



Hamilton

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 19, 2017
SUBJECT/REPORT NO:	Improving Health By Design in the Greater Toronto-Hamilton Area BOH14014(b) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
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SIGNATURE:	

Council Direction:

The Board of Health, at its May 21, 2015 meeting approved *Improving Health by Design Update* BOH14014(a), which contained the following recommendations:

- (a) That the Board of Health endorse the report *Improving Health by Design in the Greater Toronto-Hamilton Area*, and support in principle the implementation of The Big Move, strengthening provincial policies, and integrating health into municipal plans;
- (b) That Public Health Services work with the City Manager’s Office, Public Works, and Planning and Economic Development to report back on the specific recommendations contained in the *Improving Health by Design in the Greater Toronto-Hamilton Area* report and what local actions could be implemented; and
- (c) That Public Health Services continue to work with the City Manager’s Office, Public Works, and Planning and Economic Development regarding transportation planning and land-use planning to maximize health benefits.

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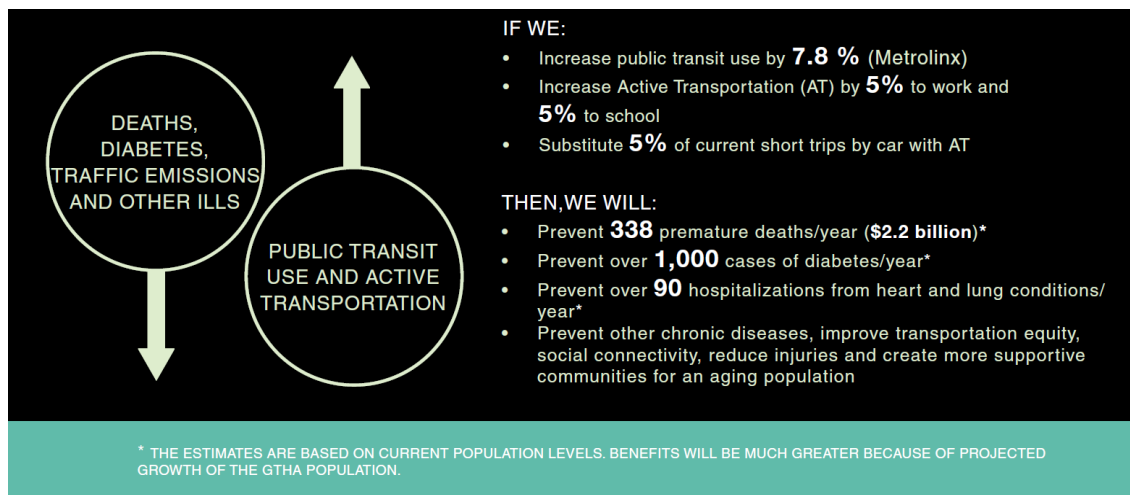
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This report fulfills the remaining recommendations (b) and (c) from BOH14014(a) Report; therefore, these items can now be removed from the Board of Health outstanding business list.

Information:

In public health, working upstream, keeping people healthy, and reducing their risk of getting sick is integral to making populations healthier, rather than focusing downstream where people require healthcare services to treat their illness. This approach focuses on making Hamilton residents healthier by increasing sustainable physical activity opportunities, creating healthy food environments, increasing community safety, improving air quality, addressing climate change, and reducing exposure to Ultra Violet Radiation. For greater population health impact, emphasis is on changing the context such as socioeconomic factors and the built environments where people live, learn, work, and play so as to make default decisions healthy decisions.¹ For example, increasing walking, cycling and transit use reduces traffic emissions, illnesses such as diabetes, and deaths² (see Figure 1).

Figure 1: Public Transit Use and Active Transportation—Impact on Health²



The *Improving Health By Design (IHBD) in the Greater Toronto-Hamilton Area (GTHA): A Report by the Medical Officers of Health*, focused on improving health by strengthening provincial policies and normalizing local planning for more walking, cycling and transit use. The IHBD report recognized that policy and planning decisions made by other sectors impact the liveability of a city and ultimately the community's health.^{4,5} As such, coordinated actions, across sectors with interconnecting mandates and interests was and is paramount.

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Building on existing City partnerships contributes to a far reaching approach and offers a broad perspective on health of the community, consistent messaging and varied competencies and expertise. Listed below are the City of Hamilton departments and divisions collaborating on initiatives that improve health by design.

- Public Health Services (PHS)
 - Healthy Environments - Health Hazards and Chronic Disease Prevention
 - Planning & Business Improvement - Health Strategy and Equity
- Public Works (PW)
 - Transportation - Transportation Management, Transportation Demand Management, and Traffic Engineering
 - Environmental Services - Landscape Architectural Services
- Planning & Economic Development (PED)
 - Planning Policy & Zoning By-Law Reform
 - Community Planning & GIS
 - Development Planning — Business Facilitation, Heritage & Urban Design
 - Parking & By-Law Services
- Community & Emergency Services (CES)
 - Neighbourhood & Community Initiatives
 - Recreation
- City Manager's Office
 - Communications

Many initiatives where health impacts are considered in transportation planning and land use planning have been completed or are underway (see Appendix A and B respectively). However, to sustain efforts for the long-term, key recommendations are taken from the *IHBD report* and translated into local actions:

- **Participate in cross-collaborative partnerships.**² A cross-sector built environment committee was initiated in 2015 to support collaboration on initiatives that improve health by design. To further support the ongoing work of this committee a terms-of-reference and active member list will be developed. Current members include PHS and PED management, staff and McMaster Institute for Healthier Environments (MIHE) academics. Explore expanding committee membership to include other relevant stakeholders such as Public Works.

