

Planning and Community Health: A Practitioner's Handbook

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INTRODUCTION

Over the past few decades, there has been an increasing recognition of the role that the built environment, planning, and policy making have upon the health of Canadians. How we move and engage with those around us, our access to green spaces, the quality of the air we breathe and the water we drink are all impacted by the decisions communities make, with almost all these decisions being made through various community planning processes.

While there has been an increase in the understanding and awareness of the NEED for health to be considered in planning processes, there is an equally large gap in knowledge around HOW this can happen in practice, with many health and planning practitioners working in various legislative structures and organizational silos.

To understand the issues practitioners face in this realm, we conducted a pan-Canadian survey with over 570 responses, in-depth interviews with over 30 health and planning practitioners from across the country, reviewed 20 community plans of varying types from different regions and communities across the country, and conducted a literature review of 10 different reports and toolkits in the realm of integrating health into planning.

Practitioners from both professions expressed a strong desire to work together in an increasingly collaborative manner, but also expressed confusion in how to make this happen. Through this research phase, it became clear that there is a long term need for further training, workshops, and education to support meaningful collaboration.

Building on this research, this handbook highlights practical tools, profiles Canadian best practices, and offers examples of effective models of collaboration. The intent is to ignite a dialogue and support next steps in communities of all sizes where both public health and planning resources vary greatly.

SECTION 1: HOW TO USE THIS HANDBOOK

This handbook was created to serve as a practical tool for Canadian planning and public health practitioners that are looking to integrate health into community plans and projects. It highlights current barriers that exist and points to effective methods that have been successfully employed in Canadian communities to address these challenges. It also provides an overview of different types of community plans, and the relationships between them to support public health to identify which plans might be prioritized for involvement.

This handbook features profiles of Canadian community plans and policies that integrate health effectively, links to current research, practical actions and approaches, and recommended resources. This resource was developed based on feedback from:

- **A SURVEY** of planning and public health practitioners across Canada that resulted in 573 responses.
- **A LITERATURE SCAN** of existing research papers, toolkits, and current planning resources.
- **FOCUSED INTERVIEWS** with 30 Canadian public health and planning practitioners.
- **A REVIEW OF 20 COMMUNITY PLANS** from across the country.

This guide is intended for use by anyone working as a health or planning practitioner (the definition of these terms is provided above), in Canadian communities of all sizes. It is intended to guide these staff through the first steps of increasing collaboration between these professions, with the ultimate goal of public health staff effectively informing the development of community plans to ensure that health is given primary consideration. An additional goal of these resources is to support both professions to understand each other better, and to develop a deeper understanding of the health impacts of various planning processes and policies that shape the built environment, as well as the services and systems that operate within it.

For the purposes of this handbook, we consider the term **"Health practitioner"** to include anyone working in the fields of primary health care, with the public health authority, working in the field of health promotion, or with health-related associations.

The term **"Planning practitioner"** refers to anyone working in the fields of urban, rural, or regional planning, built environment, engineering and related professions, parks and recreation or environment.

Navigation Guide

Follow the tabs along the right side of each page to navigate through this handbook easily.

- SECTION 1** **How to Use This Handbook**
Project description and navigation guide.
- SECTION 2** **Key Concepts**
Best practices and examples from across Canada.
- SECTION 3** **Tools**
Recommendations to better integrate Health and Planning:
- ▶ Working Together Across Silos and Organizations
 - ▶ Participating in the Planning Process
 - ▶ Making Decisions Together
 - ▶ Developing Plans and Policies
 - ▶ Measuring Impacts
- SECTION 4** **Next Steps**
Concluding remarks and next steps.



RESEARCH FINDINGS

Key themes from the survey, literature scan, interviews, and plan review.



PROFILES/CASE STUDIES

Examples from across Canada which highlight well-integrated health and planning practices.



DISCUSSION PROMPTS

A set of questions to consider related to each tool.

SECTION 2: KEY CONCEPTS

This section outlines the foundational elements that serve as an introduction to the subject matter. It provides a high-level summary of the foundation and shared values of public health and planning, introduces the concept of health equity which should frame this work, and provides an overview of the national survey.

The World Health Organization defines health as:

"a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity"

Health and Planning in Canada

The origins of public health and urban planning in Canada are well documented and intertwined. Throughout the nineteenth century as waves of infectious diseases spread, solutions were found to limit transmission through proper sanitation, clean drinking water, sewers, and adequate housing. This led to the establishment of public health in Canada, and a focused effort within provinces to provide the necessary standards and legislation to ensure water quality and sanitation. This was the foundation of urban planning in the country – planning for safe water and sanitation, regulating use of land for settlement, resource development, and agricultural growth.

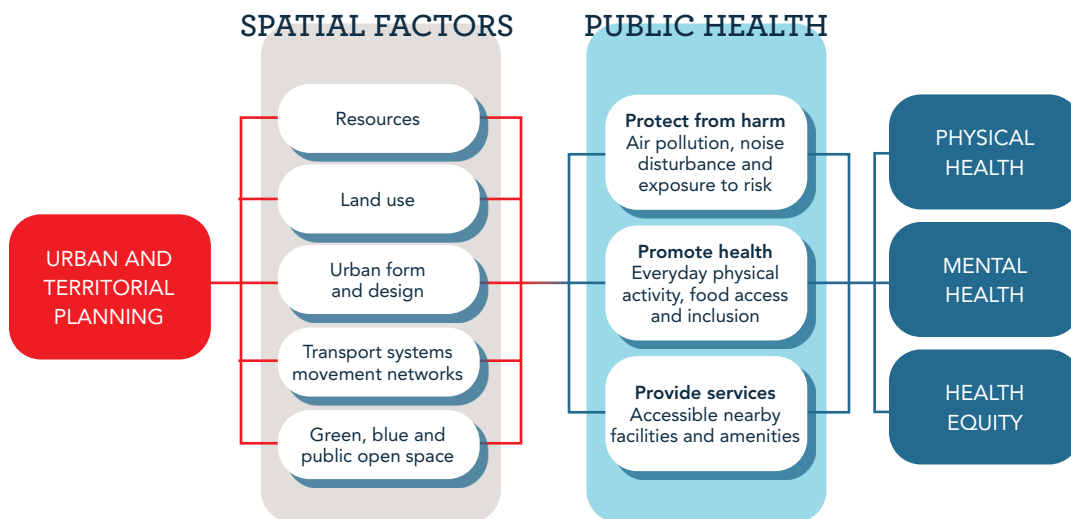
As the modern health system in Canada developed, critical pieces of legislation were passed such as the *Federal Medical Care Act* (1966) and the *Canada Health Act* (1984). These formalized federal and provincial health structures and the intention to provide universal and accessible health care services to all without discrimination. Work by Trevor Hancock in the late 1980's is also considered by many to be some of the first research espousing the concept of "Healthy Cities".

The *Canada Health Act* also broadened the scope of public health to focus on health promotion, the determinants of health, and identifying health inequalities as a priority. This built a focus within the health sector that health behaviours are not just a personal choice, but also intersect with, are heavily influenced by, and sometimes are dominated by surrounding environments. The Public Health Agency of Canada (PHAC) was created in 2004 with responsibilities related to disease and injury prevention, health promotion, emergency preparedness, and strengthening public health infrastructure in Canada. This resulted in the adoption of an **agreed-upon set of goals by Federal, Provincial and Territorial Ministers of Health**, including the aspiration that **"the places we live, work and play are safe and healthy now and for generations to come."**¹

From a planning perspective, the Canadian Institute of Planners (CIP) states that the planning profession in Canada “safeguards the health and well-being of urban and rural communities, by addressing the use of land, resources, facilities and services with consideration to physical, economic, and social efficiency . . . **planners make our communities better places to live, work, and play.**”² Planners work in the public interest – in a way that respects diversity, needs, values, and goals of the public, while acknowledging the inter-related nature of planning decisions and consequences for natural and human environments.

The critical linkages between planning and public health have been increasingly recognized from both sectors in recent years.

Figure 1 – This graphic, adapted from Lan al., 2018, provides some insight into the relationship between the built environment and public health. Source: WHO Integrating Health in Urban and Territorial Planning 2020.



Despite shared values, objectives, and history, some public health frameworks have often resulted in silos where municipal staff do not work in an integrated capacity with provincial health staff, and where planners are not legally required to collaborate or seek input from health practitioners. While health authorities in Canada are responsible for providing health services, local governments directly influence the health and well-being of citizens through the built environments, systems, and services they provide that all citizens depend on.

The degree to which a person experiences opportunities or barriers to social (education, employment, social connectedness) and physical (safe drinking water, wastewater, affordable, accessible housing, transportation, recreational spaces) attributes in their community determines their health outcomes over the course of their lives. All of this happens in the environment in which they directly live, which is why this critical work must be done at local level. Focused effort is required to bring these disciplines together at the local level to prioritize equitable access to healthy built environments.

It is also important to note that in addition to local level efforts to reduce and remove the barriers to positive health outcomes, there are societal and social systems barriers that created many of these barriers in the first place. Leading municipalities are ones that work to create equitable access to healthy built environments and strive to ensure that equitable access to healthy built environments is the norm – not the exception.

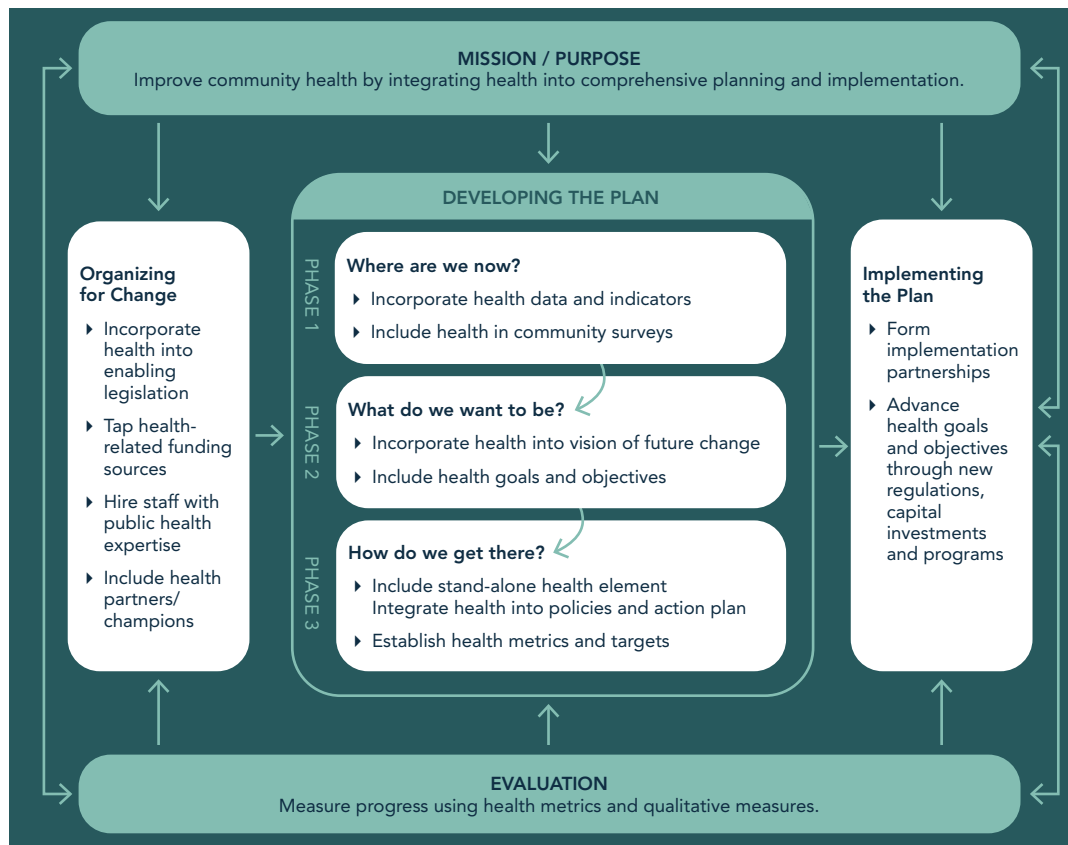
Re-integrating Health in Plan Development

Public health can play a significant role in supporting each stage of the planning process. The critical pieces of this include:

- ▶ Public health practitioners be **involved early in the process**;
- ▶ Able to help **shape the development of the plan**;
- ▶ **Health policy is integrated into the highest-level plans** (Official Plans) to ensure effective implementation and compliance.
- ▶ Provide **meaningful input and analysis**;
- ▶ **Contribute to implementation**;
- ▶ Support **evaluation**.

