"Taking the Pulse":
Benchmarking Planning for Healthier Communities –

Questionnaire Results

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Table of Contents

1   Introduction

The influence of the built environment on human health is one of the factors that gave rise to planning itself as a profession. Our communities are complex systems - the kind of community we live in is determined by the many decisions, large and small, that individuals and groups make every day. How can planners play a role and what information do they need to promote a community where a strong relationship is established between human health and the built environment?

In an effort to learn more about how practitioners are addressing the built environment as related to community health, what information needs they have, and what best practices can be shared, the Canadian Institute of Planners (CIP) Healthy Communities Sub-committee implemented an on-line survey of its members. The survey was done from March 4 – 17, 2011, and is available in Appendix A. This report provides a brief overview of the survey's results.

A total of 1238 CIP members viewed the survey, and 808 completed it in its entirety (a 65.27% completion rate). The responses from 862 survey participants were considered complete enough to be included in this analysis.

All CIP members (approximately 7000) were sent a link to the survey via email. The survey contains both closed-ended and open-ended questions, and so both quantitative and an abbreviated qualitative analyses were done on the survey results. It is possible that only those CIP members who are interested in or involved in healthy built environments work actually followed through with the link to the survey and completed the questions. So, while the 862 survey responses summarized here do make up a sample of planners across Canada, they do not necessarily make up a representative sample.

2   Demographics

The following briefly outlines the characteristics of the planners who participated in the survey.

2.1   Geographic Region in Which Respondents Do the Majority of Their Work

Almost one-half (45.6%) of survey respondents do the majority of their work in Ontario, while a further 19% are from British Columbia, and 11.8% work in Alberta (see Figure 1, below). It is important to note that over 70 individuals either did not respond to this question, or provided written comments to specify their response. Many of those planners work in a variety of locations (for instance, as national or international consultants), or are retired / not currently practising.

Figure 1: Geographic Region in Which Respondents do the Majority of their Work

Legend:
- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland & labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Saskatchewan
- Yukon
- USA
- prefer to not respond
- Other
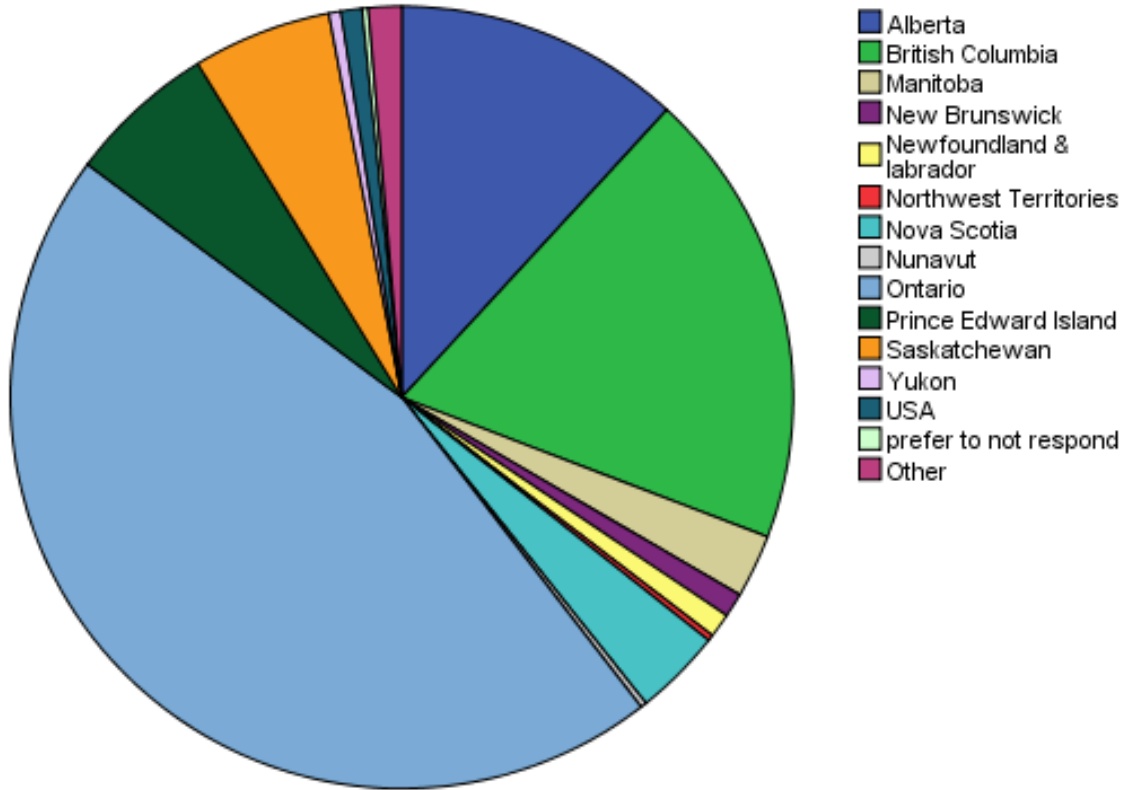
2.2 Type of Community in Which Respondents Do the Majority of Their Work

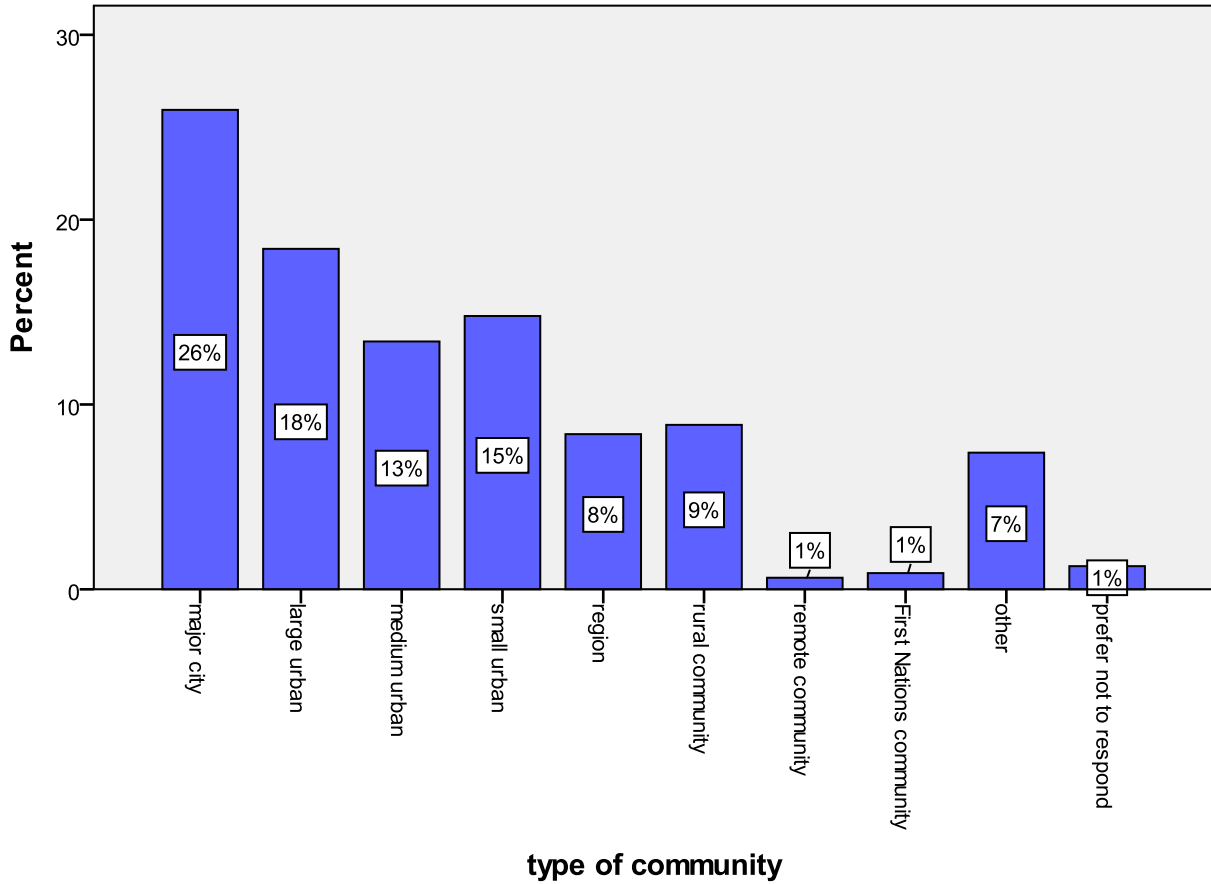More than one quarter (25.9%) of survey respondents do the majority of their work in a major city (population over 1,000,000), and a further 18% work in a large urban centre (population 300,000 – 1,000,000; see Figure 2). More than 10% of respondents work in rural, remote or First Nations communities; this is an important proportion to consider, in part because the responses of this minority group tend to vary from those responses given by their more urban colleagues.

It is also important to note that more than 70 planners noted that their work location does not fit easily into the type of community categories provided for them in the survey. Many of those 70 explained in open comments that they work in various locations, depending on the needs of their clients. In most cases, those planners are consultants, working in a variety of regions or municipalities in a particular province. In other cases, survey participants explained that they hold a variety of roles (teaching, consulting, community-based volunteering) in which they use their planning skills.

Figure 2: Type of Community in Which Respondents Do the Majority of Their Work

Bar chart showing percent by type of community:
- major city: 26%
- large urban: 18%
- medium urban: 13%
- small urban: 15%
- region: 8%
- rural community: 9%
- remote community: 1%
- First Nations community: 1%
- other: 7%
- prefer not to respond: 1%

Y-axis: Percent
X-axis: type of community

2.3 Length of Time in the Planning Field

The CIP members who responded to this questionnaire have spent a variety of amounts of time in the planning field. Almost one in three respondents (31.9%) have worked in the field for over 20 years, while almost equal proportions (22.1% and 21.8%, respectively) have worked in the field for under 5 years or for 5 to 10 years. Please see Figure 3, below, for a graphic representation of this data.

