

HEALTH & HOUSING

BACKGROUND & CASE STUDY



Table of Contents

Introduction..... 2

Part One- Health & Housing

 Housing is a Social Determinant of Health..... 2

 Housing Affordability 5

 Housing Quality..... 6

 Housing Community & Location 8

 Housing & Interior Health 9

 Influence of Housing Issues on the Work of Interior Health 9

Part Two- Case Study: Kelowna Healthy Housing & Journey Home Strategy

 Background of Strategies 12

 IH Processes to Support Strategies 15

 IH Actions to Support Strategies 17

 Healthy Housing Actions 17

 Journey Home Actions 18

 Recommendations & Lessons Learned 19

Conclusion 22

References 23

Appendices 25

Introduction

This report is divided into two parts. Part One highlights the influence of housing on the health of individuals and communities and the role that Interior Health (IH) can take to support healthy housing in IH communities. Part Two is an application of the information in Part One through a case study examining the role IH played to support the *City of Kelowna's Healthy Housing and Journey Home Strategies*. Part Two includes the internal processes, actions and lessons learned from partnering with the City of Kelowna, as well as recommendations for future work in communities across IH.

Part One- Health and Housing

Housing is a Social Determinant of Health

The World Health Organization (1948) defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. A person’s health and well-being (or that of a population) is largely determined by the social conditions which they experience over their lifespan. These social conditions are known as the social determinants of health and include conditions such as income, early childhood development, education opportunities and access to health services (Raphael & Mikkonen, 2010).

Due to these social conditions, people experience differences in accessing resources to live a healthy life which result in differences in health status between individuals and/or communities (WHO, 2008). These differences in health status are known as health inequities, and are not only unnecessary and avoidable but are also unfair and unjust (Dahlgren and Whitehead, 1991). The social determinants of health are inter-related and the cumulative effects of these determinants result in barriers to health. This report will focus on the determinant of housing, examining the impact of housing on health as well as the relationship between housing and the other social determinants of health.

A Household is in Core Housing Need if...

- i) its housing does not meet one or more of the adequacy, suitability or affordability standards
 - Acceptable housing is adequate in condition, suitable in size, and affordable.
 - Adequate housing does not require any major repairs.
 - Suitable housing has enough bedrooms for the size and makeup of households.
 - Affordable housing costs less than 30% of before-tax household income.

(CMHC, 2014)

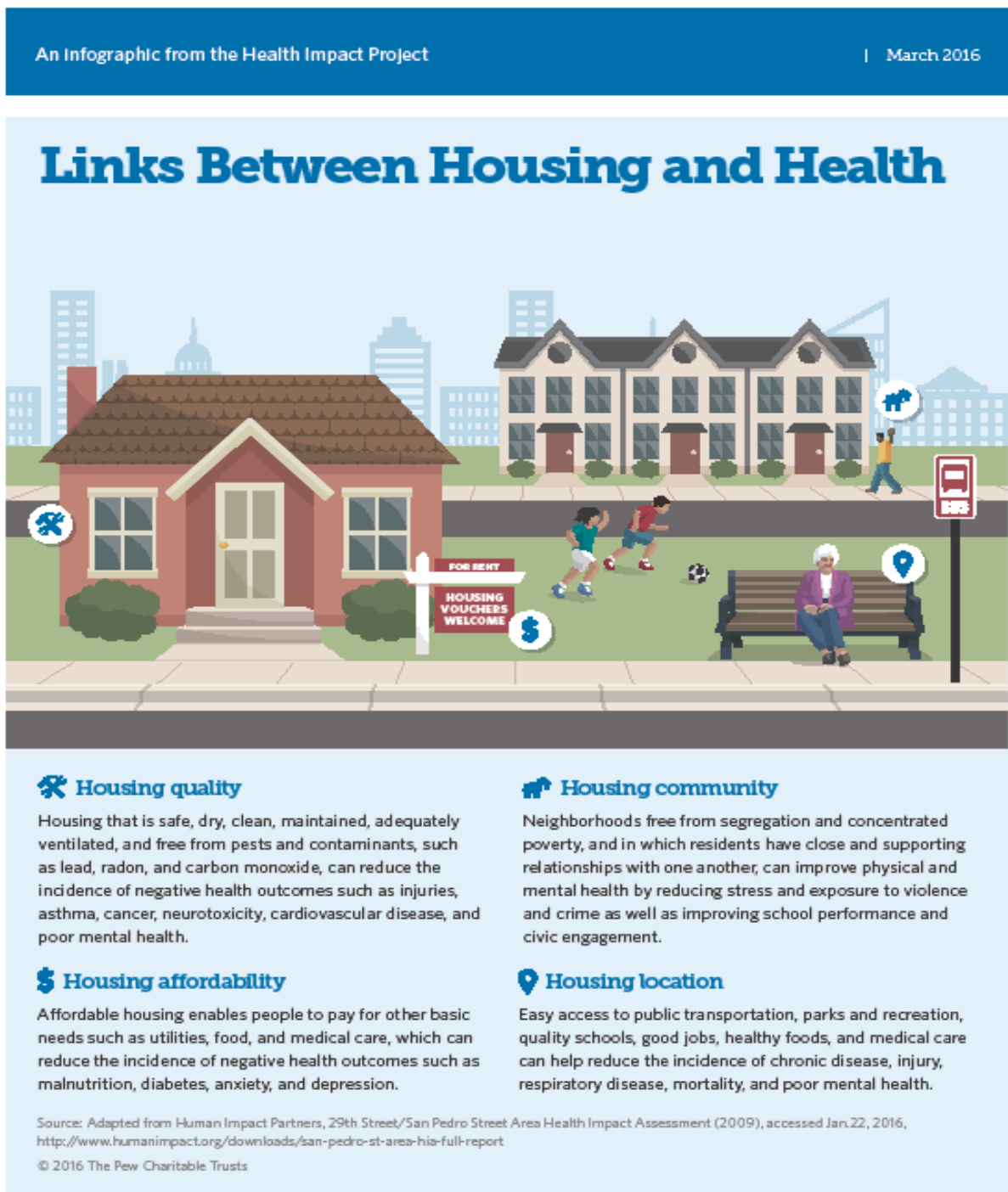
The importance of adequate housing is recognized broadly and is protected under the *International Covenant of Economic, Social and Cultural Rights* (1966) and articulated in the *Universal Declaration of Human Rights* (1948). The right to adequate housing means the right to housing that is affordable, habitable, accessible and culturally adequate and in a location that allows for access to services, infrastructure, education and employment. The term *core housing need* is often used when discussing critical housing issues. Core housing need refers to housing that does not meet standards of adequacy, suitability or affordability (CMHC, 2014).

The impacts of housing on health can be grouped into three broad areas:

- i. Housing Affordability
- ii. Housing Quality
- iii. Housing Community and Location

These areas, described in more detail below, have a direct impact on mental and physical health, social well-being and indirectly influence other social determinants of health.

Figure 1



(The Pew Charitable Trusts, 2016)

i. Housing Affordability:

Housing affordability is defined as housing and utilities that cost less than 30% of a household's before-tax income (CMHC, 2014). When housing costs are less than 30% of income, people have adequate financial and personal resources available to access other important determinants of health such as early childhood development and education opportunities, safe and nutritious food, social and recreational opportunities, and medical services such as medication and dental care. In addition, there is less overcrowding in homes as there is less of a need to 'double up' with other families to afford housing costs (PHSA, 2014). When there are a variety of affordable, long-term housing options available, housing stability increases. Housing stability means that housing becomes more secure for individuals and the likelihood of losing housing or having to move decreases. As housing stability increases, financial stresses decrease and as a result, there is a decrease in food insecurity (ability to purchase healthy foods), reduction in the prevalence of obesity, and people experience improved physical and mental health (PHSA, 2014). In addition, overall social well-being increases as people develop relationships with neighbours and increase their sense of belonging to the community (PHSA, 2014).

Unaffordable housing can lead to housing instability which causes financial and psychological vulnerability and stress. People living in unaffordable housing are likely living under financial constraints. As a result individuals may be forced to live with inadequate or unsuitable conditions to compensate (for example without heating during winter months), be forced to continually move or may even experience homelessness. Although there are many complex, inter-related factors that can lead to homelessness, it is clear that homelessness is strongly associated with poor physical and mental health outcomes, including high rates of infectious and chronic diseases, and severe mental illness (Canadian Observatory on Homelessness, 2017). In fact, people experiencing homelessness in Canada are eight to ten times more likely to die prematurely when compared to those who are housed (Raphael & Mikkonen, 2010).

It is important to consider the concept of health equity as it relates to housing. Health equity means that everyone has a fair opportunity to reach their health potential (BCCDC, 2018). From a health equity perspective, it is important to realize that there are sub-populations that disproportionately experience core housing need such single-parents, Aboriginal people and those who have recently immigrated to Canada (CMHC, 2014). These sub-groups often face barriers, such as discrimination, which negatively impact their ability to access adequate housing and find secure employment, which ultimately also affects their health. Social barriers are inter-related such that they further perpetuate health inequities among these sub-groups of the population.

Housing affordability is just one piece of the puzzle when considering healthy housing. The housing quality and the location and community in which housing exists also have an influence on health.

ii. *Housing Quality:*

Housing must meet standards of adequacy and suitability in order to prevent people from experiencing core housing need. Adequacy mostly relates to physical condition and size of a house; whereas the design of a house relates to its suitability.

Environmental health and safety hazards are two types of health risks associated with the quality of housing which can result in negative health outcomes such as unintentional injury, asthma, cancer and cardiovascular disease (Raphael & Mikkonen, 2010) (Wellesley Institute, 2012). Health risks exist in housing due to the significant amount of time spent in a home each day and over a lifetime and the proximity to contaminants in indoor environments. Environmental health and safety hazards can be categorized into biological, chemical, radiological and physical.

Biological hazards primarily refers to pathogenic microorganisms which can be transmitted through sewage, non-potable drinking water, poor ventilation, unsanitary and/or overcrowded conditions, and via vectors of disease, such as [cockroaches](#), [bed bugs](#) and [rodents, such as mice and rats](#). [Mould](#) is another biological hazard which, if present in indoor air, can cause respiratory conditions for some people, such as coughing, wheezing and headaches (Government of BC, 2017).

