

March 31, 2011 Workshop Report

Housing + Transportation + Health:
Connecting Ideas and Practice
for Healthier Communities



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**Housing + Transportation + Health:
Connecting Ideas and Practice for Healthier Communities
March 31, 2011 Workshop
Surrey, BC**

Executive Summary

Introduction and Purpose

The March 31, 2011 workshop titled “Housing + Transportation + Health: Connecting Ideas and Practice for Healthier Communities”, was held in Surrey, British Columbia. This was the second of two such workshops held in early 2011 with the goal of increasing awareness and understanding of healthy built environment (HBE) concepts. The following is a report summarizing the events of this workshop. It is intended to share information about how this particular workshop was planned, the agenda and logistics, as well as the main themes and outcomes of the event for those unable to attend, and those who may be considering planning a similar type of event in the future.

Topics outlined in this report include: workshop objectives; audience and participation; agenda; key messages and themes; summary of evaluation; next steps and follow up actions; and, appendices, including but not limited to information about event logistics such as the invitation list, funding and budget, location and workshop materials.

Overview

The workshop topic “Housing + Transportation + Health” was selected because it is a key multi-sector challenge in the region for affordability, equity, energy efficiency, and health. The workshop was developed for a diverse audience of professionals whose work impacts housing, transportation and health.

An existing multi-agency group, the Health and Community Design Collaborative (HCDC), organized the workshop. The HCDC includes representation from the three lower mainland health authorities (Fraser Health, Vancouver Coastal Health, and Provincial Health Services Authority), UBC and Metro Vancouver. It was recently formed to enable, support, and maintain the development of healthy, low-carbon, and equitable communities across British Columbia’s Lower Mainland, and is intending to do more work on this theme throughout 2011.

The workshop was held in the City of Surrey. This quickly growing and dynamic city is particularly relevant to the workshop topic due to its opportunities, challenges, and regional context. The City of Surrey is currently working on projects and initiatives with many agencies (e.g. housing, transportation, and health) and provides rich context for practical discussion and application.

Of the 150 participants, 136 came in-person and 14 participated by webinar. Participants were from the following geographic regions: 59 from FH; 27 from VCH; 10 from VIHA (via webinar); 25 Regional/both; and, 29 neither or don’t know. 93 people stayed to participate in the afternoon session. Registration for the afternoon session reached capacity very quickly and a waiting list had to be developed.

The target audiences (i.e. those to whom invitations were sent) were professionals in urban planning, housing, public health, sustainability, transportation, engineering, research, policy, consulting, government, and academia. Among the 136 people who attended in-person, there were a wide range of sectors represented: 44 health; 35 community planning & social planning;

22 transportation (planning or engineering); 9 housing; 6 research; as well as, 20 other & unknown.

The agenda for the day progressed from the presentation of large scale ideas and concepts, to regional relevance and roles, to organizations' and individuals' sphere of action to create better connections and on-the-ground results in communities. One of the themes woven through the workshop was that the kind of true collaboration encouraged by workshops like this one involves thinking differently about our challenges and problems, and often results in the re-allocation of resources. Participants expressed strong interest to build relationships and alliances between different sectors and particular individuals that they can connect with to create change and benefit.

Workshop Objectives

The individual agenda items were chosen specifically to address each of the workshop objectives. Preliminary evaluation findings, informal feedback and high attendance numbers suggest that the workshop was a success in terms of choosing a topic of relevance and interest to a wide variety of people and providing a venue to advance the workshop objectives.

The workshop objectives were as follows:

- To explore the interconnection between housing, transportation and health.
- To introduce the Health and Community Design Collaborative (HCDC) theme for 2011: housing, transportation and health.
- To provide networking opportunities for participants.
- To provide participants with key resources on the theme that they might refer to in their everyday work.
- 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 collaborate on healthy built environment work, and an opportunity to apply knowledge from the workshop to real-life collaborative planning topics.

Key Messages

Some of the key messages highlighted at the event through the presentations, panel discussion and small group work include, but are not limited to, the following:

- The health and environmental costs of NOT investing in transit-oriented communities are astronomical; given the magnitude of our transportation costs (\$30 trillion over the next 30 years in this region), we should invest wisely to create attractive and healthy communities
- Our collective resources are often hidden, scattered and poorly utilized - to remedy this, housing and transportation policies need to be combined and collaboratively created and implemented
- Agreement regarding the need to "do things differently" - suggestions include:
 - ✓ Educating the public re: the "real" cost of housing once transportation, time and quality of life are factored in
 - ✓ Designing creative housing solutions to increase density - home ownership is an addiction in North America
 - ✓ Supplying more affordable housing near transit - demand will only increase with an aging population
 - ✓ Investing a proportion of public transit dollars into communities that demonstrate transit oriented development (performance-based approach)
 - ✓ "Playing the game" more effectively with the private sector developers - an important instrument of change toward healthy and affordable communities

Tools exist to support all sectors in working more collaboratively with each other towards healthier built environments and some of those were highlighted in the afternoon. Also featured were two successful local case studies. While they described very different projects, both provided information on lessons learned and challenges faced.

Networking opportunities were provided over lunch and throughout the workshop so that participants could meet new people and make important contacts.

InSource, a Vancouver-based health services and population health research group, was hired by PHSA to conduct an evaluation of this workshop, as well as a workshop conducted in Vernon on Feb 24, 2011 for Interior and Northern Health. After this event, participants were asked to complete feedback forms, and the workshop planning team met to debrief. Those processes combined with a participant observation conducted by a skilled evaluator formed the basis of a full evaluation report compiled by In Source.

Some of the key evaluation findings include the following:

- The overall success of the event as rated by the participants was high – a great majority of participants rated the event quality as good or excellent (83%, n=59/71).
- An overwhelming majority of participants rated the morning agenda very positively. Most of the workshop participants also rated the afternoon presentations positively, although not to the same extent that they did for the morning. The majority of participants also found the afternoon exercises valuable. Overall, the evaluation determined that the workshop was successful and met its stated objectives.
- It was also concluded that the workshop was successful at achieving the overarching short-term objective articulated in the Health 201 project proposal which was to increase awareness, understanding and skill amongst planners with respect to healthy built environment concepts as measured by the following indicators:
 - ✓ 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
- The majority of respondents (76%, n=54/71) indicated that they are likely to use the knowledge and links from the workshop; and 80% (n=57/71) said they are likely to participate in events similar to this one.
- In response to an open-ended question about what participants intended to implement, three main themes emerged: 1) developing their relationships and networks; 2) working toward changes in the built environment; and, 3) pursuing learning.
- In the feedback form, participants were also asked open-ended questions about what other topics they would like to learn more about, what additional research might be needed, and what tools need to be developed.

The full evaluation report includes more information about learnings from the event, as well as a thorough list of considerations for those wishing to deliver similar events in the future.

The interest and relevance of this topic and event were demonstrated through strong attendance rates and thoughtful engagement by participants on the day, as well as strong evaluation feedback. The workshop planning team will be meeting to identify next steps for events to build on the interest and momentum generated by this successful workshop.

**Housing + Transportation + Health:
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Report

Workshop Objectives

- To explore the interconnection between housing, transportation and health.
- To introduce the Health and Community Design Collaborative (HCDC) theme for 2011: housing, transportation and health.
- To provide networking opportunities for participants.
- To provide participants with key resources on the theme that they might refer to in their everyday work.
- 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 collaborate on healthy built environment work, and an opportunity to apply knowledge from the workshop to real-life collaborative planning topics.

Target Audience and Participation

The target audiences were professionals in urban planning, housing, public health, sustainability, transportation, engineering, research, policy, consulting, government, and academia.

136 people attended the morning session of the workshop in-person, and 93 people were present to participate in the afternoon session. 14 people participated in the simultaneous web-conference, which ran from the start of the workshop at 9:00am, until 2:30pm (Web-conference participants did not participate in small group work). The list of participants is in Appendix 13.

The afternoon session was purposely designed for a smaller number of participants to allow a manageable sized group to make connections and engage in smaller group discussions. The afternoon session exceeded the registration capacity (85), and a waiting list was created pending cancellations and regrets by registered participants. There was solid representation from all of the participating sectors (See Figure 1 below for the approximate breakdown of participants by profession).

