

# OPIHA

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# Taking Action on the Built Environment

## Building Healthy Public Policy

*Forum Proceedings*

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ACKNOWLEDGMENTS .....	2
EXECUTIVE SUMMARY .....	3
BACKGROUND .....	4
INTRODUCTION .....	5
STEERING COMMITTEE .....	5
PLANNING COMMITTEE .....	5
FORUM OBJECTIVES .....	5
UNIFYING FRAMEWORK .....	6
Four Common Questions.....	6
Guiding Principles.....	7
Key Definitions.....	8
THINK TANK SESSION METHODS AND FINDINGS .....	9
PARTICIPANT INFORMATION.....	10
Pre-Forum Survey Results .....	11
IMPROVING ACCESS TO RECREATION IN THE BUILT ENVIRONMENT .....	12
Solutions to Improve Access to Recreation in the Built Environment.....	13
Next Steps for Action .....	14
HEALTHY & SUSTAINABLE TRANSPORTATION CHOICES: FROM VISION TO REALITY .....	16
Findings .....	17
Overarching Transportation Themes.....	19
BUILDING ACCESS TO HEALTHY FOOD .....	20
Current Practices and Challenges of Participants .....	21
Policy Solutions.....	23
Next Steps.....	24
BUILDING SAFE COMMUNITIES FOR THE PREVENTION OF INJURY AND VIOLENCE .....	26
Current Practices of Participants .....	27
Challenges.....	28
Next Steps.....	30
Recommended Next Steps .....	33
HEALTHY HOUSING ENVIRONMENTS: ACCESS, EQUITY AND QUALITY .....	34
Current Practices of Participants .....	35
Successes.....	36
Barriers .....	38
Policy Solutions and Next Steps .....	40
Collaboration .....	43
FORUM THEMES .....	45
A NEED FOR UPSTREAM POLICY AND ENVIRONMENTAL CHANGE.....	45
1) Increase Interdisciplinary Communication and Collaboration .....	45
2) Impact Policy Development at the Local Level.....	46
3) Build the Economic Case .....	46
RECOMMENDATIONS.....	47
RECOMMENDATIONS FOR ALL FORUM PARTICIPANTS .....	47
RECOMMENDATIONS FOR PUBLIC HEALTH AND OTHER LOCAL LEVEL ORGANIZATIONS .....	48
RECOMMENDATIONS FOR OPHA AND OTHER PROVINCIAL LEVEL HEALTH ORGANIZATIONS.....	48
CONCLUSION .....	49
REFERENCES .....	51
APPENDIX: COMMITTEE MEMBERS.....	52

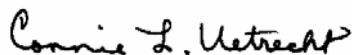
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Sincerely,  
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## EXECUTIVE SUMMARY

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In September 2010, the Ontario Public Health Association (OPHA) hosted a discussion forum entitled *“Taking Action on the Built Environment: Building Healthy Public Policy.”* The purpose of the forum was to provide an opportunity for public health and other professionals working on the built environment to discuss how to shape and advance policies in order to create healthier, more equitable, and more sustainable communities. Nearly 300 participants attended one of the following think tank sessions:

- Improving Access to Recreation in the Built Environment
- Healthy and Sustainable Transportation Systems: From Vision to Reality
- Building Access to Healthy Food
- Building Safe Communities for the Prevention of Injury and Violence
- Healthy Housing Environments: Access, Equity and Quality

In each session, a facilitator moderated the discussions and used various techniques to capture the ideas and information generated by the participants. Participants were asked to reflect on the following aspects of their topic areas: current practices; successes and challenges; policy solutions to address the issues (using a health equity lens); next steps to achieve the desired policy solutions; and strategies for building interdisciplinary collaboration.

The notes recorded during the discussions were collected, collated, and organized into theme areas. The findings from each session are reported in detail in this report. An overarching theme, seen throughout the discussions, was the need for upstream, policy and environmental changes to address issues related to the built environment and health. Taking an upstream approach, rather than focusing on programs that target individual awareness and behaviours, will result in more sustainable, equitable change. Participants in all sessions highlighted the need to 1) increase interdisciplinary communication and collaboration, 2) impact policy development at the

local level, and 3) build an economic case for built environment changes that will result in healthier communities. The following recommendations were made by the authors to guide future work on this topic:

### **Recommendations for All Forum Participants**

- Work upstream on changes to policy and the environment that will make it easier for individuals to live a healthy lifestyle;
- Strategically connect specific efforts for healthy community development to policy solutions;
- Advocate for accessible and affordable transportation choices that include public transit and active transportation infrastructure.

### **Recommendations for Public Health and other local level organizations**

- Comment on municipal, regional and district official plans and advocate for appropriate bylaws that can impact policy development at the local level;
- Strengthen ties with those working on sustainable development;
- Provide the ‘health’ argument for policies that are not usually seen as health-related by conducting Health Impact Assessments.

### **Recommendations For OPHA and Other Provincial Level Health Organizations**

- Build public health ‘skills’ around how to participate in policy development and advocate for key issues;
- Connect professionals from different disciplines with provincial level resources and guidance documents to assist with built environment policy development and advocacy;
- Address rural, suburban, and urban issues separately;
- Create more opportunities to bring government of Ontario ministries, whose topics impact health and the built environment, together around a key issue of interest;
- OPHA should host a follow-up forum in two years to share the latest resources and evaluations on built environment and health initiatives.

## BACKGROUND

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The mission of the Ontario Public Health Association (OPHA) is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario. Traditionally, each year in the fall, OPHA hosts an annual conference, attracting 500-600 public and community health workers from across Ontario. The goal of the annual conference is to provide a provincial forum for profiling the leading developments and topical issues facing public health professionals. The conference provides an opportunity for professionals from across the province to network and exchange ideas on current population health topics.

In February 2010, OPHA convened a group of seventeen stakeholders for a knowledge exchange meeting to discuss this year's conference. OPHA decided to discuss different options for the event since they were participating in a joint conference with the Ontario Agency for Health Protection and Promotion and the Association of Local Public Health Agencies in April 2011. This provided an opportunity for OPHA to diverge from the typical conference format and create something unique and new. After careful consideration and discussion, the stakeholder group came to an agreement that the event should focus on three main themes: policy changes to create healthier built environments, interdisciplinary partnership building, and health equity.

The link between health and the built environment in Ontario has been well established by key provincial organizations including the Heart and Stroke Foundation of Ontario, the Ontario Healthy Communities Coalition and the Ontario Professional Planners Institute.<sup>1,2,3</sup> Community design has been found to impact personal choices related to physical activity, recreation, transportation, and

food. More work is needed to develop and advance policy solutions to address elements of the built environment that will result in healthier communities.

The stakeholder group felt that the link between health and the built environment was already understood by the public health community, and decided that the format of the conference should be different from those held in the past. Rather than a series of speakers and workshops, the stakeholder group recommended that the format be primarily active and participatory. They suggested that group discussions be moderated by a professional facilitator and involve an interdisciplinary group of professionals to build partnerships between public health and other key fields involved in built environment work. By using this type of format, it was believed that the content of the discussions would move beyond the already well-established links between health and the built environment to the development of concrete strategies and next steps for built environment policy changes.

### **Knowledge Exchange Stakeholder Group**

*Initial stakeholder group included representation from:*

- Association of Local Public Health Agencies (ALPHA)
- Canadian Mental Health Association (CMHA)
- Healthy Communities Coalition
- Ontario Agency for Health Protection and Promotion (OAHPP)
- Ontario Ministry of Health and Long Term Care (MOHLTC)
- Ontario Professional Planners Institute (OPPI)
- Ontario Public Health Association (OPHA)
- OPHA Access, Equity and Social Justice Workgroup
- OPHA Built Environment Workgroup
- Parks and Recreation Ontario (PRO)
- Region of Waterloo Public Health
- Sudbury & District Health Unit

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## INTRODUCTION

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### STEERING COMMITTEE

After the knowledge exchange meeting in February 2010, a steering committee was assembled with sixteen representatives from a variety of public health organizations (for a complete list of steering committee members, please see the *Appendix*). This committee collaboratively identified five sub-themes for the event: transportation, food access, housing, recreation/greenspace, and injury/violence prevention. Key professionals involved in the topic areas were invited to join a planning committee for each of the sub-themes. It was established that the sub-theme sessions would be called *think-tanks* to distinguish the event from a conference. The steering committee also collaboratively established the goals and objectives for the event and met monthly to review and finalize planning decisions.

#### **OPHA Fall Forum Steering Committee**

*The steering committee included representation from:*

- Association of Local Public Health Agencies (alPHA)
- Health Promotion Ontario (HPO)
- Ministry of Health Promotion and Sport (MHPS)
- National Collaborating Centre for Healthy Public Policy (NCCHPP)
- Ontario Agency for Health Protection and Promotion (OAHPP)
- Ontario Chronic Disease Prevention Managers in Public Health
- Ontario Ministry of Health and Long Term Care (MOHLTC)
- Ontario Professional Planners Institute (OPPI)
- Ontario Public Health Association (OPHA)
- OPHA Access, Equity and Social Justice Workgroup
- OPHA Built Environment Workgroup
- Perrotta & Associates
- Region of Waterloo Public Health
- Toronto Public Health

### PLANNING COMMITTEE

The bulk of the planning for the five think tank sessions was conducted by volunteer experts from within OPHA and beyond (for a complete list of planning committee members, please see the *Appendix*). The five planning committees met primarily by teleconference numerous times over the course of six months to coordinate the content and design of their sessions.

### FORUM OBJECTIVES

The overall goal of the OPHA Fall Forum was to provide an opportunity for public health and other professionals working on the built environment to shape and advance policies in order to create healthier, more equitable, and more sustainable communities. The objectives identified were to encourage participants from a variety of disciplines and sectors to collaboratively achieve the following:

- Review current built environment policy initiatives related to recreation, food access, transportation, housing, and injury/violence prevention;
- Develop potential policy solutions that go beyond current practice using a health equity lens;
- Establish concrete next steps to further built environment policy initiatives that will lead to healthier communities;
- Develop new partnerships between public health and other disciplines to support improvements in the built environment in their communities;
- Provide comments on the new OPHA Built Environment Workgroup's draft work plan.

### UNIFYING FRAMEWORK

Given the objectives for the forum and the overlapping nature of the five built environment sub-themes, the steering committee identified a need for a unifying framework to tie together the outcomes of the five sessions. As a result, OPHA contracted a facilitator for the forum to help identify an overall strategy for linking the sessions together, while maintaining the autonomy of the five planning committees. The overall strategy involved working in partnership with the five planning committees and session facilitators to develop common questions that would be addressed in each of the sessions. These questions aligned with the guiding principles and key definitions, which were also established as part of the unifying framework.

All planning committee members were invited to an in-person meeting to develop a unifying strategy to link the five sessions together. As a result of this meeting, it was determined that the outcomes of the five sessions would be captured in a proceedings report. This report would focus on the findings from each session, which would be analyzed to produce overall recommendations to inform the work of local and provincial partnerships between public health and other sectors. The report would be shared widely and the recommendations would

also be submitted to the OPHA Built Environment Workgroup for implementation.

### Four Common Questions

To provide a framework for the proceedings report, four common questions were developed to be addressed in each of the five think tank sessions. The common questions, presented in the table below, were approved during a teleconference with the forum facilitator and the facilitators for each of the five sessions. Session facilitators were instructed that they could spend as much time as they wanted to on each question, but that each question needed to be addressed in some form within the session. They were permitted to combine or rearrange the questions as needed to ensure that the questions fit with their plans for their session. Session facilitators were also provided with a set of recommended strategies for capturing the ideas and solutions generated during their session (e.g., flip chart paper, participant response cards, small group work and/or note taking techniques). Facilitators could determine which techniques worked best for them, but there was the requirement that the information generated needed to be recorded in some way for the purposes of compiling the proceedings into a final report.

#### **Common Question #1**

- a) Share one of your current practices related to (session topic) and within the context of taking action on the built environment to build healthy public policy.
- b) Identify your barriers/challenges and your successes.

#### **Common Question #2**

What are some ideas for policy solutions for this issue using a health equity lens? (Identify the most popular solutions.)

#### **Common Question #3**

What are some ideas for next steps to further policy initiatives identified in Question #2?

#### **Common Question #4**

What do you see as the contributions that need to be made by different professions to support future action and how could this collaboration be created/improved?

## **Guiding Principles**

In addition to the four common questions and the suggested formats for recording information, a set of guiding principles for the day was established in partnership between the session planning committee members, session facilitators and the forum facilitator. The principles were developed as a way to ensure that overall recommendations could be made. It was determined that the guiding principles would be presented to forum participants during the morning plenary. The guiding principles restated the overall purpose and objectives of the forum and included:

- Each of the think tank sessions will have a facilitator who will facilitate the session process to encourage an exchanging of ideas along with innovative ways to capture discussion themes.
- Participants will be invited to share their ideas by engaging in interactive discussions and are encouraged to build on each other's ideas.
- These discussions/ideas will be captured using various methods including flip chart paper, participant response cards, and/or note taking.
- The ideas shared will be collected, reviewed and summarized into themes for that session. Individual participant names will not be recorded nor included in the written summaries.
- Participants are to consider the definitions for the key terms: built environment, health equity lens, and policy.
- Participants are encouraged to consider policy options for local, regional and provincial contexts.
- A final publication will be written that will include the themes from each of the five think tank sessions as well as cross-cutting themes from all sessions.

## Key Definitions

In order to focus the facilitated discussions a common understanding of key terms was needed. Therefore, definitions were identified for the key terms “built environment,” “policy,” and “health equity lens.” These definitions were posted on the wall in each of the five session rooms and are defined in the table below.