Exposure to chemical contaminants can occur through [indoor air](#), such as [lead paint](#) dust and [combustion by products, such as carbon monoxide](#), as well as through [drinking water](#), such as [lead](#) and [uranium](#). Inhalation of high concentrations of [asbestos](#) dust over a long time can increase risk of respiratory conditions and lung cancer. Asbestos was more often used in building materials prior to 1990 (Government of BC, 2017). Cigarette smoke can also contaminate indoor air quality. People who do not smoke will suffer from the effects of breathing [second-hand smoke](#) right away. In 8 to 20 minutes physical reactions can occur that are linked to heart disease and stroke. These reactions include increased heart rate, less oxygen to the heart, and constricted blood vessels that increase blood pressure and make the heart work harder (Government of BC, 2015).

[Radon](#) is a radiological hazard associated with housing. Radon is a colourless, odourless, radioactive gas which can become concentrated in buildings and cause lung cancer. After smoking, it is the second leading cause of lung cancer, and Health Canada estimates one in three smokers exposed to high radon concentrations will develop lung cancer (Government of Canada, 2012). The bedrock and soils of Interior BC tend to emit radon, which comes from the radioactive decay of uranium. Therefore, people living in the IH region in general, tend to be exposed to higher radon concentration in their homes than of other regions in BC. Most people are unaware radon is a significant environmental hazard associated with their home. The only way to detect if it is in a home is to [test](#).

There are also physical hazards associated with housing. The suitability of a home's design can influence health and safety. For example, for someone with low mobility or who requires a wheelchair, rooms, hallways and doorways must be adequately sized, be level or equipped with ramps or elevators and fitted with accessibility and fall prevention features, such as railings and walk-in wash facilities.

Due to a lack of affordability and availability of accessible homes, people with limited mobility often have to live in homes that do not meet their needs, putting them at risk of injury and declining health. Retro-fitting homes to meet the needs of people with limited mobility can be very costly, and may not be a financial option for people with limited income. Too often the only option is finding accessible housing in new neighbourhoods or communities. This can result in losing important social and employment connections, which are essential to well-being and health (BC Healthy Communities Society, 2016). Universal and adaptable design in new construction of dwelling units increases the availability of accessible homes, and will allow people to remain in their homes if/as they experience disabilities. Universal and adaptable design and renovation are some '[aging in place](#)' initiatives which help the aging population continue to live in their homes and community, which supports their overall health and well-being.

Risk of fire is another significant physical hazard. It is important operable smoke detectors are installed in all dwellings units and there are accessible options for a way out. Lastly, slope instability, wildfire interface and flooding are physical hazards that can affect housing on a larger scale.

The Government of British Columbia only has minimal legislation related to housing requirements:

- Section 15 of the British Columbia [Public Health Act](#) (2008) can be used to address health hazard associated with housing.
- Section 7 of [Health Hazards Regulation](#) (2011) describes a health hazard as it relates to a rental unit is not providing potable water, adequate airspace and a window that can be opened.

When considering minimum standards of adequacy the Government of Alberta [Public Health Act Housing Regulation 173/99](#) (1999) and the [Alberta Minimum Housing and Health Standards](#) (2013) can be referenced. These standards require housing to be structurally sound, maintained in a water, wind and weatherproof condition, be supplied with adequate heat and ventilation, potable water, sanitary and cooking facilities, adequate space for sleeping, and maintained in a clean, sanitary, safe and secure condition (Government of Alberta, 2013). When these minimum housing standards are met most environmental health hazards associated with housing as described above are mitigated.

Lastly, In terms of mental health and well-being, living in adequate quality housing is strongly associated with an increased sense of safety, decreased crime, and improved social connections, when compared to living in poorer quality housing. These factors help people enjoy better health and improved quality of life (PHSA, 2014) .

iii. Housing Community and Location:

The influence of housing on health goes beyond the internal conditions of the housing and affordability and includes the characteristics of the neighbourhoods in which the housing is situated. There is evidence to show that socio-economic status is associated with poorer quality housing. Poorer quality housing is often located in neighbourhoods segregated by socio-economic status, which are deprived of access to amenities and social supports (Zupancic & Westmacott, 2016). This can include physical features in the built environment, such as a lack of access to transportation networks, green spaces, grocery stores and child care, as well as social barriers such as discrimination, racism, stigma and social isolation. These can all influence physical and mental health and perpetuate health inequities in communities (Zupancic & Westmacott, 2016).

Evidence shows however, that healthy built environment features in neighbourhoods such as accessible transportation networks can positively contribute to health, independent of socio-economic status, illustrating the important role healthy community planning can have for improving health equity (Zupancic & Westmacott, 2016) (Wellesley Institute, 2012).

The [Healthy Built Environment Linkages Toolkit - Making the links between design, planning and health](#) (2018) prepared by the BC Provincial Health Services Authority identifies the following as healthy housing planning principles linked to positive health outcomes based on population health research:

- Prioritize affordable housing options through diverse housing forms and tenure types;
- Ensure adequate housing quality for everyone;
- Provide specialized housing options to support the needs of marginalized populations;
- Site and zone housing developments to minimize exposure to environmental hazards.

In addition, the [Fact Sheet: Supporting Health Equity through the Built Environment](#) (2016) prepared by BC Centre for Disease Control offers the following overarching and healthy housing specific planning principles as they relate to improving health equity:

- Create opportunities for vulnerable or priority populations to participate in planning and decision-making processes;
- Consider the unique needs of vulnerable populations when planning interventions to the built environment;
- Ensure neighbourhood renewal strategies are planned in tandem with affordable housing and access to services to ensure low-income renters are protected from displacement effects of gentrification;
- Ensure affordable housing is also high quality housing by investing in maintenance and retrofits that prioritize air and water quality, safety, climate control, and accessibility.

Housing and Interior Health

Influence of Housing Issues on the work of Interior Health

Across the IH region, approximately 48% of renters are spending more than 30% of their income on their rent and utilities (Appendix A). This means that just under half of renters across the region are living in conditions that are not considered to be affordable, and are likely living under financial constraints to compensate. This finding suggests that these renters are less likely to have the means to purchase healthy and nutritious food, pay for medication, heat their homes, access education and training programs, pay for childcare or participate in recreation and social activities. This not only has a direct impact on physical health but can also lead to isolation and increased stress, which can impact mental health and well-being (Wellesley Institute, 2012) (Tarasuk, 2017).

Due to the complex and interconnected nature of the impacts of housing on health, there are many intersections between the work of IH and housing in the communities IH serves. These intersections become obvious when considering the [organizational goals and strategies of IH](#).

Goal 1- Improve Health and Wellness: Planning and implementing IH programs and services that consider housing have the potential to have a positive impact on physical and mental health and improve overall sense of well-being of IH clients. Like mentioned housing is one of the key social determinants of health and is interconnected with the other determinants of health. People in the IH region facing barriers to healthy housing are more likely to also be struggling with other determinants of health, such as accessing health care services, income and food security. When housing is improved the burden of the other determinants is lessened.

Goal 2- Deliver High Quality Care: Housing has implications for the care that IH delivers because many IH services are delivered in-home, whether through home care programs or in assisted living and long-term care facilities. Additionally, unhealthy housing can negatively impact the health outcomes of clients after receiving care from IH. For example, an unsafe or inappropriate place to convalesce after being discharged from an IH facility may cause a patient to be re-admitted and require further care. In the long-term, this is a burden to the resources of both the client and IH.

Goal 3- Ensure Sustainable Health Care by Improving Innovation, Productivity and Efficiency: There are opportunities for housing to contribute to efficient and sustainable health care. For example, housing that meets the needs of people of all abilities throughout their lifespan can support healthy '[aging in place](#)' and has implications and opportunities for innovative service delivery models to deliver care to the aging population in IH.

Goal 4- Cultivate an Engaged Workforce and Healthy Workplace: Housing has an important role in achieving an engaged workforce. Healthy, affordable housing is needed to promote, attract and retain skilled employees in all communities through the IH region. In addition, healthy housing environments support a healthy workplace for IH staff working in 'in-home' settings.

The relationship between health, housing and broader IH interests becomes more evident when considering the link between housing and the current work of the IH Population Health, Hospitals & Communities Integrated Services (HCIS) and Mental Health & Substance Use (MHSU) and Long-term Care Services portfolios:

Population Health Portfolio - The Population Health portfolio is involved in community planning through its work with local governments, businesses, community based organizations and the general public to create healthier communities. Additionally, the portfolio delivers interventions that address risk of harm or illness at a population level as well as monitoring and surveillance of health outcomes in the region. Housing intersects with the work of Population Health not only because housing is a key social determinant of health at a population level but also because of the role the built environment plays in shaping healthy housing.

Within the Population Health portfolio, the Population Health Operations team works with local governments to develop and implement policies and plans that influence neighbourhood and community design, access to amenities and resources, and has a protective role in addressing and mitigating the health impacts of potential environmental hazards in drinking water. The Population Health Clinical Operations team may implement and support harm reduction interventions for people living in inadequate housing and those who are vulnerable to housing-related challenges. Additionally, people who use drugs and are precariously housed are disproportionately affected by the rising overdose emergency in BC, with approximately 90% of overdose death occurring indoors. As IH continues to respond to the overdose emergency, consideration should be given to the ways in which interventions can be integrated into a range of housing and shelter environments (Bardwell, Collins, McNeil, & Boyd, 2017)

The Aboriginal Health team addresses housing-related issues while considering the health care needs of Aboriginal clients. Housing-related issues of Aboriginal people are important to consider and address since Aboriginal people disproportionately experience core housing needs and face discrimination in the housing market.

HCIS Portfolio - The services provided by staff in both acute and community care settings are impacted by poor health outcomes associated with precarious housing. The myriad of poor health outcomes related to housing can place pressure on the capacity of this portfolio to deliver effective services. There are also implications for client recovery and health maintenance after receiving care from IH as mentioned above.

MHSU Portfolio - Staff provide support services to clients living in a variety of housing forms, including living independently (renting or owning), supportive housing, licenced community care, subsidized housing and those in more precarious situations without housing who may be sleeping in emergency shelters, in cars, on couches or on the street. People in BC with serious mental illnesses and/or addictions are often disproportionately homeless or precariously housed, and many cannot access the housing and supports they need (Canadian Mental Health Association BC Division, 2014) Affordable and adequate housing can provide stability, improve

safety and reduce financial stressors which can positively influence mental health and/or recovery from substance use (PHSA, 2014) (Canadian Mental Health Association BC Division, 2014).

Long-term Care Portfolio- IH is also directly involved in the provision of housing for clients who use Long-term Care Services. IH supports 76 long-term care facilities across the region. Long-term Care Services provides 24 hour nursing care for adults who have complex needs and can no longer be cared for in their own home or in an assisted living home.

