Regional Snapshot Series: Health

Health and Active Living in the Fraser Valley Regional District

Fraser Valley Regional District

TABLE OF CONTENTS

The Fraser Valley Regional District is comprised of 6 member municipalities and 7 electoral areas.

City of Abbotsford, City of Chilliwack, District of Mission, District of Hope, District of Kent, Village of Harrison Hot Springs and Electoral Areas A, B, C, D, E, F and G.

Fraser Valley Regional District

Developed in partnership with Fraser Health

fraserhealth Better health. Best in health care

A HEALTHY FRASER VALLEY
BUILDING ON OUR SUCCESS

Integrating our everyday environment to build healthy communities

The Fraser Valley Regional District (FVRD) is comprised of six member municipalities and seven electoral areas and features a variety of diverse communities, from small rural hamlets to the fifth largest city in British Columbia. Health care in the Fraser Valley is world class, providing everyday services at local clinics and specialized care at regional hospitals. As good as it is however, this level of care focuses on treating illness rather than preventing it, and plays a minimal role in encouraging people to live a healthy and active lifestyle in their everyday lives.

FVRD residents are generally healthy, but rates of chronic disease are on the rise, placing increasing costs on the health care system and economy. An aging population also brings new challenges and we must work to adapt our communities to ensure that they remain accessible and inclusive as the physical abilities of residents change. Likewise, critical issues such as low incomes and poor air quality threaten the health of Fraser Valley residents.

While improving the health of residents is a challenging task, there are actions we can take. Building infrastructure in our communities such as bike paths and trails, recreation centres and sports fields can provide an environment where Fraser Valley residents can get active and lower their risk of chronic disease and stay healthy longer. Other actions, like ensuring healthy and affordable housing options for low income residents can help improve health and quality of life. A healthy community is one where active transportation choices, access to fresh food and a variety of housing options that meet everyone's needs are part of the everyday environment.

Fraser Valley Regional District and surrounding area

CHOICES FOR OUR FUTURE: our Regional Growth Strategy

A sensitive airshed, varying access to health and recreation services, a growing urban population and environmental amenities at our doorstep are all factors that affect our residents' health and access to healthy choices in the Fraser Valley Regional District.

Choices for Our Future, the FVRD's Regional Growth Strategy adopted in 2004, does not focus specifically on healthy living. However, as it is reviewed and updated, the Region will look for ways to incorporate health and active living into the policies and actions of the Regional Growth Strategy.

"...Encourage walking, bicycling and the efficient use of public transit."

– Choices for our Future

OUR DAILY ENVIRONMENT
HOW WE LIVE AFFECTS OUR HEALTH

Links between health and our everyday environments are becoming increasingly clear

Living a healthy lifestyle is not always easy to do. Finding the time to exercise after work or shop for healthy foods can be difficult given our hectic lives. However the way we build our communities can make a difference; everyday environments that make it easy for people to be active and incorporate exercise and fresh food into their everyday routines can play an important role in improving a community's health.

Since the 1940s, communities across North America have put significant resources into building an automobile-oriented environment. While cars have greatly increased our personal mobility, their convenience has also led to a significant reduction in the amount of exercise that each of us gets during the day, leading to an increase in chronic diseases associated with low levels of physical activity. Automobile-oriented development patterns have created neighbourhoods that for the most part don't provide opportunities for residents to easily walk, cycle or take public transit to local shops, services and employment. Automobiles have spread out our communities to the extent that walking can be an impractical choice.

As elsewhere in BC, automobile-oriented development patterns can be seen across the communities of the Fraser Valley. These physical characteristics of our everyday environment present both health and infrastructure challenges. In communities where chronic disease such as heart disease or cancer is the number one cause of death, incorporating an active lifestyle and balanced diet is critical for good health. Yet, the infrastructure required to support these changes can be a long-term commitment requiring substantial funding. Despite these challenges, Fraser Valley communities have many opportunities to improve the health of their residents by supporting active living.

Garrison Crossing, Chilliwack

From Land Use to Travel Behaviour to Health

Planning and Investment Policies and Practices
(development practices, infrastructure investment, zoning, development fees...)

↓

Urban Patterns
(density, connectivity, streetscape)

↓

Travel Behaviour
(amount and type of walking, cycling, public transit and automobile travel)

↓

Population Health Impacts
(physical fitness, food choices, traffic accidents, pollution exposure, community cohesion...)

The health outcomes resulting from decisions regarding the built environment are several steps removed from the initial process that influences them, and in many cases the relationship is complex and not easy to identify. However, research increasingly shows the significant connection between how we build our communities and our health.

Source: Creating a Healthier Built Environment in BC (L. Frank & K. Raine, Provincial Health Services Authority, 2007)

Definitions

Chronic Disease: A prolonged illness that is rarely cured. Many chronic diseases can be prevented.

Risk Factors: Variables that increase or decrease the likelihood of disease or infection. Some risk factors can be controlled (e.g. smoking), while others cannot (e.g. age, socioeconomic status).

Chronic Disease Risk Factors: Many chronic diseases share risk factors, which can include: tobacco and alcohol use, high blood pressure, physical inactivity, high cholesterol, being overweight and an unhealthy diet.

Cardiovascular Disease: Diseases of the circulatory system (e.g. heart attack, angina).

Cerebrovascular Disease: Diseases of the circulatory system of the brain (e.g. stroke, brain aneurysm).

Hypertension: High blood pressure which increases the risk of heart disease and stroke.

Asthma: Affects the airways of the lung. The airways are overly sensitive and when triggered become narrow and make it difficult to get air in and out of the lungs. There is no cure for asthma, but it can be managed with proper medical treatment.

Diabetes: Type 1 diabetes occurs when the pancreas no longer produces insulin. Type 2 diabetes occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that is produced.

Chronic Obstructive Pulmonary Disorder (COPD): A serious lung disease that includes respiratory disorders such as chronic bronchitis and emphysema. COPD often goes undiagnosed.