<p>What is the <u>Built Environment</u>?</p>	<p>The built environment is part of the overall ecosystem of our earth. It includes the land-use planning and policies that impact our communities in urban, rural, and suburban areas. It encompasses all buildings, spaces, and products that are created or modified by people. It includes our homes, schools, workplaces, parks/recreation areas, business areas and transportation systems.<sup>4</sup></p>
<p>What is a <u>Health Equity Lens</u>?</p>	<p>An approach that identifies the gaps in participation and recognizes the diverse needs of individuals and populations. It ensures we consider factors like gender, age, socioeconomic status, disability, culture, sexual preference and geography when planning and evaluating a service program, guideline or policy.<sup>5</sup></p>
<p>What is <u>Policy</u>?</p>	<p>It is a deliberate plan of action to guide decisions and activities to achieve desired outcomes. A policy represents the end result of a decision as to how best to achieve a specific objective.</p> <p>“Health promotion policy combines diverse but complementary approaches including <i>legislation, fiscal measures, taxation and organizational changes</i>. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services and cleaner, more enjoyable environments”<sup>6</sup></p> <p>Policy is Part of a Larger Process...</p> <div style="text-align: center;"> <p><b>Advocacy</b> A process for changing the status quo</p> <p>↓</p> <p><b>Policy</b> A plan of action which guides present and future decision-making</p> <p>↓</p> <p><b>Public Policy</b> Policy specific to legislation enacted by elected governments at all levels</p> <p>↓</p> <p><b>Healthy Public Policy</b> Policy which is aimed at promoting &amp;/or preventing disease, which is not solely the responsibility of the health sector</p> <p>↓</p> <p><b>Policy Change</b> A process to adapt an existing policy or set a new one<sup>7</sup></p> </div>

## THINK TANK SESSION METHODS AND FINDINGS

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Each of the five planning committees and session facilitators developed their session agendas to generate discussion for their specific topic and meet the needs of the forum participants. The majority of the think tank sessions included opening presentations by knowledgeable professionals working in the topic area. All sessions provided opportunities for small and large group discussions.

A variety of methods were used to engage participants in discussion and capture the ideas generated. Although the planning committees and facilitators were provided with four common questions to be addressed during the session, each group slightly altered the questions to meet their unique needs. The exact wording of the discussion questions and the techniques used to record participants' ideas are summarized in tables at the beginning of each session.

The notes recorded during each session were collected and summarized by the primary author of this report. Notes were read in their entirety, and the ideas were categorized into theme areas. When appropriate, the themes were organized according to frequency of appearance. General impressions were also noted in memos or notes. Some of the notes were coded using ATLAS.ti qualitative analysis software to help identify themes and quantify the relative

occurrence of the themes. The authors of this report are aware of the limitations associated with relying on notes from the sessions to capture the ideas generated during discussions and acknowledge that the findings may be incomplete because of this.

The findings from each of the five sessions are presented below. The number of forum participants who attended each session and the session presentations are outlined. The wording of the discussion questions and details about how information was collected are also summarized. Finally, a summary of the session findings is presented including current practices, successes, challenges, policy solutions and next steps related to each of the five theme areas:

- Improving Access to Recreation in the Built Environment
- Healthy & Sustainable Transportation Choices: From Vision to Reality
- Building Access to Healthy Food
- Building Safe Communities for the Prevention of Injury and Violence
- Healthy Housing Environments – Access, Equity and Quality

*PARTICIPANT INFORMATION*

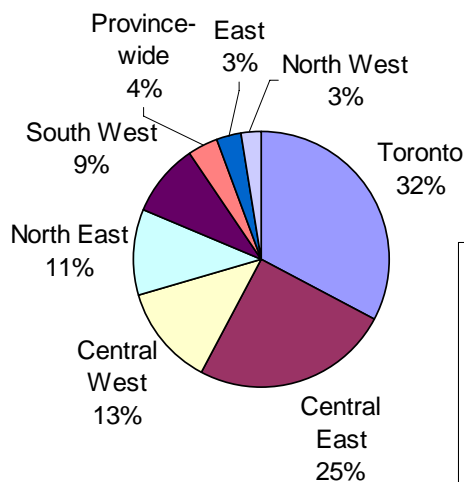
In total, 276 people attended the forum. They each selected one think tank session to attend during registration. Participants were distributed relatively evenly across the five think tank sessions, except for the housing session, which had fewer attendees than the others.

Session	Number in Attendance
Building Access to Healthy Food	65
Healthy & Sustainable Transportation Choices: From Vision to Reality	62
Improving Access to Recreation in the Built Environment	60
Building Safe Communities for the Prevention of Injury and Violence	54
Healthy Housing Environments – Access, Equity and Quality	35

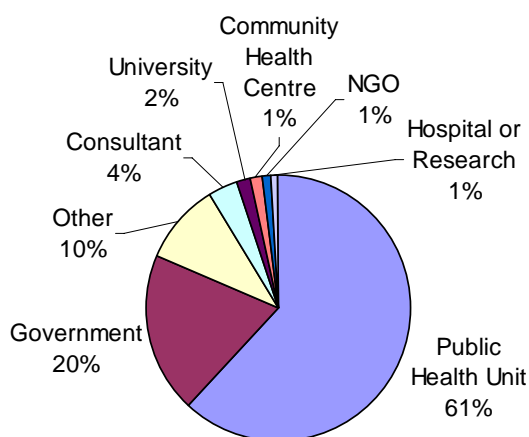
During registration, attendees were asked to indicate their profession and the geographic region in which they work. This information is illustrated in Figures 1 and 2. Nearly one third of all participants work in Toronto and another 38% of participants were

from the Central East and Central West regions of the province. Very few participants came from the East and North West to attend the conference. The majority of attendees work in public health units.

**Figure 1 - OPHA Fall Forum Participants by Geographic Region**



**Figure 2 - OPHA Fall Forum Participants by Sector**

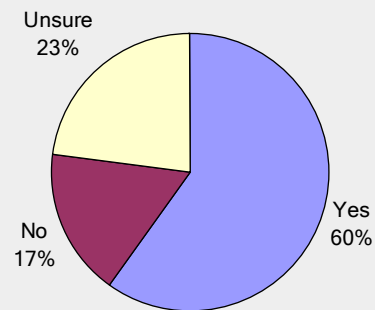


### Pre-Forum Survey Results

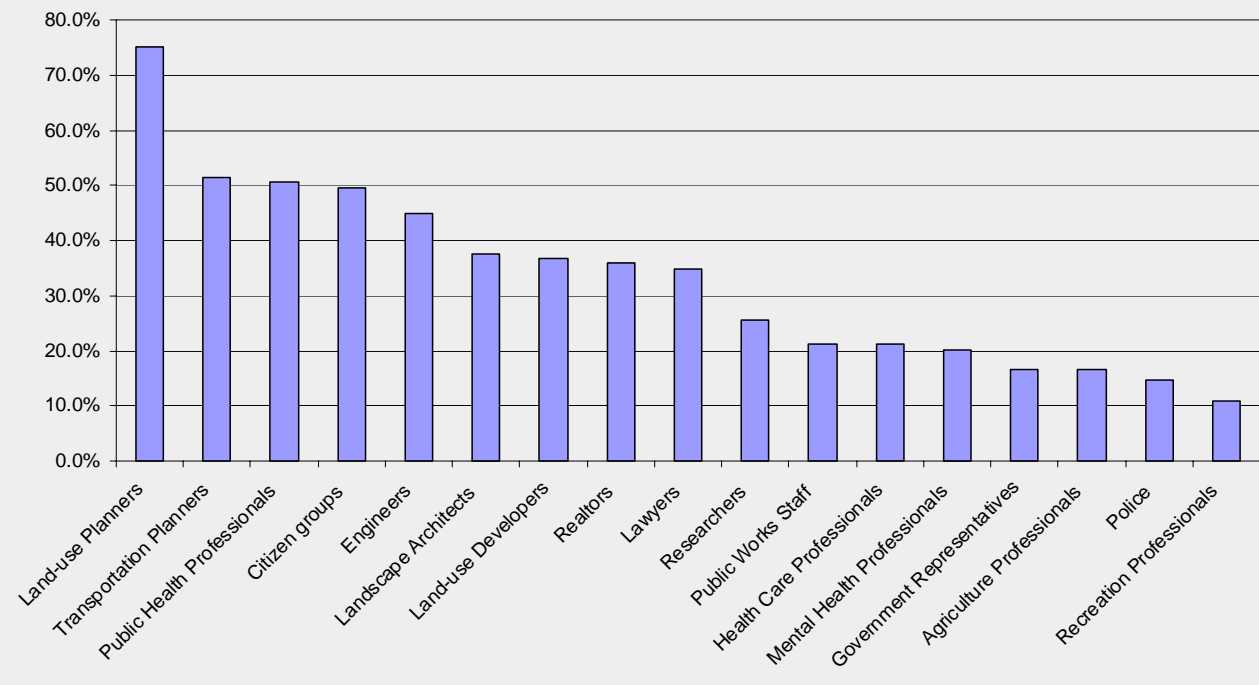
In addition to collecting information about participant demographics at the time of registration, a pre-forum survey was also handed out to participants when they arrived at the registration desk on the day of the event. Of the 276 attendees, 120 (42%) completed the survey. The purpose of this pre-forum survey was to collect information about the participants to be shared in the moving to action section at the end of the forum. Participants were asked a series of questions including a question about their use of a health equity lens when working to improve the built environment. Sixty percent of respondents said that they are using a health equity lens; however, nearly one quarter indicated that they were unsure whether they were using a health equity lens and seventeen percent were not using a health equity lens in their work (Figure 3). The survey also asked about current professional partnerships of

attendees (Figure 4). Of the 109 respondents who answered this question, the most frequently cited partnerships were between public health professionals and planners. The least common partnerships were between recreation professionals, agriculture, and government representatives.

**Figure 3 - (Pre-Survey Question) Do you currently use a health equity lens in your efforts to improve the built environment through policy initiatives?**



**Figure 4 - Key Partners of OPHA Fall Forum Attendees by Profession**



## IMPROVING ACCESS TO RECREATION IN THE BUILT ENVIRONMENT

Sixty participants attended the recreation think tank session. Nearly all of the attendees were from public health units with a few participants from government and non-government organizations. In addition to the poster definitions of *built environment*, *policy*, and *health equity lens*, the recreation session included a poster definition of *recreation*.

**Recreation** is defined as an active, leisure-time pursuit that enriches the individual by improving health, developing a skill, or building self-esteem.

-Parks and Recreation Ontario (2009). Affordable Access to Recreation for Ontarians Policy Framework.

### Presentations

- Improving Access to Recreation in the Built Environment: The Importance of Access to Nature  
*Geoff Cape, Executive Director, Evergreen*
- Affordable Access to Recreation: Building a Framework for Success  
*Diane English, Communications & Public Policy, Parks and Recreation Ontario*
- Accessing Recreation: The Role of Streets  
*David Leinster, Partner, The Planning Partnership*
- Addressing Recreation Infrastructure as a Key Land-use Planning Element  
*Cam Collyer, Director, Evergreen’s Learning Grounds Program*
- Promising Practices  
*Diane English, Communications & Public Policy, Parks and Recreation Ontario*
- Improving Access to Recreation in the Built Environment  
*David Leinster, Partner, The Planning Partnership*

Discussion Questions	Information Collection Methods
What are the issues/challenges that confront access to recreation in the built environment? Are there priorities or areas of consensus?	Whole group discussion with note recorder
What are your ideas on how to improve access to recreation in the built environment? Identify innovative or best practices. Are there priorities or areas of consensus?	Small group discussions, ideas recorded on flip chart paper
What are key next steps toward a framework for action to improve access to recreation in the built environment? Identify collaborations, policies, programs etc. Are there priorities or areas of consensus?	Small group discussions, next steps recorded on flip chart paper

## Solutions to Improve Access to Recreation in the Built Environment

The recreation think tank session participants identified thematic areas of importance for improving access to recreation. These themes included promoting physical accessibility to recreation, increasing opportunities for unstructured recreation, making recreation universally accessible, and creating safer recreation environments. Next steps on how to accomplish these solutions were weaved throughout the discussions.

### *Complete Streets for Physical Activity and Access to Recreation*

Many of the proposed solutions for improving access to recreation were around increasing physical accessibility to recreation activities, especially for low-income populations. The

*The most important goal overall, as a basic fundamental provision, was for legislation and policy to require communities to be walkable.*

most important goal overall, as a basic fundamental provision, was for legislation and policy to require communities to be walkable. Walkable communities improve access to recreation destinations as well as inherently promote more physical activity through walking as a form of unstructured recreation. In addition to walkability,

increasing public transportation opportunities for access to recreation facilities was also identified by participants as very important, especially for low-income populations. This includes bus access to recreation locations as well as improved signage to enable people to find recreation activities more easily.

Recreation session participants emphasized the need for transportation planning to be pedestrian focused to improve access to recreation. A complete streets policy was identified as an example framework. Complete streets are designed to support safe,

### Access to Recreation - Solutions

- Complete Streets for Physical Activity and Access to Recreation
- Increase Opportunities for Unstructured Recreation
- Make Infrastructure Universally Accessible
- Promote Safety and Affordability

comfortable and convenient travel by pedestrians, bicyclists, public transit users and motorists of all ages and abilities. Other example policies that support active transportation include the pedestrian charter, a 2002 Toronto initiative that sets out six principles necessary to ensure that walking is a safe and convenient mode of urban travel. In addition, the public realm was identified as the most important consideration. Planning should consider people first rather than roads; places for people to interact are important, such as parks and public plazas.

### *Increase Opportunities for Unstructured Recreation*

Many of the discussions also centered on opportunities for unstructured recreation, which are activities that involve physical activity, but unlike sports organizations and clubs, do not involve formal organization. This includes activities such as cycling, visiting parks, and informal playing by children. Participants recommended that the focus shift to “having fun,” rather than emphasizing physical activity or competition. Legislation and policy should foster the preservation of natural

*Legislation and policy should foster the preservation of natural areas as spontaneous, unstructured use areas for the community to enjoy and especially for children to be exposed to the benefits of nature.*

areas as spontaneous, unstructured use areas for the community to enjoy and especially for children to be exposed to the benefits of nature.

