REPORT TO:	Council	FOR: Committee of the Whole
REPORT FROM:	Development Services (Planning)	
PRESENTED:	October 28, 2014	FILE:
SUBJECT:	Squamish Learning Lab – OCP Health Lens Project Update & Draft Collaboration Protocol with Vancouver Coastal Health	

Recommendation:

That Council approve the following resolutions:

> **THAT** the District of Squamish receive for information the October 28, 2014 Staff Report presenting an update on the BC Healthy Communities Learning Lab project;
>
> **AND THAT** the District of Squamish direct staff to work with VCH, local agencies and social services to establish priority health areas for continued collaboration and finalize the draft VCH Healthy Communities Collaboration Agreement.

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1. Purpose:

To present an update on the Squamish Learning Lab – OCP Health Lens project activities, partner discussions and introduce a draft Collaboration Agreement for Council endorsement and finalization.

2. Background:

In March 2014, at Council's direction staff pursued funding for and successfully received a $5,000 capacity-building grant from PlanH, a partnership between BC Healthy Communities Society and Healthy Families BC (BC Ministry of Health). PlanH supports local government engagement, cross-sector partnerships and collaborative local action by providing funding, learning opportunities and resources (e.g. Attachment 1).

The District of Squamish is one of 49 communities awarded Healthy Communities Capacity Building Funds in 2014 to support learning about the community context for health and well-being, partnership development, and collaborative priority setting for health and well-being in local planning and policy to influence local health outcomes. Squamish Nation and the SLRD also received PlanH funding for a partnering learning series and healthy aging forum, respectively.

3. Project Information: Squamish Learning Lab – OCP Health Lens

Following the grant award in May 2014, staff co-initiated the project with the three project collaborators – Vancouver Coastal Health (VCH) and consultants Heather Evans (Healthy

Communities Consultant) and Sustainability Solutions Group[1] (SSG). In January 2015, the District will also welcome a fourth collaborator, Michelle Jones, as part of a 3-month practicum with the District for her Masters of Public Health at the University of Victoria. Together, this group refined the project objectives, outcomes and deliverables as noted below at the first of three partners meetings, held in mid-September 2014. The overall project timeline is presented in Attachment 2.

Purpose & Objectives

The purpose of the Squamish Learning Lab is to bring health and municipal partners together to establish a healthy community partnership for mutual learning and collaboration.

The *Objectives* are to:

- Build local knowledge about built environment and social environmental factors for policy and land use planning to influence health outcomes;
- Explore and analyze tools to apply a health lens to District's upcoming OCP review in 2015/16; and
- Establish baseline data, resources and methods for including health lens in community planning and decision making.

Identified *Desired Outcomes* include: learning about community context for health & well-being, developing cross-sector partnerships, collaboratively identifying priorities for health and well-being in local planning and policy, and finally building community awareness and outreach about health influences and outcomes.

Deliverables

The project team will be assessing up to three diverse 'tools' for their application to the District's upcoming OCP review and update in 2015/16. The initial two tools include:

A. Healthy Built Environment *Linkages Toolkit* (Attachment 3) – this toolkit summarizes health evidence related to five physical built environment features (neighbourhood design, transportation networks, natural environments, food systems, and housing). The toolkit links planning principles to health outcomes and informs the design of the built environment and local decision making. The toolkit was launched in early 2014 and to date has been used as a policy lens and checklist for policy and plan review at the local level.

B. *HealthProof* (Attachment 4) – This open-source land use planning model was developed by SSG for use as an input to OCP and regional planning processes. It looks at built environments and analyses different land use scenarios, patterns of behavior and their implications and health outcomes. Indicators such as walking, cycling, vehicle use, air pollution, noise, access to green space and social capital are reviewed to assess the impact of land use plans and decisions on health outcomes and quantify impacts on population health and health costs (and GHGs).

[1] SSG is a cooperative consultancy of planners, engineers, architects, economists, policy analysts, energy modelers, biologists and academics engaged in sustainability planning and design. www.sustainbilitysolutions.ca

A third and different tool may be explored for potential application to the OCP to look at other community health components such as social connectedness, inclusion and equity.

Joint tool exploration and evaluation, sharing and community outreach activities will occur over the next 8 months, with the project closing by June 30, 2015 (funder requirement). A community workshop with health services providers, Council and the community will be planned for the spring of 2015.

VCH Draft Community Collaboration Agreement

Through the Ministry of Health *Healthy Communities/PlanH* initiative, health authorities are establishing partnerships with local governments to promote health through local policies and actions. For example, VCH and several MetroVan communities have partnered to incorporate health into long-range plans and OCPs (City and District of North Vancouver) and to develop wellness or healthy city strategies (Richmond, Vancouver).

As part of the Squamish Learning Lab project, VCH has presented the District with a draft Collaboration Agreement and partnership template that it is using to formalize its relationship with local governments and to establish priority health areas or projects on which to collaborate. It is a non-binding agreement but at a strategic level, it offers a platform for engagement. It also addresses means of communication, priority setting and reporting.

Staff has included the draft agreement with VCH for Council's initial consideration and feedback (Attachment 5). The agreement appends the Squamish Learning Lab project timeline as the initial project and partnership focus.

Staff will continue to work with VHC's Environmental and Population Health Teams, including population health planners, environmental health officers and the Medical Health Officer to finalize the agreement once priority areas for collaboration are determined. Priority setting will involve more detailed review and analysis of local health data, such as the recently released community healthy profiles (Attachment 6). Staff will also look to other sources such as *2014 Squamish Vital Signs report* released by the Squamish Community Foundation.

4. Department Comments:

The PlanH capacity building grant presents a valuable opportunity to collaborate with VCH and other health planners, local agencies, service providers and the public to address and improve community health at a policy and land use planning level. The District will benefit by accessing and sharing health data and expertise, resources and working directly with the health authority under a formal partnership agreement, as well as with the health and sustainability consultants. Of greatest potential benefit is the opportunity to engage in joint priority setting to influence positive health outcomes for Squamish.

5. Implications:

a) **Budget:**

A total of $5,000 has been awarded by PlanH for project activities. As outlined in the grant application, the estimated in-kind contribution by the District in the form of staff time and provision of meeting space is approximately $5,000.

b) **Policy:**

This project supports core OCP Principles 6 (Community Livability) and 7 (Cultivate Partnerships) and advances the following policy:

> **14 - 18** The District will seek opportunities to work with the Vancouver Coastal Health Authority, School District No. 48 (Howe Sound), government agencies, private and not-for-profit service providers and community agencies to identify and address social needs and issues and to maximize the efficiency and effectiveness of the social service delivery system.

The project will significantly inform the next OCP update by examining baseline health data, identifying priority local health issues and applying a community health lens to assess existing land use plans and policies against key health outcomes. From this, the District will be able to proactively respond to the many challenges and factors influencing community health and social wellbeing and monitor the District's policies and programs against key community health indicators and targets (to be established).

c) **Environmental:**

This project focuses on healthy built environments and community health promotion.

d) **GHGe:**

The Healthy Communities approach looks at compact, connected, mixed-use and walkable neighbourhoods that support active transportation, among other factors. Benefits include increased physical activity levels and decreased vehicle trips and carbon emissions.

e) **Council Priority and Strategic Plan Alignment:**

This project relates to community health and wellbeing and supports the District's social and environmental sustainability objectives.

6. Attachments:

1. PlanH Resource Guide for Local Governments
2. Squamish Learning Lab Project Timeline (October 28, 2014)
3. HBE Linkages Toolkit Summary Sheet
4. HealthProof Tool Summary
5. Draft VCH Healthy Communities Collaboration Agreement
6. Squamish Community Health Profile 2014

7. Alternatives to Staff Recommendation:

THAT the District of Squamish refer the draft VCH Healthy Communities Collaboration Protocol back to staff.

8. Staff Review

_____	_____
Sarah McJannet, RPP MCIP	Robin Arthurs
Planner	GM, Corporate Services
_____	_____
Linda Glenday	Joanne Greenlees
Deputy CAO	GM, Financial Services

CAO Recommendation:

That the recommendation of the Development Services be approved.

_____

C. Speaker, CAO

ATTACHMENT 1

plan h

Planning a healthy community starts here

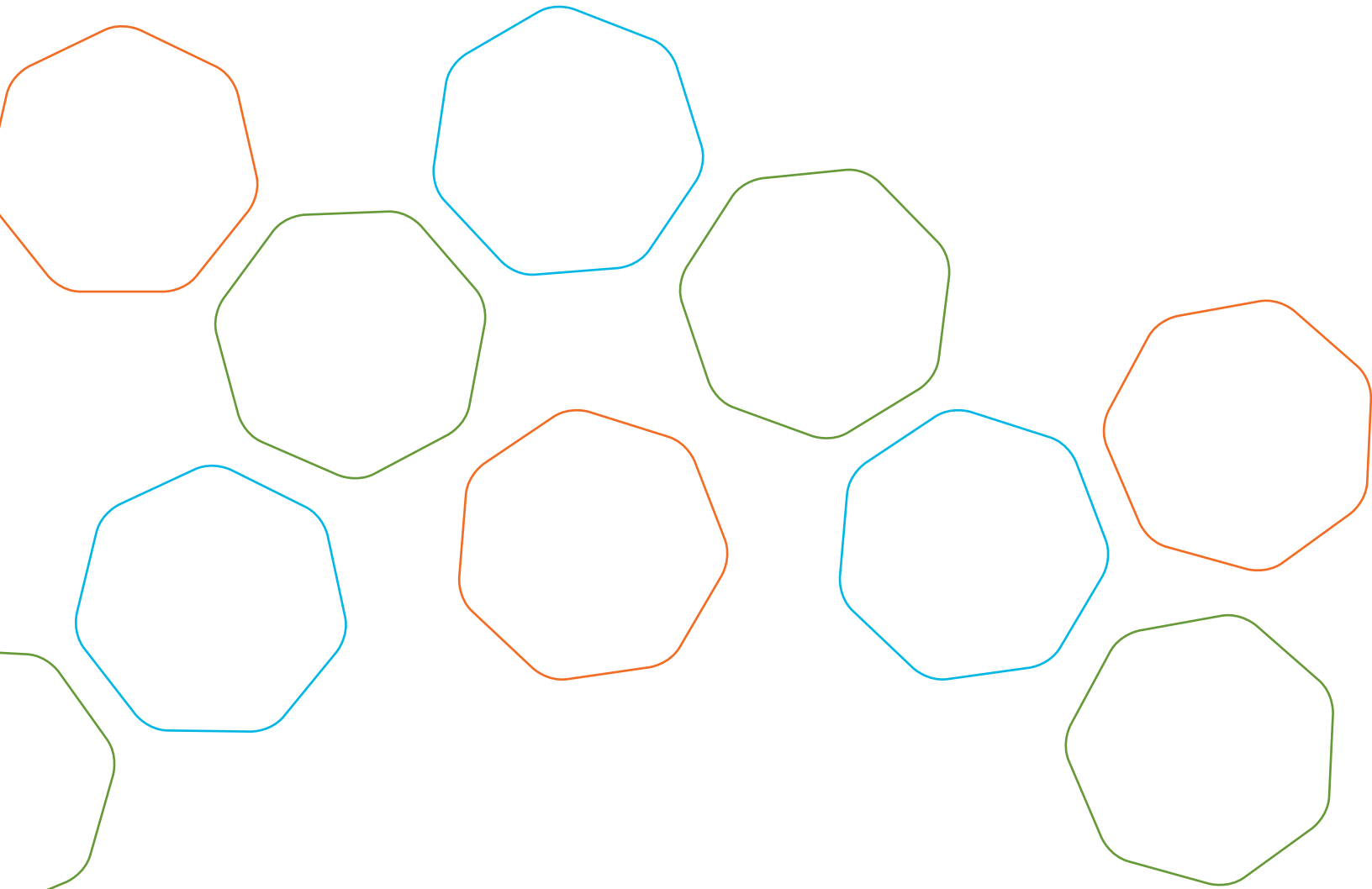
How Do Local Governments Improve Health and Community Well–being?

A Resource Guide for Local Governments

Healthy People

Healthy Society

Healthy Environments



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Forward

Even though communities across the province are so diverse, one thing that all local governments aspire to achieve is a healthy community. This new guide highlights the important role that local governments can play in promoting health and supporting healthier communities for all.

Promoting healthy communities is at the heart of what local government is about. It means creating places and spaces that cultivate belonging, inclusion, connectedness and engagement. It means creating a well-planned built environment that supports healthy behaviours and choices. It means a vibrant social environment in which people can live, work, learn and play. In short, it means striving to create the conditions in which all citizens, no matter where they are in life, can thrive, now and in the future.