Figure 3: Length of Time in the Planning Field

length of time in planning

Legend:
- under 5 years
- 5 to 10 years
- 11 to 15 years
- 16 to 20 years
- over 20 years
- don't work in planning
- prefer not to respond
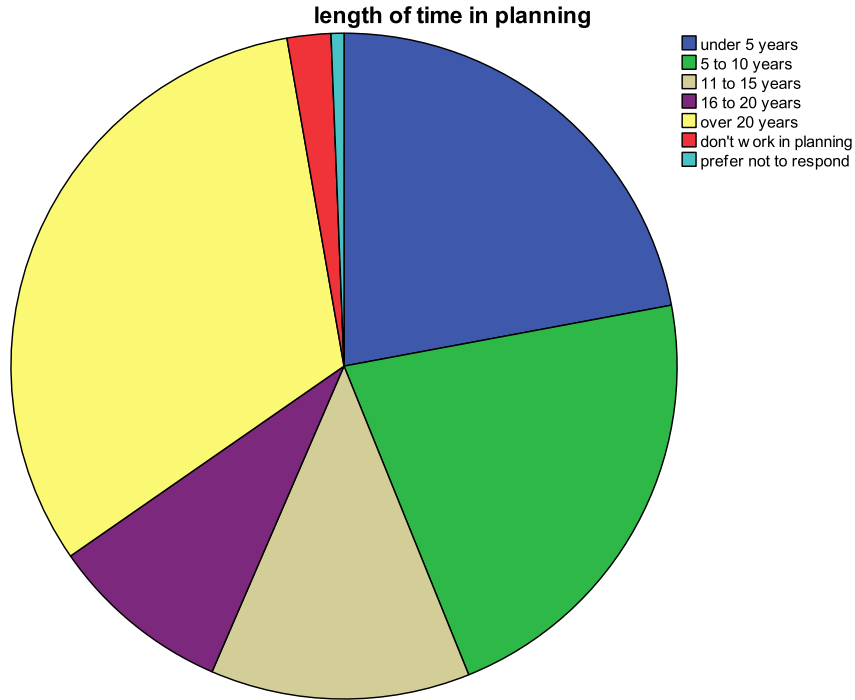
2.4   Current Role / Position

Roughly equal proportions (22.7%, 21.4% and 19.7%, respectively) of survey respondents currently have the roles of senior-level planner,mid-level planner, or manager. A significant number (116, or 14.4%) of survey respondents are consultants or entrepreneurs. Please see Figure 4 for more information on the current roles of those CIP members who participated in this survey.

Figure 4: Current Roles / Positions of Survey Respondents
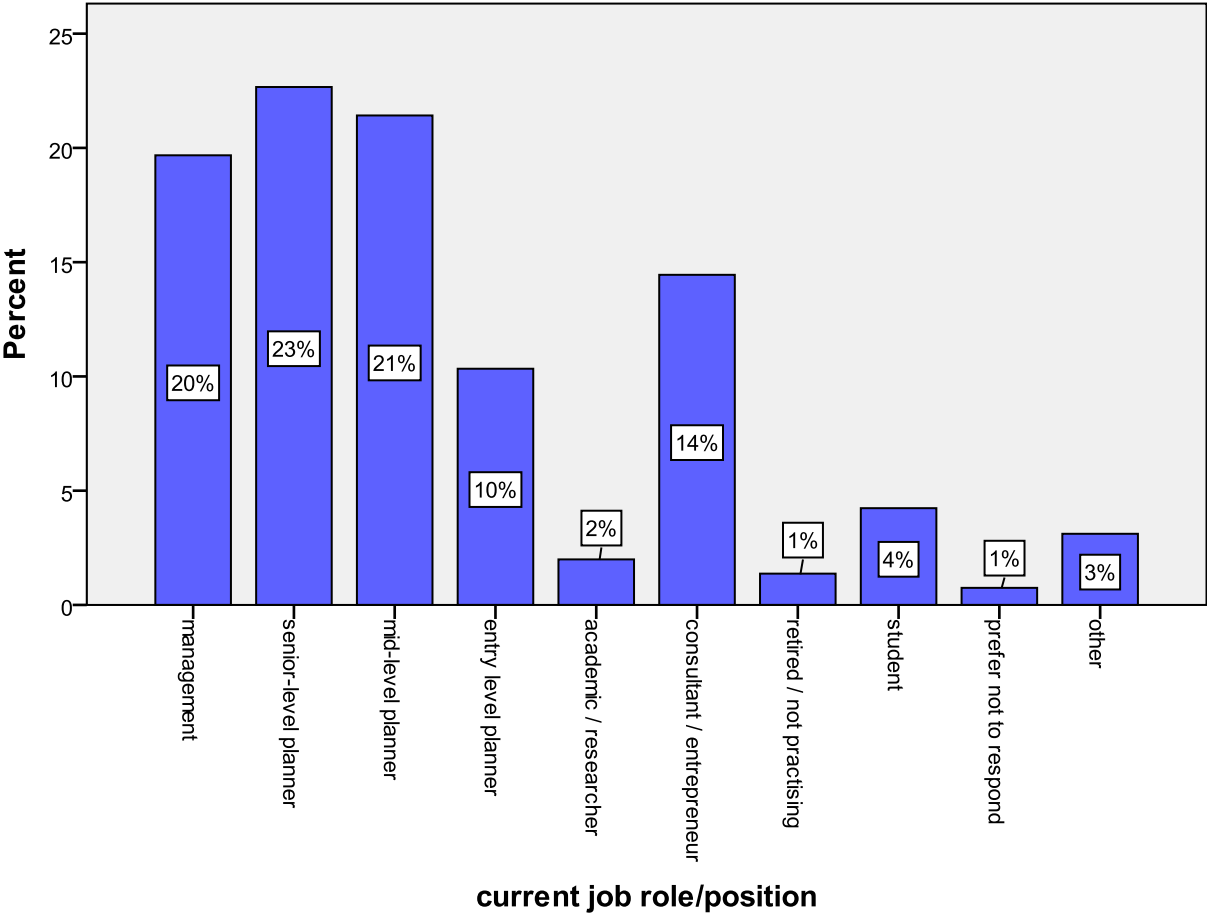
2.5   Sector in Which Respondents Currently Work

The vast majority (56.4%) of survey participants work in the municipal or regional government area, but almost one quarter (24.9%) work as consultants or in another area of the business sector. See Figure 5, below, for more information.

Of those respondents who pointed out that they worked in an 'other' sector, their open-ended comments indicated that many of those work for First Nations, development companies, conservation authorities, or school boards.

Figure 5: Percentage of Survey Respondents who work in Specific Sectors
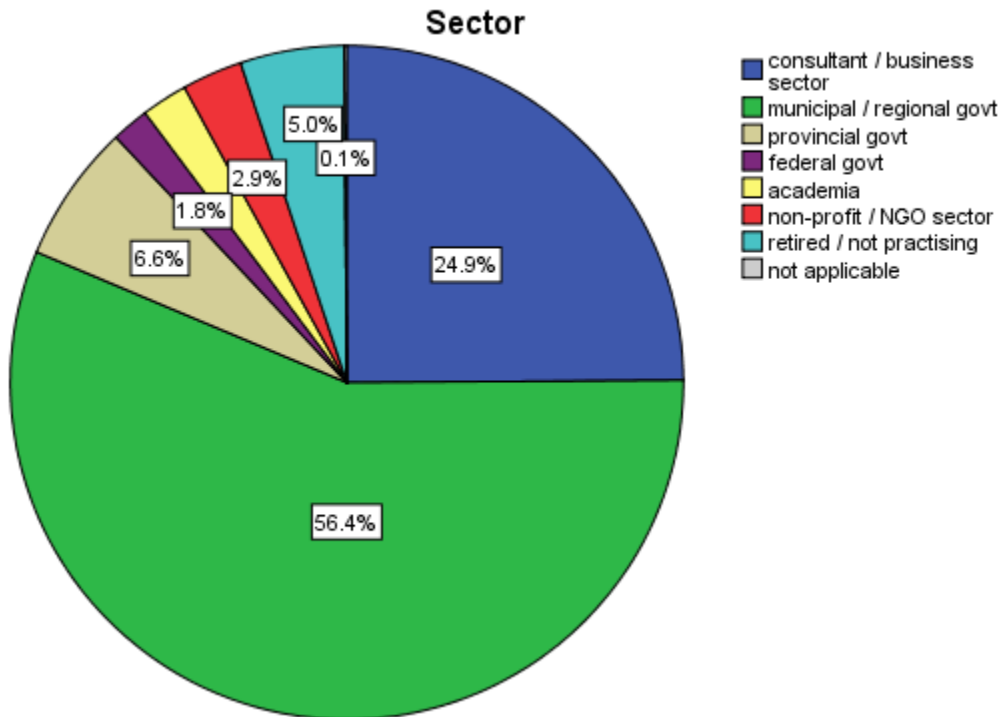
2.6   Area of Specialty of Respondents' Work

Almost one third (31.4%) of survey respondents that 'urban' most closely describes their planning specialty. A further 11% indicated 'policy' as their specialty (see Figure 6, below). However, almost as many (10.8%) chose 'other' as the most relevant category to best describe their specialty. In open-ended comments, a number of planners questioned the relevance of the categories provided in the survey, suggesting that they are artificial and do not adequately reflect the diversity and dynamic nature of their jobs. For instance, one planner responded by saying, "*my specialities include all of the above*", while another listed "*urban/rural/regional/social/ecological/economic/cultural*". Some planners were open about their confusion or dissatisfaction with the question. For example, one survey participant said "*specializing is part of the problem*", while another said simply, "*this is a silly question.*"

