

---

# **CANADIAN POPULATION HEALTH INITIATIVE**

## **HEALTHY URBAN PLACES: MOVING FROM KNOWLEDGE TO ACTION**

---

**Workshop Proceedings Report**

**May 16, 2007  
Pan Pacific Hotel  
Vancouver, British Columbia**



Prepared by:

**GROUPE INTERSOL GROUP**

205 Catherine, Suite 300  
Ottawa, Ontario  
K2P 1C3

Phone: 613-230-6424  
Fax: 613-567-1504

## Table of Contents

---

BACKGROUND AND INTRODUCTION.....	3
About This Document.....	3
Welcome and Opening Remarks .....	3
SETTING THE CONTEXT : HEALTH IN URBAN PLACES.....	4
Presentation: Health and Urban Design – Applying the Research .....	4
Presentation: Housing & Health: Theory, Evidence & Action .....	4
Presentation: Improving the Health of Canadians: An Introduction to Health in Urban Places ...	5
DISCUSSION: HEALTH IN URBAN PLACES.....	6
Key Messages Emerging .....	6
Urban Policies, Programs and Initiatives with Potential Positive Associations with Population Health .....	7
DISCUSSION: MOVING TO ACTION .....	10
CLOSE AND NEXT STEPS .....	12
APPENDIX A – WORKSHOP PARTICIPANTS.....	13
APPENDIX B – PARTICIPANTS’ EXPECTATIONS .....	15

## Background and Introduction

---

*“Research shows that urban areas can influence numerous aspects of health and well-being, including what people eat, their employment status and working environment, their housing, the quality of the air they breathe and water they drink, their access to health services, the risks to which they are exposed in their neighbourhoods and various social support and economic resources. Given this, urban areas represent an important area for health, as well as related research and policy development.” (p. 3, *Improving the Health of Canadians: An Introduction to Health in Urban Places*)*

On May 16, 2007, the Canadian Population Health Initiative (CPHI), a part of the Canadian Institute for Health Information, and the Provincial Health Service Authority of British Columbia (PHSA) held a day-long workshop on Healthy Urban Places. The objectives of the workshop were to:

- Share recent research on the link between health and urban places by highlighting findings from the new CPHI report, *Improving the Health of Canadians : An Introduction to Health in Urban Places*;
- Share current policy developments and action in the area of urban places and health to better understand “what works”; and
- Explore future directions for policy development and action related to health in urban places.

There were approximately 25 participants representing a diverse group of academics, city planners, representatives from community organizations, representatives from various national and provincial health associations, and federal, provincial and municipal government representatives. Participants were invited to share their expectations for the workshop. A list of participants and their key expectations are available in Appendices A and B, respectively.

### About This Document

This document summarizes the discussions that took place at the workshop held May 16, 2007 in Vancouver, British Columbia and is divided into four sections.

- **Section 1 – Background and Introduction**
- **Section 2 – Setting the Context: Health in Urban Places** summarizes three presentations that were used to set the context for the day.
- **Section 3 – Discussion: Health in Urban Places** lists key messages that emerged from presentations as identified by the participants as well as examples of policies, programs and other initiatives that were associated with improved health outcomes.
- **Section 4 – Discussion: Moving to Action** highlights the ideas that were suggested for organizations to move forward on improving the health of individuals and communities and the potential roles CPHI might play to support them.

### Welcome and Opening Remarks

**Lorna Malone, Canadian Population Health Initiative (CPHI)**

**John Millar, Provincial Health Service Authority (PHSA)**

Lorna Malone and John Millar began the workshop by welcoming participants. Lorna Malone explained that as part of its Knowledge Exchange strategic function, CPHI brings various stakeholders together following the release of its *Improving the Health of Canadians* report to obtain ideas and knowledge from interested parties living across the country on moving knowledge into policy and action.

John Millar noted that PHSA’s board recognizes that the way environments and neighbourhoods are built can play a role in the health of those living in them. Those working in this area are looking for ways to take this knowledge and move it into policy and action. This workshop is

intended to create new partnerships among those working in this field to identify new ideas and initiatives that will contribute to the promotion of health in urban places.

