Healthy Canada by Design CLASP Initiative: Health Authorities’ Project Summaries

Background

The Coalitions Linking Action and Science for Prevention (CLASP) project is an initiative of the Canadian Partnership Against Cancer (CPAC). CLASP brings together more than 30 organizations, including disease-specific groups, health ministries and cancer agencies, to integrate research, practice and policy work on cancer and chronic disease prevention and to accelerate action on shared priorities.

Through this project, seven coalitions have been funded to integrate and build upon their practices to prevent cancer and other chronic diseases with similar determinants. Healthy Canada by Design is one of seven coalitions funded in the CLASP project.

The principal goal of this coalition is to inspire change in the ways in which the built environment is currently developed, by influencing the policies that inform it. Gathering numerous partners from six health authorities, all members of the Urban Public Health Network (UPHN), the focus of this coalition is specifically the built environment of Canada’s large urban centres.

The objectives are to examine the impact of and to improve neighborhood design and community planning with respect to health and chronic disease, working with planners, public health officials, developers, policy-makers and the public through partnerships in British Columbia, Ontario and Quebec. Through meetings of the UPHN and other coalitions funded by CPAC, Healthy Canada by Design has reached various organizations in Alberta, Manitoba, New Brunswick, Newfoundland and Labrador, Prince Edward Island and other provinces.

You can visit the CLASP project website at: http://www.partnershipagainstcancer.ca/priorities/primary-prevention/strategic-initiatives/coalitions-linking-action-science-for-prevention-clasp/

You can visit the Healthy Canada by Design Coalition website at: http://www.uphn.ca/CLASP/
Health Authorities’ Project Summaries

**BC Urban Public Health Network (UPHN) Health Authorities**
(Fraser Health Authority, Vancouver Coastal Health and Vancouver Island Health Authority)

Through CLASP funding, BC UPHN Health Authorities were given access to a shared Planning Consultant and an Evaluation Specialist to develop, pilot and evaluate a year-long training & technical assistance program. A core goal of the program was to strengthen the capacity of these Health Authorities to engage in land use planning processes, and translate health knowledge into policy recommendations and actions that promote healthy built environments.

The project first involved a diagnostic phase to identify and prioritize opportunities for health authority engagement in land use planning. This process culminated in the development of customized training and technical assistance workplans that met each health authority’s goals and that were feasible and evaluable within the timeframe and budget of the CLASP initiative. Once the workplan implementation is completed, the Health Authorities will work with the Planning Consultant and Evaluation Specialist to write case studies describing the activities undertaken under the workplan—including methods and inputs, outputs, outcomes—lessons learned and recommendations for future work in this area. Ultimately, we expect that this project will enable the three Health Authorities to: a) increase their content and process expertise in this field, b) build a foundation of relationships with local planners and other key stakeholders and, c) understand how they can most effectively participate in land use planning processes.

**Peel Health**

Peel Public Health is allocating CLASP funding to the following projects:

1) **Refining the Peel Healthy Development Index**, which can guide planners within the region to review development applications and develop planning policy through a health lens.

Through CLASP support, the Peel Healthy Development Index standards will be applied to selected sites in Peel that are planned with the principles of environmental sustainability, transit-oriented development and complete communities in mind. This will allow for the refinement/calibration of the Healthy Development Index standards to reflect the needs of different contexts within the municipalities of Brampton, Caledon and Mississauga. It will also help to determine the degree of commonality and overlap between Peel’s healthy communities agenda and similar agendas for green development, transit-friendly development, etc. at the area municipal level.

2) **Develop a consistent framework for conducting health background studies (or health impact assessments) which would be submitted by developers as part of the development application process.**

Peel Public Health is working with a Toronto-based planning and urban design firm to develop a framework for municipally-mandated Health Background Studies (or health impact assessments). Previous work on a Healthy Development Index completed in Peel is being used as a basis for study requirements. The Health Background Study framework is being designed to be applicable across a range of different contexts and would allow developers to identify and mitigate any potential health hazards associated with their development proposals.
During the November 24, Knowledge Exchange Colloquium, Peel Public Health presented its Healthy Development Index work and a parallel effort to create policies in support of health at each level of the planning policy hierarchy (local, regional, provincial).

**Toronto Public Health**

Toronto Public Health has been focusing most of its CLASP efforts on:

1) **Development of a Software Tool to model health outcomes associated with various land use and transport planning scenarios.**

This project will support the City of Toronto’s ability to develop and apply an evidence based tool to evaluate the health impacts of land development and transportation investment actions. Relationships between health outcomes and the built environment will be modeled using locally available data. The analysis results will be used to enhance a pre-existing software tool which will be tested in Toronto and Vancouver.

And,

2) **Administration of a study to document the demand for different types of residential community environments ranging from walkable to auto-oriented settings within the Greater Toronto and Vancouver regions.**

The project team will establish individual demand for specific community types through a measure of residential preference operationalized from paired trade-off questions in a stated preference survey. This will result in a profile of demand for different types of community environments in the Toronto and Vancouver regions, versus participant satisfaction with their current community design.

Analyses will be undertaken to quantify how the nature of demand for specific residential development types for differing income groups varies across a range of community attributes, including physical design. Findings will help establish whether walkable neighbourhood developments are undersupplied relative to what people prefer in the two regions and yield direction for future housing and neighbourhood supply.

On a parallel track, Toronto Public Health has also been exploring the applicability of Toronto’s Health Impact Assessment to the development of the health background study framework in Peel (see above). This is in order to explore the possibility of adapting the health background study framework to Toronto.

**Montreal Public Health**

A wave of community-based grassroots initiatives to create greener, more active and walkable communities have been funded on the Island of Montreal. In neighbourhoods of all sizes and shapes, community leaders, youth, residents, business owners, health advocates and others are mobilizing to change neighbourhood livability through the built environment. Accordingly, in addition to funding selected programs, the Montreal Public Health Department is producing an inventory and maps of all of these different community organizing efforts—where are these efforts taking place? How did they start? Who is driving them? Who is involved?

The second phase and central part of the Montreal Public Health’s project consists of conducting cases studies in two neighborhoods. These two areas will be compared on pedestrian potential as determined
through extensive audits of street segments and intersections. In addition, interviews are currently being conducted with representatives from community groups, the municipality, and local community health centres to better understand convergence and divergence of goals and objectives. This work will be shared during local and regional forums that will inform various stakeholders involved in these neighbourhood organizing efforts of ways they can further bolster these efforts—what policies or actions in the City would help to strengthen and propel these neighbourhood organizing efforts to a next level of impact?