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Copies of this Report
Copies of this report can be downloaded from the Healthy Canada by Design CLASP website at: http://hcbd-clasp.com/clasp-i-resources-tools/
# 1.0 Introduction/Summary

This is a case study report summarizing the work undertaken by Ottawa Public Health with support from the Healthy Canada by Design CLASP Initiative.

Ottawa Public Health (OPH) joined the Healthy Canada by Design (HCBD) Coalition in October 2012 under the second round of funding. Unlike the five other new health authority partners, Ottawa did not receive substantial funding to participate in HCBD. Instead OPH hired a Planner in a permanent position to scope out and design a new built environment and health portfolio for the health unit. OPH joined HCBD for the opportunity to network, share information, and collaborate with others who are working to create healthy built environments that support health and healthy living.

The built environment and health portfolio addresses a number of the objectives in OPH’s Strategic Plan. Under the Healthy Eating Active Living strategy within the Plan, the built environment is recognized as a key determinant of health. OPH wanted to contribute to, and move forward on, the quickly evolving field of public health interventions that are directed at the built environment.

OPH engaged in a broad range of projects over the period of the HCBD project. It:

- Developed a framework for the work which was submitted to the Board of Health in a report dedicated to the built environment;
- Built capacity within the department to engage on the built environment;
- Contributed to the review of the City of Ottawa’s Official Plan and Transportation Master Plan;
- Is contributing to community design plans and design guidelines being developed by Ottawa’s Planning and Growth Management Department; and
- Is providing a public health perspective to a range of planning and transportation policies that are under review or development.

Underlying all these initiatives has been the development of new relationships with colleagues in other City departments, most notably with those in Planning and Growth Management. OPH has established new relationships with staff throughout the Department; relationships that reflect the various initiatives with which OPH has been involved. OPH looks forward to continuing to build new and innovative opportunities with City departments.
1.1 Background - Healthy Canada by Design CLASP Coalition

HCBD is a coalition of health authorities, non-governmental organizations, academic researchers, and national health, planning and transportation organizations, that have agreed to collaborate on projects directed at creating healthy communities that foster and support health and well being with the goal of reducing risks that contribute to chronic disease. The HCBD Coalition has been funded since October 2009 by Health Canada through the Coalitions Linking Action and Science for Prevention (CLASP) program run by the Canadian Partnership Against Cancer (CPAC). It is facilitated and supported by two staff who work on contract with the Heart and Stroke Foundation which is the lead agency for the Coalition.

Under the second round of funding, received between October 2012 and September 30, 2014, the HCBD partners expanded their work into additional provinces and rural contexts and focused on policies and processes that foster active transportation and active living. Under this phase of work, five health partners received funding through the HCBD CLASP Coalition to hire a Planner to work with them for an extended period (e.g. from 12 to 18 months). The Planners were expected to help the health partners to: build relationships with local planning and transportation professionals; and bring health considerations into local land use and transportation planning processes and policies.

Unlike the other five HCBD health partners, OPH’s Planner was hired full-time and fully funded by the health department. As such, OPH is not one of the partners receiving direct funding through HCBD. However, OPH has been an active member of the HCBD Coalition; engaging in a number of knowledge translation and networking opportunities, as well as benefiting from HCBD funding to attend meetings and conferences.

1.2 Background - Ottawa

OPH works in a dynamic and geographically diverse area. Ottawa spans a large geographic area of 2,790 square kilometres, and includes a range of urban, suburban and rural communities, with a population of 941,152 in 2013. Ottawa is experiencing a unique phase of growth. With the population approaching one million, an aging demographic, a renewed public appetite for urban lifestyles, and a commitment for major investment in light rail transit, Ottawa is well-positioned to continue evolving into a more vibrant, liveable, and healthy community. With a commitment to intensification, enhancement of active transportation infrastructure, development along mass transit corridors, and development of complete communities, Ottawa has the potential to deliver on multiple objectives, including managing growth and affordability, and promoting population health.
Like many other regions in Canada, Ottawa is experiencing rising rates of chronic diseases such as heart disease and diabetes. There are significant rates of overweight and obesity in Ottawa, and many residents, including both children and adults, do not get enough physically activity in their daily lives, as summarized in the following infographics.¹

