

OPHA – Health and the Built Environment Work Group

Terms of Reference

The Terms of Reference will be reviewed at the first meeting each year and/or as necessary.

1.0 Background

The physical environment* is one of 12 key determinants of health that play a role in determining a person's health status (Public Health Agency of Canada, 2003). The Ontario Public Health Standards 2008 (OPHS) state that addressing the determinants of health is "fundamental to the work of public health in Ontario" and that: "Effective public health programs and services consider the impact of the determinants of health on the achievement of intended health outcomes." (OPHS, 2008). The built environment is an important aspect of the physical environment and is comprised of urban and building design, land use, the transportation system and the infrastructure that supports them (Health Canada, 1997).

** The physical, chemical, and biological factors within the home, the neighbourhood, and/or the workplace, which are beyond the immediate control of the individual that affect health. Among the most important factors will be air and water quality, waste management (domestic, industrial, hazardous, toxic), other sources of harmful substances (such as heavy metals and persistent chemicals), radiation, housing and other buildings, open spaces, natural or wild areas, global structures, and natural phenomena (such as ozone layer and carbon cycle). (Ontario Public Health Standards – Population Health Assessment and Surveillance Protocol, 2008)*

Public health units are engaged in addressing the complex issues and impacts related to the built environment including: the physical environment, air quality, climate change, water quality, access to healthy foods, obesity, physical activity, traffic injuries and general wellbeing across the lifespan. Public health units have a direct mandate to address these issues from a number of public health programs (environmental health, chronic disease, injury prevention, nutrition and family health).

In order to improve the health of Ontarians in both rural and urban communities, there is a need for public health, using a health equity lens, to work with municipalities, planners, developers, provincial ministries, professional organizations and other partners to encourage:

- Walkable communities, including compact development that supports active and public forms of transportation
- Mixed land use
- Development that supports a variety of residential types, including affordable housing
- Buildings that meet the most stringent energy efficiency standards
- Building construction that provides for healthier indoor air quality
- Energy conservation and renewable energy generation (wind, solar, geothermal)
- Adequate separation of incompatible land uses e.g. sensitive uses separated from major sources of air pollution
- Brownfield redevelopment
- Pedestrian, cyclist and motorist safety
- Incorporation of natural and built shade structures into urban design
- Access to green space
- Access to healthy food choices
- Protection of agricultural land and other environmentally sensitive areas
- Protection and conservation of drinking and surface water.
- Complete communities* that encourage physical activity, enhance social connectedness and build social capital.
- Strategies to reduce community exposures to air pollutants e.g. traffic/trip reduction strategies, idle-free zones, drive-thru restrictions and Transportation Demand Management strategies (i.e. carpooling, telecommuting and active transportation)

- Climate change adaptation strategies in urban design e.g. infrastructure resiliency to respond to extreme weather events

**Complete communities are ones in which homes, schools, jobs, shops and services are located within convenient access for people to meet their daily physical and social needs (Places to Grow, 2006).*

2.0 Purpose of the Health and the Built Environment Workgroup

To work collaboratively to improve the health of the public as it is impacted by the built environment by building upon initiatives, research and advocacy done in local public health units and/or by other organizations recognized for their expertise in the area of health and the built environment. The work of this Workgroup also aims to complement its member's impact on their local efforts to create and maintain healthy built environments.

3.0 Primary Strategies

The Health and the Built Environment Workgroup will focus on the following types of Health Promotion strategies in order to accomplish its purpose:

1. Advocacy (e.g. conducting legislative reviews, preparing and submitting position statements)
2. Policy Development (e.g. sitting on provincial committees)
3. Capacity Building (e.g. collaborating with stakeholder groups/organizations)
4. Research, Professional Development, Knowledge exchange/translation (e.g. peer-sharing and presenting at conferences/workshops)

4.0 Workgroup Membership

Membership in the Workgroup is open to staff of local public health units in Ontario and members of organizations who collaborate with public health units on issues that affect health outcomes associated with the built environment. Other individuals can stay connected to the Workgroup via our Listserv. The workgroup will collaborate with others actively researching and working on health and the built environment issues in Ontario. There are three ways to participate in the workgroup: Steering Committee, Task Group, and Listserv member.

