

Below is a summary of the 9 replies received (email and voicemail) to the reflection questions about the **April 9 2013 HCBD Launch session:**

- ♥ Positive feedback, learnings
- ↻ Constructive feedback for improvement
- ? Questions, issues, tensions for further discussion and reflection

1.	What did you take away from the Launch meeting? Any learnings, any gaps?
♥	<p>HCBD members were happy to learn about the different projects across the country, see the overall project structure and scope, and learn how their and other's projects and organizations fit into the overall HCBD initiative.</p> <p>Members liked that that upcoming key activities and dates were presented, so they have a good sense of what is expected. Confirming dates well in advance helps participating organizations plan their activities with partners assign staff to activities, and develop their own timelines in line with the overall project timeline.</p> <p>HCBD members appreciated learning that there are resources available to help them if they need guidance or assistance.</p>
↻	<p>There was too much text on the slides, and little learned in the call that wasn't in the deck.</p> <p>It is more helpful to busy people in the HCBD sites to receive longer, less frequent emails communications with summarized information, to ensure that HCBD can fit in into an already mega-workload as efficiently as possible .</p>
2.	So what implications or impacts might this have for your own work on HCBD?
♥	<p>Several comments suggested we are seeing the beginnings of community building: members expressed interest in sharing their action plan and putting their material up on the HCBD website, as well as being able to access others' materials.</p> <p>For some, the session helped prepare them for their work in the next 18 months: sharpened their capacity to articulate their contribution to CLASP, be better informed as they move into their action plans, and think more about which audiences, within CLASP and beyond, they will work and to share their results.</p>
?	<p>A concern was raised that the evaluation and knowledge exchange activities will take up too much time, and as a result time spent working on the actual projects at the local level will have to be reduced.</p>
3.	Now what? How, if at all, will this affirm or change your work on HCBD?
♥	<p>There were few concrete changes identified at this point, but some members said they now had more connection to the project managers, and will know where to seek information when they need it. Members who now feel more informed about HCBD overall they will be able to move forward</p>

	effectively in their components of it.
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Several people provided interesting thoughts on the **bonus questions** for further reflection:

1.	Do you consider active transport to be part of a comprehensive approach to healthy community design, and if so, what other dimensions are also part of this?
	<p>All those who responded agreed that active transportation is one part of an overall comprehensive approach to health community design, noting:</p> <ul style="list-style-type: none"> • In the rural context, public transit or even cycling will not be important factors; walking and infrastructure to support walking in and around communities will end up being the main rural focus. • Active transportation is one of five elements of the healthy built environment approach; among these, it is most tangible and recognisable.
2.	What do you see as the relationships between access to healthy food and active transport?
?	<p>There were mixed views on this question:</p> <ul style="list-style-type: none"> • Some respondents said that access to healthy foods is currently highly dependent on people using cars, in both rural and urban contexts. Many areas have little or no access to healthy food using transit, cycling, or walking infrastructure. In this sense, actions that promote healthy eating will also promote car use and reinforce health inequity unless active transportation design takes healthy food access into consideration; • It was noted however that active transportation to access health foods is only a small component of the overall food security issue; • And, it was noted that the extent to which governments can and should have an impact on healthy food access is unclear, as this more a matter of individual responsibility, and moreover there are few real food deserts in Canada, especially compared to the US.
3.	For your organization, what role does citizen engagement play in developing healthy communities?
?	<p>This question also elicited mixed responses:</p> <ul style="list-style-type: none"> • Some respondents indicated that their current main focus is on engagement of professionals and collaboration and knowledge exchange between them. • Others indicated they are becoming more and more active in community engagement -- and are eager to share their approach and learnings. • Others reported dealing with challenges with respect to citizen engagement: <ul style="list-style-type: none"> ○ in articulating the role of democratic decision-making vs. research-based "knowledge" and the realization that research is only one input into public decision-making, especially at the local level. While the tendency is for public health to imply that really good research will answer the hard questions about local decisions, in reality at the local values, trade-offs and competition for scarce resources also enter the picture; ○ In coping with public engagement public engagement that degrades into NIMBY , for example, when the active transportation infrastructure is opposed by the public (examples were given : a) of where bike lanes are opposed because the public doesn't see why car users should have to suffer for what appears to be a small number of bike users; b) where citizen see sidewalks as ugly, as reducing their greenspace, as a source of potential crime and graffiti, and as a snow maintenance chore). Getting the community on board with active transportation (perhaps through education) was said to be key.