

## Ground-breaking Strategies for Building Active Communities.

### Introduction

*Pam Kinzie, Program Coordinator, HHRC*

Many health promotion professionals are exploring ways to promote active living – not only by encouraging recreational exercise, but also by encouraging walking and cycling in the course of daily life. In many parts of our province this is easier said than done, considering that the built environment often discourages people-powered transportation.

Until this past July, I had never heard of the terms "Active Transportation", "Walkable Community" or the "Built Environment". Just after I began my work at the Heart Health Resource Centre I was asked to organize a "workshop" on a topic of interest to Heart Health Coordinators. It soon became apparent that this topic would be related to active transportation and how it is affected by the built environment – there – I used both terms in a sentence! Not only was this of interest to Heart Health Coordinators, but also to their community partners, the Ministry of Health Promotion, researchers, university educators and students, hospitals, NGO's, community health centres, community care access centres, municipal service personnel, tourism and recreation personnel and a host of others. With the help of Karen Armstrong, Heart Health Coordinator, Community Heart Health Network in Wellington- Dufferin- Guelph Public Health, the workshop grew into a symposium called *Ground-breaking Strategies for Building Active Communities* that was held on October 19th at the InterContinental Hotel on King St. in Toronto. It was designed to:

- Demonstrate innovative strategies to promote active transportation;
- Emphasize health, urban planning and political perspectives;
- Provide new ideas and information to those who were just embarking on active community programs, as well as to those who have already developed some expertise.

This newsletter will highlight some of the proceedings from the symposium. I have asked some of the speakers, as well as, some additional professionals to contribute. You will notice some common themes in many of these articles which indicate how professionals from many different fields are thinking alike. Many have provided specific "pointers". I am hoping that you will find this information useful and will be able to take the next steps in making your own community more active – one step at a time.

The Heart Health Resource Centre thanks the following sponsors for their generous support of the *Ground-breaking Strategies for Building Active Communities symposium*:



Community Heart Health Network,  
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- 1 • Introduction
- 2 • Why We Should Care...  
Effects of Urban Sprawl on Our Health
- 3 • What Makes a Community Walkable?
- 4 • Walkability Checklist
- 5 • Building Active Communities:  
Making it Happen
- 6 • Working with New Partners  
to Influence Policy  
• Designing Active Communities:  
The Role of Health Care Professionals
- 8 • Planning and Active Living  
• Implementing Specific Strategies  
• Municipal Medicine
- 9 • Haliburton: A Community in Action -  
Active Transportation Planning Project
- 12 • Steps to Strides – walkON
- 13 • Lessons Learned from Implementing  
Walkable Communities
- 14 • Now...Get Started!  
• How to Promote and Develop  
Walkable Communities

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## Why We Should Care...Effects of Urban Sprawl on Our Health

We were fortunate to have Dr. Riina Bray, Chair of the Environmental Health Committee of the Ontario College of Family Physicians present at the symposium. She highlighted the importance of walkable communities by outlining the relationship between urban sprawl and health.

Urban sprawl is associated with suburban communities where it is difficult to practice active transportation (human-powered modes of transportation such as walking, wheel chairing and cycling) due to the length of the usual commutes to work for the majority of residents. Certainly, we see the Greater Toronto Area expanding at an alarming rate as housing developments spread from Oshawa to Niagara and Lake Ontario to Lake Simcoe.

"The future pattern of land development will shape the choice and mode of travel for future generations, as well as determine housing locations and affordability. Evidence clearly shows that people who live in spread-out, car-dependent neighborhoods are likely to walk less, weigh more, and suffer from obesity, high blood pressure and consequent diabetes, cardio-vascular and other diseases, as compared to people who live in more efficient, higher density communities... The low-walkability of sprawling neighbourhoods and the resulting increase in car use contribute to the growing obesity epidemic, especially in children. A lack of safe pedestrian thoroughfares and diminished natural environments also lead to the decline of social capital and psychological well-being."<sup>1</sup> These result from: driver stress, less time for social interaction with friends and family, a loss of a sense of community and an increased incidence of road rage.