Public health practitioners bring critical perspectives and have broader support teams that contribute to public policy analysis, health promotion, population health research, evidence, and data, among others. Planners looking to learn more about what public health can bring to a plan, could consider the ways these skills can integrate with their planning processes, as shown in **Figure 2**.

Figure 2 – Diagram adapted from the American Planning Association (Ricklin and Kushner 2013)



Equitable Access to Healthy Built Environments

Many factors beyond genetics and lifestyle shape an individual's health and well-being. As outlined by Health Canada, the 12 main determinants of health are³:

1. Income and Social Status
2. Employment and Working Conditions
3. Education and Literacy
4. Childhood Experiences
5. Physical Environments
6. Social Supports and Coping Skills
7. Healthy Behaviours
8. Access to Health Services
9. Biology and Genetic Endowment
10. Gender
11. Culture
12. Race/Racism

It is also important to consider the community networks, socio-economic, cultural, and environmental factors within this list that shape the conditions of an individual's relationship and experiences within society. These circumstances and systems in which people grow and experience life are referred to as the **Social Determinants of Health. Factors** such as income and social status, gender, and race, are interconnected and are often beyond an individual's control. Institutional aspects (e.g., a society's laws, governing processes and practices, cultural norms) combine to create and maintain structures which grant certain groups better access to the resources needed to live a healthy life (i.e., privilege), while also negatively impacting the access and opportunities of other groups (i.e., disadvantage and marginalization).

Priority populations can be defined as groups who have inequitable access to resources, those have been underserved or mis-served by systems, and/or those who continue to experience marginalization and discrimination⁴. Within a Canadian context, these priority populations include but are not limited to:

- ▶ Black, Indigenous, and other people of colour (BIPOC);
- ▶ 2SLGBTQIA+;
- ▶ people with disabilities (e.g., physical, mental, cognitive);
- ▶ people experiencing homelessness;
- ▶ low-income communities and individuals;
- ▶ newcomers and refugees;
- ▶ people whose first language is not English;
- ▶ seniors; and,
- ▶ youth.

Individuals can belong to multiple groups simultaneously as a result of their intersecting identities. Therefore, careful attention must be placed towards understanding local challenges experienced by priority populations in your community and their specific needs.

This is important context as some Canadians have more opportunities for a healthy life than others. Policymakers, including municipalities, health practitioners, and planning practitioners, must make consistent and intentional efforts to ensure everyone can lead healthy lives — regardless of who they are or where they live. Approaching the development of planning projects through the incorporation of a health equity lens can ensure communities are working towards increasing healthy opportunities for all.

HEALTH EQUITY is created when individuals have the fair opportunity to reach their fullest health potential. Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust.

HEALTH INEQUITY occurs when different groups experience differences in health status through unequal access to key determinants of health such as social supports, income, education, and employment.

Housing

Related to the Social Determinants of Health, research has shown a strong link between health and housing. According to a review of the literature by Health Affairs, there are four pathways which connect housing to health outcomes and health care costs⁵:

1. **Stability:** Access or the lack thereof to a permanent place of residence.
2. **Quality and Safety:** Environmental conditions within a home which may adversely impact physical and mental health (e.g., residential crowding, water leaks, poor ventilation, mold).
3. **Affordability:** Ability to pay for the cost of housing.
4. **Neighbourhood:** Physical and social factors outside of an individual's home which may impact their access to resources and their ability to live a healthy lifestyle (e.g., public transportation, grocery stores, green spaces, segregation, noise).

Statistics Canada's measure of **core housing need** provides a way to monitor the second and third pathways. Households that are in core housing need can be identified using three metrics⁶:

1. **Adequacy:** Whether or not the unit needs major repairs.
2. **Suitability:** If a unit has enough bedrooms for the residents.
3. **Affordability:** Having a shelter-cost-to-income ratio of less than 30 per cent

Housing (un)affordability has become a growing concern in many communities across Canada — 30 per cent of Canadian households (4.7 million families) who rent their homes face affordability challenges⁷. According to a study by the Canadian Centre for Policy Alternatives, a full-time worker must make \$22.40 per hour on average to be able to afford renting an average two-bedroom apartment. From province to province, this "rent wage" is often much higher than the minimum wage.

Competitive markets, increasing demands for housing, and, in some places, a limited availability of land, can create circumstances that are conducive to gentrification. Ruth Glass first used the term gentrification in 1964 to describe changes in London brought about by deregulated property development, liberated real estate speculation, and relaxed rent controls⁸.

Gentrification is the process in which targeted (re)investments significantly change a neighbourhood (often those that are lower-income), resulting in the displacement or marginalization of its existing residents.

There are three types of displacement:

1. **Physical/direct:** Being “priced-out” out of a neighbourhood due to increasing property values. Households become forced to seek housing in another neighbourhood, or in some circumstances, within another municipality.
2. **Exclusionary/indirect:** When an individual or group no longer has the option or choice to live in a neighbourhood they once were able to⁹.
3. **Symbolic:** As defined by Rowland Atkinson, “the sense of subordination, discomfort and unease with trying to stay-put while the visible and sensed changes of the physical and social fabric of the neighbourhood and its symbolic order [shift] dramatically as gentrification [takes place]¹⁰.”

Planning and design interventions aimed at making places more attractive and livable (e.g., active transportation infrastructure, parks, etc.) can increase property values within an area¹¹. Without addressing social challenges such as affordable housing and poverty head on, residents become at-risk of displacement. Therefore, policymakers need to make conscious efforts to ensure all residents are able to stay in place or live in the neighbourhood of their choosing.

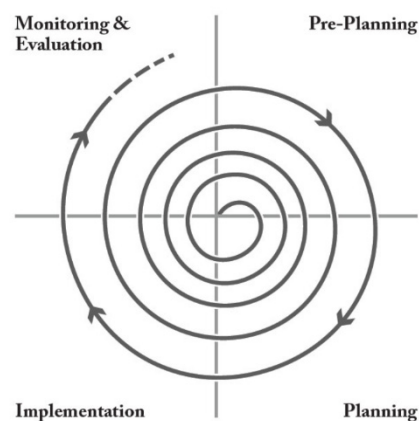
Incorporating Knowledge and Learning from Indigenous Peoples

Traditional Indigenous teachings have long highlighted the significance of ensuring health through various social and environmental sensitivities and cultural practices. Indigenous peoples often have an intimate understanding of their land.

Planning practices need to take this into consideration and respect the historical and current issues facing Aboriginal, Metis, and Inuit people in Canada. As responsible professionals we need to be addressing systemic inequities across the board, but particularly in reconciliation with Indigenous peoples.

Many Indigenous community planning resources present planning as a continual process by which we improve conditions within our communities¹². Seeing planning as a cycle we continue to move through and enhance helps to integrate new concepts and knowledge, as shown in **Figure 3**. Including new partners at various stages can both enhance the process and the long-term health of a community.

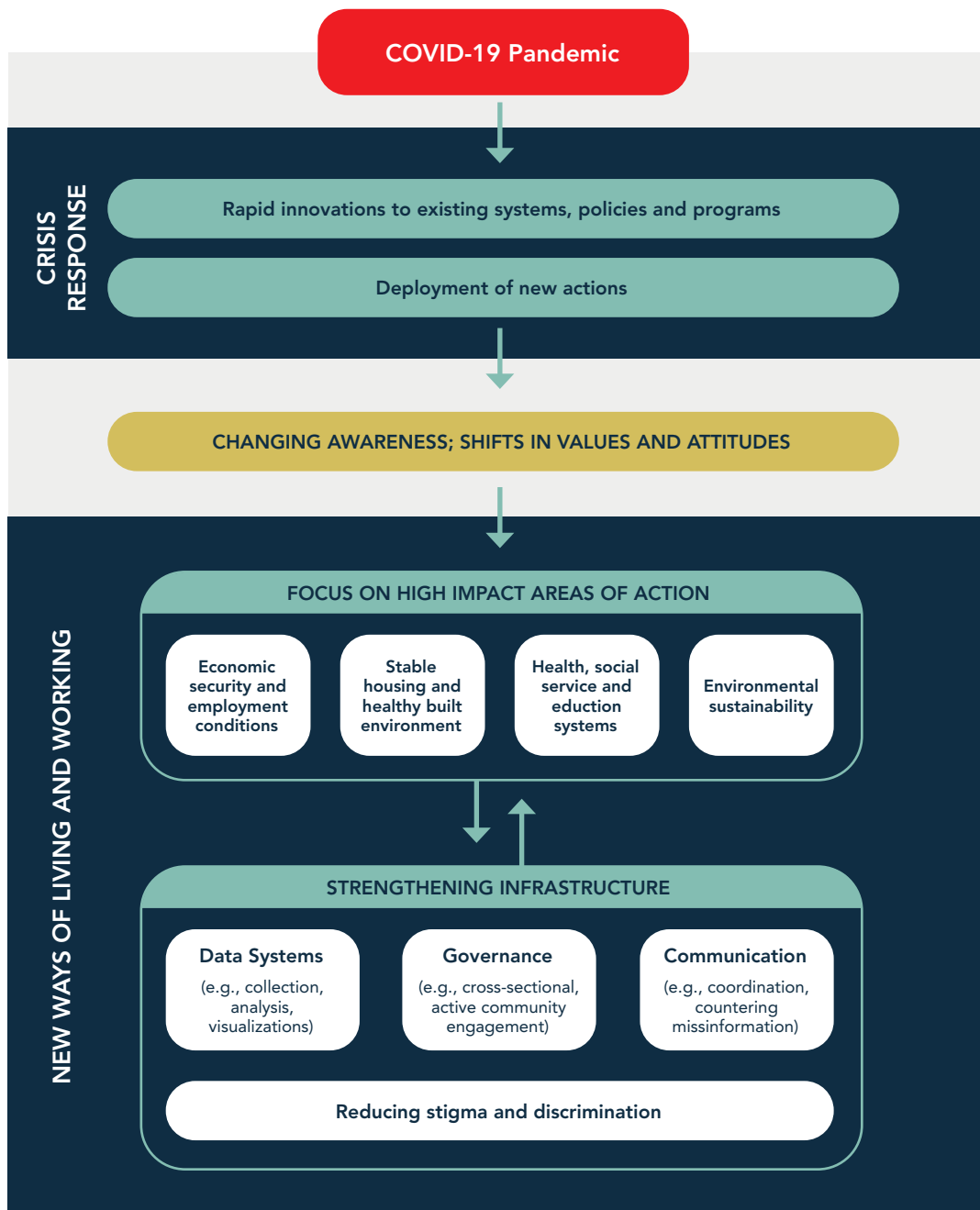
Figure 3 - Comprehensive Community Planning Cycle Source: [Crown-Indigenous Relations and Northern Affairs Canada p14](#)¹³



Learning from the COVID-19 Pandemic

Communities around the world have had to adapt quickly in response to the COVID-19 pandemic. Many communities made changes quickly to protect community health, and those with well planned built environments enabled people in urban areas to have more access to greenspace for recreation and safe socialization, as well as more space for active transportation. The crisis response required cross-jurisdictional collaboration between many stakeholders. It also revealed that many populations were disproportionately impacted by public health restrictions during the pandemic, including groups that were already living with other health challenges, and with limited access to resources/choices. The pandemic increased the visibility of these inequalities and provided an urgent need to act to address them. The pandemic brought to the forefront the intersection of the built environment and the determinants of health, and moving forward it is critical to address these inequalities to strengthen the resiliency of communities. PHAC has put forward a framework to integrate a focus on equity and health as communities move forward from the pandemic (**Figure 4**). This framework can be considered while planning long-term changes in your community, and to consider how a health equity lens can support long-term planning and resilience.

