Resources for promoting healthy built environments: Case studies
http://www.ncceh.ca/sites/default/files/Built_Environment_Case_Studies_July_2010.pdf

Built Environment and Active Transportation: Planning Communities for Active Living
http://www.physicalactivitystrategy.ca/index.php/beat/links/

Active Transportation in Canada: A Resource and Planning guide
http://www.tc.gc.ca/media/documents/programs/atge.pdf

Urban trees and Quality of Life
http://thecityfix.com/blog/urban-trees-boost-quality-life-city-dwellers-around-world-livability-tree-canopy-ben-welle/

Research on demand for urban forests in the US
http://www.sciencedirect.com/science/article/pii/S0169204607002174

Suburban Sprawl: Exposing Hidden costs, Identifying innovations
http://thecostofsprawl.com/report/SP_SuburbanSprawl_Oct2013_opt.pdf

Wendy Young, Healthy Weights: *Halton Takes Action, July 2011*
Memorial University researchers link income, exercise and breakfast to childhood obesity Researchers at Memorial University of Newfoundland (MUN) have linked poverty and neighborhood or built environment to childhood obesity, but have gone further and noted that, for Grade 7 students, the amount of active exercise, reduction in screen time (computer, television), and eating breakfast combined to improve weight results. They also clarified their results around the built environment by noting that improved sidewalks to adult destinations such as the post office or grocery store should not be generalized to children, and that city and school planners should bear in mind the 'playability' of built environment improvements.
http://www.mun.ca/nursing/about_us/FINAL_REPORT_HALTON_July_2011.pdf

Barnes, R. & Scott-Samuel, A. (2000). *Health Impact Assessment: A ten minute guide.*
Dr. Alex Samuel-Scott is the Senior Clinical Lecturer of Public Health at the University of Liverpool and director of IMPACT, Liverpool Public Health Conservatory, and EQUAL. Ruth Barnes is an NHS Institute Fellow at NIHR CLAHRC for Northwest London and Public Health Directorate at NHS Ealing. Samuel-Scott and Barnes have come together to create a leaflet designed for newcomers to Health Impact Assessment. It includes a definition of what health impact assessment is, what it aims to do, the key concepts and principles on which it is based and how it can be applied.
https://www.liverpool.ac.uk/media/livacuk/instituteofpsychology/hialeaflet3.pdf

Mindell, J., Ison, E. & Joffe, M. (2003). *A glossary for health impact assessment*. Journal of Epidemiology and Community Health, 57 (9), 647-651. Doi: 10.1136/jech.57.9.647
Dr. Jennifer Mindell is a Clinical Senior Lecturer with the Department of Epidemiology and Public Health at University College London. Dr. Michael Joffe is an Emeritus Reader with the Department of Epidemiology and Biostatistics at Imperial College of London. Ms. Erica Ison is a World Health Organization (WHO) Expert Advisor to the European Cities, with a sub-network on HIA. They have produced a glossary which may be used at various levels of education and would be useful for anyone interested in Health Impact Assessment. The glossary contains terms used in the basic concepts of HIA,

applying HIA, the process, the types of impacts, the timing of an HIA, the people usually involved in HIA, materials and technical methods.

St-Pierre, L. (2009). *Introduction to HIA: HIA Series*. National Collaborating Centre for Healthy Public Policy.
Louise St-Pierre, the Head of Projects with the National Collaborating Centre for Healthy Public Policy, provides a brief document as the first in a series that examines the practice of Health Impact Assessment from various perspectives. The document introduces HIA to newcomers in the field, giving a brief description of its history, foundations, goals, the "five-step process" and its strengths and weaknesses.
http://www.ncchpp.ca/133/Publications.ccnpps?id_article=302

Quigley, R. et al. (2006). *Health Impact Assessment: International Best Practices Principles*. Special Publication Series No. 5. Fargo, USA: International Association for Impact Assessment.
The International Association for Impact Assessment (IAIA) is the leading global network for best practice in the use of impact assessment. They present an introduction to Health Impact Assessment with this article, most easily read by someone already educated in the impact assessment or public health field. The article outlines key principles of HIA, its purpose and functions, "who" should be performing HIA and its methods.
http://activelivingresearch.org/files/IAIA_HIABestPractice_0.pdf

