April 29, 2013

The Honourable Kathleen Wynne
Premier of Ontario
Queen’s Park
Rm. 281, Main Legislative Building
Toronto, ON
M7A 1A1

Dear Premier Wynne,

On April 26, 2013 the Board of Health for the Porcupine Health Unit passed the following resolution regarding the built environment:

WHEREAS, the Board of Health for the Porcupine Health Unit reviewed the resolutions passed by Windsor-Essex County Health Unit, Timiskaming Health Unit and Sudbury and District Health Unit in support of active transportation and incorporating healthy public policy when making decisions about the built environment, and

WHEREAS, built environments can either foster or discourage good health and safety; and

WHEREAS, Ontario’s Public Health Sector Strategic Plan, Make no Little Plans, notes that due to the close relationship with municipal government, local public health is well positioned to influence municipal planning and policy and reinforce the strong link between community planning and health outcomes; and

WHEREAS, the Porcupine Health Unit district suffers from higher than Ontario rates of cigarette smoking, heavy drinking, obesity, hypertension, ischemic heart disease, cancer and diabetes; and

WHEREAS, the Porcupine Health Unit Healthy Communities strategy implementation included consultation with 8-80’s Cities, community partnerships and identifying areas to improve the built environment in our communities for physical activity opportunities and access to healthy foods;

NOW THEREFORE BE IT RESOLVED THAT, the Board of Health for the Porcupine Health Unit adopt Windsor-Essex County Health Unit Board of Health and Sudbury & District Health Unit’s endorsement of the Place Matters for Health, a Position Statement on Built Environment and Health and Timiskaming Health Unit’s Briefing and Resolution on Active Transportation, and the Make No Little Plans: Ontario’s Public Health Sector Strategic Plan to positively influence the built environment; and
FURTHERMORE THAT, the Position Statement and resolutions be circulated to member municipalities and to the appropriate government Ministries, including but not limited to the Ministry of Transportation, Ministry of Municipal Affairs and Housing, and the Ministry of Education.

Yours very truly,

Donald W West BMath, CPA, CA
Chief Administrative Officer

DW:mc

Encl.

cc: Dr. Arlene King, Chief Medical Officer of Health
    The Honourable Deborah Matthews, Minister of Health and Long-Term Care
    The Honourable Teresa Piruzza, Minister of Children & Youth Services
    The Honourable Glen Murray, Minister of Transportation, Minister of Infrastructure
    The Honourable Linda Jeffrey, Minister of Municipal Affairs and Housing
    The Honourable Liz Sandals, Minister of Education
    Ms. Sue Makin, President, The Ontario Public Health Association
    Mr. Gordon Fleming, Manager of Public Health Issues, aPHa
    Member Municipalities
    Ontario Boards of Health
February 22, 2013

The Honourable Kathleen O. Wynne  
Premier of Ontario  
Queen’s Park  
Rm. 281, Main Legislative Building  
Toronto, ON M7A 1A1  

Dear Premier Wynne:

On February 21, 2013 the Board of the Windsor-Essex County Health Unit passed resolutions in support of active transportation and incorporating healthy public policy when making decisions about the built environment.

The resolution of the Timiskaming Health Unit on Active Transportation (attached) and the Sudbury & District Health Unit’s resolution and endorsement of the Place Matters for Health: Built Environment and Health Position Statement (September 26, 2012) (attached) were presented to and endorsed by this Health Unit’s Board of Directors.

It was noted that the Built Environment and Active Transportation feature prominently in the recent revamps to the Provincial Policy Statement Review that sets out recommended amendments including adding active transportation elements to land use planning consideration.

The Ontario Ministry of Transportation strategy called “Sustainability in Sight” recommends, among other things, that the definition of value be expanded beyond an economic analysis but to include a more holistic analysis of real costs and benefits of a project (i.e., the benefits of leaving trees to provide shelter, absorb carbon, release oxygen, remove pollutants from the air, etc.).