Sources: Fraser Health and the Public Health Agency of Canada

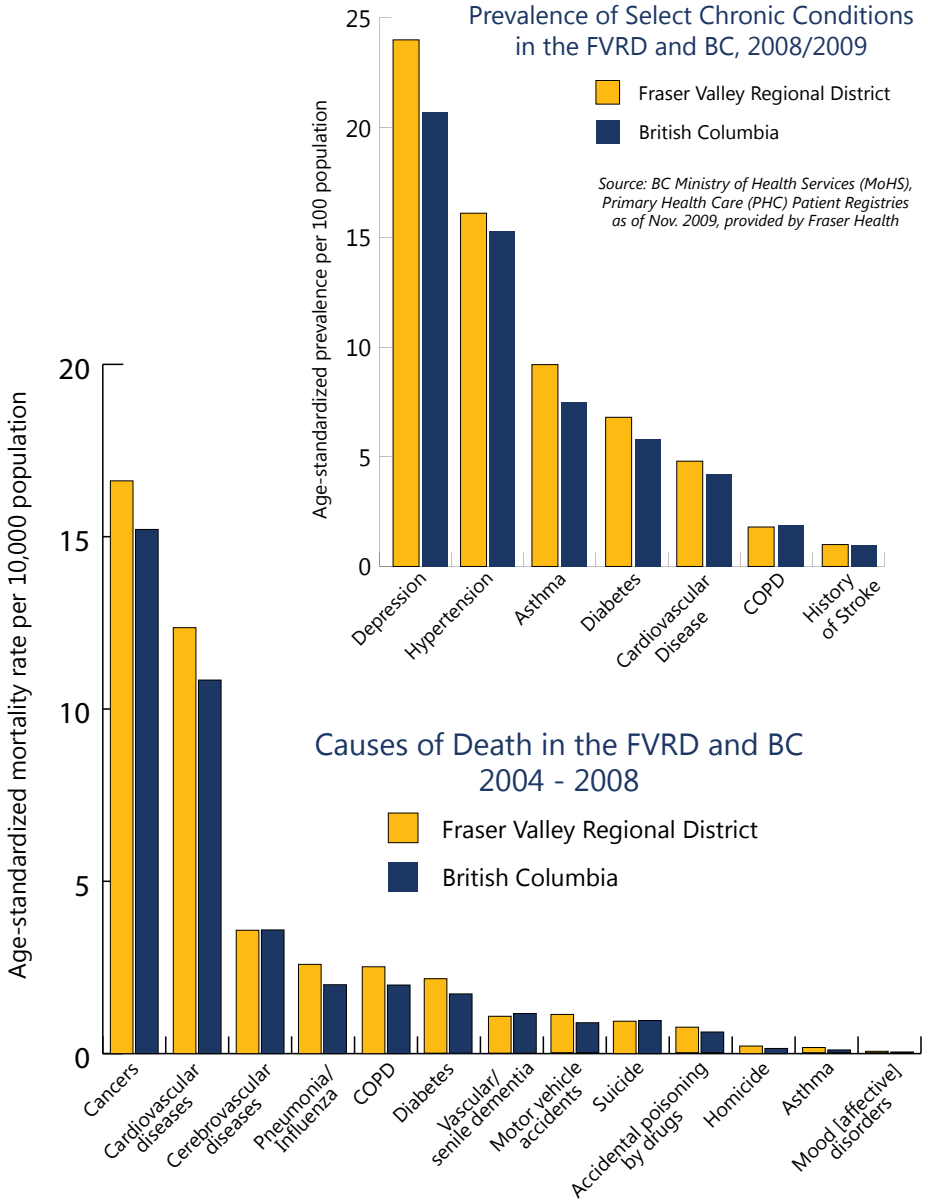
OUR HEALTH CHALLENGE

AN INCREASING INCIDENCE OF PREVENTABLE CHRONIC DISEASE

Chronic diseases are affecting more of us at a younger age

Increasingly sedentary lifestyles, an aging population, the threat of decreasing air quality and lack of access to healthy food options are all factors that have increased the rate and costs of chronic disease over time. In fact, we are much more likely to die of a chronic disease than in an accident or from a crime.

Compared to the provincial average, residents of the FVRD are at slightly greater risk of having a chronic condition such as cancer, heart disease, asthma, diabetes or COPD, and these diseases are increasingly affecting people at younger ages. While these diseases are, for the most part, treatable, they often require lifelong management. Fortunately, these disease are preventable - mainly through quitting tobacco use, improving diet, increasing exercise in daily life and reducing environmental hazards like poor air quality.



Source: VISTA database, BC Vital Statistics Agency, Ministry of Health Services, provided by Fraser Health

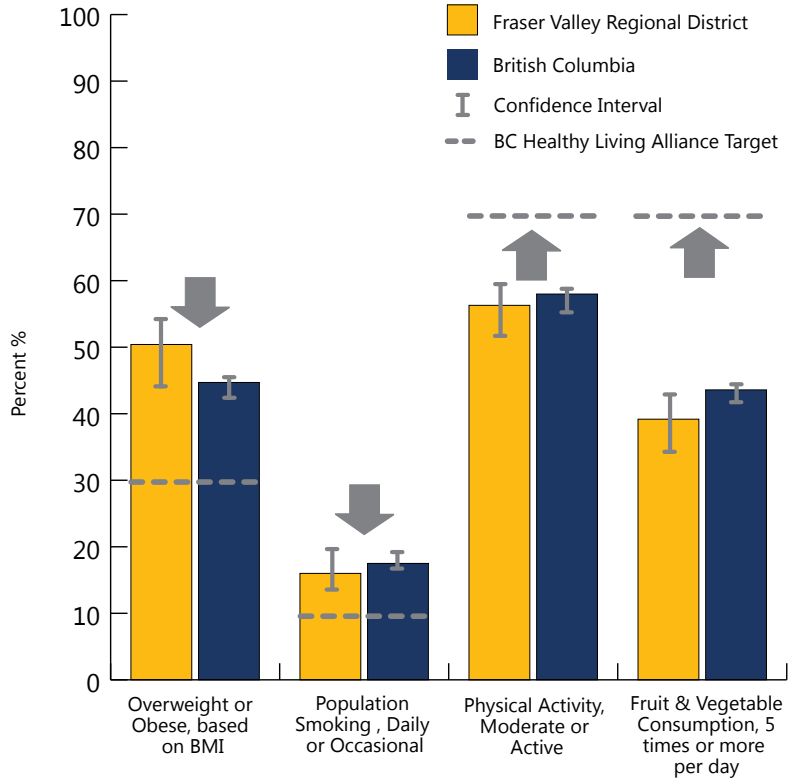
HEALTH RISK FACTORS
UNHEALTHY LIFESTYLES

"We are smoking, eating and sitting ourselves to death."
- BC Healthy Living Alliance

While the list of chronic diseases affecting those in the FVRD and BC overall is long, thankfully, the list of actions that can significantly reduce the likelihood of developing these diseases is much shorter. Healthy eating, being active and avoiding smoking all contribute to a decreased risk of chronic disease.