Figure 6: Area of Specialty that Most Closely Describes the Work of Survey Respondents
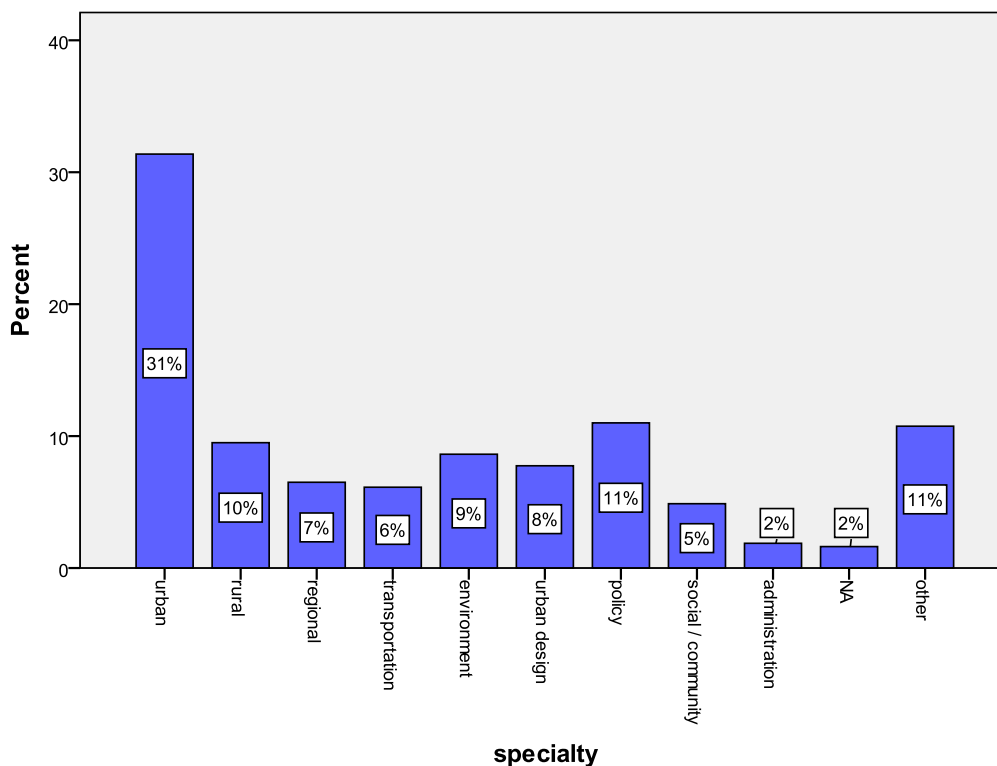
3   Awareness of the Inter-relationships between the Built Environment and Community Health

The planners who responded to this survey were, in general, quite confident about their awareness of the relationships between the built environment and health within their communities. Almost 9 out of 10 (89%) of respondents either agreed or strongly agreed to the statement: "I am aware of the impacts of the built environment on health in my community." Only 7.4% of respondents strongly disagreed with this statement (see Figure 7).

Figure 7: Awareness of the Inter-relationships between the Built Environment and Health

I am aware of the impacts of the built environment on health in my community
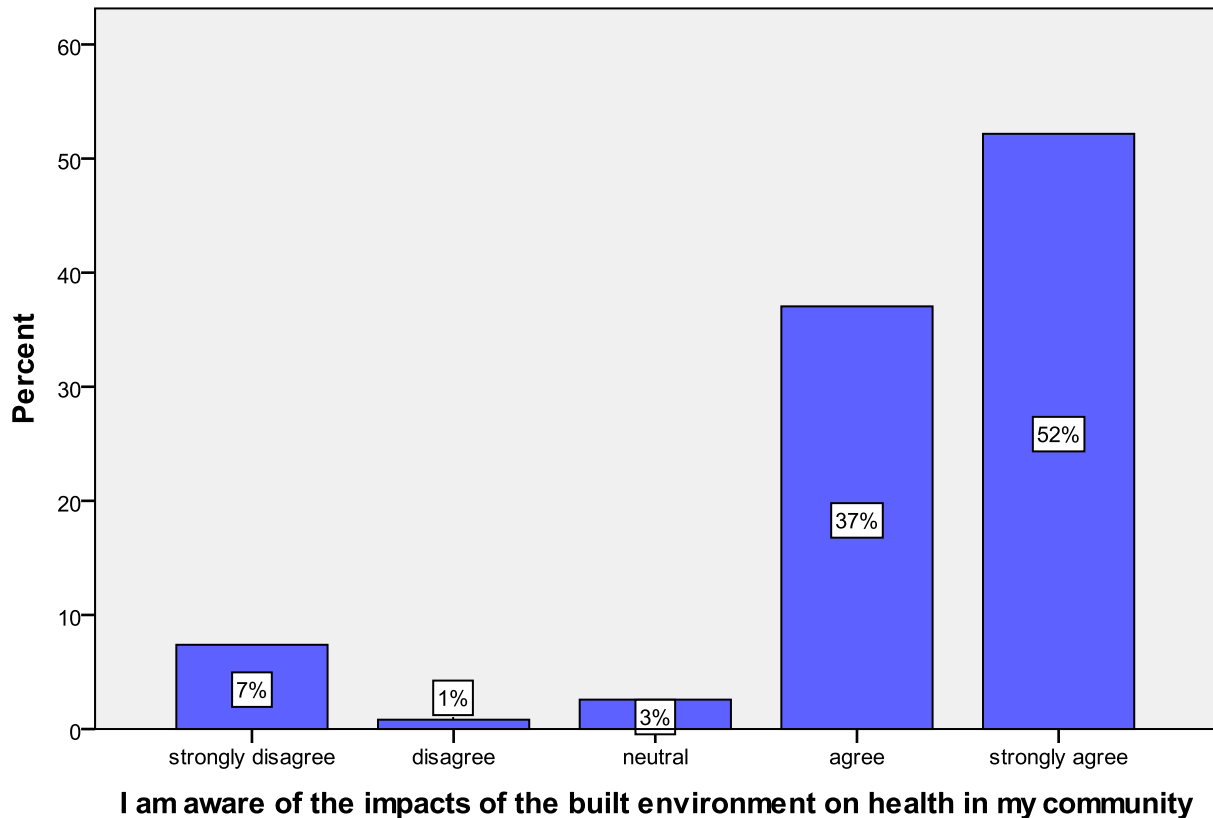
4 Perceived Community Health Needs

The survey respondents were able to identify a number of broad health issues in their communities (see Table 1). The most frequent health concerns mentioned were the dependence on cars for residents to access services (62.9%), and affordable housing (55.8%).

The open-ended comments provided by some survey participants further elaborated on these key themes. For instance, many planners pointed to the urban design of their communities as a clear link to obesity, poor social interaction and/or low levels of physical activity. One survey respondent stated "*I think our current urban design practises make [it] difficult/unpleasant for people to move around*", while others referred to the lack of adequate sidewalks, bicycle paths and mixed-use areas as barriers to walking and cycling.

Other comments referred to social and economic challenges that some communities are facing, including issues of inequality, mental health concerns, substance abuse and homelessness. Other respondents mentioned a lack of access to health care facilities, including hospitals and, especially, family physicians.

For some planners who responded to the survey, environmental health concerns, including wastewater treatment, noise, heavy industry and the broad impacts of climate change, present pressing health concerns for their communities. Finally, some planners described their

deteriorating and/or inadequate public infrastructure, including schools, parks, and recreation centres, as being important community health issues.

Table 1: Perceived Most Urgent Community Health Needs

Community Health Needs	# of Respondents Who Identified this Need in Their Community	% of Respondents who Identified this Need in Their Community*
Our community requires a car to access most services	542	62.9
Affordable housing	481	55.8
Lack of public transportation	331	38.4
Urban design is unsafe for seniors or people with disabilities	230	26.7
Loss of agricultural land	201	23.3
It can be difficult to access healthy foods	193	22.4
Poverty / unemployment	163	18.9
Poor quality housing	141	16.4
Urban design is unsafe for children	130	15.1
Poor air quality	100	11.6
Poor water quality	25	2.9
Don't know / not applicable	9	1.0

*Please note that values in this column will add up to more than 100% because questionnaire respondents were each allowed to make more than once choice.

When associated with the type of community in which planners do the majority of their work, some health issues (e.g. lack of access to healthy food, urban/town design that is unsafe for seniors, affordable housing) were identified as more widespread, while other issues are obviously more related to the type of community. For instance, as you would expect, there is an identified lack of public transportation in smaller, more rural communities, and the loss of agricultural land is also somewhat more common in rural areas. Please see Table 2 for more information about these relationships.

Table 2: Percent Identified Community Health Needs by Type of Community*

Community Health Issues	Major City	Large Urban	Medium Urban	Small Urban	Region	Rural	Remote	First Nations
Poor quality housing	13	14.3	21.5	17.8	13.4	15.5	40	42.9
Our community requires a car to access most services	57	59.9	63.6	74.6	68.7	70.4	60	28.6
Urban design is unsafe for seniors or people with disabilities	24.2	25.9	30.8	27.1	29.9	21.1	0	14.3
It can be difficult to access healthy foods	20.8	22.4	28	20.3	26.9	18.3	20	42.9
Affordable housing	58.9	49	57.9	59.3	52.2	57.7	40	71.4
Loss of agricultural land	22.7	23.8	19.6	15.3	20.9	28.2	0	57.1
Lack of public transportation	31.4	33.3	42.1	45.8	47.8	49.3	20	14.3
Poor water quality	0.5	2.7	3.7	1.7	4.5	7.0	0	14.3
Urban design is unsafe for children	12.1	20.4	18.7	12.7	17.9	9.9	0	42.9
Poverty / unemployment	24.2	15	20.6	16.1	14.9	12.7	20	42.9
Poor air quality	15.9	17	9.3	5.1	9	5.6	60	0

*Please exercise caution in interpreting percentages for remote and First Nations communities, given the small response rates for both categories.

5   Frequency of Considering Potential Community Health Issues in Practice

Those planners who responded to the questionnaire in general described considering public health issues in their planning practice quite often: over 60% indicated that they 'frequently' or 'always' consider health in their practice (see Figure 8). Interestingly, there is some evidence to suggest that planners with more years of experience in the field more often consider community health issues in their practice. For instance, 69.5% of planners with 16-20 years of experience stated that they 'frequently' or 'always' consider health, whereas only 54.9% of planners with fewer than five years of experience made the same claim.