"Saelens et al (2003) reviewed a number of studies that examined environmental influences on physical activity. Consistently, he found that residents of neighbourhoods that were "high-walkable" report more walking than in "low-walkable" neighbourhoods. The denser the population and the more varied the land-use mix, the more likely people are to walk. He concludes that "transportation and planning research supports the proposition that the physical environment is associated with physical activity in the form of walking/ cycling for transportation".<sup>2</sup>

Sprawl is also associated with higher incidences of air pollution, smog, climate change from car emissions and road crashes from increased traffic and high speed travel. The environmental effects are associated with higher incidences of respiratory and cardiovascular disease, impaired fetal development, heat stress and cancer, while the car crashes are associated with deaths and injuries.

The Ontario College of Family Physicians has produced four excellent booklets on the Health Impacts of Urban Sprawl which provide more details and statistics on all of the above information. Each booklet recommends that we (the public) advocate for walkable, compact neighbourhoods with greenspace, better suburban road design, safer roads, public transit and safe pedestrian paths and bike lanes. For further information check the web site at [www.ocfp.on.ca](http://www.ocfp.on.ca) or contact the College at: (416) 867-9646 e-mail: [ocfp@cfpc.ca](mailto:ocfp@cfpc.ca).

### New Strategies of the Provincial Government

Jean Lam, Assistant Deputy Minister, Ministry of Health Promotion, described a number of the Ontario government's strategies that promote active living. She outlined the recently launched action plan to promote Healthy Eating and Active Living (HEAL). One of the four cornerstones at the heart of this action plan is *Building Healthy Communities*. Included in this part of the plan is *Promoting healthy urban design*.

One of its goals is to "Improve the health of those most at risk and removing barriers to healthy, active living so that Ontarians have greater opportunities to enjoy good health".

In consultation with community organizations, the Ministry of Health Promotion learned that Ontarians are working hard to promote active living and healthy eating in their communities, and while there are many success stories, they are also a number of barriers.



<sup>1</sup> Alan Abelsohn., Riina Bray, Catherine Vakil, David Elliott, Report on Public Health and Urban, Sprawl in Ontario :A review of the pertinent literature, Environmental Health Committee, Ontario College of Family Physicians, January, 2005, page 4.

<sup>2</sup> Ibid, page 23

According to more than 1,000 people who participated in the roundtable discussions hosted by the Ministry, the main challenges to good health are the broader factors that limit Ontarians’ ability to make healthy choices. These include:

- A lack of recreation facilities, bike paths and sidewalks in many communities;
- Urban planning and land-use practices that create communities where people have to use their cars to get to stores, work and school; and
- A lack of healthy public policy to support healthy eating and active living.

### What Makes a Community Walkable?



Before



After



### Walkability – Connectivity- Accessibility

#### Walkable Neighbourhoods

- Walking sufficiently to meet health recommendations is positively associated with:
  - Higher residential density
  - Smaller street blocks
  - More sidewalks
  - Shorter distances to food and retail facilities from home

## Walkability Checklist

Take a walk in your neighbourhood. Use this checklist created by walkON to see how it measures up.

### walkON

Choose a walking route in your community and take notes on what you see. How does your route rate? Is your community one that supports walking?

**My Walking Route:**

Start Point: \_\_\_\_\_

End Point: \_\_\_\_\_

Date: \_\_\_\_\_

**CONNECTIVITY**

- The neighbourhood is connected to destinations by sidewalks, trails or paths
- Sidewalks are wide enough for 2 or 3 people to walk side-by-side
- Sidewalks are in good repair. If not, identify problems and location: \_\_\_\_\_
- Wheelchairs and strollers can navigate easily
- Sidewalks are clear of obstacles such as bushes and garbage
- Sidewalks are on both sides of the street
- Other/Explain:** \_\_\_\_\_

Rating (please select one)

1  
Very Poor
2  
Good
3  
Excellent

**PROXIMITY AND ACCESS TO AMENITIES**

- Mix of homes, businesses, stores and schools
- Different styles of housing (apartments, town homes, single family)
- People are out and about and there are "eyes on the street"
- Destinations, such as stores, schools and businesses, are in walking distance
- Other/Explain:** \_\_\_\_\_

Rating (please select one)

1  
Very Poor
2  
Good
3  
Excellent

### Walkability Checklist

**AESTHETICS**

- The route is attractive and pleasant
- The landscaping is attractive (e.g. trees and flowers)
- There are benches, and other places to rest, along the walking route
- There are interesting features that make you want to walk
- Shops and businesses are well-maintained and accessible
- Other/Explain:** \_\_\_\_\_

Rating (please select one)

1  
Very Poor
2  
Good
3  
Excellent

**SAFETY**

- Sidewalks are separated from the road
- Pedestrian crossing signals are well marked and give enough time to cross the street
- Cars obey pedestrian crossings and signals
- Cars obey the set speed limit in the area
- Street signs are legible
- Paths are well lit at night
- Other/Explain:** \_\_\_\_\_

Rating (please select one)

1  
Very Poor
2  
Good
3  
Excellent

**How walkable is your community?** Score: \_\_\_\_\_

10-12 Celebrate! Your community makes it easy to walk for all your daily needs

8-9 Your community is doing pretty well!