While there are many influences on our lives today, it is at the local level where policies and plans are made and can directly affect the health and well-being of our citizens. Local governments have a unique role to shape the local conditions that have an impact on the health of individuals and communities. My hope is that together we can build healthy communities across British Columbia.

Judy Brownoff

Municipal Councillor,
District of Saanich
President and Chair,
BC Healthy Communities Society

> **Strong communities provide the essential social infrastructure necessary for individuals and families to attain well-being. Social well-being encompasses two components: basic needs such as nutrition, housing, sufficient income, and public health and safety; and, opportunities for learning, faith, recreation, creativity and artistic expression, community identity, citizen engagement and co-operation. To help meet these needs, local government, senior governments, and community stakeholders must continue to work in partnership[1].**
>
> **Official Community Plan, District of Saanich**

What is the Purpose of this Guide?

Local governments in B.C. play a lead role in community building. Each year councils and boards make thousands of important decisions about community planning, programs, policies and partnerships that affect their residents. Many of these decisions have the potential to affect community health and well-being.

Although the primary responsibility for health services in the province rests with the Province of British Columbia, local governments have the potential to significantly affect the health and well-being of citizens at the community level.

The purpose of this guide is to articulate how the decisions local governments make play an important role in building healthy communities, which in turn help citizens to live healthier lives.

This guide was produced for elected officials and senior staff in local governments, to help them:

- recognize the importance of their role in building a healthy community
- understand how the decisions they make can improve the health and well-being of their citizens
- learn from the experiences of other communities in B.C.
- take action to make their community a healthy one

Read on for more about.....

- how local governments are building on their historic role in promoting health
- how community planning and design affects the health and well-being of citizens
- programs and policies you can implement to promote health and well-being
- how you can build stronger partnerships with regional health authorities, the Province, and community organizations to build a healthy community
- examples from B.C. communities committed to promoting health and building healthy communities

> **"Many would be surprised to learn that the greatest contribution to the health of the nation over the past 150 years was made, not by doctors or hospitals, but by local governments. Our lack of appreciation of the role of our cities in establishing the health of the nation is largely due to the fact that so little has been written about it."[2]**
>
> — Dr. Jessie Parfitt

photo: City of Kamloops

Changing Health Challenges in British Columbia

Why not continue business as usual?

The health of British Columbians is changing, and not for the better. One in three British Columbians is living with at least one chronic condition,[i] and one in four British Columbian adults is obese.[3] What is truly alarming is that these numbers are on the rise as our lifestyles become more sedentary and we make fewer healthy food choices. To compound the problem, the cost of health care in our province is escalating. In the last decade, health care costs have doubled to consume over 40% of the provincial budget.[4] The bottom line is that we need to start building the conditions that support all British Columbians to lead healthier lives. These conditions for health begin in our communities—where people live, work, learn and play.

What is meant by health and well-being?

The World Health Organization describes health as, "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[5] Well-being refers to the presence of the highest possible quality of life including good living standards, robust health, a sustainable environment, vital communities, an educated populace, balanced time use, high levels of democratic participation, and access to and participation in leisure and culture.[6]

Why focus on healthy communities?

The "Healthy Community approach," which originated in Canada and later became a World Health Organization program, considers the social, economic, environmental, and physical factors that influence the health and well-being of individuals. It is based on five strategies that build on a community's existing capacity to improve community health and well-being: political commitment, healthy public policy, multi-sectoral collaboration, community/citizen engagement, and asset-based community development. Communities have embraced the healthy community approach because it recognizes that many factors contribute to what makes a community and its citizens healthy. It encourages leaders, citizens, and communities to work together to build on existing assets to improve local health and well-being.

i "Chronic health conditions are long lasting conditions that can be controlled, but continue to persist and recur. Chronic diseases are a leading cause of death and include: heart disease, stroke, cancer, chronic respiratory diseases and diabetes." Centre for Health Policy and Research. Chronic conditions and co-morbidity among residents of British Columbia 2005 p. 1.

What the data says:

Chronic disease is pervasive — One in three British Columbians is living with one or more chronic conditions, which consume approximately 80% of B.C. health care budgets.[7]

People are not active enough — 50% of adults and 91% of children and youth do not get recommended levels of physical activity.[8]

Obesity is on the rise — 26% of children in Canada are overweight or obese.[9] Canada's childhood obesity rates are among the highest in the developed world — rates have almost tripled since 1978.[10]

Our population is aging — By 2031, seniors in B.C. will account for 25% of the total population.[11]

Our communities are designed to have us use our cars instead of our feet — Research shows that suburban developments tend to be built with low-density, single-land use neighbourhoods and street networks that are poorly suited to walking.[12]

Many of us struggle to buy healthy local food — Research shows some populations in B.C., particularly low-income, single-parent, aboriginal, and rural populations, have difficulty accessing healthy, fresh, locally produced food.[13]

Changing Health Challenges in British Columbia *continued*

This document is not intended as a comprehensive guide to the healthy community approach, focusing instead on some key areas where local governments play a vital role in building healthy communities and supporting the health and well-being of citizens. The key areas addressed in this guide include local government community planning, programs, healthy policies, and partnerships.

Communities across B.C. are taking up the challenge of building healthier communities. Meeting the challenge involves making political commitments, adopting healthy public policies, engaging citizens and working with health partners. For elected officials, meeting the challenge means taking a leadership role in health promotion, thinking about the health impacts of decisions you make, and knowing that the most effective results will be achieved when you work in partnership with other sectors.

Why is collaboration important?

Building healthy communities is complex; it involves many institutions, organizations, government agencies and individuals. Although it can seem confusing at times, all of the partners have a role to play and no single partner can do it alone. Collaboration results in positive synergies and combined and focused resources that get more accomplished. If we collaborate and work together we can meet the challenge and build healthier communities for our citizens.

Local Government's Role in Improving Health and Community Well-being

How have BC local governments been involved in increasing health and well-being in the past?

From the earliest days of community building in British Columbia, cities and towns were concerned with community health. The first local government legislation in B.C., the Municipality Act (1872) listed "the preservation of public health," as one of 31 areas of local government responsibility.[14] This act also gave municipal councils the dual responsibility to be local boards of health. At the time, the focus of local government public health efforts was on the prevention of infectious diseases like smallpox, diphtheria, typhus, cholera, and tuberculosis. From these public health efforts grew many of the basic local government services that we know today, such as public works, community planning, housing, building inspection, fire protection, police and parks.[15]

As communities grew, local governments focused on providing clean drinking water, building sewers, disposing garbage, separating residential areas from noxious industrial areas, and providing parks and recreation spaces. Historically these services were at the very heart of local government responsibilities and very much related to building healthy and safe communities.

During the early years of the twentieth century, B.C. local governments had direct responsibilities for public health. By mid-century, national health programs evolved, provincial ministries of health grew in importance, and the formal legislated role of local governments in health waned.[16]

The 1980s brought a renewed interest in health promotion at the community level and the growth of the Healthy Communities movement.

During the 1990s, regional health boards and community health councils existed across the province to enable local involvement in health. This system of health boards and councils was reformed in 2001 and the responsibilities were transferred to the newly established regional health authorities. Today, local governments continue to express interest in having a voice and playing a role in improving the health and well-being of citizens.[17]

How is the role of local government changing?

At the turn of the twentieth century, local governments focused on the provision of clean drinking water and sewers as major contributors to health promotion and disease prevention. Today, local governments are leaders, policy makers, and partners in promoting the health and well-being of citizens and building healthy communities. Community planning in communities across B.C. addresses a broad range of policies and services that focus on the social, economic, environmental and physical aspects of communities. Each of these has a direct effect on the conditions for all citizens to thrive—socially, physically, economically and mentally.

Why focus on prevention and health promotion?

Today the health threats to our citizens are not so much infectious diseases but chronic diseases such as obesity, diabetes and heart disease. At first glance many local governments may think health is not a local government responsibility, however, local governments have the ability to promote health in their communities through healthy community design, parks and recreation facilities and healthy living programs, health-related policies, and building partnerships with non-profit and community organizations. When you look closely you see what an important role local government can play in preventing chronic diseases, just as they did in preventing infectious diseases a hundred years ago.

Who does what in the health world?

Sometimes it is not clear who does what in delivering health services and promoting health in B.C., and there are fears that local governments will be asked to deliver services that they do not have resources to support. So let's take a moment to consider who does what in the health world.

In B.C., the key players in the health arena are the Ministry of Health, the Provincial Health Services Authority, and five regional health authorities.

Primary responsibility for health care rests with the Ministry of Health and six health authorities. The ministry's mandate is to manage health services across B.C.; its view is high level, broad, and necessarily concerned with the full range of services across the province. The Ministry of Health creates health-related legislation and regulation for the province. It distributes funding to health authorities and sets province wide goals, standards, and performance levels for health service delivery by the regional health authorities.

The Provincial Health Services Authority (PHSA) is one of six health authorities; the other five health authorities serve geographic regions of B.C. PHSA's primary role is to ensure that B.C. residents have access to a co-ordinated network of high-quality, specialized health care services.[18]

Regional health authorities in B.C. govern, plan and deliver health services within their large regional jurisdictions. They are responsible for identifying health needs, allocating resources and delivering health services in their area.

Additionally, B.C. has a First Nations Health Authority (FNHA). FNHA is a non-profit legal entity constituted under B.C.'s Society Act. It is representative of and accountable to B.C.'s First Nations and is governed by the FNHA Constitution and its board of directors. The mandate of the FNHA is to plan, design, manage, deliver, and fund First Nations health programs and to carry out other health and wellness functions, working closely with its partners.

Except for their role in regional hospital districts under the Hospital District Act, **local governments have no formal role in health care delivery in B.C., however, they have an important role to play in building healthy communities, creating the conditions for citizens to make healthy choices and working with partners to promote health and well-being**.

> **In simple terms, the Ministry of Health and health authorities focus on the delivery of health services and health promotion while local governments play an important role in health promotion and prevention.**

Local government's role in improving health *continued*

What is the role of local government elected officials and senior staff?

In local government, elected officials have an important role to play as leaders, policy makers, and partners in building healthy communities. For example, elected officials make important decisions that impact the health of their citizens in: community planning and the built environment, parks and recreation facilities and their programming, health-related policies, and partnerships.

Senior staff can support their elected officials by learning about the role local government can play in health promotion and ensuring their elected officials receive current information and professional advice.

Local governments routinely make decisions and allocate resources for roads, sidewalks, land use, public gathering places, housing, public transit, parks and recreation. Many local governments also adopt policies related to food security and tobacco use in public areas. These decisions and policies all contribute profoundly to the health and well-being of citizens.

WHO DOES WHAT IN THE HEALTH WORLD?

	Province wide Health Services & Health Promotion	Regional delivery of Health Services & Health Promotion	Health promotion	Local healthy community planning, policies & programs
BC Ministry of Health	✓			
Provincial Health Services Authority	✓	✓		
Regional Health Authorities		✓	✓	
Local Governments			✓	✓

This table illustrates graphically the different areas of responsibilities and accountabilities of the players in health services delivery and promotion in British Columbia. Province-wide responsibly for health services delivery and promotion are within the jurisdiction of the Ministry of Health, Provincial Health Services Authority and regional health authorities. Both regional health authorities and local governments share a role in local health promotion. Local community planning, programs and policies are the responsibility of local governments.

[2] Except for their role in Regional Hospital Districts under the Province of BC Hospital District Act.

Community Planning and the Built Environment

How we plan and build our communities makes a difference in how active and healthy our residents are. Simply put, the physical form of our communities affects how healthy we are.

Planning and health professionals both agree we need to build neighbourhoods which are more compact, connected and walkable, with a mix of uses, housing types and people.

Community characteristics that can have a positive impact on health and well-being include:

- safe pedestrian and cycling facilities
- neighbourhood walkability
- easy access to public transit
- clean air and water
- access to healthy foods
- public spaces for social interaction and inclusion
- noise abatement
- access to public infrastructure and facilities
- access to affordable and safe housing[19]

Locally elected officials can make a major contribution to the health of citizens by making decisions that incorporate healthy community characteristics into their official community plans, policies and infrastructure.

Research shows that the traditional pattern of suburban neighbourhoods creates auto-dependent communities and discourages the use of active transportation like walking and cycling, and using public transit. If we want our citizens to be active and healthy, we need to change the way we plan and build our communities.

