HEALTHY COMMUNITIES

Legislative Comparison Survey Report

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As an active partner in the Healthy Canada by Design CLASP[1] initiative, the Canadian Institute of Planners (CIP) is committed to mobilizing professional planners across the country, disseminating current research and best practices, and facilitating connections between planners and allied professionals to create healthy communities for Canadians.

Early in the Healthy Canada by Design Initiative, CIP's Healthy Communities Subcommittee compiled a comprehensive online library of articles, studies, tools, and web links targeted to planners. CIP also commissioned a set of Healthy Community Fact Sheets and a Best Practice Guide with broad application across Canada. All of these resources are housed in the Healthy Communities section of the CIP website for unrestricted access. Whenever possible, these resources are also distributed at conferences and other events, either in hard copy or via specially-created USB memory drives.

Despite the availability and broad applicability of these pan-Canadian resources, it is recognized that policymaking and action in the realms of planning and health largely take place at the provincial, regional and municipal levels of government. To this end, CIP commissioned EcoPlan International, Inc. to undertake the current study to distinguish the differences at the *provincial level* on how the varying legislative, policy and administrative structures affect the ways in which planners approach the question of creating healthy built environments.

Ultimately the research illuminates significant ways that the CIP can continue to support the efforts of planning professionals, alongside their counterparts in allied professions, to foster good health through planning and community design. The way forward for CIP and its partner organizations is rooted in action within the following four focus areas:

1) Creating a better legislative enabling environment;
2) Expanding access to research and best practice resources;
3) Building linkages and networks; and
4) Ongoing education and advocacy.

The benefit of taking a high-level perspective on policy trends is that planners and CIP's affiliated organizations can extract transferable lessons when they are working on provincial policy reviews and

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[1] The Healthy Canada by Design CLASP Initiative is led by the Heart and Stroke Foundation with funding from the Canadian Partnership Against Cancer's Coalitions Linking Action and Science for Prevention (CLASP) program.

local initiatives. CIP is also uniquely positioned to remain abreast of national trends and relationships in health policy and infrastructure planning, and to provide input to national policies where appropriate. With respect to accessing research and best practice resources, the CIP web site, particularly following a major overhaul in early 2014, will continue to serve as an electronic clearinghouse for innovative examples of research, policy, design guidelines, community plans, and zoning bylaws that address public health priorities.
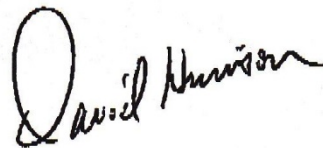
Further, CIP's national presence enables it to facilitate opportunities for planners to take "time out" and reflect with national organizations of public health officials on what is being accomplished as well as discover new opportunities to improve the creation of healthy communities across Canada.

Now, as always, it is an exciting time to be a planner!

Sincerely,

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1.0   Executive Summary

The Canadian Institute of Planners (CIP) and the CIP Healthy Communities Subcommittee are continuing their work to help planners better understand and plan for healthy, active communities. As part of this work, CIP conducted a survey and follow-up interviews with 15-members from CIP affiliates across Canada to better understand the legislative and regulatory differences, opportunities and constraints that are affecting planners in their healthy communities work. An additional four CIP Healthy Communities Subcommittee members completed the survey portion alone.

This work is part of CIP's involvement in the Healthy Canada by Design CLASP Initiative, which is a partnership of health, planning and transportation professionals, academics and non-governmental organizations that are collaborating on healthy communities with funding provided by the Canadian Partnership Against Cancer.

The survey is also intended to help CIP and project partners:

1. Better determine what **new research and planning tools** might be required to more effectively assist members in this important work;

2. Better understand **how these products can be effectively used** in each of the CIP's affiliates, and to refine their promotion accordingly; and

3. Develop **better administrative frameworks and increased collaboration** between the public health and planning professions and communities.

Provincial Comparison

According to survey respondents, policy support for healthy community design varies widely from province to province. Some provinces take a more prescriptive approach to policy-making around growth management and healthy built environments, while others maintain flexible legislative environments that allow for change, but are not explicitly helpful or supportive of building healthy communities. While survey participants had mixed responses toward the effectiveness of a more flexible legislative environment – some appreciating the flexibility, others finding the lack of policy limiting – it appears that the areas with the most activity in planning for healthy communities are in a context of clear and supportive provincial policy.

This is particularly true in Ontario, where the *Provincial Policy Statement* (PPS) provides some general guidelines around land use that can be used to support incorporation of healthy community design principles into local planning documents. Some regions of Ontario have the additional benefit of a jurisdictional overlap between regional planning bodies and public health authorities, facilitating closer relationships between planners and health professionals.

Opportunities

The following opportunities emerged as dominant themes for planners working to elevate, introduce, and implement healthy community design in their jurisdictions. While the opportunities are presented in a rough order of priority based on respondent feedback, it was also understood that no one avenue should be pursued alone.

A better legislative enabling environment

A positive legislative enabling environment is a critical driver for expanded healthy community policy implementation and awareness building in Canadian cities and towns. A supportive and clear enabling environment for healthy community design includes clear and detailed provincial legislation that defines healthy communities, provides explicit policy directions for connecting health and the built environment, and provides a more robust and defensible rationale for it (i.e., links population health outcomes with local level policy, investment and planning decisions). While local government level policies are important, clearer and expanded provincial policy direction and enabling legislation would:

✓ Provide planners with more direction and authority (including statutory requirements) for introducing healthy community policies and standards into local and regional planning documents and bylaws (e.g., Official Plans, Secondary Plans, Transportation Plans, Parks and Recreation Master Plans, Zoning Bylaws) as required or directed by new and/or expanded legislation;

✓ Provide local government councils and appeal boards that review and approve plans, subdivisions and developments, with clearer healthy community design criteria, requirements and policies with which to review them; and

✓ Provide improved collaboration and coordination both inter-departmentally at the local government level (e.g., planning, engineering, public health), and between and amongst local governments, regional planning departments and other governmental authorities (e.g., health authorities) as facilitated by new and/or expanded policies in guiding legislation (e.g., Local Government Acts, Health Acts).

Expanded, targeted and easier to access resources

A range of accessible, well-researched and clearly structured Canadian resources (e.g., fact sheets, sample policies, assessment tools, case studies, etc.) is required to build awareness and facilitate increased implementation of healthy community principles in planning and design. For planners with full workloads, ready-made and easily adaptable resources can support healthy community planning in numerous ways:

✓ Building the case and providing the rationale: The link between planning policies and the population health impacts that can be associated with them (positive and negative) is poorly understood. Simple and easy to access Canadian-context fact sheets, case studies and even definitions of key terms can be shared with decision-makers, developers and other staff to build the case for healthy community design. Other key players could also use (and benefit

from) well-researched communications and resource materials to advocate for healthy community designs (elected officials, developers, general public, health professionals).

✓ Creating a common language: The development of common, shared definitions for the key components of healthy community design will support awareness building and, ultimately, implementation of healthy community design in both urban and rural communities with core stakeholders (elected officials, developers, general public, municipal departments, senior governments and agencies/authorities, etc.).

✓ Providing a toolkit for quick wins: Aiding planners with few available resources or time (especially those working in smaller jurisdictions and rural areas) in developing effective communications materials, assessment tools and 'out-of-the box' policies will support continued awareness-building and uptake of healthy community design.

Building linkages and networks

Planning professionals and public health professionals are key players in advancing healthy community design, but the networks and linkages between them are often poor and underdeveloped. While CIP, public health authorities, existing alliances and organizations (BC Healthy Living Alliance, Green Communities Canada, Heart and Stroke Foundation, Active and Safe Routes to School, etc.) are already engaged in bridging gaps and building partnerships and networks between planners, health professionals, and people working in other relevant sectors, this work needs to continue and be expanded. Ongoing network building can support planning for healthy communities in the following ways:

✓ Facilitating the necessary cross-pollination and collaboration between planning and public health sectors that is evident in jurisdictions with more advanced, sophisticated and standardized healthy community planning and development procedures, policies and protocols.

✓ Developing better mutual understanding and awareness of the shared goals and similar work between planners and health professionals.

✓ Promoting greater awareness of healthy communities, and helping to ensure the topic area is represented during discussions of resource allocation and policy review at the local, regional and provincial level.

✓ Broadening the definition of health.

✓ Maximizing the use of resources and coordinating the efforts of people working in different sectors, departments and agencies.

Ongoing education and advocacy

Education and advocacy remains a key task for planning and health champions. A broad range of audiences and stakeholders need to be more aware of, and better engaged in, the promotion, planning and implementation of healthier communities. In addition, key "champions," notably health professionals, including doctors need to play a role in educating and advocating for healthy community planning – several survey respondents noted that input given by doctors was given greater attention and gravitas than had it been delivered by a planner. Some of the target groups for education and advocacy efforts include:

✓ The planning community in general, which, for the most part, is only marginally aware of healthy community design and planning, or perceive it as a non-core planning issue or concern. This community not only includes urban and rural planners, but also the elected officials and planning advisory committees they most often work with.
✓ Public health professionals and the larger 'health' community who may not yet understand their multiple roles (potential and current) in urban and rural planning.
✓ The general public who are involved as stakeholders and consulted with during city and town planning processes and larger development reviews.
✓ The real estate development and construction community who play such a significant role in the design, development and redevelopment of urban and rural communities.

Obstacles

The following issues emerged as consistent obstacles to planning healthier communities. The obstacles are often interrelated with the preceding opportunities.

- **A nascent planning concern**
  While the pursuit of healthy communities is intertwined with better known and accepted planning concepts like sustainable communities and smart growth, healthy communities alone is a relatively new concept that is sometimes narrowly understood (i.e., "It's just about bicycling and walking") to many people working in planning and land development. This unfamiliarity can result in the following situations:

  ✓ Decision-makers (e.g., councillors, appeal boards) can be unwilling or unable to review and assess plans, policies and development applications with a healthy communities lens (particularly if there is no enabling provincial legislation to support it).
  ✓ Developers are reluctant to include new, 'untested' features with little perceived market demand.
  ✓ There is limited public awareness of population health impacts associated with how we build and move around our communities, so there is conversely little public demand for healthy community design.

- **A 'siloed' pursuit**
  Many respondents spoke of the problem of 'silos' that exist within and between municipal departments (particularly planning, engineering and public health), other local and regional authorities, and provincial ministries. Respondents identified the following consequences that can result from departmental and sectoral silos:

  ✓ Planners and health professionals lack a common 'language', or understanding of each other's work.
  ✓ Municipal departments, and other local and regional governmental authorities can occasionally work at cross-purposes, losing limited resources (time, human resources and financial resources) in the process.

✓ The necessary coordination of different provincial ministries (e.g., health, local government, transportation) to create legislation and more supportive legislative enabling environment rarely happens.

- **Limited budgets**
  In the context of downloading more responsibilities to local governments and shrinking municipal budgets, broadening the traditional scope of municipal planning to include concerns that might be perceived as 'new' or are poorly understood can be challenging. Respondents identified the following consequences of limited budgets:

  ✓ New infrastructure (e.g., active transportation, social well-being/inclusive design, green infrastructure) not tied to development is difficult to fund.
  ✓ Planners that are already busy (particularly in smaller municipalities or rural contexts) lack the time, resources and/or capacity to push new initiatives.
  ✓ Professional development, education and training dollars are limited.

2.0   Project Overview

In the beginning of 2012, Healthy Canada by Design CLASP partners, including CIP and the Heart and Stroke Foundation, commissioned production of a Healthy Communities Practice Guide and three facts sheets. These documents were produced as part of Healthy Canada by Design's work to help public health practitioners, planners and policy-makers to integrate relevant and recent findings from scientific research into their work. Specifically, they were produced to provide Canadian planning practitioners and community stakeholders with a summary of the most current 'made in Canada' health-based research on healthy communities, and to help them discover opportunities and methods for collaborating with health professionals and other stakeholders towards common goals for healthy communities.

CIP, in its fifth year as a partner of the Healthy Canada by Design CLASP Initiative, is following up on the first phase of work to determine how planners have used these documents in provinces across the country. As part of this new mandate, the CIP Healthy Communities Subcommittee conducted a survey of full members from Affiliates across Canada to better understand the legislative and regulatory differences, opportunities and constraints that are affecting planners in their healthy communities work. The survey was also designed to help CIP and project partners to:

1. Determine what **new research and planning tools** might be required to more effectively assist members in this important work;

2. Better understand **how these products can be effectively used** in each of the CIP's affiliates, and to refine their promotion accordingly;

3. Develop **better administrative frameworks and increased collaboration** between public health and planning professions and communities.

A total of 15 members took part in the survey after being solicited through an open call in CIP's newsletter or after being recruited through the Healthy Communities Subcommittee members. Conducted during September and October 2013, the survey included both a written component and a follow-up telephone interview. All participants completed a short screening questionnaire to ensure their experience covered a range of geographic locations (different provinces and territories), planning sectors (federal, provincial, municipal, private, etc.), and planning contexts (rural/small town and urban). The survey is appended to this report in Appendix 1.

There were two parts to the survey. The first part asked five general introductory questions, while the second included 16 questions that dealt with:

- Respondents' perceptions and experiences of the general policy and legislative environment for planning and health at the provincial, regional, and municipal levels;

- The individuals/organizations/agencies/other levels of government that respondents generally work with in their planning and health activities; and

- The healthy community planning resources produced by CIP and other agencies, and respondents' use of them.

3.0   Survey Participants

Fifteen CIP members volunteered to participate in the survey and follow-up interview. They represented both the public and private sector and had worked in all provinces and territories across the country. Additionally, four members of the CIP Healthy Communities Subcommittee completed the survey portion of the project.

Of the 19 respondents, four worked primarily in rural contexts, nine worked primarily in urban contexts, and six worked in both rural and urban contexts.

Planning Context: Urban or Rural
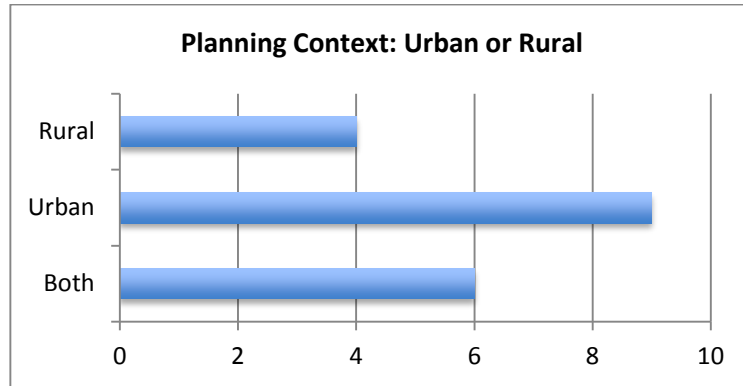
Respondents practiced planning in eight provinces. There were five respondents practicing planning in British Columbia, four from Saskatchewan, three from Ontario, two from Nova Scotia, two from Alberta, and one from Quebec, Manitoba, and New Brunswick. Newfoundland and Labrador and PEI were the only provinces not represented.

Current Province or Region of Practice
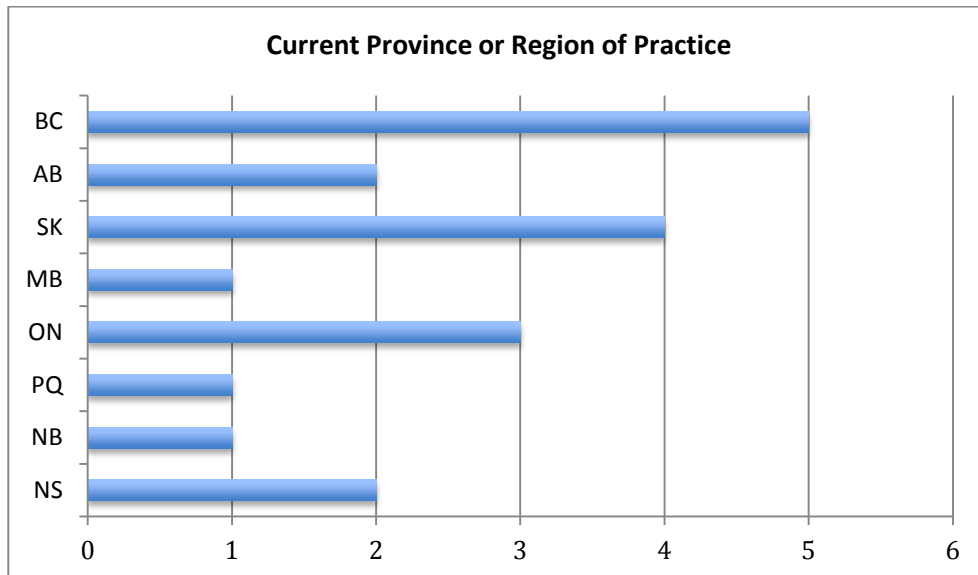
Many of the respondents had worked in multiple provinces over their careers, and were thus able to offer a unique and important comparative perspective. Respondents had previously practiced planning in British

Columbia, Alberta, Saskatchewan Ontario, Quebec, Nova Scotia, New Brunswick, Newfoundland and Labrador, Nunavut, the North West Territories and the Yukon.

Most of the respondents (14) are currently employed in local or regional government, with the rest employed in the private sector as consultants or in academia. A few respondents are currently working in more than one sector.