5-7 Your community is doing okay, but could make some improvements

>4 Let's work hard to make your community more walkable

Please give the completed checklist to your local Mayor, municipal councillor, or public works official

Reprinted with permission from walkON

## Building Active Communities: Making it Happen

Bob Chauncey, Director of Policy Analysis, the U.S. National Center for Bicycling and Walking, and Megan Hoyt, Pedestrian Safety Engineer, Pedestrian Program, Seattle Department of Transportation were the keynote speakers. They introduced the concepts of walkable communities by first outlining how the built environment has impacted the levels of physical activity amongst Canadians and then showing how communities in North America are gradually reversing this trend by introducing changes in urban design – both in residential and commercial development and in road construction.

In 1996, Canada ranked tenth out of 11 countries in the percentage of walking and biking trips made. We walked about ten percent of the time and biked less than two per cent. When compared to nine European countries that walk and cycle up to 30% of the time, North Americans walk and bike at abysmally low rates. Physical activity rates for children have also decreased significantly. As many speakers reiterated, this has resulted in marked increases in obesity rates for both children and adults.

Why don't Canadians walk or cycle more? There may be a fear of walking in some locations, but largely, this is due to our reliance on cars and our sedentary environment. We build communities that make us drive. Activity has been engineered out of our daily lives. We drive hundreds of kilometers to ride our bikes and go to gyms to walk on a treadmill! Nobody walks, so developers and planners ask "why build environments that promote it?"

Bob pointed out that one of the greatest public health achievements of the 20th century was the decline in tobacco use. What began as anti-smoking campaigns aimed at the individual in the 1970's became mass media campaigns to change values and attitudes in the 1980's, advocacy campaigns and environmental supports such as taxation and advertising policies in the 1990's and finally legislative measures and public policy measures to limit smoking in public places. Tobacco use has become "denormalized". Those who promote walkable communities can learn a lot from this example. However, unlike reducing smoking rates, there is no clear enemy like the "big tobacco companies" when it comes to the challenge of creating more active communities. Funding sources are unclear, since so many different government ministries may be involved.

Bob suggests that we need scientific, persuasive advocacy messages that emphasize:

- The health effects and environmental impacts of non-walkable communities;
- The loss of natural spaces;
- The economic impacts such as increases in car insurance rates, costs of school transport and services to suburban lots.

*"The measure of a good city is one where a child on a tricycle or bicycle can safely go anywhere. If a city is good for children, it will be good for everybody else. Over the last 80 years we have been making cities much more for cars' mobility than for children's happiness."*

Enrique Penalosa, Former Mayor of Bogota, Columbia, Oct., 2005



*"Why are we focusing our interventions on the individual? Doesn't it make more sense to fix the environment first and then ask people to use it?"*

Bob Chauncey



*"It's not more money that we need – it's the same funding focused in new areas"*

Ron Leavens, Former Mayor, Pelham ON



*"We (politicians) need you to say that the priorities need to change"*

Ron Leavens, Former Mayor, Pelham ON



## The Evidence Says...

1. Educate Government Officials.
2. Promote the benefits of walking and cycling.
3. Provide input on land use decisions.
4. Consult more with planning departments, developers and key stakeholders.
5. Develop effective partnerships and alliances with key stakeholders.
6. Advocate for mixed land use, accessibility, food sources close to home and change in public consciousness.
7. Develop a joint urban planning and public health framework.
8. Publish Canadian research on this topic and program successes, challenges and lesson's learned in peer reviewed journals.

(Bergeron, 2006)

*Bergeron, K. (2006). Critically appraising research to discover: do public health units have a role in community design? Unpublished.*

## Working with New Partners to Influence Policy

### Designing Active Communities: The Role of Health Care Professionals

*Kim Bergeron, Chronic Disease Prevention Coordinator  
Haliburton, Kawartha, Pine Ridge District Health Unit, Port Hope, ON*

There is a growing need to increase the opportunities for people to make healthy lifestyle choices. Health care professionals have traditionally focused on increasing the knowledge and skills of individuals to increase their physical activity levels. A broader approach to address health is required. This should include understanding how the environment enhances or hinders physical activity levels of residents.