A considerable amount of IH work intersects directly and indirectly with housing in the communities served in the IH region. IH has an important role to support healthy housing including partnering with local governments, community organizations, local businesses and non-profits to take collective action. This role includes bringing a health lens to housing issues, contributing to the development of healthy public policy and providing supportive services to allow people to live in their homes longer. Further, the Ministry of Health (through the *Healthy Families BC – Communities* initiative) encourages local governments and health authorities to formalize partnerships to build healthy communities.

The next section of this report, Part 2, is a case study examining the partnership between the City of Kelowna and IH to address homelessness and support healthy housing.

Part Two - Case Study: Kelowna Healthy Housing and Journey Home Strategy

Background

In response to the large body of evidence that demonstrates the influence of the social, built and natural environments on community health, the City of Kelowna, Interior Health (IH) and University of British Columbia – Okanagan (UBCO) signed a Statement of Cooperation in October 2014 known as the Healthy City Partnership. The Healthy City Partnership recognizes the complex nature of community health and acknowledges that collaboration is required across departments, disciplines, and sectors to create a diverse pool of knowledge, skills, resources, and ideas to bring about innovative systems change.

The initial focus of the Healthy City Partnership was on jointly agreed research, action, and learning priorities in the areas of:

- Future housing needs in Kelowna
- Greenhouse gas targets and citizens choosing change in their emissions-producing activities
- Urban food security
- Urban and cross-boundary transit and transport
- Healthy City Strategy

To date, the Healthy City Partnership has resulted in several research and capstone projects and ultimately led to the launch of the *Healthy City Strategy* in October, 2015.

The *Healthy City Strategy* (Appendix B) is intended to be a long-term, integrative plan focused on the healthy built environment, community health and quality of life for all Kelowna citizens. The Healthy City Strategy is guided by the following principles:

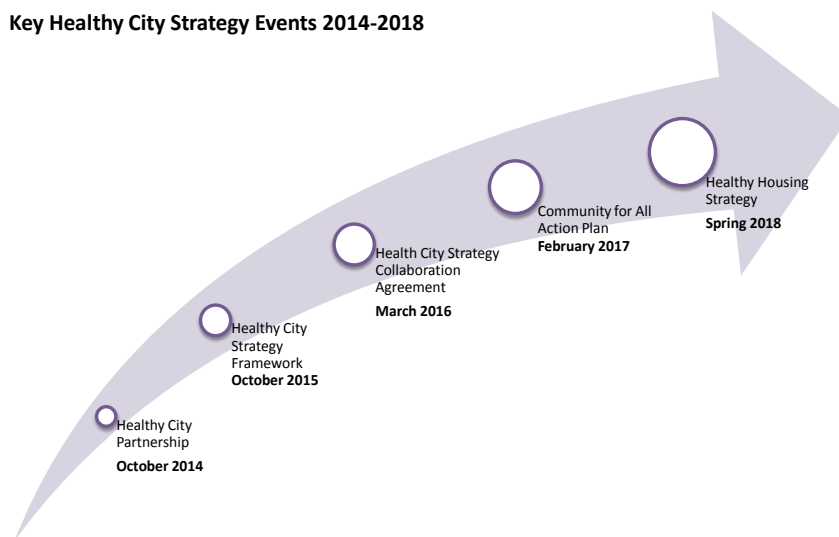
- Integrate Health in all Policies
- Maximize Partnerships for Impact
- Engage Broadly and Communicate Simply
- Lead and Catalyse Innovation
- Embrace Complexity

The *Healthy City Strategy* is intended to be a companion document to the Official Community Plan (to be updated in 2020) and will contain goals, targets, indicators, and measurable actions in six key theme areas:

1. Community for All
2. **Healthy Housing**
3. Healthy Transportation Networks
4. Healthy Neighbourhoods
5. Healthy Food Systems
6. Healthy Natural Environments

The first theme is intended to be a cross-cutting theme to support healthy active living for children, youth, seniors and those with diverse abilities in Kelowna. The remaining 5 themes are based on the [Healthy Built Environment Linkages Toolkit](#) (2018). To date, the [Community for All Plan](#) (2017) has been completed and the Healthy Housing Strategy was launched in July 2018. See Timeline in Figure 2.

Figure 2- Timeline of Healthy City Strategy 2014-2018



To guide and support the implementation of all 6 theme areas of the *Healthy City Strategy*, the Healthy City Strategy Steering Committee (Appendix B) was formed in November 2015 with representation from the City of Kelowna and IH. The Steering Committee is set to be in place until December 2018.

Currently, Dr. Sue Pollock (Medical Health Officer), Deborah Preston (HCIS Community Administrator-Central) and Heather Deegan (Director, Healthy Communities) represent IH on the Steering Committee and guide the Kelowna based work. Although Kelowna is only one of the sixty municipalities that IH serves, key outcomes of the *Healthy City Strategy* and key learnings from the process will help inform how IH can support other local government partners in pursuit of health related goals and strategies. This work is also in direct alignment with IH's performance measures under organizational and Ministry of Health mandates.]

For example:

IH Goal 1: Improve Health and Wellness

Objective 1.1 – Enable people to live healthier lives by working at the environmental, policy, community and individual levels to protect the health of the population and reduce health inequities.

Strategies: Support communities to promote healthy lifestyles and create healthy environments by continuing to implement the Healthy Families BC Policy Framework and BC's Guiding Framework for Public Health, with a focus on healthy communities and environments.

Performance Measure 1 - Percent of communities that have completed healthy living strategic plans (From the [2016-2019 IH Service Plan](#)).

The work under the *Healthy City Strategy* serves as the Healthy Living Strategic Plan (Ministry of Health reporting tool) between the City of Kelowna (hereinafter referred to as The City) and IH. This plan is reported to the Ministry of Health as a performance measure of implementation of the [Healthy Families BC Policy Framework](#) and [BC's Guiding Framework for Public Health](#).

As a follow-up to the *Community for All Plan*, the Healthy Housing theme area, is intended to identify and prioritize housing needs and develop appropriate strategies to address these needs in Kelowna. The City made the decision to focus the Healthy Housing theme area on "housing diversity" through the development of the *Healthy Housing Strategy*.

The [Healthy Housing Strategy](#) is a 5-year plan that aims to address the community's most pressing housing issues. The *Healthy Housing Strategy* was developed in alignment with the [Journey Home Strategy](#) to address Council's top priorities of homelessness and housing diversity.

The Healthy Housing Strategy includes 19 actions within the Strategy's four key directions:

1. Promote and protect rental housing;
2. Improve housing affordability and reduce barriers for affordable housing;
3. Build the right supply; and
4. Strengthen partnerships and align investments.

This plan will be led by the City of Kelowna; however it requires the collective efforts of all levels of government, public and private sectors such as IH, community partners and citizens to implement and embrace the 19 actions.

The *Healthy Housing Strategy* takes a long term approach to support housing diversity through policy, regulations and procedural recommendations. Therefore, the City is placing a concurrent focus on the *Journey Home Strategy* to address acute homelessness.

The *Journey Home Strategy* is a 5-year plan that focuses on the system of services supporting those who are homeless and those at risk of homelessness. The Strategy is grounded in the foundational concepts of innovation, reconciliation and lived experience.

Building on these foundational concepts, 28 specific actions are outlined in the Strategy's three pillars:

1. Inclusion & Prevention,
2. Backbone Coordination & Partnerships,
3. Housing & Supports

Though the *Journey Home Strategy* is not part of the Healthy City Strategy, IH viewed the health impact of acute homelessness and long term housing considerations to be interconnected and therefore supported the City in the development of both these strategies simultaneously.

The remainder of this report will focus on the internal processes, actions and key learnings of IH during the development of the *Healthy Housing* and *Journey Home Strategies*.

How has Interior Health supported the development of the Healthy Housing and Journey Home Strategies?

The first step in the development of both the *Healthy Housing* and the *Journey Home Strategy* was to identify and prioritize the community's needs. This was accomplished through the [Housing Needs Assessment](#). Representatives from IH formed a technical team to support this work. The technical team provided relevant IH data for the *Housing Needs Assessment* such as the number of IH assisted living and long-term care beds in Kelowna. The technical team was comprised of IH staff from Population Health (Community Health Facilitator and Epidemiologists), HCIS (Acute Brain Injury Coordinator Central Okanagan) and Mental Health and Substance Use (Team Lead). The *Housing Needs Assessment* painted a picture of the current housing situation in Kelowna and determined gaps and recommendations to be addressed by both the *Healthy Housing* and *Journey Home Strategies*.

Though the technical team was able to provide relevant data to support the *Housing Needs Assessment*, it was determined that there needed to be a more comprehensive and coordinated approach from IH going forward to support both strategies. As a result, the Interior Health Kelowna Healthy Housing Coordinating Committee (IH KHHCC) was formed. A Project Charter and Terms of Reference were developed and endorsed in principle by the Population Health Senior Leadership Team (PHLST) for this work (Appendix C).

The IH KHHCC provided leadership and coordination of activities across various programs/portfolios that had an interest and stake in housing-related issues in the City of Kelowna. The IH KHHCC met approximately every two months between August 2017 and June 2018 with a follow-up meeting in October 2018. Members included:

Aboriginal Health, Practice Lead: Danielle Wilson
Capital Planning, Manager, Real Estate Services: Doug Levell
Communications, Director, Public Engagement and Stakeholder Relations: Lannea Parfitt
HCIS, Community Administrator, Central: Deborah Preston
Medical Health Officer: Dr. Sue Pollock
MHSU, Health Services Administrator, Central: John Yarschenko, replaced by Danielle Cameron
HCIS, Manager, Home Health, Kelowna: John Clare
Population Health, Corporate Director: Aaron Miller
Population Health, Epidemiologist: Brent Harris
Population Health, Director Healthy Communities: Heather Deegan
Population Health, Healthy Built Environment Specialist: Anita Ely
Population Health, Community Health Facilitator: Julie Steffler, replaced by Kady Hunter
Population Health, Administrative Assistant: Laurie Bourdin
Population Health, Social Epidemiologist (Equity): Dr. Sana Shahram