All of the characteristics of healthy communities contribute to making the lives of citizens easier and healthier, and in many cases make tax dollars go further:

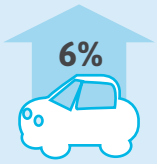
- In compact communities, schools, recreation spaces, shops and services are close by and ideally within walking distance of home, which encourages people to walk and be more active. Compact communities make more efficient and cost-effective use of infrastructure like roads and services.
- When schools are well connected with sidewalks and trails children can walk or cycle to school. This increases activity levels of young people and decreases car trips and carbon emissions.
- Easy access to transit increases ridership, which makes better use of services already supported by local tax dollars.

Building a healthy community is especially important to citizens who are more vulnerable to health challenges than others. In particular, seniors, children, and low-income urban and rural populations face greater challenges if they do not have access to safe pedestrian environments, public transit, high-quality fresh food, and affordable housing. If access to healthy choices is limited, vulnerable populations have fewer options to maintain and improve their health and are at greater risk of chronic disease. For these groups in particular, community planning can have a direct and significant impact on health.

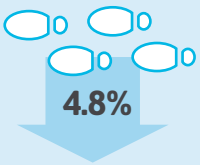
Local government leaders are the most important decision makers when it comes to the physical design of communities. The decisions you make today about planning and land use will impact the health of current residents and future generations.

Community Planning and the Built Environment *continued*

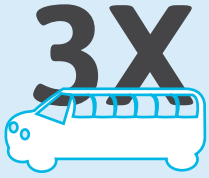
Improving a neighbourhood's walkability (by providing safe pedestrian infrastructure) by 5% gets people 32% more active in their travel.[20]



Each additional hour spent in a car per day was associated with a 6% increase in the odds of being obese, while each additional kilometre walked per day was associated with a 5% reduction in the odds of being obese.[21]



People who live in neighbourhoods with sidewalks are 47% more likely to be active at least 30 minutes per day.[22]



Transit users are three times more likely to meet the daily minimum of recommended physical activity.[23]

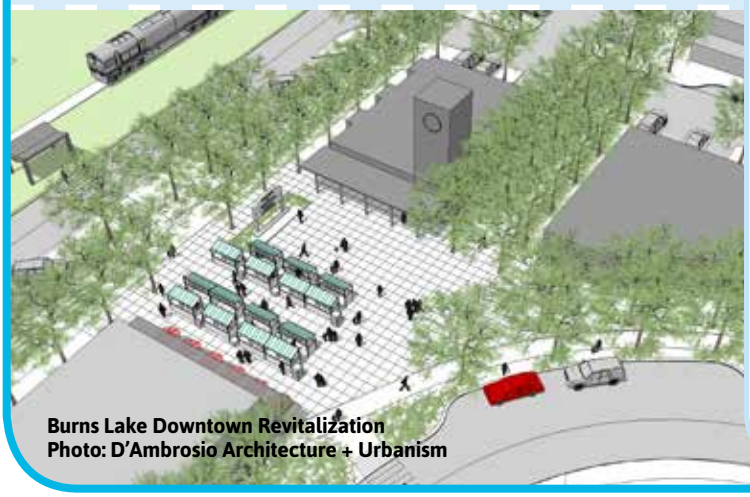
What is the built environment?

The built environment refers to buildings and spaces like homes, schools, workplaces, neighbourhoods, parks, recreation areas, and commercial and industrial areas and the infrastructure that supports and connects them.

"As you know, evidence has been growing to support the notion that the broader determinants of health—those conditions in which we live, work, play and learn—have as great an impact on our health and well-being as genetics and lifestyle choices. More importantly, asking people to make healthier choices—eat better, be more active, quit smoking—without also changing the physical, social and economic conditions in which they live is proving to be a losing proposition."[24]

Local Government Participant, BC Healthy Communities Society Local Government Advisory Group[ii]

[ii] The BC Healthy Communities Society Local Government Advisory Group was created to provide feedback on the development of learning and capacity building opportunities to address health and well-being in communities. Input from the group was received through an online survey and two focus groups convened in 2012.



Burns Lake Downtown Revitalization
Photo: D'Ambrosio Architecture + Urbanism

Village of Burns Lake

In 2011, the Village of Burns Lake committed to revitalizing its downtown. The Village worked with the community and created a plan for revitalization to make the downtown more attractive and promote tourism and business development, community pride and active transportation. The project created a community meeting place used for activities such as a farmers' market, outdoor performances and recreation events. The improvements also include the addition of sidewalks, bike paths, and parking areas that promote safety and active living.

Local Government Programs

Physical activity is critical to individual health and can help to build community connections and reduce social isolation. The benefits of an active lifestyle include improved physical and mental well-being as well as reduced risk for obesity, diabetes, cardiovascular disease, hypertension, and other chronic conditions.[25, 26]

Communities across B.C. invest heavily in recreation facilities and programs—but there's more to be done! We need to ensure all residents—young and old, urban and rural, advantaged and low-income—have ready and easy access to programs and places where they can be active. In addition to providing safe places to walk, trails, cycling paths, outdoor play spaces, sports fields, skateboard parks, tennis courts and recreation complexes, local governments can be leaders in developing programs to engage all citizens in physical activity. Once engaged, citizens are more likely to continue to make healthy choices and to become more physically active.

Local governments are in the best position to work with their citizens to assess what is needed to promote active lives for all citizens.

For people who live on low incomes or experience other barriers, leading an active lifestyle is not always easy. Local governments, through their parks and recreation organizations, can engage diverse groups and support their involvement in physical activity.[27] Many local government recreation programs, such as the L.I.F.E. Program in Saanich and other municipalities in Greater Victoria, and the Leisure Economic Access Policy Program in Kitimat, provide support by reducing the cost for low-income residents to make recreation programs more affordable.[28, 29]

In many communities, local government recreation programs reach out to the community to promote increased activity levels. Some examples of how local governments and their recreation staff can be leaders in engaging their citizens to be physically active include:

- policy support for making recreation programs accessible for all citizens
- awareness and marketing that promotes the benefits of physical activity
- joint-use agreements with school districts to maximize the use of both local government and school district recreation facilities and programs
- partnerships with a regional health authorities to promote the benefits of physical activity
- partnerships with the BC Recreation and Parks Association to promote the benefits of physical activity
- support for local events that promote being active
- policies and facilities that encourage local government employees to be active

Did you know?

Only 58% of adults in B.C. get the recommended **30 minutes** of physical activity per day.[30]

The most recent Canadian Health Measures Survey found that **only 7% of Canadian children and youth** get the recommended amount of physical activity.[31]

As much as half of the functional decline between the ages of 30 and 70 is due not to aging itself but to an inactive way of life.[32]

"[Healthy communities] are about changing people's attitudes to what recreation and activity are... It's not just going to a recreation centre anymore, it's making recreation and exercise part of your life, i.e., riding your bike, not taking your car to spin class!"[33]

Local Government Participant, BC Healthy Communities Society Local Government Advisory Group

Local Government Policy

Local governments are in the business of making local policy that responds to the needs and preferences of their citizens. The kinds of policies local governments make can have a very real impact on the health of citizens. Below are a few examples of the kinds of policies local governments in B.C. are creating to promote health and well-being in their communities.

Community Planning Policies

Some communities in B.C. include broad general polices in their official community plan (OCP) or sustainability plan to recognize their role in and commitment to the health of their citizens. For example, the 2012 City of Campbell River Sustainable OCP includes a policy that states,

> "Campbell River is a healthy and creative community. Our City offers healthy, affordable choices for the basic needs of residents such as housing, food and water. Residents enjoy meaningful opportunities for work and diverse cultural expression and enjoy a high quality of life.."[34]

In addition to laying a policy foundation for health and well-being, local government can play a specific role in creating policy and regulation in areas such as tobacco use in public spaces and food security.

"We are currently developing a comprehensive Healthy City Strategy that will pull together all of these disparate parts and try to take more of a 'health in all policies' approach. This includes three big interconnected strategic areas of healthy people, healthy communities, healthy environments, and 20 interconnected building blocks of a healthy city for all.[36]"

Ali Grant, Social Planner, City of Vancouver

Campbell River

photo: City of Campbell River

City of Campbell River Sustainable OCP Policies:[35]

<u>The City's Role:</u> While major social development programs, policies and funding is the responsibility or jurisdiction of the provincial government, local governments can assist in advancing social objectives through: regulation of land use and design; guidance on developer-provided amenity contributions; taxation and incentives; programs and facilities; and co-ordination and facilitation of collaborative partnerships.

11.4 Improve health and build on existing well-being.

11.4.1 Programs, partnerships, services, and infrastructure that support the health and well-being of all segments of the population, including seniors, youth, families, newcomers and other minorities, and vulnerable groups, are encouraged.

11.4.2 Transportation, land use, and physical design decisions will support active transportation and recreation opportunities as a means to integrate daily activity and exercise into the lives of residents.

Tobacco Reduction

Tobacco use remains the single most preventable cause of disease and death in Canada; in British Columbia, 6,000 people die each year from tobacco-related causes.[37]

Surrey City Council approved a Surrey Public Health Protection Bylaw to reduce the impact of second-hand smoke in public spaces by approving the toughest anti-smoking restrictions in the region.

Restrictions include a ban on smoking within 7.5 m of doors, windows, air intakes and patios in the city and a ban on smoking in vehicles with minors. The bylaw also restricts smoking on outdoor patios.

"This is an important step towards improving the health and comfort of all of our citizens," said Mayor Dianne Watts. "With what we know about the effects of second-hand smoke, we have a responsibility to protect the health of our residents.[38]

For more information see the Local Government Action Guide on Tobacco Reduction at www.planh.ca

Since the 1980s, local governments have lead the way in reducing tobacco use in public spaces by adopting policies and bylaws that prohibit smoking in local government work places and in outdoor public spaces. More recently, local governments have passed bylaws to prohibit the use of tobacco in public recreation spaces including parks and playgrounds. These policies limit the negative impacts of secondary smoke on non-smokers and reduce the negative role-modelling that occurs when adults smoke in the presence of youth and children.

Although the Tobacco Control Act sets provincial baseline regulations, local governments have the option of expanding the protections to suit their community preferences and priorities by prohibiting smoking in restaurants and patios, in outdoor public spaces, on local government property, and on health care and post-secondary sites.

> **"Although the Provincial Tobacco Control Act sets provincial baseline regulations, local governments have the option of expanding the protections to suit their community preferences and priorities."**

Local Government Policy *continued*

Healthy Eating and Food Security

In recent years, local governments in B.C. have become increasingly concerned with the food security of their citizens. Food security refers to ready access to affordable, healthy food that is safe, culturally appropriate and provides for nutritional needs. Today it is estimated that 7.7% of B.C.'s population is food insecure.[39] The challenges of food insecurity are not just the concern of big cities with low-income populations, but are also the concern of communities in remote and rural areas of B.C.

Local governments have a role to play in food security and improving access to healthy, affordable food through partnerships with the provincial government and with support for local projects, such as farmers' markets and community gardens.

For more information see resources and tools on healthy eating and food security at www.planh.ca

City of Victoria 2012 OCP

"...the plan proposes a co-ordinated approach to address food-related issues. This requires the City to work in partnership across departments and with senior levels of government, the health authority, other agencies, organizations and individuals to consider the connections among different parts of the food system. Within its mandate, the City's efforts can focus on increasing urban food production, strengthening key food system infrastructure, supporting access to healthy foods, and supporting the recycling and re-use of organic waste."

Broad Objectives

The food systems policies of this plan collectively address five broad objectives:

17 (a) That planning for the food system is comprehensive and integrated at various scales.

17 (b) That the opportunity for urban food production is increased on private and public lands.

17 (c) That local food system infrastructure is strengthened.

17 (d) That citizens have access to affordable, healthy and local food.

17 (e) That more food waste is recovered and re-used for productive purposes.[40]

photo: City of Victoria

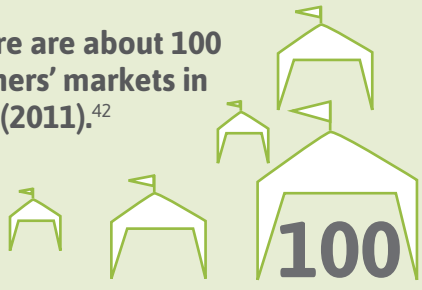
photo: City of Kamloops

City of Kamloops Sustainability Plan Targets

- Implement the recommendations of the Social Plan as they pertain to food security.
- Work with developers to encourage the integration of community gardens into new multi-family developments.
- Help facilitate the expansion of the Food Share program to ensure that all excess perishable food from commercial businesses, community gardens, and private gardens is diverted to the Food Share program.
- Increase knowledge within the community of the environmental, social, health, and financial benefits of locally sourced food supplies.
- Achieve four to five community garden plots per 1,000 residents.
- Integrate policies regarding food security into the City's pending Agriculture Plan, slated for updating in 2010.[41]

BC Food Facts

There are about 100 farmers' markets in B.C. (2011).[42]



A 2008 Canadian study of farmers' markets found $1.03 billion in annual sales and a total economic impact of up to $3.09 billion.[43]

Across B.C., 33 programs (2010/11) were involved in providing farm-fresh foods to an estimated 10,000 school children.[44]

Local Government Partnerships

Local governments have a long history of building partnerships to further the goals and aspirations of their citizens. Whether it is building infrastructure with senior levels of government, developing soccer fields with local sports organizations, or working with community and non-profit organizations to build affordable seniors' housing, local governments understand the value and power of partnerships.

