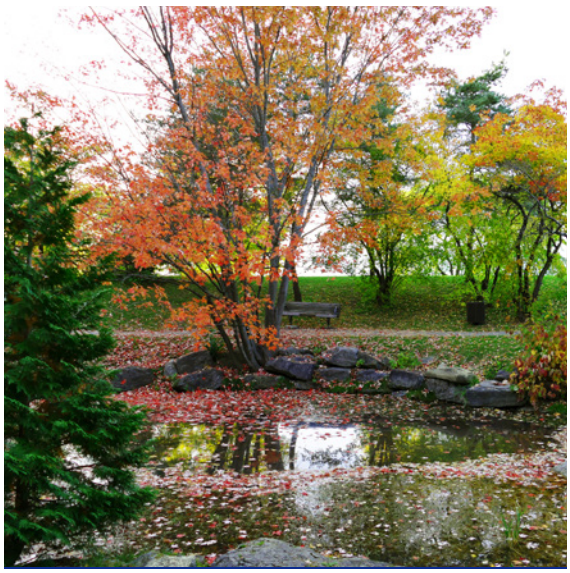
PLANNING FOR HEALTH

Promising Practices for Healthy Built Environments in Ontario's Public Health Units



the centre for active transportation
a project of
Clean Air Partnership

simcoe muskoka
DISTRICT HEALTH UNIT

About

This report is the result of the Locally Driven Collaborative Project (LDCP) program, which brings Ontario Public Health Units together to conduct research on issues of shared interest related to the Ontario Public Health Standards.

Study Team

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INTRODUCTION

Where we live impacts how healthy we are. The design of a neighbourhood can influence an individual's lifestyle, behaviour, environmental contaminant exposure, and consequently, their health, well-being and quality of life. A well-established body of evidence has demonstrated that factors such as neighbourhood walkability, access to green space, availability of healthy food, safe and affordable housing and clean air can improve health outcomes. An enhanced sense of well-being, improved mental health and enhanced social capital have also been connected with healthy community design.

Governments regulate the use of space, primarily through municipal planning and transportation departments. Over the past ten years, as the evidence of the built environment's impacts on health has grown, public health units have begun to look for ways to influence the community design process to achieve better health outcomes.

This report profiles promising practices from across Ontario demonstrating how health units are successfully working in their communities to improve community design for health. More findings can be found at PlanningForHealth.ca.

Ontario Context

In 2017, the Chief Public Health Officer of Canada's "Report on the State of Public Health in Canada" reinforced the important role of public health in creating healthy communities and environments. The report focuses on how the built environment provides a foundation for healthy living, and ultimately health. The need for public health to engage in community design is strengthened in the Ontario Public Health Standards, which direct health units to collaborate with municipalities and other partners to address health risk factors, promote healthy built and natural environments, and work towards development of public policies, programs and services that will prevent chronic disease, reduce exposure to health hazards and promote healthy built environments. In 2018, the Ministry of Health and Long-Term Care also released Healthy Environments and Climate Change Guidelines, outlining the requirements for health units to engage municipalities in healthy environment strategies.

Professional planners in Ontario have recognized the connection between health and community design for many years. Ontario Professional Planners Institute (OPPI), the recognized voice of professional planners, is committed to improving the quality and liveability of communities. OPPI has demonstrated strategic leadership and collaboration in the promotion of healthy design, articulated in documents such as Healthy Communities and Planning for the Public Realm, Healthy Communities and Planning for Active Transportation and Planning by Design, a Healthy Communities Toolkit.

As part of the research for this project, in January 2019, a survey was conducted of all Ontario public health units in collaboration with Public Health Ontario. The goals of the survey were 1) to understand the level of readiness and the capacity of public health units to develop and implement healthy built environment improvements; 2) to assess their local needs, actions and priorities with respect to readiness for implementing changes at the organizational level; and 3) to identify the most promising practices and interventions planned and implemented to engage in municipal planning to influence healthy built environment improvements.

Just over half (51%) of survey respondents reported that all or most of their staff had taken some form of training in municipal planning or community design. They reported the most involvement in the areas of food systems and transportation. The most commonly reported type of intervention was providing evidence and a health lens to the creation of public policy (e.g. Official Plans, Transportation Master Plans, etc.). Challenging issues identified by the public health units included a lack of funding, competing public health priorities, and staff training and capacity. Despite these challenges, 80% of respondents felt their health unit's involvement in healthy built environments had been at least somewhat successful so far, and 69% reported at least one promising practice being utilized by their public health unit to support healthy built environment interventions.

