Research expertise for health system solutions

Provincial Health Services Authority

Evaluation of Healthy Built Environment Workshops: Introduction of the Health 201 for Planners Tool

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Executive Summary

In early 2011, two workshops were designed and implemented with the goal of increasing awareness and understanding of healthy built environment (HBE) concepts. The two workshops differed in content and structure, but they both encouraged increased collaboration between the health and planning sectors, and both introduced the knowledge product developed by the Provincial Health Services Authority in British Columbia called *Health 201 for Planners*[1], as a tool to support this type of collaboration. The Vernon workshop was held February 24, 2011. Vernon event planners chose a broad holistic approach by including the social determinants of health as a package for consideration to designing and building healthy built environments. The Surrey workshop was held March 31, 2011. Surrey event planners chose a theme that highlighted three salient components: transportation, housing and health. Participation at the two events varied in size (Vernon had thirty-three in person for the morning, twenty-nine for the full day, and forty-nine via webinar; Surrey had 136 in person for the morning and ninety-three for the full day, and fourteen via webinar) and both events covered a wide range of sectors (including health, planning, transportation, housing, and local/regional government).

Despite the differences in delivery mechanisms and approaches, both workshops succeeded at increasing awareness, understanding and skill amongst planners (and others) with respect to healthy built environment concepts.

Methods for evaluating the two events included conducting participant observation and a roundtable discussion with the event planners, and administering a participant feedback form.

There are many take away messages based on the functioning (i.e. the successes, challenges and learnings) of these two workshops (refer to the 'Considerations' section at the end of the report). How these ideas are brought forward to the next event should be contextually driven as was the case for the design of these two events. Among all the considerations, the following five appeared most frequently throughout the evaluation and therefore seem to be most significant:

1. Plan for at least one presentation or discussion serving the role of grounding the day in the complexity of the bigger picture impacting this work, i.e. the spectrum of social determinants of health and how these interface with the local context.
2. Ensure an adequate amount of local experiences and data are presented to make the workshop material tangible and meaningful to the participants.
3. Incorporate a healthy balance of opportunities to explore the practical 'how tos' of the work along with relevant theoretical underpinnings.
4. Consider innovative strategies for encouraging audience participation.
5. Allow time at the end of the event for participants to reflect on and write down how the learnings from the day can and/or will impact their work.

The event planners from both workshops suggested that before workshops built around Health 201 are delivered in other jurisdictions, one would need to: 1) assess readiness for change and their level of understanding and awareness of HBE concepts; 2) consider different legislative environments; and, 3) develop supporting presentations and other workshop tools (e.g. panels,

[1] http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm

table exercises, speed networking etc.) to accompany the Health 201 tool to accommodate contextual differences and to provide a comprehensive understanding of the issues at hand.

The evaluation found that introducing the Health 201 for Planners tool at these types of events where representatives from a broad spectrum of organizations is present is a good way to increase awareness of the importance of collaboration between sectors and to advertise its existence. In order for its utilization to be maximized, however, it is suggested that the tool be implemented at an organizational level as the next step. Prior to rolling it out in other jurisdictions or moving this work forward in BC, planners of similar events in the future may want to consider identifying an organization or team within an organization to engage in a facilitated session that walks them through the assessment tool step-by-step so that they can use the tool to support their action plan to collaborate effectively on HBE issues. If this process is further documented as a case study it could accompany the tool so that those considering implementing it elsewhere can get a sense of the resulting benefits and the challenges/lessons learned along the way before embarking on it themselves.

In conclusion, the planners for each event accomplished what they set out to do, i.e. they met their identified objectives. It was evident that each workshop was professionally planned and executed. Furthermore, the great majority of participant respondents appear to have been pleased with their choice to take time out of their busy schedules to attend one of the workshops. A great majority also indicated plans to take what they learned forward in their work to influence, plan for, design and/or build healthy built environments. Participants from both workshops said they would do this by initiating and/or nurturing relevant partnerships, others intended to spread the word within and without their organizations and work toward changes to the HBE, and a few more indicated that they intended to pursue continued learning.

Background

In March 2010, a knowledge product, *Health 201: A Knowledge-to-Action Framework for Creating Healthier Built Environments (Health 201 for Planners[2])*, was:

1. developed and posted on the Provincial Health Services Authority (PHSA) website,
2. distributed to the members of the Healthy Built Environment Alliance[3] (who in turn distributed it as appropriate), and
3. presented at several meetings and conferences including the following:
    a. meeting of Healthy Canada by Design CLASP (Coalitions Linking Action and Science for Prevention) project participants in March, 2010;
    b. Planning Institute of British Columbia's (PIBC) Annual Conference in June, 2010;
    c. PIBC'sPlanTalk event in June, 2010;
    d. The Canadian Public Health Association Annual conference in June, 2010; and
    e. The Gaining Ground Conference in October, 2010.

The development of Health 201 for Planners builds on previous work of informing the health sector in general and environmental health officers in particular about land use planning via workshops and communication based on the knowledge product *Introduction to Land Use Planning for Health Professionals* (see PHSA's website at *http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm* for all the resources developed by the BC Healthy Built Environment Alliance). This document responds to the request by the Alliance and many other stakeholders to provide health information to planning professionals to further promote collaborative efforts between the health and planning sectors.

Subsequent to the initial passive dissemination of the knowledge product, PHSA, with initial primary funding from the Public Health Agency of Canada (PHAC) and subsequent funding from Fraser Health Authority[4], spearheaded plans for delivering the tool across4[5] other provincial health authorities in a workshop format (see Appendix I for the workshop invitations):

1. Interior and Northern Health Authorities: Vernon, BC, February 24, 2011
2. Vancouver Coastal, Fraser and Vancouver Island Health Authorities: Surrey, BC, March 31, 2011

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[2] The terms "planners" and "planning professionals" are used throughout the Health 201 for Planners document and are intended to represent the broad group of professionals working in the planning sector such as architects, design professionals, engineers and decisions-makers in municipal and regional governments, in addition to all those with the actual term "planner" in their job title.

[3] BC's Healthy Built Environment Alliance is a voluntary alliance of organizations from a wide variety of sectors across BC, formed in 2008 and currently chaired by the Ministry of Health to provide leadership and action for healthier, more liveable communities.

[4] PHAC contributed $25,000 towards the planning and implementation of 2 pilot HBE workshops in BC based on the Health 201 for Planners knowledge product; Fraser Health contributed $6,000 towards the workshop held in Surrey Mar 31, 2011; PHSA contributed $10,000 towards the evaluation of both events.

[5] Although the original intention was to include strong participation from the Vancouver Island Health Authority (VIHA), budgetary and time constraints imposed by travel, as well as internal time constraints required for planning within the health authority resulted in the Surrey event not being able to accommodate robust participation from VIHA (ten people from VIHA participated via webinar).

Although PHSA provided administrative support and project guidance as needed, the specific planning for agenda development and organization of the events was conducted by local groups which have a strong sense of the needs of their community stakeholders and potential participants. As a result, both events varied in process, content and number of participants (see Appendix II for the annotated agendas). Despite that, one constant across the two was the delivery of the knowledge product – *Health 201: A Knowledge-to-Action Framework for Creating Healthier Built Environments*. In each workshop, an overview presentation was given and the participants were requested to fill in the self-assessment guide to familiarize themselves with the tool and to determine their organization's readiness and capacity to engage in healthy built environment planning.

The original Health 201 for Planners project proposal identified the following short and mid-term expected outcomes for the knowledge product:

Short-term

1. Increased awareness, understanding and skill amongst planners with respect to healthy built environment concepts as measured by:
    - Increased awareness and understanding of the link between health and the built environment.
    - Increased knowledge and understanding of health's role and contribution in creating healthier built environments.
    - Increased awareness of strategies and recognition of opportunities to work with local health professionals.

Mid-term

2. Change in practice amongst planners with respect to health and the built environment as measured by:
    - Increased interaction with/involvement of health professionals in planning processes.
    - Increased incorporation of healthy built environment concepts into approved development plans.

This evaluation of the workshops in Vernon and Surrey aims to determine the level of achievement for the short-term expected outcomes of awareness and understanding of healthy built environment concepts as well as the extent to which the specific objectives for each of the two events was achieved.

Measuring the mid-term outcomes is out of scope for this work. However, attempts have been made to document intended change of practice among planners resulting from participation at one of the workshops. In order to most effectively assess the achievement of the mid-term outcomes, resources would need to be identified to reconnect with participants in six months to one year post event to determine actual implementation of learnings from either event.

Methodology

InSource was hired by PHSA to conduct the evaluation. Team members included Allan Best, Jennifer Bitz and Judith Hutson. InSource worked with PHSA to understand the purpose of the evaluation and to develop the following project elements, which were all based on Health 201 for Planners and individual workshop objectives:

Participant Feedback

A participant feedback form was developed based on the form administered at the Healthy Community Design Collaborative workshop in Richmond on October 25, 2010 (see Appendix III). Natalie Kishchuck, Healthy Canada by Design CLASP evaluation specialist assisted in the design of the participant feedback form. Questions were added that asked participants to estimate their retrospective knowledge of the concepts. Other added questions were intended to determine intention to apply learnings to everyday practice following the workshop. The feedback form collected both quantitative and qualitative data. Participants attending the events completed the feedback form on site. Those attending only the first half of either event, had an opportunity to complete the form before they left. There were two feedback forms, one for each of the two workshops (Appendix IVa&b). Each form was tailored to the specific event while retaining as many similar questions as possible to allow for comparison between the two.

Participant Observation

At each workshop an InSource team member attended and conducted participant observation and took notes guided by an assessment tool created by InSource (Appendix V).

Roundtable Discussions

Once the formal part of each workshop was over, a few key individuals involved in planning and hosting the event were requested to attend a 30 minute roundtable to debrief and discuss how they thought the event went, i.e. what worked and what didn't, what could be changed to improve future events, etc. (see Appendix VI for the list of questions asked).

Report

The InSource team collected and transcribed the data from the three activities noted above, except the data from the feedback form administered at the Surrey event which was collated by Natalie Kishchuck. All the data was merged and summarized in this report by the InSource team.

Workshop #1: Vernon – Collaborating for Community Wellness: Local Governments and Health Authorities Working Together (February 24, 2011)

Overview and Participant Profile

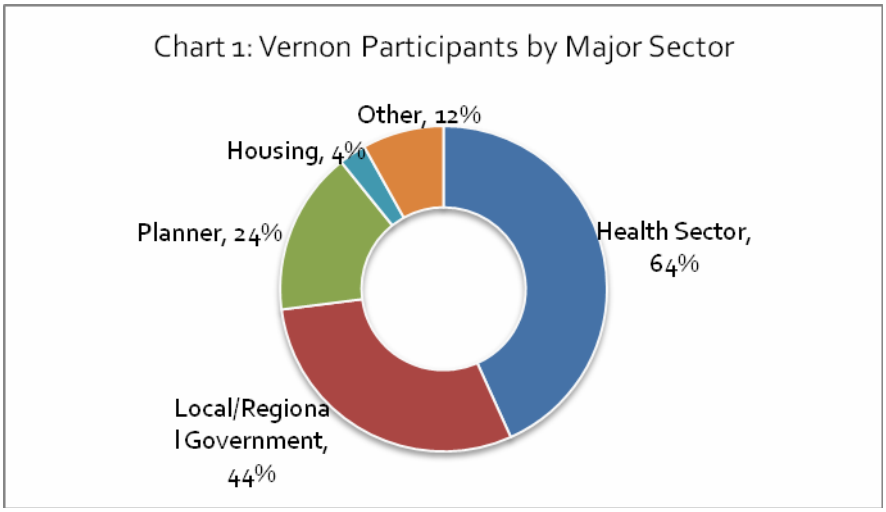
The event consisted of four presentations delivered in the morning followed by three table exercises in the afternoon (See Appendix II for annotated agenda). The morning was attended by thirty-three participants[6] (six of whom were the event planners[7]), and twenty-nine of those remained for the afternoon. Although the day was geared largely toward planners, and the planning group anticipated this is who would be more interested and likely to attend, only one third of the participants fit that description (only four people identified themselves as planners on the feedback form, however ten [34%] of twenty-nine afternoon participants joined the discussion groups for 'planners' as opposed to 'health workers', see Table and Chart 1). The relatively low percentage of planners could in part be due to the juxtaposition of an earlier event for health staff over the previous two days. One participant was an elected official. Invitations to the morning session were also extended to webinar participants. Forty-nine people are on record as attending via webinar, although an undetermined number listened in using a speaker phone and/or did not officially register. Of these forty-nine people, thirty-three (67%) were planners. Three health authorities were represented, Interior Health (six in person, four via web), Northern Health (five in person), and Vancouver Island Health Authority (five via web).

n	**Table 1: In-person Vernon Workshop Participants** (each could select as many 'hats' as appropriate for their role in attending the event)
9	Health Professional
7	Environmental Health Officer
5	Local Government
4	Planner
2	Parks
2	Policy
2	Regional Government
1	Entrepreneur/actor human/humane potential
1	Housing
1	Municipal
1	Private sector supplier
1	Regional Health Authority

The Medical Health Officer for Interior Health set the stage at the beginning of the day with an 'impassioned call to arms' for health and planning to work collaboratively to bring the healthy built environment mandate forward. This plea continued as a theme through the formal presentations and into the tailored exercises in the afternoon.

[6] The evaluator was removed from the final total as she attended as an observer.

[7] The event planners consisted of representatives from the Interior, Northern and Provincial Health Services Authorities, as well as the Planning Institute of BC, the City of Kelowna, HB Lanarc, the Fresh Outlook Foundation and the Public Health Agency of Canada.



Twenty-five of the thirty-three in-person participants completed the feedback form (76%)[8]. The results from those feedback forms are inserted into the sections that follow as appropriate. See Appendix IVa for the raw data.

Facilitation and Logistics

The event was facilitated by Fresh Outlook Foundation CEO, Joanne de Vries, who has had experience organizing and facilitating other events in the region related to the HBE and sustainability. All pieces of the agenda ran on time and on task, i.e. the agenda was adhered to for the most part with a few alterations and adaptations to the table exercises based on participant responses/reaction. Changes to the agenda are outlined in the following sections where relevant. The facilitator was proficient at addressing the webinar participants at appropriate times such as the workshop opening and during each question period following the presentations. She also provided seamless facilitation of the table exercises in the afternoon, making sure each table was aware of questions as they arose at other tables and keeping people moving through the exercises in a timely manner.

In the opinion of the evaluator, there was ample opportunity set aside for organic networking opportunities, after each segment in the morning there was a short five minute break in addition to the normal morning and lunch breaks. This extra time allowed people time to quickly respond to voice mail, to network, collect their thoughts and stretch before the next piece of the agenda. The facilitator also encouraged people to move around and shift to a different table during the lunch break.