The Ontario Ministry of Transportation’s draft Cycling Strategy recognizes that cycling benefits include, amongst other benefits, the promotion of active and healthy lifestyles and responds to concerns about obesity and related chronic diseases.

Given that both the built environment and accessible active transportation can positively impact the health of a community, the Windsor-Essex County Health Unit supports these resolutions. The Windsor-Essex County Health Unit will promote awareness of these issues and will ask key decision makers to incorporate healthy public policies when planning and implementing changes to the built environment and the areas active transportation network. As a result, the Board passed the following resolution:

‘WHEREAS the Windsor-Essex County region suffers from higher than Ontario rates of unemployment, cigarette smoking, alcohol binging, obesity, hypertension, ischemic heart disease, lung cancer, and diabetes;

Continued to page 2
WHEREAS it is important to bring these issues to the attention of governing bodies/individuals who can ensure active transportation and built environment decisions are made in our Windsor Essex County community that foster more healthful living;

THEREFORE BE IT RESOLVED THAT the Windsor-Essex County Health Unit Board of Health adopt the Sudbury & District Health Unit’s endorsement of the Place Matters for Health, a Position Statement on Built Environment and Health and the Timiskaming Health Unit’s Briefing and Resolution on Active Transportation dated November 7, 2012;

FURTHERMORE THAT the Positions Statement and resolutions be circulated locally and to the appropriate government Ministries, including but not limited to The Ministry of Transportation, Ministry of Municipal Affairs and Housing, and Ministry of Education.

We look forward to working with government at all levels as well as with the many community partners who also seek to improve the quality of life in Windsor-Essex and throughout the province.

Your endorsement of these issues will not only positively impact the health of many Canadians today but will pave the way for the children of tomorrow.

Sincerely,

Gary McNamara, Chairperson
Board of Directors

GM.rs

Attachments: Timiskaming Health Unit Active Transportation Resolution
Sudbury & District Health Unit’s resolution and endorsement of the Place Matters for Health: Built Environment and Health Position Statement (September 26, 2012)

cc: Dr. Arlene King, Chief Medical Officer of Health
    The Honourable Deborah Matthews, Minister of Health and Long-Term Care
    The Honourable Teresa Piruzza, Minister of Children and Youth Services
    The Honourable Glen R. Murray, Minister of Transportation, Minister of Infrastructure
    The Honourable Linda Jeffrey, Minister of Municipal Affairs and Housing
    The Honourable Liz Sandals, Minister of Education
    Ms. Sue Makin, President, The Ontario Public Health Association
    Ms. Amy MacDonald, Co-Chair, Ontario Society of Nutrition Professionals in Public Health
    Ms. Lynn Roblin, Chair, Ontario Collaborative Group on Healthy Eating and Physical Activity
    Mr. Nick Saul, Executive Director, The Stop Community Food Centre
    Mr. Gordon Fleming, Manager of Public Health Issues, alPHa
    Ms. Janet Gasparini, Chair of the Board, Social Planning Network of Ontario (SPNO)
    Ms. Michele Legere, Coordinator, Food Matters Windsor-Essex County
    Mr. Adam Vasey, Director, Pathway to Potential
    M. Brennan, County Council Services (Member Municipalities)
    B. Murray, City of Windsor Council Services
    Ontario Boards of Health
November 27, 2012

VIA EMAIL

See Distribution List Below

Dear Ministers:

Re: Built Environment and Health

On behalf of the Sudbury & District Board of Health, I am very pleased to share with you the Place Matters for Health: Built Environment and Health Position Statement. This position statement was adopted by the Board of Health at its September 26, 2012, meeting.

The potential for the built environment to improve or worsen health is widely recognized. Decisions that can significantly impact the health promoting nature of the built environment lie within each of your ministries. It is the Board’s hope that the potential health impact of such decisions will be carefully considered within your respective ministries.