### *Make Infrastructure Universally Accessible*

Participants also identified a need for policy to support the development of parks that provide a diverse range of structured and unstructured recreational opportunities in both built and natural settings. Recreation infrastructure such as facilities, parks, open space, and trails should be universal in design to accommodate all populations including persons with disabilities, children, and the elderly. Infrastructure must be accessible to all, affordable, culturally relevant, and available for year round use wherever feasible.

### *Promote Safety and Affordability*

Other common solutions to improve access to recreational areas revolved around addressing safety concerns by increasing supervision in parks, improving lighting, and reducing the perceived risks associated with nature. Not related to the built environment, but also commonly mentioned was increasing the affordability of recreation for all residents and reducing stigmas associated with subsidies for things like participation in school sports.

### **Next Steps for Action**

The recreation participants felt there is a need for an overall framework for improving access to recreation in the built environment and an implementation plan. In addition, there is a need for leadership at the provincial, regional and local levels to improve access to recreation. Champions are needed to move the access to recreation agenda forward at all levels.

### *Interdisciplinary Collaboration*

Recreation session participants determined that a more collaborative effort is needed to address the recreation access issue due to its complexity and multi-disciplinary nature. Collaborators need to represent disciplines including land-use and transportation planners, health professionals/promoters, educators, and parks and recreation. At the provincial level, the various ministries involved should come to some common understanding around the issue

### **Access to Recreation - Next Steps**

- Interdisciplinary Collaboration
- Community Engagement
- Conduct Community Assessments
- Provide Comments on Municipal Planning Documents
- Demonstrate the Benefits of Recreation to Key Decision Makers

of health and the built environment including the Ministries of Health Promotion and Sport, Municipal Housing and Affairs, Transportation, and Education. Existing collaborations such as the relationship between public health and parks and recreation should continue and expand. A high level shared vision should be established based on common interests such as healthy active communities through increased access to recreation in the built environment so that local communities could add their specific interests and priorities (i.e., rural issues are different from urban issues).

### *Community Engagement*

Community engagement was viewed as very important in determining local needs for recreational spaces and developments including facilities, parklands, trails and natural areas. Building on the uniqueness of each community was also important (e.g. some communities have nine months of winter), and this should be reflected as appropriate in local recreational planning. Communities were considered distinctive on many grounds, but especially on the basis of their urban/suburban/rural/remote characteristics.

*Community engagement was viewed as very important in determining local needs for recreational spaces and developments including facilities, parklands, trails and natural areas.*

Although provincial and regional leadership was identified as a need, the community development process was viewed as a high

priority. It was suggested that residents should help determine how their community recreational areas are planned to create buy in among community members. Communities do not necessarily need to work on large projects, but can target quick wins and incremental changes with small projects. The importance of involving youth in the planning process for recreation and parks was also highlighted during the discussions.

Building partnerships with private companies was seen as an opportunity for improving access to recreation for low-income residents (e.g. Canadian Tire Jump Start program). In addition, the employment sector should be involved to better support recreation for employees and their families (e.g., facilities on site, flexible hours so parents can take their children to various recreational activities, etc.)

#### *Community Assessment*

Participants recommended that community assessments be conducted at the local level including community mapping to identify

*Community assessments should be conducted at the local level including community mapping to identify resources that are already available.*

resources that are already available (abandoned buildings, public spaces, etc.). Communities should try to make maximum use of recreational facilities and outdoor spaces that already exist such as making use of schools and schoolyards, religious facilities, and ravines. As part of this assessment, municipal bylaws should be examined

to determine whether they support or limit access to recreation. Support tools are needed to help communities assess recreation in the built environment including geographic information systems (GIS) mapping of recreational areas.

#### *Comment on Planning Documents*

Official plans, master plans for parks and recreation/healthy communities, municipal bylaws, and pedestrian charters were all raised as important to improving access to recreation in the built environment in a consistent manner that embraces the values of recreation for healthy sustainable communities. It was also identified as important that comments be provided on the content of official plans and recreation trails master plans work to ensure they support recreation opportunities. At the provincial level, public health should comment on the Provincial Policy Statement,<sup>8</sup> which was established in 2005 and will be updated every five years. Support tools are needed to help communities improve access to recreation in the built environment including best practices for policy changes.

*Support tools are needed to help communities improve access to recreation in the built environment including best practices for policy changes.*

#### *Demonstrate Benefits of Recreation to Key Decision Makers*

In order to raise the profile of the issue of access to recreation, frontline public health workers need to be more involved with policy makers. They should endeavor to educate decision makers about the importance of recreation for overall health and wellbeing. As part of this effort, a case needs to be made to better demonstrate the positive economic impact of recreation, such as healthcare cost savings, in order to gain more support for recreation and to improve access. Economic impact studies should consider social costs/benefits of participating in recreational activities.

## HEALTHY & SUSTAINABLE TRANSPORTATION CHOICES: FROM VISION TO REALITY

Sixty participants attended the transportation session. About half of the participants were from public health units; the other half was a diverse mix of professionals including planners, consultants, researchers, and a policy analyst.

This session implemented a unique Conversation Café format to engage participants in discussions about walkability, cycling, transit, and transportation demand management.

### Presentations

- Steps to Strides: Strategies for Creating Walkable and Transit Supportive Communities  
*Brandon Sloan, Interim Manager, Long Range & Policy Planning, City of Kitchener*
- Public Transportation and Public Health: from Planning to Implementation  
*Jeff Casello, Associate Professor of Transportation Planning and Engineering, University of Waterloo*
- The Share the Road Cycling Coalition  
*Eleanor McMahon, CEO and Founder, Share the Road Cycling Coalition*
- Balancing the Transportation System: Policies that Support Sustainable Mobility  
*Lorenzo Mele, TDM Coordinator, Town of Markham and Chair, Association for Commuter Transportation of Canada*

In the afternoon, the transportation group hosted a Conversation Café style discussion. Tables were arranged according to four sub-theme topic areas, named after cities that reflected that topic area: Cycling (Copenhagen), Walking (Venice), Transit (Portland),

Transportation Demand Management (Vancouver). Members of the planning committee were table hosts for the discussions. Participants were instructed to begin at the theme area of their choice. The findings from these discussions are outlined on the next page.

Discussion Questions	Information Collection Methods
While listening to the presentations, write one or two ‘actions’ to advance the work of these topic areas.	Participants wrote actions on post-it notes and posted the ideas on the wall in the appropriate sub-theme area (walking, cycling, transit, or transportation demand management)
Share some of your current practices - what is not working (barriers)? What is working (strengths)?	Four concurrent small group discussions were held. The table host recorded the barriers and strengths on flip chart paper. In the last five minutes, tables chose three top barriers and three top opportunities.
How do we move the “solutions” (policy, etc.) forward? What actions need to happen?	Participants rotated to the second Café, and the table hosts reviewed the previous conversation. The table host recorded the ideas for solutions, and in the last five minutes participants chose the three top actions.
Who needs to be involved? Who can take some of these actions?	Participants rotated to a third table, and the table host reviewed the actions generated by the previous group. The table host recorded ideas for who can take on the actions. In the last five minutes, each group chose top three ideas.

**Findings**

	<b>Working Well</b>	<b>Barriers</b>	<b>Actions</b>	<b>Next Steps</b>
<b>Walking</b>	<ul style="list-style-type: none"> <li>• Presence of trails, facilities</li> <li>• Partnerships – we are starting to talk (although not consistently)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of connectivity</li> <li>• Lack of awareness of the benefits of good design (both in community and politicians)</li> <li>• Language discrepancies (planning, public health, community)</li> <li>• Need for public support</li> <li>• Silos</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration between disciplines, inter-ministerial, intergovernmental sector</li> <li>• Social marketing</li> <li>• Policies and guidelines re: community design/walkability</li> <li>• Education system</li> </ul>	<ul style="list-style-type: none"> <li>• Social Marketing/Education</li> <li>• Collaboration across disciplines- OPPI/Canadian Urban Transit Association/etc.</li> <li>• Research regarding policies and guidelines</li> <li>• Lead by example, bring corporations into line with thinking</li> </ul>
<b>Transit</b>	<ul style="list-style-type: none"> <li>• Beginning of commercial recognition</li> <li>• Policies in place</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural barriers</li> <li>• User perception of costs</li> <li>• Geographic area</li> </ul>	<ul style="list-style-type: none"> <li>• Quality of service enhancements</li> <li>• Incentives</li> <li>• Education to reduce stigma</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness to merchants</li> <li>• Association of Municipalities of Ontario (AMO) – municipal transit increase</li> <li>• Engage decision makers across institutions</li> <li>• OPHA Education</li> <li>• Professional organizations as advocates</li> </ul>
<b>Transportation Demand Management (TDM)</b>	<ul style="list-style-type: none"> <li>• Increasing support/awareness in younger generation</li> <li>• TDM Coordinators are working on their issue in communities</li> </ul>	<ul style="list-style-type: none"> <li>• Political meddling - lack of endorsement and trust in the science</li> <li>• Rigid employers</li> <li>• Lack of understanding regarding TDM</li> </ul>	<ul style="list-style-type: none"> <li>• Incentives and disincentives</li> <li>• Comprehensive strategies that maximize synergies (e.g, bus continuity, environment, sustainability)</li> <li>• Political leadership feds/province for better linkages between systems modes through incentives, policy, mandates</li> </ul>	<ul style="list-style-type: none"> <li>• Education – integrate planning, TDM, built environment study into public health courses (formal partnerships)</li> <li>• Mandate TDM across province, expand smart commute</li> <li>• Change the Provincial Policy Statement and other legislative components to reflect TDM</li> </ul>

	<b>Working Well</b>	<b>Barriers</b>	<b>Actions</b>	<b>Next Steps</b>
<b>Cycling</b>	<ul style="list-style-type: none"> <li>• Incremental change</li> <li>• Long-term plan</li> <li>• Cultural shift</li> <li>• Examples of successes available from other cities</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns about safety</li> <li>• Lack of infrastructure (connectivity, maintenance, designated areas)</li> <li>• Lack of awareness (economic and health benefits, rules of the road, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Get environmental health and chronic disease to collaborate on planning issues</li> <li>• Cycling education – skill building, school curriculum, awareness, decision makers</li> <li>• Work on perception of pedestrian safety at arterial road roundabouts</li> <li>• Make cycling part of the culture</li> <li>• Make an economic case</li> <li>• Pay attention to disconnect between long-range plans/strategies, electoral terms, just in time implementation needs</li> <li>• Involve Ontario Good Roads Association - represents municipal people involved in roads and infrastructure (more influential than AMO)</li> <li>• Ontario bicycle policy</li> <li>• Engage citizens to build political will and advocate</li> <li>• Map it! Collect accurate data e.g. accidents, injuries/fatalities and spatially represent it three maps</li> <li>• Infrastructure funding</li> <li>• Charge the true value of the car pricing</li> <li>• Make bike friendly communities a strategic priority in all planning official plans, master plans, strategic plans</li> </ul>	<ul style="list-style-type: none"> <li>• Education /skill building</li> <li>• Ministry of Education (victims stories) Ontario Good Roads Association, public health, drivers education</li> <li>• Engineers, municipal government regarding infrastructure</li> <li>• Ministry of Transportation mapping</li> </ul>

## Overarching Transportation Themes

Near the end of the transportation session, the session facilitator pulled together some of the overall themes that emerged from the four discussion tables. A summary of the themes is below.

### *Build Awareness and Support for Active Transportation through Social Marketing*

The first theme identified was the need for social marketing to build awareness and support for active transportation. The public is bombarded with car advertisements, so an effort to counter this force is needed. It was

*Transportation professionals need the help of public health professionals to provide evidence linking health and transportation and to take the lead on social marketing.*

suggested that social marketing strategies incorporate the 4 P's of marketing to address price, place, product, and promotion of active transportation.

Participants also emphasized that there needs to be public education to raise awareness of the true costs of driving a car and to

reduce the stigma associated with active transportation by changing the perception of who rides public transit. The need for training public health professionals on planning and transportation as well as training planners on health was also highlighted during the participants' discussions.

### *Establish Comprehensive, Multifaceted Strategies to Support Integration and Collaboration*

Transportation session participants described a need for integration and collaboration to establish comprehensive, multifaceted strategies, similar to what was done to counter tobacco use. Formal partnerships need to be forged with other municipalities and departments. Terms of reference, mandates, and clear expectations

## Transportation Themes

- Build Awareness and Support for Active Transportation through Social Marketing
- Establish Strategies to Support Integration and Collaboration
- Develop Sustainable Transportation Policy
- A Role for Public Health as Advocates

should be established, and transit professionals should review the plans. Additionally, more events like this forum should be planned.

### *Establish a National Sustainable Transportation and Other Policy Changes*

Participants also made a call for policy changes, including a national sustainable transportation policy and the creation of a Transportation Management Association in every municipality (similar to the current Municipal Accessibility Committees). They emphasized that economic incentives and disincentives need to be utilized as there is a desire to send economic signals about the true costs of motorized vehicles and infrastructure.

### *Advocacy and Communication by Public Health Professionals*

Finally, the role for public health to increase opportunities for alternative forms of transportation includes a role as advocates who communicate with engineers and planners and promote campaigns, such as car-free days. Transportation professionals need the help of public health professionals to provide evidence linking health and transportation and to take the lead on social marketing. One specific suggestion was that OPHA's Built Environment Workgroup could develop a PowerPoint to educate and engage key decision-makers in real estate, facilities planning, and human resources about how their office or commercial location and planning decisions can affect their employees' transportation options, health, productivity, and costs.