While the difference is not overly large, the FVRD does compare somewhat unfavourably to BC overall on a number of healthy living indicators. Estimates indicate that the FVRD has a slightly higher level of obesity along with lower rates of physical activity. Interestingly, despite this region having one of the most diverse and productive agricultural areas in Canada, less than half the residents of the FVRD consume the recommended minimum of five fruits and vegetables daily. In addition, although it has a smoking rate slightly lower than the BC average, the FVRD has the highest rate of smoking in the Fraser Health area, resulting in the highest rate of death and hospitalization due to smoking in Fraser Health.

Healthy Living Indicators and Targets in the FVRD and BC, 2007/08



Source: Canadian Community Health Survey, Statistics Canada, CANSIM Table 105-0502

"Obesity...[is] on the rise due to physical inactivity, unhealthy food, and poor eating habits."

"Smoking is a major risk factor for lung cancer, lung disease and heart disease."

– Fraser Health Annual Population Health Report, 2010

HEALTH RISK FACTORS

LOW INCOME INCREASES THE RISK OF POOR HEALTH

Low incomes result in a higher rate of chronic disease

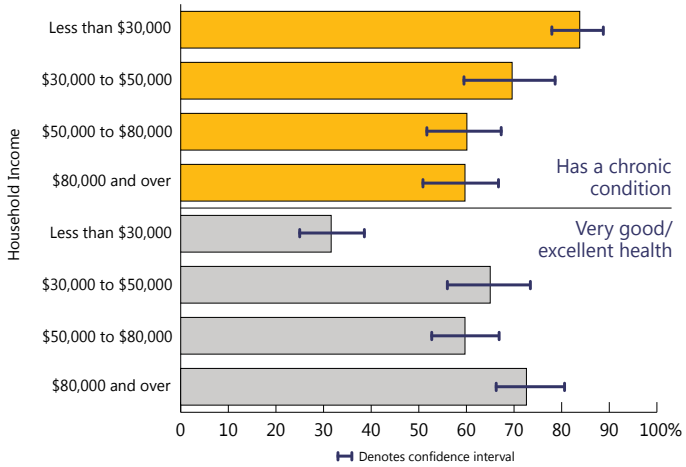
"Disadvantaged British Columbians have increased susceptibility to a broad range of chronic conditions and are more likely to be living with chronic illness."

– BC Healthy Living Alliance

Income is the most consistently and strongly related factor to health status. As the graphs below show, when incomes go down, poor health outcomes and the incidence of chronic disease go up. The Fraser Valley is no exception, with lower income residents being more likely to identify with having a chronic condition, and those residents with higher incomes more likely to be in good health, and have a lower risk of developing a chronic disease.

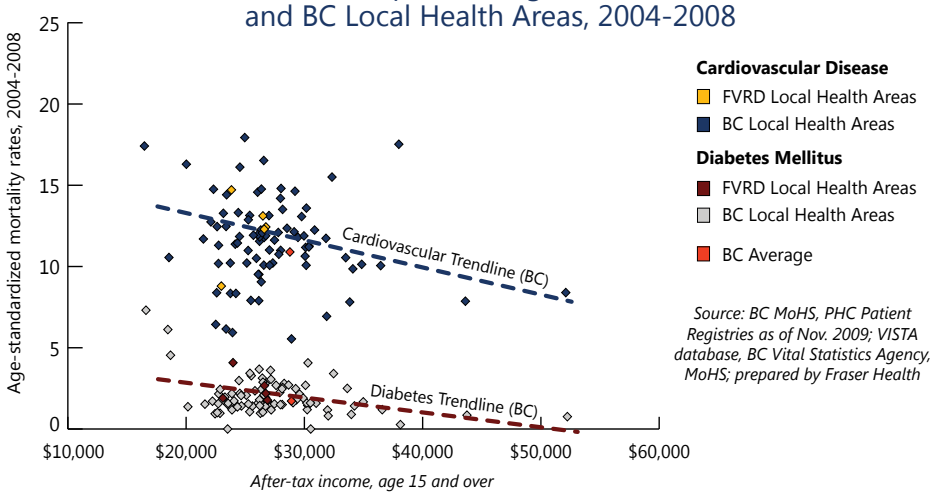
The role of income inequality in poor health outcomes is an important but complex part of the picture. Income levels in relation to formal and informal education, access to appropriate housing and other socioeconomic factors all have a role to play in health outcomes, and in many cases the cause of chronic disease and poor health results from a combination of factors. What is certain however, is that low income plays a role in many poor health outcomes. And while building healthier and more active communities is one part of the solution, improving the health of residents in the Fraser Valley will require a range of solutions, in all areas affecting health.

Self-rated Health Status by Income Level in the FVRD, 2005



Source: Statistics Canada, Canadian Community Health Survey Share File, 2005; prepared by Fraser Health

Cardiovascular and Diabetes Mortality Rates by Income of Population Aged 15+ for FVRD and BC Local Health Areas, 2004-2008



Source: BC MoHS, PHC Patient Registries as of Nov. 2009; VISTA database, BC Vital Statistics Agency, MoHS; prepared by Fraser Health

HEALTH RISK FACTORS

LOW INCOME, HOUSING AFFORDABILITY AND HEALTH

11,000 households in the FVRD spend, on average, more than 50% of their income on housing

Despite the fact that housing costs in the FVRD are lower than those in Metro Vancouver, this region is still one of the most expensive housing markets in Canada. While the percentage of low income households is lower than the BC average, Fraser Valley residents still face affordability challenges, especially those households spending more than 50% of their income on housing.

Canada Mortgage and Housing Corporation's (CMHC) "Core Housing Need" indicator (see definition below right) goes beyond merely considering income in relation to household costs and identifies households that are in the greatest need of housing assistance. FVRD households that are in "Core Need" on average devote half of their household income to shelter, making it a challenge to have sufficient money left over to purchase healthy food, lead an active lifestyle and access medical and dental care. And although improving aspects of the built environment to promote active living can influence health outcomes, even the most appropriately located housing, if it is unsafe, inadequate (overcrowded) or unhealthy (mould, rodent/insect infestations etc) can have health consequences.