At the local public health unit level, our staff has the pleasure of interacting with many local municipal and provincial partners. It is our observation that there is great interest in working together to create healthy communities.

Together, we can ensure that the places that we build to live, work, learn and play in are the healthiest possible for all Ontarians.

Please do not hesitate to contact my office to discuss the Place Matters for Health: Built Environment and Health Position Statement and opportunities to work together.

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: France Gélinas, Member of Provincial Parliament
    Michael Mantha, Member of Provincial Parliament
    Rick Bartolucci, Member of Provincial Parliament
    Ontario Boards of Health
    Pat Vanini, Executive Director, Association of Municipalities of Ontario
    Linda Stewart, Executive Director, Association of Local Public Health Agencies
    Vonda Croissant, Executive Director, Federation of Northern Ontario Municipalities
    Siu Mee Cheng, Executive Director, Ontario Public Health Association
    Constituent Municipalities
Distribution List:

The Honourable Ted McMeekin, Minister of Agriculture, Food and Rural Affairs
The Honourable Jim Bradley, Minister of the Environment
The Honourable Deb Matthews, Minister of Health and Long-Term Care
The Honourable Bob Chiarelli, Minister of Municipal Affairs and Housing
The Honourable Rick Bartolucci, Minister of Northern Development and Mines
The Honourable Michael Chan, Minister of Tourism, Culture and Sport
The Honourable Bob Chiarelli, Minister of Transportation
The Honourable Laurel Broten, Minister of Education
Moved by Pilon – Belcourt:

WHEREAS there is a complex and multifaceted interaction between place and health; and

WHEREAS how communities are designed can also impact health outcomes including infectious diseases, chronic diseases (e.g. cardiovascular, diabetes, respiratory), injuries, and mental health; and

WHEREAS in June 2007, the Sudbury & District Board of Health motion #36-07 identified the need to enhance public health programming in order to address supportive environments for physical activity; and

WHEREAS the Ontario Public Health Standards (2008) require that boards of health work with municipalities to support healthy public policies, including policies that enhance the built environment.

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health acknowledge the built environment as a significant determinant of health and endorse the Place Matters for Health: Built Environment and Health Position Statement (September 26, 2012); and

FURTHER THAT copies of this motion and position statement be forwarded to all Ontario boards of health, provincial government partners and local members of provincial parliament, the Ontario Public Health Association (OPHA), the Association of Local Public Health Agencies (alPHA), local municipalities and Federation of Northern Ontario Municipalities (FONOM).
Position Statement
The Sudbury & District Board of Health actively supports and advocates for the creation of physical spaces that improve health and health equity. We envision the creation of vibrant, safe communities that prevent disease, promote health, and ultimately enhance the quality of life of all residents.

Background
The built environment refers to “that part of the physical environment made by people for people, including buildings, transportation systems and open spaces.” The built environment includes large-scale urban civic spaces, constructed rural spaces, personal spaces, and indoor and outdoor environments. Features of the built environment include sidewalks, streets, stores, restaurants, industries, schools, playgrounds, green spaces, workplaces, neighbourhoods, and more.

There is a complex interaction between place and health. Historically, public health’s influence on the built environment was focussed on tackling specific health issues such as sanitation, environmental contamination, workplace safety, and fire codes. Today it is increasingly being recognized that the nature and form of place (the environmental, physical, social and design features of our communities) affect the lifestyle choices we have available to us and the health risks or opportunities we encounter. The design of the built environment holds tremendous potential for addressing many current public health issues including climate change, environmental contaminants, community safety, and social inequities. How communities are designed can also impact health outcomes including infectious diseases, chronic diseases (e.g. cardiovascular, diabetes, respiratory), injuries, and mental health.

Role of Public Health
Today, nearly all aspects of the built environment are shaped by laws and policies that are the purview of non-health associated agencies. Public health, however, can add an important perspective to the decisions that shape the built environment. Public health is engaged in addressing complex issues and impacts related to the built environment from within a number of the Ontario Public Health Program Standards: Environmental Health, Emergency Preparedness, Chronic Disease and Injuries, and Family Health.