Scott-Samuel, A., Birley, M., & Ardern, K. (2001). *The Merseyside Guidelines for Health Impact Assessment.* 2nd edition. Liverpool: Merseyside Health Impact Assessment Steering Group.
Dr Alex Scott-Samuel is Senior Lecturer in Public Health at the University of Liverpool, where he also directs Liverpool Public Health Observatory and EQUAL, the Equity in Health Research and Development Unit. Dr Martin Birley is a Senior Lecturer at the Liverpool School of Tropical Medicine, a joint manager of the International Impact Assessment Research Groups, and manager of the WHO Collaborating Centre on Environmental Management. Dr Kate Ardern is a consultant in Public Health with Liverpool and Sefton Health authorities and was as lead researcher on the pioneering HIA of the second runway at Manchester airport. As three members of the Merseyside Health Impact Assessment Steering Committee, the authors have written guidelines used by this particular steering group to conduct HIAs. They are of use to those wishing to carry out an HIA – the central or local government, the health sector, the voluntary sector, and other bodies whose work influences public policy. The article explains the process, procedures, and methods used in Health Impact Assessment.
http://www.who.int/hia/examples/toolkit/whohia131/en/

European Centre for Health Policy. (1999). Health Impact Assessment: Main concepts and suggested approach. Gothenburg consensus paper. Brussels: WHO-Regional Office for Europe.
The European Centre for Health Policy is a part of World Health Organization's European regional office and has recently been renamed as the European Observatory on Health Systems and Policies. They support and promote evidence-based health policy-making through analysis of the dynamics of health care systems in Europe. The purpose of this paper is to create a common understanding about HIAs. It clarifies some of the main concepts and suggests a feasible approach to carrying out HIA at all levels (international, national, and local). This consensus paper is aimed at policy makers, providing a departure point for discussion, comments and suggestions for the further development of the HIA approach and its related tools. The Gothenburg Consensus paper is often quoted and referred to in works up to present day 2012.

North American HIA Practice Standards Working Group. (2010). *Minimum elements and practice standards for health impact assessment.* Version 2. North American HIA Practice Standards Working Group. Oakland.
The North American HIA Practice Standards Working Group is a working group established at the first North American Conference on Health Impact Assessment held September 2008 in Oakland, California. Their purpose is to propose standards for HIA that would most likely ensure good practice. After realizing the diversity of HIA practices in North America and in other parts of the world, these standards were proposed as a reference to be used by Canadian and American practitioners, as well as to stimulate discussion on values and methods that guide these practices.
http://www.healthimpactproject.org/resources/document/HIA-Working-Group_HIA-Practice-Standards_2009.pdf

Harris, P., Harris-Roxas, B., Harris, E. & Kemp, L. (2007). *Health Impact Assessment: A Practical Guide. Sydney: Centre for Health Equity Training, Research and Evaluation (CHETRE)*. Part of the UNSW Research Centre for Primary Health Care and Equity, UNSW.
CHETRE was established in 1998 in collaboration with the Division of Population Health, Sydney South West Area Health Service, through a Research and Development Infrastructure (University of New South Wales). They provide leadership and focus in training, research and evaluation in the area of health equity, with a particular emphasis on the development and evaluation of interventions to reduce inequities. This guide is written as an introduction to HIA and will be useful for people working in both health and non-health sectors, communities and their representatives, and people developing health public policy. The purpose of this guide is to provide a practical approach to undertaking HIA based on findings of the New South Wales HIA project. The guide focuses on established steps of HIA.
http://hiaconnect.edu.au/old/hia_a_practical_guide.htm

WHO Centre for Urban Health. (2005). *Health Impact Assessment Toolkit for Cities: Vision to Action. Document 1. Background document: concepts, processes, methods.* Copenhagen: WHO Regional Office for Europe.
The Centre for Urban Health is a division of the WHO Regional Office for Europe that centers its work on urban health through the WHO European Healthy Cities Network. This particular branch is a part of Phase V of the WHO European Healthy Cities Network health and health equity in all local policies. This document is intended for people intending to or carrying out a health impact assessment. It may be used by those developing policy, in health and non-health sectors, community leaders – people at the local level. The objective of the Centre was to develop a toolkit to b used for introducing and implementing HIA at the local level.
http://www.euro.who.int/__data/assets/pdf_file/0007/101500/HIA_Toolkit_1.pdf