## **Setting the Context: Health in Urban Places**

---

### **Presentation #1**

#### **Health and Urban Design – Applying the Research**

**Lawrence Frank, Ph.D., Bombardier Chair in Sustainable Transportation**

Dr. Frank presented results from his research on health in the urban environment. Although he noted that the topic of healthy urban places was generating interest, there was a resistance to change as people are still comfortable with the status quo. Dr. Frank noted that current research shows:

- there is an association between community design and health, environmental, and energy indicators; and
- as walkability increases, overall physical activity and transit use increases, while obesity and per capita use of vehicles decreases.

Dr. Frank's research shows that both neighbourhood preferences and built environments are significant predictors of the amount of walking or driving individuals will do. The environment has a stronger effect than preferences; those who do not want to live in walkable communities will not be as affected by the design of their community compared to those who prefer walkable communities and would take advantage of those services.

Given the time required to change the built environment, Dr. Frank suggested some policy changes that could be implemented to encourage more people to walk or to use public transportation. For example, insurance providers could establish distanced-based insurance rates - those who drive more and those who own more vehicles would pay more insurance. Although Dr. Frank noted that more people should live in more walkable areas, he cautioned of the need for multiple strategies to balance all factors that may be associated with health. For example, developing walkable communities in concentrated development areas may lead to increased exposure of harmful air pollutants which could be more detrimental to health than not living in a walkable community.

Dr. Frank also presented results from his Nutrition and Transportation study which demonstrated the various links between walkability and many demographics such as gender, race, education, and income. He explained that additional research was needed to develop a health impact assessment tool to apply research within municipal planning processes to impact land development and transportation investment decisions.

### **Presentation #2**

#### **Housing & Health: Theory, Evidence & Action**

**James R. Dunn, Ph.D., Centre for Research on Inner City Health, St. Michael's Hospital, Toronto**

Dr. Dunn spoke about what works and what doesn't work regarding housing and health. Dr. Dunn stated that there are many factors that explain why some people are healthy and others are not. Research shows that there is a relationship between social status and health and that those with higher levels of income are often healthier. Good health cannot only be attributed to good genes, health care, air, water or healthy behaviours. To illustrate this, Dr. Dunn presented Donaldson's (1999) top ten tips for better health. These tips primarily focus on individual-level actions such as not smoking, staying active and not consuming alcohol (or consuming in moderation). He then spoke of Dave Gordon's top ten tips for Staying Healthy which focus more on the actions needed



by communities and the larger society to ensure good health (for example, ensuring financial stability for everyone). These actions are more challenging because they require collective engagement to be implemented. Dr. Dunn suggested that socio-economic inequalities in health are associated with many different factors such as everyday stresses, major life events and trauma, social support, health behaviours, and access to quality health care.

In determining which strategies work and which do not work for improving health, Dr. Dunn suggested using a “realist evaluation” approach which works on 2 principles: (1) all interventions have “program theories” about mechanisms of action which can be evaluated; and (2) context matters and outcomes are the result of the mechanisms and the context. In other words, program or policies that seem promising should be implemented; however, it is important to consider the context in which they are being implemented and to evaluate the impact they have.

Housing conditions are a part of everyday living circumstances and therefore connected to the health of those living in the house. Dr. Dunn listed several ways housing can affect health including their biological, chemical and physical hazards, their physical design, the psychological and social benefits they provide, and their location. Evidence also suggests that there are differences in health between owners and renters, and that owners tend to be healthier.

Houses are the building blocks of a neighbourhood, which in turn can also be associated with the health of its residents. Dr. Dunn noted that neighbourhoods can be linked to various health outcomes through their physical features, their status as a healthy environment, the proximity of services, their socio-cultural features and the reputation of the area.

Dr. Dunn concluded by noting that it is possible to improve the current housing situation in Canada and consequently improve the health of Canadians. There is an opportunity to develop a housing strategy for Canada and to link it to the homelessness strategy. There is evidence that innovative strategies to provide housing to the homeless, in addition to providing the right support, is less expensive than the combination of costs for other support services.

