

A Healthy Ottawa Planning Partnership



The New Campus Narrative

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Foreword

In the spring of 2018, a 'Campus Engagement Group' was formed with an innovative purpose: to bring together the interests of patients, neighbouring communities, and other stakeholder groups and institutional partners for deliberative discussions on the planning and building of a new acute-care facility to replace The Ottawa Hospital's aging Civic Campus.

This report, the first in a series, reflects the views and deliberations of that group nearly a year and a half later. That purpose, to work together to define win/win solutions that reflect a range of interests during the planning process, takes shape throughout this report. The community-based vision that emerges supports the idea of a hospital site that is fully integrated into the community.

The idea for such a deliberative group is based on [Ontario's Public Engagement Framework](#), which itself is based on the principles of the international Open Government Partnership initiative, [of which Canada is a member](#).

What follows was based on the deliberations facilitated by Greg Jodouin of PACE Public Affairs & Community Engagement, one of Ottawa's leading engagement experts, and Dr. Don Lenihan of Middle Ground Research, an internationally-recognized expert on Open Government, public engagement, accountability, and governance, and also the principal writer on this project.

While comprehensive in its scope, and unique in its design, the vision that is articulated in the report should be seen as a work in progress. It is designed to be presented to the community-at-large, to be validated and to include the voices of all who have an interest in a hospital site that will serve our community for decades to come.

As co-chairs, we would like to recognize the work of the group's secretariat, led by Sarah Hartwick, and by all in the community and the hospital who have supported the work of the members of the Campus Engagement Group.

And finally, our thanks to the members of the Group themselves who continue to volunteer their time and who have worked collaboratively to produce this vision. Thanks to them, we are able to present this first report to The Ottawa Hospital's Board of Governors, and to the public.

Signed,

Bernie Etzinger and Paul Johanis
Co-Chairs

CEG membership

Group	Member
Carlington Community Association	Robert Brinker
CEFAC	Eric Jones
Civic Hospital Neighbourhood Association	Peter Eady
Council on Aging of Ottawa	Kimberly Peterson
Dalhousie Community Association	Michael Powell
Dow's Lake Residents' Association	Bhagwant Sandhu
Friends of the Farm	Randy Taylor
Glebe Annex Community Association	Sue Stefko
Greenspace Alliance	Paul Johanis
Heritage Ottawa	Leslie Maitland
Liveable Bayswater	Amy Johnson
Ottawa-Carleton Standard Condominium Corporation 837	Shaun Hopkins
Ottawa Disability Coalition	Jerry Fiori
TOH Patient and Family Advisory Council	Martin Petersons

Institutional members:

City of Ottawa	Charmaine Forgie
NCC	Luc Fournier
The Ottawa Hospital Planning Department	Michelle Currie
The Ottawa Hospital Chief Engagement Steward	Bernie Etzinger

Executive Summary

The Ottawa Hospital is planning a new campus, which will be built on 50 acres of land in the heart of the city. The new facility will replace the Hospital's aging Civic Campus, which houses the region's only trauma centre. This will be a world-class medical centre, offering acute care services, groundbreaking research, and academic programs to patients, families and health-care providers, attracting the best medical minds from across the country and beyond.

The Hospital has launched an ambitious community engagement process to ensure the new campus meets the community's expectations and fits with the city's role as the nation's capital.

We are the Campus Engagement Group (CEG) and we play a key role in the process. Our 22 members represent different neighbourhoods, patient and community interests, as well as three "institutional" members from the Hospital, the City of Ottawa, and the National Capital Commission.

When tensions arise between these interests as discussions progress, our members will work together to find fair and reasonable ways to accommodate their differences and look for mutually acceptable solutions – win/wins. This is about building a deeper, stronger relationship between the community and the Hospital based on dialogue and mutual respect. The process thus requires that we work together to forge *a community perspective* to bring to the planning table, rather than just bringing views of our own.



This is our first public report. It tells a story – a narrative – of the evolving relationship between Ontario communities and hospitals. Twenty-first century health care in Ontario calls for new kinds of hospital/community partnerships, and this facility is likely to be a model for the future, so we want to get it right. The community’s deliberative role in designing this site is a big step in the right direction – possibly the first in a project of this kind – and our report explains why. It explains how the hospital/community relationship has changed over the past half century, in order to clarify the partnership that we want for the future.

The point of our narrative is to help guide discussion and decision-making. It describes the history of the community-hospital partnership, explains how the environment around it is changing, and considers the challenges and opportunities these changes raise for the future. The narrative is critical in achieving community ownership for the new campus. This is our effort to fashion a vision of the new campus that defines the community’s goals, identifies the issues that need to be discussed, and explains the context around them from a community perspective. The narrative provides “the big picture” of the project.

This, in turn, helps ensure that when people disagree, they will still have a shared understanding of the context. That is often what makes it possible to reach win/win solutions.

Our discussions on narrative have been influenced by a 2019 City of Ottawa discussion paper, *Building Blocks for a Healthy Ottawa*, that explores the connections between healthy living and the “built environment.” That paper investigates the role that urban design plays in discouraging or encouraging healthy behaviour. The City’s discussion paper eloquently states how good community design can promote healthy living in a healthy Ottawa:¹

[C]ommunities are planned through a set of policies [that] can influence the creation of healthier environments that support people to thrive and be healthy... [W]e can plan, build and use our communities so that people have more opportunity to lead healthy lives... Can make it easier to meet daily needs by foot or by bicycle and reduce dependence on driving... All these features help promote better social, physical and mental health.

As we discussed the connection between healthy living and urban design, we realized that our own work should contribute to healthy living and, ultimately, to the goal of **building a healthy Ottawa**. This goal is now at the heart of our vision of a 21st-century hospital.

¹ This discussion paper was published by the City of Ottawa in its New Official Plan series, available at: https://documents.ottawa.ca/sites/default/files/op_discuss_paper_health_en.pdf

The following three themes – promoting healthy living, building a healthy Ottawa through institutional partnerships, and establishing a community network – wind their way through our narrative.

i. Promoting Healthy Living

Health care in Ontario is entering a new era. The old view of hospitals as the centre of the system – the place where people go to have their illnesses and injuries treated – is being replaced by a view of the community as a single, multi-dimensional health system that is well-coordinated and easy to navigate.

