"Taking the Pulse 2"

Comparative Analysis:
Planning for Healthier Communities

Questionnaire Results

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Submitted to the Canadian Institute of Planners, Healthy Communities Sub-Committee
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1. Introduction

The Canadian Institute of Planners (**CIP**) has been active in issues related to healthy communities for many years. In 2009, the CIP became a partner of the Healthy Canada by Design (**HCBD**) Coalition which is lead by the Heart and Stroke Foundation. Funded by the Canadian Partnership Against Cancer's *Coalitions Linking Action & Science for Prevention* (CLASP) program, HCBD is a partnership of national health, planning and transportation organizations, regional and local health authorities, non-governmental organizations and university researchers that are collaborating to bring health considerations into land use and transportation planning processes with the goal of creating healthy communities that support active transportation and physical activity.

In 2011, CIP's Healthy Communities Committee conducted a survey of CIP members 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 with others. To measure the progress and impact of this initiative since 2011, a survey was again conducted in May of 2014. This report provides a brief overview of the surveys' results, looking at change over time.

2. Survey and Respondents

In both surveys, all CIP members (about 7,000) were sent a link to the on-line survey in an email from CIP. In 2011, 808 members completed the survey (about 12%), and in 2014, 374 (about 5%). Although these response rates are relatively low and may represent those most interested in this topic, the respondents to the two surveys have a similar profile, as shown in the graphics below. This allows to us be confident that responses from the two surveys can be compared.

■ 2011 (n = 808)	■ 2014 (n = 374)
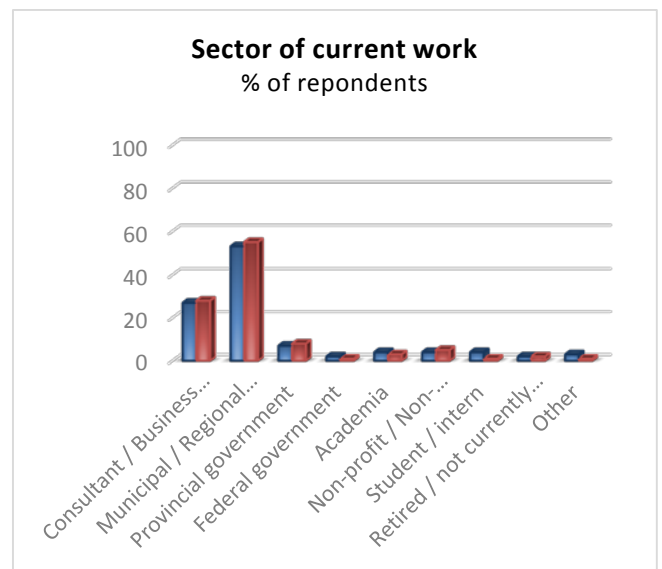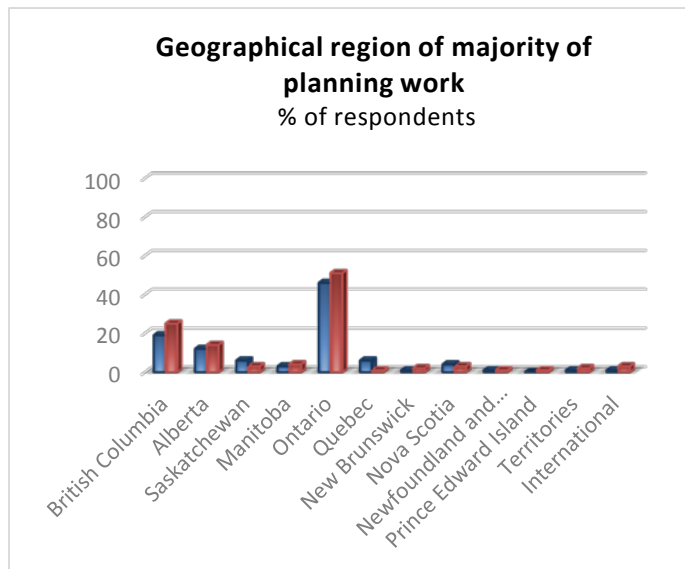
3. Collaboration in Practice

- Although it was already quite high among these respondents in 2011, there was a slight improvement from 2011 to 2014 in **awareness of built environment impacts on community health.**
- There was a statistically significant increase from 2011 to 2014 in how often in the last two years planners said they **considered potential impacts of community health issues in the planning practice**.
- There was no significant change from 2011 to 2014 in how often in the last two years planners said they **considered community health in preparing planning reports**.

Changes in planning practice

Consideration of community health in planning reports (% frequently or always)

← Significant improvement!

