

DATE: June 10, 2010

REPORT TITLE: **BUILT ENVIRONMENT AND HEALTH INITIATIVES UPDATE**

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OBJECTIVE

The purpose of this report is to update Regional Council on the directions from Council dated December 15, 2005 (Recommendation GC-257-2005) and October 30, 2008 (Recommendation GC-214-2008), related to built environment and health initiatives.

REPORT HIGHLIGHTS

- In 2005, Regional Council directed Health Services and Environment, Transportation and Planning Services (ETPS) staff to work with the area municipalities to research and make recommendations for planning policies that create more health-promoting communities.
- A number of health-related policies have recently been incorporated into municipal and Regional Official Plan amendments.
- Council also directed Health Services staff to comment on any development applications that come to the Region.
- In response to a need identified by municipal and regional planners to provide more consistent and defensible comments, Health Services undertook the Healthy Development Index project in 2009. The Index identifies built environment characteristics that affect health, along with corresponding numerical targets and ranges that represent optimal design for a healthy community.
- Stakeholder consultations held over the course of the Index development revealed that a number of policy adjustments would facilitate implementation of the Index.
- Recent funding from the Canadian Partnership Against Cancer will be used to develop policies that have been identified by municipal and Regional planners and that will use the Index as a reference for healthy development.

DISCUSSION

1. Background on Peel's Planning and Public Health Partnership

In December 2005, Health Services and Environment, Transportation and Planning Services (ETPS) presented a joint report to Council on obesity prevention that highlighted the relationship between the built environment and chronic conditions such as diabetes, cardiovascular disease, and obesity. The report resulted in the following directions:

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- That the Commissioners of Health Services and ETPS work with the three area municipalities to research and make recommendations for planning policies and processes that provide greater opportunities for active living in Peel;
- And further, that Health Services staff be requested to comment on any development applications that come into the Region for comment.

As a result, Peel Health undertook several initiatives to foster healthier land use development patterns, including but not limited to:

- A thorough literature review on health and the built environment;
- Development of a conceptual model depicting the relationships between health and the built environment;
- Creation of an active transportation steering committee between health and transportation planning;
- Creation of a land use planning and health steering committee between development planning and health;
- Liaison with municipal planners on provision of comments from a health perspective on municipal secondary and block plans.

The health comments that have been provided have been well received by municipalities and Regional staff. However, both groups indicated a need to strengthen the effect of the health comments through more specific quantifiable assessment and recommendations.

In October 2008, Regional Council provided the following additional direction:

- That Health Services and Environment, Transportation and Planning Services staff develop policies on the relationship between health and the built environment for the Region's Official Plan and report back to Council with recommendations to create more health-promoting communities.

2. Update on Built Environment and Health Projects

a) Incorporation of Public Health Policies in Regional and Municipal Official Plans

As a result of the October 2008 Council direction, Health Services worked with municipal and regional planners to integrate health language into Regional Official Plan and Municipal Official Plan amendments.

A list of health-related policies that have recently been incorporated into draft and adopted Official Plan amendments is given in Appendix I.

b) Healthy Development Index Project

i) Background on the Project

In order to provide a sound basis for policy development as well as to provide consistent, quantifiable comments on development applications, municipal and Regional planning staff identified the need for numerical targets and ranges that represent healthy development in Peel. To this end, Health Services undertook the Healthy Development Index Project in 2009.

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A team of leading experts in the field of built environment and health was retained to conduct a thorough review of the evidence on the relationship between the built form and health. A strength of evidence analysis was performed in order to develop an Index. The Index includes built form elements that exert the most influence in limiting or facilitating physical activity, along with numerical targets and ranges for development. The draft Index went through a stakeholder consultation process to elicit feedback on the Index elements and targets. Stakeholders were municipal and Regional planners, as well as policy and development planning consultants. A planning organization with expertise in healthy and sustainable urban design was retained by the research team to facilitate the consultation sessions, and to provide input on the Index standards.

Geographic Information Systems-based validation analyses and a policy gap analysis were also performed to evaluate the Index standards and to determine the degree to which they are implementable given current planning policies and practices.