Figure 4 – Public Health Agency of Canada - Adapted Diagram of Equity Approach to COVID-19 Resilience.



Source: <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html#a3.1>

More Information and Resources:

Canadian Institute of Planners. [Health Equity and Community Design: What is the Canadian Evidence Saying?](#)¹³

Public Health Agency of Canada. [From Risk to Resilience: An Equity Approach to COVID-19](#)¹⁴

British Columbia Centre for Disease Control. [Supporting Health Equity Through the Built Environment](#)¹⁵

Indigenous and Northern Affairs Canada. [CCP Handbook – Comprehensive Community Planning for First Nations in British Columbia](#)¹⁶



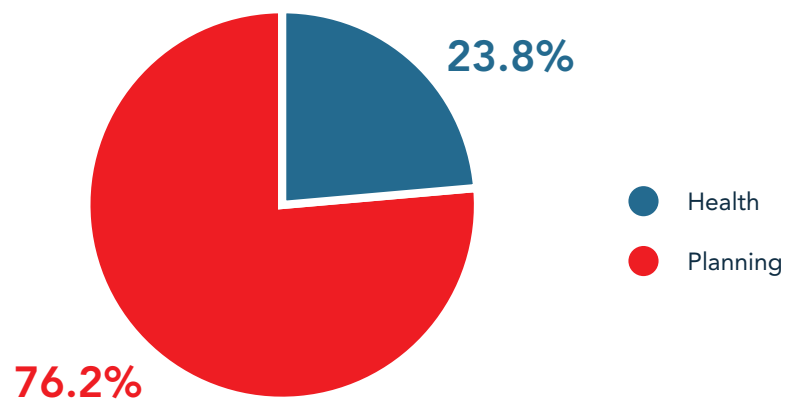
PROFILE: British Columbia's Centre for Disease Control (BCCDC) has a Healthy Built Environment Program (HBE) which recognizes the important intersections between health equity and a healthy built environment as contributing to individual-level health outcomes. The HBE program collaborates with BC's five regional health authorities to facilitate partnerships with local governments that focus on enabling positive health outcomes through land use and social planning initiatives. BCCDC develops and maintains key resources used by HBE professionals such as the HBC Linkages Toolkit and Healthy Social Environments Framework, which identify research associations between planning and community well-being outcomes, shared messaging, and common health and equity goals. BCCDC also hosts provincial webinars and learning opportunities to support regional-level work and cross-sector relationship building.

Integrating Health and Planning Survey – Respondent Profile

Building on previous research from the Canadian Institute of Planners, a survey was developed for this project to develop a renewed understanding of the current state of integration between practitioners, to identify the barriers and opportunities that currently exist, and to discover examples of success.

- The survey was distributed across Canada between January 5 and February 4, 2021 to practitioners involved in public health as well as the planning and design of the built environment.
- Many public health and planning organizations, networks, and associations supported distribution of the survey, leading to 573 total responses from all provinces and territories.
- Most responses were from planning practitioners, with one quarter of the responses coming from public health (**Figure 5**).
- Key findings are integrated throughout this handbook.

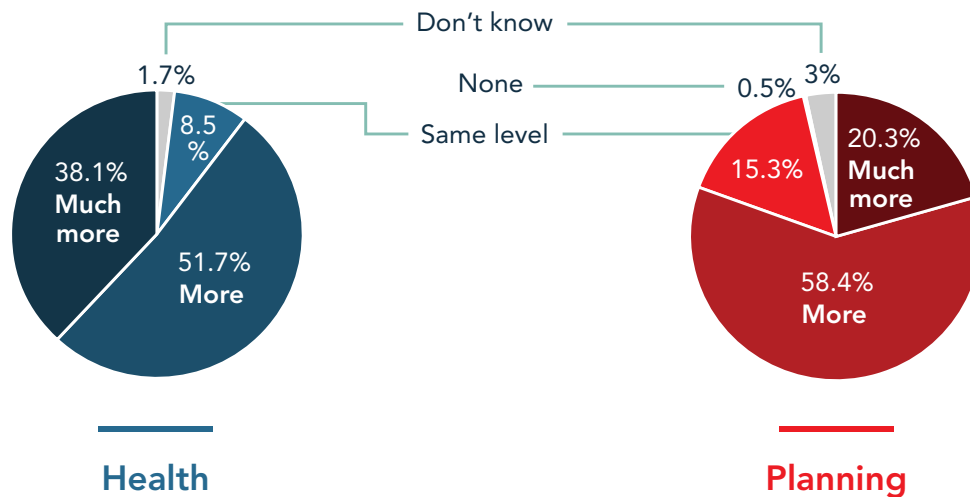
Figure 5 – Percentage of responses from health and planning practitioners



PROFILE: The National Collaborating Centre for Environmental Health hosts a healthy community design forum, and [resource library](#)¹⁷. The Centre hosts monthly healthy built environment webinars that feature a presentation and expert-led discussions on a variety of topics. Sign up at nceh.ca

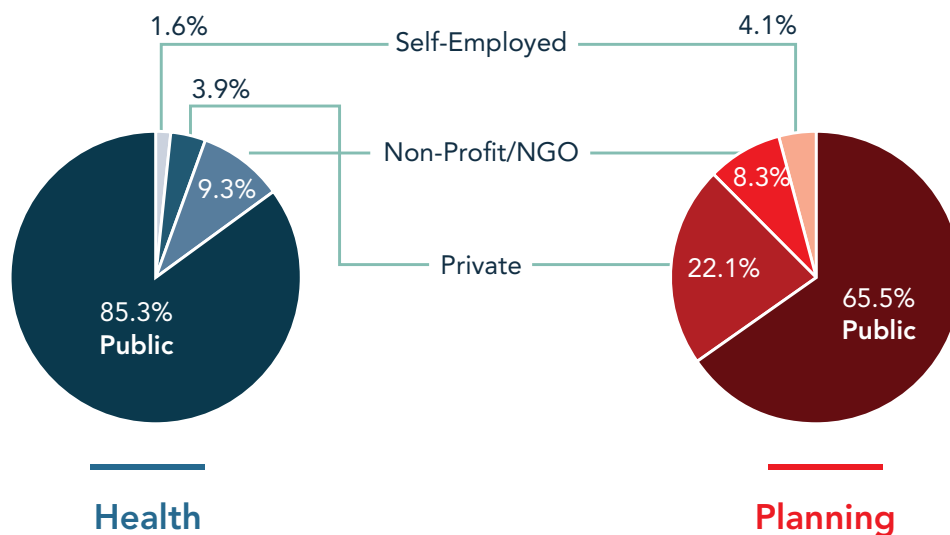
The survey also showed a very strong desire to increase the levels of collaboration between the two professions from both health and planning professionals, with **89.8% of health professionals and 78.7% of planning professionals** expressing a desire to increase their level of collaboration with the other profession in the future, as shown in **Figure 6** below.

Figure 6 – Level of interest in increased collaboration between health and planning



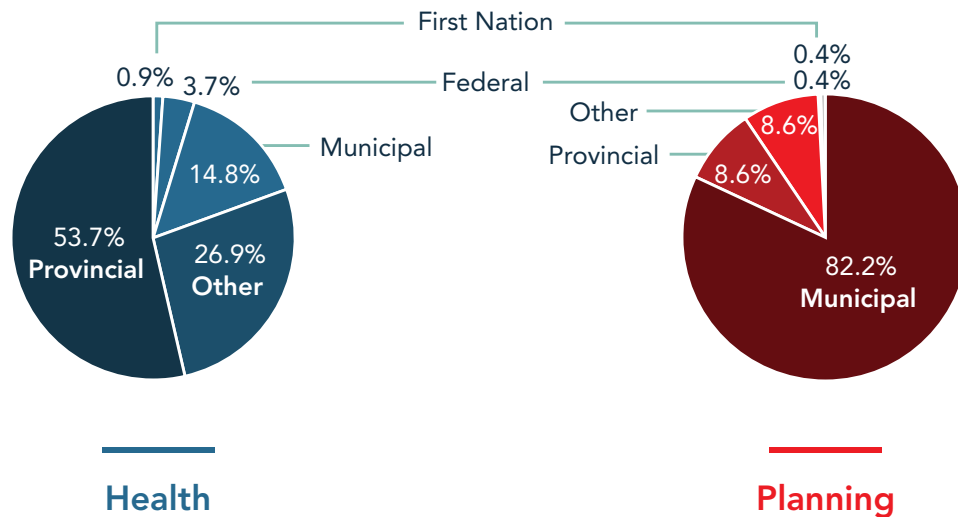
Public sector health personnel comprised the majority of the respondents from the health profession with over 85% or respondents identifying as such. Respondents who identified as planning professionals were also largely from the public sector (66.5%), but a significant percentage (22%) of self-identified planning professionals indicated that they worked for the private sector.

Figure 7 – Sector respondents work in (public, private, non-profit/ngo, self-employed)



The survey saw a significant response from provincial health staff, representing over 53% of the total respondents. On the planning side, municipal staff constituted over 80% of total respondents as shown in **Figure 8** below:

Figure 8 – Level of government as indicated by survey respondents



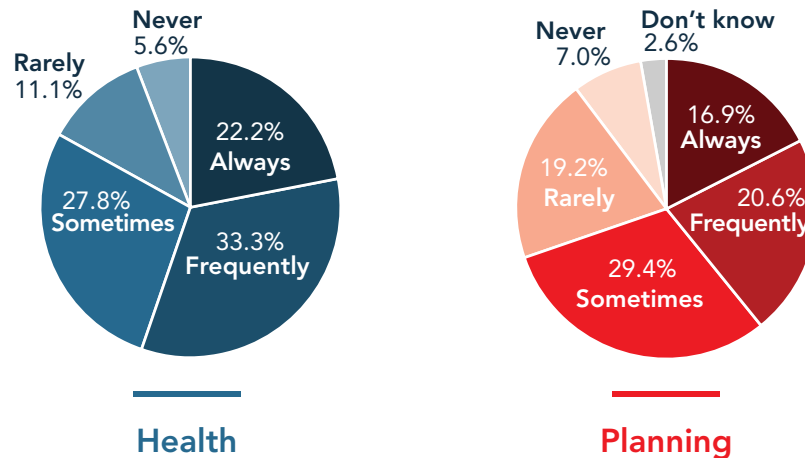
Respondents were asked how often they have had to deal with issues related to the other profession over the last two years. **Figure 9** summarizes their responses.

A higher percentage of health professionals reported dealing with community planning issues than planning professionals reported dealing with issues around community health.

About half of the health professionals surveyed (55.5%) reported dealing with community planning issues always or frequently, whereas 37.5% of planning professionals reported dealing with community health issues always or frequently.

16.7% of health professionals reported as "rarely" or "never" dealing with community planning issues, while 26.2% of planning professionals reported rarely or never dealing with issues related to community health.

Figure 9 – Over the last two years, how often have you had to deal with issues related to community planning / health?