Figure 8: Frequency with which Respondents Consider the Potential Impacts of Community Health Issues within their Practice
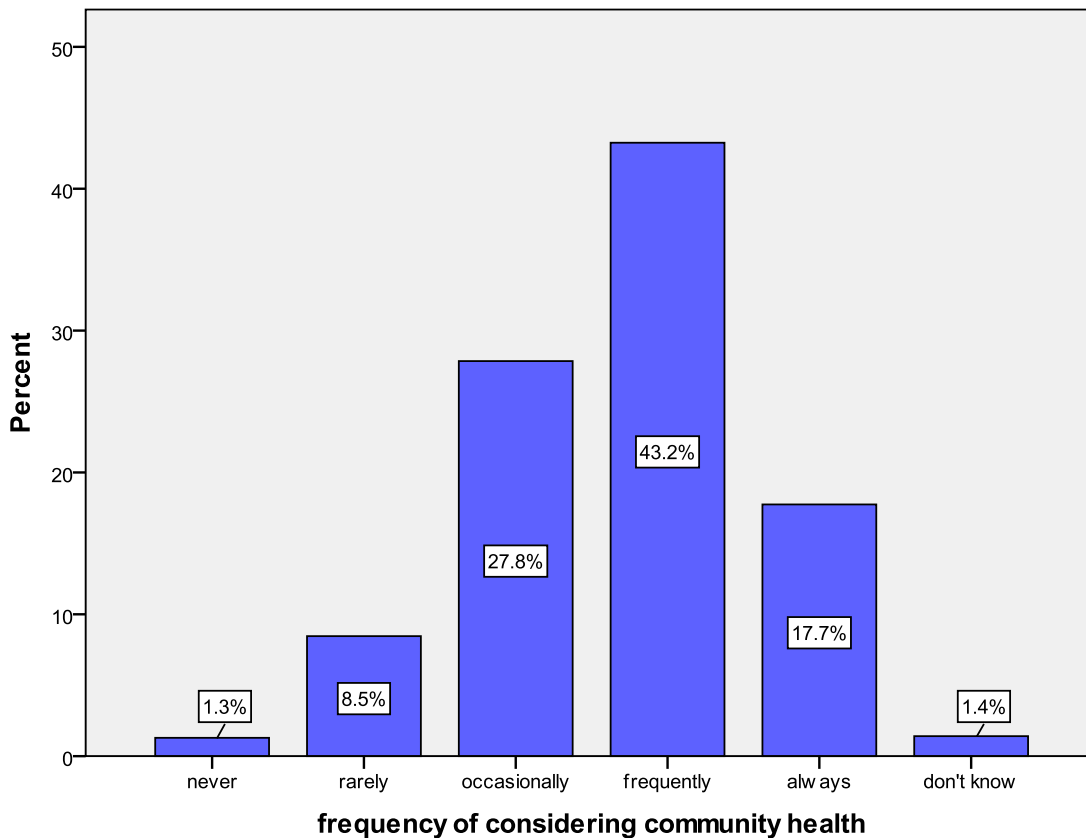
6   Community Health Components Addressed in Professional Practice

The CIP members who responded to the survey have addressed a wide variety of community health components during the last two years of their professional practice (see Table 3). Not surprisingly, many (71.2%) have addressed pedestrian and traffic safety. Slightly smaller proportions (60.2% and 50.3%) of survey respondents have addressed physical activity / active transportation and access to healthy natural environments. Relatively few (36.7% and 23.9%, respectively) planners have incorporated urban design strategies that are specific to seniors and children.

11

Table 3: Community Health Components Addressed Over the Last Two Years

Community Health Components Addressed	# of Respondents Who Have Addressed this Component	% of Respondents Who Have Addressed this Component*
Pedestrian and traffic safety	614	71.2
Physical activity / active transportation	519	60.2
Access to healthy natural environments	434	50.3
Affordable housing	407	47.2
Age-friendly urban design	316	36.7
Opportunities for people to connect / build social networks	314	36.4
Security and crime prevention	304	35.3
Water quality	274	31.8
Child-friendly urban design	206	23.9
Access to healthy foods	193	22.4
Air quality	163	18.9
Healthy housing	157	18.2
Mental health	95	11.0
Don't know / not applicable	39	4.5

*Please note that values in this column will add up to more than 100% because questionnaire respondents were each allowed to make more than once choice.

The open-ended comments provided by the survey respondents provide a more in-depth look at the types of issues planners have addressed in their communities. Many comments reflected a focus on trying to design and build more walkable communities. One respondent described his/her work on the "*provision of compact pedestrian oriented built form*", while another described working on "*alternative design standards for healthy development*". Often these type of comments were related to transportation, including planning for Transit Oriented Development, rapid transit, and cycling infrastructure. For instance, one planner stated that he/she has addressed community health issues by "*enhancing transit use and use of alternate transit modes for work & shopping*".

Other planners linked their work in climate change, sustainable agriculture, and the protection of farmland, to community health. One respondent mentioned that he/she has addressed "*GHG Emissions Reduction - health on the broadest scale*", while another mentioned "*agricultural conflicts.*" Another, less prominent theme of the open-ended comments was the administrative and 'behind the scenes' work that is so much a part of policy change. For example, one planner admitted that he or she has "*tried to influence the decision makers*", while others described working on "*intergovernmental relations,*" "*empowerment through participation,*" and the "*development of health assessment tools.*"

7 Implementation: Using Planning Tools and Addressing Barriers to Addressing Community Health Impacts of the Built Environment

The following section addresses how survey participants have implemented their knowledge and concern for community health, as it relates to their practice. The section briefly outlines the planning tools that planners are using and the ways in which they are using these tools, the

frequency with which planners consider community health when preparing planning reports, and the barriers to a more thorough consideration of health in their day-to-day practice.

7.1 Using Planning Tools to Address Community Health

The majority of planners who participated in this survey have used planning tools during the last two years to address the ways in which the built environment influences community health. Less than 15% of questionnaire respondents admit they have not used any planning tools for this purpose (see Table 4, below). The most common tool used was the revision to official plans in the community (43.7%). Policies that were designed to improve health were also commonly-used tools (41.6%). Only 5.1% of planners have used health impact assessment – a tool that is receiving a great deal of international attention lately in both the public health and planning fields as a promising approach to contribute to healthy built environments.

Table 4: Types of Planning Tools Used Over the Last Two Years to Address Community Health Impacts of the Built Environment

Types of Planning Tools Used	# of Respondents Who Have Used this Tool	% of Respondents Who Have Used this Tool*
Revisions to official plans	377	43.7
Policies designed to improve health	359	41.6
Environmental impact assessment	258	29.9
Subdivision	221	25.6
Has not used any planning tools	126	14.6
Health impact assessment	44	5.1

*Please note that values in this column will add up to more than 100% because questionnaire respondents were each allowed to make more than once choice.

When asked how they have used these tools to address the community health impacts of the built environment, many survey respondents described the ways in which they have recommended revisions to official plans and other high-level policies. Here are some examples of those comments:

- "*Urban design Guidelines - the new _____ Plan included a range of policies to address the issues of transportation choice; increasing the city's tree canopy to improve air quality; design policies to ensure a safer environment for pedestrians*"

- "*Official Plan Amendment incorporating policies that support sustainable development which takes into account transit oriented development; mixed uses; proximity to services and to natural environment; and allows for healthy community design (universal design for accessibility; and supportive of green technologies)*"

- "*We have included community health concerns as a central piece in the sections of our draft official community plan that deal with housing and homelessness; community well-being; food systems; and land management and transportation. Some of the concepts include: walkable community development policy; transit/walk/cycle mode priority; public realm animation; environmental health policy; high performance building policy; housing policy addressing the full housing continuum including crisis housing and housing stock upgrades; community well-being policy addressing social equity; physical accessibility; multigenerational neighbourhoods; personal and public safety; a four pillars approach to substance use; urban food production and access to food. Not least we have introduced a*

comprehensive policy on emergency management and preparedness including disaster mitigation; response and recovery."

- *"... I think that having a clear health-oriented OP [official plan] is very important as all municipal (specifically capital) decisions are to be in accordance with that plan. This guides how the municipality builds the community through its projects. A clear OP also assists the private developer in knowing what is expected - to be able to provide a developer with approved 7 that demonstrates that consideration to health impacts is mandatory - it's all upfront, no surprises and I think the development community appreciates that ..."*

- *"policy creation focused on: Considering pedestrians before vehicles; ensuring opportunities for active transportation are utilized; designing communities that are walkable; ensuring that public open space is readily available and easily accessed; incorporate CPTED principles and generally ensure that opportunities to encourage a healthy lifestyle are utilized."*

Others described development approvals and site-specific design that has been oriented to, in part, improve community health. For instance, some planners described how they have worked with developers and other stakeholders to achieve the following:

- *"through site plan approval; review the site to ensure connectivity; safe access and high degree of urban design"*

- *"... mediation with developers and land-owners to make choices which are beneficial for the wider community seems to be the most effective method of encouraging change. In my work role, this effort has the most practical impact during site plan control, when the layout of the design has a direct impact on access and the quality of the built environment."*

- *"in my opinion the most important tool is subdivision design, particularly road/traffic/travel patterns, and housing mix/density"*

- *"For subdivision applications, can influence type of units, size of lots, street layout, walkways and bikeways, parks, and the location of community retail and services, which directly impacts transit, walkability and physical activity, and the need for cars."*

- *"Review of plans of subdivision. Provide for connectivity, safe pedestrian travel, linkages to natural areas/trails, safe location of parks (playground development), location of schools, walkability (provision for sidewalks), street design, green elements (stormwater management, efficient use of services, groundwater recharge)".*

Of note is the several responses that emphasized the importance of engaging stakeholders, especially community members, in the planning process, to both educate those groups in the ways in which planning and health are connected, but also to ensure coordination and harmonization among the visions and goals of related groups. The interesting responses regarding this theme included:

- *"key-stakeholder engagement - engaged with key stakeholders (i.e. regional managers; city/rural planners) in developing strategies for adaptation to climate change impacts on communities (i.e. uv exposure; heat waves; increasing extreme weather events) on a regional scale"*