1.2 Ottawa Public Health

OPH is governed by a semi-autonomous, independent Board of Health, and is integrated into the City of Ottawa municipal infrastructure. This provides a number of natural opportunities to collaborate with City departments on initiatives to promote health and well-being from a built environment perspective.

In order to address issues related to unhealthy eating, physical inactivity and health-inhibiting social and physical environments, one of OPH’s key strategies is the Healthy Eating Active Living...

(HEAL) strategy. Goals include increasing physical activity through walking and active transportation and engaging the “whole of community” to change social and physical environments. The promotion of healthy built environments contributes to the HEAL strategy, while also advancing other public health objectives such as improving air quality.

OPH is a new partner in this second phase of the HCBD Coalition. Participation in the HCBD Coalition allowed OPH to leverage the HCBD brand and knowledge base to accelerate the work being carried out in Ottawa.

1.3 Planning Context

The City’s Official Plan supports the development of complete communities, and the City’s Transportation Master Plan, Pedestrian Plan, and Cycling Plan all recognize the importance of active transportation and the need to shift from a car-centric environment to one that facilitates and encourages alternative modes of transportation. City partners, including the Planning and Growth Management Department, are recognizing the role that public health can play by identifying the health imperatives associated with planning and transportation policies, and decision-making processes.

2.0 Project Summary and Outcomes

OPH has engaged in a broad range of initiatives to scope and design the built environment portfolio. It has applied a “multiple streams” policy approach, which recognizes that when the three streams -- problem, policy, and political contexts -- are aligned, a policy window is opened, and policy entrepreneurs can advance their goals. Consequently, OPH was prepared to be nimble and flexible, and had the technical capacity to respond. This approach also led to the development of relationships with a broad range of staff in other City departments.

2.1 OPH Framework for Health and the Built Environment

To initiate work on health and built environment, OPH developed a framework articulating the links between the fields (see Appendix). The framework recognizes the health impacts associated with the physical environment, the key built environment elements associated with health, and public health’s role in promoting healthy communities. The framework provides a reference that is used by OPH staff as well as partners for initiating dialogue on planning policies and decisions. To communicate this framework, and signal OPH’s commitment to promoting healthier built environments, a Board of Health report entitled “Health and the Built Environment” included a series of recommendations. Through the report, Ottawa’s Board of Health affirmed:
1. Ottawa Public Health’s Framework for Health and the Built Environment as outlined in this report and summarized in Document 1; and
2. That Ottawa Public Health staff continue working with municipal partners, including the City of Ottawa Planning and Growth Management and Public Works Departments to:
   a. Support the development of health-promoting, complete communities;
   b. Identify opportunities to integrate health perspectives in planning policies, reports, and decision-making processes; and
   c. Enhance the health perspective in the review of the Official Plan, Transportation Master Plan, Ottawa Pedestrian Plan and Ottawa Cycling Plan.

This report set the stage for ongoing OPH work on the built environment and clarified OPH’s role. OPH’s approach recognizes that the levers to address health impacts of the built environment exist within the jurisdiction of several sectors and levels of governments. Consequently, a longer-term, inter-sectoral approach is critical to making meaningful, sustained impacts that contribute to positive health outcomes.

2.2 Initiative #1: Building Capacity

Building internal capacity was an important step in developing the health and built environment portfolio.

Goals:
Create supportive internal environments for working on health and the built environment by:

- Increasing knowledge and skills among OPH staff about how health considerations can influence the built environment, and how the planning sector works; and
- Building awareness and capacity for integrating health and built environment issues into relevant areas of OPH programming, and ensuring that key staff are aware of the various OPH initiatives that touch on the built environment.