Proportion of Household Income Devoted to Shelter Costs, 2006

	Shelter to Income Ratio		Average shelter costs of households in Core Housing Need
	Households NOT in Core Need	Households IN Core Need	
Fraser Valley	19.8	50.1	$811
Abbotsford	20.0	50.0	$852
Chilliwack	19.8	51.6	$722
Mission	21.4	51.1	$893
Hope	17.7	50.9	$658
Kent	18.7	48.4	$709
Harrison Hot Springs	14.1	48.5	$929

Source: CMHC (Census-based housing indicators and data)

Income Levels in the FVRD, 2005

	Average HH Income	Median HH Income	Median Individual Income	% Individuals Low Income before Tax	Households with an income of $19,999/yr or less
Abbotsford	$66,247	$53,908	$22,990	13.9	6,225
Chilliwack	$61,392	$50,890	$24,726	13.3	4,085
Mission	$65,306	$56,717	$24,679	14.6	1,695
Hope	$52,758	$41,493	$21,305	17.6	565
Kent	$53,502	$45,560	$23,483	10.5	275
Harrison Hot Springs	$48,503	$40,313	$21,884	15.2	140
FVRD	$62,838	$51,484	$23,363	13.9	14,520

HH = Household
Source: Statistics Canada - 2006 Census

Housing Affordability in the FVRD

Housing affordability is discussed in detail in the Regional Snapshot "*Housing Demand and Affordability in the Fraser Valley Regional District*", but put simply, access to affordable, appropriate and healthy housing is inextricably linked to household income. Households that are most at risk of homelessness spend more than 50% of their income on housing, and likely have greater difficulty accessing healthy food and other healthy living opportunities than households not in core housing need.

According to the 2009 report "*Gaining Momentum: Affordable Housing in the Fraser Valley*", the biggest housing pressure is in two areas:

Long term and/or permanent supportive housing, including both social and health supports, for people with persistent multiple barriers and for adults and youth who are transitioning to independent living.

Affordable housing options, (both rental and ownership), for working families, single parent families and seniors who can live independently and who are able to pay not more than 30% of gross income on housing.

Core Housing Need

A household is in **core housing need** if its housing does not meet one or more of the adequacy, suitability or affordability standards and it would have to spend 30 per cent or more of its before-tax income to pay the median rent of alternative local market housing that meets all three standards.

Adequacy, Suitability and Affordability standards

CMHC defines a dwelling as ACCEPTABLE when it is:

ADEQUATE in condition, requiring no major repairs

SUITABLE in size - providing enough bedrooms for the household size and composition according to the National Occupancy Standard (NOS)

AFFORDABLE, costing less than 30% of total before-tax household income

AN AGING POPULATION
REDUCING RISK FOR SENIORS

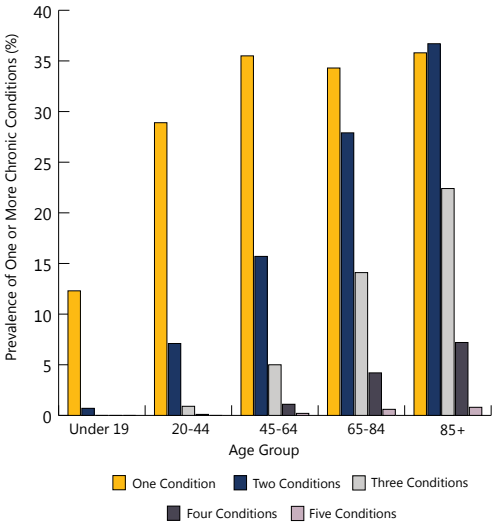
Incorporating healthy living into the lives of a growing population of senior citizens

While in coming years the number of children in the FVRD will remain higher than the BC average, there will be an undeniable need to create age friendly communities that promote active lifestyles for people of all ages, including seniors.

In 2010, one out of every seven people in the FVRD is 65 years of age or older, and by 2030 that proportion will increase to one out of every five. As a result, communities in the Fraser Valley will likely experience both increased demand for health care services as well as rising costs. There will also be increased demand for accessible and affordable living arrangements that allow seniors to stay active and healthy.

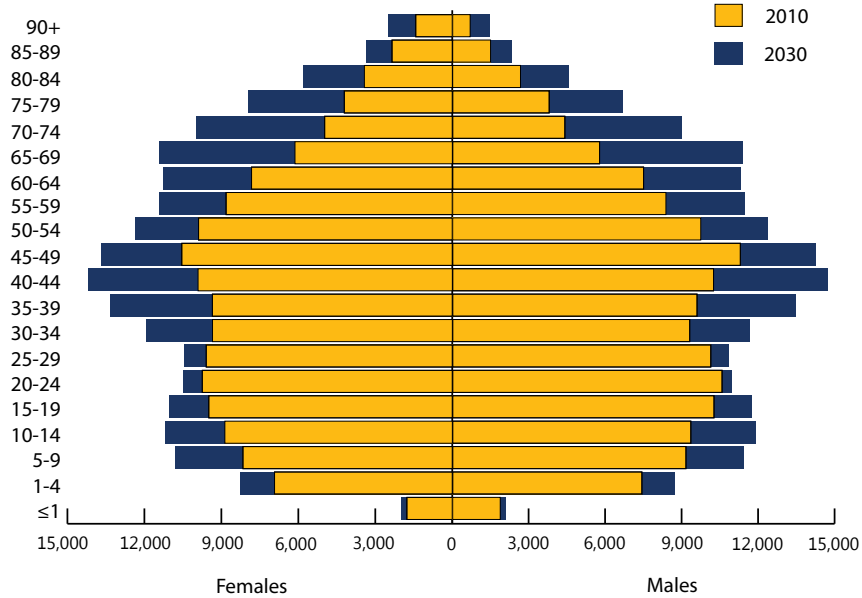
As the graph to the right shows, as residents of the FVRD grow older, they are more prone to having one or more chronic medical conditions. As the FVRD population ages, the number of people who will suffer from chronic conditions is set to increase as well, placing further costs on the health care system. Building communities that allow residents to live healthier and longer lives by promoting daily exercise and a nutritious diet will also help to stabilize health care costs and allow seniors to remain independent and healthy far later in life.

Prevalence of Chronic Conditions in the FVRD by Age Group, 2008/09



Source: BC MoHS, PHC Patient Registries as of Nov. 2009, provided by Fraser Health

Current and Projected Sex and Age Distribution in the FVRD, 2010 and 2030



Sources: BC Stats, BC Ministry of Labour and Citizens' Services, Health Data Warehouse, P.E.O.P.L.E. 34 projections; prepared by Fraser Health

Age Friendly Communities

To maintain healthy, active and productive lives, seniors need age friendly communities that are capable of accommodating their changing capabilities and needs while facilitating their continued contribution to the community. As people age, challenges arise and the nature of the built environment becomes increasingly important. Small rises in curb height or lack of ramps, roads without crosswalks and lack of transit can all be significant obstacles to seniors with reduced mobility.