If we want to help our citizens to live healthier and longer lives, all levels of government, non-profit organizations, community groups and the private sector need to work together.

Why build partnerships with your local health authority?

Regional health authorities have responsibility to govern, plan and deliver services that focus on health care, health promotion and public health within their region. Health authorities provide a range of health services and are specialists in health. Local governments, on the other hand, provide a vast array of services across a broad range of service areas, including governance, public works, parks and recreation, community planning, libraries, policing and fire protection. Most local governments in B.C. have limited professional expertise and experience to understand the heath challenges in their communities and the potential of health promotion. This is where the regional health authority can play a significant and meaningful role as a partner to local government.

Under provincial legislation, local governments and health authorities must designate liaison staff members to facilitate communication, problem solving, and collaboration between local government and the health authority. Designating staff liaisons is an important step in building a partnership and collaborating on projects to develop a healthier community.

Health professionals working for your regional health authority understand the health challenges in your region. They have access to local health data, funding, expertise and resources that can help you to better understand and address the heath challenges in your community.

Public health staff can work with local government to help create health-promoting and health-protecting built and social environments. For example, the City of Richmond and the City of Vancouver each partnered with their regional health authority to develop wellness plans for their municipality.

Another example is Fraser Health Authority's Healthier Community Partnership, which created a series of videos to showcase a variety of partnerships with local governments in the Fraser

City of Vancouver and Vancouver Coastal Health Partnership Agreement

The City of Vancouver is working with its key partner Vancouver Coastal Health to develop a formal commitment to enhance collaborative efforts in seven priority areas:

- **healthy housing options**
- **food security and sustainable food systems**
- **early care and learning**
- **active living and getting outside**
- **healthy services**
- **social connectedness**
- **healthy built environment**[46]

Valley Health Authority region—including the Village of Harrison, District of Kent, and City of Chilliwack. The videos showcase new activity programs, trails and community events, all focused on improving health and well-being locally.[45]

What other organizations and institutions can local governments partner with to develop healthy communities?

There are numerous natural partners for local government when it comes to promoting healthy communities. Local schools and school districts frequently partner with local governments to develop joint-use agreements to maximize the use of community facilities and playfields. Other potential partners include educational institutions like community colleges and universities, many of which have food, agriculture and recreation programs interested in partnering with local governments to promote healthy lifestyles, activities and projects.

Why build partnerships with non-profit and community organizations?

In many communities across B.C., services and projects are made possible only through partnerships with community groups and non-profit organizations.

City of Richmond Community Wellness Strategy

"The Community Wellness Strategy was created in cooperation with three local public agencies: the City of Richmond, the Vancouver Coastal Health Authority, and the Richmond School District. Community stakeholders were also involved."[47]

"It should be emphasized that this Community Wellness Strategy falls under the jurisdiction of all agencies and groups. No one agency is responsible for the success of this strategy. So the creation of strong partnerships, open communication and collaborative programs, all under the guidance of this framework, are essential for success."[48]

"Collaboration with NGOs [non-governmental organizations] is a vital component in the formulation and delivery of many public health programs. NGO involvement elevates the profile of critical health issues, improves reach and access, provides additional capacity and expertise, and improves opportunities for integration into the broader community. For example, the Canadian Diabetes Association developed Food Skills for Families, which provides hands-on weekly cooking programs that teach healthy eating, shopping, and cooking skills to at-risk populations."[50]

BC's Guiding Framework for Public Health

Local Government Partnerships *continued*

Measuring Up The North Initiative (MUTN)

The Measuring Up The North Initiative began in 2007 in Northern British Columbia with the goal to assist over 40 communities to become livable, age-friendly, disability-friendly, universally designed, inclusive communities for all residents and visitors. The partnership included the North Central Local Government Association (NCLGA) and the BC Paraplegic Association (BCPA), with supporting partners such as BC Healthy Communities, 2010 Legacies Now, Ministry of Health, and Northern Health's Healthy Community Development Program.

The initiative was supported by funding from a variety of sources, including 2010 Legacies Now, BC Real Estate Foundation, Vancouver Foundation, United Way of Northern BC, Nechako Kitimat Development Fund Society, and NCLGA communities.

MUTN successes include:

- **changes to town policies, bylaws, official community plans, and local government attitudes and knowledge**
- **changes to town-owned and privately owned buildings**
- **construction of new structures that incorporate universal design (small airports, recreation centres, housing developments)**
- **changes to business premises and the way business is conducted**
- **changes to outdoor recreation areas, like accessible trails and transportation**

Also, collaboration has increased between and among generations, local governments, tourism associations, economic development associations and local business owners.[49]

Take the Lead to Build a Healthier Community!

The time to build healthy communities in B.C. is now. As local elected officials and senior staff, you can lead your communities to a healthier future.

We know what we need to do to support the health and well-being of citizens. We can plan our communities to promote healthy living. We can build on the excellent parks and recreation programming that exists in our communities to make them accessible to all citizens. We can adopt healthy policies in our communities to champion health promotion, reduce tobacco use, and address concerns about access to healthy food. And we can build strong and meaningful partnerships with regional health authorities, schools, community groups, and non-profit organizations so that we can combine our efforts to build healthier communities.

The time is now to take up the challenge and join other communities in B.C. to ensure your community is a healthy community.

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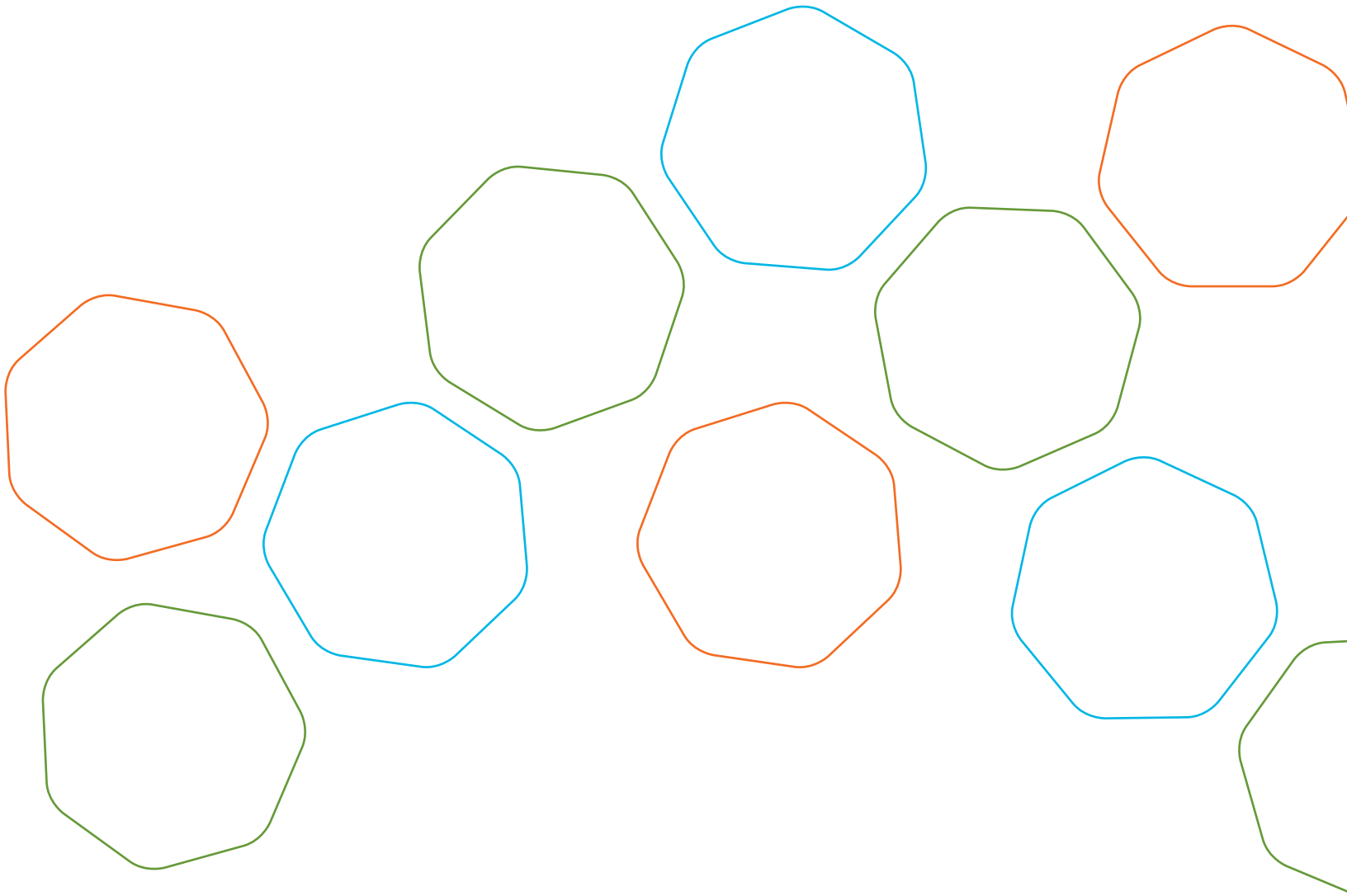

PlanH supports local government engagement and partnerships across sectors for creating healthier communities, and provides learning opportunities, resources, and leading-edge practices for collaborative local action. PlanH is a partnership between BC Healthy Communities Society and Healthy Families BC.

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ATTACHMENT 2

timeline **Squamish Learning Lab** A PlanH Healthy Communities Capacity Building Project

2014 Activities		2014/2015		
Initiate (July-Sept)	**Explore (Sept – Nov)**	**Evaluate (Nov-March)**	**Communicate (May-June)**	**Close (by Sept)**
Objectives • Clarify project objectives, affirm scope, workplan, timeline • Share planning context (District staff) and relevant health info/resources (VCH), as well as introduction to tools (SSG)	Objectives • Frame community health context & profile, OCP key issues and priority areas • Review + consider identified tools and application for future OCP review	Objectives • Evaluate tools – strengths, weaknesses, application • Also discuss opportunities and workplan for health lens in OCP process/land use analysis and focus for community engagement	Objectives • Share findings of learning lab and implications for Squamish, upcoming OCP review • Discuss employment of health lens/healthy communities approach and collaboration	Objectives • Submit final documentation to funder
Tasks				
• Review sample partnering agreements (VCH, DOS) • Agenda/Tasks for Partners Meeting 1	• Jointly explore HealthProof tool (SSG), Linkages Toolkit, others • Frame desired outcomes & level of review. Identify info inputs and outputs for each tool required in OCP process	• Jointly develop and employ evaluation matrix/criteria for each of the tools	• Scope/plan community workshop • Seek input on key findings from community partners, stakeholders and from general community	• Prepare final report highlighting process, key findings and learning; circulate to partners for review
Meeting Details *(tentative to be confirmed by partners)*				
Initial coordinating Partners Discussion 1 (teleconference) July 25 - COMPLETE	Partners Meeting 1/ Workshop (3hrs) September 18 - COMPLETE	Partners Meeting 2 November 2014 (3hrs)	Partners Meeting 3 Coordination by email/phone	Coordination by email/phone
	Council introduction October 28 (COW) *preview survey/profile results	• Council workshop/report February/March 2015	• Community Workshop May 2015	
Funder Deliverables				
• Submit Funding Agreement (complete)	• Submit Mid-Term report by November 30, 2014		• **Complete all activities by June 30, 2015**	• Submit Final Report by September 15, 2015

<u>Project Partners & Collaborators:</u> District of Squamish (Sarah McJannet) Heather Evans Consulting, VCH: Claire Gram; Sustainability Solutions Group: Yuill Herbert

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Healthy Built Environment Linkages

A Toolkit For Design • Planning • Health

Planning Principles for a Healthy Built Environment

What is the built environment?

The phrase "built environment" refers to the human-made or modified physical surroundings in which we live, work and play. These places and spaces include our homes, communities, schools, workplaces, business areas and transportation systems, and parks/recreational areas, which vary in size from large-scale urban areas to smaller rural developments.