Webinar participants connected into a web link to follow the powerpoint slide decks and to hear the presentations. They were requested to send an email to ask questions. Some participants challenged this approach as webinars are often delivered as a package from one site, i.e. includes the powerpoints, audio, options for asking questions, voting etc. With it all on the website, these webinar participants argued, it can be possible for the webinar participants to see the other questions being asked and to get the benefit of the answers for the questions that were not asked at the in-person venue. Others would have preferred a one way video link so they could see the presenters, although they recognized that this can be logistically challenging and cost prohibitive. There were some minor glitches with the connections and some people found that the webinar cut out every now and then for a few seconds. A generic 'what to expect' and 'troubleshooting tips' was requested for next time to reduce the number of challenges at the outset. It took one participant about half an hour at the beginning to deal with the glitches of set up. Despite the

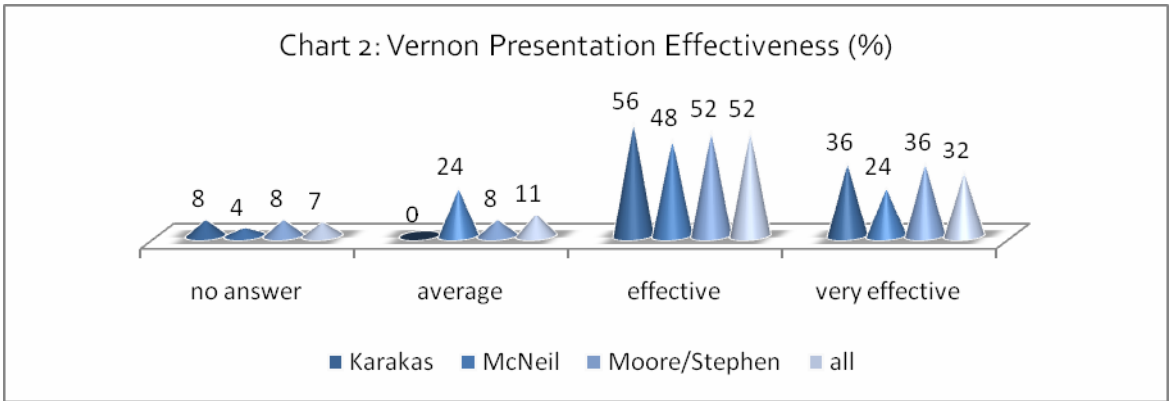
[8] General comments and opinions were solicited from the webinar participants via email, they did not fill in the feedback form, therefore, where statistics are used, they always come from the in-person participants.

specific challenges and requests, a few comments from the webinar participants indicated that the logistics worked fine for the task at hand.

The facilities and catering for the event were suitable for the task, nothing stood out as exemplary or lacking, and everyone had good visibility of the speakers and access to the catering. The audio visual support and facility service were seamless. This particular location was chosen because this event was planned in association with a related event which occurred over the previous two days. The other event targeted health staff from Interior and Northern Health and was held at the same location.

The Presentations

The four presentations built upon each other well, starting with an overview presentation of historical trends in planning (Understanding the Link Between Community Health and Land-Use Planning – Joaquin Karakas) and moving to the specific knowledge product 'Health 201' (Five Things Planners and Design Professionals Need to Know About Health and the Built Environment – Alison McNeil) which presented suggestions for bringing the ideas discussed during the day to key influencers in decision making around the built environment. McNeil's presentation was accompanied by an introduction to the Health 201 tool[9] (A Knowledge-to-Action Framework for Creating Healthier Built Environments) presented by TannisCheadle. Time was then given for the participants to fill in the questionnaire within the tool which assesses their organizations readiness to design HBEs. The third presentation (Integrating Health and Planning Challenges and Opportunities – Pam Moore and Gary Stephen) provided a realistic transparent overview of planners working together with health administrators to get on the same page and move forward with an HBE agenda. The final presentation (Sharing Successes from Northern Health – Doug Quibell) was a collection of successful examples of taking a community based context driven approach to planning decisions and as such closed the morning with practical ideas for moving forward. Although a few participants commented on some redundancy between the presentations, and would have preferred fewer presentations as a result, in general all were well received; none were rated as 'below average', most of the ratings were either 'effective' for the presentation and 'good' for the materials used[10] (see Chart 2).



[9] The introduction to the Health 201 tool was not listed separately on the agenda, and as a result would have been rated as part of Alison McNeal's presentation.

[10] Unfortunately, the fourth presentation by Doug Quibell was not listed on the participant feedback form and therefore was not rated.

All four presentations spoke in varying degrees to the holistic ideals of public health and addressed the range of the social determinants of health. A disconnect was noted with respect to rural areas. That is, people working in rural areas like the idea of the holistic perspective that was presented, however, rural areas are dealing with the basic requirements of water and sewage. They did not see how to apply the broader mandate as discussed over the course of the day, to their context. The presentations also addressed the importance of partnerships/collaborations between planners and health care workers/administrators. By providing different perspectives and maintaining these common themes, the presentations succeeded in delivering a united front on the issues at hand. Some participants would have preferred a higher proportion of practical on the ground suggestions and examples of how to put the information into practice such as how the various organizations align resources for doing the work.

Questions were received following each presentation (none were invited during the presentations), and were alternated from the in-person audience and the webinar participants. The webinar questions came in via email and were read out by the facilitator. Once the time was up for the question period, the presenter had the opportunity to respond to any additional webinar questions. This happened only for the first presentation. One presenter (D. Quibell) directly addressed the webinar participants during his presentation. The number of questions from the participants dropped off after each presentation, i.e. the first presentation received the most, and the final the fewest. In order to stay on time, questions for the first three presentations had to be cut off, however there were not enough questions to fill the time for the final presentation and the group broke a few minutes early for lunch. The dialogue during the question periods was highly relevant to the topic and demonstrated an interest and understanding in what was being presented. Roughly half of the participants were taking notes during the final three presentations, very few took notes during the first presentation. This could be due to the fact that the first presentation was more general as an overview, and the latter three were more dense in content.

The roundtable of event planners and the data from participant observation deemed the materials to have been appropriate and geared toward the intended 'planner' audience, yet they also thought it was at a high enough level to be of interest to the health professional participants in the room.

Table Exercises

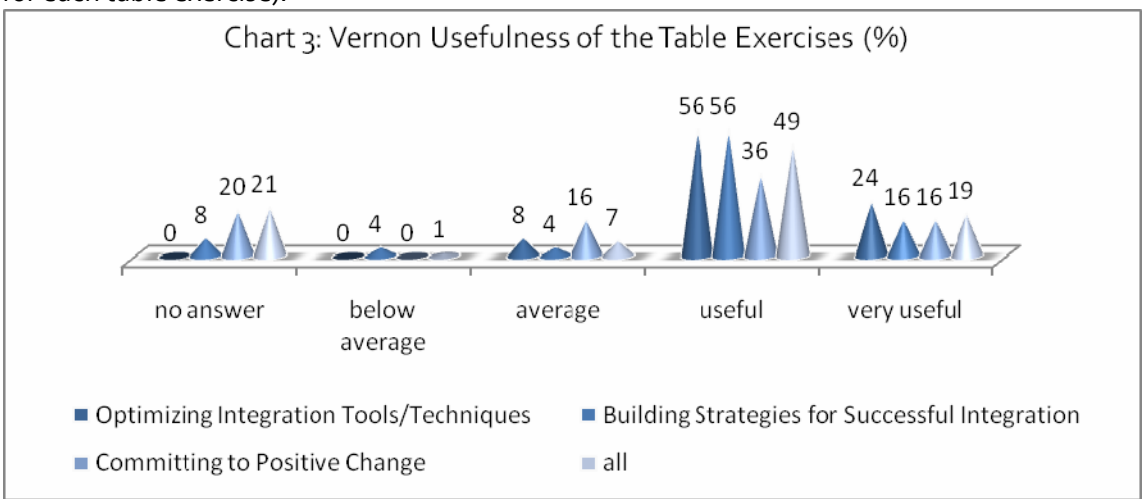
There were three one hour long table exercises in the afternoon: (1) Optimizing Integration Tools/Techniques, (2) Building Strategies for Successful Integration, and (3) Committing to Positive Change. For the first exercise, the tables were split into two groups: planners and healthcare professionals (there were two planner tables of 5 people each, and three health tables of 6-7 people each). The second exercise was initially intended to be done by groups organized based on how everyone filled in the Health 201 Self Assessment Tool in the morning, however, that exercise yielded answers with so many outliers that it was difficult to identify clear topics for the group discussions. Instead the facilitator convened the event planners to determine what topics they should focus on based on what came out of the first table exercise. Five topics were chosen (the number after each indicates how many people self-selected to participate in the discussion, including facilitators): Communication (4), Incentives and Regulations (7), Plans (Projects/Community/Regional) (5), How to Work with Community Groups (NGOs, Universities etc.) (7), and Interior Health Communications (6). The third and final exercise had each participant draft

a personal plan of action for moving forward. They then shared it with others at the table and engaged in some discussion as time allowed.

For each exercise, the facilitator had built a worksheet to guide the discussion and for the participants to fill in individually and (aside from the third exercise) as a group. The worksheets were received with varied responses, some appreciated the structure and high level of detail to guide the discussion and keep people on task while ensuring they got through the necessary components of the exercise. Others found them somewhat overwhelming and added a level of anxiety to make sure they were complete in the time allotted, whereas others thought they stifled open brainstorming by funnelling the conversation in a 'linear' approach for designing a plan which in reality ends up being a non-linear 'dance'.

There was a 'report out' by small groups to the full group after the first two exercises, but the third exercise was more about giving the participants time to work through their individual plan and present it back to the smaller group for feedback.There was not enough time for each person to present their own personal plan to the large group (in hindsight, it may have been preferred to have captured some of the outcomes of this final session for evaluation purposes). After the 'report outs' from each table, there was no time given for a full group discussion to reflect on differing outcomes from the tables or to allow for participants to probe into what another table discussed if it was of interest and/or relevant to them.

During the exercises, some participants mentioned to the evaluator that the process was difficult as they don't usually think this way in their day to day work, but they saw the value and thought it was good to think out side of the box. Participant observation and data from the roundtable discussion indicatedthat information from the formal morning presentations was brought forward into the table top sessions (for example, some people based their individual plans on where they scored the lowest on the assessment tool), and there was evidence of the exchange of knowledge between the participants. Each table exercise could have gone on longer than the time allotted, indeed many people stayed sitting at their tables into the breaks to continue the discussion. In addition, the post-event feedback form responses and conversations with participants after each session indicated that the table exercises were a good use of their time (see Chart 3 for usefulness for each table exercise).



Workshop #2: Surrey – Housing + Transportation + Health: Connecting Ideas and Practice for Healthier Communities (March 31, 2011)

Overview and Participant Profile

The Surrey event consisted of a diverse format. The morning was initiated by opening remarks and a keynote speaker, followed by a panel discussion on local experiences and programs in Metro Vancouver. The afternoon included two presentations on tools to facilitate collaborative work between planning and public health, followed by 'speed networking', two case study presentations and closing with small table discussions.One hundred and thirty-six[11] people attended the morning session of the workshop in-person, and ninety-three of those people stayed for the full day (nine of whom were the event planners[12]). Fourteen peopleparticipated in the simultaneous web-conference, which ran from the start of theworkshop at 9am, until 2:30pmwhen the small group discussions began. Three Health Authorities were represented, thirty-four from Fraser Health, six from Vancouver Coastal Health and ten via webinar from the Vancouver Island Health Authority.

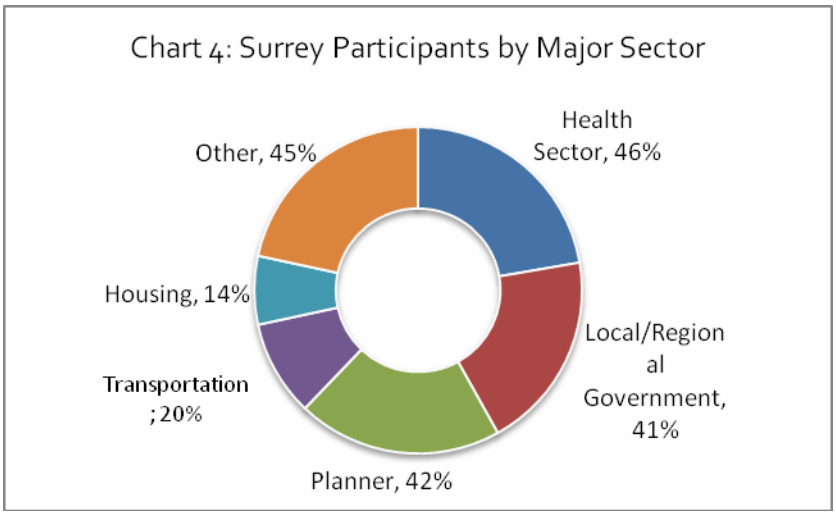
n	**Table 2: Sector of In-person Surrey Workshop Participants** (each could select as many 'hats' as appropriate for their role in attending the event)
19	Government
19	Planner
17	Health Authority
14	Transportation
10	Health Professional
10	Environment
10	Housing
10	Policy
9	Non-govn't Organization
8	Urban Design
7	Consultant
5	Environmental Health Officer
3	Other: Citizen, non-profit funder, research
2	Student
2	Engineer
1	Landscape Architect
1	Parks
1	Medical Health Officer
0	Architect

Of the total one hundred and fifty participants (both webinar[13] and in person), seventy-one (47%) completed a participant feedback form. See Appendix IVb for the raw data. Of the participants who completed a feedback form, 42% (n=30/71) identified themselves as a planner, engineer or landscape architect. 46% (n=33/71) came from the health sector, 20% (n=14/71) from transportation and 14% (n=10/71) from housing. See Table 2 and Chart 4 for more detail. The Surrey workshop was not specifically geared to any one of the sectors listed in the table. The event planners were satisfied with the resulting cross section of sectors, however, they would have liked a few more municipal and elected officials in attendance (there was one elected official), and would consider targeting that group for the next event. Indeed the one elected official who was present raised important issues related to political realities and impacts. One group that was noted as absent during the table discussions was education; schools are an integral part of a community and the ability to convey HBE to students and teachers is important as well as ensuring walkability to and from the school.

[11] The two evaluators were removed from the final number as they attended as observers.

[12] The planning committee consisted of a professional event planner and members of the Healthy Community Design Collaborative (including a Medical Health Officer from Fraser Health, a Population Health Policy Consultant from Vancouver Coastal Health, Senior Planners from Metro Vancouver and TransLink, a Manager from Provincial Health Services Authority, and management and project staff from the Active Transport Lab at the University of British Columbia).

[13] Webinar participants were sent the feedback form via email prior to the event, three returned a completed form.



The opening remarks for the workshop were provided by the Medical Health Officer for Fraser Health (Helena Swinkels) and a University of British Columbia professor (Larry Frank) who specializes in the area. Both openings spoke to the overarching initiative and provided a broad view of how the topics of the workshop (housing + transportation + health) link together and necessitate collaboration across the sectors to plan and build HBEs.

Facilitation and Logistics

The event was facilitated by one of the members of the Healthy Built Design Collaborative (HBDC), Janet Kreda from Metro Vancouver. Despite being thirty minutes behind when the group broke for lunch (the opening went 10 minutes over time, the keynote speaker added 15 minutes and the panel another 5), the time was caught up by shedding roughly 20 minutes off the lunch break and keeping a tighter schedule in the afternoon. The tasks of the agenda were adhered to and there were no major adjustments made to it during the day. The webinar participants were acknowledged at the start of the day. Outside the occasional reminder to the presenters and audience to use the microphones for the web participants, there was no additional references made. The facilitator was proficient at bringing people along with the movement of the agenda clearly and efficiently. One of the other event planners roamed during the small group exercises making herself available should any questions arise, while the facilitator participated in one group as a resource person.

