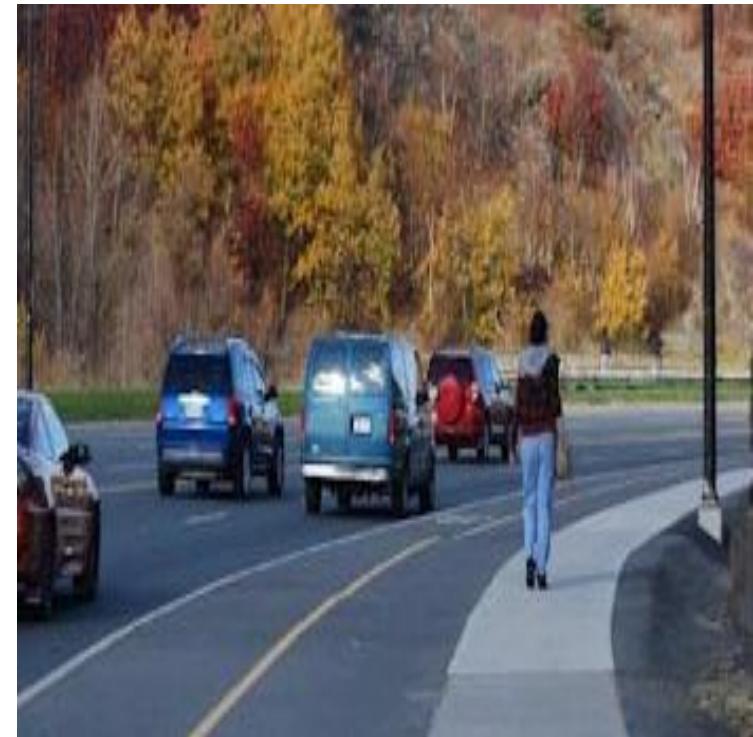
- ensure built environments are designed to promote health and well-being,
- thus contributing to the reduction of risk factors for chronic diseases (with a particular focus on **physical activity**)



Physical Activity & Built Environment



- Most Canadians do not get the exercise needed to maintain health
- Physical inactivity linked to Diabetes, Stroke, hypertension & some cancers.
- **\$5.3 billion in health-related costs/year for Canada**
- Studies – Built Environment affects the levels of physical activity:
 - Population density & Mixed land use
 - Connectivity of roads & sidewalks
 - Presence of bike paths & bike lanes
 - Presence of parks & recreational facilities



HCBD CLASP 1 2009-2012



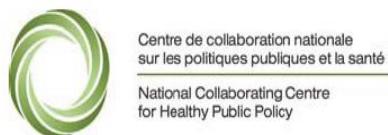
Four National Organizations

- ❖ Heart & Stroke Foundation
- ❖ National Collaborating Centre Healthy Public Policy (NCCHPP)
- ❖ Canadian Institute of Planners
- ❖ Urban Public Health Network



Six Health Authorities

- ❖ Montreal Public Health
- ❖ Toronto Public Health
- ❖ Peel Public Health
- ❖ Vancouver Coastal Health
- ❖ Fraser Health Authority
- ❖ Vancouver Island Health Authority

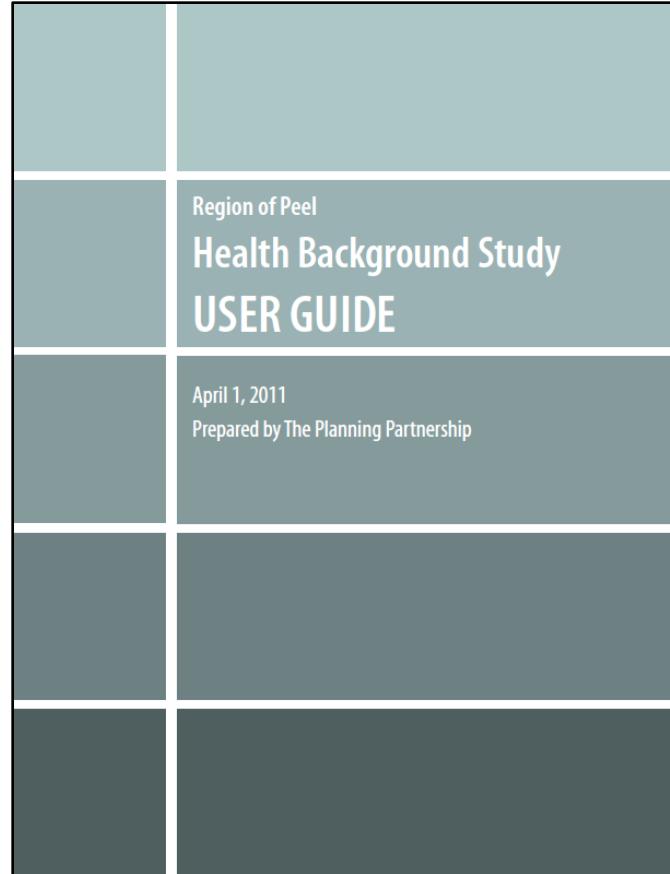


HCBD CLASP I – Example – Peel Region



Peel Region:

- ❖ **Healthy Development Index –**
Developed health-based criteria to guide neighbourhood design in Peel Region
- ❖ **Relationship-Building –**
Developed relationships with Planners at the Region & in the local municipalities



Canadian Institute of Planners Healthy Communities Committee:

- ❑ Collaborated with Heart and Stroke Foundation to produce the [Healthy Communities Practice Guide](#)
- ❑ Collaborated with Heart and Stroke Foundation, the Canadian Institute of Health Information & the Public Health Agency of Canada to produce three 12-page briefs on:
 - [Active Transportation, Health and Community Design](#)
 - [Active Living, Children & Youth](#)
 - [Health Equity and Community Design](#)
- ❑ Assisted the Heart and Stroke Foundation, the Urban Public Health Network, the National Collaborating Centre for Environmental Health to an [On-Line Inventory of Built Environment Reports](#).

HCBD CLASP I - Lessons Learned



- ❖ Health authorities & Planners **can affect change in policies** when they collaborate
- ❖ Collaboration between sectors needed to overcome **barriers**
- ❖ Need to bring **transportation** professionals into the collaboration
- ❖ Need more **knowledge translation** to accelerated uptake of policies and programs in other jurisdictions

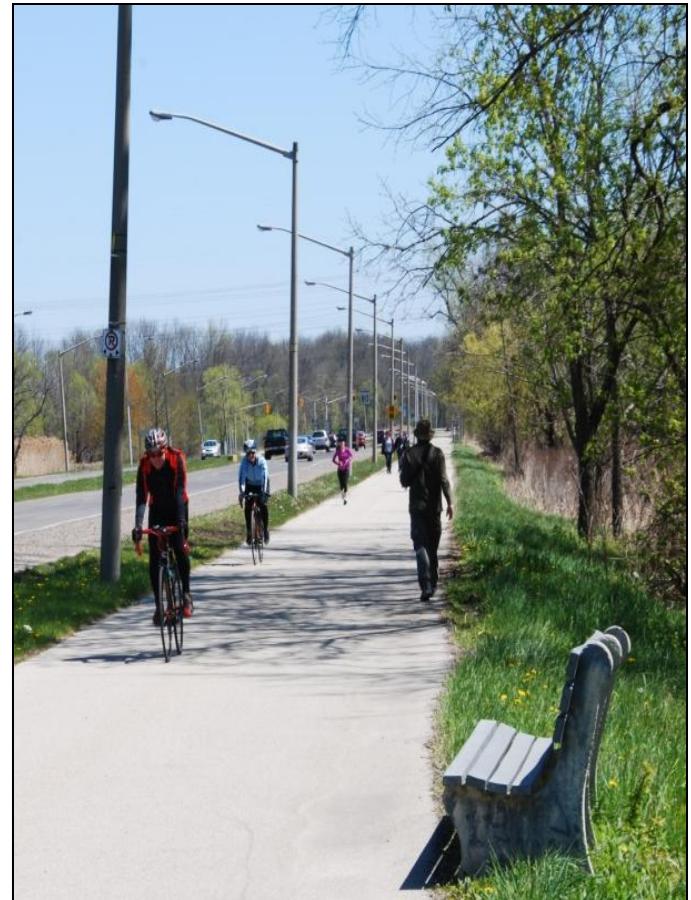


New National Partner

- ❖ Canadian Institute of Transportation Engineers (CITE)

New Health Authority Partners

- ❖ Newfoundland and Labrador Provincial Wellness Advisory Council/Eastern Health Region
- ❖ Capital District Health, Nova Scotia
- ❖ New Brunswick Health
- ❖ **Regina Qu'Appelle Health Region**
- ❖ Winnipeg Region Health Authority
- ❖ Ottawa Public Health