## **BUILDING ACCESS TO HEALTHY FOOD**

The building access to healthy food session had the greatest number of participants with sixty-five attendees. Approximately half of the participants were from public health units. The

other half of the participants was from a variety of organizations, mostly provincial and municipal government sectors.

### **Presentations**

- Municipal Levers and the Toronto Food Strategy  
*Brian Cook, Research Consultant, Toronto Public Health*
- Policy Tools and Practices Promoted by Planners for Supporting Food Production, Growing Regional Food Systems and Urban Agriculture  
*Sue Cumming, President, Ontario Professional Planners Institute*
- Food Access and Health Inequity: The Role of the Built Environment  
*Sarah Wakefield, Associate Professor, Department of Geography – University of Toronto*

Discussion Questions	Information Collection Methods
1a) Share one of your current practices related to food access and within the context of taking action on the built environment to build healthy public policy. 1b) Identify your barriers/challenges and your successes.	Participants individually wrote their responses on paper and submitted it to the facilitator.
2) What are some policy solutions that will create better access to healthy foods for everyone - equitable access? Organize according to the following categories: <ul style="list-style-type: none"> <li>• Quick Results</li> <li>• Building Capacity for Change (Interdisciplinary Partnerships)</li> <li>• Long-term Solutions</li> <li>• Other Innovative Ideas</li> </ul>	Participants wrote ideas on post-it notes and posted them in the four categories around the room. After reviewing the responses participants voted, using dot stickers, for the ideas they would recommend as suitable solutions.
3) What are your suggestions for next steps to further the three most popular policy solutions identified at this session?	After identifying three solutions to explore in greater depth, participants selected one solution and discussed the next steps in small groups. They recorded their ideas on flip chart paper.

## Current Practices and Challenges of Participants

The individual comments written by session participants reveal a wide range of current activities around food access and the built environment. Current practices are classified into the following categories: knowledge translation and exchange, community gardens, farmers' market expansion, mobile food strategies, grocery store access, food system planning, and program solutions. Participants also described many of the challenges associated with these initiatives.

### *Knowledge Translation and Exchange*

Several participants indicated their involvement in knowledge translation and exchange activities on the issue of access to healthy food. This included looking at real versus perceived barriers to food access as part of a food production working group; reviewing the literature on food access for the Effective Public Health Practice Project; and participating on a Food Security Network subcommittee to assess the needs of food insecure individuals. At the local level, education and knowledge exchange has been established through the development of a variety of resources, such as local produce guides, a donation guide for emergency food banks, fact sheets on the built

*A challenge associated with both community gardens and farmers' markets was the lack of involvement and access by low-income residents.*

environment and food security, a planner's tool, food security modules, and a guidance document on building codes related to the food retail sector.

### *Community Gardens*

Several participants described their involvement in the planning and implementation of community gardens.

Successes included having a great deal of interest and support from residents in the city. Challenges were around a lack of leadership to continue the gardens, difficulty finding space

### Food Access – Current Practices

- Knowledge Translation and Exchange
- Community Gardens
- Mobile Food
- Farmers' Markets
- Access to Grocery Stores
- Food System Planning
- Program Solutions

for the gardens, and challenges navigating municipal departments. It was emphasized that community gardens need to be part of a larger food strategy and that their absence in municipal/regional/district official plans or bylaws makes implementation difficult.

### *Mobile Food*

Four attendees shared their involvement in innovative community initiatives to increase the accessibility of healthy foods including mobile food vans, a farm to school program for transporting surplus apples, and a bus sponsored by grocery store owners that brings seniors to and from the grocery store, including assistance in carrying their groceries. The challenge associated with this initiative was that the cost was not recovered by the store, making this system difficult to sustain without external funding.

### *Farmers' Markets*

Two session participants indicated their involvement in starting farmers' markets in their communities; however, these markets were often located in high-income areas and offered produce that was expensive. A challenge associated with both community gardens and farmers' markets was the lack of involvement and access by low-income residents.

### *Access to Grocery Stores*

Strategies for increasing access to grocery stores were also described. One community succeeded in keeping a grocery store in a small, older section of town with public health-led pressure from the community and involvement by the media. Another community developed a fresh food distribution centre in a low-income area for members in the community, at cost. Food safety, consistent volunteers, and food storage/spoilage were challenges related to this initiative.

### *Food System Planning*

Two participants indicated that they were involved in establishing a local food charter and developing a food system plan in their communities. Challenges experienced by those who were involved with the development of these plans included difficulty engaging local partners and municipality, trouble getting buy-in from planners, a fragmented food system and competing agendas, and the need for key leadership especially from government and municipalities. A resource shared was a document recently published by the

*“The challenge is getting various food security groups and partners to look at overall food security strategy and focus on systems/policy changes instead of programs.”*  
-Participant, *Building Access to Healthy Food*

Simcoe Muskoka District Health Unit titled “Healthy Community Design: Official Plan Policy Statements.”<sup>9</sup> This document lays out concrete policies to create healthier built environments and includes a food access section. The policies are available for municipalities to consider including in their official plans.

### *Involvement in Healthy Food Programs*

*Program Solutions:* Although the focus of this question was on policy level activities, many of the current practices described by participants were programs. For example, several participants mentioned their involvement at the implementation level with food banks, food vouchers and other programs such as the Canada Prenatal Nutrition Program, Community Kitchens, Good Food Box program, the Nutritious Food Basket, and School Nutrition Program. While these programs have a positive impact on the people involved, can provide a link to community resources, and support local producers, the challenges cited for these activities exemplify the need for broader built environment policy solutions to food access. Many of the programs were inaccessible to low-income residents and most of the programs were not accessible by public transit. One participant commented that it is challenging to get various food security groups and community partners to look at an overall food security strategy and focus on systems/policy changes instead of program level solutions.

#### **Food Access – Challenges**

- Initiatives are not part of a broader, overall food strategy
- Projects are not incorporated into municipal planning documents
- Municipal departments are difficult to navigate
- Programs often not sustainable without additional funding and staff support
- Programs and services inaccessible to low-income residents.

## Policy Solutions

In the afternoon, food access session participants were asked to brainstorm policy solutions according to the following categories: 1. *Quick Results*, 2. *Building Capacity for Change (Interdisciplinary Partnerships)*, 3. *Long-term Solutions*, 4. *Other Innovative Ideas*. They were encouraged to think about ways to reduce inequities in access to healthy foods, focus on smart land-use, and to formulate ideas based on their expertise in the areas of health promotion, legislation, advocacy work, land-use planning, training and education. After the ideas were posted, participants voted on the comments that they would recommend as suitable solutions. A summary of the results is below. In order to narrow down and prioritize the identified solutions, ideas earning zero or one vote were not included in the following results.

### *Quick Results – Increase Mobile Food Retailers*

The most popular “quick results” solution was to increase the prevalence of mobile food retailers for low-income neighbourhoods. This could potentially be achieved through bylaw changes that would allow mobile food vendors to bring healthy food to communities that do not have infrastructure (e.g., mobile fruit and vegetable trucks, etc.) Other popular quick results solutions were to accomplish the following:

- Identify any unused green space located in city owned parks as potential locations for a community garden plot, possibly through municipal bylaw amendments;
- Increase healthy foods in public places by adjusting zoning policy to promote farmers’ markets and community gardens;
- Offer tax incentives for grocery stores locating in underserved areas;
- Add fruit trees in parks through a connection between schools and municipalities.

### **Food Access – Policy Solutions**

- Increase Mobile Food Retailers
- Establish a National Food Policy
- Establish Core Funding for Food Policy Councils

*Program Solutions:* Not related to policy change or the built environment, but also a popular “quick results” solution, was to address the erosion of food skills by integrating it back into curricula and promoting family and community skills building. Suggestions were to provide Good Food Boxes with recipes on how to use produce and increase the number and quality of food banks. This could involve making food banks places where community members can obtain skills and learn to advocate for healthier foods. A community food celebration was another suggestion to bring together everyone already involved with food to show what they are doing and meet each other.

### *Long Term Solutions – Establish a National Food Policy*

The most popular “long term” solutions were two ideas related to the establishment of a national food policy. Two components of this potential policy were highlighted: 1) health and agriculture working together to include consistent laws for preserving agricultural land and better policies to support Canadian farmers in order to decrease reliance on imports and 2) a component of the national policy related to school nutrition, such as a national, universal student nutrition program.

As part of the national food strategy, one idea was to locate a political champion who will convene all sectors to develop a 20-year strategy. This strategy would include research and an operational plan to implement a provincial food access strategy that focuses on equitable, high-quality, and healthy food for the most marginalized communities. Other

proposed policy solutions were around guaranteed income levels to purchase foods; policy limiting access to junk food on highway stops; junk food tax; and a more equitable HST policy regarding healthy and unhealthy food choices. Tax exemptions and incentives for grocery stores to locate in neighbourhoods where residents need access to healthy, affordable food choices were also suggested.

Participants also discussed how to work towards food policy changes at the local level. The most

The most popular idea in the “other innovative ideas” category was ensuring every community has a grocery store within walking distance.

popular ideas were local procurement policies and ensuring that all food outlets are accessible by walking, cycling, and or public transportation through linking with active transportation efforts and initiatives. Another popular option was for municipal official plan policies to be completely supportive of developing community infrastructure so that food is

affordable and available for everyone. Some regions have already started this process, but more needs to be done.

#### *Build Capacity for Change – Establish Core Funding for Food Policy Councils*

The most popular solution to build capacity for change was to establish core funding for food policy councils in every community. These councils were seen as key to building capacity, but would require dedicated staff to support interdisciplinary partnerships between planners, public health, and local advocates, and others. Food policy councils could take the lead on many of the other recommended solutions:

- Educating decision-makers and voters about the impact of decisions and planning actions on health and the development of healthy communities. It was identified that this could potentially happen through working with the Association of Municipalities Ontario;

- Collecting and collating baseline data on food issues, such as creating food mapping projects to identify food deserts and ongoing surveillance of these areas;
- Dismantling discipline ‘silos’ and work across programs, services, and disciplines to build capacity to address access to healthy food choices.

### **Next Steps**

After participants voted on the most promising solutions, planning committee members read the ideas from each station aloud and the whole group synthesized the individual comments and captured the ideas into three broad next steps:

- Facilitate connections around food at the local, provincial, and national levels;
- Create schools as hubs for healthy local food;
- Provide local foods in public places.

Each table then selected one of the four solutions to explore in greater depth and establish next steps for achievement.

#### *Next Steps for Facilitating Connections Around Food at the Local, Provincial, National Levels*

Three tables brainstormed ideas for next steps to facilitate connections around food at the local, provincial, and national levels. The first table suggested that the priority was to identify a lead organization or individual to set the goal and determine who needs to be involved. A plan needs to be in place to maintain the ongoing network of diverse groups/disciplines working on the topic and should include the food mapping process previously discussed.

The next group proposed the establishment of a food policy network or council with the central issue of local food and civil society to be a larger voice for advocacy at the provincial and federal levels. This would require dedicated funding and evidence that shows the success of food policy councils. It would also require an understanding of each other’s mandates to facilitate the connection of different mandates

for a common goal. The group also articulated the need for direction from higher levels of government to collaborate on such a food policy.

The third group came up with specific suggestions on how to facilitate these connections. They were as follows:

- 1) Form collaborative partnerships between OPHA, OPPI, and alPHA;
- 2) Develop common position statements and policy recommendations for this partnership;
- 3) Develop a common advocacy strategy;
- 4) Link this common advocacy strategy to key ministries' current strategies or policy directions. (e.g., Ministries of Transportation; Agriculture, Food and Rural Affairs; Education; Health and Long Term Care; and Health Promotion and Sport)

#### *Next Steps for Schools as a Hub for Healthy Local Food*

Three of the tables chose to establish next step for the topic of schools as a hub for healthy, local food. The discussions centered on the

*The discussions centered on the establishment of a school food policy or charter at the provincial level, which could be modified and implemented at the local levels.*

establishment of a school food policy or charter at the provincial level, which could be modified and implemented at the local levels. To establish such a policy, participants determined that all stakeholders would need to be engaged, including the Ministry of Education, school board staff and trustees, public health professionals, teachers, parents, businesses, media outlets, municipal councilors, politicians, and students. Students would also need to be

actively engaged in the process and serve as advocates for food policy changes at their schools. Demonstration projects and best practices could be reviewed and community partnerships should be established as part of the policy development process for creating schools as a hub for healthy local food choices.

Participants recommended that school food policies contain many elements including curricula around food skills, food systems, nutrition, and gardening. They also suggested policies around the sale of local produce both for students in the cafeteria as well as to parents through farmers' markets on the school property. Community gardens and green roofs were identified for incorporation into school food policies. Broader policy recommendations were also made such as zoning law amendments to reduce the availability of unhealthy food outlets near schools and tax incentives for healthy food sales near school property.

#### *Next Steps for Local Foods in Public Places*

Only one table chose to explore next steps for increasing local food in public places. While they did not establish concrete next steps, they brainstormed ideas for places to sell local foods, such as recreation centers and other municipally run facilities. To begin a dialogue around local foods in public places, this group suggested the following: convening a local committee with various stakeholders to look at local purchasing policies and food distribution channels; forming a partnership between farmers around selling their products; working with municipalities around local regulations and policies on local food vendors in public place; and hosting a networking event between vendors (e.g. restaurants, cafes, and workplace cafeterias) and farmers.

**BUILDING SAFE COMMUNITIES FOR THE PREVENTION OF INJURY AND VIOLENCE**

Fifty-four participants attended the injury and violence prevention working session. Two thirds of the attendees work in public health units. The other third were from local and provincial government organizations and

nongovernmental organizations. Unlike the other four think tank sessions, this group did not have any presentations, which allowed more time for group discussion.