Employment Sector
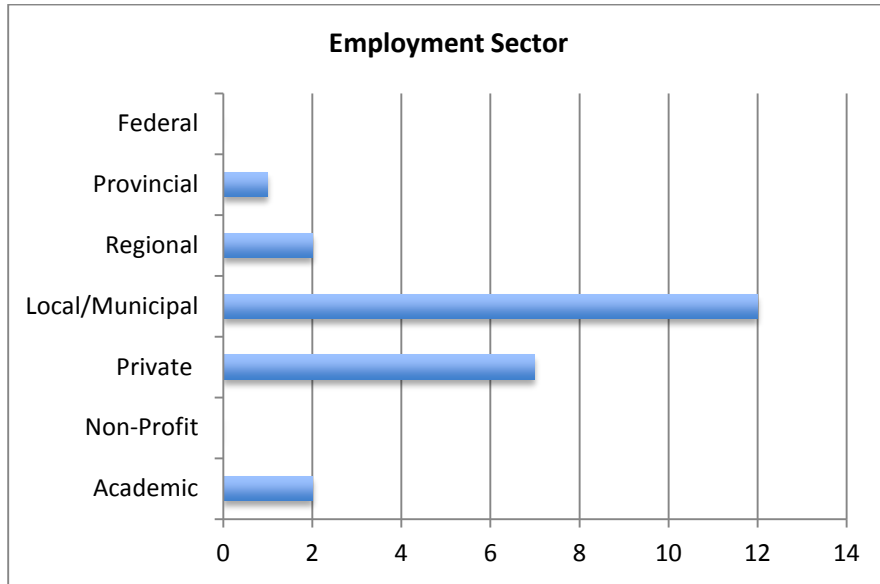
In general, survey respondents had a range of healthy planning communities experience. Common themes included planning for 'complete communities' and planning for active transportation. Almost all respondents had some experience in moving forward general, or 'first order' healthy community policies in Official Plans and other city planning documents, primarily through active transportation policies.

4.0   Survey Results and Findings

This section provides an overview of written responses for each of the principal survey questions. The opportunities and obstacles presented in the Executive Summary were distilled from analysis and synthesis of the written surveys and from the interview portion of the project. The summaries below are from the written surveys augmented by notes taken during the interviews. A summary of general provincial themes and findings from the survey questions is presented following the general findings.

General Findings

Q6. *In your opinion and experience, is the provincial policy environment (e.g., legislation, policy, programs) supportive and enabling of healthy community design? How?*

Survey responses suggested a broad spectrum of policy support for healthy community design at the provincial level across the country.   According to respondents, some provinces take a more prescriptive approach to policy-making around growth management and healthy built environments, while others maintain flexible legislative environments that allow for change but are not explicitly helpful or supportive of healthy community design.

A few provincial policy environments were labelled as lagging so far behind current trends that they have become out-dated to the point of being restrictive. For example, Manitoba, New Brunswick and Nova Scotia were each described as having provincial policy frameworks with little or no mention of healthy communities, although a respondent in New Brunswick explained that legislation there is currently under review.

Based on respondents' answers, it appears that one of the provinces with the most supportive policy environment for healthy community design is Ontario. In Ontario, the *Provincial Policy Statement* (PPS) provides *"high level policy direction on growth and change management,"* along with guidelines for built environments that encourage the development of *"complete communities."* Respondents also mentioned that the new draft PPS currently being prepared will include more explicit policies related to healthy community design, such as legislation mandating that initiatives like active transportation be considered as part of development.

A respondent from Quebec described it as a province that is similarly taking an increasingly regulatory approach to policy and legislation regarding planning for healthy communities. According to this respondent, Quebec has developed a range of provincial mechanisms that integrate planning at municipal and regional levels and provide for cross-sector communication on policy issues related to health and the built environment, including the creation of a steering committee on healthy community design that is comprised of representatives from a range of Ministries such as the Ministry of Health and the Ministry of Municipal Affairs, Regions and Land Occupancy.

British Columbia is another province described as having a fairly supportive legislative environment for healthy community design, although this categorization was qualified by the suggestion that funding priorities at the provincial level are a real challenge.

In general, respondents' comments suggest that provinces are moving towards more proactive policy-making around healthy community design.

Q7. *In your opinion and experience, does the provincial policy environment (e.g., legislation, policy) hinder, obstruct or limit healthy community design? How?*

In general, survey comments suggested that provincial policy environments across the country could be improved with respect to healthy community design through the inclusion of clearer, more detailed policies and guidelines. Some respondents describe their provincial policy environments as being largely unhelpful and limiting, and others expressed that while some positive change has occurred, much more could be done to make provincial legislation more proactive.

One of the respondents from Saskatchewan described the limitations of working within that province's current framework, pointing out that due to a lack of legislative controls related to healthy design, planners have to *"encourage people rather than legislate their behaviour*." Respondents from Saskatchewan and Alberta suggested that improvements in policy direction around healthy community planning at the provincial level would support and facilitate local communities to implement stronger, more health-focused design strategies.

The most common problem raised by respondents with regard to restrictive or obstructive provincial policy environments relates to the disconnect between Ministries at the provincial level. According to respondents, the lack of understanding and/or communication across Ministries within provincial governments has resulted in Ministry 'silos' that obstruct innovation and adaptation in planning for healthy communities.

Another shared challenge identified by respondents as a nationwide problem is that zoning bylaws and policy frameworks need to "*catch up*" with the growing awareness and understanding among planners, practitioners, and community members of the links between health and the built environment.

Finally, respondents again mentioned that funding priorities are often a limiting factor at the provincial level, suggesting that a lack of funding frequently precludes healthy community design. For example, a respondent from Quebec stressed that while prescriptive provincial policies may provide a much-needed framework for healthy community design, without accompanying financial support, municipalities and other stakeholders may not have the capacity to implement related plans and projects.

Q8. *Are the administrative tribunals (e.g., Ontario Municipal Board) that oversee municipal planning decisions in the province(s) you work in helpful or unhelpful in the context of implementing healthy community design? Why or why not?*

In Ontario, some respondents suggested that the Ontario Municipal Board (OMB) is not helpful, with one person pointing out that because the OMB is "*bound by the state of policy that is before it*," if that policy is not specific or clear enough, it becomes difficult for OMB members to do their job. According to others, the issue is particularly problematic when new or innovative initiatives are in motion, but policy has not yet caught up. As one respondent reported, "*It is really difficult to address issues that are new, such as public health issues, especially where the Boards are balancing many concerns. I think there is a reluctance to deal with issues that don't fit traditional land development and transportation issues they have become*

comfortable with." However, one respondent felt that since the OMB's members are from outside the locality from which the appeal is issued, they can offer a more disinterested judgement on an issue than a local council could.

In other provinces with municipal review boards or similar development appeal boards (e.g., Saskatchewan, Alberta, Manitoba, New Brunswick, Nova Scotia), more than one person made the point that because the mandate of the boards is to ensure that planning decisions are consistent with planning policy rather than to establish new policy, ultimately the utility of the boards is only as strong as the underlying municipal legislative framework.

Q9. *Comparing your experience working in different provinces and territories, which province's policy environment (e.g., legislation, policy and administration) was more supportive of healthy community design? How?*

While respondents offered a range of comments in answer to this question, the 'hands-off' approach that a number of the provinces take to both rural and urban community design, was a common concern. Many respondents felt that such an unqualified approach did not provide the prescriptive policy guidance that may be required to move healthy community planning forward.

Due to its more proactive and defined policy approach to healthy community design, Ontario was frequently cited as having the most supportive policy environment with respect to healthy community design in the country. As an example, one respondent compared their work in Saskatchewan and Ontario, reporting that Saskatchewan's Statements of Provincial Interest "*have no teeth, and are generally ignored,*" unlike Ontario's PPS. However, a different respondent suggested Saskatchewan's approach has the same degree of effectiveness despite lacking the "*clout*" of Ontario's PPS.

More generally, one respondent pointed out that communities with more resources are better equipped to incorporate healthy community design principles into planning processes: "*Large cities like Toronto and Vancouver have placed a high priority on these considerations and embedded [them] into development approvals. This is done in a less coordinated fashion in smaller places with fewer resources and fewer resident interest groups.*"

Another respondent suggested that the paradigm shift towards planning for healthy communities is a relatively new trend and can, in part, be attributed to the ageing of baby-boomers and their desire to "*age in place.*"

Q10: *In your opinion and experience, is the regional (e.g., county, regional district, region) policy and program environment (e.g., plans, bylaws, policy, programs, resources) supportive and enabling of healthy community design? How?*

According to respondents' comments, experiences with regional policy and program environments vary widely depending on the province. Some provinces seem to have little or no organization at the regional level, with respondents from Manitoba, Saskatchewan and New Brunswick affirming that regional planning is virtually non-existent in their respective jurisdictions. Respondents suggest there are plans in these provinces to organize at the regional level, but because these are new initiatives, change will take

time. One person mentioned that because there is such a lack of provincial or regional direction, "*it leaves it to municipalities to collaborate.*"

In provinces where regional planning is established and organized, such as in BC, Quebec and Ontario, respondents generally had positive comments regarding the effects of regional policy and program environments on healthy community design. In BC, respondents described both the Metro-Vancouver 2040 Regional Growth Strategy and the Capital Regional District's (Greater Victoria area) Regional Growth Strategy and Green-Blue sub-strategy component as examples of regional support for building healthy communities.

A respondent from Quebec suggested that Quebec's regional plans (which are renewed on a five-year basis) encourage healthy community design at the municipal level because municipalities must comply with the provisions outlined in their respective regional plans, most of which address issues related to health. This respondent highlighted the need for strong leadership at the regional level, describing the implementation of specific thresholds relating to aspects of healthy community design such as densification and transit-oriented development in metropolitan plans for Montreal and Quebec City—Quebec's largest municipalities—as a case in point.

In Ontario, respondents were pleased with the trend towards regional support of healthy community initiatives, citing both the Region of Peel and the Region of Waterloo as examples where this shift is increasingly apparent. One aspect of regional planning particular to Ontario, that works in favour of incorporating healthy community design, is the fact that many regional councils are "*in charge of both regional planning and {public} health delivery, so the connection is automatically made at that level.*" From this respondent's point of view, the existing organizational link between public health and planning facilitates the development of partnerships between the two, which, in turn, makes it easier for health-related policies to be incorporated into regional municipal plans and strategies.

Overall, respondents who have experience working with regional bodies felt that as long as individuals and departments within such organizations have good working relationships and strong partnerships, "*regional entities are well-positioned to address public health concerns*" and have many potential opportunities to work closely with municipalities on incorporating healthy community design in planning processes.

Q11: *In your opinion and experience, does the regional policy environment hinder, obstruct or limit healthy community design?*

Respondents who have worked in planning environments with regional policy-making/involvement described the regional policy environment as generally supportive rather than obstructive to healthy community design. However, a few respondents noted that a supportive policy environment that explicitly incorporates planning for healthy communities into policy frameworks is required in these cases.

Funding was described as another problem with respondents pointing out that when municipalities rely on underfunded regional programs, it can obstruct healthy community design.

In addition, respondents suggested that when planning policy frameworks are in place at regional and municipal levels, it can at times be confusing to coordinate consultation and implementation at both levels and may slow the process down.

Q12: *In your opinion and experience, is the municipal policy environment (e.g., plans, bylaws, policy, resources) supportive and enabling of healthy community design?*

Responses to this question varied significantly depending on province. In Saskatchewan, Manitoba, Nova Scotia and New Brunswick, respondents suggested that the municipal policy framework is beginning to move in the direction of healthy community design. In these provinces, policies supporting collaboration with partners across departments (e.g., health departments and professionals) are becoming more common. However, as a respondent from New Brunswick pointed out, when there is a lack of provincial direction, municipalities are not mandated to carry out healthy community design. According to this respondent, such a dynamic forces 'champions' to drive healthy community design initiatives instead of institutions, legislation or policies.

In BC, Quebec and Ontario, where healthy community design is an increasingly common feature of community planning, respondents made many positive comments regarding the growing policy focus on building healthy communities through initiatives such as active transportation and ageing in place. Most suggested that policy environments in the municipalities they work in are generally supportive of healthy community design, with one respondent mentioning Kitchener as a good example of a community in which integrated healthy community design is occurring. This respondent described how Kitchener's "healthy" Official Plan and growth vision has been augmented through zoning bylaws, a development manual, and an urban design manual which all include supportive healthy community policies and guidelines. A respondent from Quebec also highlighted the benefits of knowledge transfer through workshops on healthy communities, mentioning that limited training is available to municipal planners and administrators in Quebec through various government agencies.

Q13: *In your opinion and experience, does the municipal policy environment hinder, obstruct or limit healthy community design? How? Please be as specific as possible.*

In provinces in which municipal policy environments are working to support healthy community design, respondents had concerns about the disconnect between planning processes and implementation. For example, a few respondents mentioned that zoning bylaws and engineering/development standards are out of date in relation to the work that is being done at the planning level, which they argue is obstructing change. More than one respondent outlined the need for greater collaboration across municipal departments, suggesting that integration and partnership among departments would encourage more effective implementation of healthy community design.

Some respondents mentioned that a lack of political will at the municipal council level often obstructs healthy community design initiatives, while others pointed out that without an increase in financial support from their respective provincial governments, municipalities are simply unable to effectively implement new policies related to healthy community design.

Respondents working in municipalities in provinces that are just beginning to see policy changes at the local level highlighted bylaw limitations as a factor hindering the implementation of healthy community design, while also stressing the effect of out of date legislative frameworks. Moreover, respondents expressed concern that when healthy community design is not legislated into zoning or development policy, it is difficult to get developers to incorporate it, especially in weak markets.

A respondent from Alberta described the difficulty of changing the development environment in that province, suggesting that healthy design concepts are "*viewed with scepticism*" and that developers "*never exceed minimum codes or expectations*". In general, respondents across the country maintained that municipalities need stronger regional or provincial legislative frameworks to have the necessary clout to support, mandate and facilitate healthy community design and development at the local level.

Q14: *After answering the policy questions, how would you rate the understanding and awareness of issues in healthy community planning amongst the general public in the jurisdiction(s) where you work?*

Respondents suggested a wide range of awareness levels among the public in their communities on issues of healthy community planning. For those that suggested awareness was "good" or "very good", it was commonly believed to be the case that the public likely understood many of the elements of healthy community design (e.g., active transportation, connectivity, food safety), even if they were unfamiliar with planning terminology.
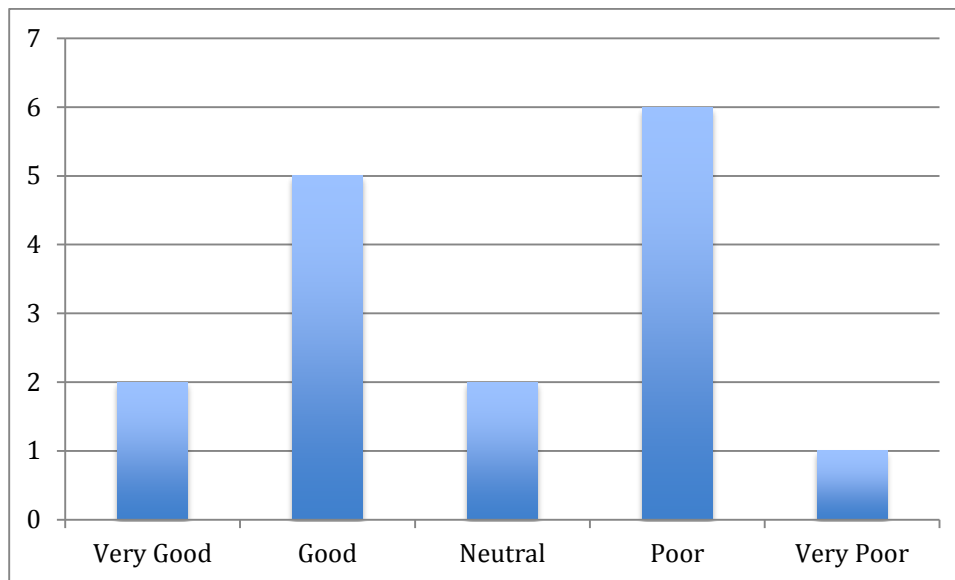
Q15: *Are there any planning/health 'champions' (e.g., other departmental staff, decision-makers) for healthy community planning initiatives in your jurisdiction? Please list them and indicate how they support you.*

Respondents across the country identified health practitioners from various organizations (municipal, regional and provincial health authorities and other public health officials) as the major healthy community design champions in their jurisdictions.

One respondent described a situation in which the head of the regional Public Health department participates in council meetings during development and policy review, which helps ensure healthy

community planning is on the table. Another mentioned that their regional Health Authority (BC) produces "*excellent literature*" and other resources in support of healthy communities. In addition, a number of respondents identified Healthy Canada by Design CLASP partnerships and initiatives as leading change in their provinces.

Respondents also commonly identified local not-for-profit groups such as cycling advocacy groups, environmental groups, local food security groups, and the Heart and Stroke Foundation as leaders in their jurisdictions, along with staff planners at all levels (municipal, regional, provincial). Respondents from Saskatoon and Halifax mentioned a few local council members as champions in their jurisdictions.