What is the Healthy Built Environment (HBE) Linkages Toolkit?

The toolkit is a groundbreaking evidence-based and expert-informed resource that links planning principles to health outcomes. It is a simple summary of reliable health data that can support your daily work and help to encourage healthier built environments for your community.

Who should use the HBE Linkages Toolkit?

The toolkit is a resource for everyone who shares a responsibility to promote active living and to shape healthier built environments in order to promote good health. This includes land-use and transportation professionals, community planners and designers, public health professionals, and staff or decision-makers in municipal and regional governments.

How should I use the HBE Linkages Toolkit?

This toolkit is intended to help support conversations between planners, public health professionals, and local governments. We anticipate that people might use different parts of the toolkit depending on their setting, audience, and purpose. Some specific uses might be:

- Planners might use the Toolkit to inform the development of funding proposals, briefing documents, or background papers to obtain support for HBE work.
- Local government representatives might use the Toolkit to provide and organize background information for reports on certain policy and program issues (e.g., new community gardens, new subsidized housing developments) or to share with developers to ensure proposals consider HBE principles.
- Public health professionals might use the Toolkit to engage and support partners working on activities that are important to the community, but fall outside the direct role of health (e.g., new school programs, delivery of community food security programs).

Is the information in the HBE Linkages Toolkit right for my community?

When deciding if interventions are right for your community, you should consider your community's population and location, whether it is urban or non-urban, existing community health issues, community preferences, and the context supporting the research interventions. These considerations help to determine if the planning approach can be successfully implemented in your community by providing a starting point to ask the right questions in your local context.

Can I trust the information in the HBE Linkages Toolkit?

Toolkit content was developed under the guidance of, and in consultation with planners, public health professionals, researchers and local government representatives. Our team used research to link features of the built environment with health evidence, but there still remain gaps in the literature. With that said, the toolkit is a reliable source of information that has been based on evidence from the literature and informed by experts in the field.

Where can I find the HBE Linkages Toolkit?

This resource was developed in partnership with BC's Healthy Built Environment Alliance - a network that provides leadership for healtheir, more livable communities. Additional HBE resources are available from PHSA Population & Public Health at **www.phsa.ca/populationhealth**. Feedback on the toolkit or questions regarding its use can be sent to pph@phsa.ca.

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Healthy Built Environment Linkages

A Toolkit For Design • Planning • Health

Planning Principles for a Healthy Built Environment

Healthy Neighbourhood Design

1. **Enhance neighbourhood walkability**
2. **Create mixed land use**
3. **Build complete and compact neighbourhoods**
4. **Enhance connectivity with efficient and safe networks**
5. **Prioritize new developments within or beside existing communities**

Vision: *Neighbourhoods where people can easily connect with each other and with a variety of day-to-day services.*

Healthy Transportation Networks

1. **Enable mobility for all ages and abilities**
2. **Make active transportation convenient and safe**
3. **Prioritize safety**
4. **Encourage use of public transit**
5. **Enable attractive road, rail and waterway networks**

Vision: *Safe and accessible transportation systems that incorporate a diversity of transportation modes and place priority on active transport (e.g., cycling, walking and transit) over the use of private vehicles.*

Healthy Natural Environments

1. **Preserve and connect open space and environmentally sensitive areas**
2. **Maximize opportunities to access and engage with the natural environment**
3. **Reduce urban air pollution**
4. **Mitigate urban heat island effect**
5. **Expand natural elements across the landscape**

Vision: *A built environment where natural environments are protected and natural elements are incorporated, and are experienced by and accessible to all.*

Healthy Food Systems

1. **Enhance agricultural capacity**
2. **Increase access to healthy foods in all neighbourhoods**
3. **Improve community-scale food infrastructure and services**

Vision: *A built environment that can support access to and availability of healthy foods for all.*

Healthy Housing

1. **Increase access to affordable housing through provision of diverse housing forms and tenure types**
2. **Ensure adequate housing quality for all segments of society**
3. **Prioritize housing for the homeless, elderly, low income groups, and people with disabilities**
4. **Site and zone housing developments to minimize exposure to environmental hazards**

Vision: *Affordable, accessible, and good quality housing for all that is free of hazards and enables people to engage in activities of daily living while optimizing their health.*

The order in which the physical features and principles are listed is not necessarily an indication of their priority or strength of evidence.

HealthProof

An open-source model that evaluates
health outcomes of land-use planning scenarios

Challenge

Municipalities have difficulty integrating health considerations into their land-use planning and development approval processes. This type of analysis is complex and resource intensive. As a result, land-use patterns in most communities in BC are reliant on vehicles for transportation and do not support active transportation or accessibility.

Implications

Land-use and the built environment are powerful but little understood policy mechanisms that have health, GHG and economic implications, but these relationships are not widely understood or analyzed.

- **Health:** There is a significant and rapidly growing body of literature addressing the relationship between the built environment or land-use and health outcomes. *Promoting public health through Smart Growth* (2006) systematically analyses the connection between land-use, transportation and public health. [i]
- **Health and economic development:** Not only is health care a major and growing societal cost but health has been shown to be an important driver of economic growth.[ii] Disease has been shown to hinder economic performance: the economic cost of physical inactivity and chronic disease in Canada has been estimated at over $5 billion.[iii] Thriving job markets, meanwhile, have been shown to translate in healthier populations.[iv]
- **Synergies:** There is also evidence that community design that improves health outcomes also reduces GHG emissions and reduces municipal capital and operating costs, all key public objectives.

Solution

Municipalities and regional districts in BC review their Official Community Plans (OCPs) or Regional Growth Strategies (RGS) on a periodic basis- five to ten years. In the process they undertake a number of studies on demographics, infrastructure, greenspace and other relevant issues. There is an opportunity to include an analysis on health and to fully integrate consideration of health outcomes into the land-use planning process.

HealthProof is designed to integrate into an OCP or RGS process. It will enable the comparison of different land-use scenarios and their implications for health outcomes. For example, if 50% of the new dwellings in a community occur in a sprawl pattern, what are the health outcomes in comparison with a scenario that concentrates those dwellings in downtown locations? This analysis will directly feed into the revision or development of the OCP or RGS and enabling communities to use their official plan to support more vibrant and healthy development.

HealthProof characteristics

- Transparency- it is critical that the model assumptions be exposed and alterable to account for uncertainty in the relationship between the built environment and health outcomes.
- Free for non-profit use: HealthProof will be licensed through Creative Commons, a legal framework for open source tools, ensuring free use of the tools for non-profit purposes. This also enables users to evolve the tool according to particular circumstances.
- Accessibility: The tool will be designed specifically for small and medium-sized communities that do not necessarily have access to extensive expertise or data.
- Synergistic: To address Bill 27, local governments are increasingly analyzing the GHG impacts of land use planning. We aim to integrate health outcomes into the existing model so a community can measure both GHGs and health outcomes during the same exercise.

Scope

HealthProof will analyse the impact of the built environment on the following chronic conditions:

- Asthma
- Cerebrovascular
- COPD
- Depression
- Diabetes (type 2)

- Heart Failure
- Hypertension
- Ischaemic

Innovation

This project is innovative on many levels- it is focused on the development of open source as opposed to proprietary tools that can be freely accessed and evolved by users. It bridges disciplines- in particular planning and population health and it bridges institutions- health agencies and municipalities. The model also creates the opportunity for municipalities to analyze the relationship between improved health outcomes and reduced GHG emissions.

SSG's track record

SSG used a similar approach to develop **GHGProof**, an open-source tool that evaluates the impacts of land-use decisions on GHG emissions. SSG piloted **GHGProof** with Fraser Valley Regional District with support from Canada Mortgage and Housing Corporation. **GHGProof** has now been used by 17 municipalities in BC of all sizes including Regional District of Central Okanagan, Capital Regional District, District of North Saanich, Lasqueti Island, Village of Queen Charlotte, Village of Port Clements, Village of Masset, District of North Cowichan, Town of Comox, Town of View Royal, City of Abbotsford, District of Kent, Town of Hope and others. **GHGProof**, user videos, a guidebook and literature review can be downloaded without costs for non-profit use from SSG's website. **GHGProof** has been profiled by Federation of Canadian Municipalities, Municipal World and BC Ministry of Environment. SSG is currently working on a similar model called ClimateProof to include climate change adaptation considerations in land-use planning.

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[i] Frank, L., Kavage, S., & Litman, T. (2006). *Promoting public health through Smart Growth: Building healthier communities through transportation and land-use policies and practices*. Smart Growth BC, 1–43. Retrieved from: http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Building+healthier+communities+through+transportation+and+land+use+policies+and+practices#0.

[ii] European Commission (2005). *The contribution of health to the economy of the European Union*. Luxembourg: Office for Official Publications of the European Communities. Available at: http://ec.europa.eu/health/ph_overview/Documents/health_economy_en.pdf; Finlay, J. (2007). *The Role of Health in Economic Development.* PGDA Working Papers 2107, Program on the Global Demography of Aging. Available at: http://ideas.repec.org/p/gdm/wpaper/2107.html; Husain, M. J. (2010). *Contribution of health to economic development: A survey and overview. Economics*: The Open-Access, Open-Assessment E-Journal, Vol. 4, 2010-14. Available at: http://www.economics-ejournal.org/economics/journalarticles/2010-14

[iii] Katzmarzyk, P.T.; and Janssen, I. (2004). *The economic costs associated with physical inactivity and obesity in Canada: An update*. Can. J. Appl. Physiol. 29(1): 90-115. Canadian Society for Exercise Physiology.

[iv] Institute of Public Health in Ireland (2005). *Health impacts of employment*. Available at: http://www.hiaconnect.edu.au/files/Health_Impact_of_Employment.pdf

VCH Healthy Communities
Collaboration Agreement Template

Background	According to a 2009 report from the Canadian Senate, some 10% of population health outcomes can be attributable to our physical or built environment with an additional 50% being related to social and economic determinants, many of which are deeply interconnected with environments. Evidence has also shown that local governments currently provide much of the essential social and physical infrastructure necessary to support individual and community health and well-being. With the growing levels of ***preventable*** chronic illness such as diabetes and obesity, both our health care system and our local governments have an interest in reducing these preventable diseases to improve the quality of life for residents and stop the rise in health care costs. In 2010, the Ministry of Health launched Healthy Families BC Communities[1] to promote partnerships between the health authorities and the communities within their regions to improve population health.
Common Purpose	The purpose of the partnership agreement is to promote the health and wellness of the community through: a. Formalizing a collaborative relationship between VCH and the District of Squamish that achieves mutual objectives and builds on existing collaborations. b. To identify priority projects and work together to address mutual benefits.
Potential Priority Areas for Collaboration	☐ **Healthy Built Environments** - neighbourhood design, housing, food systems, natural environment, and safe and active transportation: _____ _____ ☐ **Food Security/Healthy Eating** - community gardens, community kitchens, urban agriculture, farmers markets, food banks, food policy

[1] Plan H http://planh.ca/

	councils: _____ _____ ☐ **Physical Activity -** access to recreation opportunities, active transportation, building guidelines for stairs, paths: _____ _____ ☐ **Tobacco reduction-** smoke free by-laws that include: parks, playgrounds, beaches, market and non-market housing, and e-cigarettes: _____ _____ ☐ **Targeted populations -** seniors, families with young children, new immigrants etc.: _____ _____ ☐ **Other(s) -** _____ _____
Means of Communication, priority setting and reporting back	1. Regular meetings between Vancouver Coastal Health and Local Governments: a. b. 2. Frequency of meetings _____x year 3. Other forms of communication: a. External Communication: The partners agree to provide press releases and other communications materials (e.g. press releases, website articles, publications, etc.) to one another prior to release. b. Internal Communication: Communication between VCH and DOS shall be directed through the designated contact persons.
Staff Contacts	• **VCH:** Medical Health Officer _____ Director of Services _____ • **Local Government (District of Squamish):** Development Services/Planning Staff: Sarah McJannet Chief Administrative Officer: Ms. Corine Speaker
Next Steps	• Squamish Learning Lab 2014/15 – Applying OCP Health Lens for next OCP Update; • Developing a 2 year work plan.