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- **Develop a tool and health background study format for land use approvals.**² PHS is working with Dr. Jim Dunn of the MIHE to adapt and pilot test the Healthy Development Assessment (HDA)⁶ in the Hamilton context. Dr. Dunn developed the evidence-based technical tool that underpins the Peel HDA, and he recently completed an update of the evidence base and tool for Peel. Dr. Dunn and his team will facilitate the adaptation of a Hamilton HDA tool with input and collaboration from PED, PHS and PW staff. The tool will be piloted on appropriate past and current planning projects to assess its feasibility in future land use projects. The tool requires cross departmental input to encourage innovative design and treatments for a healthy built environment. A report on the proposed pilot is expected by the end of 2017. A future action may include incorporating the tool into the list of items that can be requested at the formal consultation stage of a development application.
- **Continue to participate in reviews of provincial policies, and to contribute to municipal plans and processes.**² PHS will maintain membership on key committees such as PED's Technical Advisory Committee, PW's Transportation Demand Management Committee and Strategic Road Safety Committee, and the Joint PHS-PW-PED Active and Sustainable Transportation Work Group. PHS will continue to provide comments on the various development approvals through PED, as well as participate in updates to the Site Plan Guidelines. Continued attendance and participation will ensure policies, plans and projects are circulated to PHS for the inclusion of the health perspective.

The *Improving Health by Design* report aligns with the following 2016 – 2025 Strategic Plan Priorities:³

- **Healthy and Safe Communities** - Hamilton is a safe and supportive city where people are active, healthy, and have a high quality of life.
- **Clean and Green** - Hamilton is environmentally sustainable with a healthy balance of natural and urban spaces.
- **Built Environment and Infrastructure** - Hamilton is supported by state of the art infrastructure, transportation options, buildings, and public spaces that create a dynamic City.
- **Economic Prosperity and Growth** - Hamilton has a prosperous and diverse local economy where people have opportunities to grow and develop.

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Summary

Building a healthier city requires a cross-sectoral collaborative effort towards a common goal such as the City of Hamilton's vision "to be the best place to raise a child and age successfully".³ Making it easier to walk, cycle, or use public transit is associated with a positive influence on physical activity, safety, air quality, mental well-being, and ultimately on health and quality of life.^{7,8,9,10} Therefore, PHS will continue to work with other City of Hamilton departments regarding transportation planning and land use planning to maximize health benefits.

Appendices/Schedules Attached

Appendix A to Report BOH14014(b) – PHS Contribution to Progress Made on IHBD Recommendation (b)

Appendix B to Report BOH14014(b) – PHS Planned Contribution to IHBD Recommendation (c)

References:

- ¹ Gase, L.N., Pennotti, R., & Smith, K.D. (2013). "Health in all policies": taking stock of emerging practices to incorporate health in decision making in the United States. *Journal of Public Health Management Practice*, 19(6), 529-540
- ² Mowat, D., Gardner, C., McKeown, D., & Tran, N. (2014). Improving Health By Design in the Greater Toronto-Hamilton Area. A Report of Medical Officers of Health in the GTHA. Retrieved from <https://www.peelregion.ca/.../healthbydesign/pdf/moh-report.pdf>
- ³ City of Hamilton. (2016). City of Hamilton 2016 – 2025 Strategic Plan. Retrieved from <https://www.hamilton.ca/node/14561>
- ⁴ Kickbusch, I., Williams, C., & Lawless, A. (2014). Making the most of open windows: establishing health in all policies in South Australia. *International Journal of Health Services*, 44(1), 185-194
- ⁵ Corburn, J., Curl, S., Arredondo, G., & Malagon, J. (2014). Health in all urban policy: city services through the prism of health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 91(4), 623-636
- ⁶ Region of Peel. (2016). *Healthy Development Assessment: Users Guide*. Retrieved from <http://www.peelregion.ca/health/resources/healthbydesign/pdf/HDA-User-Guide-Jun3-2016.pdf>

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- ⁷ Barton, H., & Grant, M. (2011). Urban planning for healthy cities: a review of the progress of the European Healthy Cities Programme. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 90(1), S129-S141.
- ⁸ Klavestrand, J. & Vingard, E. (2009). The relationship between physical activity and health-related quality of life: a system review of current evidence. *Scandinavian Journal of Medicine, Science, and Sports*, 19, 300-312.
- ⁹ Mikkonen, J., & Raphael, D. (2010). Social determinants of health: The Canadian facts. Toronto: York University School of Healthy Policy and Management. Retrieved from <http://www.thecanadianfacts.org/>
- ¹⁰ Leyden, K.M. (2003). Social capital and the built environment: The importance of walkable neighborhoods. *American Journal of Public Health* 93(9), 1546-1551.

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