The change is about much more than improving services. It is about **promoting healthy living**. Healthy living is at the heart of Ontario’s vision for the future and of the new facility we are helping to design.

ii. Building a Healthy Ottawa Through Institutional Partnerships

Over the next few years, our CEG will work with the Hospital and the community at large to address a range of issues, from traffic congestion to the protection of greenspace both on the site and in adjacent areas, such as the Central Experimental Farm and the Rideau Canal. We hope to make choices that will help **build a healthy Ottawa**. However, decision makers outside the Hospital (the City, the Province and the federal government) will play a critical role in the implementation of our proposals.

We believe these different interests converge on the shared goal of building a healthy Ottawa. Designing the new campus provides a unique opportunity for all of us to work together in ways that will achieve our separate ends, while advancing this shared goal.

iii. Establishing a Community Network

As the health-care system changes, the Hospital and community health-care providers will be working together to provide services closer to patients and to promote healthy living in a healthy Ottawa. This system will need new “collaborative infrastructure” to support it. Through the new campus, the Hospital could **establish a community network** to coordinate their efforts.

Summary of the Narrative

The community/hospital relationship has evolved through five stages, highlighting different aspects of the partnership and pointing the way forward. This evolving relationship is at the heart of our narrative, and helps explain how we arrived at our goal of leveraging the new campus to achieve a healthy Ottawa.

Quality Services/Research

The Ottawa Hospital's most fundamental connection to its communities is through the medical services it provides, including research and training. Traditionally, this relationship was largely reactive: patients arrived at the hospital with illnesses and injuries and the Hospital responded by treating them (diagram on page 15).

Patient-Centred Care

By about the late-1970s, the idea of *patient-centred care* had emerged in Ontario. Partnerships developed in which service providers and patients worked together to manage illness and injury and, more generally, to promote health and wellness. This initially focused on improving the doctor/patient relationship, integrating hospital services around the patient, and taking steps to personalize care (diagram on page 16).

Community Engagement in Campus Design

The Hospital's decision to involve the community directly in the design of the new campus elevates the partnership to a new level. In exchange, community organizations (such as ours) have agreed to work together to forge *a unified community perspective*, rather than each organization bringing its own views to the planning table. In exchange, community organizations have agreed to work together to forge a unified community perspective, in addition to each organization bringing its own views to the planning table. The new engagement process thus deepens the role dialogue plays in this evolving partnership (diagram on page 18).

Working with our Institutional Partners to Build a Healthy Ottawa

In recent decades, urban planners have made great strides in understanding the important role urban design plays in promoting/hindering healthy lifestyles. Planners are using this new knowledge to build *complete communities*, that is, communities whose design promotes healthy living. We believe that our "institutional partners" (especially, the City, the Province, and federal government) would benefit from a closer working relationship with the CEG (diagram on page 22).

New Forms of Community Engagement through the Community Network

We argue that excellence in site design should not be the only or the final goal of our new partnership with the Hospital (and other institutional partners). Through this engagement process, the Hospital and the community are building the networks and capacity for new and more ambitious community engagement projects in the future. For example, we think the Hospital could be preparing to leverage these assets to make the new facility a *community network* to support the new Ottawa Health Team. Once our work on campus design has been completed, a new community engagement group could be struck, modeled on the CEG, to help lead and advance work on the network.

Conclusion

The Hospital's community engagement process is a ground-breaking initiative. The learning, skills, and capacity from it could make a critical contribution to building a healthy Ottawa.

A key challenge will be to get people thinking about building a healthy Ottawa and discussing how the new facility could help, rather than focusing on the one or two things that immediately affect them. Issues like these need to be raised and considered, but they should be part of a broader discussion.

Our aim in this report has been to provide the context for such a dialogue by telling a story of how the community's relationship with the Hospital has changed over the years, what we are trying to achieve together now, and why it is important. We hope our narrative will help community members understand the issues and encourage them to join the discussion.



1

The New Campus

The Ottawa Hospital is planning a new campus, which will be located on 50 acres of federal land on Carling Avenue between Preston St. and Maple Drive, including the site of the former Sir John Carling Building. The project represents one of the largest single investments in health care in the history of the National Capital Region.



The new facility will replace the Hospital's aging Civic Campus, which houses the region's only trauma centre and provides a range of specialized services across the region, as well as to parts of the Territory of Nunavut. This will be a world-class medical centre, offering acute care services, groundbreaking research, and academic programs to patients, families and health-care providers, attracting the best medical minds from across the country and beyond.

The new campus is located largely on the Central Experimental Farm, one of Canada's foremost agricultural research facilities, and a national historic site of Canada; and adjacent to the Rideau Canal UNESCO World Heritage Site. The land is leased from the federal government, with requirements that the hospital and its site be designed in a way that minimizes negative impacts and enhances and protects these nationally and internationally significant places.

To ensure that the new campus meets the requirements of all three levels of government and incorporates community voices, the Hospital has launched an innovative community engagement process that will make this initiative a model of 21st-century planning.