The PATH Network. (2002). *Pathways II: The Next Steps – A Guide to Community Health Impact Assessment*. Antigonish, Nova Scotia: Antigonish Women's Resource Centre.
PATH (People Assessing Their Health) is a health promotion initiative based on the idea that people know a lot about what makes them healthy – and that people at the community level should be involved in planning and decision-making about the policies and programs that will affect them. Since 1996, the people involved in PATH have come together to share ideas and resources and to provide opportunities for people and communities to critically analyze issues and build healthy communities. They are best known for promoting a process called community health impact assessment. PATH believes that the

techniques and processes found in the paper can be used by almost anyone who is interested in ensuring that public and private policy is developed in a socially responsible manner, including: local community groups and organizations, community heath boards, district health authorities, municipal governments, provincial level planners and policy-makers, and community development workers. The main topics in the work include Health and well-being, a population health approach, health impact assessment, and insight into how and when community impact assessment can be used.
http://awrcsasa.ca/archive/pdfs/PATHways%20II%20manual.pdf

Wismar, M., Blau, K., & Figueras, J. (Eds.) (2007). *The Effectiveness of Health Impact Assessment: Scope and limitations of supporting decision-making in Europe.* Copenhagen: World Health Organization (on behalf of the European Observatory on Health Systems and Policies).
The authors are based at the European Observatory on Health Systems and Policies, which supports and promotes evidence-based health policy making through comprehensive and rigorous analysis of the dynamics of health care systems in Europe. This document is somewhat of an introduction to HIA, in particular those people who are interested in creating an HIA in their sectors. It seems to be directed towards people who have a background in impact assessment (environmental, for example). The purpose of this publication is to determine the effectiveness of HIA in Europe by using 17 different case studies submitted by various experts in the field. The article gives insight into HIA use in Europe, its contextualization and development.
http://www.euro.who.int/document/E90794.pdf

Bekker, M. P. M. (2007). *The politics of healthy policies. Redesigning Health Impact Assessment to integrate health in public policy.* Delft: Eburon.
Marleen Bekker is an Assistant Professor at the Institute of Health Policy & Management. Her studies concern the evaluation of the Netherland's national program of the Academic Collaborative Centres of Public Health, aimed at producing socially relevant and evidence-based public health care.
(Bekker bio: http://www.si2009.ca/en/home.aspx?sortcode=2.0.2)
This article is a thesis, intended to be read by professors and professionals in the field. It also gives important background to HIA that other people interested in HIA will find useful, especially in the Netherlands. The thesis aims to put HIA into a governance perspective to identify the purposes HIA may have in policy practice, the suitability of HIA to fulfill these, to understand how HIA creates knowledge and co-produces policy, to reconceptualize HIA accordingly, and to incorporate the necessary strategies for fulfilling the purposes in the design of HIA. The central question in the study is a conceptual and empirical one: What is the role of Health Impact Assessment in integrating health in public policy, and how can it be improved? Her work uses a scientific approach to HIA and includes case studies on urban renewal, obesity and housing which may be relevant to NL.

Durand, C.; Andalib, M.; Dunton, G.; Wolch, J.; & Pentz, M. (2010). *A systematic review of built environment factors related to physical activity and obesity risk: implications for smart growth urban planning*. Obesity Reviews, Vol. 12, pp. 173-182.
All the authors besides Mr. Wolch research in the Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Alhambra. Dr. Wolch is a member of the College of Environmental Design, University of California, Berkeley. This systematic review of literature is intended for Planners, public health officials, and anyone interested in the framework Smart growth. The main purpose of this publication is to talk about Smart growth (a framework) and how it relates to the Built Environment.