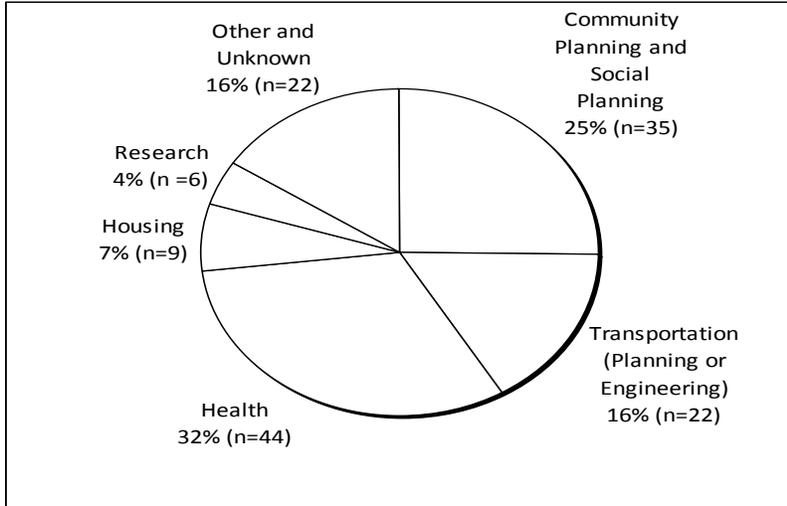


Figure 1: Participants in March 31, 2011 Workshop, by Sector

The geographic reach for the workshop was largely the Lower Mainland, which includes communities that fall within the jurisdiction of either Metro Vancouver or Fraser Valley Regional District. Each community in the Lower Mainland is also included under one of two regional health authorities: Fraser Health (FH) or Vancouver Coastal Health (VCH). Please note, The boundaries for regional districts differ from the health service delivery area boundaries. There were, however, 10 people from Vancouver Island Health Authority (VIHA) participating via webinar. The 150 participants were from the following geographic regions: 59 from FH; 27 from VCH; 10 from VIHA; 25 Regional/both; and, 29 Neither or don't know. Figure 2 (below) illustrates the breakdown.

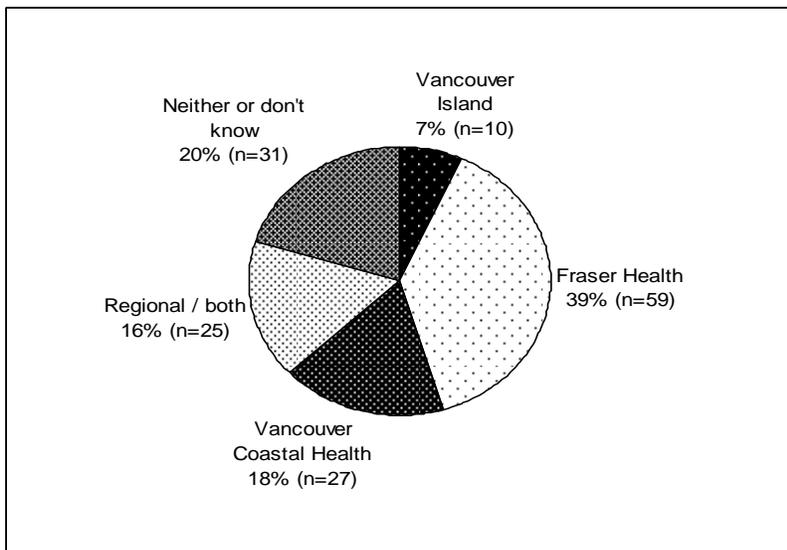


Figure 2: March 31 Workshop Participants by Health Authority

There was an interest in including a similar professional audience from Vancouver Island Health Authority's health service delivery area in the workshop. However, there were challenges due to a number of factors: significant travel time and expense from Vancouver Island to the workshop in Surrey BC; the 9:00am start time of the workshop (schedule was set due to agenda needs and

keynote speaker availability) was not conducive to one-day return travel to and from Vancouver Island; and the content of the workshop was geared to the Lower Mainland audience (Lower Mainland panel etc.). Options that were considered for Vancouver Island participation included:

- (a) Making available a limited number of travel bursaries to facilitate in person participation by a few Vancouver Islanders;
- (b) A group web-conference in Victoria BC: various interested Vancouver Island participants would gather at a facility to participate remotely in workshop presentations and plenary discussions, and then participate among their Vancouver Island group (with local in-person facilitator) on the interactive components of the agenda;
- (c) Individual participation in web-conference by interested participants from their own desks.

Individual participation by web-conference (option c) was selected as the method for Vancouver Islanders to participate. This was due to the potential for a large number of participants to take part in all or part of the workshop, a limited lead-time and limited capacity to organize a satellite event (which detracted from the feasibility of option b), and limited budget (detracted from feasibility of option a).

Of the 14 people who participated by web-conference, 10 were from Vancouver Island.¹

Agenda

The topic "Housing + Transportation + Health" was chosen because it is a key multi-sector challenge in the region in terms of affordability, equity, energy efficiency, and health. HCDC is intending to do more work on this theme throughout 2011, and felt this topic would resonate well with the target audience. HCDC felt it was important to 'ground' the concepts in a concrete way. Also, HCDC believed that a high-profile keynote speaker would be important in order to attract an audience. This workshop was intended to provide a foundation and set the stage for further workshops and tools that will delve more into the "how-to" aspects of addressing the issues. A list of topic relevant resources (Appendix 5) was compiled and sent to participants in advance.

The morning session provided participants with some new information and a thought-provoking introduction to the theme of housing + transportation + health. HCDC members gave some context and introductions after which the keynote speaker Scott Bernstein (Center for Neighborhood Technology, Chicago) addressed the audience for approximately 45 minutes. The balance of the morning was spent on a panel discussion moderated by a Medical Health Officer (MHO) from Vancouver Coastal Health.

The panel of local professionals in housing, planning and transportation gave brief presentations and then responded, with the keynote speaker, to audience questions and discussion. Panel members were asked to comment and give specific examples of how their organization combines and connects transportation, housing, and health objectives in their work. The MHO moderator deliberately brought health outcomes into the discussion with particular questions to

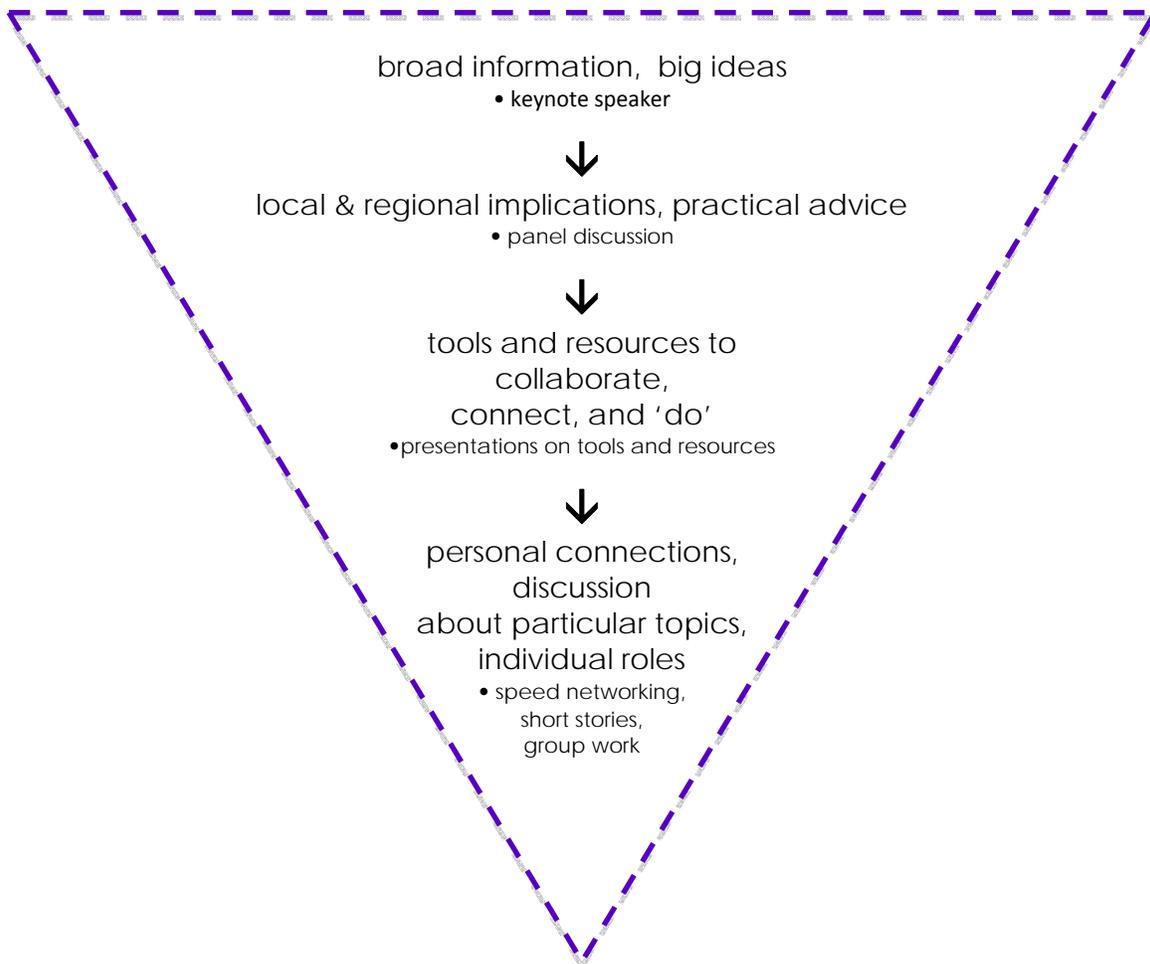
¹ Four web conference participants were from the Lower Mainland but opted to participate in the web-conference (instead of in-person) because (a) their personal schedule did not allow them time to travel and attend the portion of the agenda that was of interest, or (b) registration was at capacity for the afternoon session and the web-conference provided them with a means to participate and learn.

the panel that addressed this key issue.