Signed this XX day of XX Month, 20__;

_____ _____

(VCH Chief Operating Officer) (Medical Health Officer)

_____

District of Squamish CAO

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

BRITISH COLUMBIA | Healthy FamiliesBC

Healthy Communities Initiative

HEALTH BEGINS WHERE WE LIVE, WORK, LEARN AND PLAY

POSSIBLE PRIORITIES WITHIN HEALTHY COMMUNITIES:

FOR MORE INFORMATION, PLEASE CONTACT YOUR MEDICAL HEALTH OFFICER:

Vancouver	**john.carsley@vch.ca** **meena.dawar@vch.ca**	North Shore: City of North Vancouver, District of North Vancouver, District of West Vancouver, Bowen Island and Lion's Bay	**mark.lysyshyn@vch.ca**
Richmond	**james.lu@vch.ca**	Coastal Rural: Sunshine Coast, Sea-to-Sky, Bella Bella/Bella Coola	**paul.martiquet@vch.ca**

Healthy Built Environments

- Healthy Neighbourhood Design
- Healthy Transportation Networks
- Healthy Natural Environments
- Healthy Food Systems
- Healthy Housing

Tobacco Reduction

- Smoking cessation training
- Smoking prevention education in schools
- Distributing tobacco reduction related resources
- Smoke-free bylaws that include: parks, playgrounds, beaches, market and non-market housing, VCH grounds, etc. and e-cigarettes

Targeted Populations

- Early childhood
- Seniors
- New immigrants
- Low income

Healthy Eating & Food Security

- Community kitchens and gardens
- Support for farmers markets
- Access to low cost produce

Physical Activity

- Access to recreation
- Safe and active transportation
- Stair use guidelines

WHAT VCH CAN OFFER:

Health data and analysis
Health lens
Support for community engagement
Link to resources
Equity lens

WHY DO WE NEED TO FOCUS ON HEALTH PROMOTING POLICY AND ENVIRONMENTS?

HEALTH

- *About 80% of British Columbians report to have at least one or more risk factors for chronic disease.*
- *People with chronic disease conditions represent 37% of BC's population and consume 80% of the health care budget.*

ECONOMY

- *About 50% of provincial spending goes towards the healthcare system.*
- *The total cost of obesity to the British Columbia economy is estimated at between $730 million and $830 million a year, due to productivity losses from premature death, absenteeism and disability.*
- *Investing in health, the workplace and the community reduces healthcare costs, improves productivity and makes business stronger.*

ENVIRONMENT

- *Health is affected by the physical form of our communities.*
- *Parks and protected areas contribute to vibrant, healthy communities.*
- *Compact land use reduces travel distances and the use of motorized transportation, reducing vehicle emissions and encouraging walking and cycling.*
- *Those who live in neighbourhoods with sidewalks are 47% more likely to meet the daily minimum of recommended physical activity.*
- *Smoke free outdoor spaces help children grow up tobacco free; reduce risk of wildfire; and protect the environment from toxic litter.*

Reference: HFBC News Release (April 2013), PHSA Linkages Toolkit (2013), PlanH Resource Guide (2013), Healthy by Nature Principles (2011). Plan H: http://planh.ca/

BC Community Health Profile

ATTACHMENT 6
Squamish 2014

When we think of "health" we often think of health conditions like diabetes or cancer, visits to the doctor's office, or wait times for medical services. But evidence shows that, long before illness, health starts in our homes, schools and jobs. Our health is affected by access to clean water and healthy food, affordable recreational activities, and education and employment opportunities.

Health starts here – where we live, work, learn, and play.

The provincial government and health authorities are primarily responsible for health by providing health services and promoting healthy living. Local and First Nations governments and community organizations can also play a role in creating the conditions for citizens to make healthier choices and working with partners to promote community well-being. Together we can build healthy and vibrant communities that empower citizens to achieve their best physical and mental health.

The purpose of the *BC Community Health Profiles* is to provide data that facilitates dialogue about community health.

The first section of the profile reflects data for your community, as shown in the map above, unless otherwise stated.

Health authorities can support your healthy communities agenda by providing advice and expertise on health and health data, acting as a resource in the development of healthy public policy, and partnering with you on joint healthy living actions.
You might already have relationships with your health authority. If not, the contact below is a good place to start:

Paul Martiquet
Paul.Martiquet@vch.ca
(604)-886-5600

http://www.vch.ca/your_health/population-health/

What's inside:

- Demographics and health statistics
- Factors that influence community health and well-being
- Provincial comparisons

Provincial Health Services Authority
Province-wide solutions. Better health.

British Columbia Healthy FamiliesBC

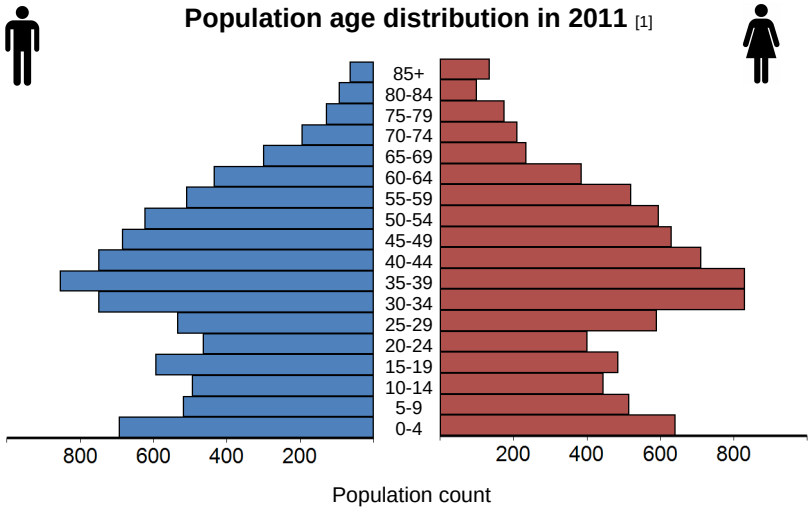
Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Who lives here?

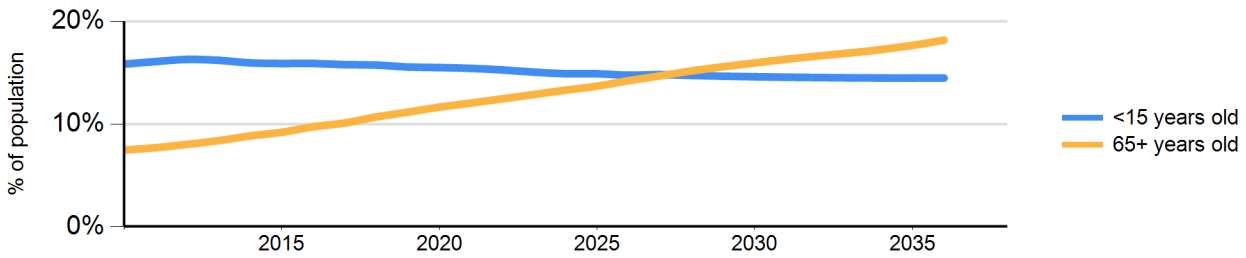
The ***age distribution*** of your community impacts the supports and services needed in your community. For example, older adults and young families benefit from age-friendly public spaces, like well-maintained sidewalks and rest areas.

Knowing how your population is expected to change in the upcoming years can help you plan ahead to meet the changing needs of your community.

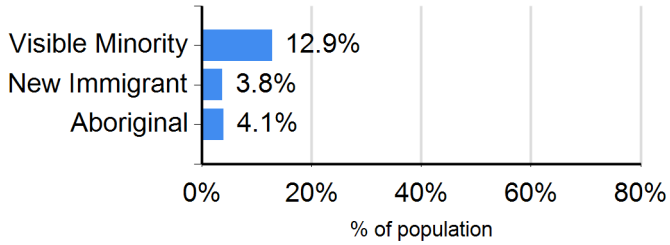
Population age distribution in 2011 [1]



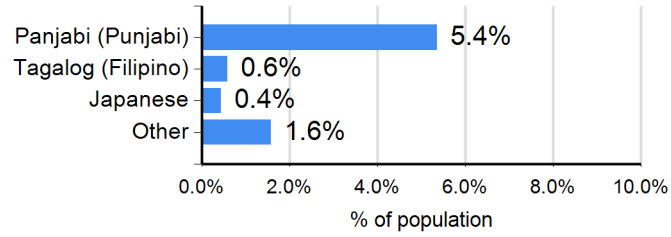
Current and projected youth and seniors populations (2010 to 2036) for your Local Health Area [2]



Population demographics in 2011 [3]



Non-official languages spoken at home in 2011 [1]



A ***diverse community*** is a vibrant community. Different population groups often have different opportunities and challenges in maintaining or improving their health. For example, Aboriginal people and new immigrants often face barriers to good health and access to health services.

Understanding the unique needs of various cultural groups and people who speak other languages is important for improving the overall health in your community.

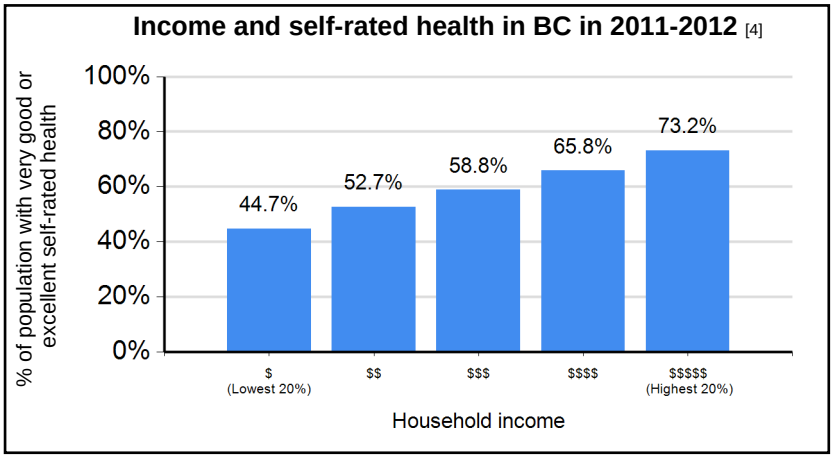
What determines our health?

The following section describes some of the factors that influence the health and well-being of our communities. It is important to note that, although these factors impact health in their own right, they are interrelated and work together to contribute towards the health of our communities.

Income greatly impacts health by affecting our living conditions (e.g., adequate housing and transportation options), access to healthy choices (e.g., healthy food options and recreational activities), and stress levels.

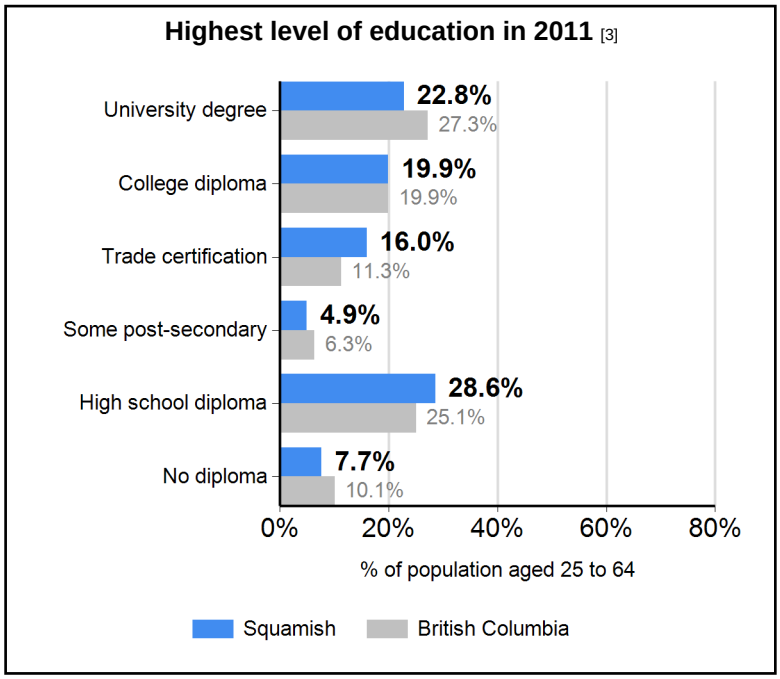
Those with the lowest levels of income experience the poorest health and with each step up in income, health improves. This means all segments of the population experience the effect of income on health, not just those living in poverty.

Considering a range of incomes when designing community programs and services can improve access for all.



Average family income after-tax in 2010 [3]
Squamish: $80,779
BC average: $78,580

Individuals that are low-income after-tax in 2010 [3]
Squamish: 11.7%
BC average: 16.4%



People with higher levels of ***education*** tend to be healthier than those with less formal education. Education impacts our job opportunities, working conditions, and income level. In addition, education equips us to better understand our health options and make informed choices about our health.

Offering or partnering with other organizations to deliver informal education, such as skill-building workshops (e.g., literacy training), can contribute towards improved individual and community health.