A range of capacity-building activities took place. This included:

- Delivering staff presentations, “Health and the Built Environment 101”;  
- Mentoring staff in different OPH programs;  
- Engaging staff in HCBD webinars and other knowledge translation opportunities;  
- Organizing a “complete streets” booth at an OPH All Staff Day; and
- Facilitating a telephone meeting between staff and Dr. Karen Lee, the HCBD Healthy Built Environment Consultant, who also works for the NYC Department of Health and Mental Hygiene.
Regular meetings on the built environment between OPH staff from School Health, Healthy Living, and Injury Prevention teams were held to ensure that everyone was aware of the various initiatives that address the built environment, and to identify any opportunities for collaboration and knowledge exchange between teams. Enhancing capacity to work on the built environment also contributed to the work of other teams within OPH. In addition to the healthy public policy work carried out by the OPH Planner, built environment perspectives have been integrated into:

- The Health Promotion & Disease Prevention Branch’s School-Based Active Transportation Project;
- Community presentations on walkability delivered by the Priority Populations team; and
- Research on urban heat islands conducted by the Environmental Health Protection Branch.

### 2.3 Initiative #2: Contributing to the Official Plan, Transportation Master Plan, Pedestrian Plan and Cycling Plan Reviews

The Official Plan and Transportation Plans are important city-building policy tools that can help set the stage for healthier, complete communities. They can provide the policy context which supports the inclusion of health perspectives further down in the policy process. As such, they provided OPH with a critical opportunity for input.

**Goals:**

- Seek to integrate a health lens into the City of Ottawa Official Plan, Transportation Master Plan, Pedestrian Plan, and Cycling Plan.
- Promote public awareness of the connection between health and the built environment, and the benefits of health-promoting, complete communities.

**Launch:**

The City of Ottawa conducted a review and update of the Official Plan (OP), Transportation Master Plan, Ottawa Cycling Plan, and Ottawa Pedestrian Plan, much of which was carried out in 2013. This review was called “Building a Liveable Ottawa.” For the first time, OPH was a contributing member to these reviews. During the public launch of Building a Liveable Ottawa, the City of Ottawa invited Dr. David Mowat from the Region of Peel Public Health to speak to the public, media, and elected officials, about the health impacts of the environments in which we live. Dr. Mowat was also interviewed on local CBC radio. This provided a unique opportunity to set a health context for the review of the big Plans.
Many policies in the former OP and Transportation Master Plan set the stage for encouraging health-promoting built environments. However, discussion on the health imperatives associated with these policies was limited.

**Official Plan:**
During the OP review, OPH worked with the Planning and Growth Management Department to include context regarding the relationship between health and the built environment. OPH also carried out a scan of the OP policies to identify future potential areas for enhancing policies to promote health and well-being.

**Transportation Master Plan, Cycling Plan, Pedestrian Plan:**
OPH worked with the Planning and Growth Management Department to include research and data in the Ottawa Cycling Plan and Ottawa Pedestrian Plan which outlined the health benefits of active transportation infrastructure. Using an evidence-based approach, OPH highlighted the literature that supports the health linkages with the built environment. Issues such as the health benefits of utilitarian active transportation, the influence of land use patterns and street design, safety issues, and mental health benefits were summarized for inclusion in the Plans. In addition, Ottawa-specific health indicator data was provided such as physical activity rates and walking to school rates. The many programs and services delivered by OPH that promote active transportation and physical activity were also highlighted in the Transportation Master Plan.

To quantify the health benefits associated with future increases in cycling rates, OPH applied the World Health Organization’s (WHO) Health Economic Assessment Tool (HEAT) to estimate the health benefits associated with cycling in Ottawa. We looked at the potential impact of a 5% increase in mode share. By year 5, when the 5% mode share increase is achieved and the health benefits of cycling have been fully developed, the maximum annual benefit is estimated to be $16 million. This dollar value represents lives saved due to improved health benefits
from increased cycling rates. This will continue to have ongoing economic benefits.