### **Presentation #3**

#### ***Improving the Health of Canadians: An Introduction to Health in Urban Places***

**Elizabeth Votta, Canadian Population Health Initiative, Canadian Institute for Health Information**

Dr. Votta provided a summary of CPHI's report *Improving the Health of Canadians: An Introduction to Health in Urban Places*. The report, which was released in November 2006, was developed to: facilitate discussion about the link between various aspect of place and health; provide a preliminary assessment of policy and intervention options to improve health among Canadians in urban areas; and complement other work CPHI is doing on place and health, including in rural areas. Health in the urban environment is an important area of research given that 80% of Canadians live in urban areas and that urban environments can influence many aspects of health and well-being. The report looks at the links between health and the social (that is, place) and physical (that is, space) aspects of neighbourhoods and housing in urban areas. It also presents new CPHI analyses of health outcomes and behaviours between neighbourhoods within five Canadian urban areas.

Dr. Votta provided a snapshot of the report's major sections: health status between Canadian census metropolitan areas (CMAs); neighbourhoods and health; housing and health; and policies and programs which published evaluations indicate are associated with health in urban areas. The report demonstrates that patterns of health can vary between cities and neighbourhoods and that various social and physical aspects of neighbourhoods and housing can explain these differences. Programs and policies that have been evaluated can inform evidence-based



decisions. Many research questions remain to be answered and there is an opportunity to evaluate current programs and other initiatives to gain a better understanding of the links between health and urban places. CPHI's report can be downloaded free of charge from its website: [www.cihi.ca/cphi](http://www.cihi.ca/cphi).

## **Discussion: Health in Urban Places**

---

Following the presentations, participants engaged in small group discussions to identify key messages that emerged from the presentations and to share examples of urban policies, programs and initiatives that were positively associated with population health.

### **Key Messages Emerging**

#### Concept of Place

- There is evidence demonstrating that *"Place Matters"* and that it can have an impact on health. Location may be more important than the design of the neighbourhood (e.g. in terms of walkability).

#### Urban Areas

- There are variations across Canada's urban areas. Before making changes at the regional or local level, it is important to consider the context and to choose tools or mechanisms that will be appropriate to achieve the expected outcomes.
- There is a focus on neighbourhoods and looking at the full-range of services provided in a given area. This focus on neighbourhoods allows for more connections and interactions with municipal governments and people working on the ground in those communities.

#### Future Research and Data

- It was suggested that Lawrence Frank's research in the United States should be adapted to the Canadian context.
- Interpreting the data can be challenging given the inherent complexity of the environments and the inter-connection and dependencies between factors that impact health. Data can be easily misinterpreted or interpreted differently.
- Business cases should be developed for promising strategies.
- Research must be done differently to include the benefits of multi-sectoral approaches.

#### Policies, Programs, Stakeholder Engagement

- It is important to engage more stakeholders, to engage outside of existing silos and to do more cross-functional types of work.
- There are policies that can be implemented quickly. However, measuring the impact of these changes can take time and may only be observable in a few years. This needs to be recognized when implementing policies and evaluating their impact.
- Programs/initiatives are not being evaluated; further, they tend to be missing the link to population health or health outcomes.
- Communities are making the choices and setting program priorities, not municipal governments.
- Leadership is needed. We are still at the initial stage of taking stock and influencing individual behaviours as opposed to crafting public policy solutions.
- The general population is moving along the awareness continuum, but is still not fully knowledgeable or ready to make changes. We are getting closer to the tipping point on collective action, but we need to figure out what this collective action will be.



## Urban Policies, Programs and Initiatives with Potential Positive Associations with Population Health

Participants identified the following policies, programs and initiatives that appear to be positively associated with population health.