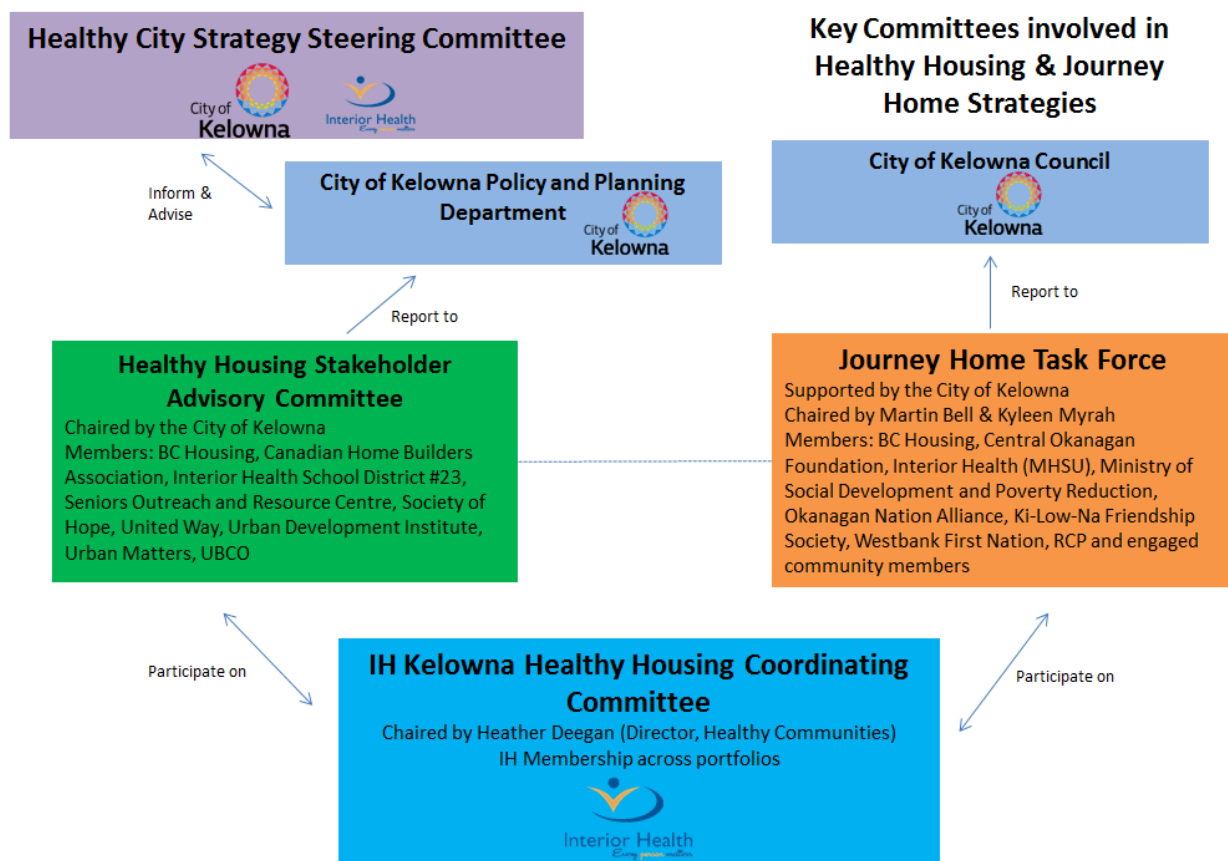
The IH KHHCC reported to the Population Health Senior Leadership Table (PHSLT) through the Medical Health Officer and the Population Health Corporate Director with one key short term deliverable:

- 1) Creation of a final report of findings with an associated implementation plan for adopted housing related actions to be used for knowledge translation within IH. (Achieved through this report)

There was consensus among members of the IH KHHCC that the Committee was a valuable and useful structure for the cross-portfolio discussions related to housing in Kelowna. In fact, the IH KHHCC agreed to extend its term until Fall 2018 to continue discussions through the implementation phase of the two strategies.

Externally, some members of the IH KHHCC also participated in the City of Kelowna Healthy Housing Stakeholder Advisory Committee and the Journey Home Task Force. Both of which were led by the City of Kelowna and were made up of diverse community stakeholders involved in housing and homelessness related issues in Kelowna, see Figure 3.

Figure 3- Committees involved in the *Healthy Housing* and *Journey Home* Strategies



The IH KHHCC members who sat on the external Healthy Housing Stakeholder Advisory Committee and the Journey Home Task Force were able to share and report back about the discussions at these tables with the IH KHHCC. The Healthy Housing Stakeholder Advisory Committee formally reported to the City of Kelowna Policy & Planning Department. Policy & Planning provided a link from the Healthy Housing Stakeholder Advisory Committee to the Healthy City Steering Committee. The Journey Home Task Force was established as a Committee of Council and formally reported to City of Kelowna Council.

IH Actions to Support Healthy Housing and Journey Home Strategies

Healthy Housing Actions

Based on the gaps and recommendations identified in the *Kelowna Housing Needs Assessment*, the IH KHHCC identified actions that IH could commit to support the work in Kelowna and throughout the IH region. There are five actions directly aligned with the recommendations from the *Housing Needs Assessment* and two overarching actions that are intended to translate data and information to support the recommendations, see Figure 4.

Figure 4- IH Healthy Housing Actions

Housing Needs Assessment Recommendation	Action to Support
Foster Housing Partnerships	Collaborate with the City of Kelowna to improve radon awareness and mitigation in new and existing homes.
Coordinate Regional Housing Needs	Support the Regional District of Central Okanagan in completing a Regional Housing Needs Assessment with the goal of creating a regional housing strategy.
Foster Housing Partnerships & Explore Innovative Housing Forms and Tenures	Consider including principles within the Interior Health Land Management Framework that acknowledge the role of housing on health. This could include leasing of Interior Health owned housing properties until future development occurs.
Explore Innovative Housing Forms and Tenures & Universal and Adaptable Housing Design	Collaborate with post-secondary institutions to support research related to health and housing and host students working on research projects.
Universal and Adaptable Housing Design	Provide an opportunity for home health staff to share housing related needs of clients and explore opportunities to support universal and adaptable housing design in community.
<i>Over Arching Actions</i>	Increase awareness within IH of the links between health and housing and build capacity to take collaborative action on housing issues in communities served by IH.
	Provide and interpret health data as it relates to housing where appropriate to continue to assess and monitor housing in Kelowna.

The five aligned actions that will directly support The City of Kelowna include developing a radon strategy, exploring opportunities for IH to support the City of Kelowna's Land Acquisition Strategy, and exploring opportunities to co-host UBCO students working on housing capstone projects within the City of Kelowna.

Overarching activities to increase awareness will include internal IH communications such as an article in @IH Magazine, a series of "In the Loop" website posts, and promotion of this report on the InsideNet. Externally, IH will share this report and develop a Healthy Housing Action Guide with BC Healthy Communities Society for local governments. These activities are intended to build the capacity of IH staff and local government to effectively address housing related issues in the community.

For a more detailed look at these IH Healthy Housing actions refer to the Implementation Plan (Appendix D).

Journey Home Actions

Interior Health staff participated throughout the development of the Journey Home Strategy. This included John Yarschenko (IH Central MHSU Administrator) sitting on the Journey Home Task Force and management and frontline staff from across IH portfolios participating in the Journey Home Community Summits and Design Labs (community engagement sessions).

At the time this Case Study was prepared, the Journey Home Strategy was entering a 9-month transition period between the development of the Strategy and implementation. The transition period was intended to:

- Support the development of the governance structure and implementation of a Backbone Coordination organization;
- To maintain momentum, continue to convene partners and garner commitment to align with and participate in the implementation of the Strategy;
- To secure funding and in-kind support commitments to fund the implementation of a Backbone Coordinating organization.

Danielle Cameron (new IH Central MHSU Administrator) will be participating on the newly formed Transition Committee to guide this work. After the transition period, IH will support the implementation of Journey Home actions as appropriate. For example the following actions have been identified as "The Top Ten" Journey Home Actions, see Figure 5.

Figure 5- Potential IH Journey Home Actions

Top Ten Journey Home Actions	Potential IH Involvement
Establish a neutral Backbone Organization	Support establishment of Backbone organization through participating on the Transition Committee.
Create 500 new Housing First program spaces	Provide appropriate services for Housing First clients.
Support development of 300 units of long-term supportive housing units	
Support A Way Home Kelowna to introduce Upstream for Youth	
Support increased access to quality mental health, addictions, and health supports and treatment	MHSU staff to collaborate with other service providers in Kelowna and support increased access to care.
Formalize the continuation of the Lived Experience Circle and Youth Expert Committee	Learn from the Lived Experience Circle to inform future programs and services.
Support the Truth & Reconciliation Commission of Canada Calls to Actions by partnering with Aboriginal communities	Continue to collaborate with the IH Aboriginal Health teams and partner Nations as indicated in the Letters of Understanding.
Support solutions to address the criminalization of homelessness	
Launch a Homelessness Innovation Lab	
Ensure a population focus is embedded in Strategy implementation	Population Health staff to maintain connection with Journey Home committees through implementation phase.

In addition to the potential actions identified in Figure 5, there is an opportunity for IH to encourage and incentivise service providers that IH contracts to be connected to the Backbone Organization. This could be done by changing the scoring criteria for the proposals IH receives to favour service providers who are connected to the Backbone Organization. In this way, IH would support the role of the Backbone Organization as a convenor and strengthen the coordinated approach to homelessness in Kelowna.

In recognition of the collaboration needed to implement the *Journey Home Strategy*, Interior Health was one of over 150 organizations and individuals to sign the [Journey Home Pledge](#) to serve as a visual reminder that addressing homelessness take the whole community.

What can be learned from the housing work in Kelowna?

IH entered uncharted territory when partnering with the City of Kelowna and UBCO through the Healthy City Strategy to develop the *Healthy Housing Strategy* and simultaneously the *Journey Home Strategy*. As with any new experience, there are both successes and lessons to be learned from the process that can be applied going forward.

Lessons learned from working with external partners:

- **Advocate for diverse external partners that are representative of the community**
 - Create opportunities for partners representing priority and Aboriginal populations as well as those with lived experience to participate in planning and decision making processes.

- **Clarify roles of partners, scope, and expectations**
 - When working collaboratively on large projects with organizations that have differing mandates and functions, it is important to clarify the roles, capacity and desired outcomes/objectives of each organization from the onset and re-evaluate as the project progresses. This clarification can be formalized through a joint guiding document such as a Terms of Reference.
 - Reinforce the collaborative relationship(s) by hosting and facilitating community stakeholder/advisory meetings jointly.

- **Acknowledge and utilize expertise of external partners**
 - The collaborative work between IH and The City of Kelowna to create the *Healthy Housing* and *Journey Home Strategies* links directly to the IH goals, objectives, strategies and performance measures outlined previously. To capitalize on the expertise of external partners (academic, Aboriginal, technical etc.), it is important to consider input from all partners throughout the development process and even after the project is completed (E.g. knowledge translation). This will allow for more meaningful engagement and maintenance of robust partnerships.