The afternoon session explored and further emphasized connecting, collaborating and doing. A representative from an initiative linking health and planning (Healthy Canada by Design) provided some examples of new and emerging practices, and a representative from the Provincial Health Services Authority introduced a tool, "Health 201: A Knowledge to Action Framework for Creating Healthier Built Environments" that provides some structure to considering the roles, readiness, and capacities of organizations to collaborate for a healthier built environment. Participants were provided with an opportunity to meet new colleagues and connect with key 'questions of the day' in a speed networking session. Two presenters from Fraser Health and from the City of Surrey told 'short stories' about projects that have linked housing + transportation + health, and then participants gathered in small groups to talk about particular topics on the theme and identify opportunities and challenges to collaborate and make progress on multiple objectives. (Information about the objectives and process for small group sessions can be found in Appendix 3.)

See Appendix 1 for the Participant Agenda, and Appendix 2 for a Detailed Agenda that provides greater detail about the purpose and content of each agenda item. Also included in Appendix 2 is a summary of the workshop objectives as articulated by the HCDC.

Figure 3 Progression of the Workshop Agenda



Key Messages and Themes

Morning session:

Keynote Speaker, Scott Bernstein, Center for Neighborhood Technology

- Housing and transportation costs associated with location are the two largest household costs, and both need to be considered in making location decisions
- We need to be willing to track and measure progress toward our goals for affordability and healthy communities, and if we find that we are off course we have to be willing to change.
- Our collective resources are often hidden, scattered and poorly utilized. To remedy this, housing and transportation policies need to be combined and collaboratively created and implemented.
- Transit oriented development is 'built to last'. People who live in location efficient locations are much less vulnerable to spikes in gas prices. In the Vancouver area, some research has been done to show that where housing prices drop transportation costs tend to rise and wipe out any affordability benefits of cheaper housing.
- We need to engage people in our communities to be invested and mobilized in the community, and encourage those who are willing to invest by working with others and never stop trying to work toward their goals.

Panel Presentations and Discussion:

Jeff Busby, TransLink

- We will spend a trillion dollars on transportation costs over the next 30 years in this region, so we might as well invest wisely to create attractive and healthy communities. The health and environmental costs of not investing in transit-oriented communities is astronomical.
- Agencies and advocates need to collaborate to think and do things differently with respect to funding 'sustainable' transportation infrastructure.

Cameron Gray, Housing

- Home ownership is an addiction in North America. We need to think about housing more people on lots that were previously for one family.
- Talk early, often and *honestly* with partners and possible partners. It's important to understand and appreciate each other's agendas and then figure out how to work toward different but parallel agendas.
- There are policy partnerships (these do not, and should not, deal with money) and project partnerships (these deal with projects, infrastructure, etc.). Both are important.
- Include the public in discussions, early and often.

Don Luymes, City of Surrey

- We all agree in the vision of affordable and location efficient living. The challenge is how do you get there from where we are at now: communities built on the (previous) dream of the freedom of the automobile?
- The instrument of change toward healthy and affordable communities is private sector development. There is a 'game' played between public policy makers and those who build them: leveraging public value and amenity.
- Redevelopment can be a double-edged sword. Example 1: Currently some of the most affordable housing are at low densities and old stock that could be under threat of displacement through redevelopment and rapid transit infrastructure. Example 2:

Reducing cost of development can be accomplished by reducing parking requirements ... but it's a challenge to develop interim parking to 'work' during the lag time between when that new housing is built and when transit is built.

Panel Discussion and Questions

- Doing things differently means sharing the risk and willingness to invest.
- Suggestion about investing a proportion of public transit dollars into communities that demonstrate transit oriented development. A performance-based approach will allow us to get more quickly to the communities that we want.
- Data on transportation behaviour from travel surveys, on a block-by-block basis, are available in Metro Vancouver.
- There is a lack of *affordable* housing supply near transit in large part because we are under-supplied with this type of housing in our region. Demand will only increase with an aging population.

Afternoon session:

Alice Miro, Heart and Stroke Foundation

- Public health officials across Canada have taken notice of the links between health and the built environment, and have started to take action. However there have been few attempts to unite these efforts under a strategic, integrated network of analysis and action.
- Through the CLASP project (multi-agency project) some examples of projects include: Healthy Development Index and strategies to provide policy input at various levels from local plans to official community plans to provincial level policies (Peel Region, Ontario); a software tool to demonstrate the extent to which proposed land use and transportation projects will promote or hinder health (Toronto, Ontario); a residential preferences survey to document the demand for various types of community environments; and mapping community based interventions for healthier neighbourhoods (Montreal, Quebec).

Tannis Cheadle, Provincial Health Services Authority

- Provincial Health Services Authority has built environment initiatives. Several resources and publications are available about health and the built environment.
- A knowledge-to-action framework called Health 201 has been developed: includes organization assessment tool for municipalities and design professionals to assess capacity and take action on healthy built environment, to offer resources to help organizations to work together.
- Organizations can confirm which objectives are congruent with healthy built environment work, what problems you are trying to solve and leverage points – and resources- for action and change.

Short Story: Marion Kim, Fraser Health

Story of enhanced supportive housing (Meridian Village) that fills a gap in the housing continuum. It would not have happened if it were not for strong partnerships. An essential prerequisite for the success of this type of housing is that it is close to adequate transit services.

Short Story: Don Luymes, City of Surrey

The East Clayton Neighbourhood Plan embraces ideals of sustainability and health. The build out of the neighbourhood provides interesting lessons. Lessons learned: Need to allow a finer grain of diversity in housing and shops (i.e. different forms on the same block), need to build in more flexible and permeable space on lots (e.g. parking), need to find ways to attract business development and transit earlier in the evolution of the build-out.

Small Group Discussions:

1. Making the Numbers Work: How can we surmount high land costs to achieve housing, transportation and health objectives?
 - Land cost is relative to density: if you make more efficient and dense use of a property the cost per unit is much lower
 - Mixing of land tenures makes the required numbers easier to achieve and creates more integrated housing in the community
 - There are multiple partners in non-profit housing. In many situations local players have a big role in terms of support, donating land (municipalities), breaks on fees and costs

(municipalities waiving levies and development cost charges), and operating facilities (varies, sometimes non-profits).

2. Creating Policies and Plans that make the links to increase affordability, energy efficiency, health, and equity

- Development has momentum and a deep, entrenched legacy so it is difficult to change patterns and relationships with developers
- Need transit first (then can built around it)
- Intent is to create plans for healthy/sustainable communities, but the developments don't always reflect this intent
- Issue of accountability of city (i.e. council) to ensure developments reflect plans/policies
- If policy is in the OCP and not happening on the ground, then need to talk to Council

Role of health authorities:

- Health authorities can help influence development by educating city councils (make final development decisions)
- Make the health and built environment link for councilors (e.g. Delta has sessions to educate council on a variety of issues – Fraser Health could present)
- Present at conferences where councilors are present (UBCM, FCM, LMLGA)
- Health authorities could provide evidence and statistics to local governments
- Currently limited at the local level
- Municipalities need to advise on what data they will need so health authorities can plan for collecting it in the future
- Communication between health and local government is key
- Health needs to use its voice to raise collective awareness (need for public education)

Actions:

- Discussed idea of a health plan to set certain standards and create accountability
 - Could perhaps integrate with “green” checklists that some municipalities use for assessing developments
- Planners could do more short-range plans (more manageable –i.e. can connect with costs) to bridge gap between folks that currently live in places and those that will live there in the future (e.g. 5 year plans)

3. Creating Transit Oriented Communities, on the ground

Issues and Challenges:

- Safety, security and crime (e.g. SkyTrain stations not integrated with community and other activities)
- Developers sometimes don't want to build the commercial in a mixed use development
- Service resource allocation issue for TransLink
- Already have communities like New Westminster that are transit-oriented but don't have commensurate transit service
- Municipalities are not clear about what they want for social and seniors housing; therefore difficult to negotiate including this with developers
- Regulations – e.g. issue with fire department regulations that impact road widths and places for turning around
- Chicken and the egg – what comes first the development or the transit? (used an example of an area that developed but didn't receive community shuttle service until later)
- Trust – e.g. took transit service off of Granville Island and Evergreen Line was identified 20 years ago, but hasn't occurred

Opportunities:

- Garages can be transformed into secondary suites in areas where there are two or three car garages
- Transit Agreements with municipalities
- Pre-zoning areas
- Hold developers accountable (e.g. for building commercial)
- Health authorities need to advocate to include health issues in municipal processes
- Involving health authorities as formal partners
- Could mandate that health authorities and TransLink are included in certain municipal processes
- Ensuring that health authorities have more of a voice at the table

4. Taking action on Housing and Social Plans: overcoming challenges to meet community needs

Summary notes are not available at this time

5. 'It takes a neighbourhood...': creating neighbourhoods that support active transportation, health, and equity

- A challenge is that the path to healthier neighbourhoods tends to involve redevelopment and retrofit, which usually causes destruction, stress, displacement. People inherently fear change and the new amenities. In order to minimize threats of redevelopment and maximize the opportunities the community needs to be engaged.
- Reference was made to the Visions Program with City of Vancouver that aimed to establish trust with existing community members.
- Another challenge to creating walkable neighbourhoods is parking, which does create a less pedestrian friendly neighbourhood. However, the banks and developers often require lots of parking to make developments feasible from their perspective and willing to finance.
- Jan Gehl speaks of multiple pricing schemes for retail and this is something to look into.
- We have to recognize that there are cultural factors at play when people are being encouraged to change behaviours. For example, if someone worked hard for 15 years to afford a big SUV they will not use transit! Need to target certain segments of the community to begin with.