- *"reassured the community at Public Meetings that improved water and wastewater infrastructure would maintain our healthy environment"*

- *"policies developed with inter-municipal neighbours to ensure that coordinaton could occur to extend healthy communities beyond our borders*

- *"environmental education to raise awareness of residents of the value of providing open space and natural areas within the built environment. Generally; places with natural areas accessible by school children have higher educational attainment levels; better school attendance; a greater sense of well - being in the community and higher property values"*

- *"the tools - public discussion about what is really going on and creating opportunities for voices that 2 get heard to be heard (i.e. the public). We created opportunities for them to understand how planning works (i.e. the statutory plans; what they do; etc). I create opportunities for people - council; admin; public; stakeholders - to better understand the consequences of their actions"*

- *"Community Participation. By first examining the history of the tool as used in those and similar communities and then seeking the participation of the residents through meetings and surveys to identify their needs (needs analysis) before planning/design begins."*

- *"Bring communities together to talk about holistic community - affordable housing, TDM..."*

- *"Working with local health authority representatives to include community health in all plans and to create partnerships to address funding gaps, staffing gaps and jurisdictional gaps."*

A third theme of the ways in which planners have used tools to address community health refers to the use of impact assessments and other ways to measure community health issues and the potential ways that planning decisions have an impact on those issues. Specific examples include the development of a Quality of Life Index and age-friendly community checklists, many of which were developed with researchers. Other comments included:

- *"survey and questionnaires- Prepared a city program to focus on promoting active transportation within a certain neighbourhood. The report was approved by council to secure long-term funding"*

- *"age friendly community checklist Research and concepts on age friendly communities an integrated mental health/housing solutions are being applied to local development projects"*

- *"Utilized various tools such as public health research independently and with epidemiologists in the preparation of a public health tool kit to guide community design"*

- *"By utilising transport surveys within the planning process; recent developments have all be built with sustainability and walkability in mind - without a concept of current movement patterns, this could not have been achieved."*

- *"Our Health Department is engaged in developing a checklist for the review of site plan applications. Initially this checklist will address issues associated with the promotion of active transportation, falls prevention and exposure to the sun and the provision of shade."*

A final theme of the comments related to planners' commitment to addressing the unique needs of particular populations, including seniors and people with disabilities and low income families. Examples of this theme included:

- *"Developed plans and strategies to address lack of affordable housing; to improve accessibility; and to improve access to services for people who are marginalized."*

- *"Planning tools that I have used address the need for the integration of affordable housing within the community and the loss of stigmatization of low-income residents. These issues have been addressed through the use of mixed-income objectives within housing projects; promoting assimilation and role-modeling of lower income residents; as well as the financial sustainability of individual projects."*

- *"Amending Official community Plans to incorporate Age and Disability Friendly policies - Developing Residential Housing Strategies to encourage Affordable and Quality Housing availability..."*

- *"I work exclusively in on-reserve communities - the health impacts of poor quality housing and lack of access to medical care; isolation; substance abuse and poverty are overwhelming. Better Comprehensive Community Planning can be used to identify issues and develop solutions."*

7.2 Frequency with which Community Health was Considered in Planning Reports

More than one third (33.8%) of planners surveyed stated that they 'frequently' consider community health in preparing their planning reports. Another 30% stated that they 'occasionally' think of health when preparing reports (see Figure 9, below).

Figure 9: Frequency with which Survey Respondents Claim to Consider Community Health When Preparing Planning Reports (%)
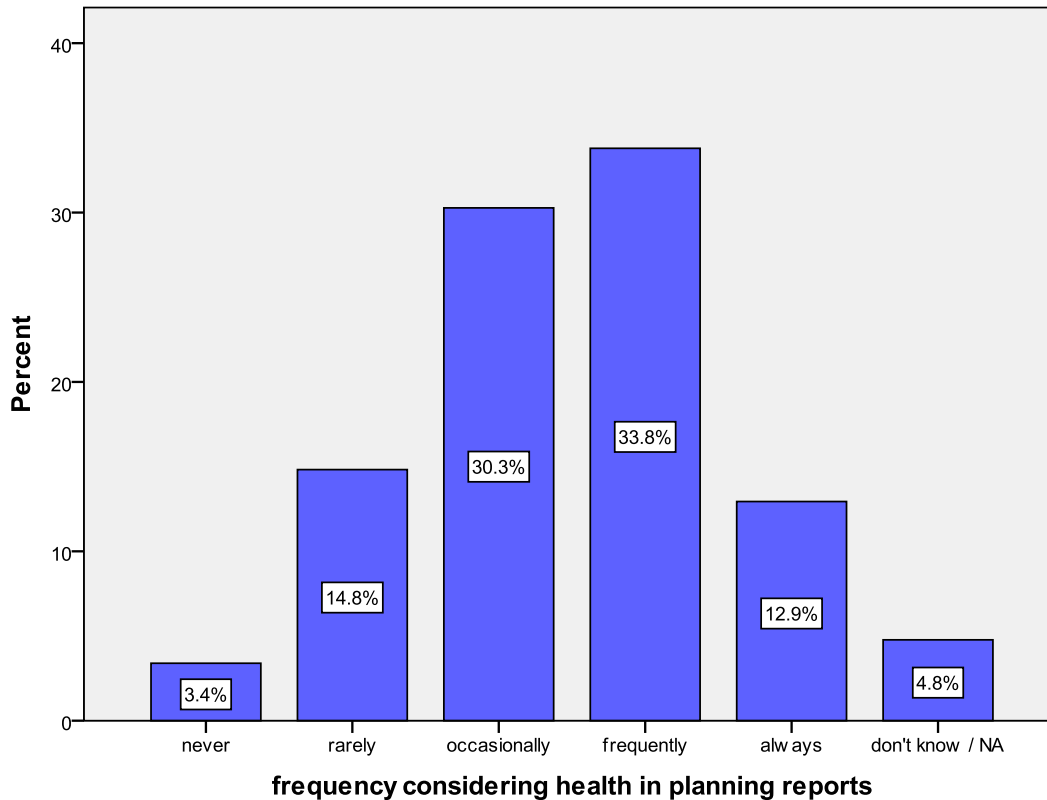
7.3 Barriers to Including a More In-Depth Discussion of Community Health

According to those planners who participated in this survey, there are many barriers to including a more in-depth discussion of community health in their planning practice. The most significant barriers identified were not enough government or political support (45.7%; see Table 5, below) and the competing issues that also demand planners' attention (43.2%). Interestingly, less than 10% of planners indicated that community health is not the responsibility of planning. This

finding is encouraging, because it paves the way for greater involvement of planners in intersectoral action in community health and health promotion.

Table 5: Barriers to Including a More In-Depth Discussion of Community Health Issues in Planning Practice

Barriers Identified	# of Respondents Who Have Identified this Barrier	% of Respondents Who Have Identified this Barrier*
Not enough govt / political support	394	45.7
Competing issues also demand attention	372	43.2
Little support among developers	339	39.3
Need more tools	195	22.6
Results are not measurable	180	20.9
Don't have enough knowledge	155	18.0
Don't have enough time	105	12.2
Community health issues have not come up	66	7.7
Community health responsibility of other sectors – not planning	75	8.7
Not sure how to approach community health issues	71	8.2
Residents do not support this approach	45	5.2
Don't know / not applicable	42	4.9
Health-oriented resources do not apply to my area	25	2.9

*Please note that values in this column will add up to more than 100% because questionnaire respondents were each allowed to make more than once choice.

Survey respondents offered a wide variety of ideas for other barriers, beyond the list provided for them in the survey (see Table 5). Their ideas for further challenges to better integrating a consideration of health issues into their practice were identified in seven main themes:

7.3.1   Issues with Available Research and Policy Directions about Community Health
A strong theme of comments about the barriers to more comprehensive integration of community health issues within planning practice questioned the research and current approach to health in general. Planners whose comments related to this theme also acknowledged the complexity of community health as a concept, and therefore the challenges with intervening in this area. The following comments provide good examples of these concerns:

- *"Community health is ill-defined"*

- *"Community health is slotted into a disease driven agenda and not see in a wholistic fashion"*

- *"Bad research that claims causation; but can only demonstrate statistical correlation undermines credibility of healthy community planning theory"*

- *"framework for including health in planning practice has not been fully developed. We are on the move but not quite there yet."*

17

- *"Lack of relevant information linking public health with our built form and planning processes"*

- *"no cohesive approach to address community health"*

- *"There is little organizational support for including health. The outcomes are not tangible and therefore not valued. Health authorities cannot articulate what types of planning help is needed."*

- *"Community health issues are oversimplified to the point that the methods used to address the problems are either inappropriate for the local circumstances or are simply ineffective"*

- *"health is very interrelated with other issues and can be difficult to separate as just a planning issue"*

- *"private profit and individual convenience; and reactive health care (ex. take a pill for diabetes) are more socially acceptable than proactive; preventative measures to health and social welfare"*

- *"It's difficult to draw direct quantifiable relationships between different factors. Defining community health is not straightforward"*

7.3.2   Lack of Intersectoral Collaboration

Another strong theme of the open-ended responses related to the perspective that various public and private sectors (including the health sector) work in silos, and therefore the intersectoral collaboration that is necessary to implement community health strategies with regard to planning is not possible. Specific comments around this theme were:

- *"The prevailing planning framework is still very much oriented to silos and not enough integration of issues like urban development and health"*

- *"A lack of interest from health professionals to get involved and collaborate on actions that enhance community health"*

- *"public health planners and urban planners do not communicate often enough"*

- *"Difficult to pull all the resources together - overlapping jurisdictions within the municipal structure"*

- *"I suspect we planners don't have enough credibility in this topic area - we need to sound really confident or partner closely with local population health professionals"*

- *"Challenges in bringing together the professional practitioners in fields of planning; health and community development. Developing contacts and working relationships and finding time!"*

- *"many planners don't have much contact with health care providers or health authorities. Need more interaction."*