The agenda allowed for a variety of networking opportunities, there were the typical refreshment and lunch breaks, augmented with the speed networking and small group discussions. Unfortunately, the presentations going over time in the morning resulted in less 'organic' networking time during the breaks than originally planned for.

The webinar participants linked to a standard webinar tool on the internet. They had a one way video link making it possible for them to view the presenter while also having access to the relevant powerpoint presentations. They could also ask questions within the tool which the facilitator could then read out to the full group of participants (none of the webinar participants asked questions during the event).

The location in Surrey was chosen specifically for the following reasons:

1. HCDC has a long-rangeplan to host these events in various geographical areas in the lower mainland to provide access to one or more events by a broad group of people, and to provide an opportunity to witness a variety of challenges and successes within context.

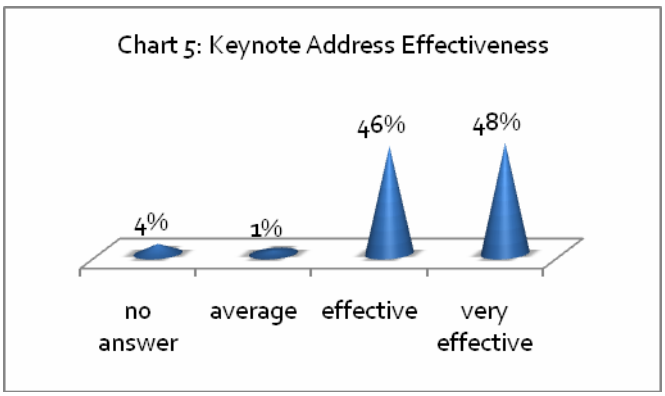
Their last event was delivered in VCH (Richmond), and the group had committed to hosting any subsequent event in Fraser (i.e. Surrey).

2. Surrey is currently working on projects that engender partnerships between housing, transportation and health providing local relevant case studies for presentation and discussion.
3. One of the event funders was Fraser Health and Surrey is within that region.
4. The hotel chosen was on the direct route of the sky train making it accessible to a broad group of people.
5. The event planning group agreed that it wanted to accommodate as many people as possible, and was able to accommodate more people at a reasonably priced venue vs. some of the more expensive options available.

Due to budget constraints there were some limitations in the facilities and catering for the event. One of the challenges was that the room had many posts that obscured the view for quite a few people (a few participants commented on visibility challenges of both the presenters and the screen), the lunch buffet was slow and should have been offered along two smaller tables rather than one big one, and there was no decaffeinated coffee or herbal teas available. Other than that, the audio visual support and facility service was suitable.

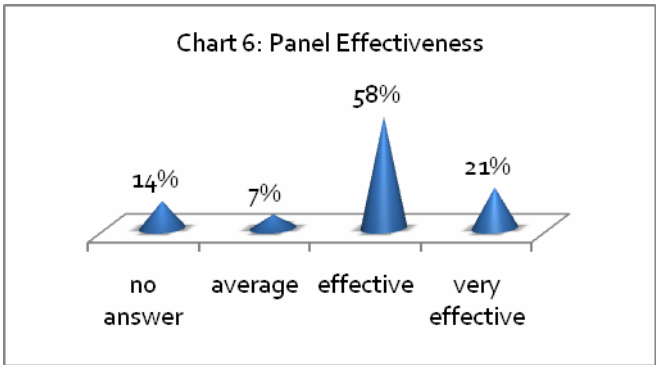
The Presentations and Panel

There was a panel discussion, and five presentations, one of which was a key note address. The key note address by Scott Bernstein from the Centre for Neighbourhood Technology in Chicago, set the stage for the day by presenting on historical trends of planning and how the various methods measured up in relation to economics. Roughly one third of one hundred and forty two slides were presented. Of the ones presented, a local perspective and discussion regarding health were not well represented, whereas transportation and housing were.Review of the full slide deck revealed that local data were well represented in later slides, but health was not. The presenter ran out of time to deliver these final slides. Even without the inclusion of either a local or health perspective, the great majority of participants found the presentation to be either effective or very effective (94%, n=67/71) (see chart 5).

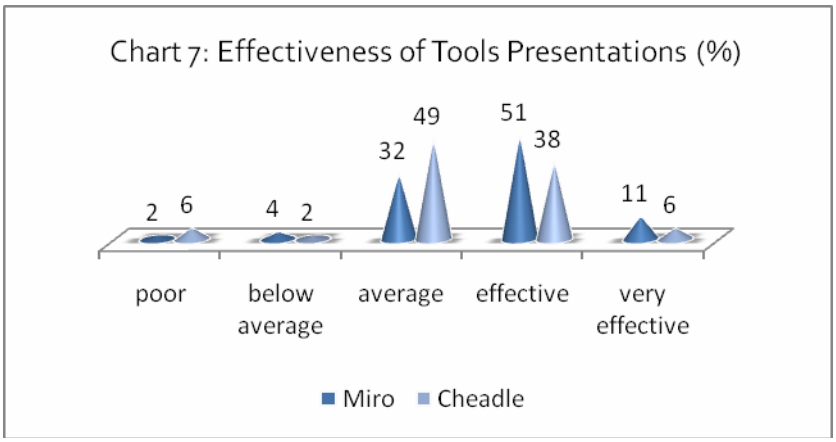


The key note address was followed by a panel discussion of three local planners (Jeff Busby – Translink, Don Luymes – City of Surrey, Cameron Gray – City of Vancouver) moderated by a Medical Health Officer (John Carsley – Vancouver Coastal Health). Scott Bernstein was invited to sit with the panel to take part in the discussion. Each panel member gave a short presentation on their experiences and programs they are involved with in Metro Vancouver. The three of them covered transportation and housing well, however, despite being requested to address all three main workshop topics (housing+transportation+health) in their initial comments, they did not discuss how health related until specifically asked to do so by the moderator during the question period. This may be due to the fact that none of the three come specifically from the health sector. In

responding to a question regarding how health fits in from the moderator (who was selected given his health focus), one panellist (Luymes) commented that health should be at the decision table, and that planners would do well by utilizing health outcome data to present consequences for HBEs. This comment, however, was not built upon nor supported by the other responses which appeared to assume health would fall into place if economics, transit and housing were taken care of. Despite the opportunity for engagement between panellists inherent with a panel format, there was also a lack of discussion about the benefits and challenges of partnerships and/or collaborations needed to achieve HBEs. However one panellist did directly address the need for partnership in his presentation (Gray). 58% (n=41/71) of the participants thought the panel was effective, and 21% (n=15/71) thought it was very effective. No one ranked it as not effective or below average and only 7% (n=5/71) thought it was average (see chart 6).

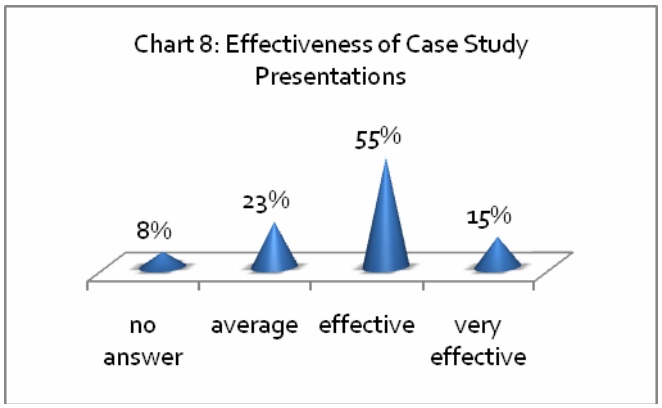


Following the lunch break, two presentations focussed on tool development and available tools for planning HBEs (Alice Miro and TannisCheadle). Both provided practical ideas for moving forward and addressed issues that crossed sectors and as such required partnerships. TannisCheadle requested that the participants fill out a self assessment tool in order to familiarize themselves with the tool, and also to gauge their organizations' capacity for collaboration. Some used the time to fill in the form, however, many did not. Time was not allotted for a question and answer period after either presentation. On average, the participants scored these two presentations lower than the morning sessions, with 6% (n=3.5/53) as below average, 41% (n=21.5/53) as average and 53% (n=28/53) as effective or very effective (see chart 7).



The final two presentations followed the speed networking session and the afternoon coffee break. Each presenter (Marion Kim and Don Luymes) described a local case study, the first was on housing for mental health patients within a pre-existing community and the second was on designing and creating an infill. Both presentations described very different projects and provided information on lessons learned and challenges they faced. Discussion about how the projects were different and the considerations required for effective implementation based on context would have made for a rich dialogue. Time was not allotted for a question and answer period after either presentation. 55% (n=29/53) participants found the case study presentations effective, and 15%

(n=8/53) found them very effective. No one rated them as not effective or below average, however 23% (n=12/53) rated them as average (see chart 8[14]).



All five presentations and the panel addressed aspects of the workshop theme. Some dealt specifically with housing (Gray), others with transportation (Busby), and the rest covered both of those themes. Outside of the opening addresses (Swinkels and Frank), however, no speakers directly addressed health issues and/or how they are impacted by HBE as a core piece of their presentation, even though event planners hoped this would be the case and tried to communicate that message during the event planning and when meeting with the presenters. Indeed one participant suggested that it would have been helpful even if only one presentation had explicitly addressed health considerations, and a few others commented more generally on the lack of tight links to health. The presentations on tools (Miro and Cheadle) inherently spoke about health, but the intent of their presentations did not lend themselves to addressing the issues around how and why health should be an active partner in the HBE endeavour, this ideally would have been done prior to getting to the point of discussing various tools. The 'tool' presentations dealt directly with the 'how to' questions, yet a number of participants commented that they would have liked a stronger emphasis on how to do the work.

The presentation format reflected a well planned and natural progression from overarching issues and themes within the key note address to a broad local perspective on experiences and programs offered by the panel into practical tools for planning and implementing HBEs, and closing with detailed presentations on individual case studies. The information being delivered inspired many participants to take notes and ask questions. Some participants commented that they would have appreciated a hard copy of the presentations to jot down notes on, or a heads up at the start of the day that the presentations would be made available to avoid copious note taking. Unfortunately, there was not enough time during the day to field many questions, and many participants commented that they would have liked more time for this. Time for Q&A was scheduled in the agenda after the keynote and the panel presentations (questions were not taken during the presentations), however, it was used up primarily by long detailed answers on behalf of the presenters. During the roundtable discussion, it was suggested to run the panel more like a 'game show': Give panellists a set amount of time to present and answer a question, mark the passage of time with a bell or other noise maker and then move on regardless of completion. Despite the paucity of questions, dialogue during the question periods was highly relevant to the topic and demonstrated interest and understanding in the area.

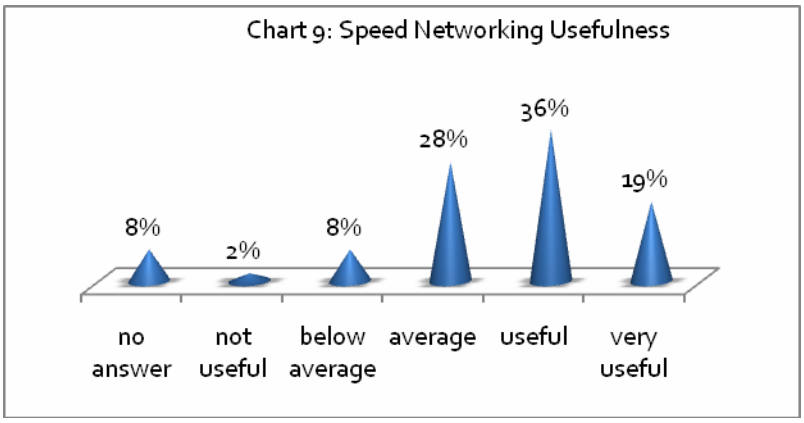
The roundtable of event planners and the data from the participant observation deemed the material appropriate. The event planners commented that it was better for planners than health sector participants, and the focus on housing and transportation supports this. However, the

[14] These two presentations were combined on the feedback form, in hindsight, it may have been preferable to have rated them individually.

participant observation data provides an alternate take. That is, health sector participants are more likely to understand how their sector can contribute, as such the lack of discussion around their area of expertise would not have had as much impact as it would have for the planners. It could be argued that the wealth of information from planners during the day on housing and transportation may be of greater benefit to a health person than someone already immersed in either of those two areas.

Speed Networking and Table Exercises

Following the presentations on Tools, the participants were asked to find someone in the room they did not know to engage in conversation with. They were then given a topic (refer to the agenda in Appendix II) to discuss for three minutes, following which they were asked to find a new partner and given a new question. They did this four times. The process generated a high level of engagement and the noise in the room increased considerably. It appeared to succeed at stimulating dialogue, and promoting the exchange of ideas and networking. Some people formed groups of three or four. There were quite a few tangential conversations going on, yet the purpose of networking was still fulfilled. Almost all the discussions were cut off each time the timer struck, indicating a substantial level of engagement and interest in the process. There was one comment that speed networking does not work as well with such a large group of people and is difficult for people with mobility issues or who are shy. Of those who completed the feedback forms, 36% (n=19/53) found the process useful, and another 19% (n=10/53) found it very useful. 28% (n=15/53) thought it was an 'average' process and 9% (n=5/53) thought it was either below average or not useful (see chart 9).