Evaluation

InSource was hired by PHSA to conduct an evaluation of this workshop, as well as another workshop conducted in Vernon on Feb 24, 2011 for Interior and Northern Health. At the outset, InSource worked with PHSA to understand the purpose of the evaluation and to develop several data collection methodologies, which were all based on Health 201 for Planners and individual workshop objectives:

- **Participant Feedback Form** - A participant feedback form was developed (See Appendix 11) based on and with feedback from the designer of the form administered at the Health and Community Design Collaborative workshop in Richmond on October 25, 2010.
- **Participant Observation** - An InSource team member attended the workshop and conducted participant observation and took notes guided by an assessment tool.

- **Roundtable Discussions** – Following the formal part of the workshop, HCDC members as well as the event planner participated in a 30 minute roundtable facilitated by InSource to 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 10 for the list of questions).

Of the total one hundred and fifty participants (both webinar² and in person), seventy-one (47%) completed a participant feedback form.

Some of the key evaluation findings include the following:

- The overall success of the event as rated by the participants was high – a great majority of participants rated the event quality as good or excellent (83%, n=59/71).
- The overwhelming majority of participants rated the morning agenda very positively: 94% of participants found the keynote address to be either effective or very effective; 79% found the panel to be effective or very effective.
- A majority of participants also rated the afternoon presentations positively, although not to the same extent that they did for the morning: 53% rated the presentations re: tools to be effective or very effective; 70% rated the case study presentations to be effective or very effective.
- A majority of participants found the afternoon exercises to be valuable: 55% rated the speed networking exercise as useful or very useful; 69% rated the table exercises as useful or very useful.
- The workshop was deemed to have met its intended objectives. It was also concluded that the workshop was successful at achieving the overarching short-term objective articulated in the Health 201 project proposal which was 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
 - o The majority of participants agreed that they acquired more knowledge and understanding about the link between health and the BE (76%, n=54/71).
 - o Some of the participants noted that the association made between these factors and economics as modeled and presented by the keynote speaker increased their understanding of the issues, e.g. taking into account the hidden 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
 - o 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 (72%, n=51/71).
 - o Following the event, only five people 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 68% (n=48/71) acquired more knowledge and understanding in this area. Specifically, participants noted an increased knowledge regarding how health authorities are engaged in planning initiatives.

² Webinar participants were sent the feedback form via email prior to the event; three returned a completed form.

3. Increased awareness of strategies and recognition of opportunities to work with local health professionals
 - o Prior to the workshop, forty-five out of seventy-one (63%) participants said they 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 73% (n=36/49).
 - o 73% (n=52/71) of respondents intend to seek out more cross sectoral partnerships between planning and health.
 - o 76% (n=56/71) of respondents gained insight about their role and actions in creating a healthier built environment.
 - o The majority of respondents (69%, n=49/71) reported an increase in their awareness about strategies to support creating HBEs.

The majority of respondents (76%, n=54/71) indicated that they are likely to use the knowledge and links from the workshop, and 80% (n=57/71) of respondents said they are likely to participate in events similar to this one. Of the 33 responses to an open-ended question about what participants intended to implement, three main themes emerged: 1) developing their relationships and networks; 2) working toward changes in the built environment; and, 3) 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 (See Table 1 below).

Table 1: What knowledge and links will be implemented, and how

<p>Develop relationships and networks</p> <ul style="list-style-type: none"> • 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 • Follow-up with people I met • Follow up on contacts, review handouts and references - check onto a few websites • Networking
<p>Work toward changes to the built environment</p> <ul style="list-style-type: none"> • 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

<p>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.</p> <ul style="list-style-type: none"> • 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
<p>Pursue learning</p> <ul style="list-style-type: none"> • 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
<p>Not applicable to current work</p> <ul style="list-style-type: none"> • 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.
<p>Other</p> <ul style="list-style-type: none"> • 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.

See Appendix 11 for more detail on how participants responded to all the evaluation questions.

In the feedback form, participants were also asked open-ended questions about what other topics they would like to learn more about, what additional research might be needed, and what tools need to be developed. These are shown in Table 2 below.

Table 2: Future learning, research and tools

<p>What would you like to learn more about?</p> <ul style="list-style-type: none"> • A holistic health-planning framework for plan/development evaluation • Age-friendly community planning • Air pollution impacts from motor vehicle and potential benefits of electric public transit • Behaviour 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 (connections) 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
- Measurement tools for HBE
- Metrics-tools for assessing gas and evaluating progress, shared access to data

A more detailed summary and analysis of the workshop can be found in the full InSource evaluation report. That report also includes much more information about learnings from the event, as well as a thorough list of considerations for those wishing to deliver similar events in the future.

What is Next?

- As part of the evaluation process, participants' permission to contact them in several months was requested, in order to find out if the workshop affected their practice.
- The list of participants was circulated so that connections could continue to be nurtured.
- Presentations were posted at http://www.act-trans.ubc.ca/hcdc_event.htm and this report will also be posted.
- The HCDC participated in a roundtable debrief immediately following the event to discuss whether or not the workshop achieved the desired objectives, as well as what went well and what could have been improved (see Appendix 10 for the list of questions considered).
- A final report by InSource evaluating both the Feb. 24 (Vernon) and Mar. 31 workshops will be completed and submitted to PHSA, PHAC and the workshop planning groups for consideration.
- The HCDC will review the evaluation results and identify the next steps to follow from this stage-setting workshop, including the planning of future events.

Appendices

1. Participant agenda
2. Detailed agenda & Surrey workshop objectives
3. A short guide to small group discussions
4. Organization and Roles
5. List of Resources
6. Workshop Budget
7. Workshop Invitation
8. Media Advisory
9. Draft Article by Leonard Machler, PhD Candidate, University of British Columbia
10. List of discussion questions considered by members of the organizing committee in the post-event Debrief Session (led by InSource)
11. Event feedback forms for completion by participants & feedback form results (data)
12. Draft Terms of Reference for Health and Community Design Collaborative (HCDC)
13. List of participants in March 31 workshop
14. Logistics

Housing + Transportation + Health – Connecting Ideas and Practice for Healthier Communities

Thursday March 31, 2011, 9:00 am to 4:00 pm
Compass Point Inn, 9850 King George Highway, Surrey, BC

WORKSHOP AGENDA – MORNING SESSION

- 8:45 Doors open / Registration
- 9:00 Introduction and Program Overview
Janet Kreda, Metro Vancouver
- Opening Remarks
Dr. Helena Swinkels, Medical Health Officer, Fraser Health
- Inter-connections between Housing Affordability, Transportation & Health
Dr. Larry Frank, Associate Professor and Bombardier Chair in Sustainable Transportation, University of British Columbia
- 9:15 Keynote Speaker
Scott Bernstein, President, Centre for Neighbourhood Technology (Chicago)
- 10:15 Break
- 10:35 On the Ground – Experiences and Programs in Metro Vancouver
Presentations + moderated discussion
- Panel Moderator: Dr. John Carsley, Medical Health Officer, Vancouver Coastal Health*
- Panel Members: 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*
- 11:35 Next Steps
- 11:45 Close morning session
- 11:45 Lunch and Networking
to
12:45

Agenda for afternoon session is on the next page...

Financial support provided by Fraser Health 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.

Housing + Transportation + Health – Connecting Ideas and Practice for Healthier Communities

WORKSHOP AGENDA – AFTERNOON SESSION

- 12:45 Open afternoon session
- Introduction and overview of afternoon session
Janet Kreda, Metro Vancouver
- 1:00 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
- Knowledge-to-Action: tool to assess organizations' capacity for collaboration and to build partnerships
Tannis Cheadle, Manager, Centres for Population & Public Health, Provincial Health Services Authority
- 1:45 Speed Networking
- Connections and discussions with new colleagues
- 2:05 Break
- 2:20 Two Short Stories about Housing, Transportation and Health – tales of collaborating, implementing and learning
- Marion Kim, Mental Health and Addictions Coordinator, Fraser Health*
Don Luymes, Manager, Community Planning, City of Surrey
- 2:35 Smaller Group Discussions: Connections, Strategy, Action
- Participants choose one topic.
1. Making the Numbers Work: How can we surmount high land costs to achieve housing, transportation and health objectives?
 2. Creating Policies and Plans that make the links to increase affordability, energy efficiency, health, and equity
 3. Creating Transit Oriented Communities, on the ground
 4. Taking action on Housing and Social Plans: overcoming challenges to meet community needs
 5. 'It takes a neighbourhood...': creating neighbourhoods that support active transportation, health, and equity
- 3:30 What have we learned? What are the implications and our next steps?
Group discussion moderated by Janet Kreda
- 4:00 Close

Financial support provided by Fraser Health 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.