7.3.3   Available Tools and Approaches are not Relevant to Rural Areas

Some planners working in rural areas questioned the relevance of the research and tools available that connect community health and planning practice. The thoughts and perspectives put forward include:

- *"rural Canada is often overlooked in dev. of macro-level policy; and it is often difficult to implement outcomes of policy formation as they are urban focused and are not often a good 'fit' with rural"*

- *"in disaggregate areas it is less certain as to how to address community health issues ..."*

- *"rural issues have less research"*

- *"rural Councils aren't interested in the issue"*

- *"Because we are a rural township, more information on applying healthy communities to rural areas would help. A lot of the literature is urban oriented.*

7.3.4   Lack of Knowledge among Decision-Makers
Other survey respondents identified a lack of knowledge and a health-oriented vision among municipal councils and community members. Comments around this theme included:

- *"Ignorance of Legislators & Public"*

- *"not enough awareness that community health is a planning issue among senior management and city council"*

- *"The residents in my area do not understand what a healthy community looks like (i.e.; they think that wastewater treatment is polluting; not cleaning the environment)"*

- *"there is a lack of understanding from the public; all governments; developers; environmentalists; etc. about the vital link between health & the built environment"*

7.3.5   Lack of Financial Resources
Many planners pointed out that, especially in this downturn economy, there just aren't the resources available to consider this kind of change to their practice. Comments in this theme included:

- *Municipal dollars and priorities are already spread so thin. Standard infrastructure maintenance costs are pretty much annihilating all"*

- *"not common practice; communities are not funded to conduct research"*

- *"difficult to implement Health into the planning practice when the economy is slow and there is little infrastructure or development projects happening. Policy is definitely one way but results are slow"*

7.3.6   Resistance to Change
Some participants in the survey speculated that a fear of change among developers, the general public, and/or municipal leaders makes it difficult to follow through with health-oriented recommendations. For instance, some planners commented that:

- *"the willingness to think outside the box by all parties to 'break the cycle' of cookie cutter development"*

- *"A lot of people just don't care; or see how relevant it is. Many people seem to be okay with the status quo and are not motivated to make change"*

7.3.7   Developers not on Board
Finally, in some cases planners acknowledged the power of developers, saying that they lack the vision and cooperation to make health-oriented development happen. The comments associated with this theme included:

- *"Developers are not accountable for their projects. Once a building permit is issued; they walk way without a care. This lack of care in their work leads to poor design and health/safety issues."*

- *"Retail developers insist on vast expanses of front-yard parking; and are reluctant to provide doors directly to/from sidewalks"*

7.4   What Could Assist Planners with Addressing Community Health Issues

In one of the final substantive questions in the survey, planners were asked about those factors that would help them to address community health issues in their planning practice. This was an open-ended question only. The following briefly describes the main themes of planners' responses:

7.4.1   Stronger, Enforced Policies

The strongest theme of comments provided by the survey respondents suggested that stronger policies, especially at the provincial or territorial level, would be most helpful in moving community health issues forward. Specific comments included:

- *"Stronger provincial policies or community health as an area of provincial interest; with the tools or policies necessary to consider this as part of development application approvals"*

- *"Make it mandatory to include this viewpoint in all tools like we do with others"*

- *"If not regulated then will not happen"*

- *"A greater role for regulatory or applicable law tools such as zoning standards. Also, Design Guidelines with more ability to enforce"*

- *"Policy Schmolicy: Without effective tools containing hard edges we shall not be effective in changing the built environment."*

7.4.2   More Research to Guide Practice and Policy Development

While some survey respondents expressed some misgivings about the quality and relevance of the latest research related to the connections between planning and public health, others asked for more research, especially more local-level health data, case studies or other examples of 'best practice' to learn from, and ideas for how to measure the results of this work. For instance, some survey respondents asked for the following:

- *"More area specific information about residents' level of health; need for services such as mental health; affordable housing"*

- *"Case studies showing examples of how planning principles and policies were utilised in a real situation to make a quantifiable difference in the health of a community"*

- *"Better research. It annoys me [to] read research that "proves" that good urban design improves health outcomes; when all they have done is demonstrated a statistical correlation. Enthusiasm is great, but let's not stop critical reasoning."*

- *"tools for evaluating current status of community health"*

- *"measures of a 'healthy community' so that we could measure before/after or with/without project on a universal scale"*

- *"Data to make the case to senior management/Council that community health issues require attention and resources to be addressed. These data would show in some way the impact of various built forms on human health."*

- *"A lit review of the plethora of documents, journal articles and research that links health and planning/the built environment - there's so much out there, but who is the best source to begin with? Where can we go for a good summary?"*

7.4.3 Frameworks or Models to Better Explain how Health, Planning, and other Aspects of the Community are Inter-Connected

In earlier comments (see Section 7.3.1), some planners expressed dismay at what they perceive as a lack of a clear and concise definition of health. Related to that issue were requests in this subsequent question for better frameworks (or a more comprehensive approach) to explain how health, planning, the natural environment/sustainability, and other aspects of community are related to one another. Related to this were comments that encouraged researchers and policy makers to see both planning and health in a more holistic way that recognizes its integration with many aspects (social, economic, environmental) of a community. Comments in this theme included:

- *"More understanding of the implications and interconnectedness of community health issues with every other aspect of a community"*

- *"A holistic approach to planning and the interconnected relationships between planning policy; community design; transit; accessibility; planning for children and the elderly etc."*

- *"A more holistic definition of community planning in provincial legislations where the planning instruments are conceived from an integration perspective rather than strict functional or geographic considerations. We must be able to align different objectives e.g.; spatial; socio-economic; soci-cultural; environmental. This cannot be achieved strictly at the principles level but brought down to all the dimensions of the planning system."*

- *"Community health should not be seen as a discrete lens through which to view city planning. It should be seen as a complement to more well-known planning lenses such as smart growth."*

- *"Changing the perception of 'health' and 'healthy community' to go beyond health care, hospitals, doctors per capita, and so forth. Work towards the integration of 'health' and 'healthy communities' considerations into every decision making process to include all aspects of health. First Nations planning often refers to the term 'health and wellness' which then 'allows' health to be part of every decision and every layer of information within the overall plan."*

- *"A more comprehensive, balanced and inclusive view of planning - as subjective as it is objective. I have a dream, of a profession of servant-leaders, as a community of wellbeings, striving for the wellbeing of all, in well-loved places: whole beings in whole places, tending not just to inanimate matter, but to all that matters – in body, mind, soul and spirit."*

- *" … marry together healthy environments with other initiatives such as sustainability plans, trail planning, forest cover loss controls, climate change, recreational planning, waterfront planning, etc. Stop seeing healthy environmental planning as a separate exercise …"*

7.4.4 More Resources

Some participants in the survey indicated that more funding and/or time would definitely help them to address community health issues in their practice. Specific examples of comments within this theme included:

- *"Funding for community planning studies focusing on health (there are lots of opportunities for sustainability/environment, but less for health)"*

- *"More municipal funding we can use to get more health related amenities put into agreements with developers and into our Capital Projects"*

- *"The issues cannot be properly addressed without adequate funding to actually fix what is broken – "*

- *"More time and resources! I have taken on projects that are not part of my 'job description' therefore have to fit the work in when I have the time"*

7.4.5 Support for Working with Other Sectors

Again, echoing comments from earlier parts of the survey, planners asked for more opportunities to interact and collaborate with other sectors, including health. Recommending more education for those other sectors (and for local politicians and the general public) was part of this theme. For instance, some survey respondents expressed their desire for more support in this way:

- *"we need to include public health professionals more in the community planning process - on a wide range of issues - preparation of official plans; secondary plans; transportation master plans and so on - planning is multi-disciplinary in nature and just as we bring in engineers; parks and recreation, environmental and other professionals into the planning process we also need to bring in health professionals - we also need to bring out more information on the health impacts of how we currently develop our communities and how we can do better. - if the public and politicians understand the benefits I think that there would be more support"*

- *"As a matter of course we consult with health professionals on policy development and development activity. I find that they are not well versed on what can be done thru the planning process to enhance community health. New planners should also be primed on the subject."*

- *"Professional development opportunities for planners to upgrade their ability to effectively work with others. This includes learning opportunities that are for planners AND OTHERS at the same time. We need to integrate with others rather than keep ourselves separate. We think we do this; but we don't. It will take courage to do this - it's like asking the other kids if we can join in on the playground."*

- *"The community needs to be sensitized to the overarching importance of physical planning. Many people still don't know what planning means and who planners are!! They are more familiar with estate agents, architects, lawyers, doctors, etc. Planners need to do more on publicity."*

- *"More collaboration with population health and social health professionals - joint statements, joint presentations, joint meetings, joint conferences"*

- *"Is this something we are experts at? Public health and epidemiology are fields of qualified people in this regard. We need to focus on community health aspects where we can affect change as planners and partner with experts in other fields rather than strike out on our own."*

8 Conclusions

The results of this survey demonstrate that many Canadian planners have a broad notion of health and are aware of the community health implications of their work, especially with regard to urban design strategies that can be used to encourage physical activity, improve pedestrian and traffic safety, make safe and healthy housing more affordable, and enhance food security. Planners are aware of how social, economic, and environmental factors are having an impact on health in their communities, and they are actively working to address at least some of those issues. Through changes to official plans, other policies, urban design, and site plans, planners

are working to implement health-related strategies, but there are still significant barriers to a more thorough implementation of approaches to build healthier built environments.

Those barriers center mainly around government and political support for including a consideration of community health issues in planning practice, barriers that the planners who responded to this survey say can be at least partially overcome by a more holistic 'lens' to view planning, public health, and their collaborative work. That more comprehensive approach to this work needs to be accompanied by more practical, useful, and relevant research, combined with stronger policies.