- **Acknowledge timelines when working collaboratively**
 - Clarify expectations about the timeline of engagement, contributions and actions. The timelines for the *Healthy Housing* and *Journey Home* work were tight due to a political need to finish before upcoming municipal elections (October 2018). It was important to work quickly and capitalize on the momentum and attention housing issues were receiving. This meant that IH needed to be flexible to prioritize work and ensure that IH's contributions could be provided in a timely and meaningful way. However, some aspects of the development of both strategies could have required more time than initially projected in order to allow for thorough community engagement or implementation of more meaningful actions. Housing issues are complex, and effective solutions may take more than one year to develop and implement. Nevertheless, to ensure housing actions can be successfully implemented and not wrapped up in a process that is so large and unwieldy, realistic timelines are required.
 - Acknowledge situations may arise that limit the capacity of organizations involved and require flexibility of timelines and resource contributions. For example, Interior Health's priorities and resources will be shifted in response to public health emergencies. As much as possible, timelines and contributions should be proactively planned.

Lessons learned from internal IH process:

- **Establish internal structures to allow for cross-portfolio collaboration within IH**
 - During the early stages of this project work, it was clear that various IH portfolios were affected by housing issues in Kelowna and often working separately with no formal communication avenue. It was recognized that there needed to be an internal committee put in place to bring together key staff members in each portfolio. The formation of the IH KHHCC helped to increase understanding of the influence housing issues have on work that IH does in Kelowna as well as better coordinate the actions to address these issues. The IH KHHCC also provided a space for IH staff to bring together the *Healthy Housing* and *Journey Home* work since they were separate pieces of work externally. Though this Committee was only in place for the last eight months of the housing work in Kelowna, it is a promising model that can be used in other IH communities when staff from various portfolios are involved in large community projects.
- **Appoint a project manager or coordinator**
 - For large scale projects requiring IH cross portfolio collaboration, it is important to have a designated staff member skilled in project management in charge of planning, controlling and closing the project. The project manager is critical to keep the IH work and deliverables running on time and within scope and budget. The project manager can also be a key point of contact for external partner stakeholders to work with when delivering joint projects.
- **Maintain consistent IH staff involvement**
 - Over the course of the engagement and development phase of both Strategies, there were many changes to the organizational structures of IH portfolios involved including changes to the staff involved. These changes proved to be disruptive and confusing for both external partners and to the efficiency of the internal process to support the work. Though staff turnover maybe inevitable during long-term projects, special consideration needs to be given to minimize the impact such as designating alternate/back up representatives on committees and working groups from the very beginning.

Recommendations- How can this be applied across IH communities?

Kelowna is the largest community in Interior Health and therefore significant IH resources were allocated. However, the lessons learned from this process in Kelowna can be applied in smaller communities. From this process, it is recommended to:

- Allow for adequate time to build partnerships and an understanding of the scope and role of partners involved.
- Collaborate internally with IH staff involved in housing issues in the community in order to provide coordinated support and implement effective actions:
 - Clearly identify scope of work, goals and objectives to be accomplished and how the work will be evaluated;

- Create an internal communication and reporting structure and identify roles and tasks of various programs and staff involved;
 - Create a Teamsite or other designated place to store meeting minutes and documents related to the project;
- Connect with IH staff across the regions who have been involved in coordinated housing work (E.g. IH KHHCC members) to allow for knowledge translation and mentorship.
- Allow for flexibility in timeline to ensure thorough and meaningful engagement of community members and partners.
- Allow time for meaningful engagement with Aboriginal partners and IH Aboriginal Health.

Conclusion

Housing plays a complex and interconnected role in influencing health. The quality, affordability, community and location of housing have impacts on physical and mental health and well-being as well as indirect influences on other determinants of health. There is a need for cross-sectoral and collaborative partnerships to address housing issues in communities throughout the IH region. IH can play a role by bringing a health lens to housing issues, contributing to the development of healthy public policy and providing supportive services to allow people to live in their homes longer.

The partnership between the City of Kelowna and IH through the *Healthy City Strategy* and the resulting *Healthy Housing* and *Journey Home Strategies* are examples that showcase the role IH can have in addressing housing issues at the community level. Lessons learned through the development of these strategies can be used to inform and shape similar work in other IH communities.

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Appendices

Appendix A -Percentage of People throughout IH Experiencing Core Housing Need (by Regional Districts)

Okanagan Similkameen	Central Okanagan	North Okanagan	Kootenay Boundary	Central Kootenay	East Kootenay	Columbia Shuswap	Thompson Nicola
52%	54%	53%	46%	44%	38%	50%	48%

*IH includes part of the Cariboo Region and Lillooet-Squamish Regional districts which have rates of 43% and 58% respectively. (Canadian Rental Housing Index)

Appendix B- Key Documents related the Healthy City Strategy in Kelowna

- Healthy City Strategy Framework (select pages)
- Healthy City Strategy Steering Committee Terms of Reference

Towards a Healthy City Strategy A Framework for Development

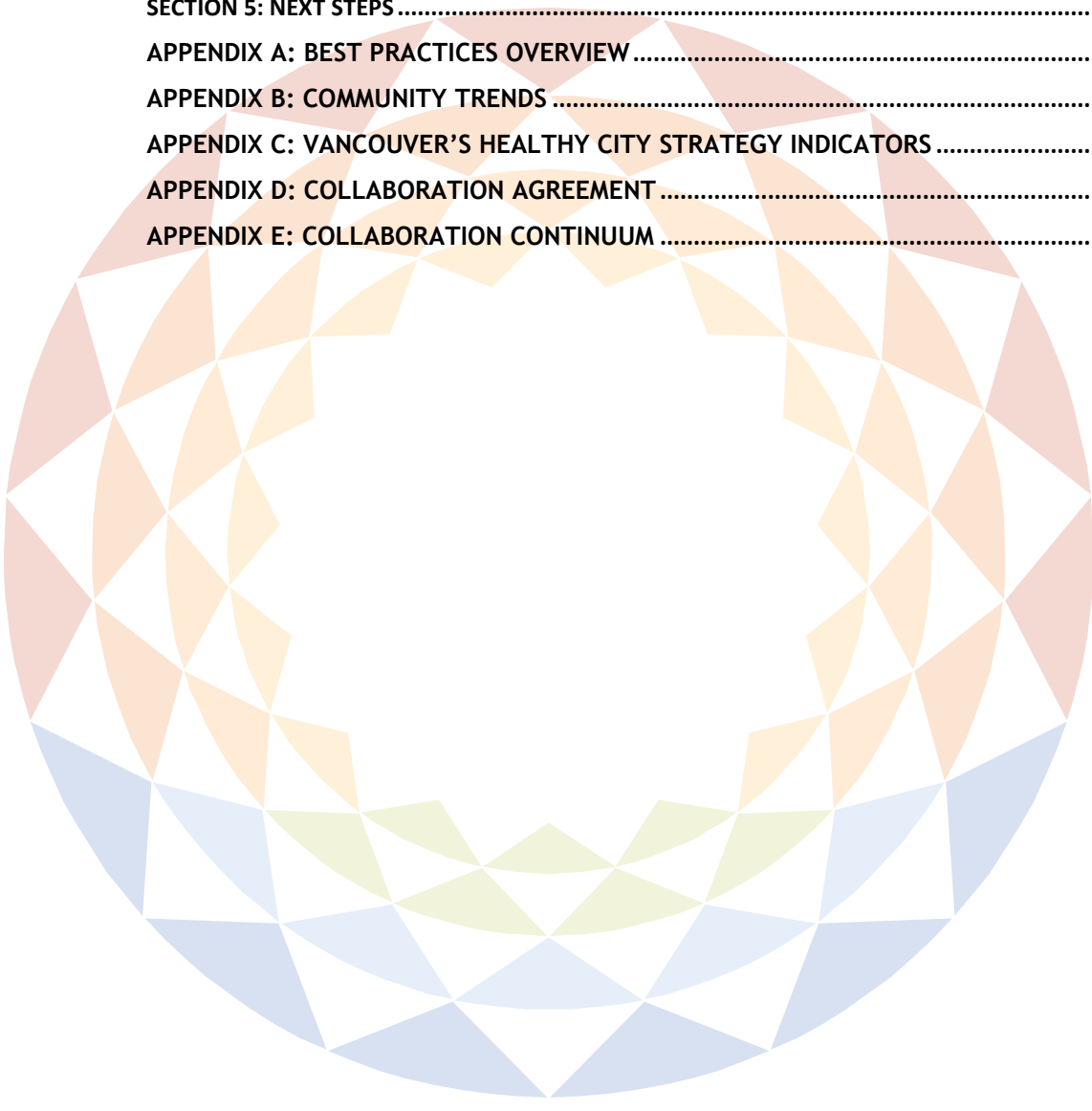
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TABLE OF CONTENTS

SECTION 1: INTRODUCTION	3
SECTION 2: GUIDING VISION AND PRINCIPLES	4
SECTION 3: METHODOLOGY	7
3.1 BEST PRACTICES REVIEW	7
3.2 KEY STAKEHOLDER AND PUBLIC ENGAGEMENT	8
3.3 THEME IDENTIFICATION AND SCOPING	9
<i>Healthy Housing</i>	12
<i>Healthy Transportation Systems</i>	14
<i>Healthy Food Systems</i>	16
<i>Healthy Neighbourhood Design</i>	18
<i>Healthy Natural Environments</i>	20
<i>Community for All Ages</i>	22
3.4 PLAN PRODUCTS	24
SECTION 4: GOVERNANCE	25
SECTION 5: NEXT STEPS	26
APPENDIX A: BEST PRACTICES OVERVIEW	28
APPENDIX B: COMMUNITY TRENDS	29
APPENDIX C: VANCOUVER'S HEALTHY CITY STRATEGY INDICATORS	31
APPENDIX D: COLLABORATION AGREEMENT	33
APPENDIX E: COLLABORATION CONTINUUM	36



SECTION 1: INTRODUCTION

Local governments are uniquely placed to provide leadership for health. Many social determinants of health operate at the local and community level. Municipalities have the capacity to influence the determinants of health and inequalities - “the causes of the causes”¹.

Like many other cities around the world, Kelowna is grappling with how to build a vibrant, healthy and sustainable city in the face of challenges including climate change, a growing prevalence of chronic health conditions, and increasing inequality. These challenges are thrusting local governments to the forefront of leadership in creative, innovative, and integrated city building.