The creation and modification of the built environment is achieved through a complex web of professions, disciplines, and influencers. Efforts to address the negative health effects extend across all sectors of society and will require the development of a new perspective on the health implications of place. There is a need for public health to work with municipalities, planners, developers, provincial and federal ministries, professional organizations, community groups, and other partners to ensure that health is considered in decision making.
RESOLUTION

Date: November 7th, 2012
Resolution #: 03-2012
Moved By: Mike Mcarthur
Seconded By: Merdy Armstrong

Re: Active Transportation

WHEREAS major diseases affecting the quality and length of life of Ontarians are linked to physical inactivity; and

WHEREAS the Ontario Public Health Standards (2008) require that boards of health work with municipalities to support healthy public policies, including policies that enhance the built environment for physical activity and injury prevention; and

WHEREAS the design of our communities has a potent effect on the health of our population in a number of ways; and

WHEREAS the benefits of active transportation are significant and numerous and include health, safety, environmental, social/community, as well as economic; and

WHEREAS there have been numerous calls to action for active transportation including policy recommendation statements identifying essential roles for communities and governments; and

WHEREAS local communities are taking seriously their role in creating supportive environments for active transportation, for example, Share The Road, an active transportation partnership campaign; and

WHEREAS in 2012, local stakeholders identified that active transportation policy is a priority for achieving healthy communities and that opportunities currently exist to shift the allocation of resources to promote health to a greater degree and create healthier communities;

THEREFORE BE IT RESOLVED THAT the Timiskaming Health Unit Board of Health recognize that coordinated efforts with municipal governments, public health and other sectors is required in order to develop a comprehensive, community-based approach to address active transportation; and

FURTHERMORE THAT the Timiskaming Health Unit Board of Health encourage the provincial government and all municipalities within the district to invest in and develop long-term plans for active transportation; and

FURTHER THAT copies of this motion be forwarded to all Ontario boards of health, provincial government partners and local members of provincial parliament, the Ontario Public Health Association (OPHA), the Association of Local Public Health Agencies (alPHa) and Federation of Northern Ontario Municipalities (FONOM, and the Minister of Transportation

.../2
FURTHER THAT a letter along with this motion be sent to all mayors and reeves within the district emphasizing the opportunity to demonstrate leadership for active transportation during highway and road rehabilitation and resurfacing.

☐ Carried
☐ Defeated
☐ Deferred

Chair - Board of Health
Purpose and Background
Chronic diseases such as cardiovascular disease, diabetes, cancer and chronic respiratory disease, are the leading cause of death in Ontario. These diseases are largely preventable and place a great burden on individuals, families, communities and the healthcare system. Twenty five per cent of health care costs are due to preventable illnesses. Research shows strong associations between modifiable risk factors such as physical inactivity, unhealthy eating and obesity and the most common chronic diseases. In 2009, obesity, a risk factor for many chronic conditions, was estimated to cost Ontario’s health care system $4.5 billion in direct and indirect costs. In the Timiskaming Health Unit area the per cent of residents (18 years and older) who are obese or are either overweight or obese, is statistically higher than Ontario’s rate.

The rising burden of chronic disease on the health care system has led to many calls for evidence-informed action. This briefing focuses on the recommendations related to physical activity and more specifically active transportation (AT). Active transportation is non-motorized travel, including walking, cycling, and rollerblading.

In her 2010 Annual Report, Health, Not Health Care- Changing the Conversation, the Chief Medical Officer of Health of Ontario Dr. Arlene King called for the re-engineering of activity back into the lives of Ontarians including the need to provide them with safer roads. More recently, the Ministry of Health and Long-Term Care’s 2012 Ontario’s Action Plan For Health Care, the first action listed is “Keeping Ontario Healthy” and promoting better health. This action includes a childhood obesity strategy.