The Executive Summary of the Peel Healthy Development Index final report is provided in Appendix II. The full final report is available from the Regional Clerk's office.

ii) Findings

Over the course of the consultation process, stakeholders identified a number of regulatory and policy issues related to implementation of the Index standards. Specifically, it was found that many of the built environment elements that contribute to healthy development are under the jurisdiction of the public sector rather than entirely within the responsibility of builders and developers and therefore, they need to be reviewed against the Index.

As well, for a number of elements over which developers can exert some degree of discretion, ranges established in municipal regulatory documents such as zoning bylaws need to be reviewed against the recommended Index standards. Finally, variation in the ease with which the Index standards are achievable depending on the type of development, needs to be reviewed as it relates to the context of the development site (e.g. intensification vs. greenfield).

Therefore, a series of steps in policy development would need to be undertaken to support implementation of the Index to promote healthy development in Peel.

3. Next Steps

a) Healthy Canada by Design Project

For the project entitled Healthy Canada by Design, Peel Public Health accessed funding from the Canadian Partnership Against Cancer through the Coalition Linking Action and Science for Prevention. These funds are being used to refine the Index and related policies.

This work will involve the identification of content for a Health Impact Study through a research and consultation process with municipalities and other stakeholders. The option to use a Health Impact Study has been recognized in Mississauga's draft Official Plan Amendments, and in the Region's Official Plan Amendment 25. Consultations with

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City of Brampton staff have also identified the need for a health background study as part of the development application process, while Caledon's draft Official Plan 226 states that they will work with the Region to develop an assessment tool for evaluating public health impacts of development proposals.

Secondly, the national funding will be used to develop and evaluate processes for applying the Health Index standards to selected sites in Peel, and to identify policy adaptations that would facilitate the implementation of these processes on a more widespread basis going forward. Feasibility, timelines and implementation plans will be developed with municipalities and stakeholders as part of this work. Finally, a Residential Preferences study and a list of indicators of effectiveness will be developed to evaluate this project.

b) Partnerships with Provincial and National Planning Organizations

As part of the direction from Council to advocate for provincial policy that supports healthy urban form, Health and Planning staff have been developing relationships with national and provincial organizations. For example, Peel's Medical Officer of Health chairs the Built Environment and Health Working Group of the Canadian Urban Public Health Network.

This Group is providing input to the development of Canada's Leadership in Energy Efficiency and Design for Neighbourhood Development standards (LEED-ND). Many of the elements in LEED-ND reflect the public health objectives in the Healthy Development Index and, therefore, its release in Canada in 2011 should be mutually beneficial for health and environmental goals.

4. Proposed Direction

Given Council's directions for Planning and Health to develop local and provincial policy on health and urban planning issues, staff will complete the work in this report as outlined. As directed by Council and requested by the area municipalities, Regional health and planning staff will work with municipal staff to implement the Index and related policies. This work will consider adjusting Regional and municipal policies on traffic, transit, environmental sustainability, urban design guidelines, etc. as well as land use policy. Partnerships with area municipalities, neighbouring municipalities as well as provincial and national organizations will also be pursued to leverage support and share knowledge in this developing field.

FINANCIAL IMPLICATIONS

The current initiatives associated with the built environment and health are included in the 2010 approved budget. Approximately \$400,000 over 2.5 years (to March 2012) is being provided through a grant from the Coalitions Linking Action and Science for Prevention. As work on healthy built environment policy and neighbourhood design issues continues with the area municipalities and other stakeholders, requests for resources will be brought forward in subsequent budgets.

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CONCLUSION

Earlier Council direction to strengthen and formalize the relationship between municipal and Regional planning and Peel Public Health has led to productive and innovative policy outcomes as well as new opportunities for collaboration. The recent completion of the Healthy Development Index project represents an essential step in the process of shifting development practices to foster healthy communities.