OPH also promoted the health benefits associated with the proposed, and ultimately integrated, Complete Streets policy in the Plans, to the public, elected officials, and City partners.

2.4 Initiative #3: Contributing to Community Design Plans and Design Guidelines

Community Design Plans and Design Guidelines provide an opportunity to ground the policies found in the OP and TMP. Community Design Plans are the policy documents and plans that guide future land use development in a geographic area and implement the strategic directions of the OP at a community scale. They can be applied to both greenfields and existing communities. There are many health objectives that can be incorporated into the development of these Plans and Guidelines to promote health considerations in built environment decision-making.

Goal:

- Promote the inclusion of health considerations in the City’s built environment decision-making and policy implementation processes.

OPH has been invited to participate as a member of the Technical Advisory Committees for a series of Community Design Plans. Participation in the Community Design Plan development process has provided OPH with an opportunity to learn about how policies drive land use development, and where health perspectives would be most valuable. It has provided invaluable insight into built environment decision-making processes. OPH comments have covered a range of issues such as:

- The arrangement of land uses and infrastructure to support active transportation;
- The promotion of active transportation to schools;
- The provisions of direct, easy linkages for pedestrians and cyclists within communities;
- The enhancement of the public realm and the creation of a community core;
The preservation and connection of open space systems; and
The provision of a range of affordable and diverse housing types.

OPH is also a member of the Building Better and Smarter Suburbs Technical Advisory Committee. This study reviews current suburban subdivision design guidelines and practices and will make recommendations to address a range of issues in the design of new communities. The vision and principles that set the strategic directions and provide the framework for the study recognize the importance of not only developing vibrant, safe, and complete communities, but also healthy communities.

OPH comments on these TACs have been guided by the emerging body of evidence on health and the built environment. For instance, Peel’s Healthy Development Index, and BC’s Healthy Built Environment toolkit have been important resources.

2.5 Responding to Ongoing Opportunities: Providing a Health Perspective

As previously described, OPH has taken a multiple streams policy approach, which involves being prepared to respond to opportunities as they emerge to provide a health perspective.

Goal:
- Identify ongoing opportunities to integrate health perspectives in planning policies, reports, and decision-making processes.

As new relationships with City partners have been established, new opportunities have been presented. OPH has been invited to contribute to additional initiatives to support healthy public policies as they relate to the built environment. For instance:

- OPH contributed to the City of Ottawa’s submission regarding its review of the draft Ontario Provincial Policy Statement in 2012. OPH emphasized the importance of developing active transportation networks and complete communities in municipal planning, as well as recognizing the health impacts of land use planning;
- OPH provided comments on a Public Works Pedestrian Crossing Facilities report to highlight the health benefits and safety associated with future enhancements to pedestrian crossing facilities, including pedestrian right-of-ways at non-signalized mid block crossings and round-abouts; and
- OPH is a member of the agency consultation group for a new urban bikeway project;
- OPH is exploring opportunities to provide a health perspective in a new course to be offered by the City as part of the Planning Primer program. These courses help residents become more aware of the land-use planning process.
3.0 Overall Accomplishments

OPH’s efforts to build awareness about the health impacts of transportation and urban design have resulted in a number of opportunities to support healthy public policies. The OPH Planner and staff have developed meaningful relationships with colleagues in other departments and have been invited to offer their health expertise to help the City move forward on mutually supportive goals. Participation in processes such as the Community Design Plan Technical Advisory Committees have provided important opportunities for OPH to highlight the public health lens in development, and to gain insight on the development process. This helps OPH better understand how to be an effective contributor in the future.