There is growing recognition around the world that local governments are well placed to lead a collective push to address these challenges given the significant direct and indirect roles that they play in creating the conditions in which we live, work and play. That is, how cities are planned, designed and managed not only influences the air and water quality, but also the ability of people to get around, where and what type of housing is available, what food can be easily accessed, what kinds of jobs are available, how much and what kind of green space people can play and rest in, and how safe, connected, and included residents feel in their neighbourhoods.

And over the last few decades, many cities have been planned, designed and managed in ways that have separated out the activities of daily life. Low density, use-segregated, car-based development that is dependent on high levels of fossil fuel use has led to people spending more time in their cars than on their feet, and more time apart than together. Inactivity, separation and unsustainability have been designed into the very fabric of cities, affecting not only individual health and well-being but also that of neighbourhoods and of the planet.

However, these conditions can be changed, as they have been before. In the 19th century, urban planning and public health came together to address the most pressing challenges of the first industrial cities - the spread of infectious diseases. Zoning, building codes, infrastructure - all of these tools were used to address the overcrowded and unsanitary conditions that were allowing infectious diseases to thrive. Now in the 21st century the most pressing challenges look different but the conditions that allow them to thrive - the “causes of the causes” - are bringing the need for integrated healthy city planning once again to the forefront.

A Strategy for Integrated Healthy City Planning

The City is developing a Healthy City Strategy (HCS) as a vehicle for integrated healthy city planning in Kelowna. As a long-term, integrative plan focused on a healthy built environment, community health, and quality of life for all Kelowna residents, the Strategy will be a critical companion document to the Official Community Plan (OCP) and will contain goals, targets, indicators, and measurable actions in six key theme areas: Healthy Housing; Healthy Transportation Networks; Healthy Neighbourhoods; Healthy Food Systems; Healthy Natural Environments; and Community for All Ages (cross-cutting initiative). Once completed, it will position Kelowna as a leader in integrated planning for healthy people and healthy places, as it strives to be best mid-sized City in North America.

In developing a Healthy City Strategy, Kelowna will be joining an international community of municipalities working for change. The City will be building on, and contributing to, a worldwide healthy cities movement that has deep roots in this country. Almost 30 years ago, the World Health Organization (WHO) convened the

¹ Tsouros A. City Leadership for Health and Well-being: Back to the Future. *Journal of Urban Health : Bulletin of the New York Academy of Medicine*. 2013; 90 (Suppl 1):4-13.

First International Conference on Health Promotion in Canada (1986), and since then, cities around the world have created the networks, research, and best practices on which Kelowna has and will continue to build on (for example the 90 cities from more than 30 countries that are part of the World Health Organization's European Healthy Cities network).

More recently, and closer to home, local governments and health authorities around BC have been encouraged to formalize partnerships for healthy communities with support from the provincial Ministry of Health's *Healthy Families BC - Communities* initiative. In October 2014, the City, Interior Health, and UBC Okanagan signed a Statement of Cooperation that will see three of the Interior's largest and most complex institutions utilize and leverage their diverse resources to make headway on issues related to a healthy city. One key outcome of that partnership will be the Healthy City Strategy.

This framework document provides a roadmap for the development of the Healthy City Strategy between now and 2018, with the intention of feeding into the next update of Kelowna's OCP. This document includes guiding vision and principles, methodology, governance, and next steps.

SECTION 2: GUIDING VISION AND PRINCIPLES

The overall goal of the Healthy City Strategy is the enhancement of built environments for the physical and social health and well-being for all community residents. The vision and principles that will guide the development and the implementation of the strategy are outlined below.

Council Priorities

The Healthy City Strategy corresponds with three of the four current Council priorities:

1. Enhance citizen's quality of life;
2. Focus on results; and
3. Deliver on our plan.

These Council's priorities will be updated once finalized (summer 2015).

Corporate Priorities

The Healthy City Strategy fits within four of the six corporate priorities including:

1. Build effective connections with neighbourhoods and communities;
2. Partnerships to leverage service delivery;
3. Preserve and protect the City's built and natural infrastructure; and
4. Seek opportunities for significant improvement including existing processes.

Guiding Vision

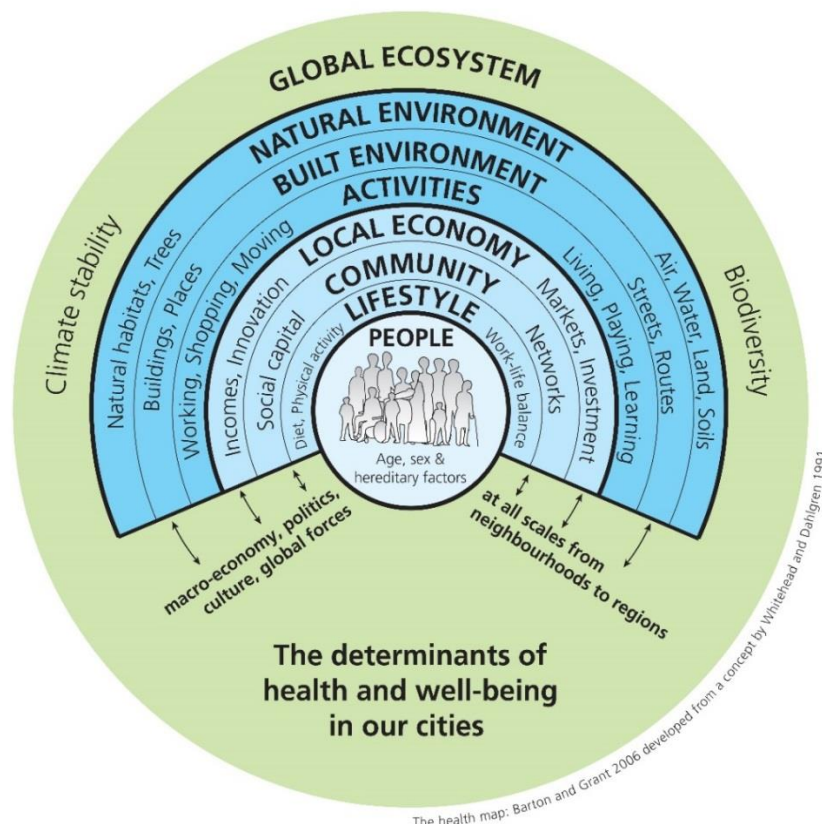
Our Healthy City: working together to create built environments in which people and places thrive.

Guiding Principles

1. **Prioritize the Built Environment:** the built environment - the spaces and places of the city including homes, neighbourhoods, schools, streets, workplaces, parks, natural spaces, agricultural and industrial areas, roads and water systems - can either add to or detract from individual, community and planetary health and well-being. Priority will be given to those investments and actions which, grounded in evidence, will create built environments in which this health and well-being is enhanced.
2. **Integrate Health in Policies:** the Healthy City Strategy will integrate and align efforts across City departments and bodies in order to leverage existing assets and realize greater value for the City's efforts. Investments that produce co-benefits will be prioritized. For example, many of the actions needed to address the epidemic of chronic conditions associated with obesity - increase the share of

trips made by foot, bike or transit and reduce those made by car, or expand local food production and access to it - are some of the same actions needed to address climate change. By integrating and aligning with other strategic priorities of the City, the Healthy City Strategy will provide clarity on common health and well-being goals for departments, and allow for policy, planning and programming that is proactive, integrated, long-term, focussed on strategic priorities, and able to leverage contributions from multiple stakeholders on an ongoing basis.

3. Maximize Partnerships for Impact: the Healthy City Strategy will strive to strengthen existing partnerships and develop new ones in order to leverage greater resources for a healthy built environment. The challenges facing Kelowna are too big and too complex to be addressed by any one organization or sector working alone. Collaboration across departments and organizations can bring many more parts of the system into view, and create a much more diverse pool of knowledge, skills, resources, and ideas. The City aspires for actions that have a greater and longer-term impact through building the capacity of stakeholders and demonstrating the need for multi-sectoral collaboration².
4. Engage broadly for a healthy city: health and well-being is everybody’s business (Figure 1). The task of building a healthier city for all will require contributions from all sectors in Kelowna including residents, non-profit organizations, institutions such as education and healthcare, business, and all levels of government. The Healthy City Strategy will work to balance city-wide visions with neighbourhood interests, and to balance initiatives that are universal for all citizens with initiatives that are targeted at specific populations. The HCS will be a tool for the broader engagement that will be necessary moving forward.



² In October 2014, the City, Interior Health, and UBC Okanagan signed a Statement of Cooperation that will see three of the Interior’s largest and most complex institutions utilize and leverage their diverse resources to make headway on issues related to a healthy city. This Healthy City Partnership is just one example of the kind of ground-breaking collaboration that we hope will lead to new ways of thinking, acting, learning and working together.

Figure 1: The Determinants of health and well-being in our cities³

5. Lead and catalyse innovation: it is well accepted that problems can't be addressed at the same level of thinking that created them, and leading cities are thinking outside the box, stretching their usual processes, and experimenting with new approaches, new tools, and new partnerships. In the process of working with multiple partners to build out the metrics in each of the six key theme areas, the intention is to catalyse the kind of innovation that will be needed to make a significant impact. Innovation will be required to transform existing systems, and the Healthy City Strategy will set measurable targets for a healthy built environment, will foster measured risk-taking to reach those targets, and will use a rigorous process of tracking and reporting in order to learn and adapt where necessary.

6. Embrace complexity: the Healthy City Strategy will recognize that a healthy built environment is only one of many building blocks of a healthy city for all (see Figure 2 below). These building blocks are interconnected and they cannot be addressed in isolation from each other.