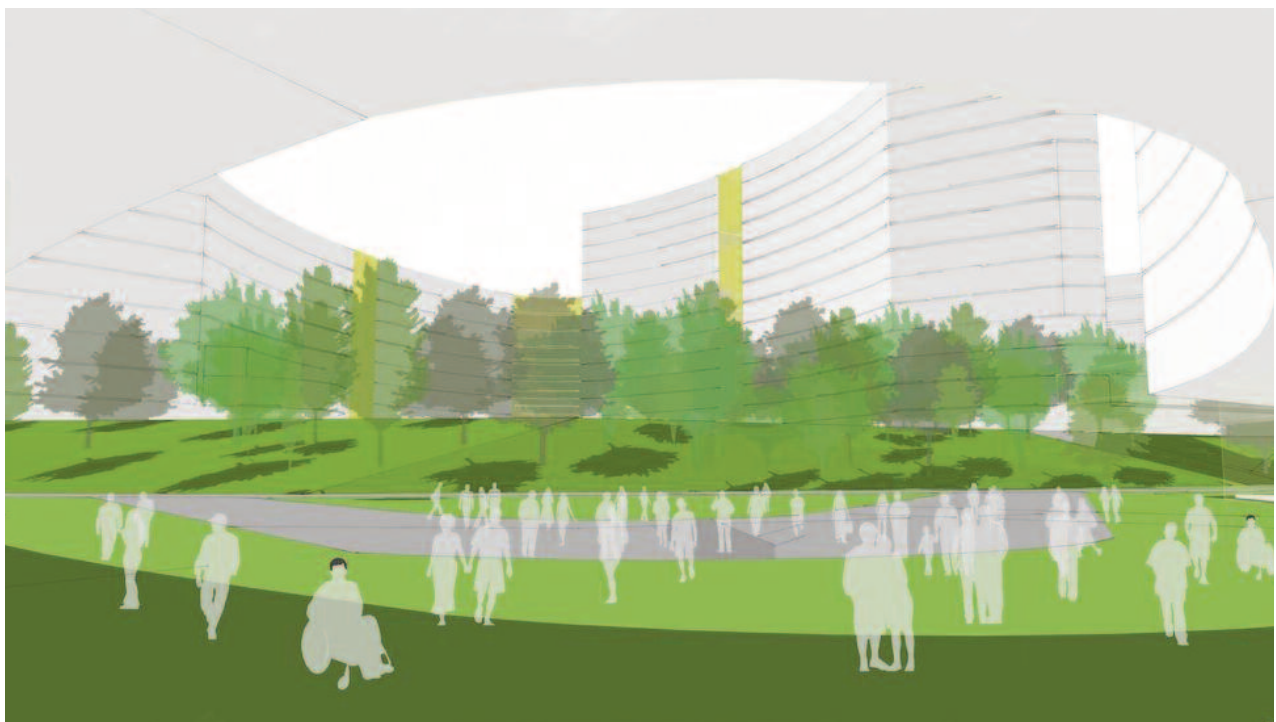
We are the Campus Engagement Group (CEG) and we play a key role in the process. We are residents of Ottawa who represent different neighbourhood, patient and capital interests, as well as three “institutional” members from the Hospital, the City of Ottawa, and the National Capital Commission.

Our 22 members are tasked with ensuring that planning for the new campus is informed by a community perspective and that the campus design is right for Ottawa, a prosperous and growing mid-sized city and the nation’s capital.

Our Group was formed in the spring of 2018; we’ve used much of the first year of our mandate to explore the context around the project before delving into the issues. This is our first public report and it consolidates and shares the learning from this first year.

The report tells a story of how the relationship between communities and hospitals has changed over the last few decades. It is the story of an evolving partnership. We believe that partnership is about to change again. Twenty-first century health care in Ontario calls for new kinds of hospital/community partnerships, and this facility is likely to be a model for the future, so we want to get it right.

The point of the story, or narrative, is to help guide discussion and decision-making. It describes the history of the partnership, explains how the environment around it is changing, and considers the challenges and opportunities this poses for the future. The story will play a significant role in our CEG discussions on issues affecting campus design; we hope the broader community will also find it useful.



Draft concept

Image Credit: HDR

The New Campus Narrative

Our efforts to learn more about the context around the new campus and to develop the narrative have taken us down a series of pathways, some of which were new to us. We've learned a lot. At the end of a year, three key themes have emerged that are at the centre of our discussions and that are integral to the emerging narrative.

i. Building a Healthy Ottawa

Health care in Ontario is entering a new era. The old view of hospitals as the centre of the system – the place where people go to have their illnesses and injuries treated – is being replaced by a view of the community as a single, multi-dimensional health system.

In this new, more "holistic" view, Ontario Health Teams are building towards a connected model centred around patients in their local communities. In this new way of organizing and delivering services, health-care providers (including hospitals and primary, home and community care workers) will work as one coordinated team no matter where they provide care, making it easier for patients to navigate the system and transition between providers. This new way of organizing is about much more than treatment and recovery; it is also about healthy living through exercise, proper nutrition, a clean environment, reduced stress, and more. The shift is simple, but profound: While the conventional health-care system saw each provider working independently to provide their set of services, Ontario Health Teams will work together to coordinate and deliver services to meet individual needs across providers and settings.

Our discussions on this topic have been deeply affected by a recent City of Ottawa discussion paper that explores the connections between healthy living and the "built environment."² That paper investigates the very important role that urban design plays in discouraging/encouraging healthy behaviour, such as exercising, eating well, avoiding stress, and much more.

As we discussed the connection between healthy living and urban design, we realized that our own work on campus design should aspire to much more than finding ways to minimize traffic or noise and feature greenspace. The choices we make on these issues should be part of a larger discussion on how our work also contributes to healthy living and, ultimately, to the goal of **building a healthy Ottawa**.

This goal is now at the heart of our vision of a 21st-century hospital and much of what we have to say in these pages is about the impact this new goal has had on how we see our work, starting with our relationship to our institutional partners.

² See The Building Blocks of a Healthy Ottawa, which is one of a series of discussion papers published by the City of Ottawa in its New Official Plan series. The papers are available at: https://documents.ottawa.ca/sites/default/files/op_discuss_paper_health_en.pdf

ii. Building Institutional Partnerships

Over the next few years, the CEG will work together with the Hospital to address a range of issues, such as traffic access and congestion, parking, and protection of greenspace, while advancing a healthy Ottawa. However, decision makers outside the Hospital will play a critical role in the implementation of our proposals. For example, some of our most important recommendations will involve city infrastructure, roads, public transportation access, and services. As responsibility for these elements lies with the City of Ottawa, not the Hospital, acting on our recommendations will require the City's approval and buy in. For example, a combined effort between the city and the province for an improved highway access is desirable.

The Province, too, will play a critical role in our success. It is the primary funding partner for the new campus and must approve the Hospital's plan at each stage. The federal government as noted, has provided the site for the campus and the Hospital must meet the conditions in that lease.

In short, the CEG may have a strong voice at The Hospital's planning table, but the approvals process is complicated and much of it lies outside the CEG's or The Hospital's control, which could slow or even halt progress. The idea of a healthy Ottawa could help prevent that. It provides a critical point of convergence on a shared goal to which all our institutional partners are committed:

- The City is now working on a new Official Plan to manage long-term growth.³ The overarching vision for its plan is to make Ottawa the most livable mid-sized city in North America. Making Ottawa a healthy community is a critical component of that plan.⁴
- The Ontario government is committed to improving the quality of health services by forming integrated "Health Teams," which will provide services, guide patients through different stages of treatment, and help families through transitions between providers. This goal is also closely connected to building a healthy Ottawa.
- The National Capital Commission expects the new campus to reflect Ottawa's unique heritage and its status as the nation's capital city. This includes making the new facility an international leader in the promotion of healthy living through good design.
- The Central Experimental Farm, upon which the Hospital will largely be located, is one of Canada's foremost agricultural research facilities. Its role complements the narrative of a Healthy Ottawa in that it is dedicated to the health of Canadians through crop research and through the study of threats and risks to sustainability such as the impact of climate change on agriculture. Additionally, the Farm is an important generator of a healthy living environment, in that it is the lungs of the City; the public areas (the Arboretum, Ornamental Gardens, etc) promote both the physical and mental health of Ottawa residents and visitors by providing an oasis from our busy city.