Overview of Methodology

In 2018, the Locally Driven Collaborative Projects (LDCP) program identified healthy built environments as a priority issue for Ontario public health units. Supported by the LDCP team, Simcoe Muskoka District Health Unit (SMDHU) commissioned Clean Air Partnership (CAP) to conduct research on promising practices being used by public health units in Ontario to engage in the municipal planning process with the goal of achieving healthy built environment outcomes. The project's research question and objectives were:

Research Question: How can public health units most effectively work with their communities to achieve community design that improves population health?

Objective 1: Identify and define the characteristics of community design that protect and promote health and health equity.

Objective 2: Identify and describe the most promising practices for public health units to engage with communities to achieve health-protective, health-promoting, and health-equitable community design.

The project was broken into two phases, as follows:

Phase 1: Literature Review

The study team conducted a rapid review of the literature to produce a synthesis of the existing evidence to identify the key characteristics of community design that protect and promote health and health equity.

Phase 2: Promising Practices in Ontario

The study team identified high impact, adaptable and evidence-based practices currently being used by public health units to achieve healthy built environment outcomes. This phase of the project had three sub-phases involving surveys, focus groups and key informant interviews. Ethics approval was obtained from the Public Health Ontario Ethic Review Board.

Phase 2A: Survey

An online survey was sent to all public health units in Ontario with the following two goals: 1) to gauge their level of capacity and readiness to develop and implement healthy built environment improvements, and 2) to identify and describe the most promising practices for public health units to engage with communities to achieve health-protective, health-promoting and health-equitable community design.

Phase 2B: Focus Groups

Seven focus groups were conducted with public health units who reported a high level of involvement and success in the field of healthy built environments in the online survey.

Phase 2C: Key Informant Interviews

Through a review of relevant legislation and documents, the planning process in Ontario was mapped using a public health lens, and key informant interviews were conducted with provincial staff to identity opportunities for public health intervention and involvement.

Results from the analysis of Phase 2A and 2B, the survey and the focus groups, have been synthesized in this report. Findings from the mapping process and key informant interviews undertaken in Phase 2C are available from PlanningForHealth.ca.

PROMISING PRACTICES

For new and emerging issues, gathering promising practices can provide critical insights at an early stage into what strategies are proving to be most effective and in what contexts. Fazal and colleagues lay out a process for developing promising practices and describe three objectives these practices must meet: medium to high impact, high potential for adaptability and a suitable quality of evidence. Given that these practices are in their early stages and may continue to be adapted and refined, the threshold for evidence and impact is lower than it would be for best practices.

The 2019 survey, described in the Ontario Context section above, was a first step in identifying high impact, adaptable and evidence-based promising practices currently in use by Ontario public health units to achieve healthy built environment goals. Based on the survey findings health units which self-reported a high level of involvement and success in the field of healthy built environments were invited to participate in focus groups intended to provide deeper exploration of promising practices, resulting in case studies. Health units were also purposefully selected to provide diversity in geographical, demographical and governance characteristics. In February and March of 2019, focus groups were conducted with seven public health units.

A thematic analysis of their responses identified four types of promising practices:

1. **Plan for collaboration;**
2. **Acquire planning and process knowledge;**
3. **Establish relationships;**
4. **Use evidence to influence and mobilize.**

The first three of these practices are preparatory; they lay the groundwork and are critical for the success of any action undertaken. Because built environment work is by necessity collaborative and cross-sectoral, it takes time. As one health unit advised, be patient!

[1]*Fazal, N., Jackson, S. F., Wong, K., Yessis, J., & Jetha, N. (2017). Between worst and best: developing criteria to identify promising practices in health promotion and disease prevention for the Canadian Best Practices Portal. Health promotion and chronic disease prevention in Canada: research, policy and practice, 37(11), 386-392.*

Photo source: GreenUP

1 PLAN FOR COLLABORATION

To achieve healthy built environment goals, public health units must work closely with other municipal departments, including transportation, planning and environment. Building successful collaborations requires internal resources from both leadership and staff.