Based upon these survey results, it is very clear that there is a strong interest from both health and planning professionals to increase collaboration between these professions moving forward, and that health is already a part of many planning processes on a regular basis.

Through the creation of this guide we intend to support the high level of interest demonstrated in the survey results by highlighting practical approaches and techniques to increasing the collaboration between public health and planning professionals, educating planning professionals on how health can be considered in their planning processes and outcomes, and providing health professionals with a working knowledge of these planning processes, as well as the health implications that should be considered as part of these projects.

SECTION 3: TECHNIQUES

This section includes techniques and resources to support the process of collaboration. Each technique builds on practical Canadian examples and findings derived through the survey, interviews, and plan review process. Five main techniques are presented:

1. **WORKING TOGETHER ACROSS SILOS AND ORGANIZATIONS:** from building informal professional relationships to formalizing organizational partnerships, this section profiles examples of building effective working relationships and meaningful collaboration.
2. **MAKING DECISIONS TOGETHER:** a common foundation is critical to making decisions together. This section provides frameworks and profiles examples of effective methods for building a shared understanding and approach to planning.
3. **PARTICIPATION IN THE PLANNING PROCESS:** This section outlines typical municipal/regional levels of planning, highlights the relationships between them, and identifies how public health can contribute.
4. **DEVELOPING PLANS AND POLICIES:** This section provides an overview of how health can be integrated within the planning process, and profiles Canadian plans and policies for inspiration.
5. **MEASURING IMPACTS:** This section identifies some common evaluation metrics that consider health and the built environment, and points to several widely accessible tools and data sources that can assist in monitoring the impact of plans on community health overtime.

Working Together Across Silos and Organizations

The lack of a formal relationship between local governments and public health agencies, as well as the organizational structure of governments, is a frequently identified barrier to effective collaboration and cooperation. This section identifies specific activities that can be taken to address these silos and improve collaboration within and across organizations, as well as real world examples of where these actions have been undertaken and proven effective. Such actions can be undertaken in communities of all structures and sizes, and are intended to provide simple, practical steps that can be implemented to reduce or remove the barriers between public health and planning.

Planners and public health practitioners want to collaborate more together.

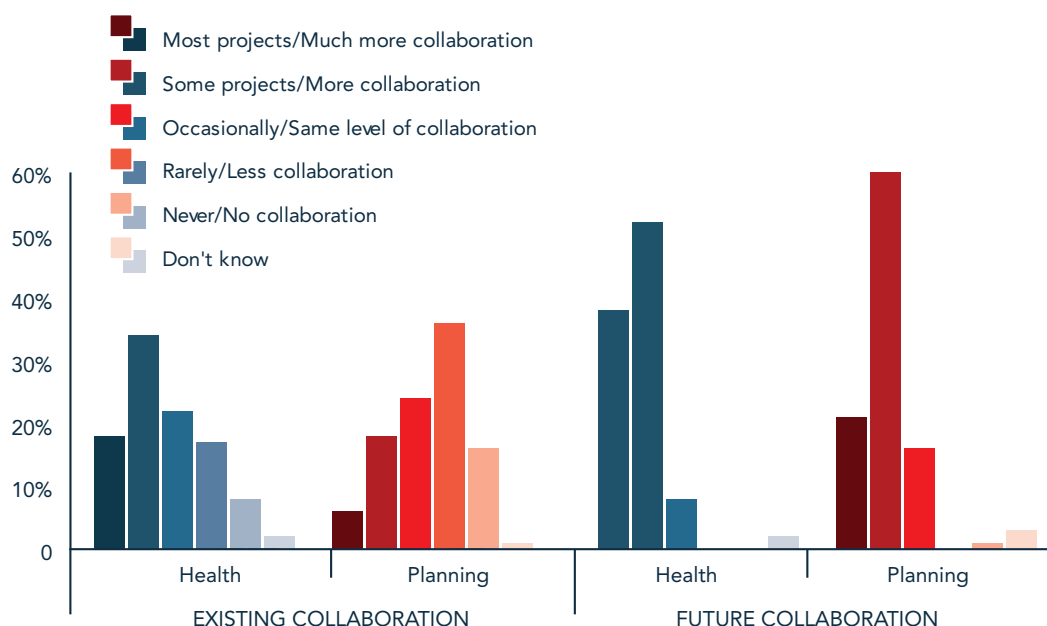


Survey respondents were asked to identify the top three structural and organizational barriers that were preventing them from working together more often (**Figure 10**). More health practitioners identified they had worked on planning-related projects and collaborated with planning practitioners than vice versa. These results likely reflect the fact that health practitioners are considered stakeholders in planning processes, whereas planners are typically not considered as stakeholders in public health initiatives. However, both professions expressed a strong desire to increase their level of collaboration with the other profession in the future (**Figure 11**).

Figure 10 – Top Three Structural and Organizational Barriers

Health	Planning
- Interdepartmental silos (53%) - There is little/no political acceptance and action to address health equity and the social determinants of health (45.2%) - Not core role or part of organizational mandate (44.1%)	- Interdepartmental silos (49.6%) - Not core role or part of organizational mandate (43.5%) - Do not have jurisdiction over policies that impact health (35.1%)

Figure 11 – Existing Levels of Collaboration and Desire for Future Collaboration



Building Relationships

Through the focused interviews, both planners and public health practitioners noted that the value of partnerships and investment in relationship-building cannot be overstated. Both formal and informal relationships between the professions need to be encouraged.

The first step is to build a foundation of trust. There are natural alignments between the professions that can provide a solid foundation for discussion. Building trust is more likely to happen initially on a personal level than on an agency level. The best way to build trust is to provide an opportunity for dialogue between practitioners to take place. Dialogue can be informal and as simple as regular coffee dates. This dialogue could be initiated at the ground level by practitioners on both sides and work its way up through the departments as more formal conversations take place. At that point, institutional conversations can take place that identify common goals, and partnership strategies for achieving those goals.

Building a formal relationship is a process that requires time and patience; however, the legal structures and partnership agreements are important critical elements. Several interview participants stressed that their community saw the most success when working in cross-disciplines, for example, health sectors hiring planners and environmental practitioners and planning departments hiring health policy experts and analysts. Academic partnerships are also valuable in supporting this cross-discipline collaboration, data analysis, and research. A formal dialogue can also be supported through funding incentives that require teams from both disciplines to work together in order to receive project funds.



PROFILE: Planners and public health practitioners across Canada stressed the importance of building strong relationships as a foundation for an effective working relationship. **Peel Public Health** has a multi-disciplinary built environment team that works to improve healthy living throughout the Peel Region. Due to the nature of the work with many partners from various sectors, the team considers soft skills as a core competency of the job and hires accordingly. Soft skills include interpersonal or people skills: working with people, negotiation, persuasion, communication, empathy, conflict resolution, and problem-solving, among others. Visit their [Healthy Communities website](#)¹⁸ for tools and resources.

Actions and Case Studies Profiles

Through the focused interviews that were conducted with practitioners across Canada, several examples of formalized relationships between planning and public health began to emerge. A variety of arrangements are profiles as examples for including health as a key stakeholder involved in the process, as a partner and collaborator, and through empowering public health to take a more active role in the process. This section provides examples of these actions, and points to communities that are currently engaged in these agreements.

Action: Establish a Staff Co-location

DESCRIPTION: A staff co-location can be established between the local government and the public health unit for the region. This will institutionalize a commitment to cooperatively work together. A co-location clearly signals intent for deep collaboration across sectors, formalizes relations between municipal administration and health units, and helps to define the structure and nature of this collaboration. It allows for public health to have a seat at the table by being embedded in other teams, and institutionalizes dialogue and consideration of public health evidence from the outset through working alongside colleagues from other departments.



Profile: The City of Ottawa/Ottawa Public Health

These two organizations established a staff co-location in 2019, and this formal arrangement resulted in appointing two positions funded by public health, one of whom is a planner and the other an environment and health specialist. These staff are co-located within the City's Planning, Infrastructure and Economic Development department and provide ongoing guidance and input on various civic planning processes. The impetus for this arrangement was for these staff to lead the integration of a health perspective in the development of the new Official Plan for the City. This new plan is proposing to make some significant policy changes they call the "Five Big Moves." One of these moves is Resiliency, which looks at embedding public health, climate, and energy resilience into the framework of the city's planning policies. To shape this big move, the City worked collaboratively with Ottawa public health to author this integration throughout the plan, with both strategic and directional policies that advance healthy communities as well as enabling policies throughout the draft Official Plan.



Profile: City of Vancouver/Vancouver Coastal Health

Vancouver Coastal Health provided a statement of intent for the City of Vancouver, which clarified the different skills and capacities that the health team could bring to support their municipal processes, as well as the principles and core values that guide their work. This statement outlined areas for increased cooperation, including collaborative priority setting, co-developing healthy public policies, identifying partnership and capacity building opportunities, and increasing service coordination. It is important that these types of commitments include a commitment to revisit at a specific point in time to ensure there is an evaluation and discussion about how the partnership is working, and which areas need to be strengthened or adapted.

Seven priority action areas were identified as “areas for enhanced collaboration” including:

- ▶ Early Care and Learning
- ▶ Healthy Housing Options
- ▶ Food Security and Sustainable Food Systems
- ▶ Active Living
- ▶ Healthy Human Services
- ▶ Social Cohesion
- ▶ Healthy Built Environment



Profile: City of Kelowna/Interior Health Authority

The City of Kelowna and the Interior Health Authority agreed to a formal partnership as part of the development of the Healthy City Strategy. This partnership has six themes:

- ▶ Community for All
- ▶ Healthy Housing
- ▶ Healthy Neighbourhood Design
- ▶ Healthy Transportation
- ▶ Healthy Environments
- ▶ Healthy Food Systems

The strategies and plans for the themes of Community for All and Healthy Housing have already been completed. While the development of the Healthy City Strategy is on pause while the City undertakes revisions to their Official Community Plan, Interior Health has continued to collaborate with and advise the City on the development of their Official Community Plan.

This partnership was viewed as a success due to the commitment of the leadership in both organizations to work together. Formal organizational structures were formed within each organization, and regular joint meetings were held at both the leadership and operational levels. Interior Health staff also indicated that this partnership helped to create further cross-portfolio relationships and collaborations separate from the Healthy City Strategy.

Action: Include public health practitioners on Technical Advisory Committee or Community Advisory Committee

DESCRIPTION: Including public health practitioners formally in a community plan's development is critical. It is important to have their input on shaping the planning process so they can provide meaningful input. This can be done by including public health as part of internal Technical Advisory Committees or external Community Advisory Committees.



Profile: The Winnipeg Regional Health Authority (WRHA)

The Winnipeg Regional Health Authority's Population and public health program participated on the Technical Advisory Committee for the development of the Bishop Grandin Crossing area master plan. This project was part of an area redevelopment project for a large new community in a former sugar beet industrial area.



Profile: Interior Health (BC)

As a member of the Community Advisory Committee for the City of Penticton, Interior Health provided input from a population health perspective on the development of the City's Official Community Plan. This input was provided during meetings, at various stages of the plan development, participation in the development permit design charrette, public presentations and having face to face discussions with community members during the project's "Education Expo". Interior Health was able to both contribute to guiding the planning process and support public education efforts, which resulting in more informed feedback from the public.

Action: Public health identifies the specific plans they would like to be consulted on, and to what extent

DESCRIPTION: Like other many other organizations, public health staff have limited capacity to participate in every single planning process. Working with your local planning staff and using the planning hierarchy included in this handbook as guide, public health staff can create a list of specific planning processes that they would like to be involved in, as well as what this involvement might specifically look like. Meeting with public health or requesting which types of plans they would like to provide feedback on can help to prioritize limited resources and ensure meaningful input.



