

OPHA – Health and the Built Environment Work Group Terms of Reference

Background:

The physical environment* is one of 12 key determinants of health that play a role in determining a person's health status (Public Health Agency of Canada, 2003). The Ontario Public Health Standards 2008 (OPHS) state that addressing the determinants of health is “fundamental to the work of public health in Ontario” and that: “Effective public health programs and services consider the impact of the determinants of health on the achievement of intended health outcomes.” (OPHS, 2008). The built environment is an important aspect of the physical environment and is comprised of urban and building design, land use, the transportation system and the infrastructure that supports them (Health Canada, 1997).

** The physical, chemical, and biological factors within the home, the neighbourhood, and/or the workplace, which are beyond the immediate control of the individual that affect health. Among the most important factors will be air and water quality, waste management (domestic, industrial, hazardous, toxic), other sources of harmful substances (such as heavy metals and persistent chemicals), radiation, housing and other buildings, open spaces, natural or wild areas, global structures, and natural phenomena (such as ozone layer and carbon cycle). (Ontario Public Health Standards – Population Health Assessment and Surveillance Protocol, 2008)*

Public health units are engaged in addressing the complex issues and impacts related to the built environment including: the physical environment, air quality, climate change, water quality, access to healthy foods, obesity, physical activity, traffic injuries and general wellbeing across the lifespan. Public health units have a direct mandate to address these issues from a number of public health programs (environmental health, chronic disease, injury prevention, nutrition and family health).

In order to improve the health of Ontarians, there is a need for public health to work with municipalities, planners, developers, provincial ministries, professional organizations and other partners to encourage:

- Compact, pedestrian oriented and transit supportive development
- Mixed land use
- Development that supports a variety of residential types, including affordable housing
- Buildings that meet the most stringent energy efficiency standards
- Building construction that provides for healthier indoor air quality
- Energy conservation and renewable energy generation (wind, solar, geothermal)
- Adequate separation of incompatible land uses e.g. sensitive uses separated from major sources of air pollution
- Brownfield redevelopment
- Alternative modes of transportation
- Traffic/trip reduction strategies that improve air quality through reduced vehicle emissions e.g. alternative modes of transportation, Transportation Demand Management, carpooling and telecommuting
- Walkable communities

- Pedestrian, cyclist and motorist safety
- Incorporation of natural and built shade structures into urban design
- Access to green space
- Access to healthy food choices
- Protection of agricultural land and other environmentally sensitive areas
- Protection and conservation of drinking and surface water.
- Complete communities* that encourage physical activity, enhance social connectedness and build social capital.
- Strategies to reduce community exposures to air pollutants e.g. idle-free zones and drive-thru restrictions.
- Climate change adaptation strategies in urban design e.g. infrastructure resiliency to respond to extreme weather events

**Complete communities are ones in which homes, schools, jobs, shops and services are located within convenient access for people to meet their daily physical and social needs (Places to Grow, 2006).*

Purpose of the Health and the Built Environment Workgroup:

To work collaboratively to improve the health of the public as it is impacted by the built environment by building upon initiatives, research and advocacy done in local public health units and/or by other organizations recognized for their expertise in the area of health and the built environment.

Primary Activities:

The Health and the Built Environment Workgroup will focus on the following types of activities in order to accomplish its purpose:

1. Advocacy
2. Health Promotion
3. Policy Development

Task groups will be assigned to work on various issues of health and the built environment.

Membership

Membership is open to staff of local public health units in Ontario and members of organizations who collaborate with public health units on issues that affect health outcomes associated with the built environment.

The workgroup will collaborate with others actively researching and working on health and the built environment issues in Ontario. Due to the broad interest in this issue across Ontario, the workgroup will have two types of membership – *participating members and information only members*. “*Participating*” members will attend at least two meetings per year and will participate on at least one task group per year. They will be involved in ongoing workgroup discussions and decision making. “*Information Only*” members will receive e-mail updates about the activities of the workgroup through the Health and Built Environment e-mail list serve. Decisions will be arrived at through consensus of “Participating” members.

Chair

The Health and the Built Environment Workgroup will have two co-chairs. One co-chair will represent the environmental health perspective of the built environment and the other co-chair will represent the chronic disease, injury prevention and mental health perspectives of the built environment. The chairs will have a two year term which can only be renewed once. The chairs are responsible for calling the meetings, preparing agendas, reporting to the OPHA board, acting as an intermediary between the workgroup and the OPHA executive director, liaising with other workgroups on issues which overlap mandates, maintaining a list of workgroup members, and preparing an annual workplan and budget.

Recorder

The recorder is responsible for taking and distributing the minutes. This task will be rotated at each meeting.

Accountability and Reporting

The Health and the Built Environment Workgroup is accountable to the Executive Director and the Board of Directors of OPHA. The Terms of Reference will be reviewed at the first meeting each year and/or as necessary.

Meetings

Meetings are held quarterly. To demonstrate our commitment to building healthy communities, meetings will be by teleconference or webinar with agendas being sent out two weeks in advance. Face to face meetings will be no more than once per year, with the workgroup identifying ways to offset greenhouse gas emissions from vehicle distance travelled.