1.1 Develop Senior Leadership

Initiating and strengthening collaborations with municipal departments and with external partners requires negotiations at a senior level. Public health practitioners point to strong senior leadership within their health units as key to success, in particular for setting the vision of what collaborations could look like, and a willingness to bring their influence to the table. Strong relationships at a senior level are particularly critical when input is required on a tight timeline.

Collaboration also requires the allocation of staff resources, in terms of time spent meeting with different departments and responding to the needs of partners in a way that demonstrates the 'value add' of a health lens. In the public health sphere, there are many competing priorities—vision and direction are required from senior management for staff to devote focused energy to built environment work.

1.2 Build Team Capacity

Collaboration across sectors requires a significant investment of staff resources, and staff capacity was one of the top three challenges to built environment work identified in the survey of Ontario public health units. With competing health priorities and limited resources, it can be difficult to prioritize healthy built environment work.

Collaborating across sectors requires not only an investment of staff time, but also demands new skills from a staff team. In addition to professional development and training (discussed further below), public health units have addressed this skill gap through hiring practices. They have sought out candidates from a wide variety of backgrounds (planning, environment, and transportation as well as public health) to create a diverse team. They have created policy advisor positions dedicated to identifying opportunities for public health input, and they have cross-appointed staff with municipal planning departments at the local and regional level.

Examples

- Four of the seven of health units who participated in the focus groups identified a strong vision and leadership from senior management as critical to the success of their built environment initiatives.
- One health unit reported creating a specific Policy Adviser position who sits on inter-sectoral working groups (for example, the regional active transportation committee), attends council meetings, and reads the council meeting minutes of all local municipalities to identify windows of opportunity for input. They bring these opportunities back to the team for follow up.

Photo source: GreenUP

2 ACQUIRE PLANNING & PROCESS KNOWLEDGE

Public health units identified three separate bodies of knowledge that have assisted them or would assist them in their efforts to engage with the planning process to achieve healthy built environment outcomes.

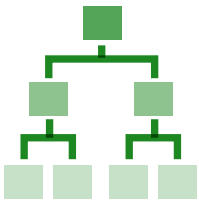
2.1 Evidence of Health Impacts

The first useful knowledge base is related to the impacts of the built environment on health. While this evidence is well-established in the literature, there is an ongoing need to synthesize it and adapt it for the local context. This type of evidence is discussed further below, under ‘Use Evidence to Influence & Mobilize’.

2.2 Planning in Ontario

Knowledge of the planning process in Ontario is necessary to identify opportunities for input and engagement. In the survey of health units across Ontario, over half reported that all or most of their staff had taken some form of training in municipal planning or community design. The Ontario Public Health Association's Public Health and Planning 101 course has been helpful in this regard. The Healthy Built Environment Linkages Toolkit from the BC Centre for Disease Control was also repeatedly cited as useful by focus group participants. While both these resources are excellent, there is demand for even more detailed training around how to apply the evidence to achieve healthier outcomes in the Ontario context specifically. Part of the challenge is becoming familiar with the vocabulary and standards used by land use and transportation planners at the project-level (i.e. in environmental assessments and development applications).

2.3 Institutional Structures and Processes



Public health units cited an understanding of municipal department structures and roles, and the legislative frameworks they operate within, as helpful to establishing meaningful collaborations. Familiarity with institutional frameworks helps public health units identify places where departmental agendas align with healthy built environment goals, and where structural barriers exist. Understanding internal departmental processes is also the first step towards suggesting changes to these processes so that they better incorporate a health lens. This knowledge is localized, as each municipality's institutional structure is different.

Examples

- One health unit reported working with each of its lower-tier municipalities to adapt tools and evidence to that municipality's context of planning, geography and how their departments are structured.
- An online "Resource Bank" at PlanningForHealth.ca compiles reports, training, toolkits, newsletters and more that public health units identified as helpful.

Photo source: Midhat Malik

3. ESTABLISH RELATIONSHIPS

The final piece of laying the groundwork for action is to build relationships. Because transportation and planning decisions fall outside of the jurisdiction of public health, all efforts towards healthier built environments depend entirely on collaborating with professionals in these fields. For this reason, relationship building is of utmost importance and should be actively supported. Public health units described two approaches to internal relationship building: initiating and joining. They also described building relationships with external partners, both in the community and in the development industry.

3.1 Initiate

To jump-start the conversation around healthy built environments, public health units described holding numerous in-person meetings with individual municipal departments, as well as convening multiple departments around a specific topic. Often, these departments had not connected with each other before, and public health units were able to act as a broker to break down silos within municipal structures and bring people together around a common goal.