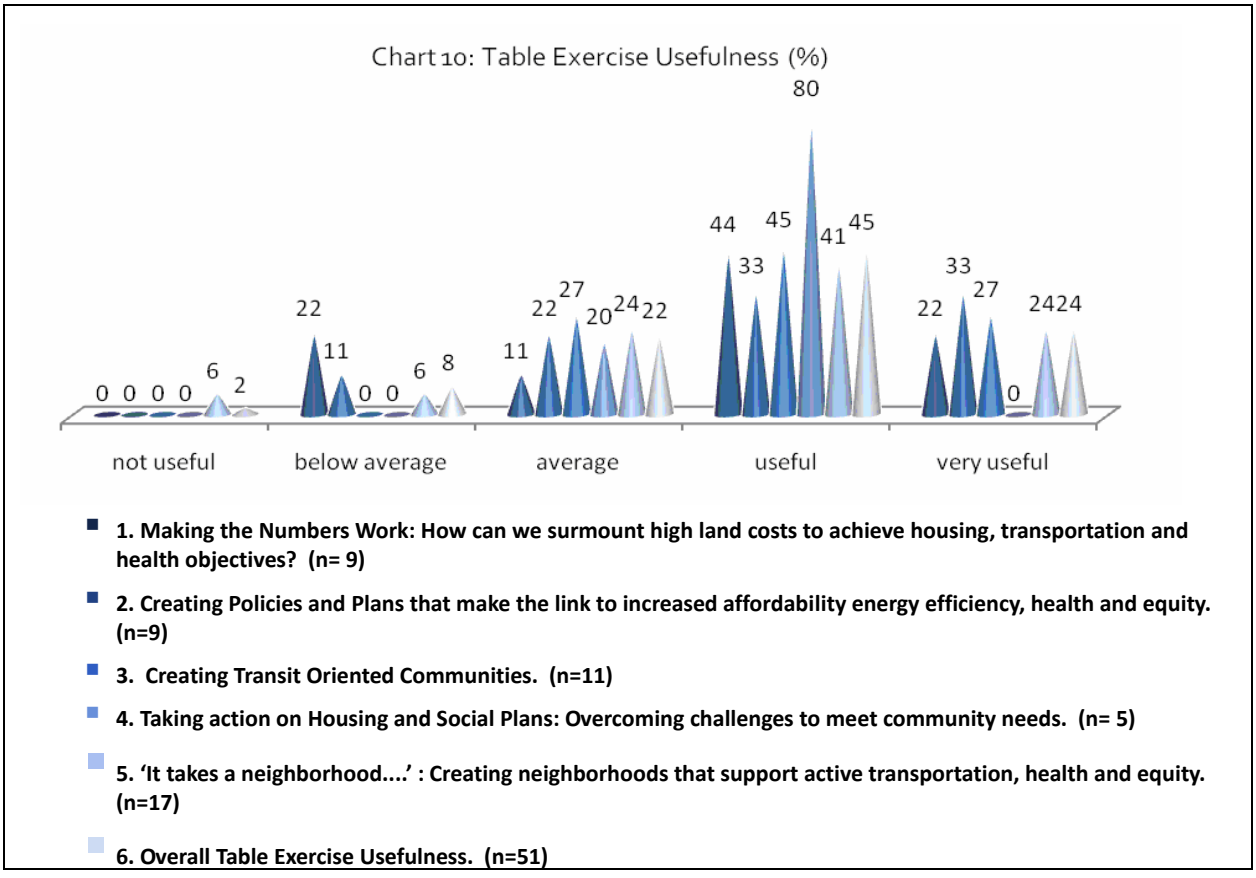


The table exercises were the final piece to the day, following the case study presentations. There were five topics for participants to self select from:

1. Making the Numbers Work: How can we surmount high land costs to achieve housing, transportation and health objectives? (12/9[15])
2. Creating Policies and Plans that make the links to increase affordability, energy efficiency, health, and equity. (13/9)
3. Creating Transit Oriented Communities, on the ground. (15/11)
4. Taking action on Housing and Social Plans: overcoming challenges to meet community needs. (12/5)
5. 'It takes a neighbourhood…': creating neighbourhoods that support active transportation, health, and equity.(18/17 – this group broke into two tables of 9 each)

[15] # of people at the table including facilitators and resource people/# who submitted participant feedback forms

Each table had a facilitator and one or two resource people who had knowledge of and experience with the topic being discussed. The table facilitators and resource people all had detailed information on their roles, a suggested format to follow, and questions/topics to probe the participants with. How much each group followed these guidelines is unknown. The facilitation skills were variable. Challenges included consistently keeping participants on task and encouraging engagement from everyone at the table. Some discussions got caught up in the problems and barriers and had a hard time moving from there. Having a resource person at each table was deemed by the event planning team and the participant observation to have worked well, although, some ended up in more of a teaching mode rather than promoting dialogue and experience sharing. Despite this, all the tables engaged to varying degrees in information and perspective exchange, which is an excellent first step toward relationship development. There was lively group discussion and moments of quiet listening, and the balance between the two varied from table to table. Participants would have liked more exploration on how to implement some of the ideas presented. Thoughts as to why this did not happen include not enough time, not enough structure in the agenda, and/or inconsistent facilitation of the table exercises. A couple of people commented that pre-reading materials would have been helpful for the workshop in general, of these people, one suggested the information would give them the opportunity to think about and/or prepare for the table discussions. 43% (n=23/53) of participants found the table exercises useful and another 23% (n=12/53) found them very useful. 9% (n=5/53) thought they were either not useful or below average and 21% (n=11/53) thought they were average (see chart 10 for a breakdown by topic).



The reporting out at the end of the session indicated that using allies in different sectors can facilitate circumventing barriers. The discussions at the tables help people see how and why to work together, stressing the importance of community engagement. It was during the table discussions where the health focus appeared to be included in a more comprehensive way than the previous portion of the day, and the discussion indicated occasional references back to the presentations made earlier in the day. Reporting out could be enhanced by formulating two or three questions in advance that would structure how the information was to be presented and by preparing the flip charts in advance with these questions listed.

The day closed with the facilitator asking what was learned and what are the takeaway messages that impact the participants work. There was not a lot of engagement by participants at his point, partly due to the fact that it was the end of a long day, but also, as suggested by the event planners in hindsight, participants may have needed some quiet time to reflect and refocus about what they learned over the day. Therefore, if they had requested participants to take a few minutes to write down personal commitments, the response to the full group after that might have been more fulsome.

Cross Event Comparison

Workshop Objectives and Agendas

The short term objective for dissemination of Health 201 as articulated in the original project proposal is to increase awareness, understanding and skill amongst planners with respect to healthy built environment concepts as measured by the following indicators:

1. *Increased awareness and understanding of the link between health and the built environment*
2. *Increased knowledge and understanding of health's role and contribution in creating healthier built environments*
3. *Increased awareness of strategies and recognition of opportunities to work with local health professionals*

Each event planning team took these objectives, contextualized and crafted their own specific objectives and then built their workshop agenda's accordingly. Vernon targeted planners, Surrey targeted a much broader audience of people engaged in HBE issues. Vernon did not specify sub themes, whereas Surrey did (Housing +

Vernon Objectives:

- *To promote understanding of the link between community health and land-use planning. (1)*
- *To foster partnerships between planning, local governments, health authorities and other community organizations (e.g., Fraser Basin Council, Columbia Basin Trust).(3)*
- *To encourage the inclusion of health parameters within land-use planning and the resulting policies by providing tools and practical ideas and working through relevant, local examples.(1,2,3)*

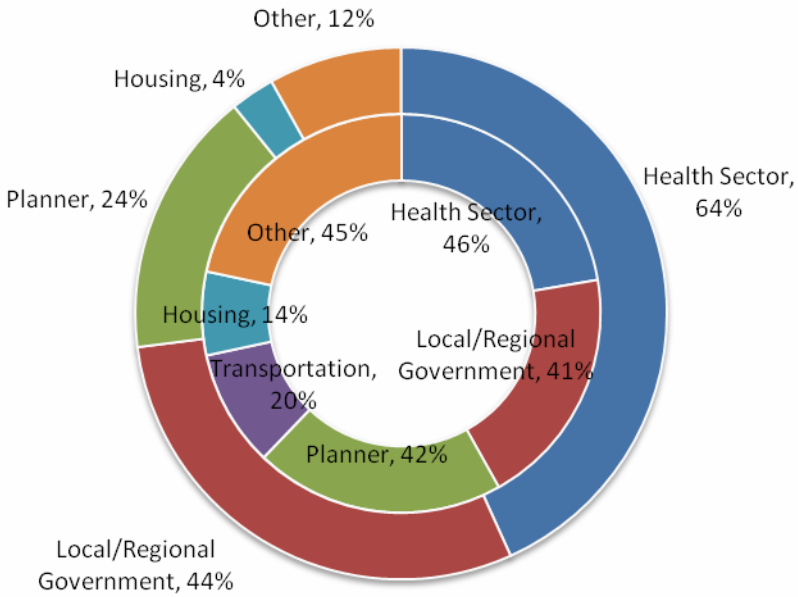
Surrey Objectives:

- *To explore the interconnection between housing, transportation and health.(1)*
- *To introduce the HCDC theme for 2011.*
- *To enhance networking opportunities for participants.(3)*
- *To provide participants with key resources on the theme that they might refer to in their everyday work (Lit Review prepared in advance of the event).(1,2)*
- *To provide participants with knowledge about the topic lessons learned from other programs in the region, a tool for assessing their organization's readiness and capacity to do HBE work, and an opportunity to apply knowledge from the workshop to real-life planning exercises. (1,2,3)*

Transportation + Health). The resulting objectives from each workshop did match the objectives set out for Health 201 (see text box, the numbers following each statement roughly correspond to the indicator number above). Furthermore, all stated objectives for each workshop were reflected in the resulting agendas. Also important to note, the Vernon workshop was designed as a one off event (possibly others will follow, but there are no immediate plans for this), whereas the Surrey event was designed to be the first workshop in a series to be hosted by the HCDC in 2011. The Surrey workshop was intended to provide an introduction to the topic which will be built upon in subsequent events.

Participation at the two events varied in size (Vernon had thirty-three in person for the morning, twenty-nine for the full day, and forty-nine via webinar; Surrey had 138 in person for the morning and ninety-eight for the full day, and fourteen via webinar) and each covered a wide range of sectors (see Chart 11).

Chart 11: Participants by Major Sector
(Vernon on the outside, Surrey on the inside)



The decision by the Vernon event planning team to focus explicitly on the broad link between health and planning tended to result in holistic presentations, and the focus was not placed on specific issues, rather the broad issues of HBEs were explored within each presentation. This planning team took the approach that it was important to make the link between health and planning explicit in the presentations despite a recognition that some participants would already be familiar with the link. Whereas in Surrey, the planning team assumed most presenters and participants already understood the link to health, and so had each presentation focus on one or two of the other chosen foci, based on relevancy and timeliness, (housing and/or transportation) resulting in a less holistic approach. The Vernon approach risked redundancy and indeed there were some comments regarding that, although the presentations were still rated highly by the participants. In Surrey, the risk was not delivering a holistic message by not explicitly making the links to health, as a result, a couple respondents perceived a gap in the message (as noted by both

participant feedback and observation). Health did however, feature highly in the small group exercises and arguably would have been more central had there been more time for dialogue with the audience. Furthermore, many participants in Surrey stated that for future events they would like to learn more about the relationship with health, indicating that some of them did not have the level of knowledge in the area assumed of them.

The self-assessment tool for organization readiness within PHSA's*Health 201: A Knowledge-to-Action Framework for Creating Healthier Built Environments*, that was presented at each workshop was the only piece that was the same across the two workshops. However, the positioning within the agendas differed as did the salience. In Vernon, it was presented in conjunction with a companion PHSA knowledge product, *FiveThings Planners and Design Professionals Need to Know About Health and the Built Environment*. Whereas in Surrey, it was presented alongside tools being developed by the Healthy by Design CLASP. Vernon gave time for the participants to fill in the form and had intended to incorporate the results of the tool in the topics for the breakout sessions later in the day, although, as mentioned previously, this did not work. In Surrey, the participants were given time to fill in the form but there was no follow up or closure.

The Surrey workshop offered a more diverse format with a key note speaker, a panel presentation, presentations, speed networking, and small group exercises compared to Vernon with presentations and small group exercises. Another difference was how case studies were presented. The Surrey workshop specifically included a couple case studies as individual presentations, whereas the Vernon workshop covered a larger number of examples, but delivered the information like examples within broader presentations.

Networking opportunities were present in both workshops using traditional methods of allowing for time during breaks and encouraging dialogue by including small group exercises. The Surrey event also added a less traditional format, speed networking. For both events, participants received a full list of those who attended along with contact information.

Achievement of Short Term Objectives

The results of the participant feedback form indicate that both workshops were successful at achieving the overarching short term objective to increase awareness, understanding and skill amongst planners with respect to healthy built environment concepts as measured by the following indicators:

1. *Increased awareness and understanding of the link between health and the built environment*

   The majority of participants were aware of the link between health and the built environment (100% in Vernon; 92%, n=65/71 in Surrey) before attending the workshop. Despite this, the majority of respondents to the post-event feedback form agreed that they acquired *more* knowledge and understanding about the link (80%, n=20/25 in Vernon; 76%, n=54/71 in Surrey). A few of the participants in Surrey noted that the association made between these factors and economics as modelled and presented by the keynote speaker increased their understanding of the issues, e.g. taking into account the hidden

   "[I gained] knowledge of health authority data and research to bolster the planning arguments for HBE, active transportation and access by proximity." (planner in Vernon).

costs (health and transportation) of living far from where one works to accommodate a lower cost of housing.

2. *Increased knowledge and understanding of health's role and contribution in creating healthier built environments*

The majority of participants reported that they applied what knowledge they had prior to attending this workshop to make the link between health and the built environment (80%, n=20/25 in Vernon; 72%, n=51/71 in Surrey). Following the event, only two people in Vernon and five in Surrey responded that they acquired nothing or very little in the way of knowledge and an increased understanding of health's role and contribution in creating healthier built environments, whereas 64% (n=16/25) in Vernon and 68% (n=48/71) in Surrey acquired more knowledge and understanding in this area. Specifically, participants in each workshop noted an increased knowledge regarding how health authorities are engaged in planning initiatives.

"The opportunity to think about what I can do as an individual in my day to day role was useful, as we often get paralyzed by lack of organizational or leadership support and mandate." (health professional in Vernon)

3. *Increased awareness of strategies and recognition of opportunities to work with local health professionals*

Prior to the workshop, eighteen out of twenty-five (72%) of the participants in Vernon and forty-five out of seventy-one (63%) in Surrey had engaged in cross sectoral partnerships between health and planning.The majority of non-health care professionals who responded to the post-event feedback form agreed that they recognized additional opportunities to work with local health professionals, however this recognition was somewhat lower in Surrey at 73% (n=36/49) than Vernon at 90% (n=9/10). 84% (n=21/25) of the Vernon respondents and 73% (n=52/71) of Surrey respondents intend to seek out more cross sectoral partnerships between planning and health. 76% (n=19/25) in Vernon and 76% (n=56/71) in Surrey gained insight about their role and actions in creating a healthier built environment. The majority also reported an increase in their awareness about strategies to support creating HBEs (76%, n=19/25 in Vernon; 69%, n=49/71 in Surrey).

"The workshop managed to bring people together who don't always have a chance to collaborate in day." (Surrey participant)

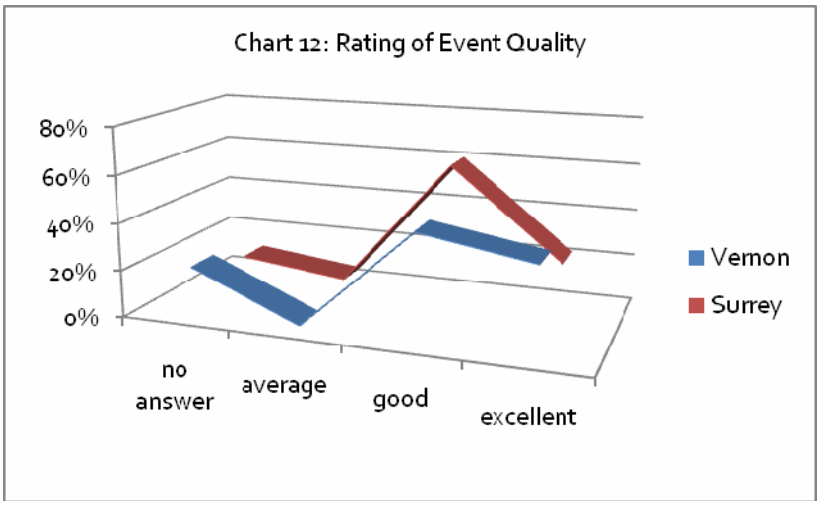
Each question yielded a spattering of 'neutral' responses indicating that they already possessed knowledge in the area and the workshop did not have an increasing effect. In both workshops, 76% (n=19/25 in Vernon; n=54/71 in Surrey) indicated that they are likely to use the knowledge and links from the workshop. Participants from both workshops indicated that they would initiate and/or nurture relevant partnerships, others intend to spread the word within and without their organizations and work toward changes to the BE, and a few more indicated that they intend to pursue continued learning. 80% (n=20/25 in Vernon; n=57/71 in Surrey) of respondents from both workshops are likely to participate in similar events to these ones. A similar amount intended to download or refer to

"[There are] excellent tools in Health 201 for our Board of Directors to start action on work with universities for more sustainable transportation and health studies" (Surrey participant).

some of the tools and resources discussed at the workshop (80%, n=20/25 in Vernon; 77%, n=55/71 in Surrey) and intend to forward related links (80%, n=20/25 in Vernon; 76%, n=54/71 in Surrey) (see Appendix IV for more detail on how participants responded to these questions).