Initiative or Program	Link to Health and Other Advantages
<p>Active Community and Active School promote activity and walking</p> <p>In British Columbia, Active Communities is funded through <i>Act Now BC</i>, the province's health promotion platform. This initiative focuses on supporting communities to increase physical activity (programs, infrastructure, etc.)</p>	<ul style="list-style-type: none"> <li>• Building on institutions, such as schools, to change behaviours</li> <li>• Encourages people to remain active</li> </ul>
<p>The Active School Program in St. John's Newfoundland is in its Pilot stage.</p> <p>Classroom teachers are trained in delivering active living programs. This initiative is linked with municipal recreational services</p>	<ul style="list-style-type: none"> <li>• Improved communication among schools, youth and municipality</li> <li>• Children were influencing their parents by showing them their log book and encouraging their parents to become active</li> </ul>
<p>Flexible work-time policies</p>	<ul style="list-style-type: none"> <li>• To encourage public transit or alternative off-time travelling</li> </ul>
<p>Land use planning</p>	<ul style="list-style-type: none"> <li>• Plays a role in changing consumer behaviour and preventing urban sprawl</li> </ul>
<p>Inter-sectoral initiatives, such as the Community Club Model in Winnipeg, are good examples of how to implement these initiatives</p> <p>The Community Club Model is unique to Winnipeg. Multiple facilities throughout the City are funded in part by the City on a per capita basis and in large part by fund-raising. Community clubs are managed by a volunteer board (good model for neighbourhood level planning and program delivery). The various clubs meet the needs of their local community from a recreational perspective</p>	<ul style="list-style-type: none"> <li>• Winnipeg's Health Authority is using existing relationships with the local government to advocate for healthy communities through the land use planning and approval process.</li> </ul>
<p>Walking School Bus was a service for young children to walk to school. (This service has subsequently been cancelled in some areas)</p>	<ul style="list-style-type: none"> <li>• Encouraged activity/walking</li> <li>• Provided safe/secure way for kids to walk to school</li> </ul>
<p>Multi-sectoral and multi-disciplinary common boundaries</p>	<ul style="list-style-type: none"> <li>• Fosters organization and planning once boundaries are identified</li> </ul>
<p>Public Housing in the Sudbury Community Gardens Project</p>	<ul style="list-style-type: none"> <li>• Created community gardens</li> <li>• Sharing of space between youth and elderly people</li> <li>• Provided healthy food</li> <li>• Improved social relations (e.g. networking, babysitting, social capacity)</li> </ul>

Initiative or Program	Link to Health and Other Advantages
<i>Streets to Home</i> provides permanent housing to absolute homeless people	<ul style="list-style-type: none"> <li>Measures to date are demonstrating positive impacts on levels of addictions and substance abuse, attachment to employment and social well-being</li> </ul>
Kaplan and Kaplan – Green Openspace	<ul style="list-style-type: none"> <li>Applied qualitative research findings regarding beneficial effects of open-spaces and links to health</li> </ul>
Wellness Walkway in Vancouver  Pedestrians and cyclists take responsibility in designing walkway to increase use	<ul style="list-style-type: none"> <li>More benches for people to rest as they walk</li> <li>Fewer trip hazards</li> <li>Reduced collisions</li> <li>Traffic calming</li> </ul>
In Ottawa and Winnipeg, sections of roads are temporarily closed to vehicles and opened to pedestrians, cyclists and roller-bladers	<ul style="list-style-type: none"> <li>Increased level of activity (i.e. walking, biking and roller-blading)</li> </ul>
Senior friendly cities	<ul style="list-style-type: none"> <li>Required multi-sectoral approach to identify how to make cities more friendly for seniors</li> <li>Increased engagement between seniors and city planners</li> </ul>
Building skateboard parks	<ul style="list-style-type: none"> <li>Provide safe places for children and youth to skateboard away from people in public places</li> <li>Reduced number of injuries by preventing injuries to children, youth, and non-skateboarders</li> </ul>
In a pilot project in North Vancouver, an interdisciplinary team travelled to neighbourhoods in trouble to involve them in program development and delivery to meet local needs. All recommendations were implemented	None identified at this point. Very early in the implementation phase. Robyn Newton is the contact for more information
Neighbourhood garden program in North Vancouver  Residents were encouraged to share a local garden to produce fresh fruits and vegetables to those in need	<ul style="list-style-type: none"> <li>Community building</li> <li>Improved nutrition for those in need</li> </ul>
Neighbourhood Planning Initiative in Ottawa is encouraging community-based horizontal planning approach across municipal departments	Still a pilot project
Urban Design Choices – Tall buildings with ground-oriented podiums to address mixed street use within projects	<ul style="list-style-type: none"> <li>Improved walkability of the area</li> </ul>
REAL Program in St. John's, Newfoundland provides access to services and facilities to disadvantaged groups related to physical activities and cultural/art program	<ul style="list-style-type: none"> <li>Community building</li> <li>Created links with recreational services and the community</li> </ul>