Throughout the survey, a small number of participants pointed out that rural and remote communities face unique challenges that have yet to be addressed in the research or practice supports that currently exist to support working toward healthier built environments. As one planner noted, "*rural and remote communities face a very different context and they too need attention and special tools*", while another planner questioned the tone of the survey itself, suggesting that it was geared to planners in urban areas: "*The questionnaire has an urban focus which makes it awkward for rural planners to respond, so inclusion of both rural and urban, which do overlap but have different solutions, would be helpful.*" It would be useful to further investigate the way the unique contexts of rural and remote places can be more fully taken into account when developing planning policy or practice supports as they pertain to community health.

Another theme that was present throughout the survey was the ways in which climate change / sustainability efforts are (or could be) consistent with efforts to improve community health through planning. A more sustainable community, these planners suggested, is also a healthier one. These inter-relationships should be acknowledged and further developed, so that multi-sectoral policy development and on-the-ground work can be streamlined.

9 Appendix A: Questionnaire

"Taking the Pulse"

BENCHMARKING PLANNING FOR HEALTHIER COMMUNITIES
Questionnaire

Final Version: Feb 15, 2011

The influence of the built environment on human health is one of the factors that gave rise to planning itself as a profession. Our communities are complex systems - the kind of community we live in is determined by the many decisions, large and small, that individuals and groups make every day. How can planners play a role and what information do they need to promote a community where a strong relationship is established between human health and the built environment?

CIP would like to understand how practitioners are addressing the built environment as related to community health: what information needs they have and what best practices can be shared. Your information will help your colleagues address this most fundamental issue.

The Healthy Communities Sub-committee, the group that has initiated this survey, will assist a communications specialist in translating the survey findings into resource materials that planners across the country can use in their work. The Sub-committee's mandate is to facilitate a national initiative that will promote the planning and development of healthy communities across Canada. The Sub-Committee reports to CIP's National Affairs Committee, a standing committee of CIP. The Healthy Communities Sub-committee is partnering in this project with the Heart and Stoke Foundation of Canada, which is co-funding 11 other related research projects.

This survey will take you only 10 to 15 minutes to complete. All responses to the survey will be held in confidence.

Please be candid and forthright. Your responses will not be shared with the CIP, other than in summary form, and the surveys will be destroyed following data analysis.

If you have questions, please contact Victoria Barr, Healthy Communities Consultant, at Victoria_Barr@telus.net.

Planning for Healthier Communities

1) Please indicate the degree to which you agree with the following statement:

I am aware of the impacts of the built environment on health in my community.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know / NA
1	2	3	4	5	6

2) In your opinion, what are the <u>most urgent</u> community health needs in your area? (Please check all that apply.)

❑ Poor quality housing
❑ Our community requires a car to access most services
❑ Urban design is unsafe for seniors or people with disabilities
❑ It can be difficult to access healthy foods
❑ Affordable housing
❑ Loss of agricultural land
❑ Lack of public transportation
❑ Poor water quality
❑ Urban design is unsafe for children
❑ Poverty / unemployment
❑ Poor air quality
❑ Other (please describe): _____
❑ I don't know / not applicable

3) Over the last two years, how often did you consider the potential impacts of community health issues in your planning practice? Please select one.

Never	Rarely	Occasionally	Frequently	Always	Don't Know
1	2	3	4	5	6

4) Over the last two years, which community health components have you addressed in your professional practice? (Please check all that apply.)

❑ Physical activity / active transportation
❑ Access to healthy foods
❑ Mental health
❑ Pedestrian and traffic safety
❑ Opportunities for people to connect with each other / build social networks
❑ Affordable housing
❑ Security and crime prevention
❑ Water quality
❑ Healthy housing
❑ Access to healthy natural environments
❑ Age-friendly urban design
❑ Air quality
❑ Child-friendly urban design
❑ Other: _____
❑ Don't know / not applicable

5) Over the last two years, what type of planning tools have you used when addressing the community health impacts of the built environment? (Please check all that apply.)

- ❑ Policies designed to improve health
- ❑ Revisions to official plans
- ❑ Health impact assessment
- ❑ Environmental impact statement
- ❑ Subdivision
- ❑ Other: _____
- ❑ I haven't used any planning tools   (IF THIS ITEM IS CHECKED OFF, SKIP TO 7)

6) Of the planning tools you have used to address the community health impacts of the built environment, please tell us how you used the most important of those tools:

_____

_____

_____

7) Over the last two years, how often did you consider community health in preparing your planning reports? Please select one.

Never	Rarely	Occasionally	Frequently	Always	Don't Know
1	2	3	4	5	6

8) What, in your opinion, are the greatest barriers to including a more in-depth discussion of community health in your planning practice? (Please check all that apply.)

- ❑ I don't have enough knowledge about community health issues
- ❑ I need more tools
- ❑ I don't have enough time
- ❑ There is not enough government or political support for this issue
- ❑ There are competing issues which also demand my attention
- ❑ Community health issues have just not come up in my area
- ❑ The results of this work are not measurable
- ❑ There is little support to address community health among developers
- ❑ The residents in my area do not support this approach
- ❑ I am not sure how to approach issues of community health in my area
- ❑ Community health is the responsibility of other sectors - not planning
- ❑ The health-oriented planning resources available do not apply to my community
- ❑ Other: _____
- ❑ I don't know / not applicable

9) In your opinion, what would help you to address community health issues in your planning practice?

    1. _____

    2. _____

    3. _____

10) CIP is partnering with the Urban Public Health Network and the National Collaborating Centre for Environmental Health to develop a repository of information on built environment. We would welcome your suggestion or tools, documents and resources that you have found helpful in acknowledging and addressing community health impacts of the built environment in your work. Please list your suggestions here:

_____
_____

DEMOGRAPHICS
The next few questions will help us better understand your responses to the previous questions.

1) In which geographical region do you do the majority of your planning work? Please select one.

- ❑ Alberta
- ❑ British Columbia
- ❑ Manitoba
- ❑ New Brunswick
- ❑ Newfoundland and Labrador
- ❑ Northwest Territories
- ❑ Nova Scotia
- ❑ Nunavut
- ❑ Ontario
- ❑ Prince Edward Island
- ❑ Quebec
- ❑ Saskatchewan
- ❑ Yukon
- ❑ United States of America
- ❑ Other (Please identify): _____
- ❑ I prefer not to respond.

2) In what type of community do you do the majority of your work? Please select one.

- ❑ Major city (over 1,000,000)
- ❑ Large urban (300,000 – 1,000,000)
- ❑ Medium urban (50,000 – 300,000)
- ❑ Small urban (under 50,000)
- ❑ Region
- ❑ Rural community
- ❑ Remote community
- ❑ First Nations community
- ❑ Other, please describe:_____
- ❑ I prefer not to respond.

3) How long have you worked in the planning field? Please select one.

- ❑ Under 5 years
- ❑ 5 to 10 years
- ❑ 11 to 15 years
- ❑ 16 to 20 years
- ❑ Over 20 years
- ❑ I don't work in the planning field.
- ❑ I prefer not to respond.

5) Please tell us which statement best describes your current job:

- ❑ I am in management
- ❑ I am a senior-level planner
- ❑ I am a mid-level planner
- ❑ I am a entry level planner
- ❑ I am an academic / researcher
- ❑ I am a consultant / entrepreneur
- ❑ I am retired / not currently practising
- ❑ I am a student
- ❑ Other (please specify): _____
- ❑ I prefer not to respond.

6) Please tell us in which sector you currently work. Please choose all that apply.

- ❑ I am a consultant / in business sector
- ❑ Municipal / Regional government
- ❑ Provincial government
- ❑ Federal government
- ❑ Academia
- ❑ Non-profit / Non-governmental organizational sector
- ❑ I am a student
- ❑ I am retired / not currently practising
- ❑ Other (please specify): _____
- ❑ Not applicable

7) What most closely describes your specialty? Please select one.

- ❑ Urban
- ❑ Rural
- ❑ Regional
- ❑ Transportation
- ❑ Environment
- ❑ Urban Design
- ❑ Policy
- ❑ Social / Community
- ❑ Administration
- ❑ Other (please specify): _____
- ❑ Not applicable

Thank you for taking the time to participate in this survey. **END OF SURVEY**

10 Appendix B: Suggested Resources

The following list of tools, documents and other resources were suggested by survey participants. They are listed here to support CIP's work with the Urban Public Health Network and the National Collaborating Centre for Environmental Health in developing a repository of information on community health, the built environment, and planning practice.

- Built Environment & Active Transportation (BEAT) initiative in BC has a lot of good resources on their site.
- www.hblanarc.ca/healingcities
- 8 - 80 Cities website has great photos; complete streets concept; 8-80 rule
- (1)Child and youth Friendly Transportation Guidelines (national and regional) (2)Exercise in Daily Life: Supportive environments; Report of a National Heart Foundation Research Project funded by the Commonwealth Department of Health and Family Services (3)Creating a Healthier Canada: Making Prevention a Priority; A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living (4)Toronto Charter for a Healthy Canada
- CPTED
- The Congress for New Urbanism is a leading organization on issues of the built environment and its importance to healthy communities
- You can read "Planete coeur"; a book by Dr. Reeves; cardiologist at the Hotel-Dieu Hospital in Montreal.
- See list of publications on Ontario Ministry of Municipal Affairs & Housing web site.
- Alberta Health Services' documents on the impacts of urban design on health.
- Universal Accessibility/Inclusion tools
- Public health has been addressed in some of our recent studies/plans etc such as Waterfront Master Plan West of Conklin Secondary Plan, City of Brantford Official Plan, Transportation Master Plan, Downtown Master Plan
- La trousse "Vers des communautés viables" de Vivre en Ville. Le site sagacite.org. L'oeuvre "Complete Streets" (completestreets.org) L'oeuvre "Cities for People" (Jan Gehl)
- -8-80 Cities - non-profit organization which encourages walking and cycling in Ontario. -CIP; OPPI and Provincial resources and websites. -Access to academic research on health and the built environment.
- I am a consultant and work in climate change adaptation- the only resource I know of is from NRCAN - http://adaptation.nrcan.gc.ca/perspective/summary_10_e.php
- Two big ones for me are rudi.net and the heart and stroke society has a toolkit.
- Thompson; K. and M. Willison; 2008. "Healthy Places Toolkit". Chebucto Communities Development Association; Spryfield; HRM; 7. www.chebuctoconnections.ca
- City of Calgary report by Lawrence Frank & Co; Inc - "The Built Environment & Health: A Review"
- Ontario MOE guidelines on land use planning (D-Series; Noise considerations- e.g.; NPC300)
- On health planning: www.healthyplaces.org.au
- Raphael (2002) Social Justice is Good for Our Hearts; Mees (2010) Transport for Suburbia
- environmental justice work done in the USA
- policy tools from CMHC; CIP and Min of Housing Ontario
- The Healthy Communities Handbook developed by the Ontario Ministry of Municipal Affairs and OPPI is helpful. .
- Simcoe Muskoka District Health Unit website and fact sheets