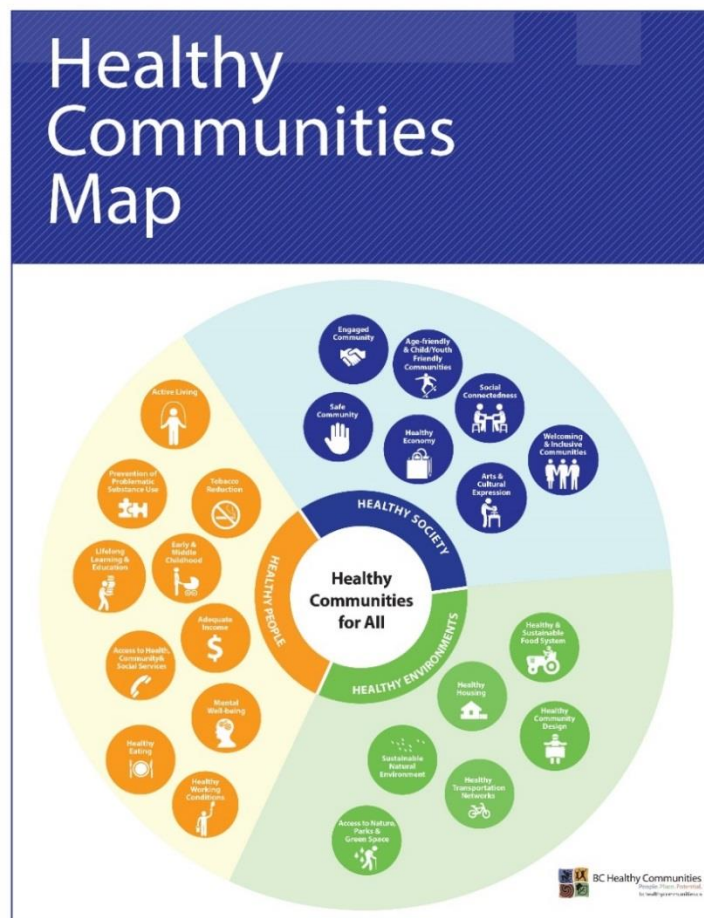


Figure 3: the healthy communities map. BC Healthy Communities +Healthy Families BC www.planH.ca

³ Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126 (6). pp. 252-253. ISSN 1466-4240 developed from the model by Dahlgren and Whitehead, 1991. Dahlgren G, Whitehead M (1991). "The main determinants of health" model, version accessible in: Dahlgren G, and Whitehead M. (2007) European strategies for tackling social inequities in health: Levelling up Part 2. Copenhagen: WHO Regional Office for Europe.

Steering Committee – Terms of Reference

1.0 Background

The City of Kelowna and Interior Health (IH) collaborate on many initiatives to improve the health and well-being of the citizens of Kelowna. The two organizations are committed to their partnership and have created a *Healthy City Strategy Collaboration Agreement* to create a formal structure and a set of priorities to guide them in addressing key determinants of health and well-being. This Collaboration Agreement does not encompass all the interactions between the two organizations but is a way to ensure a consistent approach to some of the more significant long term determinants of health and well-being, and to provide a framework to engage a broad cross section of staff within both organizations. A provision of the Collaboration Agreement is the creation of a Steering Committee made up of staff from the two organizations to take responsibility for the implementation of the initiatives contemplated by the Agreement.

2.0 Purpose

- 2.1 The Kelowna Healthy City Strategy Steering Committee will guide and support the implementation of the Healthy City Strategy Collaboration Agreement.
- 2.2 The Kelowna Healthy City Strategy Steering Committee will enhance the collaboration between the City of Kelowna and Interior Health in their joint interest to improve the health and well-being of the citizens of Kelowna.
- 2.3 The Kelowna Healthy City Strategy Steering Committee will identify and refer to appropriate staff as necessary emerging issues affecting the health and well-being of the citizens of Kelowna to enhance collaborative efforts between the City of Kelowna and IH.

3.0 Objectives

- 3.1 The Kelowna Healthy City Strategy Steering Committee will develop joint initiatives to address the key priorities identified in the Healthy City Collaboration Agreement including key goals, objectives, targets, indicators and performance measures.
- 3.2 The Kelowna Healthy City Strategy Steering Committee will identify staff to further develop and carry out these joint initiatives.
- 3.3 The Kelowna Healthy City Strategy Steering Committee will provide advice and guidance to the staff carrying out the joint initiatives.
- 3.4 The Kelowna Healthy City Strategy Steering Committee will monitor the joint initiatives and report on progress to the Healthy City Strategy to their respective Councils, when deemed appropriate.

- 3.5 The Kelowna Healthy City Strategy Steering Committee will prepare an annual report and if appropriate a community showcase on the initiatives and outcomes associated with the Healthy City Strategy Collaboration Agreement.

4.0 Healthy City Strategy Guiding Principles

- 4.1 *Prioritize the Built Environment:* the built environment – the spaces and places of the city including homes, neighbourhoods, schools, streets, workplaces, parks, natural spaces, agricultural and industrial areas, roads and water systems - can either add to or detract from individual, community and planetary health and well-being. Priority will be given to those investments and actions which, grounded in evidence, will create built environments in which this health and well-being is enhanced.
- 4.2 *Integrate Health in Policies:* the Healthy City Strategy will integrate and align efforts across City departments and bodies in order to leverage existing assets and realize greater value for the City's efforts. Investments that produce co-benefits will be prioritized. For example, many of the actions needed to address the epidemic of chronic conditions associated with obesity - increase the share of trips made by foot, bike or transit and reduce those made by car, or expand local food production and access to it - are some of the same actions needed to address climate change. By integrating and aligning with other strategic priorities of the City, the Healthy City Strategy will provide clarity on common health and well-being goals for departments, and allow for policy, planning and programming that is proactive, integrated, long-term, focused on strategic priorities, and able to leverage contributions from multiple stakeholders on an ongoing basis.
- 4.3 *Maximize Partnerships for Impact:* the Healthy City Strategy will strive to strengthen existing partnerships and develop new ones in order to leverage greater resources for a healthy built environment. The challenges facing Kelowna are too big and too complex to be addressed by any one organization or sector working alone. Collaboration across departments and organizations can bring many more parts of the system into view, and create a much more diverse pool of knowledge, skills, resources, and ideas. The City aspires for actions that have a greater and longer-term impact through building the capacity of stakeholders and demonstrating the need for multi-sectoral collaboration¹.
- 4.4 *Engage broadly and communication simply for a healthy city:* health and well-being is everybody's business (Figure 1). The task of building a healthier city for all will require contributions from all sectors in Kelowna including residents, non-profit organizations, institutions such as education and healthcare, business, and

¹ In October 2014, the City, Interior Health, and UBC Okanagan signed a Statement of Cooperation that will see three of the Interior's largest and most complex institutions utilize and leverage their diverse resources to make headway on issues related to a healthy city. This Healthy City Partnership is just one example of the kind of ground-breaking collaboration that we hope will lead to new ways of thinking, acting, learning and working together.

all levels of government. The Healthy City Strategy will work to balance city-wide visions with neighbourhood interests, and to balance initiatives that are universal for all citizens with initiatives that are targeted at specific populations. The HCS will be a tool for the broader engagement that will be necessary moving forward. Although the issues are complex, it is important to communicate simply and consistently to increase understanding from the community and to encourage actions and behavior changes.

- 4.5 *Lead and catalyze innovation:* it is well accepted that problems can't be addressed at the same level of thinking that created them, and leading cities are thinking outside the box, stretching their usual processes, and experimenting with new approaches, new tools, and new partnerships. In the process of working with multiple partners to build out the metrics in each of the six key theme areas, the intention is to catalyze the kind of innovation that will be needed to make a significant impact. Innovation will be required to transform existing systems, and the Healthy City Strategy will set measurable targets for a healthy built environment, will foster measured risk-taking to reach those targets, and will use a rigorous process of tracking and reporting in order to learn and adapt where necessary.
- 4.6 *Embrace complexity:* the Healthy City Strategy will recognize that a healthy built environment is only one of many building blocks of a healthy city for all. These building blocks are interconnected and they cannot be addressed in isolation from each other.

5.0 Membership

- 5.1 The City of Kelowna and IH will each appoint a senior staff member as a Co-chair.
- 5.2 The City of Kelowna and IH will each appoint up to 6 members to the Steering Group representing a cross section of the respective organizations.
- 5.3 The Co-chairs will jointly prepare the meeting agendas and alternate chairing the meetings.
- 5.4 All members will make every effort to attend meetings and notify their respective Co-chair in advance if they are unavailable for a meeting of the Steering Committee. Members who are not in a meeting will be updated by their respective organizations.
- 5.5 Staff from either organization involved with any initiatives scheduled for discussion on the agenda can be invited by their respective Co-chair to attend a meeting and shall participate in the agenda item and will be welcome to stay for other agenda items upon invitation of the Co-Chair.
- 5.6 As part of succession planning and increased awareness to staff in both the City and Interior Health, guests may attend the meetings, when deemed appropriate. Guests must be approved by the Co-chairs.

6.0 Commitments

The City of Kelowna will be the lead on the development phase of the Healthy City Strategy.

During the development phase of the Healthy City Strategy (2015-2018), Interior Health and the City of Kelowna will commit to the following:

- 6.1 Provide one staff liaison for the theme area(s) that is in progress at that time
- 6.2 Provide other staff, as deemed appropriate, for the Theme Team(s) that is in progress at that time
- 6.3 Provide a joint annual report and, if deemed appropriate, present to Council and staff regarding the Healthy City Strategy update, policies and programs²
- 6.4 Share relevant data that is repeatable for the development of goals, targets, and indicators

7.0 Accountability

- 7.1 The Steering Committee is accountable to the Healthy City Strategy Collaboration Agreement executive signatories.
- 7.2 The Steering Committee will prepare an annual report on the initiatives and outcomes associated with the Healthy City Strategy Collaboration Agreement.
- 7.3 The City of Kelowna will compile the Healthy City Strategy plan document as part of the hierarchy of corporate planning documents.
- 7.4 Interior Health will provide data sets, information sharing and select implementation activities as it relates to IH mandate and community deliverables.

8.0 Procedures

- 8.1 The Steering Committee will develop an annual work plan.
- 8.2 The Steering Committee will meet approximately every month for approximately 2 hours but no less than 8 times annually.
- 8.3 IH and the City of Kelowna will mutually agree to share responsibility for organizing meetings and coordinating initiatives and this division of responsibility will be reflected in the work plan.
- 8.4 Decisions will be made by consensus. Where consensus is not reached, the Co-chairs will discuss the matter outside of a meeting. Agendas, minutes and meeting material will be circulated a week before the meeting.

9.0 Funding

- 9.1 Dedicated funding is not provided to the operation of the Steering Committee.
- 9.2 Costs associated with staff participation in the activities of the Steering Committee and its initiatives will be absorbed by their respective organizations.
- 9.3 The City of Kelowna and IH may allocate funding to support specific initiatives but the allocation by one partner does not necessarily mean a requirement for the












² this information will indirectly inform the HCS monitoring and consideration for future updates
Kelowna's Healthy City Strategy Steering Committee Terms of Reference
Version: January 2016

other partner to commit funding. Funding will be discussed on a case by case basis.

10.0 Term

10.1 The Terms of Reference will be reviewed annually (January of each year). The term of the Steering Committee coincides with the term of the Collaboration Agreement ending December 31, 2018.