I conducted an e-journal literature review in business and health journals using the search words "public health and built environment and physical activity" to discover the role that health care professionals have in community design to promote physical activity opportunities for residents. This search identified numerous articles and highlighted what professionals are talking about, what they are saying, and who health care professionals should be working with. Learning more about the role of health care professionals is a passion of mine and I want to take this opportunity to share what I have learned.

#### Who's talking?

Professionals from many disciplines are talking about this topic. These disciplines include public health practitioners, family physicians, planners and land architects. Journals that are publishing articles on this topic include the American Journal of Public Health, American Journal of Health Promotion, American Journal of Preventive Medicine, Journal of the American Planning Association, Journal of Physical Activity and Health and the Journal of Law, Medicine & Ethics. As you can see, most of the journals are American. There is not a lot of Canadian data being published on this topic. Most of the journals reviewed identified that the research on this topic is in its infancy and that more research is needed.

#### What are they saying?

There were 8 key areas (see insert on left) identified for health care professionals to engage in their practice to impact community design that promotes greater physical activity opportunities for residents.

Some highlights of the findings are:

#### Educate government officials on:

- The health benefits of encouraging physical activity with an eye to street design;
- The evidence of the association between land use and health;
- Their roles to ensure that private development at least takes into account the benefits and burdens of their designs;
- The benefits of reviewing street grid patterns to ensure that they lead somewhere and are designed with active living in mind; and
- The link between land use decisions and social determinants of health.

#### Promote:

- The benefits of walking;
- A pedestrian-oriented built environment through mixed land use, destination-based pathways, good design to make walking or biking more attractive, thereby, reducing the physical and psychological barriers;
- Addressing health disparities through the built environment.

**Provide Input:**

- Land use decisions need to be informed by input from health agencies.

**Provide Consulting Services:**

- More consulting is needed with health agencies.

**Develop Effective Partnerships:**

- With other community stakeholders.

**Who should Health Care Professionals work with?**

Health care professionals should work to develop partnerships with key stakeholders such as land architects, planners, policymakers, social scientists, traffic engineers, developers, university professors, law enforcement officers, municipal officials and staff, economists, real estate agents and food producers.

**How One Public Health Unit is Developing Partnerships with Key Stakeholders.**

Through my work in public health I realize that health care professionals bring empirical and epidemiological expertise in health, expertise in human behavioural interventions and a voice that consistently asks "Will this encourage or discourage healthy behaviours?" Therefore, we approach the table with something to share.

The HKPR District Health Unit's physical activity team and our local OHHP-Taking Action for Healthy Living program *Health for Life* has been working very hard the last couple of years to develop stronger partnerships with the identified stakeholders. We are ensuring that people who look after planning, transportation, economic development, parks and recreation, education, conservation, housing and public safety issues have information about the benefits of active communities. We send out promotional materials on the work that is being done in the community to increase physical activity opportunities within the community, we hold roundtable discussions with key stakeholders and we engage them in community-based research projects on the topic of designing active communities.

In 2005, we conducted a qualitative research project in Northumberland County and City of Kawartha Lakes to assist with the development of a social marketing campaign that encourages and advocates for active living and active living communities. The results of this study are available at <http://www.hkpr.on.ca/uploadedFiles/ActiveCommunitiesReport.pdf>

Currently, we are implementing a project to increase physical activity levels of residents by creating a checklist that Ontario municipalities can use to encourage the development of communities that promote and support physical activity opportunities. This project is being implemented in partnership with Health for Life, Queen's University, and the Municipality of Cobourg.

To learn more about what HKPR District Health Unit is doing to create active communities contact Kim Bergeron at [kbergeron@hkpr.on.ca](mailto:kbergeron@hkpr.on.ca) or 1-905-885-9100 ex 264.



*Health for Life* is a community partnership of agencies and individuals committed to the prevention of chronic disease in the counties of Northumberland, Haliburton and City of Kawartha Lakes by building communities that promote and support healthy lifestyle choices.