Initiative or Program	Link to Health and Other Advantages
Community Accounts in Newfoundland and Labrador provides data sources for communities. It is a model that provides layers of regional data from different sources	<ul style="list-style-type: none"> <li>• Creates common comparison</li> <li>• Used by community health agencies</li> </ul>
Neighbourhood Indicator Project in Edmonton ranked neighbourhoods based on multiple criteria to assist with identifying priority areas for the city and for specific neighbourhoods	Caution: Results should not be presented as 10 best neighbourhoods or 10 worst neighbourhoods as it may stigmatize neighbourhoods
Forums created in all health authorities to link planners with health authorities to bridge health outcomes to planning decisions	<ul style="list-style-type: none"> <li>• Better connections and information</li> <li>• Used case studies for health assessment in planning decision</li> <li>• Created buy-in to mixed development and creation of healthy neighbourhoods</li> </ul>
Continued analyses of health outcomes and neighbourhood characteristics using 2001 census data	<ul style="list-style-type: none"> <li>• Engages city council to demonstrate nature of issues</li> <li>• Supplements current community initiatives</li> <li>• Looks into local decision making process related to health and housing</li> <li>• Confines scale/size/nature of issues</li> </ul>
Heart and Stroke Foundation organized a research initiative and sent out a broad invitation to propose research on the built environment	<ul style="list-style-type: none"> <li>• It hopes to fund a range of studies, to build evidence base, and to invite other partners to take up proposals and to partner</li> </ul>
Strong Neighbourhoods is a United Way / Cities / Multi-sectoral approach that maps needs and services required in the city by neighbourhoods	<ul style="list-style-type: none"> <li>• Accelerated investment in 13 neighbourhoods</li> <li>• Inclusive planning process with communities</li> <li>• Development of a strategy</li> </ul>

Successful initiatives appeared to be those that engaged people at the neighbourhood level and that used a multi-sectoral approach. Some participants emphasized the importance of evaluating these initiatives to ensure the link to improvements in health. It was also suggested that formal structures were required to link health outcomes to policy development.



## **Discussion: Moving to Action**

---

Participants were asked to identify how their organization was moving or might move to action on improving the health of individuals and communities in the urban setting and what role CPHI might play to assist or help them.

The following summarizes some of the participants' recommendations following the small roundtable discussions.

### **Participants' recommendations for action at the federal and provincial levels...**

- Investment in recreational infrastructure
- Re-investment in social housing programs that help people establish homes (for example, New York City's Pathway to Housing)
- The University of Victoria is developing a BC Atlas of Wellness that maps assets to: reinforce the need to work horizontally given the nature of *Act Now BC*; get Ministries to recast how they affect health; disseminate data to people to understand how they are doing; see what has been achieved elsewhere in the province; and provide a series of achievable benchmarks
- Replicate the Newfoundland Labrador Community Accounts system across the country