Q16: *Please describe any 'supporting players' whose work may not be as evident, but is critical to the work of the 'champions.'*

Responses to this question were similar to the previous question, but a few new supporting players were identified. One respondent mentioned the work of academics, suggesting that this work is "*important because it can highlight areas that municipalities and other agencies may not have the funds [or time] to study*" and also because health professionals "*need numbers to reinforce decisions*" that academic research help generate.

Another respondent mentioned that different departments such as engineering can also play a supporting role in efforts "*to educate the development community on the benefits/marketability of [healthy community design] as a product.*"

Elected officials, local advocacy groups and non-profits, and health practitioners were all identified as supporting players as well as champions for their work building partnerships, educating the public, and providing support to healthy community initiatives.

Q17: *Do you see yourself/agency/department as a 'champion'? Why?*

Generally speaking, respondents answered "yes" to this question, though a few qualified their answers with a description of the limitations of their work. Some representative quotes included:

- *"In my limited way, as an individual working on specific development projects, either for local governments or the private sector, I champion and encourage healthy built design."*
- *"We attempt to include [healthy community design] in all of our projects, but client acceptance of 'change' is always an issue to contend with."*
- *"Not really. [It is] too difficult in a municipal environment to leap too far in front of Council. Have to lead from behind."*

Q18: *Are the healthy communities resources produced by CIP (Health Fact Sheets, Healthy Communities Practice Guide) helpful to you and the stakeholders you have worked with? How?*

Approximately half of respondents had used either one of the resources and found them valuable. A few respondents mentioned referencing the health fact sheets when discussing trends, best practices and good examples of healthy community design. A respondent working in Saskatchewan suggested that though they have yet to make use of either product, they expect to use them for educational purposes

going forward. Another respondent mentioned that they find the CIP website hard to navigate and that it is difficult to find resources, while someone else commented that they find the CIP resources to be directly applicable to the work they do. A respondent from Quebec mentioned that in terms of the CIP resources' usefulness in that province, the language barrier is an issue.

Q19: *Are there other healthy communities resources you consult in your work? What are they and how are they helpful?*

Respondents identified a variety of resources, including resources from the Oregon Public Health Institute, the Healthy Built Environment Alliance (BC), the Congress for New Urbanism, the Ontario Healthy Communities Coalition, the Urban Land Institute and the Rural Active Living Assessment (RALA), to name a few.

One respondent commented that while the CIP resources are useful in some contexts, "*using examples from other municipalities provides me more specifics in how to apply certain aspects of planning (e.g., form based code). Fact sheets, especially those created for a national audience, tend to be more general and don't provide the specifics needed to help us implement our own work.*"

For a complete list of resources described by respondents, please see Appendix 1.

Q20: *Are there other resources or tools that would be helpful in your healthy communities planning work?*

Many respondents outlined a need for resources that offer specific details and case studies regarding regulations and policies, such as "*a catalogue of sample bylaws from other jurisdictions with specific wording.*"

Others maintained that public outreach and education is paramount, suggesting that tools for public engagement, educational resources, and other ways to help promote the issue are of utmost importance.

One respondent suggested that they would like to see more resources aimed at planners working in prairie contexts, in particular, or more resources devoted to winter design and servicing considerations for "*year-round complete communities*." Another suggested more tools and resources focusing on healthy communities design in rural contexts.

In addition, one respondent suggested that the CIP develop a healthy communities assessment checklist, and another suggested a "*one-pager*" for provincial planners to offer to other provincial Ministries, describing why each ministry should care about the issue. More web-based tools around best practices were also suggested. A suggestion was also made that Health Impact Assessment tools, such as an online how-to course be developed.

Q21: *Are there any further comments you would like to provide that would help put your work and the answers to our survey questions into more perspective?*

Respondents offered a variety of suggestions and comments in answer to this question. One respondent suggested that a stronger, more specific definition of the term "*healthy communities*" be developed.

Another mentioned they would like to see a conclusive or summarizing section on what municipal councils can do to advance health and healthy community design coming out of this report. Yet another reiterated the need to overcome silos between ministries and different professions and the related need to build partnerships between the health professionals and planners.

Findings by Province

According to survey respondents, policy support for healthy community design varies widely from province to province. Some provinces take a more prescriptive approach to policy-making around growth management and healthy built environments, while others maintain flexible legislative environments that allow for change but are not explicitly helpful or supportive of building healthy communities. While respondents have mixed responses toward the effectiveness of a more flexible legislative environment – some appreciating the flexibility, others finding the lack of policy limiting – it appears that the areas with the most activity in planning for healthy communities are in a context of clear and supportive provincial policy.

Ontario
Of all the affiliates, Ontario appears particularly active in planning for healthy communities and healthy community design. Places like Waterloo, Kitchener, Toronto and the York and Peel Regions were identified as having progressive approaches to healthy community design. Part of this success is attributed to the supportive legislative and administrative environment in the province.

In Ontario, the *Provincial Policy Statement* (PPS) provides guidelines on matters of provincial interest related to land use. The current PPS is described as being a comparatively supportive framework for healthy community planning and is generally considered stronger and more prescriptive than legislation in other provinces. The PPS is currently under review and preliminary drafts suggest that the new PPS will be more explicitly supportive of healthy community design in the future. For example, the new PPS will likely mandate that certain aspects of a community, like active transportation, be considered as part of new development. Respondents working in Ontario see the strengthening of the PPS as a necessary and positive change.

Other elements of the supportive environment for healthy community planning in Ontario include:
- Places to Grow: Initiated through the *Places to Grow Act,* 2005, the legislation allows for the development of strategic growth plans. Two have been developed, one for the Golden Horseshoe region, the other for a large area of Northern Ontario. Both promote complete communities and healthy environments.
- Ministry of Municipal Affairs and Housing: The Ministry has a dedicated team and website to advance healthy community design policies and partnered with the Ontario Professional Planners Institute (OPPI) in 2009 to produce *Planning By Design: a healthy communities handbook.*

Another important aspect of the successes seen in some regions of Ontario is the shared jurisdictional boundaries of regional planning and regional public health bodies, which makes it easier to develop partnerships between planners and public health professionals.

While the shared jurisdictional boundaries has not facilitated healthy communities in all regions, in places like the Peel Region, where regional councils make decisions about regional planning and public health,

the connection between the two is more automatic. Advocacy for health in development and planning policy is facilitated at council sessions where the Medical Health Officer (the head of public health) is present at council sessions as a member of senior management staff. This close administrative connection between planning and health is not present in all regions of Ontario, resulting in varied depths of partnership and collaboration across the province.

Healthy Community by Design Profile: Region of Peel

The Region of Peel is often looked to as an example of the successful integration of healthy community concerns into its planning work. Among other reasons for this success, Peel provides an example of the importance of partnerships. In advocating for healthy community design, planners were aided by the presence of Dr. David Mowat, the Medical Health Officer for the region and a strong advocate for healthy community design. Furthermore, by incorporating health research from St. Michael's University Hospital, planners and health officials were able to make a stronger case to decision-makers on the importance of community design for public health.

British Columbia

BC is another province that has been relatively active in planning for healthy communities. As in Ontario, some of this success has been attributed to provincial legislation that has, to some degree, enabled local planning conducive to the creation of healthy communities. And while the administrative boundaries of the regional districts and regional health authorities don't align as closely as can be the case in Ontario, there have been successful partnerships developed between planners and health professionals that have supported healthy community planning initiatives. This work has included a provincial workshop series on planning and health that was delivered in all of BC's health authorities. A professional development course for planners on public health was also delivered through the Planning Institute of BC.

While not explicitly identifying healthy community design, provincial legislation is indirectly supportive with the establishment of thresholds for parks and green space allocation, or the support of affordable housing and childcare. While additional and stronger legislative guidelines were called for, many limitations for healthy community planning in BC are attributed to a lack of funding, not legislation.

Healthy Community by Design Profile: Richmond, BC

While updating their Official Community Plan, the City of Richmond planning department worked closely with officials from Vancouver Coastal Health to ensure that the update was conducted with community health in mind. Health officials helped to review policies and were present at most open house events. The final plan includes explicit identification of health related plan objectives and policies concerning active transportation, complete communities, ageing in place, affordable housing, and childcare. The commitment to health is graphically punctuated in the plan with the placement of quotes from health officials throughout the document.

Other Provinces

In Alberta, Saskatchewan, Manitoba, Nova Scotia and New Brunswick, respondents described provincial legislation as typically less detailed and explicitly concerned with healthy community planning. Legislation is instead more general and high-level, which is seen positively by some for the flexibility it allows in local and regional planning, and negatively by others who say the lack of specific policy limits their ability to implement healthy community design initiatives. While this varies from province to province (e.g.,

Saskatchewan, like BC has some legislation about land dedication and trail networks), it appears that provincial legislation in these affiliates plays little part in healthy community design.

The following description from one respondent of the provincial legislation in Saskatchewan articulates the situation in many provinces well:

"In Saskatchewan, there are 'Statements of Provincial Interest' although to be honest, they are not really discussed when considering planning decisions at the local level. Furthermore, the 'Statements of Provincial Interest' do not cover off the design of healthy communities specifically. It can be inferred through some of the provincial interests, although even this is limited in its scope. Overall, it is too general to offer much more than platitudes that everyone already accepts as a given (e.g., protect natural resources)."

As a province with an increasingly prescriptive provincial policy environment, Quebec is a notable exception in this context. According to one respondent, a variety of policy instruments that encourage and enable healthy community design – both implicitly and explicitly – are in place in that province as a result of the province's *Health Act* and its *Planning Act*. Both pieces of legislation have encouraged and facilitated cross-government partnerships and training opportunities among health administrators and planners. They also empower the Minister of Health to raise objections to significant development plans that may negatively impact public health. The respondent also pointed to the provincial government's focus on regional planning and the development of regulatory frameworks that impose provincial directives on other levels of government (e.g., Official Municipal Plans must be approved by the Minister of Municipal Affairs, Regions and Land Occupancy) as indicative of the trend towards more integrated planning in Quebec. Comments suggest that though there are many benefits to Quebec's move to a more 'top-down' approach to policy-making around healthy community design, training and capacity-building is not supported financially by the province and so municipalities and other stakeholders often struggle to meet the government's requirements.

Healthy Community by Design Profile: New Brunswick

New Brunswick's provincial legislation is described by one respondent as out-of-date, with no mention of active transportation, compact communities, or sustainability, and providing no tools for planners at the regional or municipal level pursuing healthy community design. Adopted in the 1970s, based on 1960s research, this legislation is undergoing its first major overhaul.

In response to this review, the New Brunswick Department of Health, sponsored by CLASP, initiated a project to ensure the department of health would be a key stakeholder in the update of provincial legislation, including the *Municipal Act.* As part of this project, the health department conducted a one-day workshop with approximately 20 other partners in health to brainstorm healthy community design options. Outputs from the session were turned into a formal submission to the New Brunswick Department of Health for use in their meetings with the Department of Environment and Local Government.

Two other projects being conducted by the Department of Health as part of the CLASP initiative involve building stronger relationships between health professionals and planners, and adapting an existing Rural Active Living Assessment to the local context.

Canadian Institute of Planners - Healthy Communities Committee

LEGISLATIVE COMPARISON SURVEY

Part 1 - Introductory Questions

1. In what contexts do you work primarily?
   __ Rural/Small Town
   __ Urban
   __ Both

2. In which provinces and territories have you practiced planning? (Please mark an X)

Current province or region of practice	Provinces or regions where you have practiced	
		British Columbia
		Alberta
		Saskatchewan
		Manitoba
		Ontario
		Quebec
		New Brunswick
		Nova Scotia
		Prince Edward Island
		Newfoundland and Labrador
		Nunavut
		Northwest Territories
		Yukon

3. In what sector are you currently employed?
   ___ Government - federal
   ___ Government – provincial/territorial
   ___ Government – regional/country
   ___ Government – municipal/local
   ___ Private sector – planning consultancy
   ___ Non-profit
   ___ Academic
   ___ Other. Please clarify: _____

4.   Tell us briefly about your experiences with community design, planning and health.

5.   In general, how would you rate your understanding and awareness of issues in healthy community planning?

        __ Very good   ___Good   ___ Neutral   ___Poor   __ Very Poor

Part 2: The Policy and Legislative Environment

Provincial

6.   In your opinion and experience, is the <u>provincial</u> policy environment (e.g., legislation, policy, programs) **supportive and enabling** of healthy community design? How? Please be as specific as possible.

7.   In your opinion and experience, does the provincial policy environment (e.g., legislation, policy) **hinder, obstruct or limit** healthy community design? How? Please be as specific as possible.

8.   Are the **administrative tribunals** (e.g., Ontario Municipal Board) that oversee municipal planning decisions in the province(s) you work in helpful or unhelpful in the context of implementing healthy community design? Why or why not?

9.   Comparing your experience working in different provinces and territories, which province's **policy environment** (e.g., legislation, policy and administration) was more supportive of healthy community design? How? Please be as specific as possible.

Regional

10.   In your opinion and experience, is the <u>regional</u> (e.g., county, regional district, region) policy and program environment (e.g., plans, bylaws, policy, programs, resources) **supportive and enabling** of healthy community design? How? Please be as specific as possible.

11.   In your opinion and experience, does the <u>regional</u> policy environment **hinder, obstruct or limit** healthy community design? How? Please be as specific as possible.

Municipal

12.   In your opinion and experience, is the municipal policy environment (e.g., plans, bylaws, policy, resources) **supportive and enabling** of healthy community design? How? Please be as specific as possible.

13.   In your opinion and experience, does the municipal policy environment **hinder, obstruct or limit** healthy community design? How? Please be as specific as possible.

14.   After answering the policy questions, how would you rate the understanding and awareness of issues in healthy community planning amongst the general public in the jurisdiction(s) where you work?

   __ *Very good*   ___*Good*   ___ *Neutral*   ___*Poor*   __ *Very Poor*

Partners and Champions

15.   Are there any **planning/health** 'champions' (e.g., other departmental staff, decision-makers) for healthy community planning initiatives in your jurisdiction? Please list them and indicate how they support you.

16.   Please describe any 'supporting players' whose work may not be as evident, but is critical to the work of the 'champions'

17.   Do you see yourself/agency/department as a 'champion'? Why?

Resources

18.   Are the healthy communities **resources produced by CIP** (*Health Fact Sheets, Healthy Communities Practice Guide*) helpful to you and the stakeholders you have worked with? How? Please be as specific as possible.

19.   Are there **other healthy communities resources** you consult in your work? What are they and how are they helpful?

20.   Are there **other resources or tools that would be helpful** in your healthy communities planning work?

21.   Are there any further comments you would like to provide that would help put your work and the answers to our survey questions into more perspective?

APPENDIX 2: Survey Responses

This appendix includes the full responses from all participants for each survey question. Where relevant, they have been organized according to location.

Part 1: Introductory Questions

Only the results of introductory question four are transcribed here. A summary of the results from questions one, two, three, and five are in the body of the report.

Q4. Tell us briefly about your experiences with community design, planning and health.

- *Have worked in completing urban design studies, parks & trails master plans, inter-municipal cycling plans, watershed analysis studies and participated in design charettes for small and large communities on healthy community issues including sustainability, walkability, cycling.*
    - o *2005/2006 Union of British Columbian Municipalities (UBCM) Healthy Communities Initiative*
    - o *CASA – an agglomeration of health and social service agencies*

- *Public Health Program & policy work in Manitoba*
    - o *Interning for Province*
    - o *Developing a physical activity promotion program for municipalities*
    - o *Making sure families have access to certain food products (e.g., if their kids have allergies)*

    Ryerson University: Research on provision of sun-shade in the urban environment and health (skin cancer)—looked at best-practices in places like Australia. Also research what Ontario healthcare professionals were doing.

    Edmonton and Tsawwassen: Zoning bylaw amendments, which included aspects related to health such as provision of active transportation in developments.
    - o *Making sure there are logical pedestrian connections (putting in flexible wording through development permits for negotiation purposes).*

- *Within Capital Regional District engaged with VIHA with planning and health workshops*
    Regional Growth Strategy (RGS) and Regional Sustainability Strategy (RSS)
    View Royal Official Community Plan (OCP)

- *Richmond: Mostly in the preparation of two OCPs, including latest, 2041.*
    - o *Main health themes: active transportation, complete communities (i.e., shopping mall redesign and parking lot infill), ageing in place, affordable housing, childcare*
    - o *Worked with Department of Health in developing OCP.*
        - o *Health officials present at most open houses, especially to promote active transportation*
        - o *Quotes from health officials used throughout OCP*
    - o *Invented the term rolling, ensuring universal access is considered in trails and pathways.*

- o *Density bonusing used extensively in Richmond to extract affordable housing and childcare amenities/contributions*

- *I have been involved with current planning, zoning, development, large and small subdivisions, working for local governments and in the private sector. In my experience, politicians and planners don't consciously think about "health" when planning the built environment, but do consider pedestrian connections, active transportation, connectivity, mixed land uses, to be "good planning" and "complete communities" and that is what they strive for. Interactions with health professionals have been minimal or non-existent until very recently. Health professionals add another voice and another perspective to the quest for good planning and well-designed communities. The broader the input, the more likely to be acknowledged by the decision makers/politicians.*

- *As my MSc is in Environmental Health Engineering, "community health" has played a major role in my practice since 1972. After 41 years of professional practice I am extremely disappointed in how little progress we've made with the inclusion of "health" considerations in community designs. From our unrelenting focus on developing business cores in our cities with minimal consideration to transit, to engineering standards that preclude walking and cycling, we have failed to get the message out to other professions and elected officials that bad design is unhealthy, unsafe and eventually financially unsustainable.*
  - o *Many plans I've been involved in have a health component, but the challenge is taking a comprehensive look at health in terms of urban design.*
  - o *"Flavour of the month", plans talk about it, but not much actually implemented. Tough to have words interpreted and turn into hard changes (e.g. infrastructure etc.).*

- *Currently assisting with management of planning instruments for growth of new communities, including development design, infrastructure, servicing (hard and soft). For example, just wrapping up Draft OCP with emphasis on quality of life and livability by means of "complete neighbourhoods" that allow residents to "live, work, play" in their areas.*

  Review of green field developments on municipal fringe to ensure development of "complete neighbourhoods".