Consideration of potential impacts of community health issues in planning practice ((% frequently or always)

Awareness of built environment impacts on community health (% agree or strongly agree)

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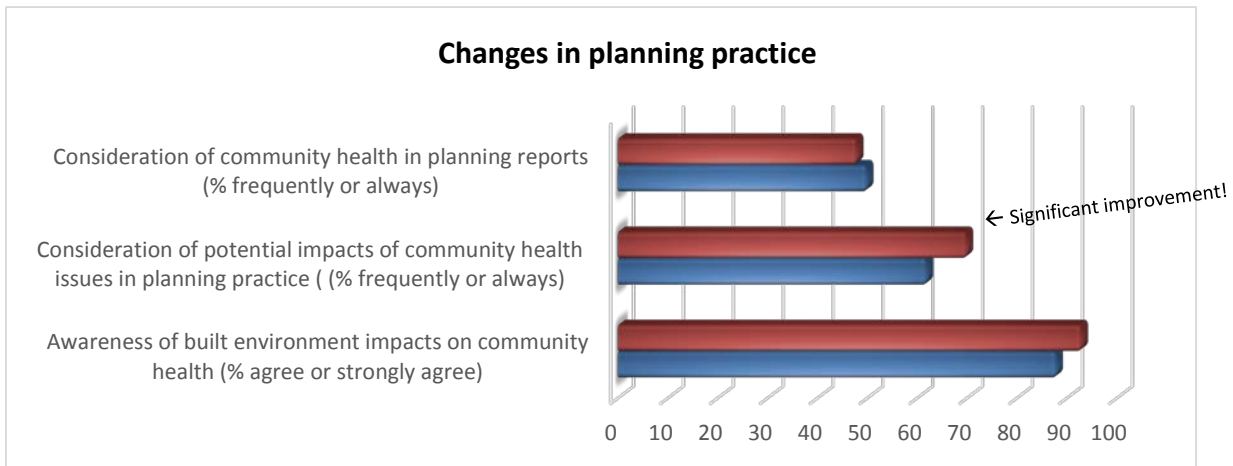
Respondents were asked which community health components they addressed in professional practice over the last two years. These data are somewhat hard to compare across years because of changes in the questionnaire, but **transportation-related issues** are the most frequently addressed in both years. In the 2014 survey, active transportation was the community health component that planners have most often addressed in the last two years.

Community health components addressed in professional practice over the last two years

	2014 Rank	2011 Rank
Active transportation (walking/cycling)	1	
Access to public spaces, social networks, meeting areas	2	5
Public transportation	3	
Accessible transportation		2
Quality and affordable housing	3	
Affordable or healthy housing		4
Recreational/ physical activity	4	
Physical activity/active transportation		2
Accessibility for disabled people	5	
Access to healthy natural environments	5	3
Pedestrian and traffic safety		1

Planners used several types of planning tools years when addressing the community health impacts of the built environment, and a majority considered those they used to be effective. The tools most often used, with examples of how they were used effectively, are:

Official plan policies (used by 77% of 2014 respondents):

- *"In revising our OCP, we have entered into an arrangement with the local health authority. Their staff sit on our staff working group, and provide resources and technical assistance to ensure that the link between planning and healthy built environments is clear."*

- *"As a land owner, my City has the opportunity to design our subdivisions. Consequently we focus on the walkability aspects, create new zones allowing building types not previously used, reduce road cross sections & front yard setbacks, etc. to place the dominance on the pedestrian as opposed to the drivers. Different approach: instead of designing for cars we design for people. We model change for the City and hope the other developers, in competing with us, follow suit."*

Zoning by-law provisions (76%):

- *"Our Official Plan incorporates more policies for ageing in place. We have used Zoning By-laws and other By-laws to make access to different foods more accessible e.g. urban agriculture by-laws."*

- *"Enabling mixed-use development near public transit infrastructure."*

Site plans / development permits (62%).

- *"The notion of a Healthy Community was one of the main features highlighted in the Area Structure Plan and Neighbourhood Plan for a new housing development."*

- *"Through training of builders, municipal staff, real estate agents, bankers, and decision-makers in subdivision building we can influence a change of approach in building sustainable subdivisions and implement sustainable planning practices."*

Public meetings / public engagement events (62%),

- *"Community engagement in the conduct of siting and environmental assessment studies; attention to both biophysical and socio-economic considerations"*

- *"Community engagement is a powerful tool to solicit input on how citizens at the local level are impacted by development. They are best able to provide first hand accounts of impacts, though it is generally anecdotal. Local experience should act as a trigger for more robust research on health impacts to substantiate claims and inform policy."*

Urban design guidelines (59%):

- *"Urban design guidelines are very important when developing a concept plan. Used the urban design guidelines as the basis for what design features to include in the concept.*

- *"Ensuring the built form and built environment respected the natural heritage features, provided good pedestrian connectivity, was transit supportive, provided parks, open space and public meeting areas and provided opportunities for affordable housing."*

Some respondents indicated challenges in using these tools effectively, for example:

- *"I am having a hard time with this question as we can design high quality public spaces and developments that promote walkability but if people are eating poorly and choosing to stay in their vehicles rather than walking it is all for nothing…… We need a paradigm shift here."*

- *"No one tool can do the whole job. Small steps taken in aggregate help to achieve a better end result. Costs are always an issue with implementation."*

- *"Land owners only follows rules and regulations they know they cannot amend. All tools in planning are too flexible in that they are essentially useless and it becomes a negotiation*."