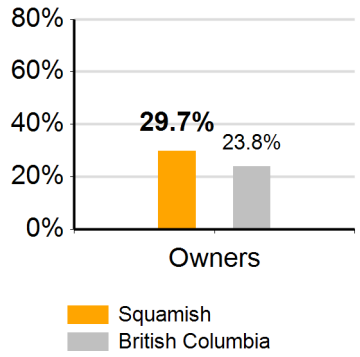
What determines our health?

Employment provides income and a sense of security for individuals. Underemployment or unemployment can lead to poorer physical and mental well-being due to reduced income, lack of employment benefits and elevated stress levels. Employment conditions such as workplace safety and hours of work can also impact our health.

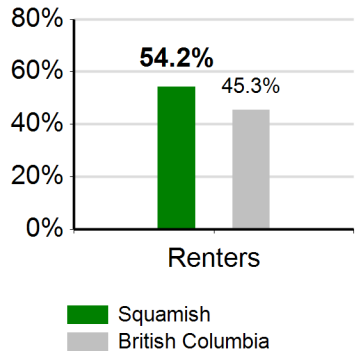
Offering fair compensation and safe working conditions and asking your contractors to do so as well can improve health in your community.

Unemployment rate in 2011 [3]
Squamish: 8.1%
BC average: 7.8%

Owner households spending more than 30% of income on shelter in 2011 [3]



Renting households spending more than 30% of income on shelter in 2011 [3]



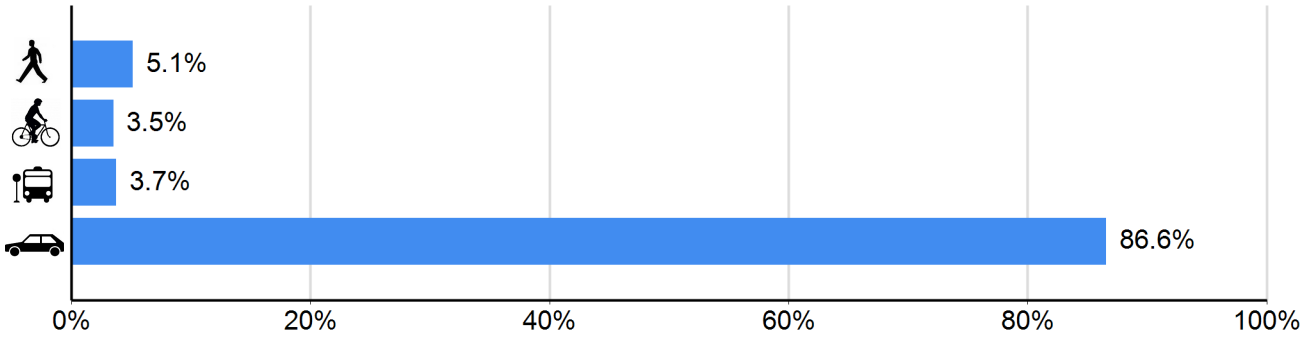
Spending 30% or more of your household income on housing is considered “unaffordable”. Households spending 30% of their income on housing are less able to afford healthy food and other basic living costs.

Physical environments can promote healthy behaviours by increasing access to healthy food outlets, affordable housing, walking or biking paths, and smoke-free environments.

How we plan and build our communities can make healthy options, like active transportation, more available, affordable, and accessible for everyone.

By keeping health and physical accessibility in mind when drafting policy and designing physical spaces, communities can help create healthier environments for citizens.

Mode of transportation to work in 2011 [3]



What determines our health?

The remainder of this profile reflects regional-level data (local health area [LHA]), unless stated otherwise. This is the most detailed information available for these topics.

Available health practitioners in 2009-2010[5]

Physicians per capita: 155 per 100,000
BC average: 110 per 100,000

Specialists per capita: 17 per 100,000
BC average: 94 per 100,000

Supplementary practitioners per capita: 278 per 100,000
BC average: 133 per 100,000

Health practitioners are one part of a larger health system that includes many people, facilities, and services that aim to improve health in your community through health care services and health promotion.

Access to ***health services*** is essential for maintaining and improving your health. Health authorities and the Ministry of Health are responsible for providing quality services that meet the health needs of communities by preventing, diagnosing, and treating illnesses.

Local and First Nations governments, community organizations, and health authorities can work in partnership to help ensure that their communities' health needs are addressed.

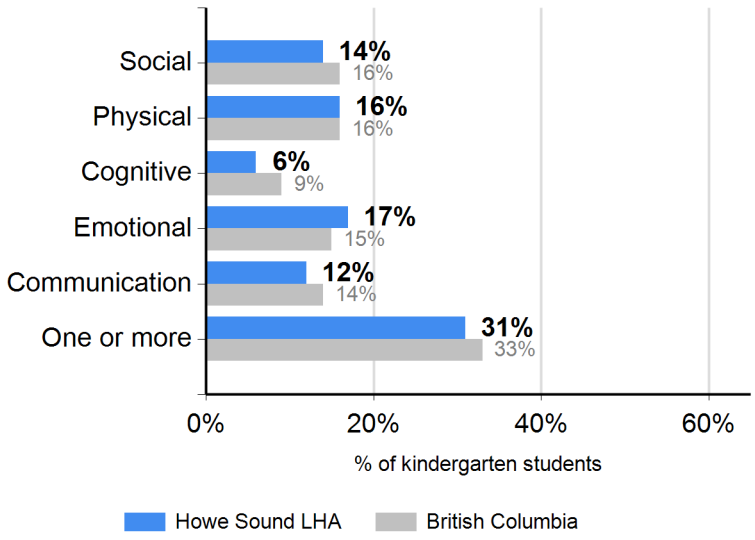
What determines our health?

Social support from family, friends and communities is associated with better health. Having someone to turn to during times of financial or emotional hardship can help to alleviate stress, and caring relationships can protect against health problems. Beyond our immediate social support network, our health is also affected by our sense of community support and connectedness. Community connectedness reflects our commitment to shared resources and systems – for example, our community centres and programs, transportation system, and social safety net.

Through support and provision of social programming, local and First Nations governments, community organizations, and health authorities can increase social support and connectedness in their communities.

In 2011-2012, 68.3% of British Columbians (aged 12 and up) reported a somewhat strong or very strong sense of belonging to their local community. [4]

Vulnerability in early childhood (Early Development Instrument) in 2011-2013 [6]



The Early Development Instrument (EDI) is one method of healthy childhood development, which measures children in kindergarten in five core areas that are known to be good predictors of adult health, education, and social outcomes: social competence; physical health and well-being; language and cognitive development; emotional maturity; communication skills and general knowledge. The EDI highlights the percentage of children in kindergarten who may be considered vulnerable in one or more of these core areas.

Early childhood development has a profound impact on emotional and physical health in later years. Early experiences help children to develop skills in emotional control, relationship building, self-esteem, and health practices that last throughout their lives.

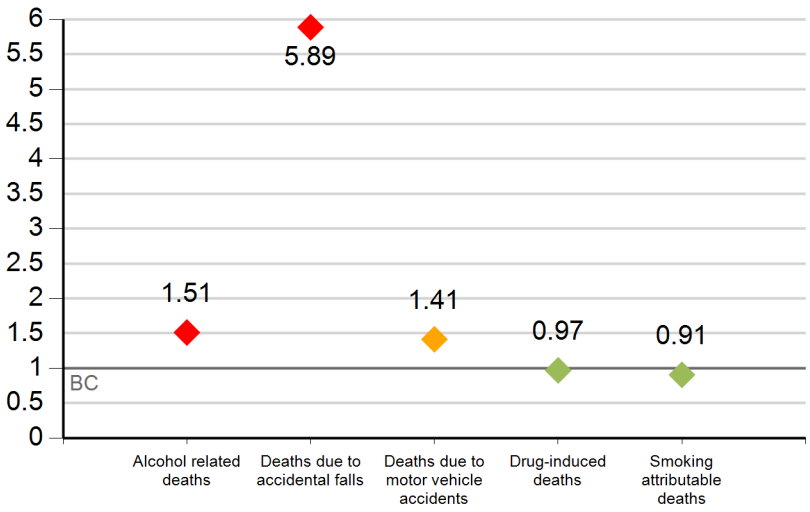
Offering accessible and affordable programs and services for a diverse spectrum of children and families can help support healthy childhood development in your community.

What determines our health?

Personal health practices such as what we eat, how much we drink, how physically active we are, and whether or not we smoke are factors that impact our health. For example, alcohol consumption has been linked to diseases like cancer and kidney disease, and smoking is still a leading cause of death in BC. Health practices are highly influenced by our knowledge of and ability to afford or adopt healthier options.

Supportive social and physical environments can improve everyone's personal health practices. Communities offer programs and services that increase awareness, build skills, and positively influence personal health practices. Local governments have also had success in improving community health by implementing bylaw and zoning restrictions, such as for tobacco.

Potential Years Life Lost (PYLL) Index (2007-2011 average) [7]

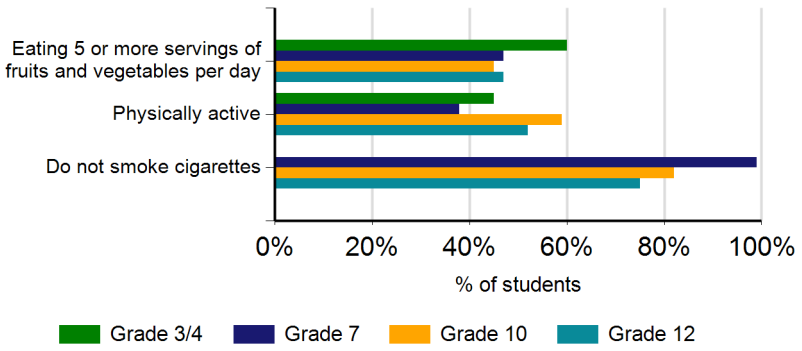


The Potential Years of Life Lost (PYLL) Index estimates the number of years of life 'lost' to early deaths (i.e., deaths before age 75). The PYLL Index shows early deaths in your LHA that can be attributed to various health practices, compared to the BC average. For example, a PYLL Index of 1.20 indicates that your LHA average is 20% higher than the BC average.

- Significantly higher than BC
- Higher than BC
- Lower than BC
- Significantly lower than BC

Consumption of standard alcoholic drinks per capita in your LHA in 2011: [8]
3.5/day
BC average: 1.3/day

Student health practices in 2010-2011 [9]

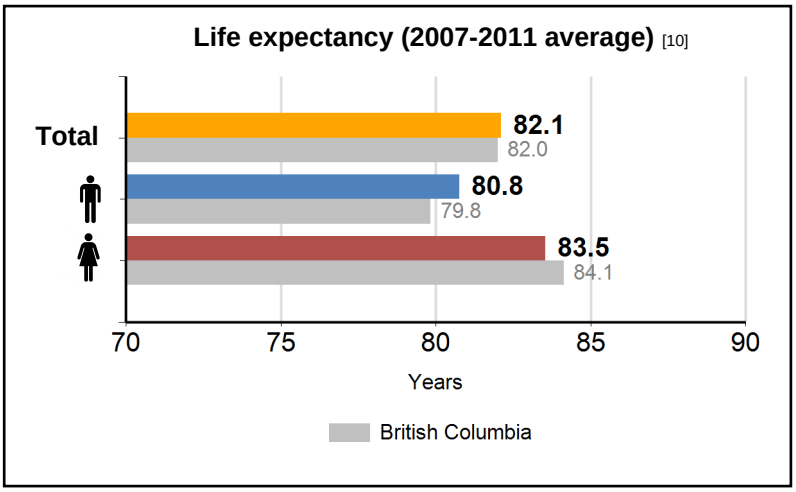


Health practices that start early in life are likely to continue into adulthood. The above graph shows health practices for students in your LHA.

How healthy are we?

We have mentioned some of the factors that contribute to health and well-being in our communities, but how healthy are we? One of the biggest challenges to achieving healthy communities is preventing and managing chronic conditions that develop over time, such as respiratory illnesses, high blood pressure, and heart disease. Chronic conditions result from a complex combination of our genetics, health practices, and environments. Understanding community health concerns can help local governments and community organizations, in partnership with health authorities, set priorities for better community health.

Life expectancy at birth is the average number of years a newborn can be expected to live, and is a reliable indicator of overall health for populations. Life expectancy can approximate length of life, but does not account for quality of life, which is influenced by health and well-being.



In 2011-2012, 68.7% of British Columbians (aged 12 and up) reported very good or excellent mental health. [4]

Positive mental health and well-being is a resource for everyday living, just like our physical health. Having good mental health allows us to stay balanced, enjoy life, cope with stress, and bounce back from major setbacks.