  Also, have recently begun to work in collaboration with Regina/Qu'appelle Health District on developing a checklist for designing healthy communities to be used for development review.

- *In municipal government for 16 years, doing subdivision design, community building and long-range planning. Been involved in designing complete communities.*

  Involved in the CLASP Initiative with Qu'appelle Health Authority. We asked the Health Authority to develop a set of guidelines/criteria on healthy design to be incorporated into community plans. We are using those criteria to develop a health impact card for grading developments using criteria provided by the Health Authority.

- *I moved to Saskatchewan earlier this year where I am employed by the City of Saskatoon as a planner working in development review. Only there 2.5 months so far, but sit on the review panel*

for Concept Plans (i.e., Neighbourhood Plans, Local Area Plans), and bring health issues up there. Also beginning integrated growth plan (OCP) for Saskatoon and there are health relevant policies in place (walkability, etc.).

- *Been with the city for 3.5 years. Previously working in development review section and recently moved to business licensing and zoning bylaw section. Experience related to policy projects.*

  Saskatoon is dealing with rapid growth in past 5-10 years. Beginning work on strategy to manage infill development (neighbourhood level). Putting guidelines in place to keep our footprint smaller without impacting quality of life in neighbourhoods. I manage bylaw inspectors: public health and safety, help people legalize secondary suites.

  Saskatoon has population of 220,000. Has public transit, not always convenient, intermittent service. Most people don't want to manage without a vehicle (or 2 or 3).

- *Worked as a planning consultant for The Planning Partnership in Toronto where I was involved in Region of Peel and Toronto Public Health's CLASP initiative on the development of Healthy Community Development/Design Guidelines.*

  I've also been involved in numerous community design and planning projects for both public and private sector clients over the past 8 years.

  Winnipeg Regional Health authority is doing its own CLASP initiative, and I've been asked to discuss my past experience in Peel with them. It's just starting up, so I don't know much about it.

  Generally, there is not too much overlap with Health Authority and planning in Manitoba.

- *I have significant experience working with municipalities, stakeholder organizations, NGOs and the public on advancing healthy communities through shaping public policies (Official Plans), community tools and strategies. I have extensive experience facilitating workshops and meetings with stakeholders in the Greater Toronto and Golden Horseshoe Area on healthy community policy and advocacy with specific experience with health and the built environment.*

  I am Past President of the Ontario Professional Planners Institute (OPPI) where I was instrumental in developing OPPI's Calls to Action and release of OPPI's report Healthy Communities, Sustainable Communities and the Planning by Design Handbook jointly with the Ontario Ministry of Municipal Affairs and Housing.

  I lecture part time at Queen's School of Urban and Regional Planning teaching a collaborative Planning and Public Health Course on Health and the Built Environment and a second course on Public Participation Techniques. I have given many presentations on health and the built environment and am skilled at distilling complex ideas into tangible actionable items.

  Clients include municipalities, stakeholder organizations, Active Transportation Coalitions.

- *With respect to community design, I have been involved with community design from a policy perspective as part of the preparation of Kitchener's new Official Plan (OP) which sets forth the vision and guiding policy for the growth in our city*

  I have also been involved in subdivision draft approvals and registrations, as well as development approvals specific to properties, which have had opportunities to implement changes to improve the design of the project to support a variety of healthy communities initiatives.
  Through policy development in our new OP, we have developed policies that encourage a built form and community design that support and promote a healthy and active lifestyle:
    - *Underlying theme of OP is "Complete and Healthy Kitchener"*
    - *Cycling master plan, employments land studies*
    - *Creating compact urban form that is transit supported*
    - *Amenities and employment within reasonable distance of residential*
    - *Shift of mode share away from autos*

  Kitchener has urban design guidelines that are implemented through the development review and approval process that require building features that support active transportation such as bike racks.

- *In Ontario, I worked with the County of Simcoe and the Region of Peel as a development planner. While with the Region of Peel, I also worked with Peel Public Health on healthy built environment initiatives (including CLASP). Took on getting health more involved in planning, and eventually was working as a planner within the Public Health office. Some of the initiatives included translating St. Michael's Hospital University research ("Healthy Development Index") into something directly usable/implementable by planners; created health "fact sheets", worked with Environmental Health about Climate Change and air quality. Generally a lot of cross-pollination and partnerships with research institutes and university and Public Health.*

- *Participated in design teams that have produced recreational trail, cycling and pedestrian master plans. I have also worked for several industrial clients on land use compatibility concerns arising from air, noise, odour and vibration concerns.*

  In addition I have actively participated in OPPI's Healthy Communities work and CIP's Healthy Communities Committee and am a member of a Canadian Public Health Association writing team drafting and update to a 1992 position paper on ecological determinants of public health.

- *Began in public sector, but have moved to private since 2007. Most clients are municipalities and municipal policy development. With a focus on the last five years on sustainability, and last 2 years in healthy communities.*

  Pulled into healthy communities work with clients in Ontario. On behalf of Health Units, assessing plans from healthy community design context. Big project out of that work was developing an official plan policy checklist for health units to review plans from healthy community perspective—30 to 40 page document.

  In New Brunswick this year began on some CLASP projects: New Brunswick

Department of Health. Working as facilitator with public health professionals at provincial level, working on three main projects:

- o *Health folks developing a stronger relationship with municipalities (Fredericton) to help with healthy community planning. City has two secondary planning projects that the health folks will be reviewing as stakeholders. ROLE: working with the steering committee to develop action plan, three projects, connect with the planners.*
- o *RALA tools: Rural Active Living Assessment: a set of three checklists developed by Dr. David Hartley in Maine. Developed to look at how activity friendly the rural environment is. Currently Canadianizing/New Brunswick-izing them: have for communities test-piloting the tools, including M&E of tools.*
- o *In New Brunswick, provincial legislation was adopted in 1970s on 1960s research and has never had a comprehensive overhaul. Province reviewing it now (as well as the Municipalities Act), and this project has been working to ensure New Brunswick Department of Health be a key stakeholder of review. New Brunswick Health had a meeting with 20 or so non-profits (cancer society, Heart & Stroke, youth advocates, New Brunswick medial, New Brunswick planners) to brainstorm healthy community design options. Turned it into formal submission to New Brunswick health, then New Brunswick health folks met with local government department.*

- *All planning is about health ultimately – urban form drives health
Health defined in Nunavut that took into account connections to the land and traditional use (hunting and gathering) – access to the land
Cultural and individual health tied to access to the land
Large rural – Kings County
Worked with a developer – healthy, sustainable sub-divisions – developers weren't interested unless there was money involved
Wolfville interested in incorporating active transportation and active lifestyle into the planning regime – linked in part to affluence of community and less so Acadia students
More educated populace*

- *Good efforts can be made by the design professions but seem to run into bureaucratic of regulatory roadblocks. Many communities are embracing active transportation, which is positive, but there are many more determinants of healthy communities that active transportation. There is limited if any planning policy focus on healthy communities in Nova Scotia and to my knowledge no functional planning-health partnerships outside of one being funded by CLASP. I think communities here are receptive to the message. Of interest, impact on human health as a basis for decision-making in one community was embraced by politicians and stakeholders (this was in a small town that does not have a planning department).*

- *In Quebec: The following areas are covered for healthy communities planning: research, training, community engagement, cross-sector committees, and tools for implementing / assessing healthy communities*

Part 2: The Policy and Legislative Environment

Provincial

Q6. In your opinion and experience, is the provincial policy environment (e.g., legislation, policy, programs) supportive and enabling of healthy community design? How? Please be as specific as possible.

British Columbia:

- *In my opinion the provincial realm in British Columbia has changed considerably relative to healthy communities in the past 23 years. Although in the early- to mid-1990s the focus was more on specific environmental issues – Clayoquot Sound, the Stein Valley, Tatsenshini, and others – the protection of those larger sensitive environments was, in my mind, related to overall community health by maintaining biodiversity.*

  In subsequent years the province took on a broader approach to environmental (community) health by establishing thresholds for parks, open and green space resulting in 13% of the land base being preserved as park and/or wilderness recognizing the importance of these spaces to greater provincial environmental health.

  In the early- to mid-2000's interest in local community health was high on the public agenda, so much so that UBCM and various health authorities and local governments partnered in organizing healthy community workshops and events aimed at establishing objectives and actions to achieve improved community health locally. Unfortunately since that time funding (and actions) at the broader provincial level, with the possible exception of urban cycling initiatives, has been substantially reduced.

- *I don't feel that this has a large impact on the work I've done specifically in urban planning. I appreciate the environmental type policies/guidelines, such as air quality levels. This somewhat assists in assessing air quality and health impacts.*

- *Generally it is.*
    - *Legislation intended to be fairly flexible – can accommodate a great deal*
    - *Healthy community lens a vantage point*

- *Yes, but more policies and funding are needed (e.g., for affordable housing, child care, aging in place and campuses of care facilities, bike lanes, etc.). Really just a straight funding issue.*

  Provincial legislation supports affordable housing and childcare. Richmond's use of density bonusing to provide both in this context.

- *The issue is not whether the legislation is restrictive or enabling, it is budget priorities. The legislation does not prevent or restrict healthy community design.*

Alberta:

- *NO!! British Columbia plays with the notion of enabling healthy communities, but does little to support municipalities that initiate healthy community design. Alberta … well, we've been able to write "healthy community" policies as part of municipal plans since at least 1995, but only a few communities have really taken it to heart because the Province is firmly locked in a 1950s approach to land use and development. We are also hindered by "national/international" design standards for roads & streets that enable motor vehicles and not alternative forms of transportation. Financially, healthy design solutions that might be lower cost to financially manage overtime receive no "off-site levy" credit and are often punished by higher capital costs and the levy.*
  - *Underlying challenge is that at provincial level, not many people understand connections between health and a range of other policy areas.*
  - *Policy written as though it can stand alone, so connections for other areas are not made.*
  - *Nobody talking to communities about health concerns/issues.*
  - *No connections between provincial ministries (e.g., following flooding): siloed, restricting more comprehensive understanding of health.*
  - *Health policies are reactive, but once issue (crises, like flood) goes away, health falls of the agenda (e.g., Alberta government intentionally sat on post-2005 health, likely due to funding, until flood hit).*
  - *Municipal Government Act up for review, but currently lacks any policy direction for healthy community design.*

Saskatchewan:

- *Not aware of specific "health" related language in Saskatchewan Development and Planning Act, though there is a clause on "sustainability" (as well as "Provincial Statement of Interest" on sustainability).*

  Provincial legislation allows for flexibility in the work of each municipality.

  Pretty good regulations relating to land dedication (parks, trails, environmental reserves).

- *It doesn't preclude, but doesn't make it mandatory. Planning and Development Act is left very open, allowing cities to set parameters. No requirements also means it's not very proactive.*

- *In Saskatchewan, there are "Statements of Provincial Interest" although to be honest, they are not really discussed when considering planning decisions at the local level. Furthermore, the "Statements of Provincial Interest" do not cover off the design of healthy communities specifically. It can be inferred through some of the provincial interests, although even this is limited in its scope. Overall, it is too general to offer much more than platitudes that everyone already accepts as a given (e.g., protect natural resources).*

The Province is more involved in rural areas, but taking a step back as larger cities grow and regions develop.

- *No but not actively obstructing either.*

Manitoba:

- *In Ontario, yes. The Provincial Policy Statement (PPS), Growth Plan and the planning regime overall encourages good planning and good planning, by extension, is typically supportive and enabling of healthy community design. In Manitoba, no. Overall, the planning regime, while not unsupportive of healthy community design, is simply not as comprehensive or current on these sorts of issues.*

  Ontario's policies are more prescriptive. Manitoba's planning policy is a lot more "functional". Ontario's PPS and growth plans are supplemental policies that do not exist in Manitoba (doesn't have those kinds of growth directives). Manitoba Planning Act only sets out how planning decisions are made (process, requirements for preparing plan).

Ontario:

- *The Ontario PPS provides a framework for healthy community planning with efforts underway to strengthen these. The joint Ministry of Municipal Affairs and Housing and OPPI Healthy Communities: Planning by Design Guide is used as a background document and resource tool for small and large municipalities across the province. The Ministry of Municipal Affairs and Housing has a dedicated website and team to advance policies. The Greater Golden Horseshoe Growth Plan identifies intensification and urban center polices to cite a few that are supportive off healthy community design.*

- *The PPS provides high level policy direction on growth and change management which is further refined at the regional and local level*
  - *PPS had healthy communities at heart of their creation, but not so specific; does provide guidelines for built design*
  P2G provides support and guidance on built form, which encourages compact complete community that are sustainable
  - *P2G identified urban growth centers and defined urban/greenfield*
  There are federal and provincially supported/funded transit programs that are being introduced in our region; regional commuter transit (GO Train/GO Bus) and funding for higher order transit (ION – the planned rapid transit a BRT/LRT system)

- *In Ontario, the direction of the proposed PPS will help to move planning in the province in the direction of healthy community design by mandating that certain aspects, such as active transportation, are considered as part of development. Current PPS is not great, but the draft one has a lot more specific directions on health.*

- *In Ontario, the existing PPS, which municipal planning decisions have to be consistent with, is moderately supportive and its current review and updating will likely strengthen this support. Provincial public health policy provides a basis for municipal public health officials to address built environments from physical inactivity and obesity and associated chronic disease perspectives. Provincial highways and transportation officials understand the issues but there isn't a lot of support where street standards and active transportation or associated air quality concerns exist particularly where coordination with land use policies is required to design and implement more active communities. Provincial policy implementation is also constrained in part because of the administrative silos that exist.*

Quebec:

- *The <u>Quebec Planning Act</u> (Loi sur l'amenagement du territoire) outlines a number of planning instruments dealing with "healthy community design and planning" to a certain extent:*
  - *Regional Plan (Schema d'amenagement), renewed every 5 years, must identify objectives for the regions (most of regional plans do address healthy communities), and may identify constraints to healthy environment resulting from permitted uses;*
  - *Official Municipal Plan (plan d'urbanisme) must identify objectives for the municipality and may address public infrastructure, design guidelines / standards*
    - *Official Municipal Plan must comply with the provisions of the Regional Plan (Schema d'amenagement);*
    - *Official Municipal Plans are subject to approval of the minister of Quebec municipal affairs (MAMROT) and therefore allows for policy and programs integration with other provincial policies through their referral process;*
  - *Particular Planning Program (Plan Particulier d'urbanisme - PPU)is the planning instrument most used for public-private governance infrastructure planning*
  - *Plan Architectural Implementation and Integration Plan (Plan d'implantation et d'integration architecturale – PIIA) may address urban design in a designated area and outline characteristics of the built environment, such as walkability, pedestrian friendly, Transit Oriented Development, etc.*

  The <u>Quebec Health Act</u> (Loi sur la santé) enables the minister of Health to object to development , or cancel a development, which, in his opinion has negative impact on public health.
  The Health Act enables a series of programs / instruments for healthy communities planning:
  - *Quebec National Health Program, renewed every 5 years, identifies objectives for the environmental health, provides a platform for knowledge transfer, identifies key elements for healthier built environment, and it may identify constraints to healthy environment in a designated area;*
  - *Health Prevention Policies/Programs:*
    - *4P Training Program (4P Promotion, prevention et politiques publiques) of Reseau de Recherche en santé des populations du Quebec deals with the transfer of knowledge and support to health capacity building on health prevention;*
    - *Healthy Living, program developed by Health Agency and Social Services of Montreal (Agence de la Sante et des services sociaux de Montreal) are*

addressing healthy communities through a number of initiatives: housing, transportation, neighbourhood revitalisation, sustainability and health, Neighbourhoods 21 Program (Programme quartiers 21), green development, active transportation active lifestyle, safe communities, affordable and healthy housing, air quality, water quality, contaminated lands, recreation, public green space enhancements, healthy food accessibility, etc.

o *Health Action Plans – the Health Agency and Social Services of Montreal (Agence de la Sante et des services sociaux de Montreal) uses a number of actions to address major healthy communities issues on projects in the region (housing, transportation, neighbourhood revitalisation, recreation, air quality, water quality, contaminated lands, public green space enhancements, healthy food accessibility, etc.):*

➢ *Presents Position Papers to decision makers, such as government elected officials, municipal councils, development industry, etc.;*

➢ *Conducts and releases thematic health impact assessments;*

Quebec Cross-Government Initiatives are mounted to address healthy communities planning and tools development:

• *a Steering Committee with experts from Municipal affairs and regions Quebec (MAMROT), Health Ministry and other selected ministries are working on a Research & Policy Paper (Chantier sur les communautes en santé) related to healthy built environment - results are expected to be released within 2015.*

New Brunswick:

• *Out of date legislation being reviewed (CLASP project mentioned above). Currently, no mention of active transportation, compact communities, sustainability, provides no tools for planners at regional or municipal level for healthy communities design.*

Nova Scotia:

• *Not really. Statements of Provincial Interest that municipalities must follow
Not a shared understanding of what healthy community design is
MGA not particularly helpful
Department of Health supports pieces
HRM has done some work
Active Living Coordinators funded in municipal units – meant to support Active Living
Little interaction between provincial and municipal unit level
Open Space requirements – 10%
No awareness of the Thrive! Plan*

• *Nothing specific. Land use/municipal planning strategies is at the discretion of municipal governments. The Province has a half dozen provincial policy statements (agricultural land preservation, for example), which could and should be used to promote healthy communities as a provincial priority.*

Q7. In your opinion and experience, does the provincial policy environment (e.g., legislation, policy) hinder, obstruct or limit healthy community design? How? Please be as specific as possible.