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4 Obesity In Canada. (2012). A Joint Report for the Public Health Agency of Canada and the Canadian Institute for Health Information.
7 Timiskaming Health Unit Data. (2004). Source: Canadian Community Health Survey.
Public Health Ontario and Cancer Care Ontario release a report earlier this year; *Taking Action to Prevent Chronic Disease –Recommendations for a Healthier Ontario*. This report highlights the role of physical activity in diminishing the risk of numerous health conditions ranging from high blood pressure to diabetes and certain cancers. They quote an economic burden of physical inactivity in Ontario at 2.9 billion (direct and indirect health care costs) in 2011. Drawing on the best available evidence, one of the recommendations for population-level policies and interventions to reduce exposure to physical inactivity includes supporting active transportation (AT). They state that comprehensive strategies to accommodate active transportation would increase the number of people making this choice. A comprehensive AT policy specifies development of safe, convenient networks for pedestrians and cyclists thereby facilitating the integration of physical activity into people’s everyday lives.

Ontario’s doctors have also call for action. They report that those who cycle for utility or for pleasure are at risk of injury on Ontario’s roads, and those who do not cycle regularly report that they are dissuaded by their perceived lack of safety. They go on to say that “much more has to be done by provincial and municipal transportation departments to make this form of exercise safer”. Recommendations in the Ontario Medical Association Policy Paper included:

- That the provincial and municipal transportation departments do more to make cycling safer.
- That the provincial government develop policy and programs, including funding, to facilitate safe cycling.
- That municipal governments redouble their efforts to build much-needed cycling infrastructure.
- That connected networks of roads with paved shoulders are needed in rural settings, to allow for the much needed separation between cyclists and fast-travelling vehicles on rural roads.

*(Ontario Medical Association Policy Paper – Enhancing cycling safety in Ontario, 2011)*

In June of this year, The Ontario Professional Planners Institute called upon planners, the provincial government, municipalities and the public to make non-motorized forms of travel a mainstay of daily life throughout Ontario Communities. They state that too often pedestrian and bicycle considerations are overlooked because they are not part of the plan from the beginning and retrofitting is more expensive than upfront planning. Many Ontario examples of infrastructure, policies and program being developed to increase the use of active transportation modes are cited.

Locally, a Timiskaming Health Unit area Situational Assessment was conducted to further understand the situation, including readiness of the community to move forward with policy actions related to i) active transportation, ii) access to affordable recreation and iii) access to healthy local food. Key insights* from this report related to AT include:

- Overall, readiness was high in both stakeholders and residents to improve all three topics of active transportation, access to healthy local food and affordable access to recreation, provided barriers could be addressed.
- The top two policy options identified in the active transportation topic area were “Build safe and easy-to-use routes for walking/bicycling” and “Ensure maintenance of walking/bicycling routes.”

In addition, several local municipalities and stakeholders have actively collaborated on *Share The Road*, a campaign encouraging safe, active transportation.
In conclusion, the design of our communities has a potent effect on the health of our population in a number of ways including making active transportation an efficient, easy and safe choice. The benefits of active transportation are significant and numerous and include health, safety, environmental, social/community, as well as economic. Notable examples of successful AT strategies in Ontario are growing. Investment in strategies, including infrastructure, would be a demonstration of leadership for positive change.

*Although this report provides insight on the healthy eating and active living situation across the Timiskaming district, the report contains the opinions and perspectives of residents and stakeholders as they were shared with the consultant. In some cases, these opinions may not accurately represent the actual situation in the community. It is important to note that consistent with this type of assessment, several methodological limitations (outlined in the full report) should be noted when interpreting the results.

**Program/Outcome:** Chronic Disease and Injury Prevention

**Financial Implications for Timiskaming Health Unit:** None.

**Strategic Direction and Recommendation:** That the Board of Health for the Timiskaming Health Unit pass a motion to approve resolution #03-2012.