

# Ontario Public Health Association Built Environment Work Group (OPHA BEWG) Logic Model | 2018-2022

Our Logic Model is a communication tool for people who want an overview of the OPHA BEWG’s efforts. It communicates our Goals, Objectives, and Activities. Our Logic Model is also a planning tool used to inform our annual Work Plan, with a four-year timeframe and an annual review

Our work is driven by the interest and capacity of our volunteer Work Group members and is influenced by emerging opportunities. Topics addressed may include: healthy community design and land use planning, active transportation and transit, healthy environments, healthy food choices, affordable housing within walkable and transit supportive communities, pedestrian, cyclist and motorist safety, climate change adaptation and the promotion of green space.

<b>Goal</b>	To work collaboratively to improve the health of the public as it is impacted by the natural and built environment <sup>1</sup>			
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1) To exchange knowledge on health evidence with stakeholders for improving healthy built environments.</li> <li>2) To influence provincial policy and contribute to provincial initiatives that will support local Public Health efforts to improve the natural and built environment.</li> <li>3) To build upon initiatives, research, and policy development efforts by local public health units and/or by other organizations recognized for their expertise in the area of natural and built environment.</li> <li>4) To complement our members’ efforts to create and maintain healthy built environments.</li> </ol>			
<b>Strategies</b>	<b>Policy Development and Advocacy</b>	<b>Partnership Development</b>	<b>Evidence–Informed Practice</b>	<b>Knowledge Exchange and Capacity Building</b>
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Respond to ad hoc requests for comments on provincial policies, strategies, and guidance documents</li> <li>• Min. Advisory Panel for Cycling</li> </ul>	<ul style="list-style-type: none"> <li>• Build and maintain relationships (e.g. NCEH, OGS, OPPI, MEA, OTC, CUTA, TAC)</li> <li>• Partner in the Locally Driven Collaborative Project (LDCP): A provincial framework for healthy community design</li> </ul>	<ul style="list-style-type: none"> <li>• Scan of affordable housing and homelessness activities across Health Units</li> <li>• Report on evidence of health impacts of affordability and homelessness (with support from Public Health Ontario)</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate information on the Listserv</li> <li>• Update and promote Public Health and Planning 101 Course</li> <li>• Deliver Environmental Assessment (EA) Webinar Series for Public Health professionals</li> </ul>

Legend:  
 All  
 Planning  
 Transportation  
 Housing

<sup>1</sup> According the MOHLTC Chronic Disease Prevention Guidelines (2018), the built environment is comprised of the buildings, transportation systems, energy systems, open space and agricultural lands that make up and support our communities. There is increasing evidence that the built environment has a direct impact on factors such as: employment; social support networks; and the physical and social environments that influence health and health equity and has been shown to impact physical inactivity, obesity, cardiovascular disease, respiratory disease, and mental illness, risk of injuries, and access to food. It influences our exposure to environmental health hazards such as air pollution and extreme heat. The diverse and changing communities in Ontario are important to consider when thinking about the built environment and its impacts on health.

**Activities within the four strategies:**

Strategy	Activities: Specific interventions within each strategy
<b>Policy development</b>	1) Review and provide feedback on provincial policies, strategies and/or guidance documents
<b>Research</b>	1) To support evidence based healthy built environment initiatives 2) To explore grant opportunities to support the OPHA BEWG
<b>Knowledge exchange</b>	1) Maintain and promote Public Health and Planning 101 2) Capitalize on opportunities to exchange knowledge 3) Share health evidence on active transportation and healthy communities 4) Share evidence on the importance of affordable housing for healthy communities.
<b>Partnership development</b>	1) Maintain existing relationships 2) Engage new stakeholders

**Glossary of Terms**

<b>Activity</b>	A specific product or service (something you do or produce). <sup>1</sup>
<b>Capacity building</b>	The development of knowledge, skills, commitment, structures, systems, and leadership to enable effective health promotion”. <sup>2</sup> It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organizations, and; the development of cohesive partnerships for health in communities. <sup>3</sup>
<b>Evidence-informed practice</b>	The use of information derived from formal research and systematic investigation to identify causes and contributing factors to health needs and the most effective health promotion actions to address these in given contexts and populations. <sup>3</sup>
<b>Goal</b>	A desired end state. A population level condition of well-being stated in plain language <sup>4</sup>
<b>Indicator</b>	Specific, observable and measurable characteristics or changes that represent achievement of the goal or objective. <sup>5</sup> Can be outcome or process focused.
<b>Knowledge exchange</b>	Is collaborative problem solving among public health practitioners, researchers, and decision-makers, which takes place through linkage and exchange. It results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making. <sup>6</sup>
<b>Logic model</b>	A logic model is a visual illustration of a program’s and/or initiatives resources, activities and expected outcomes. <sup>7</sup>

<b>Objective</b>	A brief statement specifying the desired impact or effect of a health promotion program over a defined period of time. <sup>8</sup>
<b>Outcomes</b>	The results produced from programs and services. <sup>8</sup>
<b>Partnership development</b>	Collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a common goal. <sup>9</sup>
<b>Policy development</b>	A collaborative process which includes influencing those who can implement the policy, what policies get developed as well as their content. <sup>10</sup>
<b>Research</b>	Activities designed to develop or contribute to knowledge, e.g., theories, principles, relationships, or the information on which these are based. <sup>8</sup>
<b>Task</b>	A small, specific, action step that contributes to the accomplishment of an activity. <sup>1</sup>
<b>Strategy</b>	A broad approach or plan that helps achieve the identified change. The means through which changes are made. <sup>1</sup>
<b>Work plan</b>	A document that clearly describes the core activities, tasks, resources and timelines needed to deliver a program or execute a defined strategy. <sup>1</sup>

### References

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9. Public Health Agency of Canada. *Core competencies for public health in Canada*. Ottawa. ON: 2007.
10. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Bergeron K. Focus On: The relevance of the stage heuristic model for developing healthy public policies. Toronto, ON: Queen's Printer for Ontario; 2016.

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