### **Participants' recommendations for action at the municipal level...**

- Listen to health authorities, environmentalists and social planning councils in addition to developers and residents. Evaluate proposals based on social, economic and environmental impact
- Use tools such as a Health Impact Assessment Checklist for reviewing development proposals. Planners/Developers would be required to complete these checklists as part of their application process. Applications that meet the most criteria would be given priority
- Create criteria for the development frameworks for healthy urban development, which are in turn incorporated into official plans and sub-division by-laws particularly in regions where the population is growing (e.g. Greater Toronto Area, Edmonton, and Calgary). Provide more bicycle paths, wellness walkways, etc. as a means of ensuring a more healthy approach to public transit and urban mobility
- Invest in maintenance and programs for parks, recreation facilities, trail systems and bicycle routes
- The City of Winnipeg is moving to local needs-based and neighbourhood needs-based integrated responses. They created eight community resources coordinators to oversee the delivery of comprehensive services in specific geographical areas and to look at crime prevention, police, and libraries. Development plans are linked to budgets and development structures are designed to better integrate Aboriginal Peoples into the city. This has helped to build social capacity in the city. They have used 25 years of census data by natural neighbourhoods to help analyse the trends
- Take the *Act Now BC* concept to the municipal level to foster collaboration between municipal departments

### **Participants' recommendations for action at the local/community level...**

- Inform citizens about examples of good community designs to make better choices. For example, connectivity, density, Smart Growth, New urbanists, and roundabouts
- Better integrate data for health, community, schools, etc. at the local level; provide access to this data to people who will use it

### **Participants' recommendations regarding other work for consideration ...**

- The Urban Institute is identifying links between Ontario municipalities and Ontario Colleges and Universities to discover how universities can support sustainable



- development in communities they serve. This initiative could be done in other municipalities where there is a link between its post-secondary institution and the city
- Expand the capacity and knowledge of the B.C. Urban Planning School to other urban planning schools and associated fields/disciplines (e.g. Environmental Studies Schools)
  - Increased proactive work by housing corporations to counter stigma for social housing. Use social housing as a means of renewing a neighbourhood
  - Consistent with the principles of Smart Growth, Smart Growth Canada will continue to advocate for walkable communities as a means of promoting positive health outcomes
- Conduct visual preference surveys and disseminate data/results to local decision-makers. Continued efforts by Smart Growth Canada to foster good relationships with municipalities

## **Participants' recommendations regarding CPHI's role in the field of place and health ...**

### **Gather evidence and share knowledge**

- Gather evidence and create business cases for healthy urban designs and policies by demonstrating health savings (e.g. increased activity leads to improved lifestyle, less illnesses, increased productivity and lower health care costs)
- Continue to generate and provide evidence of what factors contribute to healthy communities
- Collect quantitative data on topics such as what makes a community walkable. (i.e. what are the healthiest urban environments and why are they healthy)
- Search for and produce evidence that is relevant to the Canadian context and that was conducted in Canada
- Profile success stories to ensure knowledge translation and knowledge transfer
- Provide information and knowledge to the education system

### **Increase awareness and educate the general population**

- Increase awareness among municipalities that are not aware of and/or engaged in work specific to health in urban areas
- Inform engineers and architects as they can play a role in the physical planning of cities and the built environment
- Educate the public about the connection between recreation and health so that they may start requesting these services from their community/municipality (e.g. offering workshops on active infrastructure)
- Simplify complex issues into key messages for the public that identifies the benefits of density, active transportation, etc.

### **Engage partners and promote collaboration**

- Encourage provinces to consult more with municipalities regarding planning and legislation
- Engage the Federation of Canadian Municipalities (FCM) and the Canadian Institute of Planners to publicize information about the place and health field
- Encourage Statistics Canada to collect data that has a more population-health or social-focus, and to solicit feedback from its data users regarding their survey needs, etc.
- Partner with the Canadian Urban Institute to accelerate the process of knowledge generation, to policy synthesis, to knowledge transfer and to knowledge exchange
- Develop a list of key champions and leaders on Healthy Urban Places by province and territories
- Identify processes for building models of collaborative work
- Develop common definitions (that is, community health), common templates and common data elements for comparability and promote standardization of information (for example, land use codes and other terminology for comparability)
- Continue organizing forums/workshops to build a foundation and to exchange knowledge



### **Empower local communities and municipalities to make changes**

- Assist municipalities in making the business case for healthy communities, affordable housing, etc.
- Identify what data is required by various stakeholders and users and how to profile communities; identify what skill sets communities need to use this data in a meaningful way