British Columbia:

- *I do not believe it achieves any of these limitations but it certainly does not promote it in the community I work in. I may be 'out of the loop' on this matter however as our local council does not, with the exception of planning for improved sidewalks in the Town Centre, take a proactive approach to community health be it physical health, homelessness issues, overall environmental health, etc.*

- *Things such as the building code could likely be strengthened to include some elements of 'healthy homes'.*

  Stronger priority (e.g., increased funding) for transit service could assist.

  Guidelines, such as air quality, to test against would help.

- *See above: "The issue is not whether the legislation is restrictive or enabling, it is budget priorities. The legislation does not prevent or restrict healthy community design."*

Alberta:

- *Clearly it doesn't support healthy community design, nor the management of healthy environments, nor innovative designs that provide opportunities to make healthy lifestyle choices.*

Saskatchewan:

- *As above: "It doesn't preclude, but doesn't make it mandatory. Planning and Development Act is left very open, allowing cities to set parameters. No requirements also means it's not very proactive."*

- *There could probably be more support through our provincial policy. Some limitations around architectural controls. Neighbourhood infill strategy: we'd have more tools at our disposal to promote infill development if we had more opportunities for architectural control. We regulate design standards but we have to rely on guidelines and encourage people rather than legislate their behaviour.*

  Infill is happening with demand for growth but it's not always being done in an appropriate way to fit well in to the community. Our zoning bylaws need to catch up. For example, we don't address drainage issues on infills very well right now.

There could be more tools and legislation that help communities address healthy community design more effectively. No specific examples of actively obstructing.

Manitoba:

- *No. But certainly in both Ontario and Manitoba where most of my professional experience has been based, the provincial policy environment in both instances could be enhanced to address healthy community design in a more explicit way. Ontario's only because it could always be stronger, but moving in that direction (currently under review). Could be built into principles of good planning. As links between health and urban design/planning are better understood, policy could be made stronger. (e.g., mandatory health impact assessments with new development).*

Ontario:

- *In Ontario, one of the challenges we faced when applying the "healthy community" lens to the Provincial Policy Statement was the interconnection between protecting public health and safety and the healthy community aspect. A result of the current PPS, but should be addressed with updated PPS.*

- *Strengthened reference in the PPS and through the Planning Act could advance the implementation of healthy community design. The provincial policy environment doesn't obstruct this but could go further in terms of requiring change.*

  There is a disconnect at provincial level between various ministries with seemingly very different policy approaches. For example - School sitings are a huge issue in Ontario with the focus on closing neighbourhood schools as a result of a numbers driving Ministry of Education funding and policy framework.

  No funding for implementation of Accessibility for Ontarians with Disabilities Act (AODA) – accessible design.

- *In my experience, utilizing and educating political decision makers and the general public on the PPS and Provincial Places to Grow (P2G) Proposed Growth Plan has helped focus and guide decision making at the local level*
    - *I think that provincial legislation that is applicable across the province helps local political decision makers when they are faced with neighbourhood opposition to change (they understand that this is not an isolated, only in our City, issue).*
    - *I think that setting some of the policy regime at a Province scale also helps to eliminate the competitive advantage between municipalities when attracting new residents or development.*
    - *The Building staff are often challenged in reviewing innovation housing forms as density continue to increase: building code is currently out of date and has limitation with reference to newer housing/development.*

- *Ontario's PPS 2005 certainly helps **and** it leaves much discretion as to how policies that might address healthier communities are addressed. So what gets built on the ground often has little relationship with what is intended by policy. Of particular concern is the Ontario Municipal Board that hears cases where disputes arise. I have participated in an educational session offered to Board members on the subject of healthy communities. Simply put, in the feedback we received, the takeaway message I got was they won't act unless there is clear and very specific policy direction in the PPS to address public health concerns especially where tradeoffs are to be made, notwithstanding the existing Policy Statement I have referred to in the first sentence.*

Quebec:

- *Current provincial Health and Planning top-down policies are perceived as too demanding of municipalities and stakeholders as funds are not attached to these requirements*
    - *The positive of planning regulations and statutory plans is that they require / enable for adding healthy communities principles to the officials plans and bylaws*
    - *The negative of planning regulations and statutory plans is the limited provincial financial support to conduct and implement plans due to planning capacity and limited federal - provincial - municipal funding available for healthy communities initiatives/plans/projects*
    - *Smaller, remote municipalities are unable to hire and retain highly skilled professionals to complete healthy communities oriented plans, and projects*
    - *Municipalities will budget and prioritize initiatives as expressed by residents*

    Training and healthy communities planning capacity is not as much supported by the province as it should be to see results on the ground;

    It is hard to define the right indicators and measure Healthy communities;

    Provincial policy and projects related to major provincial transportation and infrastructure, such as highways, bridges, overpasses seem to support sprawl much more than infill development and densification, or transit projects (subway extensions, regional transit, etc.);

    Provincial and federal programs should support and fund transit studies, plans and capital projects; Although there are measurements systems in place for air and water quality monitoring seems to need support and coordination.

Nova Scotia:

- *Same old traditional tools – rezonings, development agreements – doesn't pull planners back to the big picture health*
    Each municipal unit can establish its own subdivision bylaw
    Provincial subdivision bylaw is basic
    Not all municipal units have zoning or subdivision
    Province has hands off approach

- *No – highway decision-making (provincial) is probably quite disconnected from the Dept. of Health and Wellness.*

Q8. Are the administrative tribunals (e.g., Ontario Municipal Board) that oversee municipal planning decisions in the province(s) you work in helpful or unhelpful in the context of implementing healthy community design? Why or why not?

British Columbia:

- *N/A we do not have a judicial-administrative tribunal like the Ontario Municipal Board (OMB) in BC.*
- *N/A*
- *I'm in BC but hear the OMB will sometimes override cities (e.g., like Ottawa) to increase the urban growth boundary more than what the City Council wanted.*
- *Not applicable in BC*

Alberta:

- *Alberta's Municipal Government Board (MGB) has no mandate to consider healthy community design in its decision making process.*
  - *MGB deals with inter-municipal disputes, not for development appeals.*
  - *Each municipality needs to have subdivision development appeal board (SDAB) to hear disputes. They have greater power at the end of day than muni council. They can overturn bylaws instance by instance.*
  - *SDABs appointed by council.*
  - *Generally a hindrance to healthy community design, because every development requiring a permit, if refused permit by city staff, can appeal to SDAB for variance to bylaw.*
  - *Only challenge to SDAB is if they exceed jurisdiction or violate legal precedent.*
  - *Appointees of SDAB tend to be development friendly; and municipalities have no recourse.*

Saskatchewan:

- *Not really - too much flexibility too hinder; only area of deficiency is absence of resources and subsidies for cities to pursue health through urban design projects*

- *Saskatchewan Municipal Board: Not really applicable – don't have specific regulations on appeals.*

  Regina Appeals Board – they do have discretion to vary design requirements. Up to this point, it has not been tasked with healthy community related appeals.

- *Saskatchewan has a two-tier process. At the local level, there are Development Appeals Boards (DAB) which handle minor appeals that planning staff or council are not permitted to break the rules on (e.g. variance for building that contravenes zoning specifications by a couple of feet). For*

larger issues, or if the DAB doesn't accept the appeal, it can be appealed again to the Saskatchewan Appeals Board. Ultimately this results in fewer appeals, as the DAB seems to be more flexible.

- *We have a development appeal process at the municipal level to appeal zoning bylaws and to appeal orders (e.g. if people have an illegal suite in a dwelling unit and we try to remove it that can be appealed through our local board and then to the provincial board as well. It can take years to resolve and we still have a potential health or safety issue with an illegal suite. Lengthy appeals process is unhelpful in resolving health and safety issues.*

Manitoba:

- *I think they could be helpful, as long as the enabling policies are in place for them to base their decisions on.*
  - *Manitoba:*
    - *Municipal Board – not familiar enough to speak to its role, but its an appeals body.*
    - *Doesn't seem to be as active (planning here not as litigious).*

Ontario:

- *One aspect we tried to focus on when I was at Peel with looking into drive-throughs and their impact on health (both air quality but also walkability). A decision had been made by the OMB that the industry heavily relied upon when arguing their point of view in the discussion. This made it difficult for us as a Public Health Unit to try to invoke some change in how drive-throughs were being dealt with. I think that while there is a place for administrative tribunals such as the OMB, there also needs to be recognition that a precedent setting decision can make it quite difficult to invoke change later on.   In this case, the precedent set in Ottawa was used by the drive-through industry in regions and municipalities across the province. The OMB will not rule against an appeal unless there is policy that directs them to do so.*

- *The OMB is bound by the state of policy that is before it. OMB Members are sometimes frustrated by the lack of specificity and clarity in Provincial Policy and Official Plan Policy regime.*
  - *Implementation of the Growth Plan is a key example – intensification policies.*

- *Yes, I believe so. Being non-local, decisions made by the OMB are based on sound planning merit and do not have regard for local political pressures that can sometimes lead to compromised decision making. As a generally suburban mid-sized City that has experienced a rapid shift from the previous manufacturing based economy, a major component the redevelopment and development proposals are innovative for our City. We generally agree that change is not easy, and the same is true for long-term residents that are seeing a shift in their City. The hesitation for change is likely one of the toughest political challenges for our decisions makers.*

  Alberta SDABs were a little different, because made of local people, could be councillors, local BIA, etc. But may have changed.

- *I consider the OMB to be very unhelpful. Over the 35 plus years I have practiced as a planner, I have appeared before the OMB many times. From time to time, my evidence was used in important decisions.*

  It is really difficult to address issues that are new such as public health issues especially where the boards are balancing many concerns. I think there is a reluctance to deal with issues that don't fit traditional land development and transportation issues they have become comfortable with and few Board members have exposure to public health science. This impression was underlined for me dramatically when I had the opportunity to participate in an educational forum with Board members mentioned in my answer to question 7. The OMB is also a very threatening environment in which to be a witness, especially for younger planners who are not used to adversarial procedures.

New Brunswick:

- *New Brunswick Assessment and Appeal Board.*
  - *Only with respect to process (was it followed). So not helpful.*

Nova Scotia:

- *Utility and Review Board – assesses when decision is consistent with municipal direction/policy*
  Don't have power to establish own – only as good as underlying municipal policies
  Only zoning and development agreements may be appealed, but not plan amendments

- *That is not their mandate. The Nova Scotia Utility and Review Board only considers whether planning decisions are consistent with planning policy. So if there are no healthy community policies, it is a moot point.*

Q9. Comparing your experience working in different provinces and territories, which province's policy environment (e.g., legislation, policy and administration) was more supportive of healthy community design? How? Please be as specific as possible.

- *Fairly comparable everywhere* [Alberta, Saskatchewan, Nova Scotia]*: high level, allows cities to address range of issues in OCP.*

  Provincial Health Agencies: in Nova Scotia there was a lot more competition between cities for funding (a few years ago, not sure now)

- *Both* [Saskatchewan and Alberta] *the same. Both allow leeway, don't prohibit it, but are not prescriptive enough to support it explicitly.*

- *As a general comment I would say places with more staff resources and financial resources are better equipped to incorporate healthy community design considerations into the planning process. Large cities like Toronto and Vancouver have placed a high priority on these considerations and embedded into development approvals. This is done in a less coordinated fashion in smaller places with fewer resources and fewer resident interest groups.*

- *British Columbia's based on my 17 years experience in British Columbia, 16 years in Saskatchewan and 10 in Nova Scotia.*

  Pre- 1980s local health clinics disappeared with crashing staples economy. Saskatchewan was over-organized in governance; back in the seventies had 300 little hospital boards whittled down to 30. Health planning then was less about land use, more organizational.
  Arriving in British Columbia, health and wellness had begun to be handed over to Province; metro Vancouver. Ageing of baby-boomers has shifted concentration to ageing in place; healthy lifestyles is a new issue.

- *British Columbia is only slightly better* [than Alberta]. *British Columbia has probably improved their OCP and greenhouse gas (GHG) requirements, but you'd be hard-pressed to find direct relations to health; but still, having some impact through indirect policies that improve overall quality of life.*

- *From a provincial perspective, Ontario by far is much more supportive at a provincial level. The Province of Saskatchewan in my experience plays a limited role in how planning is done, especially in the urban municipalities (this is not the case as much in the rural municipalities where the Province is still the approving authority). There are some provincial interest documents in Saskatchewan, but they do not have the clout or implementation potential that policy documents such as the PPS, P2G, Greenbelt Plan, etc., have in Ontario.*

  Main differences are that in Saskatchewan, the "Statements Of Interest" are not policy, like the PPS in Ontario; they are just high-level guidelines. They have no teeth, and are generally ignored.

  With this being said, there is of course discussion with planners about healthy communities as part of the development process, but in Saskatoon at least, this is not being driven by the Province but more so by the municipality or the planning association itself.

- *Healthy communities work in Ontario was way more supported by provincial legislation (PPS): explicitly acknowledges health and built environment.*
    - *From private sector perspective, lots of work coming from Ontario because there is dedicated health funding: health authorities there must partner with cities.*
    - *In Ontario, regional government have own health units: some work comes from them.*

- *On our wish list in New Brunswick: taxes on unhealthy products to fund healthy design projects*

- *Worked in Ontario over 20 years ago so different context at that time.*

- *Ontario. See above: "I think they could be helpful, as long as the enabling policies are in place for them to based their decisions on.*

- o *Manitoba:*
  - o *Municipal Board – not familiar enough to speak to its role, but its an appeals body.*
  - o *Doesn't seem to be as active (planning here not as litigious)."*

- *My previous work experience was in southern Alberta and primarily focused on smaller urban and rural development applications and some long term land use planning. I worked under the previous legislative framework that was being revised (Municipal Government Act) and the current framework was not implemented before I moved to Ontario.*

  Moving to a local level municipality in the Greater Golden Horseshoe, I observed that the policy framework in place was more progressive than that of my previous work experience.

  I am not overly familiar with the current legislative framework in Alberta.

  Public Health Authority in Alberta often spearheaded healthy communities design initiatives; public health districts not contiguous with cities and counties. More focused on active living.

- *North [Nunavut] doesn't have much of a regulatory regime*
  Health decision-making done at the local level up north, which helps advance health decisions
  Territorial government doesn't put much thought into it.

- *It comes down to budget priorities, and funding of large road projects versus small community projects.*

- *While I have worked in Saskatchewan, that experience didn't give me enough background to answer this question.*

Regional
Q10: In your opinion and experience, is the regional (e.g., county, regional district, region) policy and program environment (e.g., plans, bylaws, policy, programs, resources) supportive and enabling of healthy community design? How? Please be as specific as possible.

British Columbia:

- *Yes, regional jurisdictions are responsible for transit planning, regional parks, greenways and work closely with their member municipalities.*

Capital Regional District:
- *Yes, particularly through the Capital Regional District Blue/Green Strategy as well as the sustainable approach being taken to the Regional Growth (Sustainability) Strategy. Promotes active transportation and recreational activities. Tacit connections between active transportation and health, not explicit.*

  RSS and RGS haven't gotten there yet – employment lands, servicing & transportation only topics dealt with so far

- *Seeing CRD is searching for a mandate and mission through RGS process and trying to be too prescriptive*
  Hijacked by narrow interests around food security – transportation and parks
  Some great work – cycling and pedestrian master plans
  Next to no public engagement, which is limiting health input

Metro Vancouver/Fraser Valley:
- *Somewhat. I am aware of a few Metro Vancouver regional district planning documents and policies:*
  - *Air quality standards have helped with planning in Tsawwassen*

  Regional trail network in Fraser Valley in progress that Tsawwassen hopes to be involved in.

Richmond:
- *In British Columbia, yes through the new Metro Vancouver 2040 Regional Growth Strategy, for example:*
  - *The Challenges and Responses section includes the following:*
    Building Healthy, Complete Communities
    As the region's population both ages and grows in number, providing affordable and appropriate housing for residents at various stages of their lives is an ongoing challenge. Additionally, ensuring access to the key elements of a healthy social community – shops, personal services, community activities, recreation, employment, culture, entertainment and a safe and attractive public environment – requires careful planning primarily at the local scale, but also, to some extent, regionally.