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 <ul style="list-style-type: none"> • 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	Wrap Up/Next Steps <ul style="list-style-type: none"> • Summarize key learning from morning

(10 min)	<ul style="list-style-type: none"> • Outline next steps for HCDC • Ask for feedback on 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 - Tannis Cheadle, 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 <ul style="list-style-type: none"> • 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): <ol style="list-style-type: none"> 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 <ul style="list-style-type: none"> • continue informal discussions among colleagues
2:20 – 2:35 (15 min)	Two Short Stories about Housing, Transportation and Health – collaboration, challenges, implementation, and lessons <ul style="list-style-type: none"> • 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 – 3:30 (55 min)	Table Top Discussions: Connections, Strategy, Action <ul style="list-style-type: none"> • 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,

	<p>MC</p> <p>Selection of topics:</p> <ol style="list-style-type: none"> 1. Making the Numbers Work: How can we surmount high land costs to achieve housing, transportation and health objectives? 2. Creating Policies and Plans that make the links to increase affordability, energy efficiency, health, and equity 3. Creating Transit Oriented Communities, on the ground 4. Taking action on Housing and Social Plans: overcoming challenges to meet community needs 5. 'It takes a neighbourhood...': creating neighbourhoods that support active transportation, health, and equity <ul style="list-style-type: none"> • 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)
<p>3:30 – 4:00</p>	<p>What have we learned and next steps – Group Discussion facilitated by Janet Kreda, MC</p> <ul style="list-style-type: none"> • 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 3

Housing + Transportation + Health – Connecting Ideas and Practice for Healthier Communities
Afternoon Workshop, March 31, 2011

Small Group Discussions – A Short Guide for Facilitators and Resource People

What are we aiming to achieve in the Small Group Discussions?

- Meet and interact with colleagues in planning, health, transportation, sustainability, housing.
- Understand and discuss each sector's participation, interest, and knowledge in a particular aspect of the broad "housing + transportation + health" topic.
- Have a more specific and in depth discussion about a topic of particular mutual interest.
- Apply the ideas that have been presented in the workshop to practical work.
- Find practical ways to collaborate, based on an understanding of what are the opportunities and benefits. What are the mechanisms, how would your process change, how would the end result be different as a result of collaboration?

Role of Facilitator

- Lead an inclusive group discussion as per suggestions below re content. Participants are from different sectors and will not have common acronyms, technical-speak etc.
- Take notes about key points of discussion and themes (on flip chart or on paper) and submit afterwards. It can be a very broad description. It will be used for a document that captures summary of themes. If you prefer, you can assign this duty to a scribe in your group.

Role of Resource Person

- For most groups there will be more than one Resource Person. All do not need to provide specific project descriptions. As a resource person, if you can think of some questions and issues in advance to help the discussion along, and bring your practical perspective, that would be awesome!
- Provide informal description of applicable project/policy/plan/issues from your local perspective.
- Highlight connections between health, transportation and housing (and/or describe the potential).
- Collaboration between sectors: what has happened, could have happened, ideas for future collaboration ... what could be the results and benefits?
- Major challenges that you have faced and anticipate, ideas about how to overcome
- Solicit / invite ideas from the group to help you with challenges you face, and ways that they could be involved in the process?

Process, Timeline, Logistics

- The info below is a guideline only. Please feel free to adjust and do what you think works in the situation and timeline. Depending on participants' interests, you may not have time to cover all the specific questions, they are just suggestions.
- The intent is for participants to stay with one group for ~40 min, but could float to another table if they want to (they are not stuck here, this is self-regulated adult learning...)

Sample Timeline, Process, and Questions to Guide Group Discussion

<p>2:35 to 2:50 (15 min)</p>	<p><u>Intro and Context</u></p> <ul style="list-style-type: none"> • Participants move from plenary tables to discussion tables • Short round of introductions, around the table. • Facilitator briefly introduces the topic and objectives (see “what are we aiming to achieve with group discussions” on page 1), and a general map of the next ~40 minutes together. Facilitator may wish to introduce the topic (could refer to “Information about Each Topic” on page 4 and 5. • Facilitator introduces the resource person and invites them to talk for 5-10 min about their related project/plan/program as a springboard for thought and discussion.
<p>2:50 to 3:00 (10 min)</p>	<p><u>Project/plan/program/ issue(s)</u></p> <ul style="list-style-type: none"> • Resource person(s) describes project/plan/programs (see “Role of Resource Person” above). All Resource People do not need to present, they can also bring their practical perspective into the rest of the discussion. • Participants ask questions and discussion. Here are a few general prompt questions for discussion (as needed and applicable) about the resource info presented: <ul style="list-style-type: none"> ○ What are the opportunities and rationale for multiple sectors (health, planning, transportation, housing, sustainability) to be integrated and involved on this issue/topic that was presented? ○ What are the skills, interests, needs, interests that each sector brings to this issue/topic? (ask sector reps to suggest) ○ What are some possible mechanisms, changes to process, commitments, etc. that are needed for collaboration? ○ What are the political, community, and professional/staff roles?
<p>3:00 to 3:25 (25 min)</p>	<p><u>Connections, Strategy, Action Discussion</u></p> <ul style="list-style-type: none"> • Who has a project/plan/program/challenge on their desk around this topic, which could benefit from a multi-sector perspective? Ask participants to describe it and get input from the group about their perspective, whether and how they could be involved, suggest resources. • How would you describe your organization’s role and interest in this topic / issue? How is it different, complementary, and/or clashing with other sectors and interests? • Also refer to the sub points listed re your topic in the table on page 4 and 5 ... and by all means add / revise based on your knowledge and the interest of the group!
<p>3:25 to 3:30 (5 min)</p>	<p><u>So what?</u></p> <ul style="list-style-type: none"> • Based on the discussion we just had, what are some practical and specific ways to make room in the plan/process/project/program for collaboration with various sectors? • What did you learn here ... Anything about making connections? Strategy and ways to collaborate? Different tact or action? • What’s missing, what is needed to connect ideas and practice for healthier communities?

Appendix 4

Organization and Roles

An existing (recently formed in 2010) multi-agency group, the Health and Community Design Collaborative (HCDC), organized the workshop. The HCDC was formed to enable, support, and maintain the development of a healthy, low-carbon, and equitable communities across British Columbia's Lower Mainland (see draft Terms of Reference for HCDC, [Appendix 12](#)).

The HCDC includes a Medical Health Officer from Fraser Health, a Population Health Policy Consultant from Vancouver Coastal Health, Senior Planners from Metro Vancouver and from TransLink, a Program Manager from the Provincial Health Services Authority, and management and project staff from the Bombardier Active Transport Lab at the University of British Columbia.



The Health and Community Design Collaborative, with Keynote Speaker Scott Bernstein

The City of Surrey (municipality in which the workshop took place) provided support to workshop planning and implementation with staff time, content development, presentations, and resource people. The key contact and resource at City of Surrey was the Manager of Community Planning.

An event planner worked alongside the HCDC organizing committee and provided support with event planning, logistics and coordination services. The event planner was a Community Planner by trade, and had familiarity and experience with both the HCDC and the workshop topic.

The HCDC met about the topic and possible funding source for the workshop in late 2010. The main preparations for the event happened over 2 months (Jan to

March 2011). The HCDC met once a week (mostly by teleconference) for 1 to 1.5 hours between the end of January 2011 until the end of March 2011, to collaboratively plan the agenda and content for the workshop. Between weekly teleconference meetings, all members of the HCDC played an active role in organizing various components of the workshop, which they brought back to the collaborative for key decisions and consensus. Some examples of the tasks and activities included (there were many others as well!):

- Keynote speaker: Invite / recruit appropriate speaker, make arrangements, provide context and help prepare content for speech. (This was a key element to establish at the beginning of the workshop planning process, in order to set the date partly based on keynote speaker's availability and to confirm the 'hook' for the audience.)
- Master of Ceremonies, moderator, panel members, presenters, small group facilitators and resource people: recruit, make arrangements, and prepare content.
- Invitation and RSVPs: prepare and design invitation, circulate to intended audience, receive and respond to RSVPs and questions
- Venue and food arrangements: solicit competitive quotes and make logistical arrangements
- Media: prepare media advisory (see Appendix 8 for copy of Media Advisory), circulate to local media. Arrange for article about the workshop to be written and submitted to local newspapers (see Appendix 9, draft article by Leonard Machler)
- Audiovisual (AV) and web conference: Retain the services of AV professionals to plan the supporting audio and visual needs for the workshop and coordinate a web conference for remote participants. The web conference component required an exploration of different systems and options that were compatible with the selected venue's internet services.
- Evaluation: Retain services of an evaluation team for the event to prepare a workshop evaluation form (in consultation with HCDC) and tabulate and summarize results, as well as manage a post-workshop debrief with HCDC. The evaluation form is in Appendix 11, and the debrief discussion questions are in Appendix 10.