Profile: Alberta Health Service (AHS)

AHS's Safe Healthy Environments department created an outline of the types of planning processes that they would like to be given the opportunity to "review and respond" to, including:

- ▶ Non-Statutory Plans (outline plans, sustainability plans, strategic development plans etc.)
- ▶ Statutory plans (including municipal development plans, area structure plans, neighbourhood structure plans or area redevelopment plans)
- ▶ Land Use Bylaw amendments
- ▶ Zoning/rezoning (or land use designation) applications, if:
 - » Proposed land use is more sensitive than existing zoning designation (for example industrial to commercial or commercial to residential)
 - » Related to urban agriculture on brownfield sites, commercial or industrial areas
 - » Area/neighbourhood structure plan amendments are required
 - » Associated with environmental planning files referred to the health authority
- ▶ Subdivision applications, if related to:
 - » Sensitive land use within landfill setbacks
 - » Sensitive land use adjoining or near possible conflicting land use (for example a childcare facility located near an industrial area)
 - » Environmental planning files referred to the health authority
 - » Environmental planning files where human health may be impacted including environmental site assessment (ESA) or hazardous risk assessment (HRA) reports

Action: Ask public health to create a project-specific briefing document

DESCRIPTION: Public health staff can create a project-specific document that identifies:

- ▶ Why the plan being undertaken matters for the health of the community, including potential population health impacts
- ▶ How to consider the health implications of the strategy/plan, including data, use of assessment tools (e.g., Health Impact Assessments, Influence Diagrams), engagement with communities and organizations with specialized health knowledge, as well as monitoring and reporting
- ▶ What value public health can bring to the planning process. Describe the teams core capacities, current connections between the health authority and local government (including committees, sub-committees, advisory and working groups), and examples of tangible actions that the local government and health authority might consider as part of the planning process



Profile: Vancouver Coastal Health (VCH)

Vancouver Coastal Health produced a document for the development of the Metro 2050 process that Metro Vancouver recently initiated. This document was “intended to help Metro Vancouver, VCH and other partners identify ways in which updates to the Regional Growth Strategy can improve population health through a combination of process-oriented goals and outcomes-oriented goals”.

Action: Public health practitioners deliver Council and/or administration education workshops

DESCRIPTION: Providing Councils and public administration with educational workshops is a valuable investment in healthy communities. This can support elected officials in their decision making, enable public administration to shape the plan’s development, and provide guidance to consultants working on projects.



Profile: City of Vancouver/Vancouver Coastal Health

As part of the development of their “Healthy City Strategy,” team members from the City of Vancouver, the University of British Columbia, Fraser Health, and Vancouver Coastal Health presented on the importance of a healthy built environment – including housing, poverty, access to amenities, safe streets, and air quality.

This presentation also referenced the World Health Organization’s (2010) four preconditions for a successful long-term plan for health and wellbeing:

1. political commitment at the highest level
2. shared vision, understanding and commitment
3. organizational structures and processes
4. opportunities for partnership-building and networking



Discussion Prompts:

- ▶ What are some local spaces, long range plans or policies that are already supporting the long-term health of residents?
- ▶ Discuss the local process of planning, brainstorm a few process improvement opportunities that could ensure public health can provide meaningful input to process and plan creation.
- ▶ Write down 5 upcoming projects/plans that you could potentially collaborate on.
- ▶ Plot out some first steps, discuss who should be involved in discussions and when, and set a follow-up meeting time.
- ▶ Through sharing and planning together, did you build any new skills or consider new approaches?
- ▶ Is your project/plan going the way you wanted it to? If not, how can you adjust for the future?

Making Decisions Together

Planning and public health practitioners share many values and are using the tools available to them to get the desired result – namely, promoting good health and lifestyle behaviours through (in part) providing a healthy built environment. As these individual sectors find opportunities to collaborate and plan cooperatively, it is critical to make decisions together.

Finding a framework that both parties can agree upon can provide a strong foundation for collaboration. This can build off frameworks that are already incorporated as part of other planning and health initiatives in your community. Finding shared values and using a common language can support the development of a functional working relationship.

The table below provides several examples that could be considered.

Framework	Description
Healthy Social Environments Framework ¹⁹	Conceptual framework that summarizes the most influential aspects of local neighbourhoods that contribute to community well-being, with enhanced focus on equitable and social environment connections.
Healthy Built Environment Linkages Toolkit Framework ²⁰	Evidence based framework that makes connections between the built environment, planning, and physical health with guiding principles to support decision making.
UN Sustainable Development Goals ²¹	The 17 Sustainable Development Goals (SDGs) were adopted by UN member states in 2015. The goals aim to address the biggest issues facing our world today. Many local and regional governments recognize the value of framing their plans and policies within these goals. A localized indicator framework makes it simple to measure progress.
Health in All Policies Approach ²²	Integrating Health into All Policies (HiAP) systematically considers health implications of plans and policies to improve population health and health equity. The approach of including health in all policies ensures governments are accountable for health impacts at all levels of policy and plan development. This is a practical and systematic alternative to Health Impact Assessments.

Build on Opportunities for Success

The survey results showed that practitioners felt the highest rated levers for effectiveness and integration potential were ones that are more closely associated with physical, mental, and social wellbeing. **Health Impact Assessments, Official Plans and Transportation Plans, and Equity Frameworks** were viewed by both professions to be the most effective and have the highest potential to integrate health and planning. It is important to note that these are not mutually exclusive, and can be used together and adapted to each context. For example, an Official Plan can integrate health into all policies, incorporate an equity lens, and shape transportation priorities. The important point is that these areas were identified as opportunities for health and planning to collaborate effectively together to ensure better outcomes.



Top 3 Most Effective				
Commonly Used Tools	HEALTH	Official Plans (equivalents) (57.5%)	Transportation Master Plans and Strategies (44.3%)	Health Impact Assessments (41.5%)
	PLANNING	Official Plans (equivalents) (66.1%)	Transportation Master Plans and Strategies (42.1%)	Secondary / Area / Neighbourhood Plans (40.6%)
Effectiveness of Planning Tools	HEALTH	Health Impact Assessments (59.5%)	School Travel Planning (53.3%)	Secondary / Area / Neighbourhood Plans (52.6%)
	PLANNING	Health Impact Assessments (46.5%)	Transportation Master Plans and Strategies (44.4%)	Official Plans (equivalents) (42.7%)
Opportunities	HEALTH	Health Impact Assessments (94.6%)	Transportation Master Plans and Strategies (89.0%)	Equity Framework (88.9%)
	PLANNING	Health Impact Assessment (94.7%)	Official Plans (equivalents) (93.2%)	Equity Framework (89.5%)



PROFILE: Finding a common lens or framework can lay the groundwork for collaboration across various departments. The **City of Winnipeg** uses Asset Management as a systematic way to manage its infrastructure maintenance, investments, and services, and to support budget planning across all departments. Asset Management helps the City to identify where service quality and gaps might exist, and how the City can prioritize limited resources. This approach supports cross-departmental collaboration and can support some health and equity-based decision making. For example, Asset Management considers certain standards called Levels of Service Targets. These could include how close certain public services should be to all residents – ensuring walkable access to transit, community parks, and recreation services. This lens of Asset Management supports coordination of strategic priorities and can measure progress towards them.



DISCUSSION PROMPTS:

- ▶ What frameworks are already integrated into current plans?
- ▶ Do any of the above listed frameworks resonate with existing community priorities?
- ▶ Are there any common languages, or shared lenses that your community uses to make decisions currently?
- ▶ How can the frameworks be adapted to align with the Planning issue you are seeking to influence?

Participating in the Planning Process

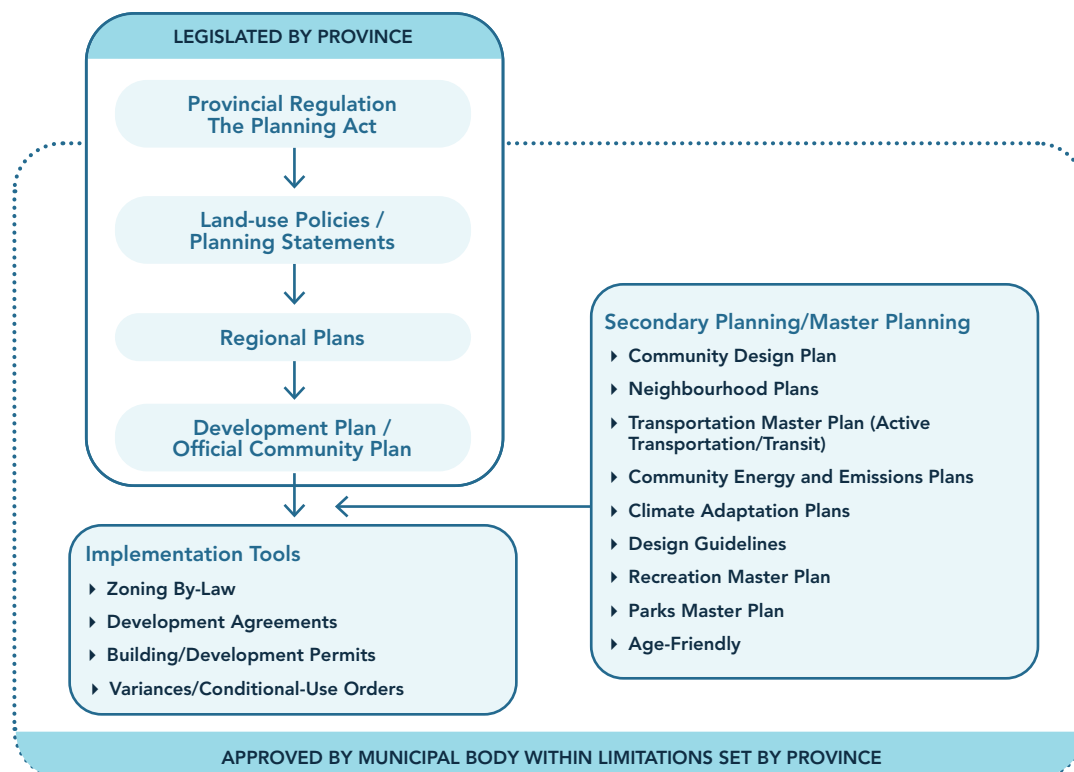
Public health and planning practitioners identified significant gaps in knowledge in how to make collaboration effective and sustainable.

Public health practitioners indicated a strong understanding of the health impacts of the built environment, as well as how to integrate health into community plans and policies. However, they often did not fully understand the types, goals, relationships, importance, and impacts of various planning processes and the specific role that they as public health practitioners could potentially play in the development of these plans.

Planning practitioners identified gaps in the understanding of the potential health impacts of various planning processes, and the role of public health in informing and contributing to the development of these plans. This section is intended to help provide some clarification around these issues and identify high level opportunities for collaboration.

While the relationship between plans varies between provinces and municipalities, **Figure 12** provides a high-level understanding of the relationship between plans and land-use policies that exist in most Canadian communities.

Figure 12 – General relationships between plans and policies in Canada



This section provides a description of several types of planning processes, some high-level health considerations of the planning process, and some potential roles that public health staff can play in the development of these plans.

Planning Process: Official Community Plan

DESCRIPTION: These planning processes are legislatively required and are often described as a statement of objectives and policies that guide planning and land use management. These plans outline long-term development intentions for a community and define how the local government plans to exercise its powers.

A primary goal of these plans is to ensure that all planning processes, zoning, decisions, and actions are aligned with its goals and policies. These include Council decisions on successive policies, plans, zones, development agreements, as well as the actions and programs operated by municipal staff and other community partners.