Farhang, L.; Bhatia, R.; Scully, C.; Corburn, J.; Gaydos, M.; & Malekafzali, S. (2008). *Creating Tools for Healthy Development: Case Study of San Francisco's Eastern Neighborhoods Community Health Impact Assessment*. Journal of Public Health Management Practice, Vol. 14, pp. 255-265.
The authors are the members of San Francisco Department of Public Health. The article is intended for People in public health and city planners (especially) implementing HIA into the policy of a city. This publication is an overview of the San Francisco Department of Public Health's collaborative process – the Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) to evaluate the potential positive and negative impacts of land use development in San Francisco. They also talk about the collaborative project of creating a healthy development measurement tool.

Higgins, M.; Douglas, M.; Muirie, J. (2005). *Can health feasibly be considered as part of the planning process in Scotland?* Environmental Impact Assessment Review. Vol. 25, pp. 723-736.
Martin Higgins and Margaret Douglas are members of the Lothian NHS board in Edinburgh, while Jill Muirie is part of NHS Health Scotland. (NHS = National Health Services). The intended audience would be those people involved in public health or planning, as this article goes into great description of the planning processes in place in Scotland and also includes feasibility of accounting for public health and performing HIA. The purpose of this paper is to increase recognition amongst HIA practitioners in Scotland of the importance of planning for health. It focuses on the relationship between the planning systems in Scotland (in detail) specifically the Development Planning element of it, and the population health and considers how the HIA approach can facilitate and support joint working with planners.

Hoehner, C.; Rios, J.; Garmendia, C.; Baldwin, S.; Kelly, C.; Knights, D.; Lesorogol, C.; McClendon, G., Tranel, M. (2012). *Page Avenue health impact assessment: Building on diverse partnerships and evidence to promote a healthy community*. Health and Place, Vol. 18, pp. 85-95.
All members of the steering committee live and work in St. Louis. Christine Hoehner and Cristina Garmendia are part of the Division of Public Health Sciences, with the Department of Surgery in Washington University School of Medicine. Jodi Rios is part of the College of Architecture at Sam Fox School of Design and Visual Arts. Sabrina Baldwin works with Beyond Housing. Cheryl Kelly is with the Department of Community Health at Saint Louis University School of Public Health, Donna-Mae Knights and Carolyn Lesorogol is with George Warren Brown School of Social Work at Washington University. Gena Gunn McClendon works with the Center for Social Development in the George Warren Brown School of Social Work at Washington University. Mark Tranel is part of the Public Policy Research Center at the University of Missouri in St. Louis. The Page Avenue HIA was written to show the process, high points, low points, challenges and successes for people interested in doing their own HIA. The main purpose of this work was to walk through the process of the Page Avenue HIA focused on redevelopment in Missouri. The article goes over each step of the HIA by the steering committee, who took part in the HIA, challenges faced and what they learned from it.

Hutch, D.; Bouye, K.; Skillen, E.; Lee, C.; Whitehead, L.; Rashid, J. (2011). *Potential Strategies to Eliminate Built Environment Disparities for Disadvantaged and Vulnerable Communities.* American Journal of Public Health. Vol. 101, No. 4, pp. 587-595.
The lead author D. J. Hutch was the Chair of Federal Collaboration on Health Disparities Research Built Environment Workgroup (2008-2010) in the US. The intended audience would be public health officials or anyone interested in making their surroundings a healthier environment. The main purpose of this work is to talk about the Built Environment and how it contributes to disparities , especially in disadvantaged peoples. It gives examples of each topic it covers and lists ways to make the environment friendlier for its residents. The main topics include community factors that contribute to

the Built Environment and the problems arising from them, an overview of the disparities, successful policies, tools and practices, and recommendations to improve health outcomes.

Krisberg, K. (2006). *Built environment adding to burden of childhood obesity*. The Nation's Health, January/February 2006 Issue.
The author is reporting on behalf of The Nation's Health – the official newspaper of the American Public Health Association. She is reporting on the event "Designing Healthy Communities, Raising Healthy Kids". This newspaper article is intended generally for people in the Public Health sector, but also written for every American citizen to look at their own environment. The main purpose of the work is to talk about the problems the Built Environment is having on the health of Americans – mostly in the epidemic of obesity that is currently taking place in the country. They go into great detail about the impact the Built Environment has on schools and children.