So, our institutional partners share our commitment to building a healthy Ottawa. As we'll see below, the Hospital's new campus creates promising opportunities for all of us to work together to advance this shared goal. We think it is a goal that all of us can rally around and this report is an invitation to do so. The idea of the new campus as a "community network" is a particularly promising part of our vision of what this kind of cooperation could produce.

³ The City of Ottawa's Official Plan provides a vision for the future growth of the city and a policy framework to guide the city's physical development. For further information, see: <https://engage.ottawa.ca/the-new-official-plan>.

⁴ The Building Blocks of a Healthy Ottawa: https://documents.ottawa.ca/sites/default/files/op_discuss_paper_health_en.pdf

⁵ For more on the world-class research being conducted by Agriculture and Agri-Food Canada, see: <http://www.agr.gc.ca/eng/science-and-innovation/agriculture-and-agri-food-research-centres-and-collections/ontario/ottawa-research-and-development-centre/?id=1180546650582>

iii. Building a Community Network

A 21st-century hospital should be highly engaged in evolving partnerships with community health-care providers to promote healthy living. We believe that the new campus should be a leader in this field and that a key strategy to achieve this should be to ensure the Hospital takes an active role in developing a *community network* to support health teams in Ottawa. The new campus could provide a meeting place where organizations and people congregate to advance healthy living and cooperate to build a healthy Ottawa.

The community network could make an impressive contribution to healthy living by, for example, championing or supporting public health campaigns, or planning for the delivery of traditional health services in non-traditional venues and ways. Initiatives like these require a range of special engagement and planning skills, as well as strong partnerships with a network of community organizations.

Engagement on the Hospital's new campus is already paving the way for this. Through deliberative processes and community engagement, the Hospital is building these skills and networks, which could be used to mobilize the community behind a range of healthy-living initiatives, once the new campus is operating.

A successful network would also be a key piece of infrastructure for city-building. The hospital's health, research and innovation functions will play an important role in the economy of the National Capital Region. As with other major G7 cities, the new campus' state-of-the-art facilities and reputation as a practice leader will continue to attract world-class researchers and spawn new business opportunities, making it a critical economic driver for the future.

In the end, building a healthy Ottawa is all about leveraging relationships and the community network would be designed for exactly this. It would be the nexus for a range of special engagement and planning skills and the meeting place for community networks, who would congregate to plan for action on healthy living – which includes prosperity and economic development.

Summing up, these three themes – building a healthy Ottawa, building institutional partnerships, and building a community network – are the key themes running through the story in this report. The plan for the paper is straight-forward. First, we step back and look at how the community/hospital partnership has evolved over the years. Then, we go on to explain how a new, emerging goal – building a healthy Ottawa – calls on the community and The Hospital to deepen and expand their partnership. Strong institutional partnerships are critical to success. We conclude with some forward-looking thoughts on what a community network might look like and how it could serve the community in the future.

Health Care as a Partnership

Although in the 20th century, hospitals talked a lot about building healthy communities, it was a relatively small part of their daily business. Apart from research, which made significant contributions to the field of population health, hospitals were mainly focused on treating illness and healing injury by providing health-care services to those in need. We can depict the traditional relationship between a hospital and a community this way:



By the last quarter of the 20th century, things were changing. A new philosophy of **patient-centred care** had emerged and it launched a wave of reform in health care that is still spreading. At heart, the idea was that health care is all about a *partnership* between patients and providers. In this view, patients are more than passive consumers of health-care services: they are partners in the project. This got practitioners thinking about their roles and services in new ways. The doctor/patient relationship neatly conveys the richness of the partnership idea.

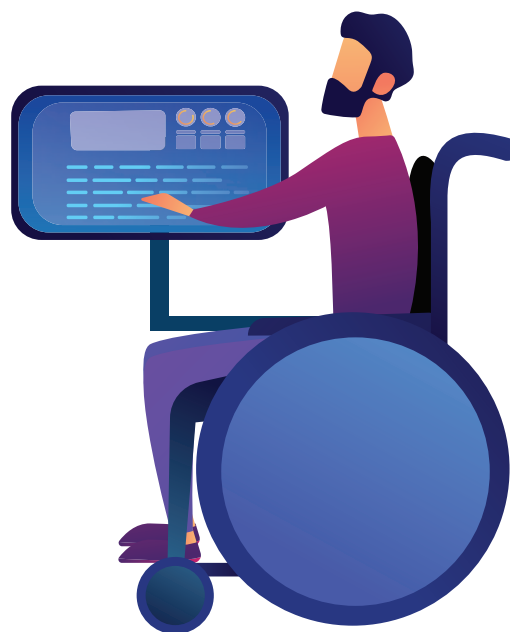
Before patient-centred care emerged, the doctor was viewed as an "expert" whose job was to diagnose and treat patients. The patient's role was to answer the doctor's questions and to follow their advice. A patient-centred approach changes this relationship by taking a more holistic and proactive view of health care, with the patient at the table making the decisions.

Patient-centred care thus sees the doctor/patient relationship as a two-way street – a partnership in which the two parties work together to manage illness and injury and, more generally, to promote health and wellness. This, in turn, redefines the relationship by modeling it on a dialogue between the two parties, rather than an interview in which the patient answers the doctor's questions, provides information, and receives instructions.

Developing a healthy lifestyle is central to this new partnership. To achieve this, the patient needs a plan. Typically, this includes exercise, eating well, abstaining from some substances and moderation in others; but to be effective, the plan must reflect the patient's needs, disposition, and circumstances. Every case is different. Thus, while it is the

doctor's job to encourage, advise, and support the patient in forming a plan, it is up to the patient to make key choices, such as how to exercise or adjust his/her eating habits; whether to quit smoking and/or drinking; and, of course, to take responsibility for acting on these choices.