Discussion Questions	Information Collection Methods
1) Share some of your organizations’ current practices with regard to the built environment as it relates to injury prevention and/or violence prevention.	Whole group discussion; facilitators recorded responses on flip chart paper
2) Identify challenges and successes in addressing the built environment in terms of injury prevention and violence prevention.	Whole group discussion; facilitators recorded responses on flip chart paper
3) What needs to happen to begin to move the built environment forward as a top priority across the province with a focus on injury prevention/violence prevention?	List generated as a whole group; organized into theme areas by facilitators; participants voted on most favorable priority areas
4) Using the top three priorities, what are the policy implications, who needs to be involved, and what needs to happen to move the issues forward?	Small group discussions; participants recorded ideas on flip chart paper
5) What needs to happen next in order to move forward?	Whole group discussion; facilitators recorded responses on flip chart paper

## Current Practices of Participants

At the beginning of the session, participants shared some of their organizations' current practices with regards to the built environment and related to injury prevention and/or violence prevention. Many of the current projects identified involve linking with other built environment initiatives to provide a safety perspective and working with municipalities to incorporate safety into planning.

### *Linking with Existing Public Health Initiatives*

Participants reported a wide range of current activities related to injury and violence prevention and the built environment. They have connected with other public health efforts, such as recreation and transportation, to bring safety to the forefront. For example, one organization has worked with recreation specialists to promote the use of helmets and encourage leaders to wear the gear when promoting recreational activities. Another has worked to link active transportation and safety by looking at the maintenance of the built environment in regards to walkability, bikeability, and safety. A related initiative has

*In addition to promoting safety within other public health initiatives, participants also reported efforts to connect with legislators to make building practices more safety conscious.*

involved looking at building bike lanes and addressing the winter maintenance of these lanes.

### *Involvement in Community Planning*

In addition to promoting safety within other public health initiatives, participants also reported efforts to connect with legislators to make

building practices more safety conscious. For example, a few participants have reviewed municipal official plans for city development and provided suggestions for the inclusion of safety components such as snow clearance, curb

## Injury/Violence Prevention – Current Practices

- Linking Existing Public Health Initiatives
- Involvement in Community Planning
- Safe Schools Movement

cuts, non-slippery paint on sidewalks, and other maintenance of the physical environment for the prevention of falls.

Urban planners have worked with Ontario municipalities to complete the review of their city in regards to many built environment elements. Planners and municipalities have developed guidelines for providing safe communities and environments. They have also looked at *Crime Prevention through Environmental Design*, such as street safety through better lighting, and helped to liaise with developers to work on the built environment and safety.

Another organization is looking at alcohol use within a community as it relates to injury and violence, especially in rural areas, and addressing alcohol availability. Rural specific initiatives were also identified including investigating alcohol use and binge drinking resulting in injuries and looking at grocery stores in rural communities turning to selling alcohol to make a profit.

### *Program Solutions: Safe Schools Movement*

Some participants identified that Green Communities Canada is working on several initiatives including school travel planning, the Active & Safe Routes to School program, and the Walking School Bus program, which involves many children walking to school together to lessen bullying and danger from strangers.

## Challenges

The group identified challenges in addressing the built environment in terms of injury prevention and violence prevention. The most frequently discussed challenges were collaborating with stakeholders and addressing the unique needs of rural communities.

### *Difficulty Collaborating with Stakeholders*

Participants in the safety think tank session described challenges were related to difficulties reaching meaningful stakeholders. For example, one participant noted that it is difficult to work with developers and get them to see the smaller community-based needs as opposed to the overall goals of a city. Also identified was the disconnect with school boards in that they make unilateral decisions and work in isolation, making decisions that may be contrary to public health recommendations. In addition, it was suggested that there needs to be more effort to include special needs populations in the planning process. At the provincial level, a lack of interaction between the various levels of government presents a challenge. Finally, when public health professionals are asked into the built environment arena, it is often late in the

*“There are so many variations in populations across Ontario... one size does not fit all.”*

*-Participant,  
Building Safe  
Communities for  
the prevention of  
Injury and  
Violence*

project. They need to be part of the decision making from the very beginning of the project.

### *Geographic Variation in Population Needs*

Challenges around the variation in the populations across Ontario were also discussed. It was suggested that there is

little coherence in understanding the built environment principles and how they differentiate between urban and rural or the variance from municipality to city. Several challenges unique to communities in the North were also listed. The North is composed of many isolated areas over a large land mass,

### **Injury/Violence Prevention – Challenges**

- Difficulty Collaborating with Stakeholders
- Geographic Variation in Population Needs
- Need for Evidence and Awareness

making it difficult to connect with initiatives. This is because there is municipal governance of vast areas and having continuity across services is difficult. In addition, these regions are unable to focus on high-density as a built environment solution. Finally, although there are challenges associated with the social determinants of health in all areas in Ontario, the North tends to have more health issues related to the social determinants than some other parts of the province.

### *Need for Evidence and Awareness*

A few participants indicated that there needs to be more evidence brought forward about the link between injury prevention and the built environment. They described a need for research on the effectiveness of interventions with relation to the built environment and injury prevention. Currently, most evidence is related to urban areas. The newness of built environment action and principles is challenging for some municipal leaders. It is difficult to educate the public around policy change and build acceptance of built environment solutions. Furthermore, there is often a long-term time frame for the implementation of built environment strategies; implementation can take five to ten years and there is not always funding for long-term projects.

Other participants identified specific areas where they would like to see more focus and attention including intentional injury as it relates to the built environment; accessibility taken into account when building occurs; violence prevention viewed by public health with a prevention lens rather than an issue in criminality/enforcement; and female safety when biking and walking in or through parks.

## **Successes**

The group identified successes they have seen in their work addressing the built environment in terms of injury prevention and violence prevention. Interdisciplinary communication has begun to increase, school related initiatives have seen early success, and communities have become involved in making their neighbourhoods safer.

### *Collaboration with Other Disciplines*

Despite the challenges associated with communicating with key stakeholders, many participants identified successful collaboration efforts.

*Relationships between planning, public health, and other professionals are growing, and these relationships are making more of an impact on the built environment.*

Relationships between planning, public health, and other professionals are growing, and these relationships are making more of an impact on the built environment. For example, planners and public health professionals are working together for built environment safety to counteract developers who appear to not be addressing safety concerns. Various active transportation initiatives have also seen

successes in injury prevention, for example, by promoting helmet use when working to increase active transportation.

### **Injury/Violence Prevention – Successes**

- Collaboration with Other Disciplines
- Safe Schools Movement
- Community Engagement

### *Safe Schools Movement*

Green Communities Canada is working closely with public health professionals on their safe schools initiatives. Safe communities have had successes with school boards on initiatives related to no car school zones where schools actively encouraging parents not to drive their children to school. Child-friendly cities recommendations involve looking at the benefits of smaller schools and trying to get planners to think about the built environment ramifications for schools.

### *Community Engagement*

There have also been some successes engaging community members in self-assessment of safety and injury prevention needs in their communities and looking at the built environment for solutions. Other successes include the development of separate bike and walking parks and initiatives such as age-friendly communities and the safe community designation are creating a policy driven approach. One participant noted that the rapid growth of some communities has increased the opportunity for change.

### **Next Steps**

Following the identification of challenges and successes, participants were asked to brainstorm next steps. The group as a whole came up with a list of suggestions. During the lunch break, the session facilitators grouped the next steps into six theme areas. Each participant was given three dot stickers and asked to vote for the three priorities they felt were most important to move forward. The next steps listed below are organized in order of importance based on the dot voting by participants:

- 1) Community Involvement and Engagement
  - Engage the right stakeholders from the beginning
  - Encourage group ownership
- 2) Gain Understanding
  - Access and survey community needs
  - Understand what drives choices
  - Understand urban and rural differences
  - Identify priority neighbourhoods and areas
  - Recognize resistance to density-driven action
- 3) Cross Discipline Collaboration and Implementation
  - Understand backlash/resistance/side effects
  - “De-silo” (breakdown the silo’s of individual efforts) built environment efforts for collaboration
- 4) Building and Acting on Research and Evidence

- Research cost/benefit analysis
  - Engage in research
  - Identify real needs and priorities
- 5) Address the Social Determinants of Health and the Needs of Special Populations
    - Address voids/imbbalances in accessibility and programming
    - Increase housing for special populations/safety infrastructure
    - Address falls prevention across the life span, as it relates to the built environment
  - 6) Educate and Raise Awareness
    - Increase social marketing efforts
    - Build and encourage safety in high-density areas
    - Explore de-normalizing strategies
    - Encourage paradigm shifts in the built environment thinking

### **Policy Implications, Potential Partners, and Moving Forward**

Out of the six next step priorities identified, the top three - Community Involvement and Engagement, Gain Understanding, and Cross Discipline Collaboration and Implementation - were explored in further detail. Participants worked in small groups to generate ideas regarding policy implications, potential partners, and how to move forward. Their ideas are presented in the table on the next page.

<b><i>Injury and Violence Prevention - Next Step 1) Community Involvement and Engagement</i></b>		
<b>Policy Implications</b>	<b>Potential Partners</b>	<b>How to Move Forward</b>
<ul style="list-style-type: none"> <li>• Educate the public first to gain interest in the topic</li> <li>• Consult with all applicable stakeholders (mandated, accessible, transparent, timely)</li> <li>• Educate around importance of issues related to communities</li> <li>• Approach all sectors for consultation</li> <li>• Find dedicated champion to lead policy development</li> <li>• Change the current process of community policy changes and get the community out and engaged</li> <li>• Build community buy-in</li> <li>• Health Impact Assessments should be a key piece of policy development</li> <li>• Use current and local data to show the need to partner</li> <li>• Ensure that data is considered when policies are being developed</li> <li>• Allocate resources to educate the community; however, need to justify the need and outcomes of this expenditure</li> <li>• Follow-up and deliver on community feedback</li> <li>• Know level of community knowledge</li> <li>• Obtain financial support for neighbourhood groups and initiatives</li> <li>• Know what policies currently exist and build upon those</li> <li>• All policies need to be considered and written to address health concerns</li> </ul>	<ul style="list-style-type: none"> <li>• City</li> <li>• Residents</li> <li>• Media</li> <li>• Local rate-payers associations</li> <li>• Local businesses</li> <li>• Schools</li> <li>• Churches (faith settings)</li> <li>• Libraries</li> <li>• Sports and recreation centres</li> <li>• Police</li> <li>• Community health officers</li> <li>• Outreach/settlement workers</li> <li>• Developers</li> <li>• Healthy Communities fund partnership stream</li> <li>• All funding partners (Ministry of Transportation of Ontario (MTO), Ontario Trillium Foundation, MHPS, MOHLTC, Police, Education, Health Agencies)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop simple and transparent messaging/process</li> <li>• Translate to local language</li> <li>• Use multiple media options (website, town hall meetings, etc)</li> <li>• Act on feedback loop and follow-up steps</li> <li>• Link with the community engagement office in your municipality and identify your needs</li> <li>• (OPHA) create a template for addressing community engagement offices effectively</li> <li>• Host forums</li> <li>• Get the issue on the agenda of government officials</li> <li>• Provide community incentives</li> </ul>

<b><i>Injury and Violence Prevention - Next Step 2) Gain Understanding</i></b>		
<b>Policy Implications</b>	<b>Potential Partners</b>	<b>How to Move Forward</b>
<ul style="list-style-type: none"> <li>• This should be combined with #4 - building and acting on research and evidence</li> <li>• Advocate for increased investment in injury prevention and violence prevention research related to the built environment</li> <li>• Enact a mission statement which leads to policy implications</li> <li>• Respond to research and evidence to affect policy</li> <li>• Adapt to trends/new research</li> <li>• Understand the length of time to implement policy (5-10 years from development to implementation)</li> <li>• Fund research that will result in policy changes</li> <li>• Research to determine how factors of built environment (density, etc.) affect violence prevention and injury prevention</li> <li>• Field needs to understand issues fully to propose sound policies</li> <li>• Produce a built environment strategy/guiding principles</li> <li>• Incorporate built environment into the Ontario Public Health Standards</li> <li>• Need neighbourhood specific policies with individualized and flexible applications</li> <li>• Need community assessments of the existing built environment</li> <li>• Complete a needs assessment of targeted group to assess current knowledge and understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Researchers</li> <li>• General public</li> <li>• Municipal and provincial governments</li> <li>• Public health practitioners and practitioners of other key sectors</li> <li>• Law enforcement</li> <li>• Urban planners</li> <li>• Developers</li> <li>• Landscapers</li> <li>• Community stakeholders</li> <li>• Local agencies/service providers</li> <li>• School board</li> <li>• Building Industry Associations</li> <li>• Health care workers</li> <li>• Faith-based organizations</li> <li>• Community Health Officers</li> <li>• Neighbourhood action teams</li> <li>• Epidemiologists</li> <li>• Healthy Communities Fund partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate to government to make injury prevention and violence prevention a priority in the built environment</li> <li>• Work closer with the research community</li> <li>• The field needs to determine the research instead of research determining what the field works on</li> <li>• Mobilize existing resources</li> <li>• Build off of existing resources</li> <li>• Develop rapport with the community</li> <li>• Have the community prioritize their needs</li> <li>• Build community trust</li> <li>• Establish common goals shared by different contributors</li> <li>• Build alliances with contributors</li> </ul>
<b><i>Injury and Violence Prevention - Next Step 3) Cross Discipline Collaboration and Implementation</i></b>		
<b>Policy Implications</b>	<b>Potential Partners</b>	<b>How to Move Forward</b>
<ul style="list-style-type: none"> <li>• Work within a 'Health in all Policies' framework</li> <li>• Consult across city departments to ensure all areas of built environment are considered in planning and development</li> <li>• Prove cross collaboration is occurring to receive funding</li> </ul>	<ul style="list-style-type: none"> <li>• Everyone</li> <li>• City policy makers</li> <li>• Local Health Integration Networks</li> <li>• Provincial ministries (MHPS, MTO, MOHLTC)</li> </ul>	<ul style="list-style-type: none"> <li>• Connect with key departments early</li> <li>• Ensure mandates mesh between partners</li> </ul>

## Recommended Next Steps

Following the report back from each table, the facilitators asked the whole group to brainstorm potential next steps that need to happen in

order to move forward. Participants also created a list of recommendations for OPHA. The lists are included in the table below.