There was consensus among the planning teams for both events that they engaged people in meaningful dialogue over the course of the day, but it will not be known whether or not people's behaviour actually changed until a later date.

The success of each day as rated good or excellent by the participants was high at 80% (n=20/25) in Vernon and 83% (n=59/71) in Surrey (see chart 12).



Considerations for Future Events

Based on the evaluation findings (i.e. successes, challenges and lesson learned), the following actions are proposed for consideration by those wishing to plan similar events in the future:

Logistics

1. Timing: Start later than 8:30 to accommodate getting the webinar set up, as well as for people who have kids to get to school.
2. Webinar specific:
    a. Send the presentation slide decks *via* email before the event for the webinar participants.
    b. Provide different acknowledgement of attendance for in-person and webinar.
    c. Provide a generic 'what to expect' and 'troubleshooting tips' to webinar participants to reduce the number of challenges at the outset.
    d. Address webinar participants at every opportunity to maximize their participation and enthusiasm for attending thus encouraging repeat attendance for similar events.
    e. Consider using webinar technology that supports fully integrated participation (i.e live questions and responses, etc.)
    f. Consider videotaping the event if the budget allows in order to reach people not able to participate in the day and for those attending who wish to share some or all of the event within their organizations.
3. Table exercises:
    a. Establish a balance for guiding discussion, keeping people on track and reporting out *vs*. the opportunity to freely brainstorm which runs the risk of going off topic.
    b. Reporting out from the table exercises could be enhanced by formulating two or three questions in advance that would structure how the information was to be presented. Prepare flip charts in advance with these questions listed.
4. Prior to the event, if time allows, run a concept mapping exercise[16] with the participants to bring them on side as a part of the process to develop common values, language and logic of HBE across the sectors.
5. Full group Q&A:
    a. Schedule a few minutes after every presentation and group discussion for the opportunity to encourage dialogue and questions from the participants. Opportunities for participants to get clarity or expand on a presentation moves the dissemination of the information down the continuum from passive to active. Active dissemination improves uptake of the message being delivered.
    b. Time panellists (and other presenters if the format allows) closely when they are presenting and answering questions to maximize the amount of questions that can be put forth from the participants and to encourage dialogue on an issue from a broader group of people.

[16] Concept mapping is a sophisticated, web-based brainstorming approach for analyzing responses from diverse stakeholders to a specific/strategic question.

6. Allow time at the end of the day for participants to reflect on and write down how the learnings from the day can and/or will impact their work, and consider asking some people to share their ideas.
7. Manage participant profile as appropriate:
    a. Consider sending invitations to elected officials to raise awareness of the topic and their crucial role. It is important to note, however, that participation by politicians would change the dynamic of the interactions and would be context dependent.
    b. In some situations, rather than using a first-come, first-served registration process, it may be desired and appropriate to allocate a certain number of registration spaces to specific sectors and organizations to ensure that a good balance of the intended audience have an opportunity to participate and contribute to a rounded perspective and exploration of issues.

Content

1. Identify where your audience is at in terms of their knowledge, understanding and motivation with regards to the topic, and organize your event accordingly.
2. Allow time to discuss and work through real-life examples, spend proportionally less time on the 'blue-sky' theoretical type of presentation.
3. When possible make time for the presenters to go through their presentations with each other before hand to reduce redundancy and maximize complementarity.
4. Spend more time on working through how to retrofit already existing built environments to make them healthy, and on how to make the societal shift for the public to make related behaviour change.
5. Examine and demonstrate economic impacts.
6. Consider rural *vs.* urban contexts and how each differ.
7. Ensure each major topic area of the workshop is reflected in at least one of the panel presentations.
8. Ensure an adequate amount of local experiences and data are presented to make the workshop material tangible and meaningful to the participants.
9. Consider including the following specific groupings of topics[17] in future events:
    a. Health outcomes in response to changes in the BE, i.e. are there data showing that neighbourhoods that have been built with health in mind truly make a difference in people's health, attitudes and behaviour?
    b. Linking health information to the economics argument to move the agenda forward.
    c. Creating safe environments in terms of physical space and safety from pollutants.
    d. The practicalities of how zoning and rezoning works.

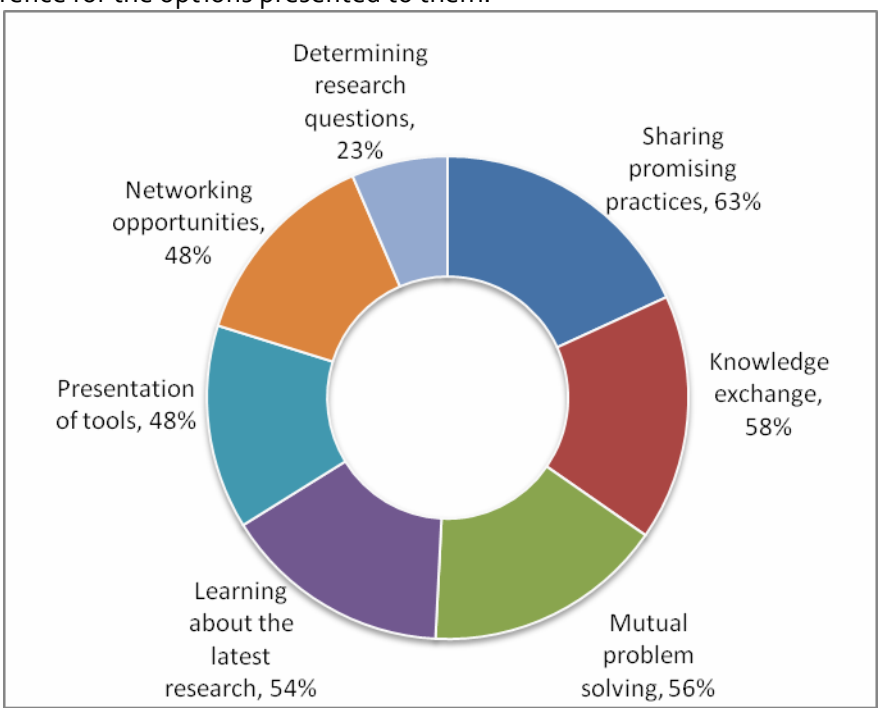
Delivery Mechanism

1. Consider mechanisms to increase the involvement of municipalities.
2. Depending on the setting, consider grouping people from different sectors yet similar geographies (community, region) to collaborate on a real issue of mutual concern.
3. With respect to dissemination of the Health 201 tool, a couple of options to the methods used in Vernon and Surrey are:

[17] The Surrey participant feedback form included a question on what they would like to learn more about, and these ideas come from there.

a. Have participants fill the tool in prior to the meeting with their colleagues, submit the results and present a summary table at the event.
b. Have participants fill in the tool at the event and then spend a few minutes discussing and comparing results with their neighbour at their table, focusing on broad issues such as 'how might this add value for your organization?' or 'how would you start?'

4. The Surrey participants were asked to rate formats for future events and there was a wide variety of responses (they were asked to select all that applied); the results indicate no clear preference for the options presented to them:



Future Research Activity and Tool Development (Fraser, VCH, VIHA)

The participant feedback form for Surrey included questions about further research and tool development that were not included in the form administered in Vernon. The following are responses from the Surrey participants only.

A couple participants commented that there is enough research out there, but the dissemination and implementation of it needs to be improved. The following are a sampling of some suggested future research topics (see Appendix IVb for more detail):

- Analysis of the impact of shifting resources from road building-expansion to transit, cycling and walking.
- General educational workshops for councils and development industry.
- Health data (outcomes) correlated to neighbourhood design, and utilizing transit and/or carpooling.
- What are the "right ingredients" for good development, i.e. where can the development community can get onboard with what society needs rather than what the financial market can sell?
- More digging into food security and built environment.

- More research on how this plays out on the ground -- how do you engage residents at neighbourhood level?

With respect to further tool development, there were a couple requests each for measurement tools, hands on practical tools, and tools for engaging the community.

Finally, based on work done with other organizations, the evaluators suggest that one piece of work that could be done in the future is a Social Network Analysis. This would involve explicitly building and strengthening the informal network, i.e. mapping out the current interactions between relevant interested organizations and/or individuals and identify gaps and hubs in the network by using Social Network Analysis. Using a workshop format, this information could be used to strategically develop the network.

Next Steps & Rolling out the Process to Other Jurisdictions

The event planners from both workshops suggested that before workshops built around Health 201 are delivered in other jurisdictions, one would need to assess readiness for change and their level of understanding and awareness of HBE concepts, including the link between health and the built environment. Different legislative environments would also need to be considered before rolling out Health 201 in other jurisdictions. These issues are not insurmountable as the knowledge product is flexible enough to accommodate local data in the slide deck and other contextual factors in the planning of a delivery mechanism such as a workshop. Supporting presentations and other workshop tools (e.g. panels, table exercises, speed networking etc.) should accompany the Health 201 tool to accommodate contextual differences and to provide a comprehensive understanding of the issues at hand. In the opinion of the Surrey event planning team, Health 201 on it's own would not attract the number and/or diverse complement of participants, so it will be important to plan an event that includes it, but is built around a topic that is timely and relevant to the community.

The evaluation found that introducing the Health 201 for Planners tool at these types of events where representatives from a broad spectrum of organizations is present is a good way to increase awareness of the importance of collaboration between sectors and to advertise its existence. In order for its utilization to be maximized, however, it is suggested that the tool be implemented at an organizational level as the next step. Prior to rolling it out in other jurisdictions or moving this work forward in BC, planners of similar events in the future may want to consider identifying an organization or team within an organization to engage in a facilitated session that walks them through the assessment tool step-by-step so that they can use the tool to support their action plan to collaborate effectively on HBE issues. If this process is further documented as a case study it could accompany the tool so that those considering implementing it elsewhere can get a sense of the resulting benefits and the challenges/lessons learned along the way before embarking on it themselves.

After awareness-raising events such as these workshop are conducted, a next step might be to plan an event for specific organizations, i.e. a series of workshops or seminars delivered to groups from one or more organizations so the participants can be grouped by their organization for small group work. This would enhance the ability to put the information into practice.

Conclusions

The Vernon workshop event planners chose a broad holistic approach by including the social determinants of health as a package for consideration to designing and building healthy built environments, whereas the Surrey workshop event planners chose a theme that highlighted three salient components: transportation, housing and health. Participation at the two events varied in size (Vernon had thirty-three in person for the morning, twenty-nine for the full day, and forty-nine via webinar; Surrey had 136 in person for the morning and ninety-eight for the full day, and fourteen via webinar) and covered a wide range of sectors (including health, planning, transportation, housing, and local/regional government).

Despite the differences in delivery formats and size, both workshops succeeded at increasing awareness, understanding and skill amongst planners (and others) with respect to healthy built environment concepts.

As noted in this report, there are many take away messages and recommendations based on the functioning of these two workshops. How these ideas are brought forward to the next event should be contextually driven as was the case for the design of these two events. However, as paraphrased from a health sector participant at the Vernon event, 'to succeed we need to recognize that achieving HBEs is not a linear process, rather a non-linear dance'. Following this sentiment, and in the opinion of the evaluator, future events would be well served by at least one presentation or discussion serving the role of grounding the day in the complexity of the bigger picture impacting this work, i.e. the spectrum of social determinants of health and how these interface with the local context. The participants will pick their favourites within to bring forward into the discussion through-out the event, but given the diverse participant profile desired to accomplish the task of creating HBEs, one cannot assume continuity within the knowledge capacity in the room.

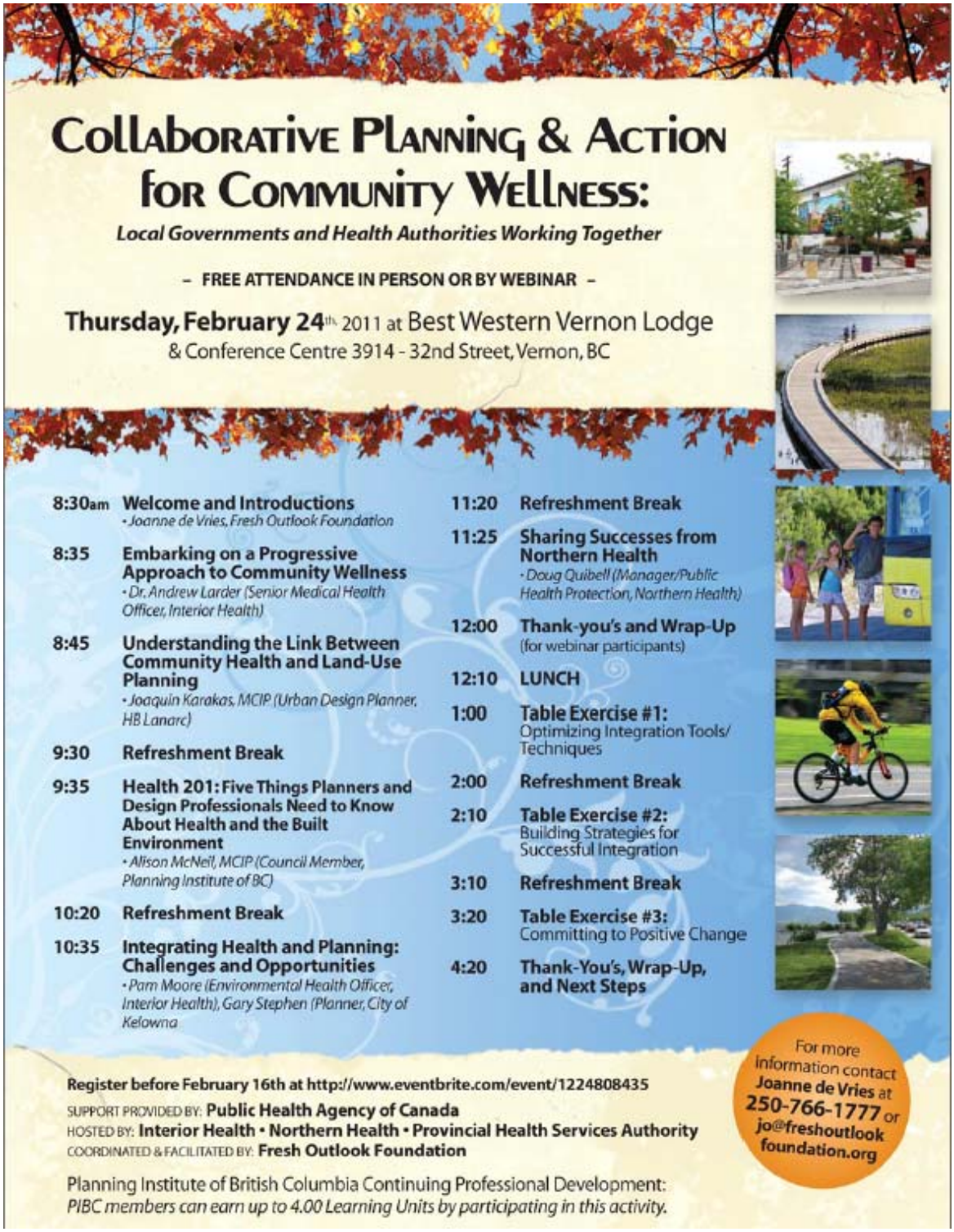
A number of participants from both events commented on desiring more opportunity to explore the practical 'how tos' of the work, this is also an area of importance for the next event. Many people think too much time is spent on talk, and not enough on how to implement; a balance always needs to be met. PHSA's Health 201 knowledge products were at the core of inspiring the design for these two workshops, the next step may be for individual organizations to implement the tool and develop their own action plans. Documenting the implementation as a case study or several case studies and disseminating this information would serve as a valuable example of how organizations can move forward on this agenda. Alternatively, future events could bring together members of an organization in a series of workshops or seminars dedicated to working through the Health 201 tool and its associated knowledge products.