There are lots of other ways that patient-centred care has and is changing health-care professionals' view of their relationship with patients and their services. For example, over the past five years, The Ottawa Hospital has developed a robust patient partnership program in which patients are involved in the earliest phases of planning for new hospital care and research initiatives.



The Ontario Health Agency is a new super-agency, which is tasked with refocusing Ontario health services on the patient and ensuring patients can navigate the system with ease, as they move through the continuum of care, from acute care to long-term or home care. Hospitals, long-term care facilities, home-care agencies and other health service providers are forming integrated "Health Teams," which will provide more "personalized" services, guide patients through different stages of treatment, and help families through transitions between providers.

We can represent the emergence of patient-centred care in our narrative this way:

The thinking around services and relationships is changing again. New information about healthy living is creating huge new opportunities to improve patient-centred care. However, taking advantage of them will require a stronger, deeper partnership between communities and hospitals, one that includes new goals and new tasks.



Expanding the Partnership and Building New Skills

Public engagement on the new campus gives the community an unprecedented role in the design of the new site, especially through the CEG. However, this is not just about letting the CEG's members "have their say," as traditional consultation does. Our Group takes a "deliberative" approach.

Each member of the CEG represents and speaks for an important community interest. When tensions arise between these interests, our members work together to find fair and reasonable ways to accommodate their differences. This means we must listen to one another, be respectful of differences, and look for mutually acceptable solutions – win/wins.⁶

This, in turn, challenges us to engage one another on how different design options will improve our community, rather than simply focusing on the issues or solutions that matters to us, as individuals or the organizations we represent. The process thus requires that we work together to forge *a community perspective* to bring to the planning table, rather than just bringing our own views.

So, there is a higher purpose in this deliberative approach. Just as patient-centred care recognized that patients bring a special kind of experience and expertise to the management of their own health, the engagement process recognizes that the community brings a special kind of knowledge and expertise to site design. Having the community involved to help resolve issues around, say, traffic, parking, or access to greenspace, will help ensure that the solutions are acceptable to the community and that the facility genuinely "fits" into the community around it.

The CEG's members are not the only community voices in this process. Our deliberations will be complemented by and aligned with other community engagement initiatives. Overall, the engagement process aims at more than getting community *buy-in* on the design.



⁶ For a detailed discussion of the CEG and how it operates, see From Buy-In to Ownership: Engagement as Deliberation, available at: <http://greatertogether.ca/reports/>

This is about building a deeper, stronger relationship between the community and the Hospital based on dialogue and mutual respect. The process is designed to give the members of our community a sense of *ownership* of the new campus. The fourth panel in our diagram reflects the new level of partnership:

The narrative is critical in achieving this kind of ownership and partnership. It is our effort to fashion a vision of the new campus that defines the community's goals, identifies the issues that need to be discussed, and explains the context around them from a community perspective. The narrative provides "the big picture" of the project.

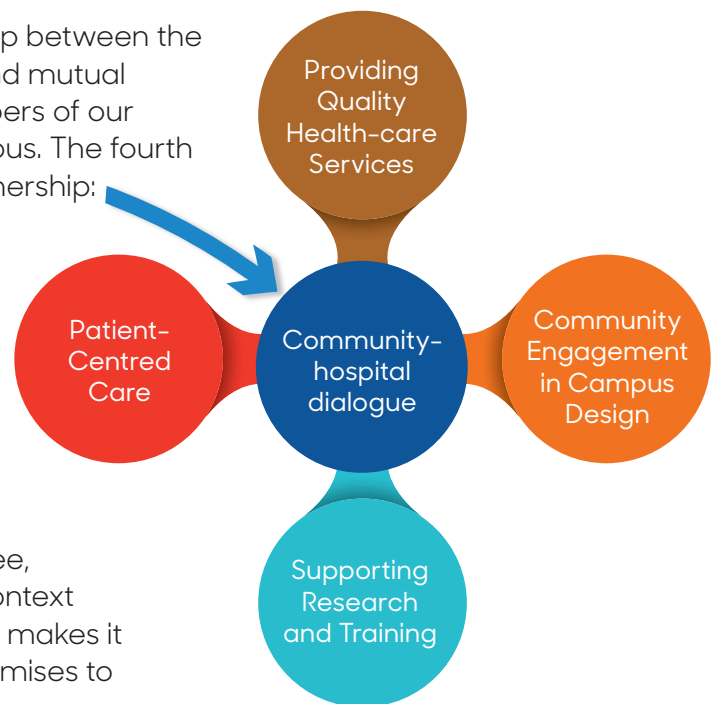
This, in turn, helps ensure that when people disagree, they will still have a shared understanding of the context surrounding their disagreement. That is often what makes it possible to find acceptable trade-offs and compromises to reach win/win solutions.

So, at the end of a year, the members of the CEG agree that the grounds around the new facility should be publicly accessible, open and inviting. We want them to be populated with trees and dotted with comfortable resting places and accessible healing gardens. Safe, user-friendly walkways and bike paths should connect neighbourhoods on all sides of the site. Residents and visitors to Ottawa should be encouraged to use and enjoy the grounds at their leisure, regardless of whether or not they are receiving medical care.

Parking should be less visible than it is in Ottawa's existing hospitals and public transit should be easily accessible. The new building should incorporate universal standards of accessibility, from convenient, navigable walkways and corridors to easily-accessible washrooms and elevators. Appropriate measures should be in place to shield surrounding communities and the Central Experimental Farm from excessive traffic and parking. Issues of "accessibility," using a broad definition of the term, must be considered for the entire road and transportation network beyond the boundaries of the new hospital site and adjacent neighbourhoods.

Recognition of the Indigenous heritage of the lands on which the facility stands and of the communities it serves should be reflected in the site and the building. Ottawa's role as the nation's capital should be evident.

Developing the narrative has been a major learning experience for the CEG and our views have evolved considerably over the last year. Our discussions on healthy living were a turning point. This idea helped us pull together the different threads. We have since come to see healthy living as the overarching goal for the next phase of health care in Ontario, and for the next stage of the partnership between our community and The Ottawa Hospital. Our discussion of healthy living in the next section borrows freely from work published by the City of Ottawa.