Panel Moderator Dr. John Carsley and Panelist Cameron Gray



Housing + Transportation + Health: Making the Links *Literature & Resources*

Journal Articles

Ugo Lachapelle, et al. (2011), "Commuting by Public Transit and Physical Activity: Where You Live, Where You Work, and How You Get There," *Journal of Physical Activity and Health*, Vol. 8, Supplement 1, S72-S82

Lawrence D. Frank, et al. (2010), "Carbonless Footprints: Promoting Health and Climate Stabilization Through Active Transportation," *Preventive Medicine*, Vol. 50, Supplement 1, S99-S105

CE Pollack, et al. (2010), "Housing Affordability and Health among Homeowners and Renters," *American Journal of Preventive Medicine*, Vol. 39(6), 515-521

JM MacDonald, et al. (2010), "The Effect of Light Rail Transit on Body Mass Index and Physical Activity," *American Journal of Preventive Medicine*, Vol. 39, 105 -112

LM Besser and AL Dannenberg. (2005), "Walking to Public Transit: Steps to Help Meet Physical Activity Recommendations," *American Journal of Preventive Medicine*, Vol. 29(4), 273-280

H Frumkin. (2005), "Health, Equity and the Built Environment (Guest Editorial)," *Environmental Health Perspectives*, Vol. 113(5), A290-1

Reports

Todd Litman (2011) *Evaluating Public Transportation Health Benefits*
http://www.vtppi.org/tran_health.pdf

Todd Litman (2010) *Affordable-Accessible Housing in a Dynamic City: Why and How To Increase Affordable Housing Development in Accessible Locations*
http://www.vtppi.org/aff_acc_hou.pdf

Center for Housing Policy (2010) *Challenges and Policy Options for Creating and Preserving Affordable Housing near Transit and in Other Location-Efficient Areas*
http://www.nhc.org/media/files/chp_affordablehousing_TOD_challengesandoptions1.pdf

Nico Larco (2010) *Overlooked Density: Re-Thinking Transportation Options In Suburbia*, OTREC-RR-10-03, Oregon Transportation Research and Education Consortium; at <http://otrec.us/project/152/>

Center for Transit-Oriented Development (2009) *Mixed-Income Housing near Transit: Increasing Affordability with Location Efficiency*
<http://ctod.org/portal/sites/default/files/RA201MixedHouseFinal.pdf>

Center for Housing Policy (2007) *Framing the Issues – the Positive Impacts of Affordable Housing on Health*
http://www.macfarlanecosta.com/assets/2007/10/4/http___app.brnto3.pdf

Additional Resources

Center for Neighborhood Technology (Housing and Transportation Affordability Index)
<http://htaindex.cnt.org/>
<http://htaindex.cnt.org/about.php>
<http://www.cnt.org/repository/pwpcf.pdf>

Active Living Research
www.activelivingresearch.org

Canadian Fitness and Lifestyle Research Institute (2009), *Public Transit and Physical Activity: The Research File*
http://cflri.ca/eng/research_file/documents/Research_File_Oct1_EN.pdf

Reconnecting America and the Center for Transit-Oriented Development, *Mixed Income Transit-Oriented Development: Action Guide*
www.mitod.org

Dukakis Center for Urban and Regional Policy - *Policy Toolkit for Equitable Transit-Rich Neighborhoods* www.dukakiscenter.org/TRNEquity

Appendix 6

Funding and Budget

Public Health Agency of Canada (PHAC) contributed \$13,300, and Fraser Health contributed \$6,000. Total budget spent was \$19,300.

Healthy Canada by Design (a national initiative linking health and planning practices for healthier built environments, more information available at <http://www.uphn.ca/CLASP/>) made an in-kind contribution for some aspects of the evaluation services, as well as a presentation on the Coalition Linking Action and Science for Prevention (CLASP) initiatives and facilitation support for the small group work .

Table 1 below outlines the workshop expenses (rounded figures for general information).

Table 1 March 31 Budget Outline (figures are approximate)

Keynote Speaker: transportation, speaking fee, and expenses	\$4,000
Workshop venue and food	\$5,000
Event planning services	\$7,700
Audio Visual services for workshop and Web Conference	\$2,600
Evaluation services	funded separately ¹
Workshop facilitators, small group facilitation, panelists & presenters	In kind ²
Total	\$19,300

¹ Evaluation services funded by Provincial Health Services Authority (PHSA) and an in-kind contribution from Healthy Canada by Design.

² Workshop facilitation provided as an in-kind contribution from HCDC; panelists, presenters and tabletop facilitation provided as an in-kind contribution by City of Surrey, Fraser Health, Healthy Canada by Design, Metro Vancouver, TransLink and Vancouver Coastal Health.

Available Funds	Amount Available	Notes
Public Health Agency of Canada (PHAC)	13,800	
Fraser Health (FH)	6000	(\$4100 for keynote speaker, \$1900 for food)
Total available funds for the workshop	19,800	

Expenditures	\$	Source
Venue rental	\$ 257.60	PHAC
AudioVisual	\$ 3,000.00	PHAC
Food - coffee, breaks, lunch	\$ 4,513.92	both PHAC & FH
Honoraria for panel members, presenters	\$ -	n/a
Printing and supplies	\$ -	in kind
Speaking fee for Keynote Scott Bernstein	\$ 2,500.00	FH
Flight (chicago-vancouver return)	\$ 1,128.89	FH
March 30 and March 31 meals for Keynote Scott Bernstein	\$ 130.00	FH
ground transport for Scott: \$68	\$ 68.00	
Hotel for Keynote Scott Berstein	\$ 300.00	FH
Event Coordinator	\$ 7,687.40	PHAC
Evaluation	n/a	accounted for separately
Total planned expenditures:	\$ 19,517.81	
Contingency	\$ 282.19	

Appendix 7

Invitation

The invitation to the event (next page) was developed by the HCDC, and was distributed electronically as follows:

- HCDC's contact list (built from existing contacts and previous HCDC event in Richmond, October 2010)
- • HCDC members distributed through their professional networks, including the Healthy Built Environment Alliance (see www.phsa.ca/PopulationHealth), Metro Vancouver Major Roads and Transportation Advisory Committee, Metro Vancouver Planning Technical Advisory Committee, Metro Vancouver Social Issues Committee, Local chapters of the Institute for Transportation Engineers, Simon Fraser University City Program, and Architecture Canada members
- Planning Institute of BC: posted on website, included in e-news to local chapters, and direct outreach to geographically relevant local chapter leaders. Four PIBC professional learning credits were made available to workshop participants who are professional planner members.

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

Register today.
Space is limited!

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?

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.

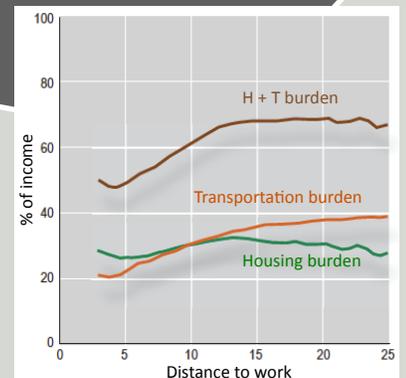
Financial support provided by  **fraserhealth** Better health. Best in health care. and the Public Health Agency of Canada

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.

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

Questions?

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

MEDIA ADVISORY

FOR IMMEDIATE RELEASE

March 28, 2011

Media session: Housing + Transportation + Health workshop

Housing affordability drops dramatically in most regions when the high costs of transportation - financial, health, environmental and social - are included. Keynote speaker Scott Bernstein, president and co-founder, Center for Neighborhood Technology ('CNT') and a local panel of professionals in health, transportation and housing will bring local and regional perspectives to an interactive workshop focusing on this important and timely issue.

- What:** Interactive Workshop with Media Availability
- When:** Thursday March 31st, 9 am - 4 pm
- Where:** Compass Point Inn, 9850 King George Blvd, Surrey
Next to King George Skytrain station
- Media availability:** **11:45 am – 12:30 pm**

The following speakers will be available for media interviews during a media session from 11:45 am – 12:30 pm:

- Scott Bernstein, President and Co-Founder, Centre for Neighbourhood Technology, Chicago USA
- Dr. Helena Swinkels, Medical Health Officer, Fraser Health
- Dr. Larry Frank, Professor and Bombardier Chair in Sustainable Transportation University of British Columbia

Please RSVP to: Heather Evans 1-604-815-2158
Or by email at heatherevans@telus.net

Healthy Communities Conference Attempts to Tackle Two of the Lower Mainland's Biggest Problems at Once.

