

# Facilitating the Planning and Design of Healthy and Sustainable Communities



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# Presentation Outline

- **Healthy & sustainable communities**
- **Connections between health, land use planning & design**
- **Impacts of built environment on health**
- **Roles for municipalities**
- ***Healthy Communities & the Built Environment Project***



# Definition of Health

- **“Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”**

(World Health Organization, 1946)

- **Health is determined by the complex interactions between individual characteristics, social and economic factors and physical environments**



# Determinants of Health

- **Income and Social Status**
- **Social Support Networks**
- **Education**
- **Employment and Working Conditions**
- **Social Environments**
- **Physical Environment**
- **Gender**
- **Culture**
- **Personal Health Practices and Skills**
- **Healthy Child Development**
- **Health Services**
- **Biology and Genetic Endowment**

(Health Canada, Population and Public Health Branch AB/NWT)

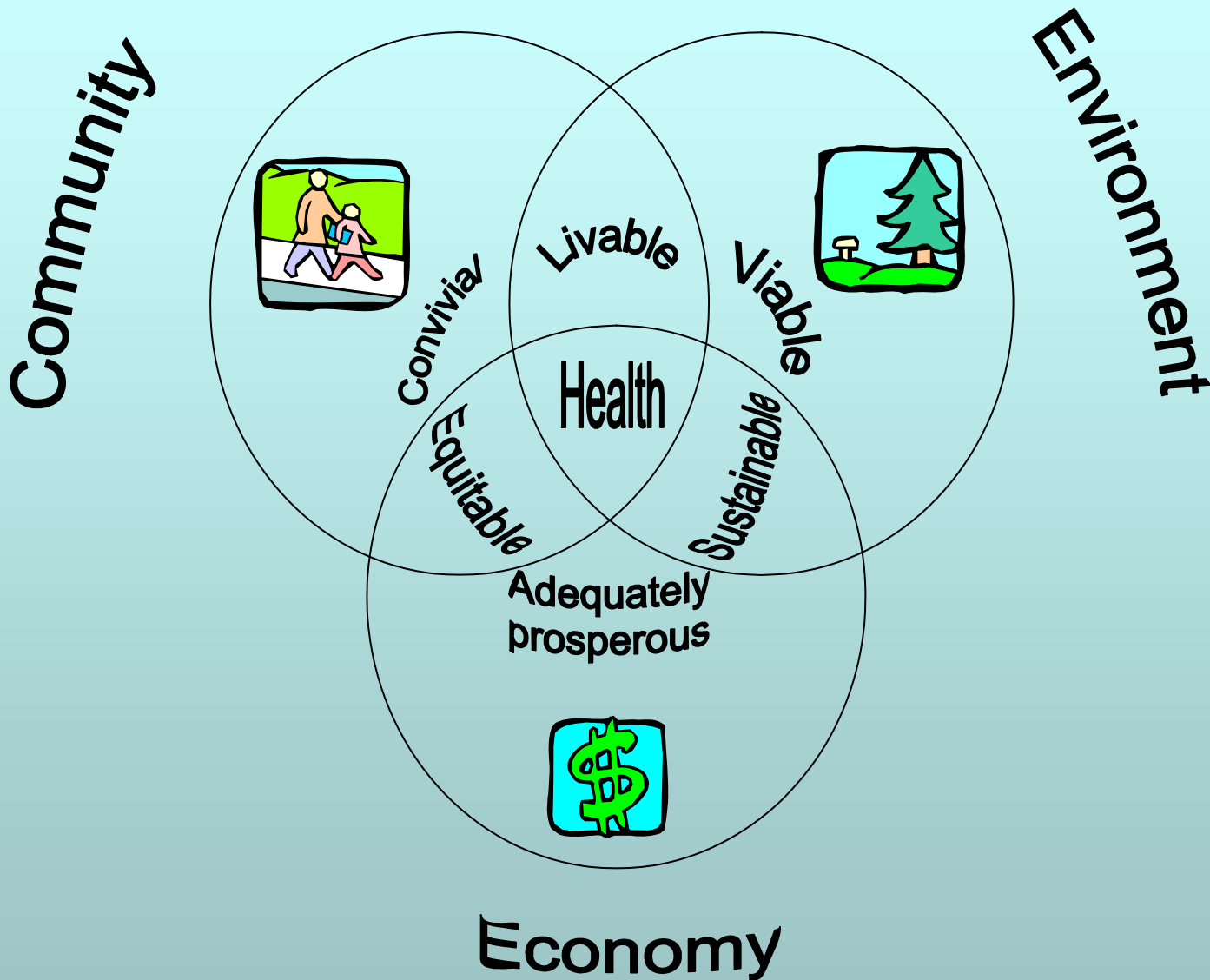


# Healthy Community Origins

- **1984 - Ontario is the birthplace of Healthy Communities movement**
- **1986 - first Healthy Cities pilot projects started under the WHO umbrella**
- **2008 – more than 7500 communities/cities, national and regional networks have adopted the Healthy Cities/Healthy Community model**
- **Network members include: Canadian Institute of Planners, the Canadian Public Health Association, and the Federation of Canadian Municipalities**



# A Healthy Community



# The Built Environment is...

“...part of the overall ecosystem of our earth. It includes the land-use planning and policies that impact our communities in urban, rural, and suburban areas. It encompasses all buildings, spaces and products that are created or modified by people. It includes our homes, schools, workplaces, parks/recreation areas, business areas and roads. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites and subway trains, and across the country in the form of highways.”

