

OUR 21ST CENTURY CHALLENGE:

HEALTHIER COMMUNITIES

BY MEMBERS OF THE HEALTHY COMMUNITIES
COMMITTEE (HAZEL CHRISTY, DAVID HARRISON,
GEORGE MCKIBBON, ALICE MIRO, AND
OLIMPIA PANTELIMON) AND ANN MCKIBBON, PHD

INTRODUCTION

Recently released data from the Canadian Health Measurement Survey “show that fitness levels of children and youth have declined significantly since 1981, regardless of age or sex. Fitness levels of adults have also declined, particularly among younger adults. Among youth aged 15 to 19, the percentage whose waist circumference put them at an increased or high risk of health problems more than tripled.”

“Among adults, decreases in fitness levels over the same period were particularly pronounced for young adults aged 20 to 39. Within this group, the percentage with a waist circumference that placed them at a high risk for health problems more than quadrupled. The proportions went from 5% to 21% among men, and from 6% to 31% among women. Roughly 3% of the adult population had high blood pressure that was undiagnosed in 2009.” (<http://www.statcan.gc.ca/daily-quotidien/100113/dq100113a-eng.htm>)

The built environment is a proven determinant of the amount of physical activity and the level of public health that its inhabitants enjoy. The Heart and Stroke Foundation of Canada and the Canadian Institute of Planners (CIP) have entered into an agreement that will enable planners to work more effectively with public health officials and researchers across Canada to create the evidence-based tools needed to develop healthier communities.

The Healthy Communities Subcommittee is implementing this work program with the Heart and Stroke Foundation. It is one of CIP’s three National Affairs Subcommittees (including the

Left: A trail in Confederation Park in Hamilton, Ontario.

Indigenous Peoples Planning committee and Climate Change Committee). David Harrison (Halifax) chairs the Committee, and Olimpia Pantelimon (Edmonton) is Co-chair. The membership comprises seven Affiliate representatives, who liaise with CIP’s Affiliates, Alice Miro, Project Manager of the Heart and Stroke Foundation of Canada, and Karin Wall, Committee Chair of CIP National Affairs.

THE CHALLENGE

Being overweight or obese combined with physical inactivity increases one’s risk of developing non-insulin-dependent diabetes. Other risks include hypertension, high blood pressure, stroke, coronary heart disease, certain types of cancer, as well as osteoarthritis and osteoporosis. Physical activity, on the other hand, reduces these risks and, for those who have been diagnosed with these diseases, it is an important form of therapy.

Unlike the 20th century infectious disease challenges posed by existing sanitation methods, the risks associated with the chronic diseases of the 21st century manifest themselves slowly contributing to poorer health overall, lower quality of life, and also a shorter life. People living in a healthy community environment can expect healthcare costs to be highest in their later years. Chronic diseases however, can expand the envelope of these increased costs and use of healthcare resources by 5, 10 or as many as 20 years before death.

As Canadians retire from the workforce with an increasingly long life expectancy, those still working will have to contribute much more to cover the pension and increased health expenses required by the growing community of non-contributors. We may

even be facing the prospect that because of the epidemic of obesity and diseases such as diabetes, our children and grandchildren may not live as long as, or enjoy life as much as we will. Evidence of this unthinkable possibility means that members of our profession must use this as an impetus to transform our practices by developing even healthier communities than those that exist today.

OUR WORK PLAN

In the fall of 2009, the Healthy Communities Subcommittee adopted a work plan that included:

- > mechanisms for reporting to the Heart and Stroke Foundation and the CIP National Affairs Committee, CIP Affiliates and membership;
- > representation in two specific research efforts on a software tool to be used to evaluate development from a public health perspective and that can also be used to undertake residential preference surveys that all communities can benefit from;
- > conducting a membership survey, “Taking the Pulse”, to determine what the needs of today’s planning practitioners are—to help assure success in their promotion of healthier communities;
- > helping the Urban Public Health Network develop an online inventory of built environment resources, for planners, researchers, and educators;
- > developing fact sheets resulting from ongoing research being conducted across Canada and around the world; and
- > developing a practice guide for all Canadian planners.

This work program will be almost completed by the end of March 2012. It is important to note that a significant part of this work is being financed by Health Canada via the Canadian Partnership Cancer’s Coalitions Linking Action and Science for Prevention (CLASP) initiative.

Here is our progress to date.

“TAKING THE PULSE”

In the spring of 2010, over 800 planners from across the country completed the “Taking the Pulse” survey. The importance of the transition from a policy/regulation-based practice to an evidence-based practice was brought to the fore when planners told the committee what they needed in order for this transition to succeed:

- > do more research to guide planning practice and to translate that research into practical applications;
- > create new frameworks and models to explain this research;
- > increase support for collaborating with other stakeholders like public health officials;
- > develop stronger policies to help direct this transition; and
- > devote more resources to meet these challenges.