In an active community, the built and social environments support and enable healthy, active living by providing opportunities for people to engage in daily physical activity. An active community is created when community stakeholders, decision-makers, interest groups and residents place value on, and work towards, the health, safety and quality of life for all individuals, environmental sustainability and equal access to all opportunities to be physically active.

*(HKPR District Health Unit (2006) Active Community Charter)*

## Planning and Active Living

Planning walkable, active communities requires partnerships and input from a variety of sectors that have not traditionally worked together. Planners, municipal politicians and staff, conservation authorities, educators, health agencies and various interest groups need to work together.

Janet Sperling, of Stantec Consulting provided a planner's perspective to understanding how the public health and planning sectors might work together to develop more active communities. She underlined the importance of remaining neutral and listening to each other. Health Units can provide the statistics on health impacts that may be needed to support plans for walkable communities and planners know how to navigate through the bylaws, legislation and official municipal plans. She reiterated that in many cases we have similar goals and by working together we can more readily achieve them. As Kim noted above, it is important that the health sector come to the table during planning meetings to ensure that health considerations are not forgotten. From Janet's experience, involvement from a wide range of stakeholders results in a project that is more broadly accepted by the community. When the health sector is proactive in the planning process, a better project is created.

Below are examples of projects where the health sector has been actively involved in working with planners and other stakeholders to build active communities.

## Implementing Specific Strategies

### Municipal Medicine

*Sheila Fougere, Councillor, District 14, Halifax Regional Municipality, N.S.*

I recently had the privilege of speaking at a national conference on chronic disease prevention in Ottawa. To health professionals, this would not seem unusual, until they realize that I am an elected municipal councillor. What on earth could I provide in the way of insight into chronic disease prevention? I recently heard the phrase "Municipal Medicine" coined. After I tell you what we're up to in Halifax, maybe you'll see that a dose of "Municipal Medicine" is what your community needs to fight chronic disease.

In Nova Scotia municipalities have no mandate for housing, social services, or public health, as they do in other parts of Canada. The most common definition used to define our services is that municipalities provide services to property. Other levels of government provide services to people. But, through the things we provide, we have the opportunity to benefit the health of our residents.

Let's start with the most obvious. A clean, safe water supply, and waste water management are critical to healthy communities. How we dispose of and manage our solid waste also has an obvious link. OK, you're thinking, "Way to go Halifax, but so what!" Well, here's where it gets interesting.

Land use planning is one of the more complex things a municipality undertakes. It's about the relationships between the natural environment, building locations, transportation, economy and so on. In 2003, Halifax Regional Municipality (HRM) embarked on a mission to create a comprehensive guide for growth within a 25 year horizon. The fundamental point is that it is geared to the growth of a healthy, vibrant, sustainable community. It is based on the premise that walkable communities have most of your needs nearby, and a variety of transportation alternatives for journeys to other centres promote a healthy, active lifestyle. A sort of "If you build it they will come" approach. Our plan lays the policy foundation for this type of growth and puts requirements in place for the construction of new subdivisions, as well as for land re-use.

In municipal circles you also hear a lot about infrastructure. The kind of infrastructure we create also has a lot of bearing on creating a healthy community.

HRM has a Bicycle Plan to make our 257 year old region more bicycle friendly. This plan was originally kick started by a presentation to our council from the Atlantic Health Promotion Research Centre at Dalhousie University. It indicated that we needed to do a lot more to make our city bicycle friendly. While we've been working on it, we've gone a step further. A fully integrated active transportation strategy was approved by council in November. It includes a spine system for active transportation that integrates sidewalks, roads and trails systems. It is a complement to our Bike Plan and includes specifications and recommendations for walking, hiking, biking, roller blading and skateboarding, as well as some options for paddling on our many waterways. HRM already has 810 km of sidewalks. New subdivisions are now required to provide walking and cycling facilities.

Have a transit system in your community? As of last year, our rapid transit system buses are all equipped with bike racks to accommodate short haul trips to and from stations. We also have bike lockers located at several transit terminals. Our conventional transit system now orders all new buses with bike racks included. Our low floor buses provide a user friendly system for those who are mobility impaired (wheelchair /walker) or those who have strollers. Our public transit system includes a ferry service which is a link for both pedestrians and cyclists. It's also a great stress reducer for travel between meetings on opposite sides of our harbour!

Recreation programming and facilities are another responsibility we bear as municipalities. HRM provides over 8,000 recreation programs annually to its residents. Most of these are introductory level programs so that people can "test drive" potential new activities. The focus is on *Active* recreation. Wellness, and arts and culture programming are offered as well.