3.2 Join

Public health units described joining municipal and regional committees and working groups, both formal and informal, on a wide variety of topics, including active transportation, climate action, air quality and health hazards. These committees provide opportunities to give input, and also help public health units keep abreast of municipal activities impacting health. In some cases, public health units are taking a leading role by chairing these committees. Others are taking steps to formalize their participation by seeking voting membership.

Examples

- Timiskaming Public Health Unit convened a workshop on active transportation with municipal staff, councillors and community members. The workshop was facilitated by Share the Road Cycling Coalition, an Ontario-wide cycling organization, who also produced a report with recommendations resulting from the workshop. The report was approved by Council in Temiskaming Shores and led to the creation of a Bicycle Friendly Communities Committee with representation from Council and community members. More information about Temiskaming Shores can be found in Share the Road's Bicycle Friendly Communities Yearbook from 2016 and 2017.

- One health unit reported that they sought to broaden the scope of stakeholders they were working with by asking themselves the question, 'Who influences the design of communities?' Through this exercise, the health unit identified non-traditional partners, such as construction contractors. By working with these companies at an early stage, they have been able to see healthy community elements incorporated into proposals. For example, a contractor's proposal for the construction of a major bridge included a safe active transportation route, and they won the contract in part because of their commitment to health.

Photo source: Hannah Nogiec

4. USE EVIDENCE TO INFLUENCE & MOBILIZE

With the groundwork laid through relationship and capacity building, public health units can move to more successfully engaging in shaping the built environment. Strategies reported centred around creating and sharing high quality public health evidence, providing expert review from a public health lens, and mobilizing communities and stakeholders through education and outreach. Not surprisingly, given the importance of evidence to their work, public health units reported an ongoing need for high quality, synthesized and compelling evidence on healthy built environment topics.

4.1 Create High Quality Evidence

Public health units act as knowledge brokers in healthy built environment work by developing relationships with municipal partners and providing them with information they can use to advance their work. Access to high quality evidence is part of the 'value add' that health units can offer to planners and transportation experts. The requirements placed on this evidence, however, are demanding: it must be rigorous, but it also must be synthesized, locally relevant, timely, and communicated compellingly in lay terms. Public health units are using a variety of strategies to respond to this demand:

Making use of existing resources

A growing number of resources on healthy built environments exists. A compilation of those that emerged as being the most useful through the literature review and the focus groups with health units are available in an online "Resource Bank" at PlanningForHealth.ca.

Synthesizing research on topics of interest

Public health units release statements, discussion papers, and reports synthesizing the evidence on topics of interest to their municipalities. These reports inform decision-making, advocate for outcomes that support health and set the initial stages of collaboration. By reviewing municipal council meeting agendas and minutes, sitting on committees, and building relationships with senior municipal staff, public health units are able to keep abreast of key issues and work proactively to gather and report on the relevant evidence.

Conducting new research on topics of interest

Beyond reviews of current evidence, public health units conduct their own research to answer questions of local concern. For example, they conduct population health research to produce current and locally relevant data, and use this data to create modelling tools on topics such as heat, physical activity and chronic disease. Health units also collaborate with each other to conduct research on issues of broader concern.

Examples

- A recent Locally Driven Collaborative Project focused on healthy built environments in rural communities. In collaboration with the University of Guelph, they created the Healthy Rural Communities Toolkit: A Guide for Rural Municipalities, based on a literature reviews, surveys, focus groups and key informant interviews.
- As part of their Healthy Communities Series, Peel Public Health released Active Parks Design Guide, with a focus on maximizing the potential of parks and greenspace to promote physical activity in the community. The guide synthesized findings from grey literature, literature reviews and observational studies.
- Ottawa Public Health conducted research on the impact of implementing the walking, cycling and transit targets in Ottawa's 2013 Transportation Master Plan. The research estimated that as many as 1,620 cases of diabetes could be prevented over 10 years, through less sedentary travel. The research was published in the Canadian Journal of Public Health. It was cited, along with many other Ottawa Public Health reports, by the City's Planning, Infrastructure and Economic Development division in a discussion paper titled The Building Blocks for a Healthy Ottawa, released in preparation for Ottawa's new official plan process.

Examples (contd..)