By Leonard Machler

April 3, 2011

Vancouver is argued to be the most livable city on earth, but all of us would agree that there are certain issues that could put us in jeopardy and knock us off our top spot. The lack of affordable housing and the increasing difficulty of getting around a congested region are two of the biggest problems in the Lower Mainland, so why not tackle them both at the same time? For the over 100 planners, transportation experts, health officials and affordable housing advocates who attended the “Health and Community Design Collaborative” conference in Surrey last Friday, this was exactly what was on the agenda.

“Drive till you qualify” was an old expression that I used to hear in the United States when I asked locals where I could find a reasonably-priced home with a mortgage within my means. The punch line was that if you wanted to find a home you could afford, you would have to settle out – way out – in the furthest suburbs and devote more of your time driving to work. Lower Mainlanders are no stranger to that phenomenon, with homes in the City of Vancouver and even parts of Burnaby, Richmond and Surrey priced beyond the means of what any average middle class family can reasonably afford. For Scott Bernstein, co-founder of Chicago's Centre for Neighbourhood Technology (www.cnt.org), and keynote speaker at Friday's conference, one answer was to work with several experts to help test a Location Efficient Mortgage. Realizing that whatever money people saved by living in the furthest suburbs was usually gobbled up buying gas and paying for extra cars, Bernstein and his colleagues worked with major American mortgage lender Fannie Mae to offer a mortgage that provided preferential loans to middle class people who moved to transit-friendly, walkable locations, usually close to downtown.

The idea is good, in principle, but it can't exist on its own. In order for the Location Efficient Mortgage to work, people would have to bring their spending down to at least the point where they would be spending the same - or hopefully less - on both transportation and the mortgage for their new, centrally-located home than they did in the distant suburbs. The U.S.-based pilot program was not highly subscribed – perhaps because of the increased risk of borrowing more money to live more centrally. In 2006 consultant Dale McClanaghan looked at the viability of the Location Efficient Mortgage in the Vancouver region and concluded that there weren't many places where the program would offer real benefits. Dr. Lawrence Frank, Bombardier Chair in Sustainable Transportation at UBC and co-Chair of the Health and Community Design Collaborative, pointed out that we have a supply rather than a demand side problem with affordable housing. The supply of housing in walkable, transit-friendly neighbourhoods is already at a premium in the Lower Mainland and the Location Efficient Mortgage would only drive up demand, ironically raising the price of housing in more walkable “transportation efficient” areas. It could actually worsen the problem we are trying solve. Many of the

jobs in our region are increasingly located in suburban office parks that are only reachable by car, so living in a central, transit-friendly location may not actually cut down the way we drive.

Clearly, we need to make a concerted effort on all fronts if we want to approach the housing and transportation dilemma facing our region and create meaningful results. We need to reevaluate how we lend money for home ownership, but we also need to increase our supply of affordable housing and ensure that those homes are built in walkable communities; we need to improve our transit system; we need to find ways for employers to locate their offices in places convenient to transit and, somehow, we need to make sure that we are consistent with how we tie all those issues together. How we manage to do this is still anyone's guess.

He reminded us that living in pedestrian and transit-friendly neighbourhoods is associated with multiple health benefits. "Evidence shows significantly more walking and biking and meeting physical activity guidelines and lower levels of obesity in walkable areas – whereas increased time spent in cars is associated with increased obesity."

One of the most sobering comments at the conference came from Translink's Manager of Project Planning, Jeff Busby, who mentioned that Lower Mainlanders are going to spend almost 1 trillion dollars (yes, \$1,000,000,000,000) on all of the costs of transportation – from governments building roads to you and I pumping gas – over the next 30 years. We are going to spend 1 trillion, regardless, so wouldn't it be useful if we spent that money building and living in healthy, walkable communities?

Leonard Machler is a Doctoral Student at the University of British Columbia's School of Community and Regional Planning.

**Housing + Transportation + Health:
Connecting Ideas and Practice for Healthier Communities
March 31, 2011 - Surrey, BC**

Roundtable Discussion Questions

Outcome:

1. Did the workshop achieve its intended purpose?
 - a. Through their questions and dialogue throughout the day, did the audience demonstrate:
 - i. *Increased understanding of the link between health and the built environment?*
 - ii. *Increased knowledge of health's role in the built environment?*
 - iii. *Increased awareness about opportunities to work together*
 - b. Did you notice participants weaving information from the presentations into their discussions at the table exercises?
2. What (if anything) was not achieved that you expected would be?

Process:

3. What went well?
4. What didn't go well? Why do you think that is the case, and could it be done differently?
5. Was the content appropriate and/or geared toward planners?
6. Were the right people participating (audience and presenters)?
7. Was anything missing from the agenda and/or the delivery of it? If so, what and why do you think it was a necessary component?
8. What changes could/should be made to improve the delivery of Health 201?
9. How would the format used today work in other jurisdictions? What (if anything) would need to be changed and/or considered?

If you have additional thoughts regarding any of these questions or other issues with respect to the outcome and/or process of the event today, please send them to Jen Bitz (jen.bitz@in-source.ca) before **April 8th**

HOUSING + TRANSPORTATION + HEALTH:
Connecting Ideas and Practice for Healthier Communities
Post-Event Evaluation Form

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

Did you attend (please circle one): morning – afternoon – both (morning and afternoon)?

Please circle one:

1. Overall, how would you rate this workshop?	Poor	Below average	Average	Good	Excellent
2. How would you describe the effectiveness of the presentations ?					
a Keynote Speaker – Scott Bernstein	Not Effective	Below average	Average	Effective	Very Effective
b Panel: "On the Ground – Experiences and Programs in Metro Vancouver – John Carsley (moderator), Jeff Busby, Don Luymes, and Cameron Gray	Not Effective	Below average	Average	Effective	Very Effective

Questions 2c-e, 3 & 4 are for those attending the afternoon, if attending just the morning session, please skip to question #5

c Resources and Initiatives that Link Public Health and Planning – Alice Miro	Not Effective	Below average	Average	Effective	Very Effective
d Knowledge-to-Action: tool to assess organizations' capacity for collaboration and to build partnerships – Tannis Cheadle	Not Effective	Below average	Average	Effective	Very Effective
e Two Short Stories about Housing, Transportation and Health – Marion Kim and Don Luymes	Not Effective	Below average	Average	Effective	Very Effective
3. How would you describe the usefulness of the workshop activities ?					
1 Speed Networking	Not Useful	Below average	Average	Useful	Very Useful
2 Table Top Exercises: Connections, Strategy, Action	Not Useful	Below average	Average	Useful	Very Useful
4. Which Table Top Exercise did you participate in? (<i>Afternoon participants only</i>)					
<input type="radio"/> Topic #1: Making the Numbers Work – How can we surmount high land costs in our region, to achieve housing, transportation and health objectives? <input type="radio"/> Topic #2: Creating Policies and Plans that make the links to increase affordability, energy efficiency, health and equity. <input type="radio"/> Topic #3: Creating Transit Oriented Communities On the Ground. <input type="radio"/> Topic #4: Taking action on Housing and Social Plans: overcoming challenges to meet community needs. <input type="radio"/> Topic #5: 'It takes a neighbourhood . . .': creating neighbourhoods that support active transportation, health and equity.					

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

Prior to attending this workshop:

6. I was aware of the link between health and the built environment.	Disagree	Somewhat disagree	neutral	Somewhat agree	Strongly agree
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.	Disagree	Somewhat disagree	neutral	Somewhat agree	Strongly agree
8. When carrying out the functions of my work, I would engage in cross sectoral partnerships between health and planning.	Disagree	Somewhat disagree	neutral	Somewhat agree	Strongly agree

By attending this workshop, did you:

9. . . . gain NEW KNOWLEDGE about the relationship between health and the built environment	Not at all	Very little	neutral	Somewhat	To a great extent
10. . . . gain INSIGHT about your role and actions in creating a healthier built environment?	Not at all	Very little	neutral	Somewhat	To a great extent
11. . . . acquire 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)	Not at all	Very little	neutral	Somewhat	To a great extent
12. . . . increase your AWARENESS about strategies to support creating healthy built environments?	Not at all	Very little	neutral	Somewhat	To a great extent
13. . . . (<i>if you are a non-health professional</i>) gain a better UNDERSTANDING of opportunities to work with local health professionals to create healthy built environments?	n/a	Not at all	Very little	Somewhat	To a great extent

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)?

Not at all Very little neutral Somewhat To a great extent

15. Please elaborate on what you learned and/or gained more insight into by attending this workshop?

16. How likely are you to **USE knowledge and links** from today in your work?

Unlikely Somewhat unlikely neutral Somewhat likely Very likely

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

17. a) What health and planning related topics would you like to learn more about?

b) Is there further research that needs to be done that would be helpful to you (especially with regards to the intersection between health and planning)

c) Are there tools that need to be developed to assist in this work?

18. How likely are you to participate in **future activities** like this?

Unlikely Somewhat unlikely neutral Somewhat likely Very likely

If 'unlikely' please elaborate.