We provide recreation infrastructure by way of 825 park properties; 150 km of maintained walking trails; 325 playgrounds; 173 tennis/basketball courts; 7 skateboard parks; 4 BMX bike parks; 4 outdoor pools; 6 indoor pools; 5 spray pools; 15 indoor ice surfaces; 21 recreation centres and 5 sportsplex facilities. Halifax is also home to 14 branch libraries who offer over 3,000 programs annually to children, youth and adults and the city also provides support for more than 70 festivals and events

On the regulatory side, municipalities also have the opportunity to impact citizen health. Halifax enacted a smoke free places by-law in 2003. In 2000 HRM enacted a ban on the cosmetic use of pesticides on residential property. Bylaws that require minimum standards for residential housing and regulate dangerous and unsightly premises are also in place. Anti-idling regulations are in the works.

As an employer of nearly 3000 people, workplace initiatives have a local impact. Smoke free workplace and alcohol purchase policies for government are typical these days. We have a Wellness Coordinator on staff, who provides employee information sessions and programming on a variety of health and wellness topics such as healthy eating; stress reduction; smoking cessation; etc. All employees have access to discounted rates for local fitness clubs and recreation programming and these can be paid for by direct pay cheque debits. Public transit discounts are available for employees. Car pooling initiatives are also underway.

So, looking for some "Municipal Medicine"? The prescription for a healthier community can be achieved by lobbying your municipal government for policy and infrastructure that supports a healthy, active lifestyle. Here are some tips that have shown success:

- Supply supportive data to administrators and politicians. Find a champion who can help translate research data into action;
- Partner with municipal governments to pool limited financial resources. Municipalities rely heavily on property taxes to provide funding for needed programs and infrastructure. Share. Cooperate;
- Ensure that health priorities and initiatives are not lost. Often softer services such as recreation and associated infrastructure are considered frills. Work to ensure they maintain a high profile in the scope of municipal work.

Good luck and here's to a healthy hometown!



## Haliburton: A Community in Action - Active Transportation Planning Project



Kate Hall, of the U-Links Centre for Community-based Research in Minden, Ontario, spoke about her project to implement active transportation in the village of Haliburton. It is considered a rural village with a population of about 4,500 permanent residents swelling with tourists and cottagers in the summer season. She pointed out that people living in rural areas are more car dependant, 50% less likely to be physical activity than urban dwellers and at an increased risk of being overweight or obese.

In addition to the health benefits of active transportation (AT), there are also some economic impacts. These include:

- AT planning compliments community and business initiatives that aim to revitalize aging commercial and downtown areas;
- Pedestrian and cycle friendly communities are attractive to visiting tourists and people retiring/moving to the area;
- You have to get out of your car to get into stores, restaurants and attractions!

Even in rural communities, smog from automobile use and industries to the south can be a problem. Haliburton County has had a number of smog advisory warnings over the past two summers.

The Haliburton: A Community in Action Committee (CIA) formed in 2004 with the following goals in mind:

- To promote active transportation as a way to improve health;
- To create active transportation plans for the Villages of Haliburton and Minden;
- To promote opportunities for walking and cycling within the villages and surrounding areas.

Project partners were from a variety of local organizations, including Haliburton County Community Co-op, HH Trails and Tours Network, Minden Riverwalk, Minden Downtown Revitalization Committee, HKPR District Health Unit, U-Links, HH Health Services, HC Development Corporation, TL District School Board, Rail's End Gallery, Municipalities of Dysart et al. & Minden and Haliburton BIA. The project was supported by a "Communities in Action Fund" grant from the Ministry of Health Promotion Haliburton County Development Corporation, Safe Kids Canada, Haliburton Business Improvement Association, Municipality of Dysart et al. In-kind support was received from Dysart et al, Haliburton Forest & Wildlife Reserve and the Community Capacity Fund – EODP, Industry Canada.

There are many challenges specific to implementing AT in rural communities. The majority of information on AT is written in an urban context, however, villages were not usually built based on a grid or plan for growth. They are usually nestled into hills or between lakes and rivers with a different spatial distribution of settlement. Increases in the distance between residential and commercial areas and the physical landscape lead to a more car dependent population. As a result there is a strong car culture in rural communities. Politicians are not typically accustomed to planning for pedestrian travel.