Urban Design and Healthy Living

The City of Ottawa wants a healthy Ottawa. Its vision of Ottawa as the most livable community in North America shines a spotlight on conditions that contribute to (or inhibit) livability; healthy living is at the top of the list. *The Building Blocks for a Healthy Ottawa* eloquently states how the City plans to use its Official Plan to promote healthy living in a healthy Ottawa:⁷

The Official Plan lays the foundation for how communities are planned through a set of policies. It can influence the creation of healthier environments that support people to thrive and be healthy... Through the Official Plan, we can plan, build and use our communities so that people have more opportunity to lead healthy lives... Can make it easier to meet daily needs by foot or by bicycle and reduce dependence on driving... All these features help promote better social, physical and mental health.

This passage underlines the important role that urban design plays in fostering healthy lifestyles. This is still a relatively new idea and although urban planners today largely agree on it, the lesson didn't come easily. It is the result of a lengthy period of trial and error.

Consider the rise of the automobile in the second half of the 20th-century. As car ownership grew, planners changed how they looked at land use. In contrast to the "live-work-play" communities that we aspire to today, in which housing, employment, and recreation are co-located, zoning laws typically placed these activities in different parts of the city. Designers took for granted that people could live in the suburbs, drive to work downtown, and travel around the city for recreation. The health impacts of this urban planning paradigm were hardly considered.

With respect to livability and, specifically, healthy living, the consequences have been calamitous. In many cities, urban sprawl makes it very difficult to meet daily needs by foot or on a bicycle; huge traffic flows create congestion, smog, long travel times to and from work and added stress. Vast sums are invested in infrastructure to support the sprawl, sometimes at the expense of needs in already established neighbourhoods and villages.

Food can be a further challenge. In a scattered environment, supermarkets and vegetable shops may be hard to find. Indeed, neighbourhoods often become "food deserts," where access to affordable and nutritious food is scarce; or worse, they turn into "food swamps," where unhealthy foods are everywhere. As well, urban sprawl means that vital agricultural lands and natural ecosystems are sacrificed at the expense of greenfield development.

⁷ This discussion paper was published by the City of Ottawa in its New Official Plan series, available at: https://documents.ottawa.ca/sites/default/files/op_discuss_paper_health_en.pdf

This is only the tip of the iceberg. A closer look at individual sectors quickly shows how deep these problems go. Take hospitals: automobiles are and will remain an essential means for getting the sick and injured to and from a hospital, but the long and often difficult commute times, and the search for parking, are sources of serious risk and anxiety for many patients and their families. As the population ages, these issues will get even worse.

In sum, the approach of the last 60 years has created urban landscapes across North America that are fragmented and disaggregated. We now know that the low levels of physical activity, unhealthy eating, and the pressures and stresses of our hectic lifestyles are, at least in part, a consequence of this approach.

While the negative trends described in this section are affecting cities everywhere, some are in much worse shape than others. We want to be clear that Ottawa is in fact already a very livable city. Nevertheless, there is lots of work to be done.

Encouragingly, planners across the continent are experimenting with all kinds of design options to make communities and neighbourhoods more complete, compact, and connected. Rather than making citizens fit into the city, they believe it is time that the city fits the citizens.

In such a community, stores, clinics, theaters and workplaces are close enough for people to move quickly and easily between them. This, in turn, means designing safe and compact street grids and pathways that help make active transportation routes faster and easier.

Mixed-use zoning allows the co-location of different activities, so people can go to work, shop for healthier food and attend community events without leaving their neighbourhoods. Greater density is another feature of the model; it ensures that local shops and services are viable.

Design for healthy living involves more than the design and layout of buildings and pathways. Also important is green infrastructure, that is to say, the design of open spaces and natural areas as well as green roofs, walls and facades, the balance of soft and hard landscaping, and the integration with the surrounding environment. Using nature in community design can deliver gains including greater social cohesion, improved mental and physical health, lower crime, economic vitality, better urban microclimates, reduced pollution, flood resistance, increased biodiversity and lower city carbon footprints. Projects that include green infrastructure in the planning and design phases are better able to capitalize on the benefits provided.

Finally, from an urban planning perspective, the health benefits of compact and connected communities go beyond nutrition, safety, and exercise. This new paradigm for the built environment is instrumental in reducing carbon emissions to address climate change – perhaps the most serious public health risk facing 21st-century communities.

Healthy Living Through Institutional Partnerships

If patient-centred service tells us where the idea of a partnership came from, healthy living tells us where it needs to go. It creates the narrative arc in our story that takes us from treating patients to patient-centred care to complete communities. We saw that complete communities employ special design techniques to promote healthy living. The movement is growing rapidly and forging new linkages between the health sector and other non-traditional partners, such as city planners. The new campus project and its engagement process is on the cutting edge of this trend and we believe that our institutional partners would benefit from a closer working relationship with us.

Take accessibility. Just getting to the hospital for a medical appointment can be highly stressful for seniors and persons with disabilities. The hospital serves 1.2 million people across Eastern Ontario, many of whom live in rural areas and villages with limited access to transit services into Ottawa. The City of Ottawa, itself, is primarily made up of rural lands, making it one of the largest in Canada by total area, larger than the cities of Vancouver, Calgary, Edmonton, Toronto and Montreal combined. With the new campus located in the city's core, consideration must be made for the nearly half of the city's residents that live in suburban and rural areas. This will require partnerships with municipal and provincial agencies.



For example, proper signage, curb-cuts, safe drop-off zones, colour coding, and plenty of notice on the 417 are all ways of easing the stress often brought on by commutes to medical appointments – a stress that can be exacerbated if a long and challenging travel is involved. Although few city planners would deny that accessibility contributes to good design, most municipal codes don't include comprehensive or universal standards. And while it would be far less expensive to include these at the design stage than refurbishing a building after it is built, the interdepartmental coordination required to establish such standards makes progress on this slow and difficult.

Bringing the community voice to the planning table to explore issues like accessibility can clarify the impact such changes may have on, say, an aging population, people with disabilities, or those who are injured or ill. This not only enriches the planning process; it helps legitimize and build broad support for solutions to complex issues. The City of Ottawa could benefit from this.

There are lots of other examples. For instance, the CEG wants to ensure that the new site includes safe, user-friendly walkways and bike paths that will connect neighbourhoods on different sides of the site, integrating multi-modal access to and through the site. This would likely be of interest to the National Capital Commission, which has a network of bike and walking paths around the region.