Mental illness refers to diagnosable conditions such as depression, anxiety, and bipolar disorder. People with mental illness can thrive with access to appropriate services and support.

Number of people newly diagnosed with depression or anxiety in your LHA in one year (2012-2013): 555 [11]

The information available on mental health shows the number of people who have been diagnosed for the first time with depression or anxiety, which only captures one aspect of mental health in your community. Because these figures are based on diagnosis, they do not capture those individuals who have not sought medical help.

How healthy are we?

Respiratory illness
Asthma often occurs in those with a genetic predisposition to the illness and can be caused by allergens in the environment, tobacco smoke, chemical exposure in the workplace, or air pollution. Chronic obstructive pulmonary disease (COPD) is a long-term lung disease (including chronic bronchitis and emphysema) that is often caused by smoking.

Heart and circulatory illness
Cardiovascular disease is the leading cause of death among Canadian adults, and includes heart attacks, strokes, heart failure, and heart disease. High blood pressure, also called hypertension, contributes to increased risk of cardiovascular diseases as well as chronic kidney disease. High blood pressure can be caused by an unhealthy diet, harmful amounts of alcohol, physical inactivity, or stress.

Diabetes
Type 2 diabetes is the most common type of diabetes (90% of all cases) and usually occurs in adults although rates among children are rising. Some people are at higher risk of developing type 2 diabetes, including those who are overweight and those who are Aboriginal, Hispanic, Asian, South Asian or African.

Cancer
Cancer is one of the leading causes of death in Canada. Over half of all cancers may be prevented through personal health practices such as healthy eating, physical activity, non-smoking, and reduced sun exposure.

In one year (2012-2013), the number of people in your LHA newly diagnosed with: [11]

Asthma: 172

COPD: 61

High blood pressure: 307

Heart failure: 68

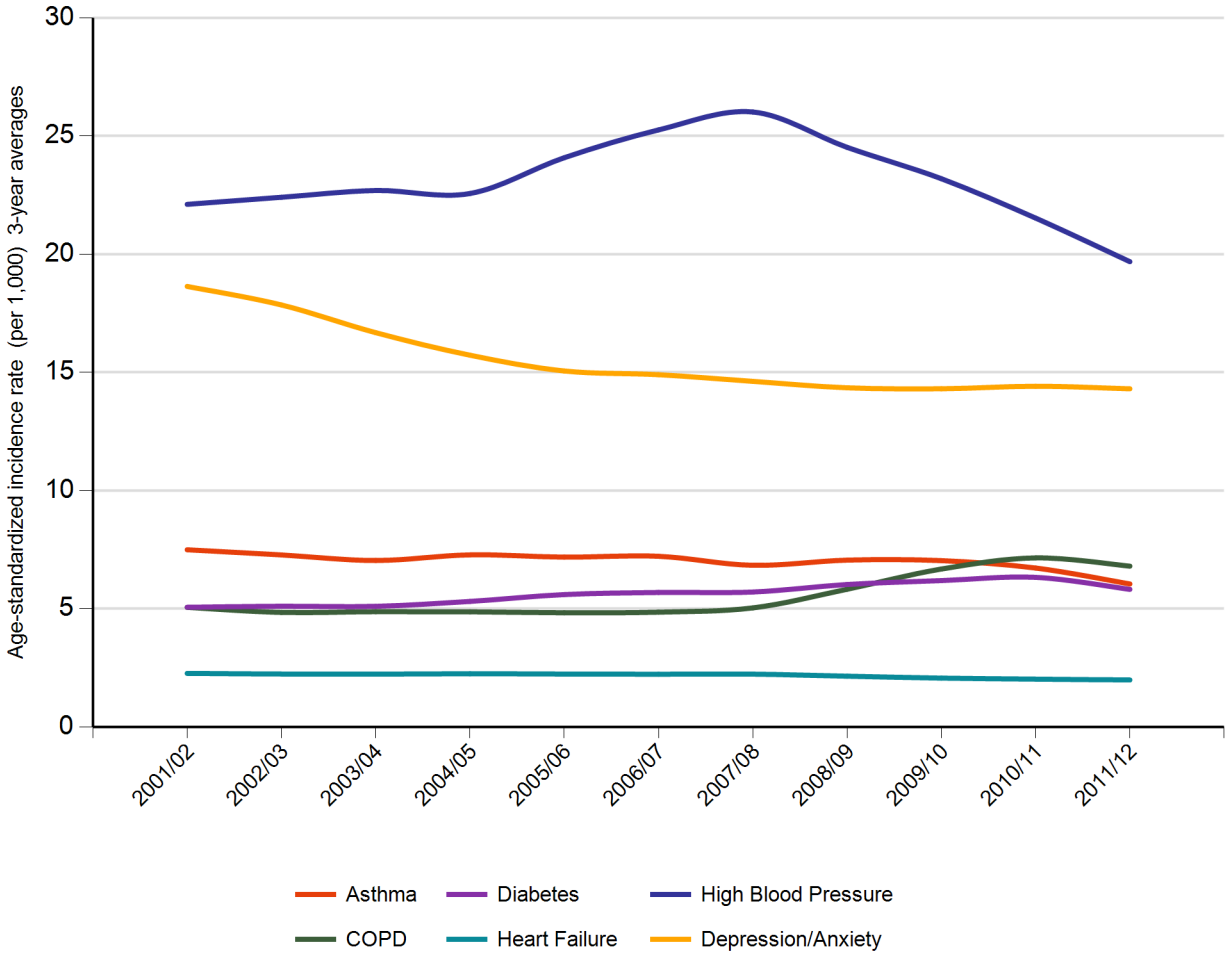
Diabetes (type 1 or 2): 155

Number of people newly diagnosed with cancer in BC in 2011: 23,829 [12]

How healthy are we?

The number of people newly diagnosed with a disease each year is called the *incidence.* Incidence is often presented as a rate - the number of people who get sick per 1,000 people in the community. The following graph displays how the incidence rates of various chronic conditions have changed over time in your health authority.

Chronic disease incident rates for Vancouver Coastal Health from 2001 to 2012 (3 year averages) [11]



As a population ages, the incidence rate of chronic diseases is expected to rise. Age-standardized rates allow you to compare chronic disease rates over time, regardless of an aging population.

How do we compare to the province?

The summary below highlights how your community is doing compared to the provincial average. The graph displays the BC average as a black line and your community's data as a coloured bar on either side.

Community Data	**Income**	Community	BC	
	Average Family Income (percent difference)	$80779	$78580	2.8
	Percentage of low-income individuals (after-tax)	11.7%	16.4%	4.7
	Affordable housing	Community	BC	
	Owners spending >30% income on shelter	29.7%	23.8%	-5.9
	Tenants spending >30% income on shelter	54.2%	45.3%	-8.9
	Education	Community	BC	
	High school diploma or higher education	92.3%	89.9%	2.4
	Employment	Community	BC	
	Unemployment rate	8.1%	7.8%	-0.3
	Active transportation	Community	BC	
	Population walk to work	5.1%	6.7%	-1.6
	Population bike to work	3.5%	2.1%	1.4
LHA Data	**Chronic disease (age-standardized prevalence rate) [9]**	LHA	BC	
	COPD	3.7%	4.8%	1.1
	Diabetes	4.5%	5.4%	0.9
	Heart failure	1.6%	1.4%	-0.2
	High blood pressure	16.0%	18.0%	2.0
	Students eating 5 or more servings of fruits and vegetables per day	LHA	BC	
	Grade 3/4	60%	52%	8
	Grade 7	47%	49%	-2
	Grade 10	45%	44%	1
	Grade 12	47%	44%	3
	Students who are physically active	LHA	BC	
	Grade 3/4	45%	43%	2
	Grade 7	38%	33%	5
	Grade 10	59%	45%	14
	Grade 12	52%	42%	10
	Students who do not smoke cigarettes	LHA	BC	
	Grade 7	99%	97%	2
	Grade 10	82%	86%	-4
	Grade 12	75%	82%	-7
	Vulnerability in early childhood	LHA	BC	
	Social	14%	16%	2
	Physical	16%	16%	0
	Cognitive	6%	9%	3
	Emotional	17%	15%	-2
	Communication	12%	14%	2
	One or more	31%	33%	2

Glossary

Aboriginal:

'Aboriginal' includes persons who reported being an Aboriginal person - that is, First Nations (North American Indian), Métis or Inuk (Inuit), and/or those who reported Registered or Treaty Indian status registered under the *Indian Act* of Canada, and/or those who reported membership in a First Nation or Indian band.

Age-standardization:

Age-standardized rate are rates that would have existed if the population had the same age distribution as the selected reference population. The BC Community Health Profiles use the 1991 Census of Canada estimates as the reference population, and chronic disease incidence and prevalence rates have been age-standardized using the direct standardization method with five-year age groups.

Alcohol-related deaths:

Alcohol-related deaths include deaths where alcohol was a contributing factor (indirectly related) as well as those due to alcohol (directly related).

Chinese, n.o.s:

The Census of Canada reports eight different Chinese languages. If respondents do not specify which Chinese language they speak, the language is recorded as ‘Chinese, n.o.s.’ (not otherwise specified).

Chronic disease:

Chronic diseases, also known as non-communicable diseases, are diseases that are persistent and generally slow in progression, which can be treated but not cured. Chronic diseases often have common risk factors, such as tobacco use, unhealthy diet, and physical inactivity. Societal, economic, and physical conditions influence and shape these behaviours and affect chronic disease rates in communities.

Drug-induced deaths:

Deaths due to drug-induced causes. This category of deaths excludes unintentional injuries, homicides, and other causes that could be indirectly related to drug use. Deaths directly due to alcohol are also excluded.

Incidence:

The number of people newly diagnosed with a disease in a population during a specific time period is called the incidence. Incidence is often presented as a rate – the number of people who get sick per 1,000 people.

Low-income after-tax:

Low-income after-tax is a relative measure based on household after-tax income. There are no regional variations to account for prices or cost of living differences: all applicable households in Canada face the same line adjusted for household size. This line is set at half the median of adjusted household after-tax income. To account for potential economies of scale, the income of households with more than one member is divided by the square root of the size of the household. All household members are considered to share the household income and are attributed the same income status.

New Immigrant:

‘Immigrant’ refers to a person who is or has ever been a landed immigrant or permanent resident in Canada. In the BC Community Health Profiles ‘new immigrants’ are individuals who, at the time of the National Household Survey (2011), had immigrated to Canada within the past five years (2006 to 2011).

Not reportable:

Data is not reported when the release of the information could be used to identify respondents. This occurs most often in geographic areas with small populations. In addition, data is not released if the quality of the data is considered unsatisfactory. A low response rate is the most common concern that may affect the quality of the data.

Physically active:

The School Satisfaction Survey reports physical activity differently for younger students than older students to reflect the different requirements outlined in the Ministry of Education's Daily Physical Activity initiative. Students in grades 3/4 and 7 are physically active if they exercised or participated in physical activity in school for at least 30 minutes every day for the last five school days. Students in grade 10 and 12 are physically active if they exercised or participated in physical activity for more than 120 minutes in the past seven days.

Prevalence:

The total number of people with a disease in a population during a specific time period is called the prevalence. Prevalence differs from incidence in that it includes people who have been living with the disease for many years. (Incidence only includes people newly diagnosed with a disease in a given time period.) Prevalence is often presented as a rate – the number of people living with a disease per 1,000 people.

Smoking-attributable deaths:

Since death certifications lack complete and reliable data on smoking, estimation techniques are used to approximate the extent of smoking-attributable deaths. Smoking-attributable deaths are derived by multiplying a smoking-attributable mortality percentage by the number of deaths aged 35+ in specified cause of death categories. These categories are comprised of selected malignant neoplasms, circulatory system diseases, and respiratory system diseases.

Standard alcoholic drink:

A standard drink is a unit that is used to measure alcohol intake. In Canada, a standard drink is any drink that contains 13.6 grams of pure alcohol or the equivalent of 0.6 ounces of 100% alcohol. (E.g., one 12-ounce can of beer, containing 5% alcohol; one 5-ounce glass of wine, containing 12% alcohol; one and a half-ounce liquor or spirits, containing 40% alcohol.)

Supplementary practitioners:

Practitioners who provide services insured through the MSP Supplementary Benefits program or the Midwifery program and who are approved for licensure by their respective Colleges/Associations.

Visible minority:

Visible minority refers to whether a person belongs to a visible minority group as defined by the *Employment Equity Act*. The *Employment Equity Act* defines visible minorities as 'persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.'

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For additional BC Community Health Profiles, please visit www.phsa.ca/populationhealth