  - *GOAL 4 - Develop Complete Communities*
    Complete communities are walkable, mixed use, transit-oriented communities where people can: find an appropriate place to live at all stages of their lives, earn a living, access the services they need, and enjoy social, cultural, educational and recreational pursuits. A diverse mix of housing types is fundamental to creating complete communities. This includes a mix of housing types and tenures that respond to an aging population, changing family and household characteristics and the full range of household incomes and needs across the region. Access to a wide range of services and amenities close to home, and a strong sense of regional and community identity and connection are also important to promote health and well-being.

    The development of complete communities is sought through two strategies. The first strategy is directed toward ensuring an adequate supply of housing to meet future demand. It is recognized that all levels of government have a role to play in creating opportunities for diverse housing options and that federal and provincial funding is essential to meet the estimated demand for affordable housing.

    The second strategy emphasizes the importance of designing neighbourhoods within urban areas, Urban Centres, and Local Centres that are accessible for people of all ages and physical ability, promote transit, cycling and walking, provide access to employment, social

and cultural opportunities, parks, greenways and recreational opportunities, and promote healthy living.

Strategies to achieve this goal are:
4.1 Provide diverse and affordable housing choices
4.2 Develop healthy and complete communities with access to a range of services and amenities

- o *STRATEGY 4.2*
  Develop healthy and complete communities with access to a range of services and amenities

  Metro Vancouver's role is to:
  4.2.1 Support municipalities in the development of healthy and complete communities through regional strategies on affordable housing, culture, food, and parks and recreation.
  4.2.2 Provide technical advice and assistance on air quality aspects of land use and infrastructure
  decisions.
  4.2.3 Collaborate with health authorities to advance measures to promote healthy living through land use policies.

However, Richmond didn't make much use of these as their OCP was developed at the same time as the RGS. Richmond's context statement was the first to be accepted.

Alberta:

- • *Rarely, and usually only when provincial $$$ provide the incentive to make it happen.*
  AB:
  - o *Counties tend to be rural.*
  - o *Not a lot of understanding of community health at rural level.*
  - o *Not much to speak of in terms of regional policy, perhaps a small amount about trail connections between rural areas and adjacent municipalities.*

Edmonton:
- • *I am not aware of any strong regional interest in healthy community design in the Edmonton capital region, aside from perhaps the strong commitment to maintaining the ecological features and trail network in the river valley, has active transportation and recreational benefits, and indirectly air quality.*

Saskatchewan:

Regina:
- • *Little exists, regional cooperation is a new initiative*

- *No regional plan anymore, but trying to make one. Have regional policies about linkages for region in terms of recreation. Since there is a lack of provincial direction, it leaves it to municipalities to collaborate.*

Manitoba:

<u>Winnipeg</u>

- *Winnipeg does not really have regional plans.*

Ontario:

- *From what I can see in Ontario, specifically Halton and Peel Regions and Toronto and Hamilton, the experience has been mixed with some being fairly successful on some public health topics and not others. The reasons likely vary. Where land development and planning matters are concerned, planning, engineering and building officials as well as members of the development industry and the public and municipal councils often participate in very intense negotiations over the application of policies in decision making and the intensity of this work combined with the relatively scarce allocation of resources available, particularly in planning and engineering departments creates a barrier to "adding" new policy concerns arising from the public health concerns we are addressing. The system strongly resists adding new concerns especially concerns that require a substantial investment of time getting up to speed with.*

  Having said that, regional entities are well positioned to address public health concerns if the departments have a good working relationship and I have seen some success where departments have good working relationships.

<u>Peel:</u>
- *The Region of Peel is certainly moving in that direction and Council is certainly aware and seeks to implement healthy community design where possible. As a commenting agency, however, it is ultimately up to the area municipalities to implement the concepts of healthy community design. The policy framework (the Region's OP), is heading toward adding stronger policies about healthy built environments, but this will also need to consider the dynamic nature of the three municipalities within the Region (2 urban – one mainly Greenfield, one mainly infill and 1 rural).*

  In Ontario, the Region of Peel where I was employed included both Public Health and Planning. Because of this, it was easier to develop partnerships between Public Health and Planning. This also made it easier for Public Health to incorporate policies into the Official Plan. The regional councils in Ontario are often in charge of regional planning and health delivery, so connection is automatically made at that level. Not all regions of Ontario have this structure, and so level of integration of health into planning varies.

- *Again, I don't think it's unsupportive, but it's simply not very explicit on the issue of healthy community design. Even regional plans like Peel's who are more advanced in their thinking on the issue, does not have a particularly strong policy basis when it comes to healthy community design.*

  Peel has done more than any other region (York also a little). Regional Official Plan for Peel has some new requirements for healthy communities development.

  In Ontario, generally, plans are going through updates and you are starting to see increasing recognition of health, a change that reflects emerging trends in planning. But still "motherhood" statements: direction, less than prescriptive policy.

Waterloo
- *Regional Official Plans are the link between the Provincial legislation and our Official Plan. In the two-tier arrangement currently in place for Waterloo Region, the Region reviews certain aspects of development application (noise) and provides certain community services (transit, brownfield remediation assistance, water distribution). Collectively, we work together to develop guidelines, policies, and regulations to implement healthy community design initiatives.*
    - *Regional public health promotes regional initiatives: active, healthy lifestyle, etc.*
    - *Regional official plan has same objectives of creating healthy communities*
    - *Regional authority approves OP.*

Quebec:

- *A number of regional plans/programs are supporting healthy community design:*
    - *Integrated Territorial Plan (Plan d'amenagement d'ensemble) under the Regional Plans (Schema d'amenagement) - see Q6*
    - *Metropolitan Plans - a particular type of regional plan, the metropolitan plans for Montreal and Quebec City are supportive of healthy built environment, i.e. the Communaute Metropolitaine de Montreal and the Communaute Metropolitaine de Quebec*
    - *The Communaute Metropolitaine de Montreal passed in November 2011 (and received approval from MAMROT in January 2012)their most recent Metropolitain and Development Plan – Plan metropolitain d'amenagement et de developpement (PMAD), statutory planning document enabling integrated planning for healthier environment with specific thresholds to achieve:*
        - *Growth plan, densification, transit oriented development (TOD), Conservation of lands against greenfill development (17%)*
        - *Environment, green spaces, agricultural land, landscapes, heritage conservation, water conservation*
        - *Transit programs / enhancements, and active transportation*

    - *Municipalities seem to be in competition to attract new development within their boundaries, and if requirements for healthier, greener, sustainable development are too high/costly for the development industry in a municipality the developer will walk away to another municipality with less requirements and more incentives for their projects;*

     o *Strong leadership is required for implementing healthy environment programs*

New Brunswick:

- *In Community Planning Act it provides for regional planning, but has never been done in New Brunswick. Might change because the province has est. (2013) regional service commissions. These new bodies are responsible specifically for regional planning. Still getting up and running, and probably won't try to do anything for a couple of years, and not much guidance for them in provincial legislation. But is real opportunity for healthy communities: will likely focus on transportation and natural environment. If it does happen, NB health has identified it as an opportunity.*

Nova Scotia:

- *Municipal Units operate completely separately*
  County is only geographic, not a political description

- *Somewhat. The Halifax Regional Plan "attempts" to promote more centralized communities but densification is highly controversial, so I would say it has not been effective. It has done a reasonable job promoting active transportation, a dismal job on mobilizing affordable housing and there is no current focus on healthy communities. Rumour has it that healthy food and age friendly communities may find their way into the policy mix, as a result of some advocacy and intervention.*

Q11: In your opinion and experience, does the regional policy environment hinder, obstruct or limit healthy community design? How? Please be as specific as possible.

British Columbia:

- *The regional policy environment does not hinder healthy community design. It supports it.*

Capital Regional District:
- *No, it has great potential to improve it particularly with the requirement for Regional Context Statements in local government Official Community Plans.*

- *CRD working to fetter*
  Integration of big-ticket transportation projects with smaller scale lacking
  Limited engagement with VIHA

Metro Vancouver:
- *Generally speaking, regional programs that are underfunded and relied upon by the municipality will hinder healthy community design. A good example of this is TransLink.*

Richmond:
- Again, funding is the only limit.

Alberta:

- *Since healthy community design is NOT part of the provincial statutory requirements for land use plans and regulating bylaws there is little or no regional policy on this matter.*

Saskatchewan:

Regina:
- *Lack of regional policy results in a lack of cooperation that can hinder healthy community planning (e.g., outside residents utilizing resources within city makes it difficult to know if resources are effective.).*
- *As above: "No regional plan anymore, but trying to make one. Have regional policies about linkages for region in terms of recreation. Since there is a lack of provincial direction, it leaves it to municipalities to collaborate."*

Saskatoon:
- *In Saskatoon, the "Regional" framework is still in its infancy but beginning to gain momentum as growth continues at unprecedented rates.*

Manitoba:

Winnipeg
- *No. See above: "Again, I don't think it's unsupportive, but its simply not very explicit on the issue of healthy community design. Even regional plans like Peel's who are more advanced in their thinking on the issue, does not have a particularly strong policy basis when it comes to healthy community design."*

Ontario:

- *This depends on the regional area – some are quite advanced – others lagging. Active transportation, pedestrian environment, cycling for example is an area where there is conflict in some municipalities' between the car dominance, political will, funding and ease of implementation.*

- *On balance regional policy doesn't hinder, obstruct or limit healthy community design particularly where the various departments, planning, transportation and public health work together. If departments work together, progress will be made. Unfortunately some don't from time to time!*

Waterloo:

- *No, not in my experience. I think there is confusion from some development industry officials and the general public about the two-tier government environment.*

  As there is both a Regional Official Plan and a City Official Plan, there are some time constraints in delivering provincial policy implementation mechanisms (both plans need to be written with consultation with each level, both plans require public consultation which can be confusing, and both plans require approval and can be appealed, etc.).

Quebec:

- *Regional programs implemented by Transportation Ministry and the Metropolitan Transportation Agency and projects related to major transportation and infrastructure , such as highways, bridges, overpasses seem to support much more the sprawl not the infill development and densification, or transit projects (subway extensions, regional transit, etc.);*

New Brunswick:

- *So many cities, regional cooperation will be very political: regional plans (above) might not have much content.*

Nova Scotia:

- *Need to have a supportive policy environment first. Without that, regional planning would hinder, obstruct and limit healthy community design by default.*

Municipal/Local
Q12: In your opinion and experience, is the municipal policy environment (e.g., plans, bylaws, policy, resources) supportive and enabling of healthy community design? How? Please be as specific as possible.

British Columbia:

- *Municipal policy supports healthy community design, but resources are limited. Political influences sometimes hamper good design.*

Capital Regional District:
- *I believe that in the municipality I work in our policy environment is supportive and enabling however the limited times the policies translate into action work toward defeating a broad and beneficial strategic community approach to healthy communities.*

  OCP led to Parks and Trails Master Plan. Clear link between active transportation, trails and health in OCP and Parks and Trails Master Plan.

Expanding downtown sidewalks to 3-metres on each side of the road.

Food security and age-friendly initiatives. Not as much action as on the active transportation front.

- *2011 new OCP*
  Broad statements on health lacking, not on radar
  Youth, senior and park space, but not a strong focus
  Director of Engineering keen on active transportation – lots of stuff
  Active transportation more about road diets and space, rather than health
  Transportation Master Plan with active transportation focus

Tsawwassen First Nation:
- *Yes, as Tsawwassen First Nation has started including measures of healthy community design in its laws, including things such as:*
  - *Reducing light pollution (considering that this has impacts on sleeping patterns) through the sign regulation.*
  - *Adding healthy community design pieces into the development permit area regulation, such as including requirements for universal accessibility, comfortable well lit pedestrian traveling routes, using landscaping to reduce heat island effect, inclusion of areas for active/passive sports*
  - *Adding an active transportation and transit network to transportation planning efforts.*

Richmond:
- *For example, see Richmond's 2041 OCP, which has one of the toughest affordable housing policies in the region*
  Other support for health in Richmond:
  - *Five year child care strategies*
  - *First intercultural plan*
  - *Lots of policy embedded in parks; strategy with parks in partnering on health issues*
  - *Have social planners, intercultural coordinator, daycare coordinator*
  - *Other British Columbia municipal OCPs are similar in many cases*

Alberta:

- *Policy in larger, more financially solid municipalities may address healthy design, and some municipal departments (Parks usually) may work at implementing some elements of healthy design, but invariably the development community and its desire to sell the products it knows best limit the effect of the policy.*

Edmonton:
- *Municipalities have some good regulatory tools available to encourage or mandate healthy community design, and they can be embedded in Land Use Plans, Neighbourhood Plans, transportation networks, zoning, development permits, sign permits, etc.*

Example: In regulations: Crime Prevention Through Environmental Design (CPTED), universal design, limiting light pollution, ecological habitat corridors (staff planners) resulting in parks connectivity. Zoning bylaw recently updated for some of these issues.

Someone developed a guide for new immigrants feeling comfortable using trail networks and parks.

Provincial level: groups teaching new immigrants about camping.

Saskatchewan:

Regina:
- *Draft OCP under development with "complete neighbourhoods".*

  Secondary plans (i.e., neighbourhood plans) are implementation/action documents that must comply with OCP.

- *Number of policies about collaborating with partners, such as health region, to look at building complete communities.*

  Have a number of policies that look at design to guide development towards patterns that provide an environment that is healthy (live, work, play).

  Within the OCP, these policies are in place.

  Other plans need to support complete communities by being consistent with the OCP: Transportation master plan (e.g., not all about car, all modes accommodated), parks and rec plan, social planning, etc.

Saskatoon:
- *In my experience, the municipal policy framework is definitely moving in the direction of healthy community design. The municipalities I have worked with in both Ontario and Saskatchewan have demonstrated that they want to move in the direction of healthy community design and that incorporating these concepts into their planning frameworks is a priority. Developing the framework and changing the way people think about neighbourhood planning.*

- *Not sure. This partly has to do with how supportive Council is for proposals that we present to plan healthy changes.*

  We are taking an integrated approach to planning and densification and enhanced transit are important parts of that. We are in the strategy development phase for infill plans so there seems to be municipal support but it's too early in the process to comment.

Ontario:

- *Healthy community design in established communities is retrofit oriented and there are few if no resources to assist municipalities' in achieving these. For new development much of this is still part of a negotiated development approvals process.*

  Planning for age-friendly community design is a key focus of many municipalities with few resources to implement changes in the built environment.

  Planning for school travel which affects the health of children is largely a school board and individual school matter.

  Zoning bylaws are often outdated and do not address intensification and incorporation of healthy community design.

- *Aurora and Aurelia's Official Plans are specific and prescriptive in terms of policy (e.g., design, level of detail, they are verging on a zoning bylaw, so can do a fair amount).*

  Simply more rigour in ON, due to OMB and litigious climate, everything has to be justified by policy.

- *I participated in an Ontario Municipal Board hearing in Hamilton on the topic of an urban Greenfield urban expansion in which the parties negotiated a settlement agreement on details to be implemented on the ground. Much of the detail used standards Peter Calthorpe has developed for transit oriented development and which I adapted for the ratepayer group I represented. Thankfully there was a settlement agreement amongst the competing parties and the standards were slightly amended and applied as conditions of approval. The area is now being built out and the commercial uses are format retail in design and undistinguishable from any other format commercial development. If the land uses being developed are more walkable or transit oriented, I fail to see how. The policy framework was set to produce a built environment but implementation appears to have failed.*

  Subsequently I had the pleasure of being part of a design team that undertook a pedestrian mobility plan for this municipality. During the preparation of the plan, we sat down with staff from municipal departments addressing pedestrian facilities and there were a number of instances that came up in the conversations where municipal policies were not aligned well where pedestrian mobility was concerned. There often was very supportive language in the planning instruments (i.e. Official plans and secondary plans) but the engineering and development standards that were applied in approvals, particularly street and transportation designs, represented business as usual where vehicular traffic was concerned. Until consistency exists in decision-making where various municipal policies and development standards are applied, we won't have decisions that are supportive and enabling of healthy community design.

  In part I think more progress can be made by stepping outside the Planning Act and thinking strategically about these issues from the perspective of design (especially in the public domain), education, policy and programming that will apply across municipal departments.

<u>Kitchener:</u>

- *Yes. Through the development of our Official Plan, the City's vision for growth is outlined and further regulated through the Zoning By-law, Development Manual, and the Urban Design Manual.*

    The City has also developed a Strategic Plan, which focuses priorities across the Corporation on key objections – including guiding change and creating a safe and healthy community.

    The City reviews and approves site plan applications and issues building permits. Healthy community design initiatives are implemented at local level approval process of development applications, through local programming, and through local education programs.

Quebec:

- *Municipal statutory planning documents (see Q6) are supportive and enabling healthy communities and healthy built environment;*

    Most municipalities adopted healthy communities principles in their policies, plans and bylaws, however the implementation of these is delayed due to limited funding available

    Limited training, transfer of knowledge, workshops on healthy communities are available to municipal planners and municipal administrators through Health Agency (Direction de la Sante Publique de Montreal), universities, Ordre des urbanistes du Quebec and other government and agencies dealing with smart growth, Agenda 21, Heritage, green development, Climate Change, active transportation, housing affordability, etc.