Opportunities for the future could include collaboration on educational and therapeutic activities in partnership with The Friends of the Central Experimental Farm; or healthy ecosystem research with partners such as Carleton University. Projects like these might be of real interest to local and provincial tourism offices, once the new facility is operational (see Section 7 below).

There will also be opportunities to contribute to a healthy Ottawa by enhancing prosperity. The Ottawa Hospital's new campus will be one of the largest public infrastructure projects in the National Capital Region's history. The site's state-of-the-art facilities and reputation as a practice leader will attract world-class researchers and spawn new business opportunities. These will create business opportunities at the community and regional levels.

For the moment, however, our focus is on the project's engagement process: we invite our institutional partners to view it as a testing ground for innovative design ideas, such as accessibility or multi-modal access. Our deliberations will yield important lessons about different design options, the contribution a community perspective makes to planning, and how deliberation works.

We also believe that closer alignment between the CEG, the hospital, and our partners would help speed and legitimize difficult decisions and help decision-makers deal with compartmentalized aspects of the approvals process.

Our next version of the diagram includes a fifth panel that recognizes the opportunities this new interest in healthy communities creates for promoting healthy living and community-building through new institutional partnerships:

With the full support and right engagement of our institutional partners, we believe that the new campus could become a scalable model of good design and community engagement that would inspire other institutions and developers to follow suit.



Engaging at a New Level: The Community Network

Our narrative in this report began by contrasting a new view of the health-care system with the traditional one. We asserted that the new one is more holistic, as it is more attentive to connections between issues that likely would have been overlooked or ignored in the past.⁸ We've seen, for example, that urban planners in the '60s paid little attention to the links between healthy living and urban design. And we've also seen the consequences.

The old view is part of the same planning paradigm that produced "siloed" government. Fifty years ago, different tasks were thought to belong to different policy areas, which, in turn, were the responsibility of different departments. Planning was thus compartmentalized; complex or "cross-cutting" goals, such as sustainability or wellness, were largely unknown.

Although governments are now working to "bridge the silos," compartmentalization remains a reality. Policy makers today may recognize that a set of issues should be addressed together – such as obesity, high rates of heart disease, and urban sprawl – but if each one is lodged in a different department (or government), progress will require interdepartmental (or intergovernmental) cooperation, which can be difficult and time consuming.



⁸ See, for example, The Ottawa Hospital and Ottawa Inner City Health: The Population Health Approach in Action <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2661>

To address this problem adequately, governments need new kinds of decision-making processes: meaningful public engagement is an important step in this direction. The engagement process was designed to help TOH resolve values-based conflicts and balance competing priorities that will arise during the planning process and it has some important features to back this up:

- Our members speak for different community interests and neighbourhoods, so we are attuned to design issues that may go unnoticed by governments;
- Our representation is balanced, so we bring a perspective that is holistic and fair;
- Our deliberative approach is guided by a vision of the community/hospital relationship as a partnership in which there is genuine give and take;
- The approach is also guided by several sets of principles that were defined by our institutional partners, and which we have consolidated into seven "buckets" (see Appendix);
- Our newfound interest in a healthy Ottawa ensures that our efforts to balance competing values or priorities will also be weighed and measured against the overarching goal of healthy living and a healthy Ottawa.

Together with the narrative we develop in this report, these conditions help ensure that the CEG's efforts to provide a community perspective on solutions, mitigation measures, and/or compromises, will be comprehensive and balanced and are likely to have broad support from the community.

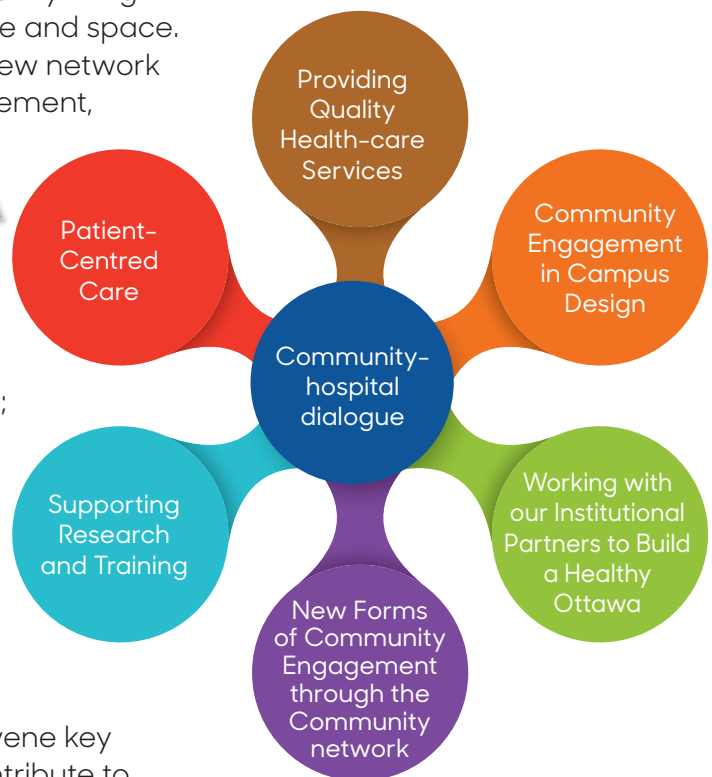
This new capacity is valuable and, once the new facility is built, it should be applied to other projects. For example, the Hospital could work with community health organizations to leverage their individual expertise to provide services closer to the community or to launch a public health campaign.



We'll note that activities like these require lots of planning, coordination, and community involvement. In turn, this requires sophisticated forms of dialogue and engagement. Our point is that the deliberative process we are using to design the new campus could be laying the foundation for other kinds of community engagement. Our current work on campus design should be the first stage in a new long-term arrangement with the Hospital, where the community plays an increasingly engaged role in health care.

To be sustainable, however, such an arrangement requires the right infrastructure. We think this starts with a commitment from the Hospital to make the new campus more than a treatment centre or even an inviting location for citizens to bike or stroll on a summer's day. The new campus should also be a key partner in developing a **community network**, that is, a centre where people and organizations meet to discuss ways to work together to promote healthy living. The hospital could provide resources, expertise and space. The final version of our diagram depicts the new network as a permanent forum for community engagement, and the basic infrastructure that supports the new hospital/community partnership:

We see the network as a natural successor to our own group, the CEG, which is a provisional body whose mission is to help decision-makers design the new site. Once that work is done, the CEG could be dissolved; or, alternatively, the Hospital and the community could agree that the CEG should be reconstituted as a new, more permanent body whose job is to help realize the goals of the next stage in the partnership. This would involve a shift from planning to action.