Key overall outcomes include:

- Enhanced understanding within OPH of the built environment as a determinant of health, and how it can be integrated within other public health programs and services;
- Establishment of new collaborative relationships and processes between OPH and other City departments, including Planning and Growth Management;
- Inclusion of health perspectives in the City’s Official Plan and Master Plans; and
- Ongoing identification of strategic policy opportunities to promote healthy public policies to improve the built environment, and integrate health perspectives into policy implementation.

4.0 Challenges and Lessons Learned

City partners and key stakeholders have been very supportive of OPH’s interest in promoting healthy built environments. There have been a number of lessons learned which impact the effectiveness of public health involvement in the built environment. For example:

- Health and Planning have many of the same interests and seek many of the same outcomes; this can be highlighted and built upon in order to support collaboration between the fields. Building relationships between stakeholders can help everyone to achieve their goals, and one opportunity often leads to another.

- Although the built environment is a significant determinant of health, decisions relating to urban design and transportation are not in health’s jurisdiction. Public health must be nimble and responsive to policy windows as they open in order to inform decision-making to promote health outcomes.
• The City is committed to developing healthy, vibrant and complete communities. However, the implementation of healthy public policy is complex and context-driven. Development decisions must take into consideration a number of perspectives, many of which are not always aligned. As such, trade-offs must be made. Within this context, OPH is continuing to learn how the health perspective can be flagged for consideration.

• Better capacity to link economic investments in active transportation infrastructure to health on a per project basis would be very valuable. The public health sector needs to continue evolving the tools available to health units. For instance, the WHO HEAT model provides mortality estimates (i.e. lives saved due to health benefits) with increases in active transportation; however, PGM staff are requesting morbidity estimates (i.e. the dollar value of the reduction in chronic diseases and injuries). No such model currently exists. This field is evolving rapidly. Identifying new and creative opportunities to support the development of health-promoting communities will require ongoing capacity-building and knowledge exchange.

5.0 Conclusions and Sustainability

Taking a healthy public policy or “upstream” approach to the built environment requires a sustained, long-term commitment. It can take years for a policy to be fully implemented or a plan to be built. However, the potential reach in population and associated health outcomes is significant. OPH efforts to promote healthy urban design complement the many other OPH initiatives that support healthy living. For instance, walkable new suburbs will make health promotion efforts directed at school-based active transportation much more effective.

Both OPH and Provincial public health strategies support engagement on the built environment. The promotion of a health built environment is one of the components of OPH’s Healthy Eating, Active Living Strategy. It is also identified as a strategic area of focus in the Ministry of Health and Long-Term Care’s Public Health Sector’s Strategic Plan “Make No Little Plans”, and a requirement in the Ontario Public Health Standards.

OPH has valued its membership in the Healthy Canada by Design Coalition. It has provided OPH with a range of opportunities to learn about new and emerging best practices. It has connected OPH with health authorities across the country who are also working to create healthy built environments. It has given OPH access to facilitated discussions about how new tools and approaches can be applied locally.
As part of a comprehensive approach to promoting healthy living, OPH will continue working with local and national partners to promote healthy urban design and to integrate built environment perspectives into relevant public health programs.

### 6.0 Appendix

#### A Framework for Health and the Built Environment – Supporting Document 1

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<thead>
<tr>
<th>Built Environment Elements *</th>
<th>Health Implications</th>
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<tr>
<td>Density</td>
<td>Encouraging healthy habits including physical activity and healthy eating</td>
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<td>Service Proximity</td>
<td>Promoting safety and reducing injuries</td>
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<td>Land-Use Mix</td>
<td>Improving local air and water quality</td>
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<td>Reducing health inequities and promoting social cohesion</td>
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**Public Health Roles**

- Disseminate current research and innovative approaches
- Provide health evidence, data and indicators
- Promote partnerships and collaboration
- Integrate health perspectives into built environment decision-making

- Build healthy public policy
- Strengthen community awareness and engagement
- Create Supportive Environments

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