New Brunswick:

- *Due to lack of provincial and regional support/direction, cities do what they want (eg. if environment is important, they might do a green plan, but little is mandate, therefore it is driven by "champions").*

    Bigger communities have recreation and parks/master plans. Larger cities with transportation plans.

Nova Scotia:

- *It is not as supportive and enabling as it could be. Suburban design is still the domain of planning for cars, low density, poor / lack of transit, 5,000 square foot lots and the need to have a car to buy a loaf of bread.*

<u>Wolfville:</u>

- *Really interested in healthy community design, interested in active transportation, bike trail, public art (linked to health), active and passive recreation space, density, sustainability principles (cultural, economic, social, environmental) = healthy community design*

     o *Municipal Planning Strategy 2008 (Green Municipalities Fund funded – based on the Natural Step), Active Living Strategy, Transportation Study, Groundwater Plan, public awareness and support*

HRM:
- *Really trying hard, despite pressures from development industry*
  - o *Revamping regional plan with 16 or 17 supporting plans – directing growth to existing population centres (25% to peninsula, 25% rural, 25% suburban)*
  - o *Stantec study on cost of sprawl for Halifax Regional Municipality*
  - o *Increased design requirements for suburban areas*
  - o *Issues with MetroLinx*

Q13: In your opinion and experience, does the municipal policy environment hinder, obstruct or limit healthy community design? How? Please be as specific as possible.

British Columbia:

- *See above: "Municipal policy supports healthy community design, but resources are limited. Political influences sometimes hamper good design."*

Capital Regional District:
- *In and of itself, no; however the decisions made by Council to provide for improved community health through initiatives available to them whether through parks and trails requirements, amenity policies, affordable housing, age-friendly initiatives, support for youth, food security, etc., are very limited thus defeat the positive initiatives enabled through policy approaches.*
- *Budget*

Tsawwassen First Nation:
- *I would say general Master Municipal Construction Documents (MMCD) engineering guidelines may hinder healthy community design. For instance, as Tsawwassen First Nation has a major highway running through it, the opportunities to cross or move along the highway using active transportation is limited by engineering standards. Roadway standards seem to prioritize car movement and safety over designing logical active transportation routes.*

  As a result, the most natural or usable active transportation routes may not be possible (e.g., turning radii, stopping and acceleration measures mean that a pedestrian network doesn't connect well with transit stops – solution was an expensive bridge over ditch rather than sensible location of stop)

  This is more problematic in situations when individuals with limited mobility may want to access transit.

Richmond:
- *Depends on the valve if the Council and community.*

(In oral interview): *No. Just overhauled urban design guidelines in the whole city (e.g., childcare facility design).*

Alberta:

- *In most cases there is little or no municipal policy on healthy community design. When a healthy design concept is introduced, even by the development community, it is viewed with scepticism and approvals can be difficult to obtain. Rumours, innuendos and flat lies tend to control the decision-making process far more than good design principles.*
  - *Talking about how things go at council level*
  - *Only things Council needs to listen to is a public hearing, which are more influenced by lies than facts*
  - *Developers never exceed minimum codes or expectations*

Saskatchewan:

Regina:
- *Older transportation and infrastructure plans have some deficiencies in terms of active transportation and walkability. Being reviewed currently.*

- *Nothing in policy specifically, comes down to who is responsible for doing it. Municipality can't be involved in every aspect of implementation, but provides the enabling policy.*

Saskatoon:
- *Not substantially. Once the higher levels policies are in place, it's just a matter of implementing them (e.g., changing zoning as projects require it according to policy).*

- *Funding is often an issue. Public amenities may not receive funding priority with municipal council. Do we put in walking paths or bike lanes when other infrastructure also requires maintenance and improvement? Infrastructure maintenance is a high priority.*

  Planning and Development Act limits what we can do within our zoning bylaws and OCP.

Manitoba:

Winnipeg
- *Lack of market in Manitoba makes it more difficult to require design elements in new development.*

  There does not seem to be the same tradition in Manitoba as Ontario's strong and prescriptive official plans. Here, there are much higher-level plans that don't have the 'teeth' or specificity of plans in Ontario. The official plans don't have the same weight. It's rare that a developer here would ask how a proposal fits with Winnipeg Plan, whereas in Ontario that would happen immediately.

Ontario:

- *There are certainly limitations within the legislated framework. While there are certainly big picture healthy community ideals that the City would like to achieve, when it comes to creating policies and implementing regulations, the City can only work within the legislated framework that is provided from higher levels.*
  - *Planning act at provincial level: conditional zoning id's, but no regulations to allow city to approve it.*
  - *Limitations are only in efficiency in implementation*

- *It can if we understand clearly what policy needs to be changed and how. In the municipality referred to above, wards are organized more or less as neighbourhoods/communities and municipal councilors often were pressured by residents to have stop lights, mid block crossings and other pedestrian improvement, especially on arterials. At the same time the engineering officials responsible for transportation would run their models and apply their standards and recommend refusal just about every time neighbourhood and community groups sought pedestrian improvements. The pattern began to repeat itself so often that eventually municipal councilors simply began ignoring their engineers and directing them to make the improvements. That became problematic in so far as if the engineering department doesn't use the standard engineering standards, what standard designs does the municipality use. This became some of the incentive to develop the pedestrian mobility plan and part of the outcome of this plan was, among other things, a new set of standards that could be used to replace the older standards.*

Quebec:

- *Municipalities are in need of financial support for implementing their policies related to healthy communities/sustainable development;*

  Municipalities are pushing to limit requirements in provincial policies due to lack of funding to support municipalities developing them and implementing them
  Municipal revenues are based on property tax and residential assessment contributes largely to support municipal service delivery – this trend is impeding municipalities to change their practices of development (green-fill) and growth patterns;
  - *Current provincial Health and Planning top-down policies are perceived too demanding of municipalities and stakeholders as funds are not attached to these requirements*
  - *Planning regulations and statutory plans positive is to require / enable for adding healthy communities principles to the officials plans and bylaws*
  - *Planning regulations and statutory plans negative is the limited provincial financial support to conduct and implement plans due to planning capacity and limited federal - provincial - municipal funding available for healthy communities initiatives/plans/projects*
  - *Smaller, remote municipalities are unable to hire and retain high skilled professionals to complete healthy communities oriented plans, and projects*
  - *Municipalities will budget and prioritize initiatives as expressed by residents*

Municipalities need training and healthy communities planning capacity, funding for it to enable implementation;

New Brunswick:

- *Overall lack of explicit health policy: Municipal Plans will usually touch on typical topics, but haven't seen one that explicitly talks about health, but awareness is rising.*

  Due to lack of provincial mechanism, planners have to advocate for that policy development: no tools, so they have to convince CAO or Council to do it.

Nova Scotia:

- *Builders, not development industry – not prepared to try anything new or different*
  A barrier, naturally conservative
  Ability to "think out of the box" is somewhat limited by time and resources (and patience)
  Requires Council involvement
  Be nice if the province had a position – leadership
  Province is doing school amalgamations which is driving rural depopulation and taking schools out of towns – removing possibility of walking and riding to school is having impacts, therefore, a good example of provincial knowledge gap

- *Some efforts are being made in Halifax Regional Municipality to incorporate interesting design, but I think the basis of this is what might look good or unique from the planning department's perspective. Recent experiences where the planning department has not stood up for densification would indicate the department as the arbiters of municipal policy are hindering, obstructing and limiting. These type of incremental decisions at the local level weaken the regional planning thrust towards growth controls and densification of the urban center.*

Q14: After answering the policy questions, how would you rate the understanding and awareness of issues in healthy community planning amongst the general public in the jurisdiction(s) where you work?

BC (CRD)	Poor	*Segments of population very interested in community health and AT, but very much in a minority.*
SK (Regina)		*Could not answer. Some interest groups advocate, but do not represent "public", whatever that is.*
SK (Regina)	Good	*Spent a lot of time during OCP development talking about complete communities.*
BC (Tsawwassen)	Poor	
BC (CRD)	Poor	*No community associations.*
BC (Richmond)	Very Good	
AB	Very Poor	*Flavour of the month- not part of Alberta lifestyle. Calgary might have a more growing awareness, but pop. as a whole are not interested.*
SK		*Could not answer. Too varied.*
NB	Poor	*Poor health stats, struggling economy. Conversation is usually about Primary care spending, no links to preventative health measures or healthy community design.*
SK (Saskatoon)	Poor	*People seem to be aware of the issue but don't know much about it or have difficulty imagining alternative futures or how things could be different.*
MB (Winnipeg)	Good	
ON	Good	
ON (Kitchener-Waterloo)	Neutral	*Maybe "Poor".*
NS	Good	*Most planners have an understanding, but no shared definition. Good urban design, walkable, common principles.*
BC	Neutral	
NS	Poor	
ON	Good	
QUE	Very Good	

Part 3: Partners and Champions

This set of questions was related to the individuals/organizations/agencies/other levels of government that the respondents may work with in their planning and health activities.

Q15: Are there any planning/health "champions" (e.g., other departmental staff, decision-makers) for healthy community planning initiatives in your jurisdiction? Please list them and indicate how they support you.

British Columbia:

- *Interior Health Authority is local and very active in assisting and cooperating with municipalities.*

  The Provincial Health ministry is also supportive, producing excellent literature and resource documents.

Capital Regional District:
- *Yes, our municipal environmental technologist, Sooke Region Food Community Health Initiative (CHI), Sooke SlowCycle, Sooke Cycling Club, Juan de Fuca Community Trails Society, Sun River Community Garden and others who actively participate in planning for improved community health through actions, initiatives and lobbying help put community health at the forefront in an understandable way. Unfortunately these initiatives are not always well received by Council or some members of the public.*

  Some of the groups are integrated, (i.e., same people).

  Sooke Cooperative Association of Service Agencies (CASA).

  Mayor is supportive of some elements.

  Development community a big player, but not engaged or aware of health side.

- *Staff – planning and engineering*
  Council isn't active unless there's budget involved

Richmond:
- *Yes, BC Health, but they lack funding.*
  Yes, the Fraser Health, who serve:
    - *More than 1.6 million people including residents from Burnaby to Hope to Boston Bar.*
    - *Approximately 38,100 First Nations people, associated with 32 bands*
    - *A diverse multicultural population.*
  - *Many community organizations, Non-profits, community groups, etc.*
  - *SUCCESS*

- *Churches: like a community centre (farmer's markets, housing, wellness, boys and girls clubs, etc.) Richmond has policy that says Church land, when sold, must keep some land for future church.*
- *Richmond has councillors on health committees and board from department of health; have a dedicated councillor that liaises with health: most cities in BC have this.*

Alberta:

- *Certainly staff of "Public Health" units are advocates and supporters of healthy lifestyles, but they know little about community design. Most of the design related support comes from not-for-profit groups that champion cycling to work, car sharing, and personal fitness. The reality is that healthy community design is not part of mainstream thinking and non-existent in any meaningful way in the land development industry.*
  - *Public Health locked in their own silo; little advocacy work from them in front of council or community when land use policy being developed.*

Edmonton:
- *Parks and ecological planners in Edmonton; a development planner in Edmonton pushing green building, environmental health*

Saskatchewan:

Regina:
- *Sub-section in planning department focused on sustainability with staff that advocate for active transportation, community participation, quality of environment*

  Environmental planning branch in terms of quality of environment and built environment: reducing emissions, etc.

- *Qu'appelle Health Region/ working on the with CLASP initiative*
  - *Use to have a better relationship when legislation changed and they left City Hall, but that's improving again now - they have hired a planner for the CLASP initiative*

  Working with the school boards.

  Working with development community on creating better, more complete community.

Saskatoon:
- *A political (or more than one) champion has proven to be critical in moving and supporting the aspect of healthy community development agenda along.*

  Members of decision-making / advisory committees that have an interest in (either professional or personal) have proven to be valuable. For example, at an advisory committee meeting for a recent proposal for a new big box complex, one of the committee members highlighted the importance of

ensure options to walk (either from transit, or even from store to store) needs to be considered. Continuous reminders of these aspects of development to be incorporated into the discussion raises the awareness of the issue to the group as a whole and, eventually, becomes an expectation for all developments.

- *Some council members are quite proactive in looking for what future healthy communities could be. Integrated growth program we're working on includes senior administrators who are really buying into it. They recognize that we can't afford to keep extending our footprint – not financially sustainable.*

Manitoba:

Winnipeg
- *Winnipeg Regional Health Authority – I don't work with them in my current role, but certainly are a potential leader on the issue. Beginnings of CLASP initiatives, but don't know other partners involved. Some crossover/discussions between city staff and CLASP folks.*

Ontario:

- *Many Planning and Public Health Departments are integrating their work:*
  - *Awesome examples include Peel Region, Toronto, York Region.*
  - *Many active Transportation Coalitions are champions that work closely with municipal departments and public health units.*
  How? Through research, policy development, idea exchange, community design and implementation of innovative plans.

- *Support of senior management staff. Senior management staff having an expectation that their staff consider healthy community design aspects in their development is critical. In Peel, Dr. Mowad, the Medical Health Office (head of Public Health) participates in council meetings during development and policy review.*

- *Yes there are champions but I have found them in different places. In the instance I mentioned above, I think the public or members of the public may have a better sense of the issue than either elected officials or municipal staff. It depends on which municipality but I think there are very strong undercurrents out there seeking healthier communities.*

  In the preparation of the pedestrian mobility plan, public works officials including many of the engineers involved in traffic design and operation were supportive. These folk were vey competent and committed public servants who were implementing policies and standards that were, in some instances, "gold" standard. But their application wasn't meeting the needs of the communities, particularly where arterials ran through fairly walkable neighbourhoods. At a certain point, the dissonance created a need to reconcile the tensions between pedestrian and vehicular movement in a more balanced fashion.

The process to prepare the pedestrian mobility plan took over a year and both public health and public works officials as well as the public were champions. My perception is the planners in the planning department were unsupportive and that surprised me.

Kitchener:
- *Across the corporation, staff align their work with the corporate values outlined in the City's Strategic Plan*

  The City's Transportation Demand Management (TDM) team supports active transportation and implements infrastructure and community programming and education campaigns

  The City's CAO and high level management team support the healthy direction that the City is headed and

  Regional public health promotes healthy living and health awareness programs, including sickness prevention- involved in promotion of rapid transit/transit leading up to project development.

Quebec:

- *Government stakeholders:*
  - *Public Health Agency of Canada (for research and programs development support),*
  - *CMHC for housing,*
  - *Quebec Health Ministry and regional health agencies,*
  - *Quebec Municipal affairs through all planning guidelines, committees, regulations enabling healthy built environment principles,*
  - *Ministry of Environment , Parks and Sustainable Development (MDDEEP)*
  - *other government levels supporting indirectly Healthy Communities principles at regional and municipal level*

- *Agencies, NGOs:*
  - *Heart and Stroke Foundation,*
  - *CLASP, CPAC*
  - *Quebec en forme*
  - *Institut national (Quebec) de santé publique*
  - *Reseau quebecois des Villes et Villages en sante*
  - *CPAC*

New Brunswick:

- *New Brunswick Department of Health: leading CLASP initiatives*

  NB association of planners are advocates

In 2014 Fredericton (and their planners) is hosting CIP conference, and topic is healthy communities. City in general is leading, but mostly coming from staff. New Brunswick health will be doing presentations to Council. Planners have a couple of projects for health communities, and are using work with New Brunswick health folks work.

Nova Scotia:

- *Halifax Regional Municipality is trying to be a champion – critical mass of planners (50% of planners in the province)*
  Other municipal units typically only 1 person
  Healthy Living folks – all supposed to do a physical activity strategy for municipalities
  Speaking at American Institute of Planners conference on physical activity strategy and planning – what's the link?
  As a topic, low on the attention scale
  Way Mason, Jenifer Watts – Downtown Councillors Halifax Regional Municipality

- *Capital Health has a partnership with Halifax Regional Municipality – via CLASP.*

Q16: Please describe any "supporting players" whose work may not be as evident, but is critical to the work of the "champions".

British Columbia:

Capital Regional District:
- *Local sports and activity clubs, youth organizations, etc.*
- *Local food security organization: Life Cycles*

Tsawwassen First Nation:
- *Tsawwassen First Nation has a small staff team. We really rely on consultants, grant funding, and support of the regional district to achieve some of these aims.*

Richmond:
- *Yes, local health related organizations include seniors, mental health, food security, childcare groups, etc.*
  Kiwanis
  Rotary Club
  City of Richmond gives out $0.5 million in grants a year to non-profits. Many supporting health and wellness.