- SPHERU: 12 Population Health and Evaluation Research Unit (Smart Cities Healthy Kids); 501 - 121 Research Drive; Saskatoon; SK; S7N 1K2;
- SPARC BC's accessibility tools: http://www.sparc.bc.ca/resources-and-publications/category/145-mu-tools-and-guides CMHC - Affordable Housing for Families: Assessing the Outcomes https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?lang=en&cat=164&itm=7&fr=1299277433516
- Adapatable housing regulations in Saanich Zoning bylaw access to transit design guideline details to encourage use of transit... drop downs; handi dart waiting areas.
- http://www.bchealthycommunities.ca/content/home.asp http://www.smartgrowthamerica.org/issues/4/ http://www.lid-stormwater.net/index.html
- research on the benefits based approach to recreation which we managed to get adopted by the City of Whitehorse when we completed the parks & recreation master plan
- Webinars from Health Canada on healthy community environments; views from the other side; conversations with health officials who are beginning to reach out to planners. This is exciting.
- Anything that starts to resolve the affordability of housing clash with NIMbYISM.
- Il y aurait lieu de publiciser le mode de vie européen. J'ai constaté lors de mes voyages en Europe que les populations vivent dehors beucoup plus que nous et cela même si les conditions climatiques ne sont pas des plus clémentes. En Angleterre, en Europe Central, en Belgique, au Pays-Bas
- OPPI's "Healthy Communities, Sustainable Communities" (2007), and numerous green building, barrier-free and neighbourhood design resources.
- PRO Charter on parks and Recreation - charters related to active transportation, healthy food, etc. - Affordable Access Policy Development and Implementation Guide for Communities. Ministry of health Promotion and Sport
- NYC Active Design Guidelines
- Easily accessible information regarding planning tools and strategies. Perhaps next CIP Conference might make this topic the conference theme.
- Un milieu sain fait par la province NB et autres publications du gouvernement québécois
- Active living research, Partnership for healthy communities, Direction de la sante publique de Montreal reports on health and the built environment
- Community Based Strategic Plan for the Town of Bracebridge. http://content.yudu.com/Library/A15hyc/CommunityBasedStrate/resources/index.htm?referrerUrl=http%3A%2F%2Fwww.yudu.com%2Fitem%2Fembed%2F42588%2FCommunity-Based-Strategic-Plan
- Gill Penalosa - biking and pedestrian streets (bikeforlife.com) Examples such as Bogota's lineal park and the Twin Cities bike lane network. Thunder Bay trail master plan
- Guide : Aménagement en faveur des piétons et des cyclistes, Vélo 11 Association, 2009 Politique sur le vélo, Ministère des Transports du 11, 2008 Ces documents sont aussi disponibles en anglais.
- Je suis abonné depuis des années au service de résumés d'articles Safety Lit. Je participe aux congrès de santé publique et aux colloques sur les saines habitudes de vie au 11. Des rapports intéressants ont été produits par le Centre du transport durable à Winnipeg sur les jeunes et le transport
- City of Ottawa Neighbourhood Planning Initiative
- An on-line library of publications completed for Public Health and Ecological Risk Assessments.
- Promoting Public Health Through Smart Growth, by L Frank, S Kavage, T Litman, for Smart Growth BC
- Active and Safe Routes to School, Lifestyle Information Network, NS Department of Health and

Wellness, Pathways for People, NS Heart and Stroke Foundation, Recreation policy, Canadian Fitness and Lifestyle Research Institute, GPI Atlantic, All Abilities Welcome, Velo Cape Breton, CBRM Active Transporation Plan

- OPPI Healthy Communities Handbook APA - Community Food Security
- Peel Health work; OPPI work: Ontario Ministry of Housing Healthy Communities handbook
- Region of Peel Walkability Index
- At a high level, SLRD is looking at the implications of peak oil and increasing energy price volatility as factors affecting community health among a broad range of other socio-economic and environmental matters. Here is a link to the recently completed SLRD Energy Resilience Task Force Report "Creating Resilience in the SLRD": http://www.slrd.bc.ca/files/%7B8F43061D-D6BA-4151-B732-D28200C3C79E%7DERTF%20Final%20January%202011.pdf
- BC Healthy Communities is a good source of information
- The work developed by Simcoe and District Health Unit is a valuable resource
- I attended a seminar called "Strengthening Collaboration Between Planning and Public Health". Two speakers in particular were excellent: Dr. David Mowat, Medical Officer of Health for Peel Region, and Dan Leeming from the Planning Partnership. Both speakers have developed a great deal of knowledge on the subject.
- connect with The LSE Cities program and reference their work
- Local Government in Canada (Sixth Edition), C. Richard Tindal and Susan Nobes Tindal, pp. 65 - 73
- There is a lot more available in the UK on this topic, especially with relation to transportation planning and health - see RTPI resources.
- Information provided through Walk 21.
- Walkability Index
- Dan Gardener's book "Risk"
- asssessment tools and measures
- As Senior Planner with the Town of Collingwood I had the pleasure of developing the Town's Urban Design Manual (see: www.yourcodes.blogspot.com). Its provisions are applicable to all future development, and is focused on: increased livability; creating a built form that supports community health; Official Plan implementation; growth management; active transportation; sustainability; and, streamlining regulations. The UDM and its implementation includes the following innovations: Integration of community health, CPTED, and Universal Design principles in a performance based structure for standards; Reduced average development review to 9 weeks from 25; First natural playground standards/requirements in North America; First standards in the Province to be adopted through by-laws; and, First integration of social media tools for stakeholder engagement in the region. I also had the opportunity to develop Planning policies & implementation direction for a document produced by the District Health Unit - "Healthy Community Design: 7 Statements for Official Plans" (http://www.simcoemuskokahealth.org/Libraries/JFY_Communities/Healthy_Design_FINAL_ONLINE_24mar10.sflb.ashx).
- Ontario Transit-Supportive Land Use Guidelines (new/draft)
- More Information can be provided at a later date on the Region of Peel led project to develop Healthy Development Index.
- http://www.8-80cities.org/Articles/Measuring%20Economic%20Value%20City%20Park%20System.pdf
- Formation professionnelle offerte par le cabinet Gehl Architects - 1 Quality Consultants «Concevoir les rues comme des espaces publics» organisée par le Centre d'écologie urbaine de Montréal en

partenariat avec l'Ordre des 1istes du 11 (description d'outils de planification urbaine efficace).

- With respect to the issue of access to healthy food, the American Planning Association has published two excellent journals regarding food systems planning, and planning for urban agriculture.
- We have been working on behalf of clients to create "Community Pictures and Plans", which is funded by the Ontario Ministry of Health and Sport Promotion. These involved extensive public consultations, and the results show the greatest health issues facing each area.
- My graduate studies advisor, Dr. Susan Handy at the University of California, Davis, has published many papers on the subjects of built environment, physical activity, and health. In addition, the California Center for Public Health Advocacy has released papers on similar topics (one was Searching for Healthy Food - for which I worked on data collection and analysis).
- Community Food Assessments are useful to determine the current food security of the community. This can in turn help to define concise actions planners can encourage to create healthier communities.
- I recently partook in the Integrating Social Dimension into Sustainability course through SFU. I found this a valuable resource as much of the training was focused on healthy communities.
- (forthcoming) NRCan guidelines for risk assessment planning integrated with community planning: "Disaster Resilience by Design"
- Integrated planning is becoming more prevalent, so one may start by referencing approaches such as smart growth, "smart code," sustainability planning/ ICSPs, common indicators used in ICSPs, health promotion, 2nd Generation CPTED, active living and so on. Sustainability planning I have worked on incorporates decision making tools for municipal councils that can include healthy communities principles, so this becomes part of the regular review process for decision makers.
- the Smart Code & Manual - Duany, Sorlien, Wright Sub1 Nation - Duany, Pleter-Zyberk, Speck Crossroads, Hamlets, Village, Town - Arendt
- BC PHSA Health 201 materials; Transport Canada case studies on sustainable transportation and guides;
- Check out the work of the Glasgow Centre for Population Health, and the work done under the banner of the Equally Well program.Stretch the notion of health to 'wellth' - a product of a focus on well-being, enacted via whole-making (see Christopher Alexander's latest magnum opus, The Nature of Order). Other interesting websites are those for the Centre of Confidence and Well-being (in Glasgow, Scotland) and a site on the work of Phil Hanlon and his team, AFTERnow.... Phil has done work with planners and public health practitioners, through GCPH.
- La direction de la Santé publique (DSP) du Quebec est une ressource intéressante.
- Nature Counts work in Ontario. Green Infrastructure Ontario Coaltion. International Standards Organisation (ISO) protocols 1400 and 1404 , and 15686 Service Life Planning   In addition Life Cycle Costing tools in Uniform Present Worth and Modified Uniform Present Worth as contained in ASTM E917 Measuring Life Cycle Costing of Buildings and Building Systems .   These should be a in a Whole-Life Costing Framework of standard sustainability assessment tools including Design, Finance, Accounting and Operations and Maintenance (O&M) as outlined in the Vancouver Valuation Accord (VVA) ,
- The Southeastern Coommunity Health Board in Nova Scotia helped an African American community uncover their community health needs and are in the process of addressing them. http://www.cdha.nshealth.ca/default.aspx?page=DocumentRender&doc.IdType=document&doc.Id=70400