Northridge, M. Sclar, E.; Biswas, P. (2003). *Sorting out the Connections Between the Built Environment and Health: A Conceptual Framework for Navigating Pathways and Planning Healthy Cities.* Journal of Urban Health: Bulletin of the New York Academy of Medicine. Vol. 80, No. 4, pp. 556-568.
Dr. Northridge is with the Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY; Dr. Sclar and Ms. Biswas are with the Urban Planning Program, Graduate School of Architecture, Planning, and Preservation, Columbia University, New York, NY; Dr. Sclar is also with the School of International and Public Affairs, Columbia University, New York, NY. The article is intended for those working in or interested in public health and planning. The purpose of this work is 1) to present a conceptual model that developed out of previous research called Social Determinants of Health and Environmental Health Promotion; 2) to review empirical research from both the urban planning and pubic health literature regarding the health effects of housing and housing interventions; 3) to wrestle key challenges in conducting sound scientific research on connections between the built environment and health, namely i) the necessity of dealing with the possible health consequences of myriad public and private sector activities, ii) the lack of valid and reliable indicators of the built environment to monitor the health effects of urban planning and policy decision, especially regarding land use mix, iii) the growth of the "megalopolis" or "super urban region" that requires analysis of health effects across states lines and in circumscribed areas within multiple states.

Northridge, M., Sclar, E. (2003). *A Joint Urban Planning and Public Health Framework: Contributions to Health Impact Assessment.* American Journal of Public Health. Vol. 23, No.1, pp. 118-121.
Mary E. Northridge is with the Harlem Health Promotion Center, Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY. Elliott Sclar is with the Urban Planning Program, Graduate School of Architecture, Planning, and Preservation and School of International and Public Affairs, Columbia University. This article was originally prepared as a paper to be presented at the "Health Impact Assessment: Multidisciplinary Perspectives on the Promises and Pitfalls of Measuring Effects of Policy and Politics on Public Health" conference held at Harvard School of Public Health in Boston, Mass. It was then written with the support of other players so that anyone interested in public health and health impact assessment could access the information.
The purpose of this publication was to articulate for the first time a joint urban planning and public health framework for use in assessing the health impacts of proposed projects, programs, and policies within and across population groups.

Ross, C., Leone de Nie, K., Dannenberg, A., Beck, L., Marucs, M., Barringer, J. (2012) *Health Impact Assessment of the Atlantic Beltline.* American Journal of Preventive Medicine, Vol. 42, No. 3, pp. 203-213.
Catherine Ross, Karen Leone de Nie, Michelle Marcus, and Jason Barringer are from the Center for Quality Growth and Regional Development. Andrew Dannenberg is part of the National Center for Environmental Health, Georgia Institute of Technology. Karen Leone de Nie is with the Federal Reserve Bank of Atlanta, and Laurie Beck is a part of the National Center for Injury Prevention and Control. This paper is intended for those interested in HIA and the process – the succession of steps, important timing, etc. It can be used by those who are looking for a "best practice model – especially because it is so recent. This publication is a case study to demonstrate the application of the HIA methodology and of quantitative and descriptive assessment methods to a major urban redevelopment and transportation plan. The work is an overview of the entire HIA process of the Atlanta Beltline. The authors listed worked together to bring forward the main issues and document them.

Tri-County Health Department. (2007). *Health Impact Assessment: Derby Redevelopment, Historic Commerce City, Colorado.*
The Tri-County Health Department is the largest local health department in Colorado, servicing the Historic Commerce City. The article was written so that any member of the public can read and understand how the built environment effects health and what the health impact assessment should do to bring health to the planning table. This work (not published) is an overview of the HIA project that took place in Derby. Derby is the ten block commercial core of Commerce City. In 2006, the Tri-Council Health Department was awarded a multi-year grant to promote healthy eating and active living in the city through a combination of programs, policies, and changes to the built environment. Around the same time, Derby was being restored. TCHD and the City agreed that Derby should have an HIA conducted to evaluate the potential impacts of Derby's redevelopment on physical activity and nutrition behaviors of the population.
http://www.healthimpactproject.org/resources/document/derby-redevelopment.pdf