While the range of independence (or dependence) in the population of seniors varies widely, at some point most seniors will experience challenges and require one or more benefits that an age friendly community can offer, whether it be transit to get around, a built environment sensitive to their needs, or housing that can be adapted to a variety of circumstances. An age friendly community is an accessible community for everyone.

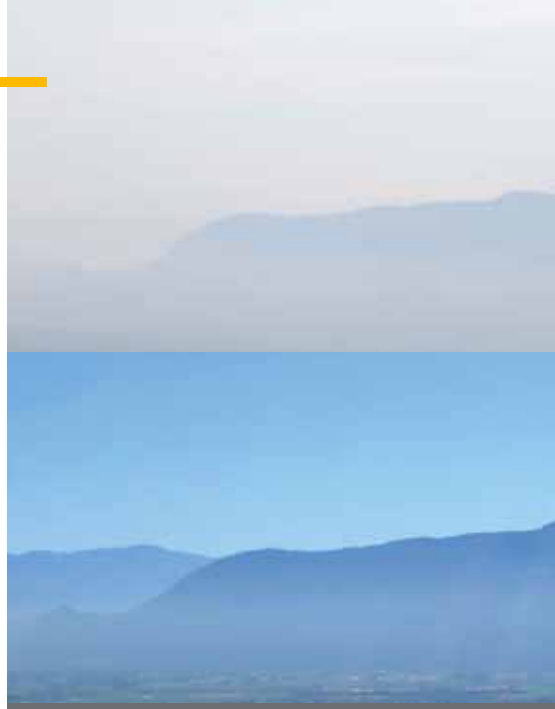
The number of children in the Region will remain higher than the BC average, requiring the creation of communities that promote active lifestyles among both the young and old.

HEALTH RISK FACTORS
A STRESSED AIRSHED

Air quality worsens as you travel east up the Fraser Valley

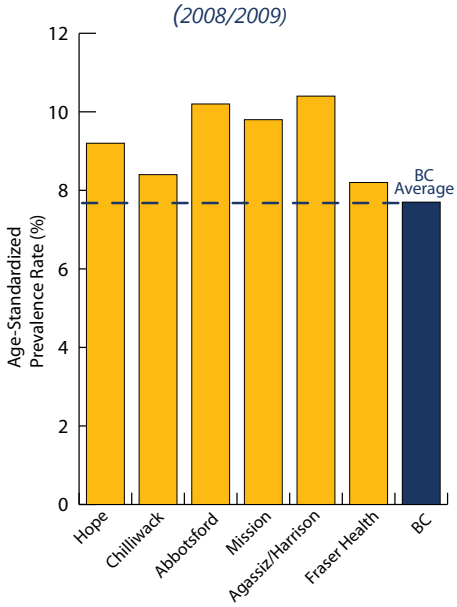
The FVRD is part of the Lower Fraser Valley Airshed, which spans from the Strait of Georgia in the west to the District of Hope in the east. All six member municipalities and the majority of the population are located within this airshed. Shaped like a funnel, the Lower Fraser Valley Airshed has a unique geography that traps air pollutants as they move east, resulting in significant episodes of poor air quality throughout the most densely populated areas of the region.

While most pollutant concentrations have decreased over the last 20 years, they are still high enough to produce negative health effects. Although levels of ozone appeared to be leveling off in the early 1990s, they are beginning to slowly increase again, despite a reduction in the emission of pollutants that contribute to ozone formation. Lower air quality increases our risk of being impacted by lung disorders, and as the tables below show, asthma rates in FVRD communities are consistently higher than the BC average. While poor air quality is not the sole cause of high rates of asthma, it can be a contributing factor for those already at risk.



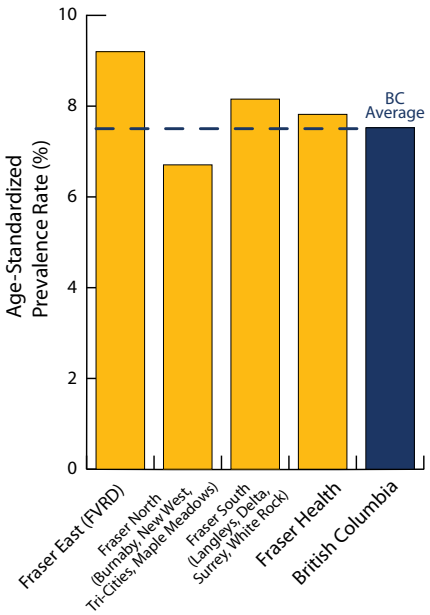
The visible impacts of poor air quality in the FVRD (above, top) compared to days of more normal air quality (above, bottom). View southeast from Eagle Mountain in Abbotsford, Summer 2009.

Prevalence of Asthma (Ages 5-54) in Local Health Areas in the FVRD and BC, *(2008/2009)*



Source: BC MoHS, PHC Patient Registries as of Nov. 2009, provided by Fraser Health

Prevalence of Asthma (Ages 5-54) in Fraser Health Service Delivery Areas and BC *(2007/08 - Based on a three-year moving average)*



Impacts of ozone in the FVRD

Ozone is also a key component of smog, created when ozone reacts with nitrogen oxides (NO*x*) and volatile organic compounds in the presence of sunlight and warm temperatures. Breathing ozone negatively impacts asthma, chronic obstructive pulmonary disease and other lung disorders. During warm summer months, smog also limits visibility throughout the Lower Fraser Valley.

In 2008 the highest short-term concentrations of ozone in BC were found in Hope, at the eastern edge of the Fraser Valley. At 64 parts per billion (ppb), the concentration was just below the Canada-wide Standard of 65 ppb. Any increase in ozone emissions in the airshed risks pushing ozone levels beyond health standards. Over the past 20 years the FVRD and Metro Vancouver have successfully reduced local ozone emissions. However, despite a reduction in short-term ozone spikes, background ozone levels continue to rise.

The Cost of Homelessness

The connection between lower incomes, homelessness and poor health is clearly documented and identified. In 2008 a regional homelessness count was organized by a committee of municipal and regional staff and service organizations in the FVRD. The result of this 24-hour snapshot count found 465 individuals homeless in the region, an increase of 13% from a similar count in 2004. *(FVRD, 2008)*

In CARMHA's 2007 "Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia" report, non-housing service costs of the absolutely homeless amount to about $644.3 million per year across the province. "In other words, the average street homeless adult with severe addictions and/or mental illness (SAMI) in BC costs the public system in excess of $55,000 per year. Provision of adequate housing and supports is estimated to reduce this cost to $37,000 per year. This results in an overall 'cost avoidance' of about $211 million per year."