### **Other advice that was offered by participants...**

- Be strategic and identify where to attach this urban design/built environment concept (e.g. could connect with environmental change)
- Present information differently depending on the target audience and their key interests
- Promote the concept of Healthy Urban Places in journal articles, national and provincial professionals conferences, and by capitalizing on existing networks such as Healthy Communities Coalitions, Federation of Canadian Municipalities (FCM), Union of British Columbia Municipalities (UBCM), Canadian Institute of Planners (CIP), Public Health Agency of Canada (PHAC), and the Canadian Parks and Recreation Association (CPRA)
- Address health inequities

## **Close and Next Steps**

---

John Millar provided a summary of the key points that emerged throughout the day as well as the next steps.

In term of next steps, Lorna Malone explained that the intention is to prepare a report and share it with participants. The Provincial Health Services Authority (PHSA) is also planning to organize a similar provincial stakeholder conference in the fall to build some of the tools required to engaged more communities and to move these ideas into concrete actions. These tools will also be shared more broadly following the workshop to engage decision-makers in making better plans and building healthier communities.

Lorna Malone closed the workshop by thanking all participants for their contribution.



## **Appendix A – Workshop Participants**

---

### **Facilitators:**

Brin Sharp  
Intersol Consulting Associates Ltd.

Anne-Marie Parent  
Intersol Consulting Associates Ltd.

Bernie Paillé  
Canadian Institute for Health Information

### **Speakers:**

James Dunn  
Inner City Health, St. Michael's Hospital

Lawrence Frank  
University of British Columbia

Elizabeth Votta  
Canadian Population Health Initiative, Canadian Institute for Health Information

### **Participants:**

Anthony Perl  
Simon Fraser University

Erik Lees  
LEES & Associates

Derek Ballantyne  
Toronto Community Housing

Cathy Adair  
Canadian Cancer Society

Dennis Jacobs  
City of Ottawa

Stephen Samis  
Heart & Stroke Foundation of Canada

Roger Parsonage  
Interior Health

Peter Clutterbuck  
Social Planning Network of Ontario

Dawn Friesen  
Alberta Health and Wellness

Steve Nichols  
Canadian Urban Institute

Heather Hickman  
City of St. John's



Maurice Hennink  
Regina Qu'Appelle Health Region

John Kolkman  
Edmonton Social Planning Council

Larry Flynn  
Public Health Agency of Canada

James Frankish  
University of British Columbia  
Institute of Health Promotion Research

Kelly Goldstrand  
City of Winnipeg

Ugo Lachapelle  
School of Community and Regional Planning  
University of British Columbia

Leslie Foster  
University of Victoria

Gloria Venczel  
Smart Growth Canada Network

Josh Van Loon  
School of Community and Regional Planning  
University of British Columbia

Robyn Newton  
Social Planning and Research Council of BC

Trina Sporer  
BC Recreation and Parks Association

**Staff: Provincial Health Services Authority (PHSA)**

John Millar  
Population Health Surveillance  
Provincial Health Services Authority

Lydia Drasic  
Provincial Primary Health Care  
Provincial Health Services Authority

**Staff: CPHI**

Elizabeth Votta  
Lorna Malone  
Susan Charron



## **Appendix B – Participants’ Expectations**

---

At the beginning of the workshop, participants were asked to share their expectations for the day. The following expectations were shared:

- To achieve the workshops’s three priorities
- To understand who the leaders and the champions are and to connect with them
- To understand what is happening in different areas and what is new and to focus on concrete examples
- To contribute to ensure that research is effective and useful
- To identify partnership opportunities by looking at who is attending this workshop and who should be attending
- To create links between health and non-health individuals (linking frameworks together)
- To promote well-designed, walkable communities
- To identify how to communicate research in a way that is clear and well understood
- To translate ideas and practices into effective policies at the local level
- To discuss ideas and factors that contribute to health (e.g. recreation, housing) and to obtain the complex rich picture of what affects health