Finally, more innovative strategies could be considered for encouraging audience participation. The diverse delivery formats for each event along with making time for Q&A were successful to varying degrees, but these techniques could be augmented with other approaches such as polling on demand, and/or inviting questions part way through a presentation and not just at the end.

In conclusion, the planners for each event accomplished what they set out to do, i.e. they met their identified objectives. It was evident that each workshop was professionally planned and executed. Furthermore, the great majority of participant respondents appear to have been pleased with their choice to take time out of their busy schedules to attend one of the workshops. A great majority also indicated plans to take what they learned forward in their work to influence, plan for, design and/or build healthy built environments. Participants from both workshops said they would do this by initiating and/or nurturing relevant partnerships, others intended to spread the word within and without their organizations and work toward changes to the HBE, and a few more indicated that they intended to pursue continued learning.

Appendices

Appendix I: Workshop Invitations



Collaborative Planning & Action for Community Wellness:

Local Governments and Health Authorities Working Together

– FREE ATTENDANCE IN PERSON OR BY WEBINAR –

Thursday, February 24th 2011 at Best Western Vernon Lodge & Conference Centre 3914 - 32nd Street, Vernon, BC

8:30am	**Welcome and Introductions** • *Joanne de Vries, Fresh Outlook Foundation*	**11:20**	**Refreshment Break**
8:35	**Embarking on a Progressive Approach to Community Wellness** • *Dr. Andrew Larder (Senior Medical Health Officer, Interior Health)*	**11:25**	**Sharing Successes from Northern Health** • *Doug Quibell (Manager/Public Health Protection, Northern Health)*
8:45	**Understanding the Link Between Community Health and Land-Use Planning** • *Joaquin Karakas, MCIP (Urban Design Planner, HB Lanarc)*	**12:00**	**Thank-you's and Wrap-Up** (for webinar participants)
9:30	**Refreshment Break**	**12:10**	**LUNCH**
9:35	**Health 201: Five Things Planners and Design Professionals Need to Know About Health and the Built Environment** • *Alison McNeil, MCIP (Council Member, Planning Institute of BC)*	**1:00**	**Table Exercise #1:** Optimizing Integration Tools/ Techniques
10:20	**Refreshment Break**	**2:00**	**Refreshment Break**
10:35	**Integrating Health and Planning: Challenges and Opportunities** • *Pam Moore (Environmental Health Officer, Interior Health), Gary Stephen (Planner, City of Kelowna*	**2:10**	**Table Exercise #2:** Building Strategies for Successful Integration
		3:10	**Refreshment Break**
		3:20	**Table Exercise #3:** Committing to Positive Change
		4:20	**Thank-You's, Wrap-Up, and Next Steps**

Register before February 16th at http://www.eventbrite.com/event/1224808435

SUPPORT PROVIDED BY: **Public Health Agency of Canada**
HOSTED BY: **Interior Health • Northern Health • Provincial Health Services Authority**
COORDINATED & FACILITATED BY: **Fresh Outlook Foundation**

Planning Institute of British Columbia Continuing Professional Development:
PIBC members can earn up to 4.00 Learning Units by participating in this activity.

For more information contact **Joanne de Vries** at **250-766-1777** or **jo@freshoutlook foundation.org**

Register today.
Space is limited!

YOU'RE INVITED! MARCH 31 ... AN INTERACTIVE WORKSHOP:

HOUSING + TRANSPORTATION + HEALTH

making the links to increase affordability, energy efficiency, health, and equity

When: **Thursday March 31st, 9 am - 4 pm**

Register: Click here to register. Specify full day or half day.
No cost to participate. Lunch is included.

Where: Compass Point Inn, Surrey click here for venue info, directions
Next to King George Skytrain. 9850 King George Blvd

Who: Circulate to your colleagues in planning, housing, public health, sustainability, transportation, engineering, development finance, research, policy, consulting, government, academia
... all welcome!

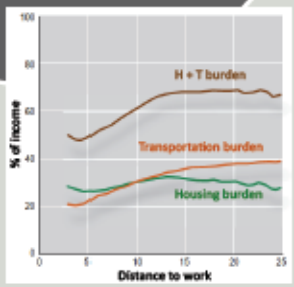
What: The number of 'affordable' neighbourhoods and communities drops dramatically in most regions when the definition of affordability shifts from a focus on housing costs alone to one that includes housing and transportation costs.

What does this mean in the Lower Mainland?
What are the implications for energy, equity, health?
What can we collectively do about it?

Keynote Speaker:
Scott Bernstein
President and Co-Founder,
Center for Neighborhood Technology ('CNT')
(Chicago USA)

Scott leads CNT's work as a creative think-and-do tank:

- Researches economic value of resource use in communities, and helps craft strategies across the US.
- Led the development of the Housing + Transportation Affordability Index and Location Efficient Mortgage.
- Co-founded the Center for Transit Oriented Development.
- Was appointed to former US President Clinton's Council for Sustainable Development.



Source: CNT

Agenda:

Morning (9-12): Learn from Scott Bernstein about economic, health, environmental costs of housing + transportation, and implications for policy and action. A local panel of professionals in health, transportation and housing areas will bring local and regional perspectives to the issues. Workshop participants will engage in a practical, lively and moderated dialogue.

Moderator: John Carsley, Medical Health Officer, Vancouver, Vancouver Coastal Health
Panelists: Don Luymes, Manager, Community Planning, City of Surrey
Jeff Busby, Manager, Project Planning, TransLink
Cameron Gray, Former Director of the Housing Centre, City of Vancouver

Afternoon (1-4): To create neighbourhoods with housing and transportation affordability we need targeted strategies and coordination that involves government, agencies, and multiple sectors. Learn about some tools and examples, from public health in particular. Meet and engage with new colleagues and allies. Work on a group exercise with colleagues to develop transferrable strategies for planning and partnerships that link housing + transportation + health.

Questions?
Lee-Ann Garnett
Senior Planner, Metro Vancouver
604 432 6381
healthycommunities@metrovancouver.org

Financial support provided by fraserhealth Better health. Best in health care. and the Public Health Agency of Canada

Workshop organized by the Healthy Community Design Collaborative: Metro Vancouver, UBC Active Transportation Lab (Dr. Larry Frank and team), TransLink, Fraser Health, Vancouver Coastal Health, Provincial Health Services Authority, City of Surrey.
In-kind support from Healthy Canada by Design.

Appendix II: Annotated Agendas

WORKING AGENDA

COLLABORATING FOR COMMUNITY WELLNESS:
Local Governments and Health Authorities Working Together

Thursday, February 24th, 2011
Best Western Vernon Lodge & Conference Centre
3914 - 32nd Street, Vernon, BC
Hosted by:
• Interior Health • Northern Health
• Provincial Health Services Authority

6:00AM	**AV set up and testing**
7:00	**Room set up**
7:45	**Preparation meeting with hosts and table facilitators**
8:30	**Welcome and Introductions** ***Joanne de Vries, Fresh Outlook Foundation***
8:35	**Embarking on a Progressive Approach to Community Wellness** ***Andrew Larder (Medical Health Officer, Interior Health)***
8:45	**Understanding the Link Between Community Health and Land-Use Planning** ***Joaquin Karakas (Urban Design Planner, HB Lanarc)***
9:20	**Q&A with Joaquin Karakas**
9:30	**Refreshment Break**
9:35	**Health 201: Five Things Planners and Design Professionals Need to Know About Health and the Built Environment** ***Alison McNeil (Provincial Health Services Authority)***
10:10	**Q&A with Alison McNeil**
10:20	**Refreshment Break** ***In-person participants will fill out the Health 201 Checklist***
10:35	**Integrating Health and Planning Challenges and Opportunities** ***Pam Moore (Environmental Health Officer, Interior Health), Gary Stephen (Planner, City of Kelowna***
11:10	**Q&A with Pam Moore & Gary Stephen**

11:20 **Refreshment Break**

11:25 **Sharing Successes from Northern Health**
Doug Quibell (Manager/Public Health Protection, Northern Health)

11:50 **Q&A with Doug Quibell**

12:00PM **Thank-you's and Wrap-Up (for webinar participants)**

12:10 **LUNCH**
Meeting planners will compile Health 201 Checklist information
Meeting planners will select topics/priorities for breakout discussions based on checklist findings

1:00 **Table Exercise #1: Optimizing Integration Tools/Techniques**

Participants will be grouped according to job description, with no more than six people per table. Each table will have a facilitator (e.g., a planner for a table of planners), a scribe, and someone who can access information via the Internet. Using the topics/priorities determined earlier by meeting planners, table facilitators will generate dialogue regarding job-specific tools and techniques to integrate planning and public health (e.g., elected officials could use plans, policies, and/or public engagement strategies). The scribe will record information on a customized worksheet, which will be used to document discussion. Each participant will also have a worksheet to fill out and take away after the workshop. As part of the discussion, participants at each table will be asked to prioritize the top five tools/techniques for integrating planning and public health. Each table will then report out on its top five tools/techniques.

2:00 *Refreshment Break*

2:10 **Table Exercise #2: Building Strategies for Successful Integration**

Participants will be grouped so that each table of six includes a cross section of people with different job descriptions and from different communities. Each table will have a facilitator, a scribe, and someone who can access information via the Internet. Using topics/priorities determined earlier by meeting planners, table facilitators will generate dialogue around specific topics/priorities determined earlier by meeting planners, with the focus being to explore collaborative solutions. The scribe will record information on a customized worksheet, which will be used to document discussion. Each participant will also have a worksheet to fill out and take away after the workshop. As part of the discussion, participants at each table will be asked to identify their top five strategies for addressing a specific priority from the Health 201 Checklist. Each table will then report out on its top five strategies.

3:10 *Refreshment Break*

3:20 **Table Exercise #3: Committing to Positive Change**
Facilitators will each be assigned a specific table, based on the priorities identified in the Health

201 Checklist. Each participant will receive a worksheet that provides space for Top 5 Tools/Techniques, Top 5 Strategies, and Top 5 Actions for the following months. Participants will be encouraged to visit the tables that address their priorities, and to engage in dialogue that will help them identify the tools/techniques, strategies, and actions that will help them achieve their goals. A few participants will be asked to share their information and commitments with the whole group.

4:20 **Thank-You's, Wrap-Up, and Next Steps**

Health & Community Design Collaborative

Housing + Transportation + Health – Connecting Ideas for Healthier Communities

March 31, 2011
9:00 AM – 4:00
Compass Point Inn
9850 King George Highway, Surrey, BC

AGENDA

Purpose of the Workshop:

- To explore the interconnection between housing, transportation and health
- To introduce the HCDC theme for 2011
- To enhance networking opportunities for participants
- To provide participants with key resources on the theme that they might refer to in their everyday work (Lit Review prepared by Andrea)
- To provide participants with knowledge about the topic, lessons learned from other programs in the region, and an opportunity to apply knowledge from the workshop to real-life planning exercises

8:45 – 9:00 (15 min)	**Doors Open/Registration**
9:00 – 9:15 (15 min)	**Introduction and Program Overview – Janet Kreda, MC** **Theme Introduction – Inter-connections between Housing Affordability and Transportation – Larry Frank** **Introduction of Scott Bernstein – Larry Frank**
9:15 – 10:00 (45 min)	**"Keynote Speaker" – Scott Bernstein, President, Centre for Neighbourhood Technology**
10:00 – 10:15 (15 min)	**Q&A with Scott Bernstein** **Moderated by Janet Kreda**
10:15 – 10-35 (20 min)	**Break**
10:35 – 11:15 (50 min)	**Panel– "On the Ground – Experiences and Programs in Metro Vancouver (10 min presentation each)** **Panel Moderator: Dr. John Carsley, MHO, Vancouver Coastal Health** • **Jeff Busby**, Manager, Project Planning, TransLink • **Don Luymes**, Manager of Community Planning, City of Surrey • **Cameron Gray,** Director of the Housing Centre (Retired), City of Vancouver
11:15-11:35 (20 min)	**Q&A with Panel**

11:35 – 11:45 (10 min)	**Wrap Up / Next Steps** • Summarize key learning from morning • Outline next steps for HCDC • Ask for feedbackon workshop and on future HCDC work (feedback form) • Overview of afternoon program • Thank you to agencies and people who made the day possible
11:45 – 12:45 (60 min)	**Lunch and Networking**
12:45 – 1:00 (15 min)	**Review of the theme and activities for the afternoon agenda – Janet Kreda, MC** • The afternoon is about 'doing', connection and collaborating …
1:00 – 1:45 (45 min)	**Tools and Resources for collaboration among planning, transportation and health organizations and colleagues** • Context and introduction – Janet Kreda, MC (<5 minutes) • Resources and initiatives that link Public Health and Planning - Alice Miro, Project Manager, CLASP Initiative, Built Environment and Health, Heart and Stroke Foundation of Canada (15 minute presentation) • Knowledge-to-action: a tool to assess organizations' capacity and build partnerships - TannisCheadle, Manager, Centres for Population & Public Health, Provincial Health Services Authority (10 minute presentation, 5 minutes to work on questionnaire) • Group questions and discussion (10 minutes)
1:45 – 2:05 (20 min)	**Speed Networking** • Brief explanation of the activity – Janet Kreda, MC • 4 speed network sessions – participants meet 4 new colleagues, short discussion based on focus questions (each speed network session is 3 minutes): 1. What is something striking or interesting you learned or realized during the presentations / discussion this morning? Could it change how you do your job? 2. Does your organization make links between housing, transportation and health… to improve affordability, equity, energy efficiency, and health outcomes? How? Or, why not? 3. If you had a million dollars to spend in the current fiscal year on housing + transportation + health, how would you spend it? 4. What is your current job, and your role to increase affordability, increase energy efficiency, improve health, and/or improve equity? Would your dream job be different, and if so how?
2:05 – 2:20 (15 min)	**Break** • continue informal discussions among colleagues
2:20 – 2:35 (15 min)	**Two Short Stories about Housing, Transportation and Health – collaboration, challenges, implementation, and lessons** • Introduce Storytellers – Janet Kreda, MC • Short Story by Marion Kim, Mental Health and Addictions Coordinator, Fraser Health (7 minutes) • Short Story by Don Luymes, Manager – Community Planning, City of Surrey (7 minutes)
2:35 –	**Table Top Discussions: Connections, Strategy, Action**