Lower-level plans should align with the official plan such that their detailed policies and actions will help achieve the goals of the official plan. Because lower-level plans should be in alignment with the macro level policies in these plans, it is a critical place for public health to prioritize involvement in planning and policy development to ensure that efforts will have a broader impact.

Health Considerations:

Identifying health as a primary goal for the community is critical as this will then become a priority for any secondary planning processes.

- Density
- Land use
- Transportation
- Housing
- Parks and green space
- Social determinants of health
- Community connections
- Development
- Urban form
- Equity - all health considerations can be viewed through an equity lens

Planning Process: Official Community Plan

PUBLIC HEALTH ROLE

- ▶ Level of involvement – team member/key stakeholder. In situations where public health is a stakeholder, it is recommended that they are involved at a “Involve” or “Collaborate” level of participation on the IAP2 spectrum.
- ▶ Ensuring a balanced consideration of trade-offs, such that health is fully considered.
- ▶ Provide access to important data and research to inform the development of the OCP, including the rates of physical activity and chronic disease in the community.
- ▶ Educational opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples. Provide important information as to the potential health impacts of these plans on population health.
- ▶ Inform the public engagement process and provide support through public education, facilitating community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
- ▶ Advancing policies that will promote health outcomes and identify co-benefits with other key strategic areas such as climate change and inclusion.

Planning Process: Development Plan

DESCRIPTION: A municipal development plan identifies long-term land use for a community. It is a high-level blueprint that defines how the community intends to change over time, as well as what the form the community will be in the future.

HEALTH CONSIDERATIONS:

- ▶ Proximity to frequent destinations such as work, school, recreational and green spaces, healthy food, community and health services, and commercial amenities dictates the feasibility and potential use of healthier modes of transportation.
- ▶ Sustainability and climate change considerations which have a significant impact on community health.
- ▶ Health should be a primary consideration to ensure that land use designations support walkable, bikeable, and connected communities.
- ▶ Consider where health clinics and hospitals are located, and ensure that visitors, interns, staff, and outpatients can access these facilities on foot, by bike, and using public transit.

Planning Process: Development Plan

PUBLIC HEALTH ROLE

- ▶ Level of involvement – Project advisory team – this will improve the likelihood that health will be considered throughout the development of the plan.
- ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
- ▶ Provide important information as to the health impacts of various types of land use designations to the public in advance of/during public feedback.
- ▶ Inform the public engagement process and provide support through public education, facilitating community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
- ▶ Provide input from a population health research perspective at the decision-making stage as to the associated health impacts of the various development options.

Planning Process: Regional Plans/Regional Growth Plans

DESCRIPTION: Regional plans aim to allocate and manage lands in a geographical area that usually encompasses several local municipalities. Regional plans coordinate the planning actions and strategic priorities of several different communities in a region, and direct official community plans and zoning at the community and neighbourhood levels.

HEALTH CONSIDERATIONS

- ▶ Transportation methods between these communities impacts population health and safety.
- ▶ Land use designations can impact air quality, drinking water quality, access to food, community amenities, and health services.
- ▶ Growth management strategies can set density targets, mitigate sprawl, and support health-promoting community design.

Planning Process: Regional Plans/Regional Growth Plans

PUBLIC HEALTH ROLE

- ▶ Level of involvement – Project team member – these plans have a significant impact on the health of several communities in a region.
 - ▶ Provide regional health data on collisions, injuries and fatalities related to transportation, regional housing affordability, proximity to food, green spaces, and recreational amenities.
 - ▶ Inform the public engagement process and provide support through public education, facilitating community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
 - ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
 - ▶ Locate health care facilities in locations which outpatients, visitors, staff and interns can access without being forced to drive.
 - ▶ Provide input from population health research perspective on the health considerations of the Regional Plan at the decision-making process.
-

Planning Process: Secondary Plan or Land Use Plan

DESCRIPTION: Secondary Plans establish local development policies that guide growth and development in defined areas of a city, usually where major physical changes are expected or desired. Land Use Plans aim to regulate and guide the use of land in a defined geographical area.

HEALTH CONSIDERATIONS

- ▶ Density impacts transportation usage, and transportation usage impacts levels of physical activity and social interaction. Levels of physical activity and social interaction directly impact mental and physical health. Density levels also impact the social determinants of health by increasing the cost of living through increased transportation and housing costs. Lower living and transportation costs reduces financial stress and provides more opportunity for social connections as well as recreational and leisure activities.
- ▶ Availability and access to greenspace impacts mental and physical health.
- ▶ Availability and access to public and community facilities.
- ▶ Proximity to industrial emissions and high-volume transportation corridors can negatively impact personal and community health.
- ▶ School Siting, and proximity to community and commercial services influences transportation mode.
- ▶ Groundwater quality, septic overloads, surface water pollution, and radon gas can affect people's health.

PUBLIC HEALTH ROLE

- ▶ Level of involvement – key stakeholders since development policies dictate the design of the built environment. In situations where public health is a stakeholder, it is recommended that they are involved at a “Involve” or “Collaborate” level of participation on the IAP2 spectrum.
- ▶ Public health staff can provide data on the health impacts of various land uses, as well as current community health needs.
- ▶ Inform the public engagement process and provide support through public education, facilitating community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
- ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
- ▶ Provide input on the impacts of certain land use types upon air quality, noise pollution, water quality, and access to greenspace. Information on the health impacts of various development and land use designations can be provided to the public to help with informed decision-making.
- ▶ Provide input from a population health research perspective at the decision-making stage.

Planning Process: Transportation Plan

DESCRIPTION: Transportation planning can take various scales, from street specific study and design to identifying policies, goals, and future investments in the wider transportation system.

HEALTH CONSIDERATIONS

The transportation choices of residents offer the opportunity to have a major impact on community health. The more active modes that are chosen, the greater the daily activity levels in the community, increases in social interaction, and sense of community belonging.

- ▶ Community health is impacted by noise and air pollution levels - less polluting modes should be prioritized.
- ▶ An equity lens should be applied to this planning process to prioritize transportation improvements to areas where people who rely upon it most live.
- ▶ If done well, transportation planning can enable social connectedness, community belonging, and promote the independent mobility of children, thereby supporting healthy child development.
- ▶ Road Safety – Policies such as Vision Zero relate to injury prevention, and when people feel safer on roads they are more likely to walk or cycle in their community. Complete Streets policies and those that prioritize multi-modal transportation should be included in any transportation planning process.
- ▶ Railway Safety – grade crossings and trespassing need to be addressed to avoid fatalities.
- ▶ Congestion impacts air quality and stress. Proven strategies – such as increasing transit use and active transportation should be supported.

Planning Process: Transportation Plan

PUBLIC HEALTH ROLE

- ▶ Level of involvement – Project team members or key stakeholders. In situations where public health is a stakeholder, it is recommended that they are involved at a “Involve” or “Collaborate” level of participation on the IAP2 spectrum.
- ▶ Provide key data metrics to help inform the development of the plan, including injury and road accident information such as Emergency Department data, hospital admissions, and trauma registry data. This data can be used for Vision Zero policies as part of the transportation plan.
- ▶ Provide an understanding of how economic barriers, social inequities, environmental concerns, and health are all linked to transportation and each other. Public health can also identify how transportation improvements are an impactful tool for improving health equity.
- ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
- ▶ Provide information to the community on the health benefits of active transportation to help inform public engagement.
- ▶ Inform council from population health research perspective on the health impacts of their transportation funding decisions, including the health impacts of expanded or additional roadways on air quality and activity levels.
- ▶ Inform the public engagement process and provide support through public education, facilitating community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
- ▶ Ensure hospitals, care facilities, and clinics are served well by accessible infrastructure including walking and cycling facilities, safe crossings, and public transit.

Planning Process: School Travel Plan

DESCRIPTION: School Travel Plans (STPs) identify barriers to active school travel and create an action plan to reduce or remove these barriers.

HEALTH CONSIDERATIONS

- ▶ Activity levels for children increase when they walk or bike to school and establishes healthy behaviors for life.
- ▶ Air quality in the vicinity of the school improves when active school travel increases.
- ▶ Congestion, vehicle volumes, vehicle speeds can increase risks of collision, injuries, and fatalities.
- ▶ Increased vehicle emissions accelerate climate change.
- ▶ Community connectivity is increased when families walk or bike to and from school, helping to improve the social environment.

PUBLIC HEALTH ROLE

- ▶ Level of involvement – project team member, steering committee member, local school connection, funding/implementation partner. In situations where public health is a stakeholder, it is recommended that they are involved at a “Involve” or “Collaborate” level of participation on the IAP2 spectrum.
- ▶ Advocate for systems change to municipal/regional/provincial partners. Provide comment from a population health research perspective at the decision-making level.
- ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
- ▶ Provide data on the health impacts of getting children to walk or bike to school, as well as collision and injury data for the surrounding school community.
- ▶ Provide data on the Traffic Related Air Pollution in the vicinity of the school.
- ▶ Provide funding for school travel plans through the lens of Vision Zero and improving road safety.
- ▶ Many STP action items are infrastructure related, and as such can require support at the decision-making stage from public health practitioners.

Planning Process: Parks and Recreation Master Plan

DESCRIPTION: Parks and Recreation Master Plans provide a framework for the acquisition, development, and administration of parks and recreation resources, programs, and facilities.

HEALTH CONSIDERATIONS

- ▶ Protecting, improving, and increasing green spaces can reduce the prevalence of chronic diseases, and have many physical and psychological health benefits.
- ▶ Green spaces combat the impacts of severe weather events related to climate change, including extreme heat, droughts, wildfires, and flood.
- ▶ Access to greenspace encourages exercise, provides space for socializing, decreases noise and air pollution, boost mental health, and improve immune function by providing exposure to beneficial microbiota.

PUBLIC HEALTH ROLE

- ▶ Level of involvement – Part of the project team, or as a key stakeholder. In situations where public health is a stakeholder, it is recommended that they are involved at a “Involve” or “Collaborate” level of participation on the IAP2 spectrum.
- ▶ Share evidence linking green space to mental wellness, social connectedness, crime reduction, healthy child development.
- ▶ Incorporating equity and highlighting disparities that exist in access for people who are more vulnerable. This can include the use of disaggregated, demographic, and epidemiological data.
- ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
- ▶ Provide data on citizen access and proximity to green space, and the amount of greenspace per capita.
- ▶ Support community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
- ▶ Provide data on activity levels by population and life expectancy by neighbourhood.
- ▶ Provide information from a population health research perspective on the benefits of access to greenspace and recreation services as part of the public engagement and decision-making processes.

Planning Process: Climate Action Plans (Mitigation/Adaptation)

DESCRIPTION: Climate action plans are strategic frameworks for measuring, planning, and reducing greenhouse gas (GHG) emissions and related climatic impacts. Climate adaptation plans focus on how to adapt to climate change by ensuring infrastructure is sufficient for changes to local climate.

HEALTH CONSIDERATIONS

- ▶ The health of the public is directly impacted by severe weather events related to climate change including extreme heat, droughts, wildfires, increased risk of tropical diseases, and floods. It is important to consider the impacts to public health if adaptation measures are not integrated into climate action plans.
- ▶ Sources of GHG emissions often include other components that impact human health, including PM 2.5.

PUBLIC HEALTH ROLE

- ▶ Level of involvement – team member or key stakeholder level. In situations where public health is a stakeholder, it is recommended that they are involved at a “Involve” or “Collaborate” level of participation on the IAP2 spectrum. The effects of climate change directly impact population health and safety.
- ▶ Provide data on those disproportionately impacted by the effects of climate change, urban heat islands, areas prone to flooding, air quality over time, links to environmental health impacts, examples of best practice in other jurisdictions, and greenspace per capita.
- ▶ Collaborate on adaptation initiatives as well as those that increase climate resilience.
- ▶ Support community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
- ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
- ▶ Weather related morbidity and mortality rates
- ▶ Provide information from a population health research perspective on the health impacts of climate change at the engagement and decision-making portions of the plan development.