Next Steps for Moving Forward:	Recommended Next Steps for OPHA:
<ol style="list-style-type: none"> <li>1) Make sure that the injury/violence lens is captured</li> <li>2) Go back to presenters and infuse implications of injury prevention and violence prevention within their presentations</li> <li>3) Have centralized data bank on research findings for this particular content.</li> <li>4) Consider mental health promotion in the built environment discussion</li> <li>5) Don't mix urban/rural realities for the built environment</li> <li>6) Consider injury prevention across lifespan not just youth</li> <li>7) Need to see inventories of data and/or demonstrated practices in the area of the built environment</li> <li>8) There needs to be more collaboration between ministries and with allocation of resources</li> </ol>	<ol style="list-style-type: none"> <li>1) Identify the injury/violence prevention lens in the follow-up report</li> <li>2) Ask panelists to incorporate the injury/violence prevention lens in any future presentations</li> <li>3) Create a centralized database on existing information and community-specific data               <ol style="list-style-type: none"> <li>a. Create inventories of existing work (best-practice/promising practices) that exist in the built environment field</li> <li>b. Advertise the importance of the OPHA Violence Prevention database as a hub for these resources</li> <li>c. Connect with Health-evidence.ca as a hub for resources</li> </ol> </li> <li>4) Disseminate information to all health units and regions</li> <li>5) Begin to address Mental Health</li> <li>6) Identify the specific needs of the Northern and/or rural areas of Ontario</li> <li>7) Consider looking at injury and violence prevention across the lifespan as it relates to the built environment</li> <li>8) There needs to be more collaboration between ministries to make the most use of funds</li> <li>9) There needs to be more money going into public health and other organizations to implement these built environment principles</li> <li>10) Continue to work with all levels/organizations as OPHA has a good system for this</li> </ol>

## HEALTHY HOUSING ENVIRONMENTS: ACCESS, EQUITY AND QUALITY

Thirty-five participants attended the housing session. Approximately half of the participants were from public health units. The other half was a mix of professionals including an accommodation/housing advocate, a lawyer,

planners, researchers, housing providers, child health advocates, environmental health specialists, and an educator. This group used professional codes to label their current practices, challenges and successes.

### Presentations

- Health Risks Associated with the Indoor Environment  
*Kathleen Cooper, Canadian Environmental Law Association*
- Equilibrium: Healthy Housing for a Healthy Environment  
*Jamie Shipley, Canadian Mortgage and Housing Association*
- Housing Matters: The Health and Wellbeing of Children and Youth  
*Jama Watt, Ottawa Child and Youth Housing Advocacy Institute*

Discussion Questions	Information Collection Methods
In the context of your role or discipline — what’s the one key or most significant thing you currently do to increase access to and/or improve the quality of healthy housing... something that contributes to improving our built environment and healthy public policy?	Practices were recorded on flip chart paper at each of the five tables and labeled with profession codes.
What are the largest barriers or challenges that you face in increasing access to and/or improving the quality of healthy housing? What are the successes or major contributions (large or small) that you have achieved or been a part of with regard to increasing access to and/or improving the quality of healthy housing?	Participants recorded their ideas on large post-it notes, including professional codes, and placed them on flip chart paper posted on the wall.
Giving full consideration to the ‘health equity lens’ definition provided, identify your ‘top three’ ideas for policy solutions for increasing access to and/or improving the quality of healthy housing?	Small group discussions and recording on flip chart paper. Top solutions were prioritized.
What are the top three ideas for next steps to further policy solution...1...2...3...4? [e.g., those policy solutions identified as priorities]	Small group discussions and recording on flip chart paper. Top next steps were prioritized.
Beyond what may have already been identified in our earlier discussions, what do we need people from various professions and disciplines to do if we’re going to successfully advance the kind of policy solutions we’ve been discussing? How might we increase the degree of collaboration and cooperation that’s required between various parties if we’re going to successfully advance the kind of policy solutions we’ve been discussing?	Participants wrote their responses on note cards and placed them in an envelope.

## Current Practices of Participants

Housing session participants discussed their current practices in small groups and recorded them on flip chart paper using the professional codes to label practices. Many of the current practices aim to raise individuals' awareness about healthy housing issues through education, resource development, and research on the links between housing and health.

### *Education and Awareness-Raising*

Many of the current practices described by public health professionals involved raising awareness among individuals about healthy housing issues. Participants described health promotion efforts to provide information about housing issues such as mould, smoking, allergens, senior falls, pests, toxins in the home, and simple safe alternatives to unhealthy products. Other activities to increase education and awareness were through the development of resources. The following resources were identified:

- A guidance document for addressing indoor air quality and other environmental health issues;
- A resource on hidden exposures for pregnant families for use by service providers and individuals;
- Guidelines for landlords and tenants.

As with the public health professionals, the majority of the current practices among other professionals were around education and awareness raising. Examples included sharing knowledge with professionals, building capacity in communities, increasing awareness of public of sources of toxic substances in indoor environments, providing strategies for mitigation, identifying health inequities and gaps in education to service providers and parents with regard to indoor environmental health issues, and providing education around general housing hygiene. Also mentioned was the *20/20 The Way to Clean Air* social marketing campaign to decrease car use and save energy.

### Healthy Housing – Current Practices

- Education and Awareness-Raising
- Research and Investigation
- Policy Advocacy

Both public health professionals and other professionals identified efforts related to advocacy for individual residents' rights. A few participants described client advocacy efforts to improve housing situations by helping individuals recognize their rights related to cleanliness, safety, and security, and providing information on how to access resources. Furthermore, another public health professional described involvement in advocacy workshops on indoor air quality to Toronto Community Housing.

### *Research and Investigation*

Several public health participants described their involvement in efforts related to investigations of indoor air quality and responding to complaints of substandard housing. Others described their research on the health impacts of indoor air quality, health inequities and the built environment, including housing. One participant described efforts to address heat vulnerability by using maps to assess where 'heat vulnerable' residents live and conducting surveys to assess access to cooling stations. This person also worked on a tower renewal project, especially a cooling pilot project involving the addition of one cool room in non-air conditioned building. Other professionals, outside of public health, also reported involvement in research related to healthy housing including assessment and evaluation of exposure and health impacts and synthesis of evidence and data to communicate to others regarding socioeconomic status and health link. One participant described research on aging in place and lead abatement and control.

### Policy Advocacy

Three public health participants specifically indicated involvement in policy work related to healthy housing such as planning policy work around smoke free areas and Toronto Community Housing, commenting on official plans to ensure that terminology is age friendly, and revising indoor and outdoor air quality bylaws. Only one public health person specifically mentioned developing relationships with municipal government to promote healthy public policies.

A few other professionals described policy advocacy work such as opposing zoning bylaws that require two car parking per unit added for purposes of intensification and incorporating housing status questions into clinical practice at hospitals. One participant described work training indoor air quality investigators to recognize healthy homebuilders through incentives such as award recognition, media releases and endorsement. Another participant is involved in broader policy work through the Canadian Partnership for Children’s Health and Environment advisory committee for healthy retrofits.

*Program solutions:* Among professionals outside of public health, a few participants are involved in specific programs to improve access to healthy housing including CMHC programs such as Residential Rehabilitation Assistance Program and the Home Adaptation for Seniors Independence.

### Successes

Participants recorded their success and contributions they have made to improve access to healthy housing. Successes were written on post-it notes and posted on the wall. The majority of successes were related to education and awareness-raising about healthy housing issues. There has also been some success in building collaboration among stakeholders and establishing evidence of health risks associated with housing.

### Healthy Housing – Successes

- Increasing Awareness
- Interdisciplinary Communication
- Building Evidence
- Community Level Successes

### Increasing Awareness

The majority of successes by both public health and other professionals were related to increasing awareness of potential household hazards at both the individual and organizational levels. Several participants described work designed to increase individual awareness including the following: teaching the importance of yearly upkeeps, listing available resources, showing individuals with barriers how to use local housing resources, educating the public about safety in the home and healthy indoor environments, providing clinical outreach to vulnerable clients, and working with first nations around indoor environments. Other awareness raising initiatives were related to empowering individuals with information on sources of toxic exposures in the home so they can take individual protective actions and become part of a societal-wide demand for safer products and indoor environments and thereby influence policy and the marketplace. Legal services have also been involved in housing through efforts to empower tenants to access services and provide education for tenants regarding rights and responsibilities.

*The majority of successes by both public health and other professionals were related to increasing awareness of potential household hazards at both the individual and organizational levels.*

Only a couple of participants described the specific outcomes of efforts to increase individuals’ awareness of healthy housing. One commented that as a result of the increase in

awareness of contaminants and sources of bad air quality, parents have removed some contaminants by reducing dust and the use of perfumes. There have also been efforts by residents to improve ventilation in their homes by having vents cleaned every two years and installing electronic air filters.

Housing participants also described how increasing awareness has also occurred at the organizational level. Some health related organizations are working to increase awareness of the benefits of decreasing housing pollutants through strategies such as scent free environments. Health authorities, such as Local Health Integration Networks and public health, acknowledge housing as a key determinant of health. Other stakeholders are starting to see the

*There has been an increase in cross-sectoral collaboration and partnerships in advocating for change.*

link between housing and health as well. One participant has been successful in bringing large rental housing provider associations to start thinking and talking about healthy housing and commented that the association has shown a willingness to learn. In addition, heat vulnerability

research is helping to raise the profile of health-related issues with stakeholders across the city. The establishment of incentives programs, such as EQUilibrium™ sustainable housing demonstration initiative and Healthy Housing™ recognition as well as federal recognition for some healthy homebuilders, has also stimulated awareness.

#### *Beginning of Interdisciplinary Communication*

There has been an increase in cross-sectoral collaboration and partnerships in advocating for change. Participants have been involved in collaboration both by individually engaging with other stakeholders and by creating opportunities for others to collaborate. Individual efforts were related to working with landlords to retrofit

housing, consulting on design for renovations, commenting on official plans, and partnering with first nations organizations for trainings around indoor environments. Broader efforts to increase interdisciplinary communication involved bringing diverse stakeholder groups, including community members, together to collaborate on health policy and the built environment. One organization has received funding for an extensive project focused on healthy retrofits.

#### *Building Evidence*

Many participants described successes related to research and risk assessments of the health impacts associated with housing. This includes participation in health hazard investigations, mobilization of agencies working with seniors to look at environmental risk factors for fall related injuries, and research on heat vulnerability to help community partners to reach out to the most vulnerable people.

*Many participants described successes related to research and risk assessments of the health impacts*

#### *Community Level Successes*

At the community level, broader efforts have had some success. Low-income neighbourhoods have been regenerated into new, mixed income neighbourhoods using healthier building materials and healthier cleaning products have been introduced to housing staff and tenants. In addition, funding from the province has allowed some social/affordable housing to be built.

## Barriers

Participants were asked to identify barriers or challenges that they face when working to create access to or improve the quality of healthy housing. They wrote their challenges on post-it notes and posted them on the wall. The barriers were related to shortcomings of existing policies, evidence gaps, lack of collaboration, and the challenges associated with addressing the broader social determinants of health issues. It was also noted that the role of public health in housing is not clear and that a defined role or project related to this area would be useful.

### *Evidence Gaps*

Several public health participants identified a lack of evidence as a barrier to progress on housing issues, particularly the lack of strong data on the link between exposure to various elements and health outcomes. Local data, of good quality, and data to report on the link between health inequities and built environment is also lacking. The kind of data needed is at the environmental level and not the individual level, which is where public health professionals usually measure. Furthermore, it is not clear what indicators should be used to measure the health impacts of housing. There is difficulty accessing data

*There is difficulty accessing data to link unhealthy housing to health outcomes and showing the cost of poor quality housing at the population health level to enable organizations to 'make a business case.'*

to link unhealthy housing to health outcomes and showing the cost of poor quality housing at the population health level to enable organizations to “make business a case.”

### *Lack of Collaboration*

Public health participants also identified challenges with collaboration and partnership building with key stakeholders. For example, one public health professional reported

### Healthy Housing - Barriers

- Evidence Gaps
- Lack of Collaboration
- Shortcomings of Existing Policies and Concerns about New Policies
- Complexity of Social Determinants of Health
- Costs Associated with Renovations
- Reliance on Individuals to Make Changes
- Lack of Awareness of Health Risks

difficulty connecting with social housing agencies to address inadequate housing issues like air quality and sanitation. Another found difficulty bringing developers on board, while another indicated that engaging residents is also a challenge. Also cited as a challenge were silos in municipal divisions resulting from a lack of funding. This creates a challenge for public health to keep current with housing issues, like successes contributing to building code changes. Non-public health participants also identified barriers related to making connections between key players, coordinating efforts, and building trust with the community.

### *Shortcomings of Existing Policies and Concerns about New Policies*

Some existing policies and regulations *prevent* changes that would increase health in housing and apartments. For example, in some apartments the windows cannot be opened all the way, preventing adequate ventilation. In other buildings, the heat must be on until late into the summer, with no way for tenants to change the temperature.

A few participants identified fears related to changes to housing policy. Stakeholders, such as landlords and builders, are afraid of the potential negative economic impacts of a new policy. Participants also expressed concerns that a new policy, such as a smoke-free building policy, might further increase disparity. Also mentioned was a fear that being ahead of the wave with a policy might be politically undesirable and labeled “nanny-state.”