(Patterson M., J. Somers, K. McIntosh, A. Shiell and C.J. Frankish. Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia. Centre for Applied Research in Mental Health and Addiction (CARMHA), 2007.)

Local research available on this issue is limited, but a cost benefit analysis undertaken by the Denver Housing First Collaborative (DHFC) in 2006 provides an indication of costs and cost savings associated with supportive housing. Based on actual health and emergency service records of a sample of DHFC clients, the study found that total emergency costs for the sample group declined by 72.95%, or nearly $600,000 in the 24 months of participating in the program, compared to 24 months prior to entry into the program. "Emergency room visits and costs were reduced by an average of 34.3%. Inpatient visits were reduced by 40%, while inpatient nights were reduced by 80%. Overall, inpatient costs were reduced by 66%."

(Denver Housing First Collaborative, "Cost Benefit Analysis and Program Outcome Report", 2006, pg 2.)

HEALTH CARE COSTS
ARE STEADILY INCREASING

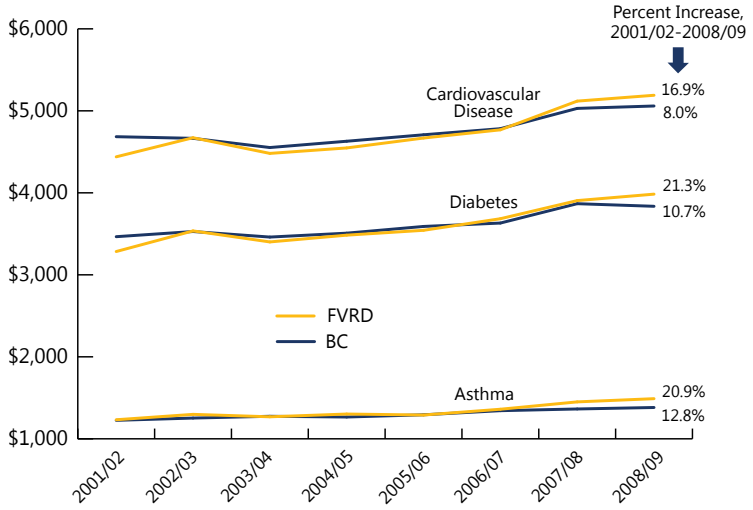
Costs are significant but are not always direct

Health care costs are the single largest public expenditure in BC, and as the graph below shows, the costs of treating a patient with a chronic disease have been trending upwards in both the FVRD, and BC overall, for a number of years. Costs to treat chronic disease in the FVRD and BC are largely similar, although over the past few years they have been increasing somewhat faster in the FVRD.

While some health care costs, like acute care resulting from a car accident, have a clearly identifiable cause, this connection is not always so clearly visible when it comes to chronic disease. For example, while poor air quality may not have an immediate impact outside of a hazy summer afternoon, economic costs are borne by society further down the line by the health care system in treating those affected by a chronic respiratory illness. Likewise, an individual's sedentary lifestyle may appear to have no immediate impact on society as a whole, but long-term health care costs to treat a resulting chronic illness are significant, as the graph below shows.

Combined Hospital, MSP and Pharmacare Costs per Prevalent Case in the FVRD and BC

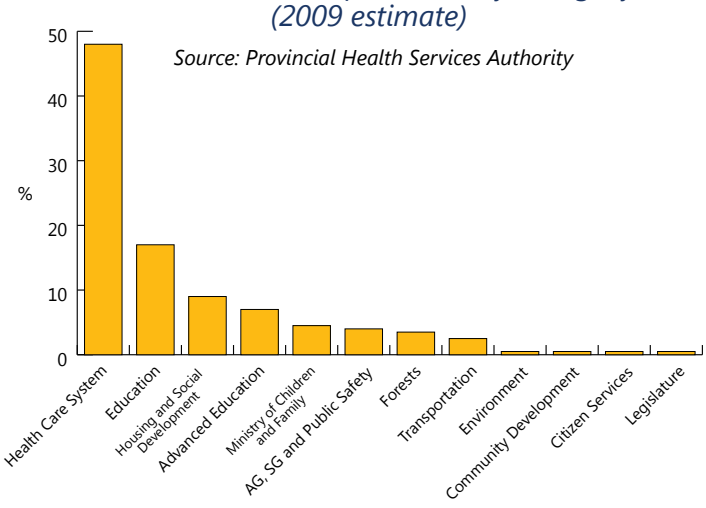
Source: MoHS, PHC Patient Registries as of Nov. 2009, provided by Fraser Health



Note: Prevalent cases is the number of BC residents in a given year who are estimated to have this chronic condition. Hospital, MSP and Pharmacare costs are costs of these people in the fiscal year, not specifically for the treatment of this chronic condition. Costs/patient are the total costs divided by the prevalent cases.

BC Government Expenditure by Category *(2009 estimate)*

Source: Provincial Health Services Authority



BUILDING SOLUTIONS
TOWARDS ACTIVE LIFESTYLES

Building with healthy living in mind changes our behaviour

A 2010 report* by CMHC suggests that residents of neighbourhoods that are built with amenities oriented towards pedestrians, cyclists and transit riders, such as Chilliwack's Garrison Crossing neighbourhood, are more likely to walk and cycle for both recreation and everyday travel needs. People who incorporate this type of active living into their daily lives have better health and lower risk of chronic disease.

Studies in 2007† and 2009‡ also concluded that our built environment is closely linked with health outcomes. Some of the key finding from these studies were:

- Adults who live in walkable neighbourhoods are more likely to choose active transportation options and drive less.
- Public transit use encourages physical activity.
- Residents of higher density, well connected areas (see sidebar) in Metro Vancouver are half as likely to be overweight as those living in the least connected areas.
- Neighbourhoods with a small retail area nearby are associated with an increased likelihood of being physically active.
- Living in an area with at least one grocery store is associated with a 1.5 times likelihood of getting sufficient physical activity, compared with no grocery store.

The common factor in the above findings is that a built environment which encourages the incorporation of physical activity and healthy choices into the daily life of residents results in improved health. Walkable neighbourhoods with sufficient density to support a mix of retail, office and other uses can, in many cases, allow residents to live close to their place of work, shopping and other daily destinations. Such a mix of land uses is associated with fewer vehicle miles travelled per capita, as higher densities of retail establishments are more effective at generating trips by walking for non-work purposes.