5.0 Steering Committee

The Steering Committee is made up of several members from across Ontario who has interests and expertise on health and the built environment issues. The Steering Committee is responsible for ongoing Workgroup tasks and decision making. Efforts will be made to have representation from the areas of environmental health, chronic disease prevention, injury prevention and healthy living. All members of the Steering Committee shall be current members of OPHA. The Steering Committee members will take an active role on the workgroup, as described below, in order to fulfill the primary activities outlined earlier in 3.0.

5.1 Co-chairs

The Steering Committee will have two co-chairs responsible for overseeing the Health and Built Environment Workgroup. At least one of the co-chairs must be currently working at a public health unit/department. One co-chair will represent the environmental health perspective of the built environment and, if possible, the other co-chair will represent the chronic disease prevention, injury prevention or healthy living perspectives of the built environment. The co-chairs will have a two year term which can only be renewed once.

The co-chairs are responsible for calling the meetings, preparing agendas, acting as an intermediary between the Workgroup and the OPHA Executive Director, liaising with other Workgroups on issues which overlap mandates, maintaining a list of Workgroup members, preparing an annual work plan and a list of accomplishments for the OPHA annual report. The chairs also take the lead on matters of interest to the BEWG as they arise.

5.2 Steering Committee Recorder

The recorder is responsible for taking and distributing the minutes. Minutes should be distributed within three weeks of the meeting. This task will be rotated at each meeting. Meetings will be decided quarterly and members will sign up for the recorder role at that time. If a member is unable to fulfill this role, it is up to that individual to find another recorder for the meeting.

5.3 Activities/Duties of Steering Committee members

- Contribute to actions related to the primary activities listed in section 3.0. This may include moving health in an all policy approach by: participating in policy and legislative reviews at the provincial and federal level, leading a new project idea, joining a task group, acting as a liaison for partner projects, cross professional collaboration/consulting with provincial ministries as required e.g. sitting on provincial committees.
- Provide health evidence and sharing expertise related to the built environment in one or more of the following areas: environmental health, chronic disease/injury prevention, active transportation, physical activity, access to healthy foods, access to green space, age friendly, climate change, land use planning and community design, health equity, determinants of health, policy analysis, and health promotion.
- Utilizing research, learning and identifying best practices, tools and resources related to the built environment to inform policy and that can be used in day to day practice.
- Support the development of partnerships and networks with stakeholder groups and organizations
- Contribute to annual workgroup activities such as workplan development and reporting, planning webinars
- Providing professional development opportunities for building knowledge and skills for public health professionals
- Presenting at various conferences and workshops
- Attend a minimum of two meetings per year

5.4 Steering Committee Reporting

The Steering Committee co-chairs report to the Executive Director of OPHA and the OPHA board.

6.0 Task Group

Task groups will be created to work on specific projects identified as priorities by the Steering Committee. Each task group will have direct involvement of at least one member of the Steering Committee. Task group members may represent a variety of partner organizations and stakeholder groups. Task group members are encouraged, but not required to be OPHA members. However, the chair of the Task Group must be an OPHA member.

7.0 Steering Committee and Task Group Meetings

Steering Committee meetings will be held quarterly. To demonstrate our commitment to building healthy communities, meetings will be by teleconference or web based conferencing with agendas being sent out two weeks in advance. Face to face meetings will be no more than once per year, with the workgroup identifying ways to offset greenhouse gas emissions from vehicle distance travelled. Task Group meetings will be held according to the needs identified for their projects. Meetings by teleconference are strongly encouraged.

8.0 Listserv

Membership on the Built Environment electronic listserv is open to anyone with an interest in the topic of health and the built environment. Members will have the opportunity to provide input and feedback, as well as receive updates on workgroup activities.

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