(Health Canada, 1997)



# Ties Between Public Health and Planning

- 1850's-1930s – Gardens & Sewers era
- 1945-1970s – Modern Planning era
- 1960's - Limits to Growth
- 1980's – Healthy Cities/Communities





# Air Pollution

**Sprawl => increased use of motor vehicles => air pollution/smog => ill health effects**

## **Evidence:**

- Live near heavy traffic = 2.5 years loss of life. (Finkelstein et al, Am J Epi, 2004)
- Atlanta Olympics 1996 – increased public transportation = 22% reduction in traffic, 28% reduction in ozone, 41.6% reduction in ER visits for asthma. (Friedman et al, 2001)



# Road Injuries & Fatalities

**Sprawl => increased use of motor vehicles => increased collisions => injuries and fatalities**

## **Evidence:**

- Risk of injury to child pedestrians is strongly associated with traffic volume. Sites with the highest traffic volumes had 13 times greater risk of injury than that at the least busy sites. (Roberts et al, 2006)



# Lack of Physical Activity

**Sprawl => reduced walking or cycling => reduced physical activity => overweight => heart disease, hypertension, arthritis/joint pain, diabetes, cancer**

## **Evidence:**

- People who live in neighbourhoods with a mix of shops and businesses within easy walking distance have a 35% lower risk of obesity. (Frank et al, 2004)
- Each additional hour spent in a car per day is associated with a 6% increase in the likelihood of obesity. Conversely, each additional kilometre walked per day was associated with a 4.8% reduction in the likelihood of obesity. (CDC 2004)



# Social Capital and Mental Health

**Sprawl => more time driving => less time with family and friends, for community involvement and to contribute to local activities**

**More time driving => decline in job satisfaction and commitment (but not with public transit use)**

## **Evidence:**

- Residents of a mixed-use neighbourhood felt a significantly higher sense of community as compared to residents of a single-use neighbourhood. (Nasar & Julian 1995)
- For each additional 10 minutes spent in daily commuting time cuts involvement in community affairs by 10 per cent. (Putman, 2000)



***“When so many of our patients  
have the same problems,  
we must realize that poor health is not  
caused only by a lack of discipline,  
but may be the result of the built  
environments in which we live.”***

***(Jackson, 2003)***



# Community, Public Health & Planning...



***“We need to encourage more mixed land uses, compact development, alternate modes of transportation, walkable neighbourhoods, and access to green space, so as to address many of the chronic diseases that have recently emerged and/or increased in occurrence.”***

(Ontario Public Health Association, 2004)



# The Response

- **Healthy and sustainable community planning needs to become a priority to address significant public health issues and make the links between health, land-use development, planning and design**
- **Collaboration across municipal departments and between professional disciplines and public health, in combination with the development of supportive policies and programs**
- **Establish concrete and meaningful relationships for the long-term between municipalities and other sectors within a community**



# Healthy Community Approach

- **Wide community participation**
- **Multi-sectoral involvement**
- **Local government commitment**
- **Creation of healthy public policy**



# Roles for Municipalities

- Request guidance on issues from local committees, advisory boards and councils
- Facilitate public involvement/participation in planning activities
- Educate and listen to the public
- Help to convene various stakeholders
- Create healthy public policy and act to generate change



# Roles for Municipalities

- Assist with resource allocation and the seeking of additional resources
- Request, undertake and assess health, social, environmental, and economic impacts of proposed developments
- Provide incentives for sustainable design, planning and development



# ***Putting People and Health back into Planning***



***Public Health &  
Planning  
Reconnect...***



# ***Healthy Communities & the Built Environment***

## Project Purpose:

- To build awareness of the impacts of the built environment on human health
- To work with planners, public health, environment and community groups to help develop strategies that will improve the design of their communities from a health perspective



# ***Healthy Communities & the Built Environment***

- Literature review of Canadian research relating to health and the built environment
- Environmental scan of current strategies and approaches to improving the built environment
- Community workshops and regional forums
- Indicators of successful collaborations, best practices and case studies
- Disseminate information, tools and resources



***“Communities can be shaped by choice, or they can be shaped by chance. We can keep on accepting the kind of communities we get, or we can start creating the kind of communities we want.”***

*Richard Moe,  
President of the National Trust  
for Historic Preservation, United  
States of America  
(Source: Goldberg D.,2007)*



# Additional Resources

- *Urban Sprawl and Public Health: Designing, Planning and Building for Healthy Communities*, Frumkin et al (2004)
- *Urban Sprawl and Public Health Report*, Ontario College of Family Physicians' (2005)
- *The Impact of the Built Environment on the Health of the Population: A Review of the Review Literature* Simcoe Muskoka District Health Unit ('07)
- *Healthy Communities, Sustainable Communities* Ont. Professional Planners Institute (2007)



# Contact Info

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