19. What should the format of future events focus on? **Tick all that apply:**

<input type="radio"/> knowledge exchange	<input type="radio"/> sharing promising practices and experiences
<input type="radio"/> networking opportunities	<input type="radio"/> determining research questions
<input type="radio"/> presentation of tools	<input type="radio"/> mutual problem solving
<input type="radio"/> learning about the latest research in the area	<input type="radio"/> other, please specify:

Do you intend to:

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

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

Government	Planner	Transportation	Parks
Health Authority	Health Professional	Environment	Medical Health Officer
Non-gov'n't Organization	Architect	Housing	Environmental Health Officer
Consultant	Engineer	Urban Design	Policy
Student	Landscape Architect		

Other:

Follow-up Evaluation Consent

*****Please detach this coupon and drop it in the box by the door as you leave*****

We would like to follow up with participants in our knowledge translation events to see if there have been any longer-term impacts. May we contact you with a short survey sometime in the next 12 to 18 months? (*you may accept now and decline to participate at that time*)

If you agree to this, please write your name and email address below:

Thanks

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 138 in-person attendees. 18 of the forms completed were by those people attending the morning session only. The table below shows their characteristics: health and planning professionals were both well-represented.

Table 1: Participants' sector (as identified by job titles)

	No.
Community Planning and Social Planning	35
Transportation (Planning or Engineering)	22
Health	44
Housing	9
Research	6
Other and Unknown	22
	138

Table 2 shows the detailed breakdown of professions.

Table 2: Self-identified 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-gov'n'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
<i>Afternoon attendees only: n = 53</i>					
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 – Tannis Cheadle	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?

<p>Room, AV and organization</p> <ul style="list-style-type: none"> – 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 hear some speakers and crowd too easy to disperse. Transition from one workshop activity to another was very confusing.
<p>Time-timing</p> <ul style="list-style-type: none"> – More time for Q&A – More time for table discussions would have been useful

<ul style="list-style-type: none"> - 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.
<p>Preparation, materials, questions</p> <ul style="list-style-type: none"> - 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 to think/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 just to say who you were and what you did and how we could overlap. - Table top- more focused, concrete action items
<p>Level/nature of discussion</p> <ul style="list-style-type: none"> - 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's presentation 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
<p>Other</p> <ul style="list-style-type: none"> - 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. (n = 9)	0	1	2	3	3
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

<i>Prior to attending this workshop:</i>	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	1	5	7	23	13

understanding of opportunities to work with local health professionals to create healthy built environments? (n = 49)					
... 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

<p>General information, linkages</p> <ul style="list-style-type: none"> - 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
<p>Economic factors</p> <ul style="list-style-type: none"> - \$ 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
<p>Networking, contacts, awareness of local initiatives</p> <ul style="list-style-type: none"> - 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

<p>Who was and was not there</p> <ul style="list-style-type: none"> – 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.
<p>Level needs to go farther</p> <ul style="list-style-type: none"> – 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.

<p>Achieving implementation, engagement</p> <ul style="list-style-type: none"> – 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
<p>Other</p> <ul style="list-style-type: none"> – 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 responses to 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

<p>Develop relationships and networks</p> <ul style="list-style-type: none"> – 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

<p>Work toward changes to the built environment</p> <ul style="list-style-type: none"> - 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
<p>Pursue learning</p> <ul style="list-style-type: none"> - 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
<p>Not applicable to current work</p> <ul style="list-style-type: none"> - 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.
<p>Other</p> <ul style="list-style-type: none"> - 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

<p>What would you like to learn more about?</p> <ul style="list-style-type: none"> - A holistic health-planning framework for plan/development evaluation - Age-friendly community planning - Air pollution impacts from 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.
<ul style="list-style-type: none"> - 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?
<p>Is there more research that needs to be done?</p> <ul style="list-style-type: none"> - 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 (connections) 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
- Measurement tools for HBE
- Metrics-tools for assessing gas and evaluating progress, shared access to data

4. Future intentions

When asked what format they would prefer for future events, sharing of promising practices was most often indicated, followed by knowledge exchange and mutual problem solving. Only determining of research questions seemed to be quite non-preferred.

Table 10: Preferred format for future events (n = 62)

	No. yes
Sharing promising practices	45
Knowledge exchange	41
Mutual problem solving	40
Learning about the latest research in the area sharing promising practices and experiences	38
Presentation of tools	34
Networking opportunities	34
Determining research questions	16

Over 80% of participants who answered the question stated that they intended to download tools and resources discussed, forward links to others, and to seek out more cross-sectoral partnerships.

Table 11: Intentions to use materials

Do you intend to:	No. yes
Download or refer to some of the tools and resources discussed at this workshop? (n = 62)	55
Forward related web-links and/or documents on to your networks or colleagues? (n = 61)	54
Seek out more cross sectoral partnerships (between planning and health) in your work? (n = 61)	52

HEALTH & COMMUNITY DESIGN COLLABORATIVE – TERMS OF REFERENCE

PURPOSE

The purpose of the Health & Community Design Collaborative is to enable, support, and maintain the development of a healthy, low-carbon, and equitable communities across British Columbia's Lower Mainland.

ESTABLISHMENT of COLLABORATIVE

The Health & Community Design Collaborative is established as a partnership between staff from Fraser Healthy Authority, Metro Vancouver, TransLink, UBC's Active Transportation Lab, and Vancouver Coastal Health.

COMPOSITION

Collaborative Members

The Collaborative's members are staff representatives from:

- Fraser Health Authority
- Metro Vancouver
- TransLink
- UBC's Active Transportation Lab
- Vancouver Coastal Health

Staff representatives from municipalities, other governments or other organizations with an interest in the work of the Health & Community Design Collaborative may participate as members of the Collaborative.

Health & Community Design Collaborative members who are also members of the Healthy Built Environment Alliance will coordinate efforts to ensure the Alliance is regularly kept apprised of its activities and may seek Alliance members' input if/when appropriate.

OBJECTIVES and ACTIVITIES

The activities of the Health & Community Design Collaborative are to include, but not be limited to, the following:

Objective 1. Encourage the development of multi-scale tools and policies around healthy, sustainable land use and transportation planning.

Activity 1.1. **Support** the design, release, and promotion community toolkits, evaluation checklists and indicators, and other resources for practitioners. Resources will be developed and disseminated as required.

Activity 1.2. **Assist** with local and regional policy development exercises by sharing areas of interest and providing input based on the group's collective interest and expertise.

Activity 1.3. **Track** the progress towards implementation of healthy, low-carbon, and equitable community design policies and "on-the-ground" results.

Objective 2. Enable knowledge translation and exchange between cross-disciplinary stakeholders.

Activity 2.1. **Organize** stakeholder forums on a relevant topic related to healthy, low-carbon, and equitable community design, planning, and transportation investments to be selected by the steering committee. Four meetings per year with an average attendance of 50 to 70 delegates across municipal and professional spheres per meeting are anticipated.

Activity 2.2. **Track** the needs and interests of the group members and how the group is assisting knowledge sharing through surveys and interviews.

Activity 2.3. **Release** briefing papers and notes on pertinent research and local initiatives. Approximately 3 briefing papers will be released annually.

Objective 3. Identify opportunities, constraints, and gaps within related and pertinent research, practice and resources and provide support for collaborative work and projects.

Activity 3.1. **Coordinate** the development of research agendas between practitioners, decision-makers, and researchers. Agendas will be released annually, or as required.

Activity 3.2. **Facilitate** data collection and support pilot project efforts where possible. Requests will be addressed in an efficient manner.

Updated: January 2011

Appendix 13

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Logistics

The workshop was held at the Compass Point Inn in Surrey BC. Although the room layout was not ideal (posts blocked the line of vision for some), a relatively reasonable cost for rental of the room and food was negotiated, compared to other venues. The venue's location directly adjacent to a Skytrain station enabled many participants to travel to the workshop by a low-emission and healthy mode of transportation. There was also free parking on site for those who opted to drive.

The workshop was held in Surrey BC for several reasons, among them:

1. The community of Surrey is particularly relevant to the topic and outcomes related to housing, transportation, and health due to its opportunities, challenges, and regional context. The City of Surrey is currently working on projects and initiatives with many agencies (e.g. housing, transportation, and health) and provides rich context for practical discussion. A significant amount of change is happening in Surrey; therefore, an interesting place in the region to lend support, resources, and attention.
2. The HCDC intends to rotate the location of events throughout the region to facilitate participation by people living and working in different parts of the Lower Mainland, and to provide an opportunity to work with and feature various communities in the region. The HCDC held a previous workshop for a similar audience (Oct 2010) in a different part of the region (Richmond), so hosting this workshop with City of Surrey provided the variety in location and focus that the HCDC strives for.
3. One of the workshop funders was Fraser Health and Surrey is in its health region.

The workshop was held in a room of about 5500 sq ft in area. Participants were seated at tables with all chairs facing the front of the room. The audio-visual set-up of the room included 3 microphones and speakers, lectern, table with seating for panelists, and a large screen for presentations. For smaller group discussions in the afternoon session, tables were merged and flip-chart notepaper easels were available.

There was no registration fee for the event. Beverages, snacks, and a buffet lunch were provided at no cost to participants.