The "new CEG" could use the network to convene key community networks and to plan ways to contribute to building a healthy Ottawa through, for example, initiatives on smart cities, sustainability, heritage protection, fundraising efforts and more. The Ottawa Hospital could then work with this group to mobilize people and organizations around these plans and to expand and build the community network.

Through the network, The Ottawa Hospital would emerge as a champion and/or catalyst for healthy living and healthy neighbourhoods, and an influential leader in this new and very important form of community engagement to promote patient-centred service, healthy living, and community-building.

Conclusion

This report argues that the public engagement process for The Ottawa Hospital's new campus can make a timely and important contribution to building a healthy Ottawa. While we're confident that the project will lead to design choices that support healthy living, we think it can also make a critical contribution to ensuring the new facility will be a world leader in 21st-century approaches to patient-centred care.

Achieving this will require significant learning and capacity-building – on all sides. Our engagement process has a critical role to play here. It can help the community learn to deliberate and to arrive at win/win solutions to issues. These skills will be essential if the community is to take on new and more ambitious tasks in the future.

As members of the CEG, we are already engaged in this learning, but others in the community need to join in. In the coming year, The Hospital will begin to engage the broader public in various dialogue forums. This is a critical moment for the process and for our efforts to advance the vision.

A key challenge will be to get people discussing how this new facility could improve the community, rather than focusing on the one or two things that immediately affect them, such as traffic or parking on their street. Issues like these need to be raised, but they must be part of a bigger picture.

A central goal of this report has been to provide the bigger picture and to tell our story of the new campus. This story or "narrative" explains what the process is trying to achieve, how it can be achieved, and why it matters.

Hopefully, people will identify with some of the key themes and goals in the story, such as the need to build a healthy Ottawa or to create a community network within the new hospital. Ideas like these can give people a personal stake in the project and motivate them to participate more fully.

Some of the goals in our story are more ambitious than others and to achieve them TOH will need more than public support; it will need new kinds of institutional partnerships to implement new design ideas or to experiment with new kinds of community engagement.

We are looking for ways to work with these partners to promote community involvement in the project and, ultimately, to build a healthy Ottawa. Forging new partnerships that will contribute to this should be good for everyone and could even redefine how health care is done in Ottawa – perhaps across the province. That is a goal that we think is worth pursuing.



APPENDIX A:

Completed and upcoming workplan

Work completed by the Campus Engagement Group (CEG):
May 2018 to September 2019

- Developed a set of principles to guide deliberations, guided by requirements set out by the Hospital, the City, the federal government, and the Central Experimental Farm Advisory Council.
- Developed a narrative document to aid in sharing information and engaging with the community with a view to shaping the design and integration of the new campus. The narrative is a living document that reflects feedback from the CEG and the community.
- Contributed language and feedback to the hospital's procurement process to complete zoning requirements, currently underway.
- Provided initial feedback through a deliberative discussion on how the hospital might honour the legacy of architect Hart Massey and of the Sir John Carling building. In addition, some members of the group organized and attended a specialized session with local experts in heritage conservation and modernist architecture to further discuss the topic.
- Responded to the City's Official Plan renewal discussion papers. The response expressed support of the City's desire to create healthier, livable communities.
- Developed the group's first report (see appendix), based on the narrative. This report outlines the community's relationship with the hospital and the opportunity that exists for working in partnership with the municipal, provincial, and federal governments. This report will be presented to the board, then released to the public.

Upcoming work:

A framework will be developed to engage First Nations, Inuit and Métis patients, families, communities, and organizations on improving care at the new site, as well as at The Ottawa Hospital's existing campuses. Engagement work dedicated to these patients and communities will be embedded within the larger engagement process.

The Ottawa Hospital must complete a series of studies, including on transportation, parking, environmental impact and cultural heritage impact, and develop the site plan further to meet the city's requirements to rezone the site. Throughout this process, it will continue to work with the CEG to embed engagement into the process. Continued discussions on transportation, heritage, greenspace and access will ensure that community voices are reflected in the outputs from the studies.

The CEG has begun to outline areas of particular interest around the site that will guide the hospital and government partners and ensure that any impacts from the new campus site on the community and the capital are minimized or mitigated. This work will progress as the group's discussions related to zoning studies continue.

APPENDIX B:

Principles

Campus Engagement Group: Principles

	Principle	Rationale
1	Excellent patient, family and staff experience	From approach and arrival, through treatment and care to discharge and departure, the new campus should meet the needs of those who rely on its services and those who contribute to the quality of care, as well as contribute to healing and recovery.
2	Promotion of population health and disease prevention	The new campus should promote disease prevention and healthy living, and should incorporate design elements such as gardens, access to green spaces, community care, and walking and cycling paths.
3	Accessible, barrier-free and age-friendly, with access and circulation that is safe and convenient for all	New campus and surrounding areas should be fully accessible and welcoming to all in a healthy, safe and nurturing environment that promotes equal participation with safe and appropriate access points and circulation for all users and modes of transit.
4	Integrated public space that is respectful of surrounding neighbourhoods and sites	The new campus should be an integrated and respectful part of the community, inviting patients, their families and the local community into its public spaces.
5	A landmark that is commensurate with the significance of the site, setting, and Ottawa's status as the national capital.	The new campus will be designed and sited in such a way that it is a worthy contributor to the national capital, and respects the national heritage status of the site and its surroundings. This will be achieved through: <ul style="list-style-type: none"> • Landmark excellence: integrating building form and function with the site • Capital views: Landmark views from the site outward, and landmark views toward the site from other vantage points. (This includes minimizing negative views of parking and services)
6	Environmental stewardship, sustainability, and use of greenspace	The design, construction, and ongoing operation of the new campus should minimize environmental impact and lead the way as a champion for sustainability, a healthy environment and public greenspaces.
7	Catalyst for world-class research, education and innovation	New Campus should attract leading researchers, teachers and students to spur innovation and revolutionize health care. The hospital's health, research and innovation functions will play an important city-building role and enhance the economy of the National Capital Region.