Alberta:

- *Not aware of any.*

Saskatchewan:

Regina:
- *Health Authority's work (i.e., healthy community design checklist mentioned above)*
    - *Very collaborative process, but Health Professionals looking for planners to address issues that are cannot, e.g., food deserts, community garden, things that are dictated by market (Bog Box)*
    A number of non-profits (e.g., Bike Regina)

- *Support of Councils and community*

    Different departments (e.g. engineering) that can help to educate development community on benefits/marketability of this product

Saskatoon:
- *There is less of this relationship in Saskatoon (with the University) but the relationship is being developed.*
- *City staff, active community groups (biking, environmental) – those kinds of groups are trying to keep these issues at the forefront.*

Manitoba:

Winnipeg
- *Not sure. Not familiar enough with things in Winnipeg to say (only been there 1.5 years).*

Ontario:

- *Planning Profession in Ontario, other professions, local champions, academia*

- *I think one needs to work with "supporting players" wherever one can find them. In my experience members of the engineering profession have been more supportive than members of the planning profession although there are always exceptions.*

Kitchener:
- *Elected officials, decision makers sometimes need to make the hard decisions to implement the policies that shape growth and the design of the City*
    - *We have a really dynamic council, and each has their hot-button issues: councillors with interest in residential intensification, protection of park space, etc.*

    Community ambassadors and outreach workers that support community programs and provide education to the public on different initiatives

Across the corporation, staff align their work with the corporate values outlined in the City's Strategic Plan

Peel:
- *In our jurisdiction, there is some work being done by academics (St. Michael's University Hospital). I think this work is important because it can highlight areas that municipalities and other agencies may not have the funds to study, or the time to study. Some examples of these studies might be evaluation of the number of children walking to school or looking into interactions between seniors and the physical environment and how this impacts their physical activity levels. In an academic environment, as well, there are opportunities for some flexibility in terms of exploring innovative options that may not be available to an agency or government. Furthermore, academics have flexibility that may not be granted within a structure that relies on political influence. It has also proven critical for working with Health Professionals, as they are very evidenced-based; without concrete research to support a decision or tact, even one commonly accepted in planning circles (e.g., benefit of compact communities), they need numbers to reinforce decisions.*

Quebec:

- *Perhaps community groups, citizens ad-hoc committees, friends of healthy communities initiatives, neighbourhood committees, etc.*

New Brunswick:

- *Part of work in CLASP project is establishing a healthy communities coalition, a cross province work to advocate for healthy communities in the long term. Currently putting together ToR and identifying potential partners: engineers, realtor association, etc.*

  Also group of stakeholders the New Brunswick Health met with for submission to province (Heart & Stroke, cancer foundation, etc.)

Nova Scotia:

- *Love to see CIP and local affiliate take on an education role, not just conferences*
  Specific course work and strategies – what does healthy planning actually look like? How does it get enacted?
  School Boards play a huge roll in placement of schools and infrastructure that goes with them
  Heart and Stroke Foundation – has a program and a person who does workshops and is great
  Planners think of themselves as regulators – have to engage the development industry in a real way

- *There are 7 community health boards in our area and they could be 'champions' of planning-health partnerships if the municipality was interested.*

Q17: Do you see yourself/agency/department as a "champion"? Why?

British Columbia:

- *In my limited way, as an individual working on specific development projects, either for local governments or the private sector, I champion and encourage healthy built design.*

Capital Regional District:
- *Yes, because of our works with the organizations noted in 15. Our impact is limited though because of Council's decisions and lack of funding.*
- *When we have time*

Richmond:
- *Yes, as the Manager of Policy Planning, I delivered the 2041 Richmond OCP and assisted in preparing the Metro Vancouver 2040 Regional Growth Strategy.*

Alberta:
- *CitySpaces Consulting is certainly a champion of healthy community design. We attempt to include it in all of our projects, but client acceptance of "change" is always an issue to contend with.*
  - *Corporate motto: "building lasting, liveable communities"*
  - *Try to educate clients over time*

Saskatchewan:

Regina:
- *Yes, through "complete neighbourhood" in OCP*
  - *Meant to support livability, quality of life, inclusiveness and, by default, good physical health*

- *Yes, because we make recommendations to council, so we are in a strategic position to advocate and educate.*

Saskatoon:
- *I think my experiences in having worked in Public Health provide me a unique skill set that I am able to capitalize on and bring to the table.*

- *Yes I think so. We might not say that to describe what we do but I think that we certainly plan in a way that supports healthy community design, a healthy environment for people who live here.*

Manitoba:

- *Individually, yes. Simply because I'm interested in the issue and think it's the direction planning is heading.*

Ontario:

- *Yes. Why? Live it and do it – through consulting practice, through teaching, through partnering, through promoting and connecting people and practices.*

- *I would like to think the work I have done pro bono in my community is that of a champion.*

Kitchener:
- *Yes!*

  The Planning department has drafted the new Official Plan, which supports a Complete and Healthy Kitchener! The long-term vision for the City's development and redevelopment is outlined in the OP, with specific emphasis on creating safe and healthy communities.

  Consulting and engaging with residents to become involved in supporting healthy community design is led by the Planning Department in several ways – working together to develop ideas into tangible policies, reviewing development application, hosting open houses, etc.

Quebec:

- *Yes , please see "positives" on Healthy Communities enabled by the Health Agency of Montreal (Direction de la sante publique de Montreal)*

New Brunswick:

- *Yeah, through the work we're doing. Going forward I can educate my new clients.*
  Also my role on executive of New Brunswick association of planners

Nova Scotia:

- *Not really. Too difficult in a municipal environment to leap to far in front of Council. Have to lead from behind.*

- *Nationally, I chair the CIP healthy communities committee. But locally, the phone is quite quiet.*

Part 4: Resources
The next set of questions asked about healthy community planning resources produced by CIP and other agencies, and respondents use of them.

Q18: Are the healthy communities resources produced by CIP (Health Fact Sheets, Healthy Communities Practice Guide) helpful to you and the stakeholders you have worked with? How? Please be as specific as possible.

British Columbia:

- *Peripherally aware of resources.*

  With the pressure exerted by Council on other 'priorities' that are more development oriented we do not have the opportunity to reference let alone use the resources. It would be good to have increased awareness created at the local political level.

- *Not aware of them before survey. Haven't seen them.*

- *Aware of them, but never used them*
  Sat on CIP Council

- *Every bit helps, especially for planners in rural communities: you are alone. In small communities, you are it.*
  Good for ordinary citizens, too.
  Maybe he has heard about the fact sheets; if he did, he forgot about them.

- *Yes, good examples and resources. A starting point for planners to consult other planners and find out what they have done.*

Alberta:

- *"Best practices" guides are always of value. It's easy when you're "head down" on a number of projects to miss new ideas that could be of value. As an office manager I'm less likely to be the professional who is searching for these types of resources, but clearly our staff regularly refer to the CIP resources.*
- *Our design people (at CitySpaces) have made use of them*

Saskatchewan:

- *Not aware of the resources*

- *Not so much yet, but expect to use them more moving forward for education of broader community.*

- *No, haven't used them in the past.*

Manitoba:

- *I've certainly referenced it in my past work as a consultant. Made use of the facts, and work in Peel we probably referenced them.*

Ontario:

- *Yes, in terms of identifying best practices and good examples*

- *Yes, I have used and referenced the Healthy Communities Factsheets and the Healthy Communities Practice Guide when discussing general trends and statistics with customers and residents. I have also used the factsheets as background information when preparing staff reports or responding to questions that are not Kitchener specific.*

- *Being a member of the CIP Committee that helped commission them, I am biased and I think they have been helpful. I have referred them to other planners and made a couple of presentations on them to OPPI members and others. Both the fact sheets and the practice guide summarize the evidence well and provide guidance on what to do as well, in the case of the practice guide provide contacts and references with which to follow-up.*

Quebec:

- *The Healthy Communities Practice Guide is known and shared amongst stakeholders I connect with. This document helps raising awareness on Healthy Communities basic principles, and, guides those stakeholders willing to implement these principles into their work.*

  Most of resources promoted by CIP will have to overcome the language barrier.

Nova Scotia:

- *Haven't used them*
  CIP website isn't very rich, almost always end up on US sites
  CIP website too hard to navigate, too hard to find resources, old fashioned looking

- *It is important that they be promoted to support change.*

Q19: Are there other healthy communities resources you consult in your work? What are they and how are they helpful?

British Columbia:

- *No, there are none I consult with the exception of the champions noted above.*

  For other resources – AIP, Planum – The Journal of Urbanism, Washington State AIP, OPPI, APPI.

- *I occasionally call into CHNET webinars. Occasionally have things related to healthy communities, but not their primary purpose.*

- *University of Victoria – community mapping, asset mapping (formerly the office of community-based research*
  City of Victoria
  Saanich

- *Yes, universities, local groups and residents who tell us want they want and are supportive.*
  Here, the Department of Health sends studies and presentations from US and sometimes Canada.
  Oregon Public Health Institute resources.
  Healthy Community by Design

- *Resources produced by the Healthy Built Environment Alliance in British Columbia.*

Alberta:

- *As a former member of International city/county managers association (ICMA) I receive a daily "newsletter" that highlights municipal actions, decisions and plans that are noteworthy. Healthy communities initiatives are regularly reported on.*

Saskatchewan:

- *For complete neighbourhood guidelines, checked best-practices from cities (Winnipeg, Ottawa) and other organisations (Congress for New Urbanism).*

- *We do research on best practices; collaborate with other municipalities, etc.*

- *I tend to refer to examples used by other municipalities. While the CIP resources, and similar resources are for sure helpful, for me, using specific examples from other municipalities provides me more specifics in how to apply certain aspects of planning (eg. Form based code). Fact sheets, especially those created for a national audience, tend to be more general and don't provide the specifics needed to help us implement our own work, but probably helpful for people newer to health planning. The Community Practices Guide by CIP in that respect was quite helpful.*

- *No.*

Manitoba:

- *Peel's Healthy Community Guidelines are a good reference. Has good bibliography.*

Ontario:

- *OPPI /MAH Planning by Design*
  APA Policy and resources
  Ontario Healthy Community Coalition
  Academic sources
  Consultant reports

- *Public health is a service that is provided at the Regional level and that department publishes numerous reports, information sheets, and fact guides that are published on a variety of public health initiatives – including promotional materials for a decision-based active living lifestyle (where you choose to live, how to choose to travel, etc.)*

  As these resources are made available, I have reviewed them. However, the CIP resources are more directly applicable to the work that I do in Planning. The public health resources are more easily understood by the general public.

- *APA has materials on healthy communities that I use. The Institute of Transportation Engineers and the Congress on New Urbanism have produced Designing Walkable Urban Thoroughfares: a Context Sensitive Approach.*

Quebec:

- *Mostly Ontario Healthy Communities documents are known and used as references, as needed.*

New Brunswick:

- *Was made aware through CLASP work, and have used them.*

  Through CLASP website. Really likes the Fact Sheets for Canadian context, though might be too urban for New Brunswick. For RALA tool development, fact sheets included for background information.

  Practice guide: used as resource for my own purposes. Did pull some wording out of submission for review of provincial policy.

Nova Scotia:

- *American Planning Association (APA)*
  Planetzine
  Urban Land Institute (recently released Health & Planning report)

- *I developed a healthy communities decision-making template for a town in Nova Scotia. I bring this and other info to bear in all of my project work.*

Q20: Are there other resources or tools that would be helpful in your healthy communities planning work?

British Columbia:

- *As noted earlier tools that enable increased awareness at the local political and community levels.*

   Assessment sheet – Comox Valley Land Trust – watershed gap analysis for an inter-municipal watershed (Electoral Area A, Cumberland, Courtenay) – came up with a checklist for developers to safeguard environment – a similar health checklist would be helpful.

- *Need details about regulations and policies, specific distances (X meters); catalogue of sample bylaws from other jurisdictions with specific wording.*
   Case studies
   Zoning dictionary
   Don't do another climate change or water policy – an attempt to regulate practice
   Definitions
   Short items
   Templates for information and community engagement on issues
   Teaching Tools – Kids Guide
   A unit on Planning and Health in the Kids Guide
   Photo archive – images can convey things far more easily, illustrated planning concepts

- *Yes, through the Internet.*
   More money.
   More up to date surveys on what people want; good engagement (they have it; did it during the OCP).
   Research studies; this survey is useful.

- *The more publicity this issue gets with the politicians and general public, the better. I think that the professionals are already aware of these issues. So information and ways to educate and promote the topic would be helpful.*

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Alberta:

- *Change in community design will only happen in a significant way when the Federal Government recognizes that it better healthy design makes financial sense and passes this "knowledge" down by fiat to the provinces. We are talking about a major change in understanding and perception at the highest level of elected officials. We also need a large ground swell of public support, i.e. people not buying in "unhealthy" communities, and their demand for better, healthier communities*

then is translated into votes on election day. Not withstanding my libertarian leanings, I'd vote for any party that seriously made healthy communities a major part of their party platform.

- o *APA does legislative lobbying on values/principles, CIP could do the same*
- o *Best practices guide on community health policy and how it could be integrated into Provincial policy.*
- o *Should there be an inter-ministry committee on healthy community design. Perhaps finances that could be tied to that partnership?*
- o *One-pager for provincial planning orgs to give to provincial ministries to assist in advocating for healthy community policy. A "fact sheet" like publication to show why the Province (or individual ministries) should care about this.*

Saskatchewan:

- *Would like more resources oriented to prairie context and all seasons, especially winter: design and servicing considerations, considerations for year-round complete communities, design standards for active transportation streets.*

- *Fact-sheets, why do healthy communities, more tangible things like health stats: e.g. " if you do this, here would be the impact and why". Any resources that can be used for education would help.*

- *OPPI was very good at putting on trainings for planners and learning sessions. In part, OPPI may have been able to do this easily because of the sheer number of Planners in Ontario. For example, OPPI offers a training session for Urban Design – a key element in healthy community planning. Having moved to Saskatchewan, which the APCPS does have an annual conference, similar training sessions would be useful – especially ones focused toward healthy community planning.*

  This is not done in Saskatchewan, as there are too few planners and resources. Training materials or online workshops/courses would be helpful (e.g., free online course on doing Health Impact Assessment).

- *We would really benefit from anything like fact sheets, guides, etc. from CIP. Some education on healthy communities is needed for planners and community residents. Resources should be shorter rather than longer. Like brochures. Best practice guides that could help us move in the right direction quickly without doing the research ourselves.*

  Readily accessible, easy to use information would be a beneficial tool for us.

Manitoba:

- *Peel Guideline is a good start. If CIP did something like that at a national basis, like sample guidelines a community could adopt (they would have to be pretty general). Or maybe some sort of 'toolbox' of Healthy Community initiatives/guidelines.*

Ontario:

- *Web-based tools, templates, literature review, report depository.*

- *Shared database of best practices, sample guidelines, etc: if that exists, promote it separately than the regular email.*
  - *(OPPI has dinners every two months for members to hear talks, etc.)*

- *The US Congress passed complete streets legislation some time ago and this will require new design standards for cycling and pedestrian movement. Since that time, these new standards have been developed and I understand these are being rolled out presently. As Canadian design professions seem to adopt US standards with some modification in each province, it would be useful to see what comes out of this effort when Provincial transportation ministries begin adapting these for application in each Province.*

Quebec:

- *Would like to know more about resources available across Canada, and abroad.*

New Brunswick:

- *Dr. Karen Lee Coming up from NY to talk with NB health. Will be taking her around to meet and talk with groups that can impact healthy communities.*

  A blurb or one-pager for each department about why they should think about healthy built environments: specific to different departments or disciplines: transportation, social workers, doctors, recreation planners: why should you bethinking about this?

  RALA tools are great because they are rural/small town: not enough for that context, everything is too urban.

Nova Scotia:

- *Planning best practices library on CIP website where I could go and pick*
  Bookstore on APA site, articles by subject type that are searchable
  Specific zoning examples
  Canadian Zoning Dictionary
  Lack a shared planning base
  CIP could develop a shared language
  Provincial resources
  Awareness raising – obesity rates, first generation that won't live as long a parents –publicize it – Participaction
  Winter activities and healthy living
  Lack of awareness around the issues

Q21: Are there any further comments you would like to provide that would help put your work and the answers to our survey questions into more perspective?

British Columbia:

- *Hope an action comes out – what can Councils do to advance health and better understand it? A conclusive or summarizing section.*

- *More of a definition of what's meant by healthy communities – a very nebulous concept*

- *Go talk to John Foster! General Manager of Social Planning. He did the social development strategy.*
  Also talk to current liaison to health, Amarjeet Rattan. Dr. James Lu or Lui, Medical Health Officer. Presentation by health officer at Metro Vancouver influenced many regional planners like Teri.

Alberta:

- *No, I think you've had all the ranting one survey can handle and still be meaningful.*
  - *Healthy community not just about participation, etc. We've lost site of health in process of growing fast and making money.*

Saskatchewan:

- *Removing silos so different professions/authorities can lobby for something like healthy communities. Easier to explain the overall benefits of health (e.g. walkable neighbourhood lowers cost of health care) if planners work with Health professionals. Having health department to give stats on how much savings from people walking, etc. allows for more effective lobbying.*

  No issues with legislation, it's more about a system of working collaboratively, doing the lobbying to make legislation changes to make it mandatory, create funding/grant, etc. It would help overcome the "Silo" problem, different ministries would talk, more communication at all levels, at provincial, federal, and municipal level.

- *Interesting to see what comes out of this work. Could be a beneficial tool for us if it's accessible, simple, clear information.*

Quebec:

- *Our Health Agency demonstrates leadership on healthy built environment program development, and research and I am grateful to be part of such a team.*

Nova Scotia:

- *Individual health factors need to be internalized before change.*

  People don't have time to think critically and internalize issues – need to create space and place for health for people to think about individual health issues.

  Big picture issues really need to be addressed – this is something outside of regular planners' work.

  Planners need to be educators on these issues.

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