- Toronto Public Health released a series called Healthy Toronto by Design, which includes reports on topics such as apartment neighbourhoods, active transportation and transit use, principles for an active city, and a health impact assessment tool.

4.2 Provide Expert Review

Public health units are increasingly providing expert review on built environment policies and projects, by invitation and by their own initiative. Review is happening at three distinct levels:

Policy

Public health units reported providing input at multiple points in the municipal policy hierarchy, including official plans, transportation plans, cycling and active transportation plans, community design (secondary) plans, zoning amendments, development guidelines, urban forestry plans, climate action plans and more. To learn of upcoming opportunities, public health units monitored municipal council agendas, sat on committees, and cultivated relationships with municipal staff from a variety of different departments.

Municipal official plans are governed by the Provincial Policy Statement and provincial growth plans, and while the public health units did not mention these documents, key informant interviews with provincial planning staff indicated that greater health input would be valuable when these documents come up for review.

Projects

Public health units are reviewing individual planning projects through development applications and individual transportation projects through environmental assessments. In many municipalities, processes to seek review from different municipal departments are already in place, and adding public health as a stakeholder is relatively straightforward. Many public health units reported using Peel Public Health's Healthy Development Assessment Tool, which centres on the complete community elements of density, service proximity, land use mix, street connectivity, streetscape characteristics and efficient parking. Public

health units also reported providing input on accessibility, equity, active transportation, air quality, noise pollution, and soil contamination.

These reviews can be resource-intensive because of the volume of development applications and environmental assessments being undertaken in some municipalities. They also require public health staff to be familiar with the vocabulary and standards (set-backs, level of service, gross floor area, etc.) used by transportation and land-use planners at the project level.

Another challenge with project level feedback is the tight timelines, particularly for development applications. Once an application has been submitted, the municipality has a very short time-frame in which to respond. One solution to this issue is to work with the development community and educate them on what healthy communities look like, in advance of them submitting an application. Engaging at a higher level on policy and guideline documents intended for developers also helps ensure health is considered as part of individual projects.

Process

Reviewing internal municipal processes involves providing input to transportation engineering and planning departments on how their assessment and application processes could better evaluate for —and ultimately secure—healthy built environment outcomes. These municipal departments have internal manuals and guidelines stating the studies and evaluations required, depending on the type of environmental assessment being undertaken or the development application being submitted. Health units may advocate for requiring additional reports or studies on health-focused topics from project proponents under certain scenarios. For example, as part of an environmental assessment for a corridor in an urban area, performing a community walking audit or multi-modal level of service analysis could be required. As part of a plan of subdivision, developers could be required to submit a walkability audit of proposed school locations. Changes of this nature can be difficult to make because they require municipal planning and transportation departments to alter their own internal manuals and guidelines and add to their evaluation processes. A strong, committed partnership between the public health unit and the municipality is needed to make these changes happen.

Examples

- Toronto Public Health worked with City planning staff to amend the zoning by-laws for apartment towers. Previously, the zoning for these neighbourhoods allowed very little commercial space, leaving residents with little access to services and retail, including grocery stores, and creating 'food deserts'. The revised zoning increases the commercial allowances, and there are now 400 towers eligible for new or additional retail space. As part of this process, Toronto Public Health released a report titled, Toward Healthier Apartment Neighbourhoods.

Examples (contd..)

- Peel Public Health is working with the Region's Transportation division to integrate multimodal level of service (MMLOS) analysis into transportation planning, through avenues such as environmental assessments, Transportation Impact Studies, and policy documents (Official Plan and the Region's Road Characterization Study). For environmental assessments, Peel Public Health has developed a matrix to guide when MMLOS analysis should be undertaken, as an addition to the Transportation division's manual for environmental assessments. Integrating MMLOS into Transportation Impact Studies will likewise require changes to the guidelines that govern these assessments. Read more in the Region of Peel's Sustainable Transportation Strategy.
- Middlesex-London Health Unit has created an Active Community Toolkit for Reviewing Development Plans that includes a series of checklists and specific targets for land use, density, service, employment and educational proximity, housing diversity, street design, pedestrian and cycling orientation, public transit, streetscape design, parking, parks and open space, safety, and social connection. The Windsor Essex District Health Unit uses an adapted version of this toolkit to review development applications.
- Peel Public Health has created the Healthy Development Assessment (HDA) as a tool to guide practitioners working in the planning, design and approval of development. The assessment covers six core elements of healthy community design: density, service proximity, land use mix, street connectivity, streetscape characteristics and efficient parking. The HDA is part of a larger Healthy Development Framework, which includes a suite of tools adapted to the specific contexts found in each local municipality.
- The Simcoe Muskoka District Health Unit collaborated with planning staff to create a resource of health-related suggestions for Official Plan policies and implementation activities. The document, Healthy Community Design: Policy Statements for Official Plans, provides municipalities with policy language and concepts that are in line with provincial policies and that they can adapt to suit their own context.