Higher density areas also support more public transit, as nearly all transit users walk for a portion of their trips, resulting in increased physical activity on a daily basis. In North America, most trips on foot are under 1 km, and most trips by bicycle are under 5 km, suggesting that if we build compact communities where residents can live, work and play, we can increase the number of people choosing these modes of travel.

* *Comparing Canadian New Urbanist and Conventional Suburban Neighbourhoods*, CMHC Research Highlight, June 2010.

† Frank, L.D. and K. Raine. *Creating a Healthier Built Environment in BC,* Provincial Health Services Authority, September 2007.

‡ Frank, L.D., M. Winters, B. Patterson and C.L. Craig. *Promoting Physical Activity Through Healthy Community Design.* UBC Active Transportation Collaboratory, 2009.

Characteristics of Walkable/ Wheelable Communities

In a walkable community, walking and cycling are realistic, safe and enjoyable ways of meeting everyday transportation needs. Aspects of walkable communities include:

A Place to Go
Walkable communities have a variety of destinations within walking distance from home or work, including grocery stores, restaurants, retail, daycares, etc.

A Walkable Distance
Walkable communities bring more destinations closer together by increasing density, making trips between them more easily accomplished on foot.

A Safe and Comfortable Path
Walkable communities have well-lit, unobstructed, continuous, shaded pedestrian paths that are protected from vehicles and ramped to provide accessibility to those using walkers or strollers. Safe and comfortable walking paths ensure that walking is possible for all ages.

A Well-Connected Street Network
Walkable communities have streets with lots of intersections. More intersections creates more direct paths to destinations. In the example below, the street grid in Example "A" provides multiple direct routes to a destination, while the street network in Example "B" has fewer options for connectivity.

FVRD: Supporting agricultural education and awareness

With guidance from the FVRD Agricultural Advisory Committee and assistance of the BC Agriculture in the Classroom Foundation (AITC), Metro Vancouver's agricultural education material has been distributed within FVRD School Districts. In addition, the FVRD has partnered with AITC to implement "Take a Bite of BC!", which involves promoting locally grown food products in secondary schools in the Region. The Take a Bite of BC Program is currently working in three schools in the FVRD: Chilliwack Secondary, Hatzic Secondary and Heritage Park Secondary.

The Program is a culinary education course that aims to educate young people on how and where food is grown locally, its benefits to the region, and how fresh local food can promote healthy living. In addition to raising awareness of the seasonal varieties and wide range of types of food available in the region, it also provides a direct link between the farmers and their lifestyle with the students who use the food.

COMMUNITIES IN ACTION
IN THE FRASER VALLEY

Working to improve the health of Fraser Valley residents

The FVRD and its member municipalities recognize the importance of population health and have been developing numerous policies and programs to support healthy living within their communities. The following are just a few examples of initiatives in the Fraser Valley that are creating healthier communities for everyone:

City of Abbotsford SCOPE Initiative

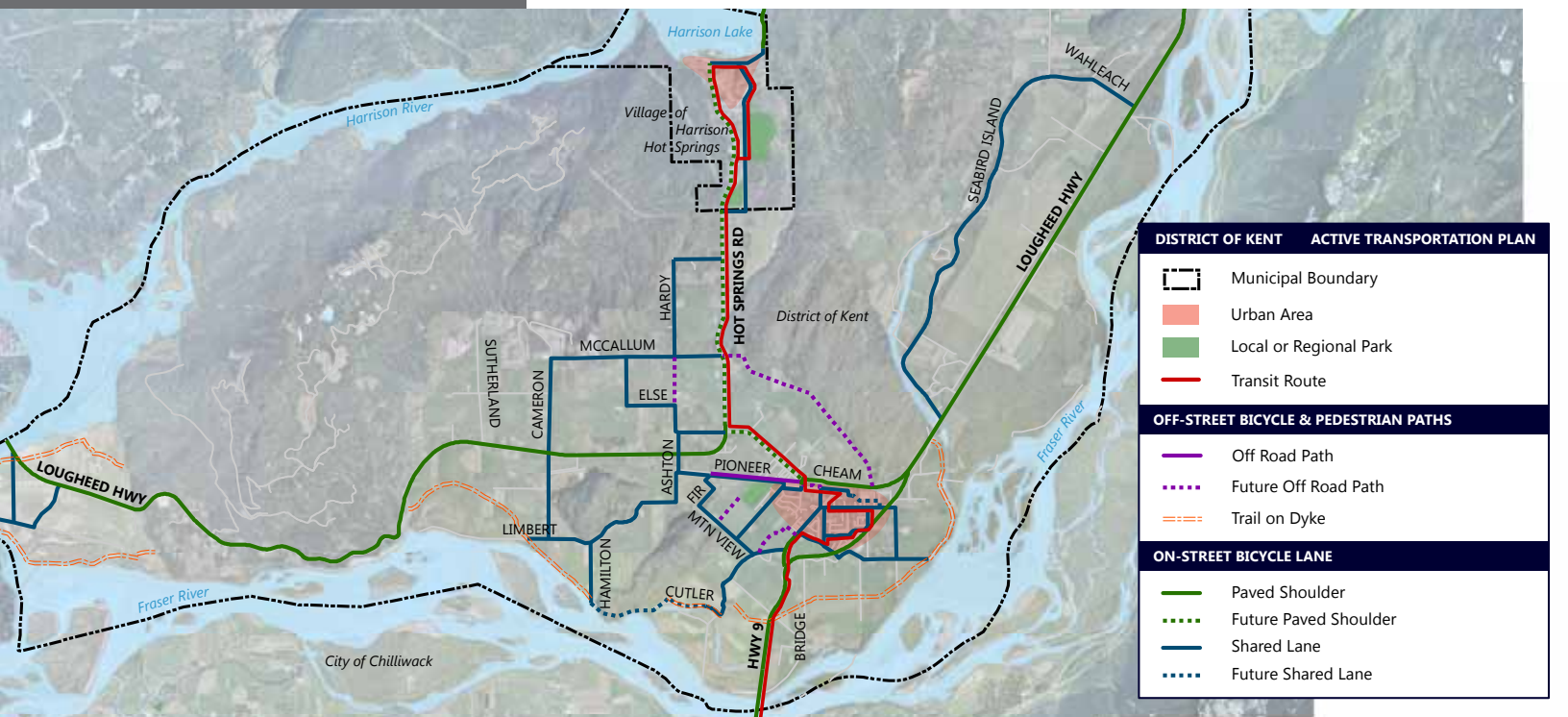
The City of Abbotsford is one of two pilot communities in BC participating in SCOPE (Sustainable Childhood Obesity Prevention through Community Engagement), a community-based program that aims to tackle the issues related to the rise in childhood obesity in BC communities. Funded by Child Health BC and supported by health agencies around the province, SCOPE is partnered locally with Healthy Abbotsford and is working to build connections, arrange presentations and meet with committees and community groups to discuss the issue of childhood obesity and determine ways to collaborate and take action. Groups involved in the project include health professionals, early childhood committees, educators and youth. Through these connections SCOPE will be participating in a number of community events in order to raise awareness of the issue and promote community involvement in combating childhood obesity.