### *Social Determinants of Health Affecting Access to Healthy Housing*

A few participants noted that the underlying social determinants of health, such as poverty and education, associated with the housing make addressing the problems complex. These issues, including insufficient living wages, lack of finance knowledge, and language barriers, need to be addressed in order to fully mitigate the problem. Other issues related to social determinants of health include lack of finances to remove unhealthy materials in the home, waitlist and shortages of decent housing stock for low-income tenants, and a lack of resources to enforce minimum standards. These challenges make it unclear where the policy focus should be – at the housing level or at the neighborhood/community levels.

### *Costs Associated with Renovations*

The cost of making changes to support healthy housing was also identified as an obstacle. The age of buildings require prohibitive amounts of money to retrofit, and there is a lack of funding for these activities. There is also a lack of resources, both at an organization level and in the community, especially in low-income areas. In addition, there is a lack of resources to address and support aging at home.

### *Reliance on Individuals to Make Changes*

Professionals who work outside of public health raised the point that it is difficult to rely on individuals to address healthy housing issues. The people who are most affected and at risk, such as people in poverty and children, have the least capacity to change their own situation.

Individuals, especially those struggling with poverty and multiple associated stresses, cannot solve or prevent indoor environmental exposures and associated health risks. Low-income households are primarily renters and have little control over their living environment. Politicians and decision makers are not listening to the people in need, but are focused on those who have better access and are more vocal. There needs to be a shift away from the focus on individual awareness to broader advocacy efforts for policy change that will build political will at each level of government.

*“There needs to be a shift away from the focus on individual awareness to broader advocacy efforts for policy change that will build political will at each level of government.”*  
*-Participant, Healthy Housing Environments*

### *Lack of Awareness of Health Risks*

Despite the abundance of current practices and successes related to increasing awareness, a few participants identified barriers related to lack of awareness about environmental health risks in specific areas. This includes a lack of knowledge about sources of contaminants or allergens in the home, including lead in old paint. Awareness needs to be increased among the public including parents, building staff, tenants, energy efficiency experts, consultants and contractors. In addition, northern communities are lagging behind with environmental health issues, so it is taking longer to create awareness and there are challenges associated with price, and access to supplies.

### Policy Solutions and Next Steps

The housing session participants engaged in small group discussions at their tables about priority policy solutions and ideas for next steps to achieve the desired solutions. Some of the groups only identified next steps for their top

priority solution while others generated a general list of next steps. Each table recorded their solutions and next steps on flip chart paper. Their ideas are summarized in the table below.

Group	Solutions	Next Steps
Table A	Request that the Provincial Committee of Cabinet on Poverty (PCCP) implement ‘Action Steps’ to address housing issues	<ol style="list-style-type: none"> <li>1) Disseminate and promote the “Action Steps” paper</li> <li>2) Have stakeholders endorse support on paper</li> <li>3) Advocate for provincial government buy-in by finding a champion within the PCCP</li> <li>4) Develop a situational assessment and/or needs assessment with respect to PCCP position on healthy housing highlighting current policy and activities</li> </ol>
Table B	Healthy Home Audit and Retrofit Program to include grants, subsidies, and rebates based on income	<ol style="list-style-type: none"> <li>1) Review insights from the EQUilibrium program and other retrofit pilots/programs and create an environmental scan of best practices including international practices</li> <li>2) Collect, evaluate, and interpret existing evidence with respect to environmental health hazards in homes via an expert advisory group</li> <li>3) Create a healthy home audit tool and pilot project, including priority areas</li> <li>4) Develop a policy analysis and a cost benefit analysis including stakeholder analysis of champions and funding organizations</li> <li>5) Include homeowners and housing providers (landlords, for profit, and not for profit)</li> <li>6) Explore cost benefit analysis of renewable technologies</li> </ol>

Group	Solutions	Next Steps
Table C	<ul style="list-style-type: none"> <li>• All policies and initiatives with respect to housing incorporate environmental health consideration</li> <li>• Built environment regulations can be strengthened to incorporate environmental health concerns</li> <li>• There should be improved enforcement of these strengthened regulations.</li> </ul>	<ul style="list-style-type: none"> <li>• Engage stakeholder organizations in advocacy - OPHA, Registered Nurses Association of Ontario, housing groups, Ontario Medical Association, building code associations, and planning associations.</li> <li>• Develop a policy brief to provide research evidence and send to MP's and Premiers, perhaps use the OPHA paper.</li> <li>• Give residents cameras to show policy makers evidence of adverse living conditions or use real examples from public health investigations.</li> <li>• Challenge politicians to live in low-income housing for a week.</li> <li>• Develop a business case to help sell ideas to the government and the industry</li> <li>• Link with the popular topic of energy efficiency - incorporate other amendments with the issue of energy efficiency, integrate environmental health changes with energy efficiency improvements to help make the business case, become involved with Ontario Power Authority and the Ontario Energy Board for retrofit funding to influence program design, and engage the Low-Income Energy Network (LIEN).</li> <li>• Add to training and program requirements of energy efficient auditors on indoor environmental issues including follow up audits and random audits every few years for rental stock</li> </ul>

Group	Solutions	Next Steps
Table D	<p>Flexible zoning policies to encourage aging in place, including second suites and commercial incorporated within residential</p>	<ol style="list-style-type: none"> <li>1) Increase understanding of existing zoning policies that are barriers (and motivators) to sustainable complete communities.</li> <li>2) Identify best practices. Determine how zoning has allowed mixed use (live/work spaces).</li> <li>3) Build alliances between public health, urban planners, BIA.s (business improvement areas), municipal assessments, chamber of commerce, social services, senior groups, Community Care Access Centres.</li> </ol>
Table E	<ul style="list-style-type: none"> <li>• Community implementation – develop healthy home initiatives involving volunteers, make better use of community for access to resources, tap into faith communities doing similar work</li> <li>• Link healthy housing issues together – poverty reduction, affordable housing, sustainable funding versus project one-offs, and energy efficient retrofits</li> <li>• Build environmental health into energy efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Identify best practices and gaps in existing programs and research at all levels of jurisdiction including non-government organizations and community programs.</li> <li>• Disseminate information to all players and expand stakeholder involvement especially the private sector</li> <li>• Identify innovative ways to pay</li> </ul>

## Collaboration

At the end of the session, participants were asked to write down their suggestions for what various professionals and disciplines need to do to achieve the solutions outlined above. They were also asked to provide ideas for how to increase interdisciplinary collaboration. Participants suggested that we develop interdisciplinary communication and collaboration on healthy housing issues by taking the following actions:

### *Develop a Formal Structure for Interdisciplinary Work*

- Identify a lead government division or agency and create an interdisciplinary workgroup or provincial task group;
- Ensure a “bridge” role for specific staff within professional associations or disciplines, whose responsibility is to make links happen across disciplines;
- Include a training component in university or work place programs to create a greater understanding of other disciplines and interconnectedness. This includes creating university programs where students learn about the built environment and health from a variety of disciplines as part of their education and training. Courses could be taught by planners, engineers, or other related disciplines. This could contribute to the development of a common vocabulary across disciplines and the identification of areas of mutual interest;
- Invite developers and builders to share their role in influencing population health and embrace environmental health as part of their professional responsibility;
- Build political support.

### *Create Interdisciplinary Events to Bring Professionals Together*

- Plan and host collaborative forums, similar to this session (but with more diverse participation from other disciplines) to build partnerships and understanding across

disciplines. Events should foster the exchange of knowledge, ideas, and innovations and highlight success stories;

- Bring together professionals on a regular basis or related to project specific issues, such as commenting on policy documents;
- Sponsor public health staff to attend other sector’s conferences/workshops;
- Expand the use of technology (e.g., video conference “fireside chats,” webinars, training) to bring truly diverse disciplines together, especially to address issues related to rural and remote communities.
- Offer ‘housing’ summits at the local, provincial, and national levels. It was suggested that the heads of some of the associations that usually work in isolation - OPHA, Canadian Institute Public Health Inspectors, OPPI, MOH, etc. - have regular conferences to support collaboration.

### *Create Funding Structures that Support Interdisciplinary Collaboration*

- Obtain dedicated and sustained funding for collaborative work among stakeholders from diverse organizations, including public health and planning organizations. Once people leave a meeting, it is difficult for them to continue to engage and work together unless there is staff funding to facilitate the work;
- Encourage the provincial government to regulate or provide funding to initiate discussions, collaboration and cooperation with regards to healthy housing standards, much like the energy efficiency issue. Ideas include funding opportunities, similar to the Coalitions Linking Action and Science for Prevention (CLASP) projects, which required two or more provinces and disciplines to collaborate would achieve this goal or to building on the Canadian Partnership for Children’s Health and Environment efforts;
- Build evidence to support the relationship between the built environment and housing.

Researchers can help support healthy housing by adopting or developing indicators of healthy housing and evaluating existing evidence and policy to lend weight to health and environmental interactions. This type of research could also increase key messages uptake;

- Collect real life stories from the populations affected by poor housing such as isolated seniors and people living in poor living conditions. Sharing positive success stories from other communities that have addressed policy change can help to eliminate fear of the unknown when we consider change.

*Work Together to Build the Economic Case*

- Develop a better understanding of the economic impact of unhealthy housing on residents, communities and the province. Researchers need to gather relevant evidence about the economic impacts in order to build the business case;
- Increase awareness about the relationship between health status and housing standards

and related costs of environmental health risks like asthma and emphysema;

- Understand the financial impacts and market forces in order to determine how to make housing changes affordable and demonstrate ways to show that changes will be healthy and profitable for all parties.

An additional policy identified was for family physicians to collect an environmental health history as part of their routine evaluations of children. For example, including questions about age of housing (to identify lead and other legacy chemical exposure potential); is there the presence of moulds, pet dander, pest control issues, smoking, potential occupational exposures etc. Physicians could then advise and assist the family to take corrective action.

*“Come down from abstract to concrete, incremental action.”  
-Participant, Healthy Housing Environments*

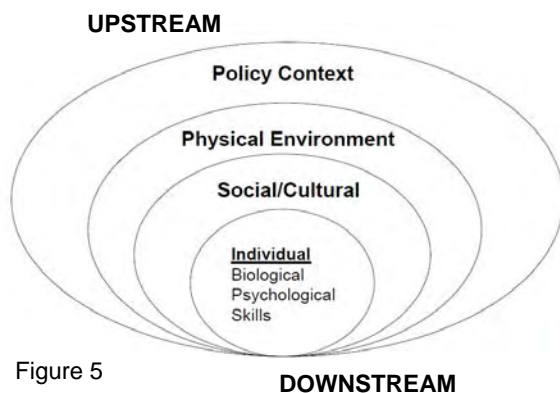
## FORUM THEMES

The findings from the five think tank sessions were reviewed independently by both authors. Themes were identified and discussed, and common themes are summarized below.

### OVERARCHING THEME:

#### *A NEED FOR UPSTREAM POLICY AND ENVIRONMENTAL CHANGE*

An overarching theme, seen throughout the findings from each session, was the need for *upstream* changes to address built environment issues that affect Ontarians' ability to live healthy lives. Using a version of the social-ecological model below (Figure 5), upstream changes occur beyond the level of individual awareness, knowledge, and skill development at the level of policy and environmental change. As seen in the model, changes at these levels have a broader impact than programs that only target individuals. The ideas generated during the think tank sessions reflect the broader socio-cultural, environmental, and policy changes that would result in communities that support healthy lifestyles by *making the healthy choice the easy choice*.



All of the sessions identified solutions that fit into these broader, upstream categories. For example, social marketing to promote healthy, active transportation has the potential to change the cultural norms around public transportation; local food policies can result in healthier eating

environments by increasing the availability of healthy choices and decreasing the prevalence of unhealthy options; working towards universal access to parks and recreation facilities provides space for physical activity and social interaction; and zoning policies that encourage mixed-use development (i.e., locating commercial and residential buildings in the same area) create more walkable communities. These strategies have greater potential for improving population health compared to programs, which are often not accessible to low-income residents and unsustainable without continuous funding and staff involvement.

### Achieving Upstream Change

After reviewing the findings from all five think tank sessions, three actions to increase the health and wellbeing of Ontarians were identified by the authors:

#### *1) Increase Interdisciplinary Communication and Collaboration*

The need for interdisciplinary collaboration was emphasized in each of the five sessions and was brought up during discussion about successes, barriers, solutions, and next steps. It was emphasized that the complexity and interconnectedness of policy issues related to the built environment and health make it nearly impossible for public health professionals to achieve success by working in isolation. Examples of different disciplines and sectors that public health organizations need to seek out and develop collaborating relationships with are land-use planners, parks and recreation staff, school boards, social services departments, developers, building inspectors, municipal decision makers, media, law enforcement, and environmental assessment companies.

It has become clear from the forum findings that impacting current and future policy needs attention. This can be achieved by first, gaining

an understanding of how different disciplines and sectors currently approach and understand the topic of the built environment and health and how they view their role and second, building an understanding of how specific disciplines and sectors can contribute to increasing the health of residents, even if this is not their primary function. Suggestions were made for how to build interdisciplinary communication and partnerships. It was recommended that formal partnerships be established with dedicated funding, clear mandates, and plans for sustainability. Interdisciplinary events should be held, such as this forum, but with truly diverse representation, and public health staff should be supported to attend conferences hosted by other disciplines and sectors. It was also suggested that interdisciplinary courses in planning be incorporated into public health training programs. All of the sessions identified a need for relevant Ontario ministries (i.e., Agriculture, Food and Rural Affairs; Education; Environment; Infrastructure; Municipal Affairs and Housing; Transportation; Health and Long Term Care; and Health Promotion and Sport) to come together around these issues.