These challenges were overcome in Haliburton by using the following strategies:

- Focused on "urban" centres – Villages of Haliburton and Minden;
- Created a central message - "Park the Car and Get Movin'!";
- Offered guided walks in Haliburton Village (summer of 2005) to encourage AT;
- Created maps of the Village featuring AT routes, activity areas and attractions;
- Created map signage to be installed in four free parking areas;
- Started an educational and awareness campaign about AT;
- Sought input from the community to inform the plan (observational studies, focus groups, surveys);
- Contracted with a Landscape Architect to create concept illustrations of identified "hot spots" and make recommendations for improvements;
- Advocated for a gas tax rebate by writing letters to municipalities;
- Highlighted the issue in candidates packages for the municipal election in November 06;
- Attended the Association of Municipalities of Ontario Conference (in Haliburton, fall 2006).

Things they've learned so far:

- Tackle project from a number of angles;
- Trails/paths need to go some where in order for AT planning to be successful;
- Communicate with decision makers at every stage of project;
- Art on trails – attractions and amenities make AT appealing and convenient;
- Partner, partner, partner!

For more information contact: Kate Hall, Director U-Links Centre for Community-Based Research Phone - (705) 286-2411  
e-mail: [ulinks@on.aibn.com](mailto:ulinks@on.aibn.com) web site: [www.ulinks.ca](http://www.ulinks.ca)





## Steps to Strides – walkON

Andrea Bodkin, formerly from the Haldimand-Norfolk Health Unit and now Program Coordinator at HHRC, presented the walkON project. It is a partnership of six Heart Health projects in central west Ontario that together, have identified a need to support the development of walkable communities. In 2005, walkON conducted a 3-prong environmental scan of local interviews in each community, a literature review of local, national and global research and a global scan of organizations dedicated to walkable communities and pedestrian issues. Local interviews identified common barriers which included a lack of access to amenities in new subdivisions, a car dependent society, a lack of funding to support the building of walkable communities and a lack of community awareness.

Key recommendations included:

- Educate municipal politicians and the community about the importance of building walkable communities;
- Identify strategies to mobilize the community;
- Provide education about best practices linked to walkable communities for policy makers and community;
- Develop a picture of the community with real examples people can identify with.

Based on the information from the environmental scan, walkON created an organizational structure and program goals. walkON seeks to:

- Mobilize communities to focus on improving the built environment;
- Improve the built environment to support walking;
- Increase the proportion of residents who choose walking as a way to be active.

To ensure that walkON reaches these goals, key project for 2006-07 include:

- Conducting Information Sessions to raise awareness of walkable communities;
- Produce quality resources such as [www.walkon.ca](http://www.walkon.ca) and a Walkability Toolkit;
- Conducting Walkable Communities Workshops and providing follow-up support.

If you are interested in promoting the development of communities that support walking for transportation, health and recreation or about learning more learn about walkON, visit: [www.walkon.ca](http://www.walkon.ca)



## Lessons Learned from Implementing Walkable Communities

*Karen Armstrong, Heart Health Coordinator, Community Heart Health Network, Wellington-Dufferin, Guelph Public Health*

Many of you attended the symposium on October 19, 2006 and I do hope that you found the day worthwhile and a success. I want to thank you for your enthusiasm and commitment to the day.

I was asked to write an article on the lessons learned in Wellington-Dufferin-Guelph implementing walkable communities. The following are the pieces of "wisdom" that I can share with you. You may or may not experience the same.

- Walkable communities can be framed in different ways: they can be sold as a health benefit; as a part of economic development and/or as an integral part of tourism;
- Reviewing the municipal official plans helps to determine the municipalities' focus, enabling you to frame walkable communities in their terminology and within their priorities;
- Planning departments are delighted to have public health saying the same message - that walkable communities are important. The health message adds credibility to the planning departments' messages and forms a great partnership;
- Municipalities want to know that others are doing it and it is helpful to have examples from across Canada and the United States;
- I have found great success in the rural areas; they are looking for a new angle to increase tourism or improve the economic picture of their community. They see walkable communities as a great way to accomplish these goals!
- The successes are small and can take a long time: street by street, neighbourhood by neighbourhood and then community by community;
- The expertise is often in the room of people you are working with, whether they are professionals or residents. Harness the energy and ideas!
- It took 50 years to get us to where we are and it will take 50 years to change it. We are doing this for our children...not ourselves;
- Conducting walking audits is a critical piece of the success puzzle. They not only help to build awareness, but they are a "hands on" piece which can identify many issues and pinpoint answers.