4. Innovations in Land Use Planning and Design

Overall, the relative importance of barriers to including a more in-depth consideration of community health in planning practice have not shifted greatly since 2011. **Lack of government and political support** remains the most important barrier: in 2014, 57% of respondents checked off this answer.

Barriers to consideration of community health in planning practice
% of respondents
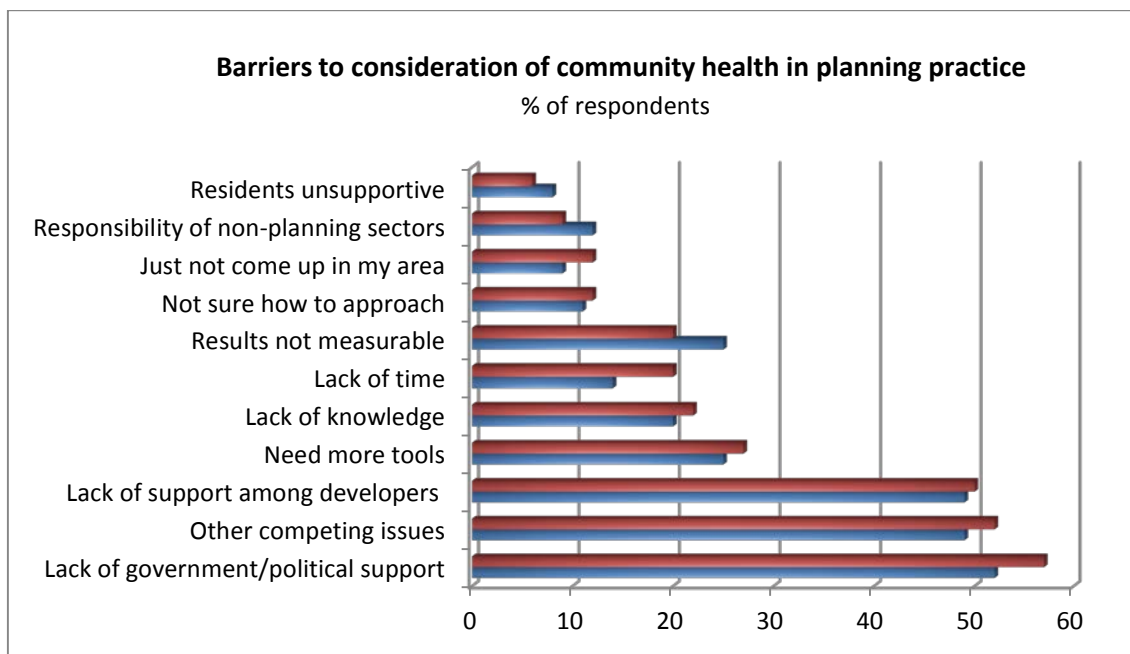
Some respondents made comments about this barrier, for example:

- *"The challenge remains that this is a Council-approved permit and many of the Guidelines end up not being integrated into the development as Council is quite open to approving most permits as proposed by the developer."*

- *[Have used tools effectively]" by obtaining the understanding and acceptance of value by Council, development community (developers/consultants), municipal staff and community at large. If they don't believe - they don't value/want."*

As part of its participation in CLASP, CIP produced several research and practice resources for planners. Levels of awareness and use of these CIP resources by survey respondents was variable:

Research
- Healthy Communities Legislative Comparison Survey Report , December 2013: 18% are aware of it, and 4% have used it
- Healthier Communities, Plan Canada, Spring 2012: 62% are aware of it, 13% have used it
- Healthy Communities Article Part 2, Plan Canada, Summer 2012: 54% are aware of it, 9% have used it

Practice guides and tools

- Healthy Communities Practice Guide 2012: 39% are aware of it, 12% have used it
- Active Transportation, Health & Community Design – Factsheet, 2011, 38% are aware of it, 18% have used it
- Active Living, Children & Youth – Factsheet, 2011: 23% are aware of it, 7% have used it
- Health Equity & Community Design – Factsheet, 2011: 16% are aware of it, 6% have used it.
- Some respondents have also used other resources produced or shared through Healthy Canada by Design, at http://hcbd-clasp.com/clasp-i-resources-tools/.

When asked what other resources would help them address community health issues in their planning practice, respondents most often mentioned:

- Webinars and courses
- Tool baskets and example guidelines and policies
- Increased dialogue within and across siloed organizations
- Stronger legislation and requirements
- Enhanced public and political awareness.

Respondents to the 2014 survey were asked: *"To what extent do you agree that there is a need for **a national-level CIP policy statement on health and its relationship to planning**?"*

- Support for such statement is very high: **80% agreed or strongly agreed**.

5. Beyond Land Use Planning

The results of these two surveys indicate that **progress is being made**: more and more planners are **considering the potential impacts of community health issues in their planning practice**.   At the same time, **significant barriers remain**, and more could be done to **promote awareness and use of resources and tools** that are being made available.