## *2) Impact Policy Development at the Local Level*

The second prominent theme, seen throughout the policy solutions discussions, was the need to impact policy development at the local level by becoming involved in the policy process. This includes commenting on local official plans, which are municipal, regional or district council's policies on how land in a community should be used and developed. Participants also recommended that communities examine bylaws and zoning policies, advocate for policies that support healthy living, and oppose those that do not. Given that strategies to address the built environment will differ between rural, suburban and urban areas, it is important that these efforts occur at the local level. Professionals should engage citizens to build political support for key policies to build

understanding of how changes to the built environment will impact health. A few key provincial policy documents were cited during the forum as being available to provide guidance and increase knowledge on what policies to impact: the Provincial Policy Statement from the Ontario Ministry of Municipal Affairs and Housing,<sup>10</sup> the Places to Grow Act from the Ontario Ministry of Infrastructure,<sup>11</sup> and the Simcoe Muskoka Policy Statements for Official Plans.<sup>12</sup> During many of the sessions, forum participants highlighted the need for effective social marketing strategies to strengthen public awareness and support for built environment policy changes. Community mapping was also frequently discussed as a way to illustrate community assets and deficits with respect to the built environment and health.

## *3) Build the Economic Case*

Participants in all five sessions identified the need for the development of an economic case for creating healthier built environments. They emphasized the need to create a better understanding of the economic impact associated with the built environment issues in order to change how disciplines and sectors approach, develop, and implement interventions. For example, the transportation session participants discussed how there is a general lack of awareness of the economic benefits of creating active transportation infrastructure as an alternative to more roads for motorized vehicles. Economic incentives and disincentives need to be clearly outlined to demonstrate the 'real' cost of not addressing built environment issues. This includes identifying the health care costs associated with disease and disability from unhealthy environments (e.g., heart disease, diabetes, injuries) and finding economic incentives for healthy community designs (e.g., people desire healthy homes, safe communities, recreation spaces, and active transportation opportunities). It was also acknowledged that more research is needed for evidence to build the economic case.

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## RECOMMENDATIONS

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Recommendations for future action to build healthy public policy are based on the forum findings and have been grouped into three categories: 1) recommendations for all forum participants, 2) recommendations for public health and other local level organizations, and 3) recommendations for OPHA and other provincial organizations.

### RECOMMENDATIONS FOR ALL FORUM PARTICIPANTS

- **Work *upstream* on changes to policy and the environment that will make it easier for individuals to live a healthy lifestyle.** As illustrated in the social-ecological model of health (Figure 5), initiatives to improve policies and the surrounding environment in a community can have the greatest effect on the health of individuals. For example, municipal, regional and district official plans, strategic plans and zoning bylaws can result in better access to grocery stores, recreation facilities and opportunities, and active transportation infrastructure. On the other hand, policies that are made without consideration of the health of the public can result in community members being isolated from opportunities for health living. The forum findings suggest that programs that only use education and resources to achieve behaviour change by individuals are not sufficient to result in sustainable changes to create healthier built environments for all.
- **Strategically connect specific efforts for healthy community development to policy solutions.** Use logical thinking to clearly define the health issue and diagram the *upstream* policy and environmental causes of that problem. Based on this analysis determine what concrete and manageable changes need to occur. This includes identifying the diverse sectors and disciplines (e.g., community decision-makers and stakeholders) that need

to be involved and engaging these key stakeholders in the identification of next steps. Focus on making incremental changes to address the problem and measuring the outcomes of the changes; policy change happens in steps towards a larger goal rather than in broad, sweeping transformation. It will be more effective in the long run to address specific changes rather than trying to address all of the issues at once. Strategically align community stakeholders' mandates and efforts to create opportunities for Ontarians to make the healthy choices easier.

- **Advocate for accessible and affordable transportation choices that include public transit and active transportation infrastructure.** Accessible transportation was identified as a key need in almost all of the sessions. Communities should work on policies to support an infrastructure of transportation choices that have equal opportunities for residents to engage in motorized and non-motorized transportation options. Furthermore, it was identified that safe, healthy environments can be achieved with public transportation choices, such as public transit, that connect people to where they need to go in a safe, efficient manner.

RECOMMENDATIONS FOR PUBLIC HEALTH AND OTHER LOCAL LEVEL ORGANIZATIONS

- **Comment on municipal, regional and district official plans and advocate for appropriate bylaws that can impact policy development at the local level.** Session participants identified a variety of ways to engage in the development of policy, including commenting on municipal, regional and district official plans and examining local bylaws. Knowledge of the political process at the local, regional and provincial level and the role of these key decision makers should be increased to support these efforts. All professionals should build policy advocacy skills to impact the local, regional and provincial policy makers.
- **Strengthen ties with those working on sustainable development.** Sustainable development can be defined as “the use of resources, investments, technology and institutional development in ways that do not compromise the health and wellbeing of future generations.”<sup>13</sup> The proceedings of this forum show that most policies that will improve health of residents today are also beneficial to the environment and future residents. For example, increasing opportunities for active transportation will improve air quality; encouraging consumption of local foods will reduce carbon emissions; and reducing the use of toxins in homes will prevent contamination of water and land. Public health organizations need to weigh-in and provide the “health” argument to move sustainable development forward. This includes building on the work that has been done by environmental efforts, such as LEED-ND (Leadership in Energy and Environmental Design – Neighbourhood Development),<sup>14</sup> a rating system to guide and assess sustainable community development. There is untapped potential for synergy between health and environmental efforts.

- **Provide the ‘health’ argument for policies that are not usually seen as health-related by conducting Health Impact Assessments.**<sup>15</sup> It is known that policy changes in sectors outside of health can have major impacts on health. For example, changes to agriculture practices, housing standards, transportation infrastructure, and social welfare policies can affect health in ways that are often overlooked. Health Impact Assessments show how policy changes on a wide range of issues will affect the health of the public. The results of Health Impact Assessments can be a powerful strategy to persuade decision makers to support or oppose a particular policy change at the local, regional and provincial level.

RECOMMENDATIONS FOR OPHA AND OTHER PROVINCIAL LEVEL HEALTH ORGANIZATIONS

- **Build public health ‘skills’ around how to participate in policy development and advocate for key issues.** Provincial level organizations should take the lead on developing trainings, resources, and workshops for professionals on how to successfully influence policy and key decision makers. The need for skill development around policy and advocacy is identified in the *Core Competencies for Public Health in Canada*,<sup>16</sup> a document that outlines the essential knowledge, skills and attitudes necessary for the practice of public health. One of the seven categories emphasizes the need for public health professionals to be able to 1) describe policy options based on evidence, 2) outline policy implications to address specific public health issues, and 3) develop policy actions to maximize outcomes and resources. This includes developing advocacy skills to reduce the inequities in health status and access to services. Provincial organizations can support core competency development among public health professionals to equip them with the knowledge and skills needed to make policy changes at the local, regional, district, and provincial levels.

- **Connect professionals from different disciplines with provincial level resources and guidance documents to assist with built environment policy development and advocacy.** Documents such as the Provincial Policy Statement, the Places to Grow Act, the Simcoe Muskoka Policy Statements for Official Plans provide a wealth of information that could be incorporated at the local level. A provincial organization, such as OPHA, should become a repository of resources to provide a platform for exchanging ideas and sharing best practices related to the built environment, health and policy.
- **Address rural, suburban, and urban issues separately.** In most of the sessions, the unique needs of rural, suburban and urban areas were discussed. Successful strategies to create healthier built environments in urban areas will not necessarily have the same effect as in other areas. For example, building density is not a feasible option for rural areas. Local and provincial level initiatives such as trainings, conferences, and resources, should strategically address different geographic areas and highlight appropriate ways to meet the health needs of area residents.
- **Create more opportunities to bring government of Ontario ministries, whose topics impact health and the built environment, together around a key issue of interest.** This includes hosting an event to bring government of Ontario ministry representatives together to share with diverse disciplines and sectors about how their policies are creating a healthy Ontario through the built environment and community design.
- **OPHA should host a follow-up forum in two years to share the latest resources and evaluations on built environment and health initiatives.** A great deal of activity related to this topic is ongoing across the province. It would be beneficial to follow-up on this work with a formal gathering of professionals to see what has been achieved.

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## CONCLUSION

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The OPHA Fall Forum Steering and Planning Committee members forged a new pathway by planning an active, participatory event that engaged participants in facilitated discussions about how to move beyond the already well-established links between health and the built environment. They discussed ideas and strategies to create healthier communities in Ontario through policy changes related to recreation, transportation, food access, community safety, and housing. A unified framework was developed to link the five topics and to capture the forum discussions. In this report, the authors analyzed the session findings, identified overarching themes, and proposed recommendations for further actions based on the forum findings.

It is clear from the findings reported that a wide range of activities are underway to create

healthier built environments in Ontario. Professionals are engaged in initiatives around creating opportunities for active transportation, improving access to recreation, creating healthier housing, preventing injury and violence, and increasing access to healthy foods. The need for upstream policy and environmental change to address built environment issues that affect Ontarians' ability to live healthy lives was emphasized in the session findings, particularly in the discussions around solutions. There is also a strong desire for interdisciplinary communication and collaboration, and although partnerships are growing, there is a need for structured, sustainable collaborative relationships between public health and other professionals working on the built environment. Impacting policy development at the local level and building the economic case were also common themes.

Recommendations for future action to build healthy public policy based on the forum findings were grouped into three categories, and included eleven recommendations.

#### **Recommendations for All Forum Participants**

- Work upstream on changes to policy and the environment that will make it easier for individuals to live a healthy lifestyle;
- Strategically connect specific efforts for healthy community development to policy solutions;
- Advocate for accessible and affordable transportation choices that include public transit and active transportation infrastructure.

#### **Recommendations for Public Health and other local level organizations**

- Comment on municipal, regional and district official plans and advocate for appropriate bylaws that can impact policy development at the local level;
- Strengthen ties with those working on sustainable development;
- Provide the ‘health’ argument for policies that are not usually seen as health-related by conducting Health Impact Assessments.

#### **Recommendations for OPHA and Other Provincial Level Health Organizations**

- Build public health ‘skills’ around how to participate in policy development and advocate for key issues;
- Connect professionals from different disciplines with provincial level resources and guidance documents to assist with built environment policy development and advocacy;
- Address rural, suburban, and urban issues separately;
- Create more opportunities to bring government of Ontario ministries, whose topics impact health and the built environment, together around a key issue of interest;

- OPHA should host a follow-up forum in two years to share the latest resources and evaluations on built environment and health initiatives.

The *Taking Action on the Built Environment: Building Healthy Public Policy* forum participants embraced the opportunity to share their professional experiences and learn new strategies for creating healthy built environments in their communities. They became energized to share their ideas and build on the discussions and to connect with other professionals who desire to make a difference. It is through this connection of sharing that the key findings from the forum were made possible.

Although a wealth of ideas were generated through this event, there is still a great deal of work to be done to achieve concrete actions for built environment policies that will create healthy, sustainable, and equitable communities. The OPHA Fall Forum began the dialogue around these issues. It is the hope of the authors and the OPHA Steering and Planning Committee members that the connections and sharing continue by using the findings in this report as a platform for local discussions and the development of interdisciplinary relations to take action on the built environment by building healthy public policy.

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## APPENDIX: COMMITTEE MEMBERS

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### STEERING COMMITTEE

**Cheryl Dow**, Toronto Public Health  
**Lasha Dzura**, Ontario Ministry of Health and Long Term Care  
**Pat Fisher**, Region of Waterloo Public Health/OPHA Built Environment Workgroup  
**Francois-Pierre Gauvin**, National Collaborating Centre for Healthy Public Policy  
**Pam Kinzie**, Ontario Public Health Association  
**Jennifer Lodge**, Ontario Public Health Association  
**Michelle Manarina**, Ontario Public Health Association  
**Christine Bushey**, Ontario Chronic Disease Prevention Managers in Public Health  
**Kim Perrotta**, Perrotta & Associates  
**Tanya Rumble**, Health Promotion Ontario  
**Sudha Sabanadesan**, Toronto Public Health  
**Daniela Seskar-Hencic**, Region of Waterloo Public Health/OPHA Access, Equity and Social Justice Workgroup  
**Dave Sit**, Ministry of Health Promotion and Sport  
**Linda Stewart**, Association of Local Public Health Agencies  
**Connie Uetrecht**, Ontario Public Health Association  
**Janet Victor**, Eventives Conference & Event Management

### PLANNING COMMITTEE

#### *Improving Access to Recreation in the Built Environment*

**Cheryl Dow**, Toronto Public Health  
**Carol Craig**, Sudbury and District Health Unit  
**Larry Ketchenson**, Parks and Recreation Ontario  
**Jennifer Valcamp**, Haliburton, Kawartha, Pine Ridge District Health Unit

#### *Healthy & Sustainable Transportation Choices: From Vision to Reality*

**Kim Perrotta**, Perrotta & Associates  
**Jeff Casello**, University of Waterloo  
**Kristie Daniel**, Halton Region Health Department  
**Lorenzo Mele**, City of Markham  
**Paul Young**, Ontario Healthy Communities Coalition

#### *Building Access to Healthy Food*

**Sudha Sabanadesan**, Toronto Public Health  
**Leia Minaker**, University of Alberta  
**Loretta Ryan**, Ontario Professional Planners Institute  
**Sanjay Govindaraj**, Region of Waterloo Public Health  
**Katherine Pigott**, Region of Waterloo Public Health

#### *Healthy Housing Environments – Access, Equity and Quality*

**Erica Phipps**, Canadian Partnership for Children’s Health and Environment  
**Tony Amalfa**, Ministry of Health and Long Term Care  
**Lyne Soramaki**, Thunder Bay and District Health Unit  
**Marina Whelan**, Simcoe Muskoka District Health Unit/OPHA Environmental Health Workgroup  
**Brenda Armstrong**, Simcoe Muskoka District Health Unit

#### *Building Safe Communities for the Prevention of Injury and Violence*

**Jennifer Lodge**, Ontario Public Health Association  
**Helene Gagne**, Ontario Neurotrauma Foundation  
**Janice Greco**, Simcoe Muskoka District Health Unit/OPHA Injury Prevention Workgroup  
**Angela Loconte**, Toronto Public Health/OPHA Violence Prevention Workgroup  
**Rick Volpe**, University of Toronto