If you would like more information you can reach me at 519-941-0760 x. 2507 and at [Karen.Armstrong@wdghu.org](mailto:Karen.Armstrong@wdghu.org)



## Now...Get Started!

### How to Promote and Develop Walkable Communities *Bob Chauncey, National Center for Bicycling and Walking*



Before



After



You already know about the growing challenges of obesity and inadequate physical activity. You also know that exhortations to eat less, eat right, and become more active may generate short term changes, but the severity of the problems continue to rise. If you are like most public health professionals in North America, you have recently become aware of links between physical activity and what is called "the built environment." You have begun to understand that how we build our communities affects how much exercise we get. Communities with crosswalks, continuous sidewalks, bike lanes, destinations in close proximity to origins, among other variables, tend to be associated with more walking and biking. So, how do you go about learning more about this relationship and begin to influence the built environment in your community? Here are several suggestions.

First, learn more about the relationship between walking, biking and the built environment. There are several good sources of information. In Canada, there is the active transportation emphasis of Go For Green ([www.goforgreen.ca](http://www.goforgreen.ca)). You can also visit the US National Center for Bicycling and Walking website ([www.bikewalk.org](http://www.bikewalk.org)) and the Pedestrian and Bicycle Information Center ([www.pedbikeinfo.org](http://www.pedbikeinfo.org)).

After reviewing some of this literature, take a walk or a bike ride in your neighborhood. Better yet, do so with family and friends. Ask yourself some basic questions. If walking, use the Walkability Checklist to see how walkable your community is.

If you are riding a bike ask:

- Is there enough room for you on the streets in your neighborhood?
- Is it safe for a 10-12 year old child to ride her bike in your neighborhood?
- Are there traffic signals sensitive to the presence of a bike?
- Are drivers friendly and tolerant toward bicyclists?
- Is there secure bike parking at stores, parks, and playgrounds?
- Is it pleasant to ride a bike in your neighborhood?
- Are there other people biking in the neighborhood? (If not, why not?)

Presuming you don't like the answers to all of your questions – a strong probability in most communities in North America, spread the word. Specifically, take others for a walk and a bike ride. Let these others include your boss, elected officials, community leaders, planners, engineers, parks and recreation staff, police, business owners, and developers. To maximize the impact of these walks, you'll want to do one thing first: marshal data about physical activity and obesity in your community. You'll invite folks for a walk or a ride from the premise familiar to you:

*"We have an obesity problem and a physical inactivity problem in our community. And, I have recently discovered that our community infrastructure discourages people from getting the exercise they need. Come walk or ride with me and I'll show you what I mean."*

If you don't quite feel up to the challenge of leading these walks or bike rides, go to one of your fellow public health professionals with more experience in this field. Karen Armstrong ([karen.armstrong@wdghu.org](mailto:karen.armstrong@wdghu.org)) and others from walkON ([www.walkon.ca](http://www.walkon.ca)) can assist you.

Once you begin to raise awareness of this issue among key community members and professional staff, you are back on familiar ground. Your challenge becomes one akin to health promotion. The tactics are similar: raising public understanding of the problem and support for solutions. These tactics include holding public meetings, creating media pieces, conducting public events, and offering workshops and presentations featuring experts able to offer specific suggestions for improving the built environment.

After generating sufficient support for change among the public, elected officials, and a broad segment of professional staff, what might you do first? The simple answer is, start with something simple. Your goal is to effect an immediate, tangible, and significant change that will lead to additional changes. The target might be slowing traffic around a local elementary school; or creating an Active and Safe Routes to School program at another school; or building a trail to a local park; or improving a crosswalk at a downtown intersection; or installing a pedestrian crossing signal by a senior centre; or striping a bike lane on a route to a middle school.

How do you know which to choose? Pick something where success is likely, where popular support is evident, where a solution is simple, and where money can be found to implement it.

How to select the best solution to the chosen problem? Don't. Let the experts suggest solutions. Your role is to support the process toward implementation, and to keep the momentum building toward widespread change.

Need help? Review the contacts and links on the various websites cited above, call Karen Armstrong and others from WalkON, or contact me.

Now, get started!

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A Feature from Ontario's Heart Health Resource Centre



24

@heart

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