

EXECUTIVE SUMMARY

Introduction

Canadians today are facing an increased burden of chronic disease caused by poor nutrition and physical inactivity (HealthyCanada, 2012; World Health Organization, 2011), with potentially drastic effects on overall life expectancy (Dannenberg, Frumkin, & Jackson, 2011). According to the Statistics Canadian (2013), 52.3 % of the Canadian population is overweight or obese, 6.3% have diabetes, and 17% have high blood pressure (Statistics Canada , 2013). However, these health conditions cannot be addressed by modern medicine alone. The ways in which we plan our communities can influence the way citizens lead their lives, healthy or not (Hodge & Gordon, 2008; HealthyCanada, 2012). Numerous researchers, along with the professional association, Canadian Institute of Planners, have been calling upon the need for governments to facilitate a sustained relationship between planners and public health professionals, to help establish healthy community policies and regional plans for Canadians (Canadian Institute of Planners, 2013). The expected benefit in collaboration between these fields is: the abstraction of transferable lessons between multi-sectors, developments of higher-level policies at The Regional level, and the improvement of legislation at the provincial level (Buckett, 2010; Canadian Institute of Planners, 2013; Dannenberg, Frumkin, & Jackson, 2011).

For the purpose of this report, collaboration is the amalgam of two or more organizations that are engaged in a form of joint efforts towards the improvement of shared objectives (HealthyCanada, 2012; Donahue, 2004). This study examined the current collaborative process between public health professionals and urban planners, aimed at improving and promoting healthy communities in Peel Region. This exploratory study was guided by the following two objectives:

- 1. To evaluate healthy community planning discourse in The Regional Municipality of Peel**
- 2. To gather information on the collaborative process taking place in The Municipality of Peel to achieve healthy community planning goals**

Rationale

The information gathered in this report will help planners, public health professionals and researchers better understand how public health and urban planning professionals can effectively collaborate, through an in-depth examination of The Regional Municipality of Peel (Herein, The Regional Municipality of Peel will be referred to as 'The Region'). However, time needs to lapse to comprehend whether the fruits of their collaboration efforts translate into improved community health outcomes or not.

The geographical study area of interest chosen is The Region, both in terms of geography and the governing body. Collaboration between public health and land use planning and development services has been ongoing internally since 2005, when a report was brought forward at council highlighting how the built environment impacts human health (Lees, Redman, & Berland, 2010). From that point onward,

Peel Public Health continued to provide a proactive health perspective on regional plans, development applications, and advocates for healthy provincial policy (Public Health Agency of Canada, 2009).

Methods

This exploratory study was conducted using a case study approach, encompassing a review of three documents and four semi-structured interviews (Yin, 2009). A document review was conducted to analyze healthy built environment initiatives at The Region. The three reviewed documents were the 'Peel Healthy Development Index 2009' (HDI), 'Evaluating the Public Health Impacts of Land Development Decisions in Peel 2009' (PHIOLD), and 'An Evidence & Best Practices Based Review for the Development of a Health Assessment Tool 2008' (HAT). These reports were evaluated based on the extent to which they reflected efforts in The Region to foster collaboration, as well as on their coverage of nine characteristics of the built environment that are associated with health (Dannenbergh, Frumkin, & Jackson, 2011). These 10 themes guided the content analysis procedures, and provided categories and key words that are pertinent to collaboration and healthy community planning. In addition to quantifying the level of coverage of these 10 themes, a latent content analysis was performed to examine what the author of the document(s) intended to say (Hay, 2010), which helped assess whether the reports are primarily information or action based. Finally, semi-structured interviews were conducted with four urban planning and public health professionals at The Region. All of the individuals have been engaged in collaboration between both respective fields and the aim was to capture firsthand information about their experiences. This provided insight into the strengths and weaknesses of the current process, as well as the extent to which the recommendations from the document review have been utilized in The Region.

Document Review Findings

The document review found that each of the three reports contains a significant amount of healthy community theories and practices in Ontario. The reports included: contemporary Canada and Ontario specific health statistics, built environment indicators on public health, and current healthy community assessment tools.

The first two reports – HAT and PHIOLD – were primarily research and evidence-based papers. The elements most frequently mentioned were walkability, transportation facilities, pedestrian infrastructure, and the natural environment. The HAT was primarily information based as its primary objective was to establish a foundation of literature. The PHIOLD was somewhat action based as its primary purpose was to build upon the HAT report and establish a set of objectives for the development of a healthy assessment community tool.

The third report, HDI, which was built upon the first two reports, provided an action for almost all the checklist elements. The HDI presented a strong commitment to the development of a framework for regional municipalities, in which to adopt a context-sensitive agenda that integrates health impact considerations into the development approval process. The primary purpose of this report was to utilize and expand upon the findings from the previous two reports to identify elements of the built environment for which to utilize as quantifiable elements in the HDI tool. This report also provided specific collaborative recommendations. As expected, the element that was stated the least was social

capital as it is not a quantifiable built environment characteristic. Detailed policy recommendations promoting building setbacks, collaboration, density, and proximity to services, were frequently present.

Interview Findings

The interviews revealed that, at first, the collaborative relationship in The Region was not well received; some planners felt that public health was not well equipped to comment on development applications. However, all participants stated that they felt considerably more knowledgeable after they collaborated with the other profession and began to grasp their perspective on the matter. After speaking with each interview participant, it is quite evident that they avidly wanted to promote collaboration amongst the two departments, but also between land developers, other sectors of government, not-for-profit organizations, and residents alike, to achieve their health and sustainability goals. They felt that provincial policies were useful guiding documents for healthy community design and policies, but lacked the support and local guidance that regional and local area municipalities require. Participants were also supportive of The Region’s policies and stated that they remained supportive and enabling of healthy community design. Participants stated that The Region was on its way to being supportive and enabling of healthy community planning, or to the extent to which is in their control. The Region’s employees demonstrated a strong commitment to promoting public health and improving provincial, regional and local policies. This pledge was confirmed through the words and language that they used, and as well as the passion they displayed when speaking about this initiative.

Recommendations

The following recommendations were proposed as a result of this study:

- 1. Offer Opportunities for Continual Learning by Means of Employee Development**
- 2. Operationalize Collaboration**
- 3. Improve Accountability Measures**
- 4. Funding Opportunities, Risk Management and Contingency Measures**
- 5. Increase Public Awareness of Collaborative Efforts**
- 6. Engage Community ‘Champions’ to Keep Programs Moving Forward**
- 7. Consider the Continual Analysis and Evaluation of Current Policies and Programs**
- 8. Continue to Lobby the Provincial Government with Appropriate Changes**
- 9. Promote a Multi-Disciplinary Focus**

In the forthcoming years, The Region will need to bring a critical eye and novel interventions in order to perfect and define their process. The Region, and other regional governments alike, will be addressing a great deal of questions about accountability, new strategies to development applications, changes in social and political dynamics, and fluctuations in community health (HealthyCanada, 2012). The Region,

planners and health professionals alike, will continue to see the need for evidence-based evaluation tools, such as the one being reviewed in this paper. By applying current research, planners and health professionals will be able to assess impacts of different types of land-use scenarios on community health. A joint public health and urban planning approach asks the right type of questions about the built environment and public health (HealthyCanada, 2012). Therefore when the two collaborate, they both bring a unique critical eye and are able to assess the situation more thoroughly. Collaboration can help with the selection of useful built-environment and health indicators to improve current monitoring programs and evaluate the efficiency of proposed programs, policies, and infrastructure, in order to advance legitimacy for joint efforts between public health and planning professionals.