4.3 Mobilize Communities and Stakeholders

In addition to formal avenues for review and input through the planning process, public health units are using a variety of strategies to dialogue with stakeholders outside of municipal planning and transportation departments, such as municipal councillors, the development industry, and the public. Decisions impacting the built environment are often political in nature, and a broad base of support is necessary to advance a health agenda.

Educate

Public health units described themselves as taking on the role of educator for the development industry, municipal council and the public about the need for, and benefits of, healthy community design. Public outreach often consists of campaigns around a specific topic (such as active school travel or safe cycling), but some public health units are developing materials around healthy built environments in general.

With the development industry, public health units said that they focused on the economic benefits of healthy community design and reported a need for more cost-benefit analysis of specific interventions.

On the political side, cultivating a direct relationship with municipal councillors is important. Municipal elections offer an opportunity to strategically advocate for healthy built environment outcomes, and a number of public health units reported holding events and creating materials targeted specifically to municipal candidates.

Participate

Public health units are also building support for healthy community design by participating in community events. These interactions also provide the health units with opportunities to hear from the community and discover what issues are resonating with them.

Involve

A few health units have found ways to involve the public in healthy community design. Active school travel programs often involve an assessment of the design of the surrounding streets, undertaken with the school community. Similar evaluations can be part of an environmental assessment, with walking audits undertaken by the community. One health unit has made small grants available to community organizations to undertake projects that will enhance the health of the community through design.

Examples

- Ottawa Public Health collaborated with the City's Planning Division to release two videos to raise awareness of the link between health and the built environment, and highlight how residents can get involved to make changes in their communities.
- Peel Public Health runs the Healthy Living Supports Program, which promotes health-supportive environments by providing small grants to community organizations to make infrastructure change that will encourage physical activity and healthy eating among residents.
- One public health unit reported collaborating with the municipal planning division on joint education initiatives, where they conduct public outreach at community events on the topic of the built environment and how planning affects people's lives.

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NEXT STEPS

The four promising practices outlined in this report have helped several public health units in Ontario engage in shaping the built environment to secure better health outcomes. These health units also identified barriers they have encountered and gaps in the resources available to them, which have hindered their progress. To address these gaps and support public health units who are just beginning the conversation around healthy built environments, the following next steps are recommended:

1. Compile high quality evidence.

Useful resources that emerged from the literature review and focus groups have been gathered in a "Resource Bank" on PlanningForHealth.ca. Going forward, this bank will be most useful if it is maintained as a living list, and updated with new and relevant resources. A resource bank with access restricted to public health unit employees would also be useful in order to facilitate the sharing of internal resources that have not been made public.

2. Develop Ontario-specific resources.

Create or adapt tools such as the Healthy Built Environment Linkages Toolkit from the BC Centre for Disease Control to be specific to the Ontario context. Resources from other jurisdictions contain much content that is applicable; however, some public health units reported resistance from municipal partners to consult resources from outside of Ontario. As land use planning is provincially-led, it is important to have resources that reference how healthy built environments fit within the Ontario policy context.

3. Deepen training opportunities.

Although the majority of health units surveyed said all or most of their staff had undertaken some form of training around healthy built environments, a need for more training was a common theme. In particular, training that moves beyond evidence of the built environment's impact on health and digs into how that evidence can be applied within Ontario's municipal planning process would be quite useful. The training could be an opportunity to include a grounding in the vocabulary and standards used by planners and transportation engineers.

4. Build institutional, public and political support for healthy built environments.

Competing priorities within public health units, within municipalities, and within the development process can make it difficult to focus on healthy built environment outcomes. Education and outreach around the importance and significant impact of this work is necessary in order for resources to be allocated both within public health units and in municipal departments, and for decision-making to prioritize healthy built environment factors. To support these efforts, there is a need for evidence that is concise and visually compelling for use with the public, external stakeholders and decision-makers.