Planning Process: Economic Development Plan

DESCRIPTION Economic development plans aim to identify and develop programs, policies, and activities that build capacity for self-sustaining, long-term economic growth.

HEALTH CONSIDERATIONS

- ▶ Residents of healthy communities have fewer sick days and are more productive.
- ▶ Business areas with walking and cycling infrastructure see more repeat visitors than areas with car infrastructure alone.
- ▶ The economic vitality of a community is linked to the determinants of health of the people that work, live and visit a community. When communities have a good balance of what is needed to be healthy, it attracts business, entrepreneurs, skilled workers, and tourists. This becomes a positive feedback circle - planning from a health perspective supports the population and economic growth.
- ▶ Economy and income are a significant determinant of health for individuals and communities.
- ▶ Environmental and social sustainability, community economic development, and valuing of social services/non-profit sector services.

PUBLIC HEALTH ROLE

- ▶ Level of involvement – key stakeholder and connector to inter-related plans (Poverty Reduction, Child Care, Transportation Plan etc.). In situations where public health is a stakeholder, it is recommended that they are involved at a “Involve” or “Collaborate” level of participation on the IAP2 spectrum.
- ▶ Present research on the economic impacts of poor community health, and the economic benefits of improved population health.
- ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
- ▶ Support community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
- ▶ Present studies on the economic impacts of cycling and walking infrastructure. (e.g. Bloor Street Bike Lane study).
- ▶ Inform public engagement and decision-making stages of the process from a population health research perspective.

Planning Process: Housing Plan

DESCRIPTION: Housing Plans provide an assessment of the housing needs within a city or town and identify specific strategies to address these needs.

HEALTH CONSIDERATIONS

- ▶ Housing stability, quality, safety, and affordability all affect health outcomes, as do physical and social characteristics of neighborhoods.
 - ▶ Housing interventions for low-income people have been found to improve health outcomes and decrease health care costs.
-

PUBLIC HEALTH ROLE

- ▶ Level of involvement – Project team member as housing directly impacts health.
 - ▶ Provide data on rates of homelessness, housing affordability.
 - ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
 - ▶ Inform public engagement – impacts of homelessness on health.
 - ▶ Support community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
 - ▶ Present to council from a population health research perspective at the decision-making stage as to the health impacts of the proposed housing plan.
-

Planning Process: Urban Design Plan

DESCRIPTION: Urban Design Plans define the physical features of the public realm within communities.

HEALTH CONSIDERATIONS Urban design affects health in numerous ways, including physical activity levels, road safety risk, air pollution exposure, access to health resources, mental health, and housing affordability.

PUBLIC HEALTH ROLE

- ▶ Level of involvement – key stakeholder. In situations where public health is a stakeholder, it is recommended that they are involved at a “Involve” or “Collaborate” level of participation on the IAP2 spectrum.
- ▶ Informing inclusive urban design strategies for all ages and abilities and ensure a more gender equitable built form.
- ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
- ▶ Utilize urban health indicator (UHI) tools to inform built environment policy and decision-making.
- ▶ Produce data on collision and injury rates, modal split, air quality, proximity to health resources, housing affordability, and tree canopy.
- ▶ Inform and support community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
- ▶ Inform the decision-making process from a population health research perspective.
- ▶ Opportunity for demonstration projects at hospitals, clinics, care sites.

Planning Process: Strategic Plans or Community Visions

DESCRIPTION Provide a short-term course of action for communities to pursue and establish the priorities of elected leadership and administration.

HEALTH CONSIDERATIONS Health should be identified as a key community priority.

PUBLIC HEALTH ROLE

- ▶ Level of involvement – Stakeholder. In situations where public health is a stakeholder, it is recommended that they are involved at a “Involve” or “Collaborate” level of participation on the IAP2 spectrum.
- ▶ Provide health data that demonstrates the need for physical, mental, and social health to be prioritized in the community.
- ▶ Education opportunities for planning staff to broaden their understanding and capacity of the public health impacts of this project as well as best practice policy examples.
- ▶ Support community engagement events (this could include presenting, acting as table facilitators, preparing handouts), assisting with the development of indicators, and participating in design charrettes.
- ▶ Identify housing needs, current population health, access to food and other community resources.

A separate and very important planning process exists outside of the traditional planning hierarchy – that of planning in Indigenous communities. Indigenous communities undertake a range of community planning processes, including Comprehensive Community Planning (CCP). CCP is an approach that enables the community to establish a holistic vision for community development and implement projects that achieve this vision. A CCP addresses key planning areas, all of which are interrelated and interdependent: governance, land and resources, health, infrastructure development, culture, social issues, and the economy.

Pressing issues in many Indigenous communities include access to housing, food and clean drinking water, education, health care, and community services such as childcare. public health can play an important role in these planning processes by providing key health data including access to housing, food costs and availability, and health care services. As in other traditional planning processes, public health can provide information to inform public engagement as well as the health impacts of the proposed plan at the decision-making stage.



DISCUSSION PROMPTS:

- ▶ What are some upcoming plans in your community?
- ▶ Meet with public health to discuss what potential role they can play in the development of these plans?
- ▶ Consider the current relationship between public health and planning staff in your community, both formally and informally. Are there opportunities to improve these partnerships and relationships? How can this be accomplished?
- ▶ Is there merit in public health producing a design briefing to outline the role that they would like to play in the development of the plan?

Developing Plans and Policies

Integrating health, safety, and equity into municipal plans is critical to the development of healthy communities. Many communities expressed challenges understanding how to do this effectively. This section provides an overview of how health can be integrated within the planning process, and profiles Canadian plans and policies for inspiration.

Canadian Examples of Integrating Health in Plan Development

As part of this project, 20 Canadian plans were reviewed. Interviews were conducted with planning and public health practitioners across the country. Based on this feedback, this section highlights examples for integrating health as part of plan development, and the integration of health within policy development. These Canadian examples can provide inspiration to more effectively incorporate health considerations as part of your next plan or project.

Plan Development Component	Plan Examples
Plan Goals	▶ In the City of Edmonton’s <i>City Plan</i> (2020), one of four overarching goals is a “healthy City”. ▶ The City of Winnipeg’s development plan <i>Our Winnipeg</i> (2011) uses the 6 key goals to encompass the 17 UN Sustainable Development Goals to guide city efforts. This includes environmental resilience, good health and well-being, social equity, and city building. ▶ In Toronto’s <i>Active City Plan</i> (2014). Overarching goal is public health. Explicitly connects the built environment and health outcomes.
Health Sector Partnership in Plan Development	▶ In the development of <i>Our Winnipeg</i> (2011), the Community Advisory Committee structure included the Health Equity Initiatives Leader from public health. ▶ In the development of Vancouver’s <i>Healthy City Strategy</i> (2014). Consulted with wide range of health focused organizations and public health practitioners.

Plan Development Component	Plan Examples
Public Engagement Strategy	▶ As part of public engagement efforts for the City of Penticton's <i>Official Community Plan</i> (2019) a Public Education Expo was held. The expo provided some community education and various opportunities for members of the community to provide feedback on the plan. As a member of the Community Advisory Committee, Interior Health presented on Health Communities considerations. This supported the public to provide more informed input as part of the official plan. ▶ Ottawa public health produced two videos that educate residents about the links between health and the built environment and support residents to get involved in their communities. Ottawa public health participated alongside Planning staff for all aspects of the public engagement strategy, including public engagement sessions, public presentations, and online resources. This provided the public the opportunity to understand the health perspective and hear from/provide feedback to public health practitioners throughout the plan development process.²³
Data and Research	▶ Halifax Regional Municipality's <i>Integrated Mobility Plan</i> (2017) includes community health in a multi-faceted evaluation scorecard to help prioritize transportation infrastructure projects. ▶ Vancouver's <i>Climate Change Adaptation Strategy</i> (2012) includes research on climate change projections, including how climate change is expected to impact community health.
Implementation Strategy	▶ The <i>Six Nations Community Plan</i> (2019) has a well-developed implementation plan focuses on responsibility and commitment by all in the community. The plan includes a framework to assess decisions or projects within the goal framework (which includes Mother Earth, Built Environment, and Well-being). Objectives are clearly articulated, lead partners identified, and progress reported annually. ▶ Vancouver's <i>Climate Change Adaptation Strategy</i> (2012) uses the Implementation Strategy to clearly articulate co-benefits, integration, and equity considerations. An Adaptation Actions appendix includes detailed tasks, lead partners, and project timelines.

Plan Development Component	Plan Examples
Monitoring and Communication	▶ The City of Whitehorse uses a monitoring report and their website to communicate progress on the <i>Sustainability Plan</i> (2015). The communication materials detail progress and towards goals and targets. Clear language and visual materials developed. ▶ Halifax Regional Municipality produces a semi-annual newsletter to provide implementation updates on the <i>Integrated Mobility Plan</i> (2017).

Healthy Policy Profiles

Policy Area	Policy and Reference Plan
Neighbourhood Design	▶ The City of Edmonton's <i>City Plan</i> includes policies to promote '15-minute districts' that include most amenities that people use daily. ▶ The Town of Wolfville's <i>Municipal Planning Strategy</i> includes policies to limit the size of street blocks and prohibit new cul-de-sacs to improve walkability. ▶ The City of Ottawa's <i>New Official Plan</i> incorporates high-performance development standards that incorporate sustainability and resilient design in site planning and building design to ensure high quality urban design aligns with climate change mitigation and adaptation strategies.
Transportation Networks	▶ Halifax Regional Municipality's <i>Integrated Mobility Plan</i> commits to limiting 'further investment in additional road infrastructure' by enabling and encouraging more residents to use public and active transportation modes. ▶ Animbiigoo Zaagi igan Anishinaabek's <i>Partridge Lake Land Use Plan</i> emphasizes the importance of an establishing multi-use trail system to reduce vehicular traffic. ▶ The City of Whitehorse's <i>Sustainability Plan</i> aims to improve air quality standards by promoting active transportation modes.

Natural Environment	▶ The City of Ottawa's <i>New Official Plan</i> aims to provide all residents with access to high-quality green spaces within a 5-minute walking distance. ▶ The City of Fredericton's <i>Municipal Plan</i> emphasizes the importance of connecting parks and open spaces through trails linkages, old railway lines, utility corridors, and stormwater management facilities.
Food Systems	▶ The City of Charlottetown's <i>Integrated Community Sustainability Plan</i> seeks to remove barriers to local food production and encourage food exchange programs. ▶ Rainy River First Nation's <i>Land Use Plan</i> aims to ensure that community members have access to their traditional foods, and their hunting and fishing grounds.
Housing	▶ The City of Fredericton's <i>Municipal Plan</i> requires that new neighbourhoods consist of diverse housing types. ▶ Animbiigoo Zaagi igan Anishinaabek's <i>Partridge Lake Land Use Plan</i> emphasizes the importance of healthy housing with good heat-recovery ventilators.

Five Inspiring Health-Centered Canadian Plans

Plan	Highlights
City of Ottawa, ON: <i>New Official Plan</i> (2020)	▶ This includes the development of 15-minute neighbourhoods, which are advanced and described through the Healthy and Inclusive Communities directions. These directions are a fundamental framework for the plan, informing all aspects of the plan including the growth management framework, urban design, mobility, housing, parks and greenspaces. ▶ Progressive policies related to the natural environment, food systems, mobility, urban design, health hazard mitigation (for example, protecting children from air pollution), housing, and high performance development standards.