To address these needs, the committee is helping to develop the following products.

An electronic resource database: The Urban Public Health

Network consists of municipal medical officers of health across the country. Together with Network, we provided funding and advice to the National Collaborating Centre for the creation of an electronic database of built environment tools and resources. This includes literature reviews and research reports that will be available for public health officials, planners, and others with a view to supporting further research and advanced community planning and design.

The inventory consists of more than 150 case studies, guidelines, tools, and key scientific papers aimed at creating healthier built environments. It is intended to assist policy makers in local and regional governments, urban planners, medical health officers, and members of the research community. Each resource includes a brief description, available in English and French. It can be searched by theme, type of resource, and target population or keyword. Please visit the website at: nceh.ca/en/major_projects/built_environment

Fact sheets and knowledge translation: Successfully creating healthier communities through proper land use, planning, and transportation policy will require a major shift in our attitudes towards a more evidence-based practice. To support this shift, CIP is collaborating with the Heart and Stroke Foundation, the Canadian Institute for Health Information, and others, to conduct a literature review of Canadian Health Research and Built Environment Research published between 2007 and 2011. Once this is completed, the emerging findings will be divided into categories relevant to planning practice today, including active transportation, children and youth, and equity.

Once these fact sheets are finalized, planners will be able to access the latest Canadian research in the fields of health and built environments. This material will be extremely useful in presentations and reports to Mayors, City Councils, and other community stakeholders. Planners and scientists are working collaboratively on this project to ensure that the science and design behind this information will be clearly communicated to users. Strict quality control methods are being used to assure the accuracy of the final product.

Following a request for proposals in December 2010 to conduct this work, EcoPlan International was retained by the Heart and Stroke Foundation to develop the fact sheets. This work is expected to be completed (in both English and French) by the end of March and will be available in the Healthy Communities section of CIP’s website thereafter.

Practice Guide: In November 2010 CIP announced a request for proposals for the creation of “a healthy communities practice guide”. As a result, HB Lanarc Golder was retained by CIP to bring it to fruition. The guide is intended to address four major areas of concern resulting from the research of Healthy Canada by Design, including:

- > Examples of innovation in planning and design that address the research
- > Examples and recommendations on the health/planning interface to guide practice
- > Social planning and public health
- > Municipal realities and priorities and an explanation of how to make change work



Above: Cycling and sidewalk facilities in Montreal, Quebec.

The guide draws upon ongoing evidence-based pilot projects, conducted by public health authorities in Montreal, Toronto, the Peel Region, and in the Lower Mainland of British Columbia. The transition to an evidence-based practice, measures that address the needs of our urban and rural regions, as well as small town and resource-based communities will be emphasized. The guide, available in English and French, is expected to be completed by the end of March 2012 and posted in the Healthy Communities section of CIP's website soon afterwards.

Networking: During 2010/ 2011, Healthy Communities Subcommittee members spoke at over 12 different conferences and events including several sessions with public health officials and housing researchers. There were conferences at which research results were evaluated and future research needs defined, national conferences addressing chronic diseases and how they related to planning, and CIP Affiliate events where progress on our work plan was explained.

CONCLUSIONS

We will face many challenges and opportunities in the development and implementation of these tools; a "one size fits all" approach does not work in today's Canada.

New Provincial legislation and policy, in conjunction with urban design, are needed to insure the success of the transition we have initiated.

Municipal and planning policy affecting transportation, streetscapes, capital works and parks within the public realm are often in conflict with the needs of those who are physically active.

We need to resolve these conflicts and provide consistency of policy and practice. Healthy Communities are only one issue in a portfolio of many others including sustainable development, climate change, and energy use, all of which we need to be concerned about. The current monetary situation and tightened public purse strings make this all the more difficult.

Conversely, we still have significant opportunities for success. Energy conservation, climate change, and air quality are things we can improve upon, and positive change will lead to healthy active communities.

Changing demographics and increasing costs in the healthcare sector are raising the profile of this issue, and encouraging a more proactive approach. In fact, significant demand for healthy communities and research on the built environment has come from health professionals and research on the built environment has come from health professionals. CIP's partnership with the Heart and Stroke Foundation helps to encourage a more open dialogue and partnership with the planning community and local healthcare authorities.

We invite you to keep abreast of our work in the Healthy Communities section of CIP's website as we near completion of this program, and please feel free to provide us with your comments and questions! ■

The authors and reviewers of this article are in alphabetical order: HAZEL CHRISTY, DAVID HARRISON, GEORGE MCKIBBON, ALICE MIRO, and OLIMPIA PANTELIMON, members of the Healthy Communities Committee, and ANN MCKIBBON, PHD, Clinical Epidemiology and Biostatistics, McMaster University, reviewed and provided advice on the science.