3:30 (55 min)	• Introduce the activity, review the menu of topics for discussion, give a brief overview of the process for small group work, invite participants to move to a table with preferred discussion topic (10 min) – Janet Kreda, MC Selection of topics: 6. Making the Numbers Work: How can we surmount high land costs to achieve housing, transportation and health objectives? 7. Creating Policies and Plans that make the links to increase affordability, energy efficiency, health, and equity 8. Creating Transit Oriented Communities, on the ground 9. Taking action on Housing and Social Plans: overcoming challenges to meet community needs 10. 'It takes a neighbourhood…': creating neighbourhoods that support active transportation, health, and equity • Discussion on the selected topics. The purpose of the small group discussions is to learn about how different perspectives and objectives can be woven together (affordability, health, accessibility, affordability), challenges and opportunities, strategies to collaborate and improve our practice. Small group facilitators, with the help of resource people, lead and record the discussion. (Note: facilitator's guide will be distributed, and contains information about the process – guide and promot questions, sample timeline, etc.). (45 min)
3:30 – 4:00	**What have we learned and next steps – Group Discussion facilitated by Janet Kreda, MC** • Reflect on the objectives and lead a reflective discussion about what we learned – Janet Kreda, MC (5 minutes) • What are recommendations to the Healthy Community Design Collaborative for further work on today's theme? (5 – 10 minutes) • Ask participants to consider and voluntarily share their own next steps, based on what they have learned today and what awaits them on their desk (5 -10 minutes) • Thank you to agencies and people who made the day possible • Complete evaluation forms (10 minutes)

Appendix III: Post-Event Evaluation Form (Richmond)

Post-Event Evaluation Form

Please complete this evaluation and drop it in the box by the door as you leave*

Please circle one:					
1. Overall, how would you rate this session?	Poor	Below average	Average	Good	Excellent
2. How would you describe the presenter(s)?	Not Effective	Below average	Average	Effective	Very Effective
3. How would you describe the quality of the materials i.e. Powerpoint presentation, handouts?	Poor	Below average	Average	Good	Excellent
4. What could have been improved in the presentations?					

5. What words best describe this session from your perspective? *(choose as many as you like)*

☐ Excellent	☐ Organized	☐ Inspiring	☐ Dull
☐ Comprehensive	☐ Skimmed the surface	☐ Confusing	☐ Well structured
☐ Too rushed	☐ Too slow	☐ Well paced	☐ Too short
☐ Too long	☐ Productive	☐ Not productive	☐ Boring
☐ Stimulating	☐ Informative	☐ Satisfactory	☐ Unsatisfactory

By attending this session, did you gain NEW knowledge about: *(please circle one)*			
6. The relationship between health and the built environment? If "some" or "a great deal", what knowledge was new?	Not really	Some	A great deal
7. How urban planning and development could be used to influence health? If "some" or "a great deal", what knowledge was new?	Not really	Some	A great deal
8. How the health sector could be an ally in your work? If "some" or "a great deal", what knowledge was new?	Not really	Some	A great deal
9. How you could collaborate with the health sector in urban planning and development work? If "some" or "a great deal", what knowledge was new?	Not really	Some	A great deal
10. How likely are you to change your practices as a result of this event?	Unlikely	Somewhat Likely	Very likely

Do you intend to:		
11. Visit the Healthy Canada by Design website?	No	Yes
12. Join the Healthy Canada by Design e-mail list?	No	Yes
13. Download the tools and resources produced by our initiative?	No	Yes
14. Forward our web link and/or e-updates on to your networks or colleagues?	No	Yes

15. What hat(s) are you wearing today? *Circle all that apply:*

Elected Official Industry/Business Civil Servant Citizen Planning/Design Other:

Thank You. Your response will help Healthy Canada by Design improve and expand our work with and for communities. Additional comments can be sent to amiro@hsf.ca

Appendix IVa: Vernon Participant Feedback Forms (with data)

VERNON – Collaborating for Community Wellness:
Local Governments and Health Authorities Working Together

Post-Event Evaluation Form

	no answer	Below average	Average	Good	Excellent
1. Overall, how would you rate this workshop?	5			11	9

2. How would you describe the effectiveness of the **presentations**?	no answer	Below average	Average	Effective	Very Effective
a Understanding the Link Between community Health and Land-Use Planning – Joaquin Karakas	2			14	9
b Health 201: Five things Planners and Design Professionals Need to Know About Health and the Built Environment – Alison McNeil	1		6	12	6
c Integrating Health and Planning Challenges and Opportunities – Pam Moore and Gary Stephen	2		2	13	9
3. How would you describe the quality of the **materials** i.e. Powerpoint presentation, handouts?	no answer	Below average	Average	Good	Excellent
a Understanding the Link Between community Health and Land-Use Planning – Joaquin Karakas	3		5	10	7
b Health 201: Five things Planners and Design Professionals Need to Know About Health and the Built Environment – Alison McNeil	3		4	12	6
c Integrating Health and Planning Challenges and Opportunities – Pam Moore and Gary Stephen	3		5	8	9
4. How would you describe the usefulness of the **table exercises**?	no answer	Below average	Average	Useful	Very Useful
1 Optimizing Integration Tools/Techniques	3		2	14	6
2 Building Strategies for Successful Integration	5	1	1	14	4
3 Committing to Positive Change	8		4	9	4

5. What could have been improved with respect to the**presentations**, the **materials** and/or the **table exercises**?

presentations

- 2a had a good message, but poor delivery.
- Allocate more time for larger presentations. Fewer speakers to reduce repetition.
- Presentations -- More time allocated to describing local examples of success would be inspiring.

materials

- Distracting powerpoint.
- It would have been nice to have the ppt's so we didn't have to scribble notes.

table exercises

- Table exercises needed more time (x2).
- Focus of the exercises allowed the conversation to stay on track, which is unusual for such discussions, as they often go off on tangents
- Very detailed, it would be useful for them to be simplified to free up brainstorming and ideas.
- Clarity on directions for the table exercises.

- Provide better clarity on instructions for table exercises.
- Table exercises were complicated to interpret and timelines were short.
- Would have been better to do the table exercises throughout the day (x2).

Prior to attending this workshop:

	no answer	Disagree	Somewhat disagree	neutral	Somewhat agree	Strongly agree
6. I was aware of the link between health and the built environment.					7	18
7. When carrying out the functions of my work, I applied what knowledge I had to make the link between health and the built environment.	1			4	11	9
8. When carrying out the functions of my work, I would engage in cross sectoral partnerships between health and planning.		1		5	6	12

By attending this workshop, did you:

	Not at all	Very little	neutral	Somewhat	To a great extent
9. . . . **gainNEWKNOWLEDGE** about the **relationship between health and the built environment**			5	17	**3**

If so, what knowledge was new?

perspective of the other side and collaborations:

- Health planner position.
- Planners view.
- Role of health authorities. Current collaborations between health authorities and municipal planning departments

public health issues:

- The social aspects and impacts of healthy environment planning.
- The news is that the IHA sees an active role in the built environment as an illness preventer. As opposed to 'fixing it when it is broken'.

communication and complexity issues:

- Networking.
- The complexity of the layers of communication within and between the groups.
- Complexity of the problem and solutions needed.

no new knowledge:

- I was already well aware of the relationship.
- I was already engaged.

	no answer	Very little	neutral	Somewhat	To a great extent
10. . . . **gain INSIGHT** about **your role and actions** in **creating a healthier built environment**?	**2**		4	14	**5**

Please elaborate on what you learned.

Personal responsibility to spread the information within own organization:

- Take personal responsibility for pushing the planning/health integration agenda up the ladder.
- All the different areas where LOGs could welcome our input.
- Opportunity to think about what I can do as an individual in my day to day role was useful, as we often get paralyzed by lack of organizational or leadership support and mandate.

Personal role for collaboration and partnership:

- Need to communicate with allied agencies.
- Collaborations

Health authority role as valuable but could use some change in service delivery to respond to the need:

- IHA's level of strong commitment to HBE
- An acknowledgement by local governments of the value that a health authority can bring to the planning table.
- The need for fundamental change in the service delivery by Health Authority.

Misc:

- It was helpful to layout a plan and direction that I can take away from here. Thanks.
- I was already engaged.

	no answer	Very little	neutral	Somewhat	To a great extent
11. . . . **acquire more KNOWLEDGE and an increased UNDERSTANDING** of **health's role and contribution** in creating healthier built environments?(health here refers to the expertise of health professionals and health focussed research that supports healthy built environments)	**3**	2	4	11	**5**

Please elaborate on what you learned.

HA data:

- Gaining knowledge of HA data and research to bolster the planning arguments for healthy built environment, active transportation and access by proximity (compact/connected).

Holistic view of social determinants of health:

- Idea of physical, mental, and spiritual health.
- It's encouraging to hear that others see and support an expanding role for health beyond delivering 'traditional' public health services (e.g. food inspection).

Partnership opportunities:

- What I did learn was potential other ways of developing relationships/partnerships.

Misc.:

- Different takes on the information already held.
- I was already engaged.
- I already work directly with local governments.

	no answer	not applicable	Very little	neutral	Somewhat	To a great extent
12. . . . **increase your AWARENESS** about **strategies** to support creating healthy built environments?				4	14	**5**
13. . . . *(if you are a non-health professional)***gain a better UNDERSTANDING** of **opportunities to work with local health professionals** to create healthy built environments?	**2**	**12**		1	5	**4**

14. . . . **meet/find potential allies, networks and opportunities** for **PARTNERSHIPS** among sectors (e.g. planning, building, engineering, transportation, health, etc) and across functions (e.g. research, practice government, private, etc)?			1	**3**	**11**	**5**

	no answer	Somewhat unlikely	neutral	Somewhat likely	Very likely
15. How likely are you to**USEknowledge and links** from today in your work?	2		4	6	13

If 'somewhat' or 'very likely', what will you implement and how?
If 'unlikely' please elaborate.

To spread the word and impact how the work is done:

- Approach senior management about potential for budget and creation of liaison or working group.
- Use to educate others -- share information.
- I will contact local governments to determine what other services/information would be beneficial.
- Have a broader understanding of the connection between health and planning. Be more likely to bring such issues up in meetings.
- Start with small initiatives.
- The various references will be useful, also the toolbooks.

To improve partnering and collaborations:

- Bettering relationships and connecting our messages.
- Ideas about who/how to link with all relevant stakeholders (e.g. NGOs, private sector, academia, ministries, etc.) will be very useful in moving forward with my future work.

Limitations:

- Will depend on direction from IH management.

	No	Yes
16. Are you leaving with unanswered questions?	19	6

If so, what are they?

- How to implement specific concepts into planning and building the local community -- practical ideas that can be implemented through zoning and design guidelines.
- How to apply with unsure supervisors.
- How do we obtain public support, which is so crucial and tied to support from municipal and regional decision makers -- elected officials will find it harder to 'do what's right' if the public is against it.
- How are these issues being tackled in other parts of Canada?
- Will management support involvement and time commitment? What work will not be done if resources are shifted to these?
- How does this apply to rural communities?

	no answer	Somewhat unlikely	neutral	Somewhat likely	Very likely
17. How likely are you to participate in **future activities** like this with the purpose of future mutual learning about relationship between health, environment, equity, community planning to develop healthier built environments?	4	1		10	10

If 'unlikely' please elaborate.

- Thanks, very good. Need to invite municipal politicians, municipal administration/engineers/finance.
- Cost is an issue
- Only if there is more support from my manager.

Do you intend to:

	No	Yes
18. Download or refer to some of the tools and resources discussed at this workshop?	1	20
19. Forward related web-links and/or documents on to your networks or colleagues?		20
20. Seek out more cross sectoral partnerships (between planning and health) in your work?		21

21. What hat(s) are you wearing today?

1	Entrepreneur/actor human/humane potential
7	Environmental Health Officer
9	Health Professional
1	Housing
5	Local Government
1	Municipal
2	Parks
4	Planner
2	Policy
1	Private sector supplier
2	Regional Government
1	Regional Health Authority

Not represented:

Architect
Engineer
Landscape Architect
Medical Health Officer
Provincial Government
Transportation

Appendix IVb: Surrey Participant Feedback Forms (with data)

HOUSING + TRANSPORTATION + HEALTH:
Connecting Ideas and Practice for Healthier Communities – Workshop held March 31 2011
Post-Event Evaluation Data Summary

1. Participants

71 forms were completed, out of 150 attendees, 18 of whom attended the morning sessiononly. The table below shows their characteristics: health and planning professionals were both well-represented.

Table 1: Participants' sector

	No.
Government or policy, sector not known	17
Planning sector	32
Health sector	22
Total	71

Table 2 shows the detailed breakdown of professions.

Table 2: Participant sector and occupation (multiple responses allowed)

	No.
Government	19
Planner	19
Health Authority	17
Transportation	14
Health Professional	10
Environment	10
Housing	10
Policy	10
Non-govn't Organization	9
Urban Design	8
Consultant	7
Environmental Health Officer	5
Other: Citizen, non-profit funder, research	3
Student	2
Engineer	2
Landscape Architect	1
Parks	1
Medical Health Officer	1
Architect	0

As there was some missing data in the questionnaires, the denominators are provided where this was substantially lower than the total n.

2. Workshop/event quality

The ratings of overall event quality, presentations and workshops are shown below.

Rating of event quality

	Poor	Below average	Average	Good	Excellent
Overall, how would you rate this workshop? (n = 63)	0	0	4	43	16
	Not effective	Below average	Average	Effective	Very effective
How would you describe the effectiveness of the presentations?					
Keynote Speaker – Scott Bernstein (n = 68)	0	0	1	33	34
Panel: "On the Ground – Experiences and Programs in Metro Vancouver" (n = 61)	0	0	5	41	15
Afternoon attendees only: n = 53					
Resources and Initiatives that Link Public Health and Planning – Alice Miro	1	2	17	27	6
Knowledge-to-Action: tool to assess organizations' capacity for collaboration and to build partnerships – TannisCheadle	3	1	26	20	3
Two Short Stories about Housing, Transportation and Health – Marion Kim and Don Luymes	0	0	12	29	8

In response to a question about how the presentation, materials and table top exercises could have been improved, 41 responses were provided; these are shown in the table below. Several comments were made about the room and AV layout making it difficult to see presentations. Timing was also an issue for some participants, and some noted suggestions for the nature and level of the discussions.

Table 3: What could have been improved?