11.0 Signatures

City of Kelowna	
Doug Gilchrist, co-chair	
Jim Gabriel	
Danielle Noble-Brandt	
Michelle Kam	
Rafael Villarreal	
Brian Beach	
Interior Health	
Dr. Sue Pollock, co-chair	
Bryan Redford	
Brent Harris	
Pam Moore	
Julie Steffler	

**Appendix C- Terms of Reference for the Interior Health
Kelowna Healthy Housing Coordinating Committee**



KELOWNA HEALTHY HOUSING COORDINATING COMMITTEE

PURPOSE	The Interior Health Kelowna Healthy Housing Coordinating Committee provides leadership and coordination of activities across various programs/portfolios that have an interest / stake in housing-related issues in the City of Kelowna.
DEFINITIONS	<p>IH KHHCC-INTERIOR HEALTH KELOWNA HEALTHY HOUSING COORDINATING COMMITTEE</p> <p>HCIS-HOSPITALS AND COMMUNITY INTEGRATED SERVICES</p> <p>MHSU-MENTAL HEALTH AND SUBSTANCE USE</p> <p>PHSLT-POPULATION HEALTH SENIOR LEADERSHIP TEAM</p> <p>SET-SENIOR EXECUTIVE TEAM</p> <p>VP-VICE PRESIDENT</p>
SPONSOR	Aaron Miller, Corporate Director, Population Health
ACCOUNTABLE TO	Dr. Trevor Corneil, VP Population Health & Chief Medical Health Officer
AUTHORITY	<p>Decisions made by the IH KHHCC will be arrived upon by consensus.</p> <p>Members of the committee have the authority to make decisions regarding alignment of common interests related to housing. It is recognized that operational activities that could support a Kelowna housing strategy are operational in nature and under the authority of particular portfolios and as such may be subject to internal approval processes.</p>
APPOINTMENTS	The IH KHHCC is cross-organizational and membership has been invited from relevant portfolios with a focus on Kelowna-based service.
MEMBERSHIP	<p>Aboriginal Health, Practice Lead: Danielle Wilson</p> <p>Capital Planning, Manager, Real Estate Services: Doug Level</p> <p>Communications, Director, Public Engagement and Stakeholder Relations: Lannea Parfitt</p> <p>HCIS, Community Administrator, Central: Deborah Preston</p> <p>Medical Health Officer: Dr. Sue Pollock</p> <p>MHSU, Manager, Kelowna: Jason McCarty</p> <p>MHSU, Health Services Administrator, Central: John Yarschenko, Danielle Cameron</p> <p>HCIS, Manager, Home Health, Kelowna: John Clare</p> <p>Population Health, Corporate Director: Aaron Miller</p> <p>Population Health, Epidemiologist: Brent Harris</p> <p>Population Health, Director Healthy Communities: Heather Deegan</p> <p>Population Health, Healthy Built Environment Specialist: Anita Ely</p> <p>Population Health, Community Health Facilitator: Julie Steffler / Kady Hunter</p> <p>Population Health, Administrative Assistant: Laurie Bourdin</p> <p>Population Health, Social Epidemiologist (Equity): Dr. Sana Saharam</p> <p>*Ad-hoc members can be invited as needed.</p>
QUORUM & VOTING	<p>Decisions made by the IH KHHCC will be arrived upon by consensus.</p> <p>Where consensus cannot be reached, the Population Health Corporate Director and the Medical Health Officer will make the final decision in consultation with the relevant representative from SET.</p>
MEETINGS	Meetings will be held every two months until Fall 2018 at a time that is conducive to schedules.



<p>ADMINISTRATION</p>	<p>The Chair and Administrative Support for the IH KHHCC will be provided by Population Health (administrative coordination, agendas, minutes, reports, etc).</p> <p>Documents will be circulated to members in advance of and following meetings. Documents will be stored within the Healthy Communities document management system for archival purposes.</p>
<p>SPECIFIC AREAS OF RESPONSIBILITY</p>	<p>PROCESS & PRIORITIES</p> <p>Responsibilities of the IH KHHCC are outlined as follows:</p> <ul style="list-style-type: none"> • Identify program and portfolio priorities and activities that relate to housing. • Inform City of Kelowna Healthy Housing Strategy and Journey Home Strategy through formal representation on City of Kelowna committees. • Influence and support community-wide activity to address housing needs in the interest of: <ul style="list-style-type: none"> - Increased public and IH staff knowledge about the links between health and housing - Improved community supports to maintain the health of people in their own homes (healthy aging in place) - Effective care transitions out of acute and residential settings - Improved health and reduce harms related to substance use - Reduced hospitalization and emergency visits <p>ALIGNMENT</p> <p>The IH KHHCC is aligned with the IH strategic direction in the following key areas:</p> <p>Interior Health Goal 1 to Improve Health and Wellness</p> <ul style="list-style-type: none"> • Delivers IH Service Plan Objective 1.1: Enable people to live healthier lives by working at the environmental, policy, community and individuals levels to protect the health of the population and reduce health inequities. • The work supported by IH KHHCC is a part of the current Healthy Living Strategic Plan for the City of Kelowna and supports IH in meeting its target performance measure under Goal 1 (Percent of communities that have completed healthy living strategic plans). • Alignment with the Ministry of Health, Health Families B.C. Communities Initiative, and with B.C.'s Guiding Framework for Public Health. <p>Interior Health Goal 2 to Deliver High Quality Care</p> <ul style="list-style-type: none"> • Supports IH Service Plan Objective 2.2: Improved patient health outcomes and reduced hospitalizations for seniors through effective community services • Supports IH Service Plan Objective 2.3: Improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services <p>Interior Health Goal 3 to Ensure Sustainable Health Care by Improving Innovation, Productivity and Efficiency</p> <ul style="list-style-type: none"> • Supports IH strategic direction 3.5: Develop and enhance relationships with key external stakeholders <p>PERFORMANCE</p> <p><u>Short Term</u></p> <p>Within the committee term, set until June 2018, the IH KHHCC will deliver one key short term</p>



	<p>outcomes to highlight its achievements:</p> <ol style="list-style-type: none"> 1) Creation of a final report of findings and with an associated implementation plan for adopted housing related actions. <p><u>Intermediate</u></p> <p>Intermediate outcomes to demonstrate the work of the IH KHHCC are related to the Partnership Development and Process indicators of the Kelowna Healthy City Strategy and include the following:</p> <ol style="list-style-type: none"> 2) Number of IH KHHCC cross portfolio actions implemented by IH which will support the City of Kelowna Healthy Housing Strategy and Journey Home Strategy <p><u>Long Term</u></p> <p>The IH KHHCC will apply a health lens to housing policy and planning. This contribution is expected to impact long term indicators of the City of Kelowna Healthy Housing Strategy:</p> <ol style="list-style-type: none"> 3) Improved Housing Affordability Index 4) Decreased Rental Vacancy Rate 5) Decreased percentage of owners and tenants spending more than 30% of income on shelter <p>Ultimately this contribution is expected to foster healthy and sustainable neighbourhoods and improved population health and well-being.</p> <p>STRUCTURES AND COMMUNICATION</p> <p>The IH KHHCC may establish several task groups to implement and deliver recommendations for action. These task groups would be time limited and responsible for reporting back to IH KHHCC. The task groups would function for a specified timeframe until their project is complete, and/or the project actions are built into existing operations.</p> <p>The IH KHHCC has the authority to represent Interior Health interests externally via three mediums: 1) The City of Kelowna Health City Strategy Steering Committee 2) The City of Kelowna Healthy Housing Stakeholder Advisory Committee 3) Journey Home Task Force</p> <p>The IH KHHCC reports to PHSLT through the Medical Health Officer and the Population Health Corporate Director. Key issues may be escalated to SET and/or the Board of Directors as required.</p>
DATE APPROVED	
REVIEW DATE	N/A
DIRECT AND INDIRECT LINKAGES	Members will be the direct link between IH KHHCC and respective programs/portfolios for information sharing and consultation.

**Appendix D – Implementation Plan for Healthy Housing
Strategy (*Working Document*)**

Implementation Plan for IH Actions related to the Healthy Housing Needs Assessment (Working Document June 2018)

Action	Start Date	Target End Date	To be completed by	Status/Comments
1.0 Develop and IH wide health and housing communications strategy				
1.1 Consultation with IH Communication re: support dissemination of health an housing information and submit Communications Plan	Feb 2018	June 2018	July 2018	Ongoing- Communication Strategy will involve multiple components that will: 1) To educate the public and IH staff about the important links between health and housing 2) Highlight the importance of collaborative approaches to address housing issues in a community including various contributions local government and community partners can make 3) Recognize and celebrate various community initiatives underway in IH to address housing issues (including the City of Kelowna)
1.2 Draft content to be shared with IH Staff (In the Loop, @IH article)	May 2018	July 2018	September 2018	
1.3 Work with BCHC to develop an action guide for local government	April 2018	October 2018	October 2018	
2.0 Provide knowledge translation and interpretation of health data related to housing				
2.1 IH Technical Team to put together report of IH data to support the Kelowna Housing Needs Assessment	July 2017		September 2017	Completed
2.2 Provide City of Kelowna with Health and Housing Backgrounder for the final Healthy Housing Strategy			July 2018	Completed
3.0 Support the Regional District of Central Okanagan housing needs assessment				
3.1 Connect with RDCO planner re: Central Okanagan Housing Needs Assessment	December 2017			Ongoing- Contact made with RDCO planner. Will connect again when Needs Assessment starts
4.0 Explore opportunities for IH to support the City of Kelowna Land Acquisition Strategy				
4.1 Discuss opportunities to support City of Kelowna with IH Real Estate Service	Feb 2018		Feb 2018	Ongoing- Discussions are ongoing with Real Estate Services program. Proposed addition to Land Management Framework to be presented to the Board November 2018
4.2 Draft addition to Land Management Framework	Feb 2018		March 2018	
4.3 Discuss opportunitites for short-term leases of IH land for temporary housing	April 2018		April 2018	
5.0 Explore developing a radon strategy in the City of Kelowna				
5.1 Meet with City of Kelowna Staff to discuss radon awareness and initiatives	March 2018			Ongoing
5.2 Submit Decision Brief to Strategic Risk Management Council related to IH radon data	April 2018			
6.0 Partner with UBCO to host a capstone project related to co-housing in Kelowna				
6.1 Present at and participate in UBCO Housing Research Symposium	Feb 2018		March 2018	Completed
6.2 Host capstone students				Ongoing - Continue to suppor capstone students as opportunities arise
7.0 Better understand the housing related needs of clients that utilize IH Home Health Programs and aging in place initiatives				
7.1 Discussion with Home Care staff about barrier clients face with housing	December 2017			Ongoing