Broadening Partnership into New Jurisdictions & Rural Context

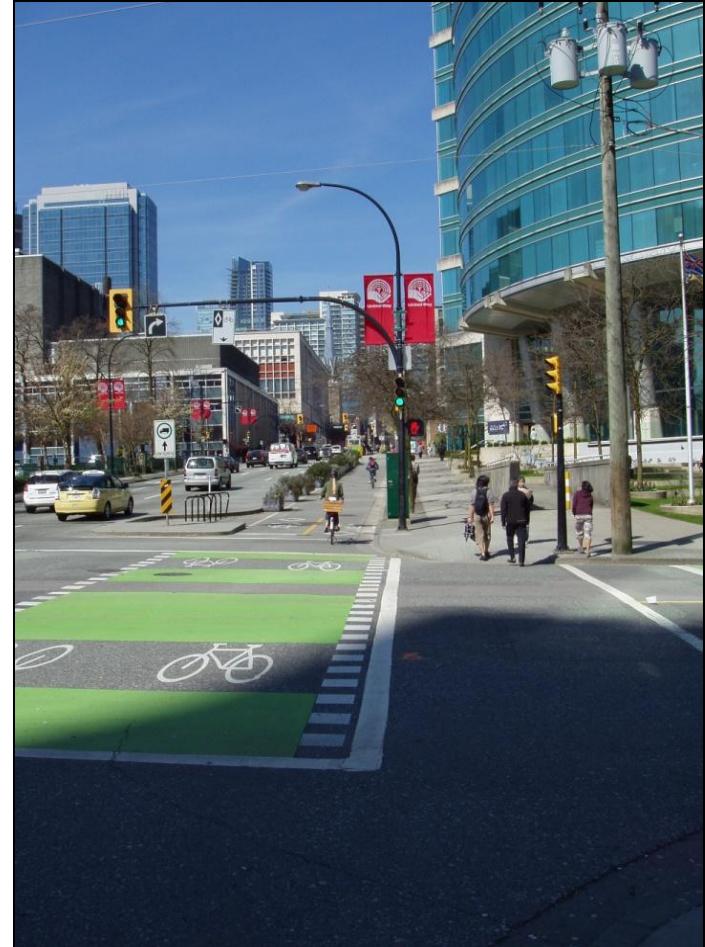
- ❖ Support 6 Health Authorities to engage in land use &/or transportation planning processes
- ❖ Improve the built environment
 - ❖ 1 new in Ontario
 - ❖ 2 Prairie Provinces
 - ❖ 3 Atlantic Provinces
 - ❖ 4 of 6 have significant rural populations



HCBD Health Authority Projects



- ❖ **Each Project Team** is supported by a Planning Facilitator who will:
 - ❖ Identify strategic opportunities to influence active transportation & active design at a local level
 - ❖ Facilitate relationship building between sectors
- ❖ **Twin Goals:**
 - ❖ Affect policy at a local level
 - ❖ Build Capacity within Health Authorities



HCBD CLASP II Objectives: Theme 2



Building on Lessons Learned & Addressing Challenges from Phase I

- ❖ One directed at Community Engagement re: active transportation – Toronto
- ❖ Two directed at stimulating innovative street designs that support active transportation – CITE & NCCHPP
- ❖ Two directed at the data needed to support transportation planning decisions – Montreal & BC



Knowledge Translation & Exchange

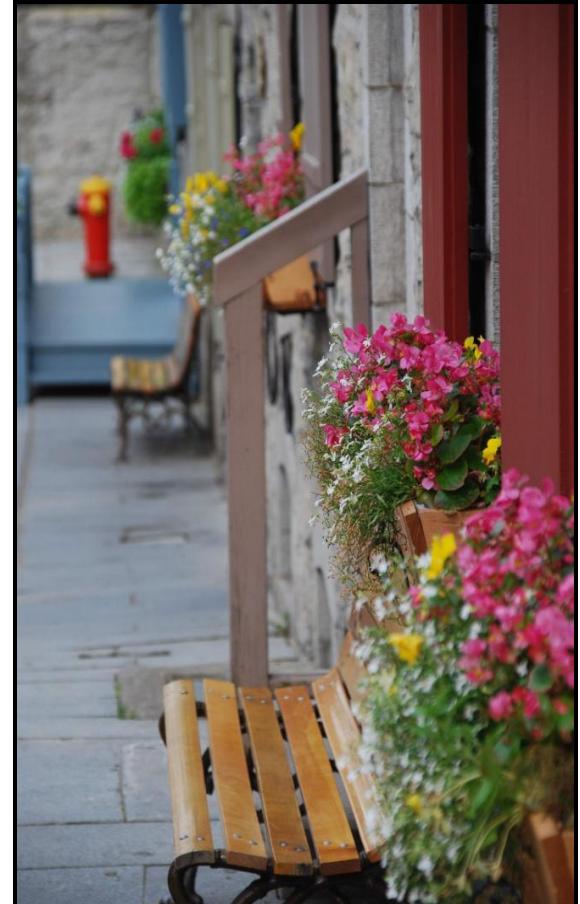


Peer to Peer Mentorship

- ❖ Strategic & technical advice from CLASP staff & peers
- ❖ Supported by consultant, Dr. Karen Lee, Built Environment Advisor, NYC
- ❖ Peer to Peer Sessions

Community of Practice (CofP)

- ❖ Cultivate relationships across partners & disciplines
- ❖ Convene CLASP-wide teleconferences with guest speakers
- ❖ Convene Face to Face Meeting



Knowledge Translation & Exchange



Webinar Series for Broader Sectors

- Showcase HCBD CLASP II Projects to planners, public health, health & transportation professionals across the country in 2014
- Share interventions employed, challenges encountered & lessons learned

Use Social Media to Share

- Hub Website to share resources & information
- Use Blogs & twitter to communicate with broader network



Knowledge Translation & Exchange



- ❑ **CITE** – Producing a report on case studies – Innovative Street Design
- ❑ **CIP** – Establishing a Student Award Program to encourage collaboration between public health & planning students at University
- ❑ **SFU & UofM** – Producing reports on ways of bringing health considerations into transportation planning processes
- ❑ **Case study reports** on all of the six health authority projects





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