www.childhood-obesity-prevention.org

District of Kent Active Transportation Plan

The District of Kent has been planning for active transportation since 2002, with the development of its first bicycle network plan. With the adoption of the Active Transportation Plan in 2009, the District has merged planning for transit, walking and other alternative forms of transportation with its existing plans for cycling. The process towards developing the plan included identifying assets and facilities that promote active transportation, alternative modes and routes for active transportation in the District and priority projects and policy that will advance the implementation of the plan. In mid-2010, based on the results of public input into the plan, the District doubled its transit service hours, adding to an already popular and successful service.

http://www.district.kent.bc.ca/pdf/events/2009/ActiveTransportationPlan.pdf



City of Chilliwack Healthier Community Strategic Action Plan

Chilliwack is working with a broad range of groups and agencies in the community to develop a joint action plan to address the community's most significant and persistent social issues. The project is a collaboration of government, community agencies, faith groups and individuals to identify programs and initiatives that are currently underway in focus areas, determine service synergies and gaps, develop a shared vision and identify partnership opportunities in the community. Community ownership and accountability for the plan will be critical to its success, so widespread participation is required.

The process is being guided by a steering committee that includes broad representation from the health, education and social service sectors. The engagement phase is underway involving an extensive cross-section of the community working together on areas of mutual interest. The Strategic Action Plan will be delivered in early 2011.

www.chilliwack.com/healthiercommunity

Hope and Harrison Hot Springs Community Gardens

Fraser Health, the Village of Harrison Hot Springs and the local Community in Bloom (CIB) chapter came together to create a community garden in Harrison Hot Springs. While the Village identified a piece of land (that already included a tool shed) the local CIB chapter assisted in promoting the garden. The garden benefits the community as a whole but it has been especially important to the numerous seniors who have downsized and are now living in apartments. The garden has provided an opportunity not only to grow their own food, but to engage in gardening-related physical activity and social interactions.

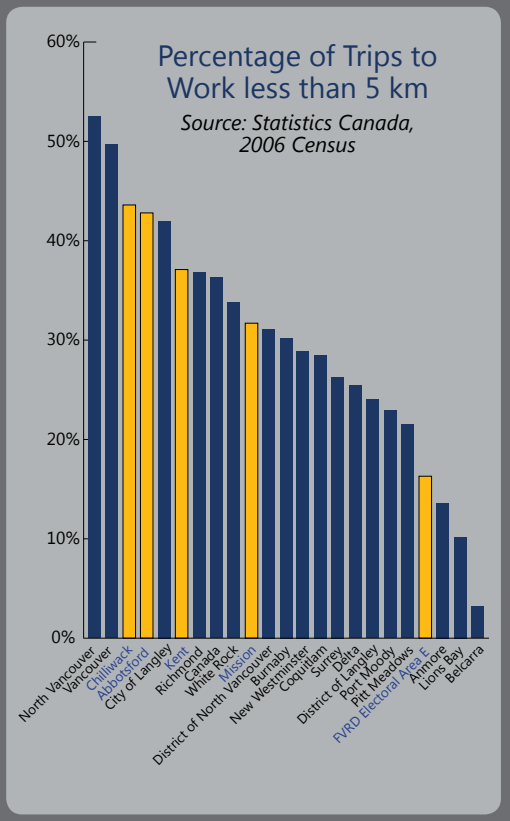
In Hope, Free Rein Associates, the lead organization for the garden project, scouted several places in town with the Fraser Health Food Security Community Developer, and then met with District of Hope staff to discuss the project. CIB again brought people with skills and expertise, ready to lend some of their time. As the garden was built, it became clear to all that the prevailing interest was to have a mostly collective garden, and it is now on track to grow hundreds of pounds of food for the Food Bank in Hope as well as the allotment gardeners. Fraser Health provided seed funding for both initiatives in order to help promote healthy living in each community.

District of Mission Spirit Square and Trail

Opened to the public on May 15, 2010, the Spirit Square at Jack Poole Harbourside Park marks one of the first stages in Mission's riverfront revitalization. The project features a demonstration trail segment and a new public gathering space along the Mission waterfront.

The FVRD has partnered with the District of Mission to develop the Demonstration Project as the first new trail segment for Experience the Fraser, a multi-year partnership with Metro Vancouver to develop over 300 kilometres of multi-use trails and related amenities along the Fraser River from Hope to the Salish Sea. The Demonstration Project and Experience the Fraser will promote active living in the Fraser Valley through enhancing outdoor recreation opportunities as well as connecting residents and visitors with their communities, nature and the river.

The Mission Demonstration Project



Opportunity in the Fraser Valley

As the graph above shows, in 2006 Fraser Valley residents had some of the shortest commutes to work in the Lower Mainland of BC, most of which were made by personal automobile. This relatively short trip distance presents an opportunity; with people more likely to walk or cycle when the trip is under 5 km, Fraser Valley communities are well placed to capitalize on pre-existing commute patterns and make the transition to greener, healthier transportation choices.

There is still a lot of room for improvement; the FVRD has among the lowest rate of transit ridership in BC, and trips on foot and by bicycle are roughly half of levels seen elsewhere in the Lower Mainland.

Regional Snapshot Series:
Health

Health and Active Living in the Fraser Valley Regional District

February 2011

Fraser Valley Regional District
45950 Cheam Avenue
Chilliwack, BC V2P 1N6
Toll free: 1.800.528.0061
www.fvrd.bc.ca

The Regional Snapshot Series for the Fraser Valley Regional District is designed to provide the public with greater insight into the forces which are shaping growth and change in the region today. For a full list of documents currently available in the series, please visit us on the web at: **www.fvrd.bc.ca**