Room, AV and organization – Better audio control. facility -- too many visual barriers (pillars) – Better Public address & venue. screen and panel should be elevated – Better room (posts) for visibility – Better room layout please. – Break it up a bit more. Morning session was informative but too "talky" – Difficult to hear many of the presenters and to see the slides. – The powerpoint and speaker need to be moved forward to be visible. – The room made it difficult to stay engaged in presentations – Orientation of tables could be better – Room set-up - poles? – Room was a bit nasty, will poor sight lines – Tricky room- couldn't see the bottom of the screen. – Venue in terms of visibility to screen and presenters – The venue set up is not good - hard to see presentation slides, hard to ear some speakers and crowd too easy to disperse. Transition from one workshop activity to another was very confusing.
Time-timing – More time for Q&A – More time for table discussions would have been useful – More time for the keynote speaker - he was excellent! I would have loved to hear more from Scott. – More time made available for the panel and table top discussion – More time to discuss table talk. Please change venue with no pillars. Between viewing next time. – More time with keynote speaker would have been appreciated. Two short stories - links with health could have been stronger. – Need more time for roundtable discussion – Not enough time in afternoon to get "how-to's. so we mostly chatted I guess depending on how much you knew or didn't know would determine effectiveness

– Only thing I can think of is that the keynote speaker talked too long, both in his speech and part of the panel – The panel would have been more helpful if there was more time for questions/discussion.
Preparation, materials, questions – Agenda and discussion points – Handouts on the keynote speaker would have been very helpful. – If the presentations were going to be made available, please tell the audience this at the beginning of the day. I took a lot of frantic notes during presentations before I was told that the presentations would be available. – More background information. Providing pre-workshop materials to review – Opportunity tothink/prepare for table discussion (prior to workshop) – Provide printouts of the presentations so audience can follow if slides are difficult to see. – Table top exercise: would have benefitted from knowing guiding questions in advance. – Speed network - no questions needed- it was valuable jus to say who you were and what you did and how we could overlap. – Table top- more focused, concrete action items
Level/nature of discussion – Action-oriented, how can we implement, what change can be achieved. How to's. – Clarity as to the question being addressed/topic. Synthesis of ideas related to the topic and not just free-for-all discussion. – More case studies and personal experiences – In the morning, health considerations were mentioned very generally. It might have been helpful to have that piece addressed in at least one person'spresentation explicitly. – More connections between health and transportation discussions – More could be presented on pedestrian oriented urban design as an intrinsic "marketing" tool for selling TOD to residents and politicians. If it looks good, it will sell. – The table top exercise I attended seemed to get bogged down in the details of how to read a proforma instead of addressing the big-picture issue around providing affordable housing. A facilitator who would keep the discussion at a big-picture level would have been helpful. – The Knowledge-to-action session might have had more impact if it was somehow interactive or discussed how the tool was developed. Having already read the Health 201 booklet, I found the presentation did not add to my understanding.Would have liked to see the linkages as they apply to Senior Citizens
Other – More tea - ran out early! – Have presenters that tell a good story. This is especially important for afternoon session where energy decreases – I am dismayed to see all white male panellists in 2011. Please try harder to include 52% of populations (women) and people of colour. – Speed Networking is tricky with so many people. Having a system where people had a number under their seat, and then were matched that way, might have worked better than people milling about and having to find a person to talk to. Very difficult for people with mobility issues or people who are shy/don't like 'games.'

Rating of session usefulness showed generally high levels of perceived usefulness. Topic 3 was the most favourably rated by its participants.

Table 4: Usefulness of Workshops/Table top exercises

	Not useful	Below average	Average	Useful	Very useful
Speed Networking (n = 49)	1	4	15	19	10
Making the Numbers Work – How can we surmount high land costs in our region, to achieve housing, transportation and health objectives? (n = 9)	0	2	1	4	2
Creating Policies and Plans that make the links to increase affordability, energy efficiency, health and equity.	0	1	2	3	3

(n = 9)					
Topic #3: Creating Transit Oriented Communities On the Ground. (n = 11)	0	0	3	5	3
Topic #4: Taking action on Housing and Social Plans: overcoming challenges to meet community needs. (n = 5)	0	0	1	4	0
Topic #5: 'It takes a neighbourhood . . .': creating neighbourhoods that support active transportation, health and equity.(n = 17)	1	1	4	7	4

3. Impacts

The impacts of the event should be interpreted in light of the pre-existing level of awareness and engagement among participants. As the table below shows, these levels were already quite high.

Table 5: Existing levels of knowledge

Prior to attending this workshop:	Disagree	Somewhat disagree	neutral	Somewhat agree	Strongly agree
I was aware of the link between health and the built environment.	1	3	2	17	48
When carrying out the functions of my work, I applied what knowledge I had to make the link between health and the built environment.	2	4	11	30	21
When carrying out the functions of my work, I would engage in cross sectoral partnerships between health and planning.	4	9	9	21	24

The table below summarizes the responses to the questions about impacts. Despite their high existing level of awareness, more than half of participants gained new or increased awareness or knowledge.

Table 6: Impacts on learning

By attending this workshop, did you:(n = 69)	Not at all	Very little	Neutral	Somewhat	To a great extent
. . . gain new knowledge about the relationship between health and the built environment? (n = 69)	3	4	8	39	15
. . . gain insight about your role and actions in creating a healthier built environment?(n = 69)	2	2	9	47	9
. . . acquire an increased understanding of health's role and contribution in creating healthier built environments?(n = 69)	2	3	16	38	10
. . . increase your awareness about strategies to support creating healthy built environments?(n = 69)	3	2	15	32	17
. . . (if you are a non-health professional) gain a better understanding of opportunities to work with local health professionals to create healthy built environments? (n = 49)	1	5	7	23	13
. . . meet/find potential allies, networks and opportunities for partnerships among sectors and across functions? (n = 65)	3	2	14	30	16

In elaborating on what they had learned, participants mentioned several types of knowledge. Categorized responses are shown in Table 7. It appears from these that information on costs of transportation and housing was seen as particularly valuable to learning.

Table 7: What was learned

General information, linkages – Great high level stuff (building partnership, latest theories and research etc.). – A lot of Scott's presentation. Articulation of project vs. policy partnerships - tips from Cameron Gray. Tannis, presentation. Potential future resources from Heart and Stroke. – Health and good planning have similar strategies and goals, even if the framework language is different – I learned that Fraser health is taking a more active, leadership role in connecting health issues with local government processes – Importance of collaborative work in building healthier neighbourhoods – Importance of planning around and for active transportation – More of a perspective from the planning (and by extension - the development) community. There are a lot of tensions at play. This is not simple. – The importance and impact of transportation on health – The link between health and planning and how important it is to collaborate to be healthy, walkable communities – There are hard trade-off issues the need to be considered in relationship building
Economic factors – $ side of things – keynote – Need to change definition of affordable housing v- need to include costs of transport and health benefits – History of planning. transportation costs and housing costs – Relationship between mortgages and housing (lack of transportation cost in determining these numbers). i.e., "cars have better homes than people" – relationship re housing costs and transportation – Specifics of location efficiency and LE mortgages. Translink's plans. Methods of funding infrastructure. Data available (at least in US) and what might be needed in BC. – The hidden costs (health and transportation) of living far from where one works. Challenges in our current ways different government agencies have in forming collaborative approaches – The link between the costs of transportation and the cost of housing. link between transportation and health – The importance of H&T$ in educating decision-makers. How necessary it is to always include Translink in these questions and discussions – we need to examine Canada's social health system and potential cost savings that would result in a better-integrated transportation system (i.e., people that walk & take transit/cycle should have a lesser impact on the health system and savings should be reinvested in sustainable transportation) – Translink's addiction to fossil fuel propulsion as well as concrete and asphalt cartels. Validates the huge proportion of family income spent on supporting and financing a car(s) 25% – Transportation cost-mobility-access need to be included in housing costs
Networking, contacts, awareness of local initiatives – Contacts made in health, Translink and other munis to contact in the future for collaboration – Some new contacts. Some good web-bases tools & resources – Work of health planning currently in the region. The workshop managed to bring people together who don't always have a chance to collaborate in day to day work - this was positive. – The number of initiatives linking health and community planning. Differences in awarenessin?? various sectors and communities
Who was and was not there – Surprised, pleasantly to see rep from Province of BC here. – City councillors need this info. we are preaching to the converted so need to "reach out" – Amount of interest in topic as evidenced by no. and background of attendees. – That we need developer, politicians here as well a) so they can see the importance of these issues b) so we can get their point of view c) so we can work together rather than us telling them how great all these ideas are.
Level needs to go farther

– Health professionals already know quite a bit – I am "expert" in pedestrian oriented urban design and planning. The info is good, but there are many converted professionals. Then to implement the necessary land use and design guidelines changes is key -- more info on that would be helpful.

Achieving implementation, engagement – How easily it could be done. The need for public education to create new input. – Need to improve community engagement to ensure HBE principles are supported by all partners. Municipalities, city, region and health depts. – What local practitioners need
Other – Questions raised for me: History - If at one time we were really good at creating mixed-use, live-work communities with strong transportation links, what was it (just the advent of the car?) that made us start going down an opposite road? How do we get back to the basics ... do we need to look at planning, housing, transportation curriculum to build health lens in those too for students coming out of programs

Over 80% of participants said they would be somewhat or very likely to use the knowledge gained from the workshop, and to participate in future activities.

Table 8: Future use and participation

	Unlikely	Somewhat unlikely	neutral	Somewhat likely	Very likely
How likely are you to use knowledge and links from today in your work?(n = 66)	2	0	10	28	26
How likely are you to participate in future activities like this?(n = 59)	0	0	2	30	27

The 33 responsesto an open-ended question about what participants intended to implement included three main themes: developing their relationships and networks, working toward changes in the built environment, and pursuing learning. Some respondents noted that they are not involved in a capacity that will allow them to implement the knowledge, or that it was not applicable to their on-the ground work (Table 9).

Table 9: What knowledge and links will be implemented, and how

Develop relationships and networks – Become more involved in stakeholder conversation about transit, housing and health as interdependent issues – Connect with people I met today and move forward based on their advice as to how to proceed – Connecting with Translink on future community plans, connecting with Fraser Health on health issues. – Establish deeper relationships with planners, decision-makers. – Examine research that is being done and connect with people I met – Followup with people I met – Follow up on contacts, review handouts and references - check onto a few websites – Networking
Work toward changes to the built environment – Need to include the cost of off-site road improvement and amenity costs into the development costs of a project as the basis of plan approval (vs. just utility costs to the municipality. – Health aspect as another argument for good planning principles – Increased use of resources in my current planning work – Better collaboration with health in neighbourhood plan preparation – Collaboration with Fraser Health

– Explore areas that could use more research or funding leverage for potential support and or engagement through my organization. – New learnings on how to message importance of sustainable transpiration and healthy communities – Self-learning,comment on community plans – Public engagement tools for health and planning- building public knowledge. Health facilities to be considered in planning beyond transit, walkability, cycling. – Understand the link between transportation and health when looking at new housing projects. – Use new found attitudes of OCP and health – Use Scott Bernsteins' presentation to drive mayors Green, Watts and Peary on light rail on the Baer Row, – When developing research hypotheses to reflect on the work that has already been done by health authorities or by the City in order not to reinvent the wheel; or maybe even workshop together with them in order to provide research results that could be immediately used by the authorities or the city. – Will seek our partnerships with health authorities. Will try to incorporate these benefits into transportation planning work as a consultant to municipal governments – Work towards reactivation of existing inter-urban rail system through the Fraser valley – Working with planners and municipal government
Pursue learning – I will refer to the documents which were referenced – Policy vs. project partnership - learn more how? – Many tweets on tidbits I learned. Excellent tools in health 201 for our Board of Director to start action on work with universities for more sustainable transportation and health studies. Partnerships with municipalities deepened. – Weblinks from Scott's presentation
Not applicable to current work – Informative but honestly not applicable to on the ground work – as an environmental health officer I am not part of planning for healthy built environments; although it would be great to implement in some capacity – Unfortunately my position is not one where much of the info I've learned today can be applied to my day to day work.
Other – Ask seniors or involve us with planners to assist??? messaging – Always nice to get additional links and knowledge, but I find there is always a lack of reps from politicians AND from the development community so they can engage in these discussions too.

Some suggestions were provided to questions about what other topics participants would like to learn more about, what additional research might be needed, and what tools need to be developed. These are shown in Table 10.

Table 10: Future learning, research and tools

What would you like to learn more about? – A holistic health-planning framework for plan/development evaluation – Age-friendly community planning – Air pollution impacts form motor vehicle and potential benefits of electric public transit – Beh. change – Creating safe neighbourhoods. Encouraging the communities as opposed to regulating them – Health outcomes re affordable, accessible housing models – Effects of climate change on health – Health data (outcomes) correlated to neighbourhood design – health impacts from contact with natural areas- living green areas – Health indicators of "location efficiency". Location efficiency - improving this in already built neighbour

- Health outcomes from neighbourhoods that have been healthily built - has it really made a difference in people's health, attitudes and behaviours?
- health role in a better built environment
- healthy living & activities - how to get parents & students to walk-cycle to school together
- How community plans are developed, how health can be involved/introduced into the process
- How individuals in the community can influence planning and development for their own betterment (or community)
- How TOD is to be implemented more quickly.

- How zoning and re-zoning, DCCs, CACs etc. work
- Impact of location and density of fast food restaurants and potential ways to limit new facilities
- International models besides US and Canada
- Making the economic and health business case for building healthier communities - can we connect with health economics to help?
- Planning better communities
- Walking and cycling and carpooling
- What health authorities are doing? What areas they can assist in?

Is there more research that needs to be done?

- Analysis of the impact of shifting resource from road building-expansion to transit, cycling and walking.
- ditto. + General educational workshops for councils and development industry.
- Health benefits of taking transit or carpooling?
- health data (outcomes) correlated to neighbourhood design
- How to b
- how to prevent , mitigate health effects of cc
- I'm curious about the "right ingredients" for good development, i.e. where the development community can get onboard with what society needs rather than what the financial market can sell
- I'd like to see more about the statistics-data that exist or need to be researched re: health effects (positive or negative) for development and planning.
- it is great that this session is connecting health and municipal planners - more needs (connecstions0 to be developed
- Just keep building on what is going on. More digging into food security and built environment
- More research on how this plays out on the ground -- how do you engage residents at neighbourhood level?
- No. there's enough out there, but it will have to be disseminated properly.
- planning outcomes was plan followed, did it work
- Yes reducing no. of trips of HG emission or health benefits or health costs savings in relation to change in behaviour to sustainable transportation methods
- Yes- and this research needs to be disseminated effectively
- Need to review research that was highlighted
- No i believe the research is there but a change in behaviours and people's thinking is required to make big changes. More action and less research.

Are there tools that need to be developed?

- awareness at community level
- Cohort studies to track populations over time
- Development tool for HBE principals
- Hands-on tools to start using - no more general talk
- Info about successful local case studies is always welcome.
- No, just the dissemination of tools that are already available.
- One stop shop. Transit
- We live in a scientific era where "data" rules. Linking health data with walkable compact vibrant communities will likely create success
- Well publicized social indicators that are health based.
- Community engagement tools