Plan	Highlights
Edmonton, AB: <i>City Plan</i> (2020) (Official Community Plan & Transportation Master Plan)	▶ Combines traditionally separated OCP and TMP. ▶ Includes many transportation, neighbourhood design, and natural environment policies to encourage active living and promote wellness. ▶ Integrates health into the OCP without making it the only focus. ▶ Included a strong engagement and outreach strategy.
Halifax Regional Municipality, NS: <i>Integrated Mobility Plan</i> (2017) (Transportation Master Plan)	▶ Shifts focus from prioritizing vehicular traffic to improving overall mobility via active and public transportation. ▶ Health is one of four pillars, each supported by four principles (Complete Communities, Move People, Manage Congestion, and Integrate Solutions). ▶ Includes transportation policies that would enhance community health.
Saskatoon, SK: <i>Official Community Plan</i> (2020)	▶ Includes policies that support community health related to neighbourhood design, transportation, and the natural environment.
Town of Wolfville, NS: <i>Municipal Planning Strategy</i> (2020) (Official Community Plan)	▶ Emphasizes the importance of healthy communities, particularly in relation to food systems. ▶ Includes progressive neighbourhood design and transportation policies for a small community.



DISCUSSION PROMPTS:

- ▶ Which process and plan examples stood out to you most?
- ▶ Do any of your current plans include health as part of plan development, overarching goals, or policies?
- ▶ How could the development of the next planning process be enhanced to include public health?

Measuring Impacts

A frequently mentioned challenge in the interview portion of this project is the difficulty in quantifying the impact of various design, policy, and planning options upon population health. In this section, we have identified some common evaluation metrics, and gathered a number of widely accessible tools and data sources that can assist with the work of qualifying the impact of these interventions upon population health.

Monitoring progress on any plan is critical to its successful implementation. Ongoing evaluation helps communicate if the plan is having its intended benefits. Ongoing evaluation can also assist with building internal and external support, which can impact the plan's prioritization and long-term implementation funding. Incorporating a variety of quantitative and qualitative health and environmental metrics within a plan will ensure regular opportunities to reflect and discuss if the work is improving community health outcomes. It is critical to use the right metrics, and this is best done in partnership.

Local sources of information provide a clearer, more meaningful picture. Collaboration with epidemiologists and local population health researchers can provide projects or plans with valuable research and data analysis. Work with key local partners in the community to identify important measurement indicators, and local sources to monitor that information.

This table provides a starting point, with several key indicators and accessible data sources. The [Census Profile](#)²⁴ can also provide a great starting point for communities of all sizes.

Category	Metric	Data Sources
Air Quality	▶ Daily Concentrations of Air Pollution (PM2.5, PM10, NO2) and other air pollutants (including Traffic Related Air Pollution)	Provincial and Local Conditions - Air Quality Health Index – Health Canada ²⁵
	▶ Rates of respiratory disease	
	▶ Rates of key chronic disease and mental health risk factors	Government of Canada Public Health Infobase ²⁶
	▶ Radon gas concentrations and exposure	Canadian Chronic Disease Indicator Tool ²⁷ Canadian Chronic Disease Surveillance System (CCDSS) ²⁸

Category	Metric	Data Sources
Physical Activity, Sedentary Behavior and Sleep (PASS)	▶ Rates of population getting the recommended amount of daily physical activity ▶ Rates of obesity and chronic disease ▶ Rates of sedentary time per day ▶ Rates of total average amount of nighttime sleep	PHAC – Key Daily Activity Indicator Framework (PASS)²⁹ Obesity Rates in Rural and Urban Cities in Canada³⁰
Land-use	FIVE D’S OF DENSITY: ▶ Density: Population and Employment per Square Kilometer ▶ Diversity: Mixing land-uses for greater choices ▶ Design: (transportation network characteristics) ▶ Distance: (to Transit access) ▶ Destination: Accessibility	Connect with local data sources such as: Planning, Public Works, and Transit Authority
Transportation (Walk/Bike/Transit)	▶ Commute mode share ▶ Proportion of population within 400m access of Bicycle Infrastructure and Transit Stops ▶ Number and frequency of Transit Service to Key Destinations ▶ Km Length of networks (sidewalk, transit, bicycle) ▶ Street Intersection Density ▶ Transportation costs by various modes expressed as a percentage of per capita census tract income	Census Transportation Commute Data

Category	Metric	Data Sources
Speed and Road Safety	▶ Annual rates of traffic related fatal and serious injury rates. ▶ % of Vehicles Speeding ▶ Number of dwelling units within proximity of high risk areas (freeways, railways, industrial areas) ▶ Overlay injuries and deaths by location with average neighborhood income to determine equity needs	Transport Canada's National Collision Database ³¹ Online
Access to Community Services	▶ Access to Healthy and Affordable Food ▶ KM Walking Distance to access Parks and Greenspace ▶ KM Access to Recreation, Community Services, Schools ▶ Overlay income census tract with locations of community services to identify areas of greatest need	Connect with local data sources such as Community Services, Parks and Recreation, Transportation, and Planning
Environmental Impacts	▶ Air Quality and Pollutants ▶ Water Quality (potable water toxicity, septic system functions, surface water pollution) ▶ Water Use and Conservation ▶ Transportation ▶ Waste (organics diversion) ▶ Energy Use ▶ Climate Change – Emissions & Adaptation Impacts (rising sea levels, hurricanes, droughts, floods, disease risks) ▶ Wildlife and Habitat Protection ▶ Urban Heat Island Effects	Canadian Environmental Sustainability Indicators (CESI) Program ³²

Category	Metric	Data Sources
Health Inequalities	Over 100 indicators, grouped into 14 domains: HEALTH OUTCOMES: ▶ Mortality and Life Expectancy ▶ Morbidity ▶ Mental Illness and Suicide ▶ Self-Assessed Physical and Mental Health ▶ Disease/Health Condition HEALTH DETERMINANTS INDICATORS: ▶ Health Behaviours ▶ Physical and Social Environment ▶ Working Conditions ▶ Health Care ▶ Social Protection ▶ Social Inequities ▶ Early Childhood Development ▶ Socioeconomic Conditions ▶ Interactions with Justice System	Health Inequalities Data Tool³³
Trees and Landscaping	▶ # of forestry programs ▶ % of tree canopy coverage ▶ # of fruit trees planted ▶ % of residents within 400m access to natural urban spaces	Connect with local data sources such as Urban Forestry and Parks Planning.

Category	Metric	Data Sources
Housing	▶ Housing Mix (% of rental, multi-family housing, and single- family with secondary suites)	Provincial and Municipal Tax Assessments
	▶ Housing Affordability (Spending more than 30% of income on housing)	Statistics Canada ³⁴ – Housing Statistics
	▶ Housing Suitability: Household size versus number of bedrooms	Canadian Mortgage and Housing Corporation – Market Information Portal ³⁵
	▶ # of People Experiencing Homelessness and Core Housing Need	Canadian Rental Housing Index ³⁶ Homeless Individuals and Families Information System ³⁷



DISCUSSION PROMPTS:

- ▶ Who are key partners you can work with locally to provide data?
- ▶ Who will coordinate collection of data?
- ▶ What evaluation categories are most important to the development of your next plan project?
- ▶ Do you have someone who can support with the data analysis?
- ▶ How will you share the analysis and progress updates with decision makers and the community?

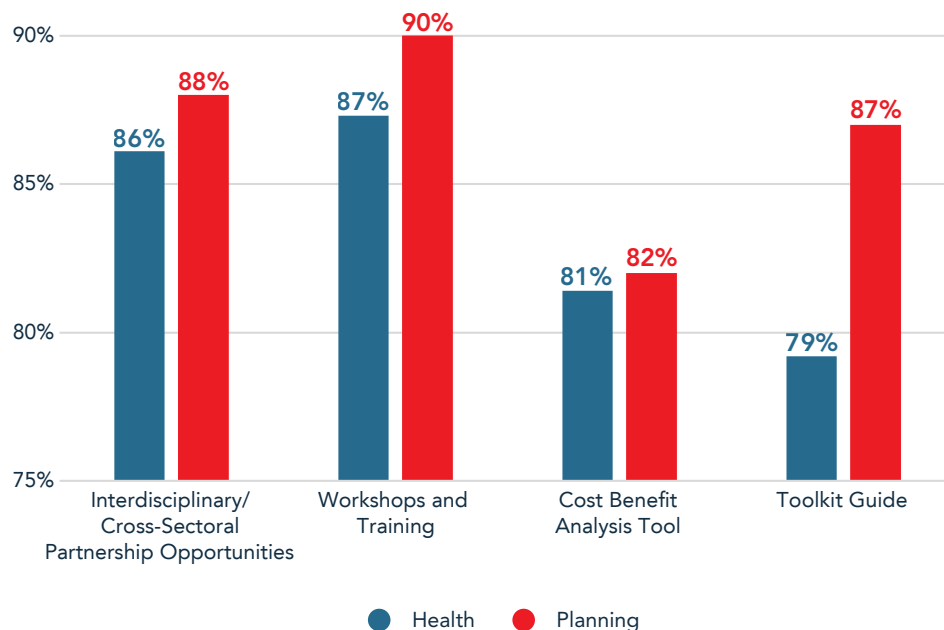
SECTION 4: NEXT STEPS

The resources contained within this handbook provide a strong starting point for future conversations and actions that will increase collaboration between public health and planning practitioners, and result in the development of more health centered and equitable plans and policies. These two sectors must strive to effectively work together across jurisdictional barriers and silos to create healthier communities.

As part of our survey, practitioners were asked to identify which resources would help their organization address health impacts the most. Health and planning practitioners both identified the same top four resource needs (as shown in Figure 13 below).



Figure 13 – Top 4 resources that would help your organization address community health impacts



Through the various research methods employed in the course of this project – a national survey, comprehensive literature scan, community plan reviews of over 20 communities, and in-depth interviews with over 30 communities across the country, several current and emerging needs for practitioners emerged:

- The development of more comprehensive resources and tools that support effective collaboration across unique health and planning structures, particularly for smaller, rural, and remote communities. Expert advisors have indicated that when considering equity at a community level, it is often small communities that benefit the most with a boost in their capacity from collaborating with public health. However, these communities are often not aware of how these resources can specifically benefit them. Developing a resource that is targeted at these types of communities will assist planning and public health with identifying current gaps in capacity and knowledge, highlight effective strategies for these contexts, and lead to potential increases in capacity in these jurisdictions.
- The creation of a central information sharing and resource network that highlights current best practices in communities of all contexts across Canada. The significant disparity in knowledge and collaboration between communities was very apparent, with some regions demonstrating strong working relationships while others had almost no connection or supportive relationship.
- Creating a “Healthy Built Environment (HBE) Professional contact list” for communities in each region of Canada to connect with as a first step. These HBE contact leads would act as community connectors, linking up local government staff with the appropriate public health staff in their area.
- Expanding University and College course offerings that allow for cross-discipline collaboration and provide the foundations of effective tools and strategies for improving population health through community planning and design. This is important material for both professions to meaningfully understand early in their careers.
- The creation of workshops and learning opportunities that provide support in navigating current organizational structures, build capacity for upcoming planning processes, and provide training to public health and planning staff on the available tools that can support effective collaboration.
- Opportunities to learn from other communities, practicing professionals, and trained specialists on successful strategies to effectively integrate health into planning. Most respondents indicated that ongoing workshops and training sessions, regular sharing of best practices, as well as frequent networking opportunities for practitioners would be of most benefit and help sustain these efforts on an ongoing basis.

These combined efforts offer a significant opportunity for planning in Canadian communities to be developed with health as the primary consideration. Over the long term, making policy and planning decisions with health as the primary lens will result in the creation of not only healthier communities, but also a more just, equitable, financially viable, and sustainable country.

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