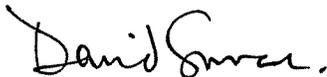


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- c. Legislative Services
 - N. Trim, Chief Financial Officer and Commissioner of Corporate Services
 - Dan Labrecque, Commissioner of Public Works
 -  Manager, Financial Support Unit (FSU)

MISSISSAUGA DRAFT OFFICIAL PLAN:

Section 6, Complete Communities:

6.1.3: In order to create a complete community and develop a built environment supportive of public health, the City will:

- a. encourage compact, mixed use development that reduces travel needs by integrating residential, commercial, employment, community, and recreational land uses;
- b. design streets that facilitate alternative modes of transportation such as public transit, cycling, and walking;
- c. encourage environments that foster incidental and recreational activity; and
- d. encourage land use planning practices conducive to good public health.

6.1.4: Mississauga will raise awareness of the link between the built environment and public health.

6.1.5: Mississauga may require a Health Impact Statement associated with development proposals.

Section 7, Cycling and Transportation Network:

7.2.4: ...To encourage active transportation and support the development of healthy communities, the City will promote pedestrian activity as an integral part of the multi-modal transportation network.

7.2.4.4: Proponents of development applications, within Intensification Areas, will be required to demonstrate how pedestrian and cycling needs have been addressed.

7.2.4.5: Mississauga will require that access and parking facilities for cyclists are incorporated into the design of all buildings and Major Transit Station Areas, as appropriate.

7.2.4.6: Sidewalks will be provided on all new roads.

7.2.4.7: Sidewalks in the vicinity of all transit stops will be provided.

7.2.4.8: Sidewalks and pedestrian amenities will be a priority in Intensification Areas.

7.2.4.9: Mississauga will provide pedestrian connections to Intensification Areas

Section 19, Implementation:

19.3.5: Some or all of the following studies, reports and/or documents may be required as part of a complete application submission for an official plan amendment, rezoning, draft plan of subdivision or condominium or consent application, dependent on the type of application, the property location and adequacy of services.

- Health Impact Study

19.3.7: To provide consistent, efficient, and predictable application of environmental planning principles, all applications will have regard for:

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- a. promotion of public transit;
- b. promotion of cycling and walking;

m. public health

CALEDON OFFICIAL PLAN AMENDMENT 226:

4.1.10: Community Form and Complete Communities

...The relationship between community design and public health has been recognized by the medical and planning professions. The Region of Peel Official Plan expresses the intent to, jointly with the area municipalities; develop an assessment tool for evaluating the public health impacts of development proposals as part of the approval process and to raise awareness of public health issues related to planning through partnerships with the public and private sectors.

4.1.10.3.2: Caledon will participate jointly with the Region of Peel and area municipalities in the preparation of an assessment tool for evaluating the public health impacts of development proposals.

4.1.10.3.3: Caledon will work jointly with the Region of Peel and area municipalities to raise awareness of public health issues related to planning.

PEEL REGIONAL OFFICIAL PLAN AMENDMENT 24:

7.9.2.9: Prepare, jointly with the area municipalities, an assessment tool that will allow evaluating the public health impacts of proposed plans or development as part of the approval process.

7.9.2.10: Work jointly with the area municipalities to raise awareness of the public health issues related to planning through partnerships with all levels of the public and private sector.

PEEL REGIONAL OFFICIAL PLAN AMENDMENT 25 (adopted Feb 11, 2010):

7.3.6.2.2: Require the following studies, reports and documents when determining if an application to amend the Regional Official Plan is complete:

...

- Public health impact studies.

7.9.2.3: Collaborate and develop, with the area municipalities, conservation authorities, the Province, other government agencies, and the community, appropriate indicators to analyze the effectiveness of this Plan and to serve as a basis for any policy adjustments which results from this analysis.

Selected indicators are those that can be effectively measured in response to change and those that will yield meaningful results. Indicators selected may be within the following indicator categories, but are not necessarily limited to:

- Public health

PEEL HEALTHY DEVELOPMENT INDEX EXECUTIVE SUMMARY

In 2005 Peel Health Services staff became engaged in reviewing planning development applications received by the Region. Although the Health Services comments were well received by municipal and regional planning staff, a need for evidence-based criteria to provide ongoing, transparent, and consistent health rationale to the review process was identified.

In 2009, Peel Health retained the services of a research team from St. Michael's Hospital Centre for Research on Inner City Health to build a Healthy Development Index for assessing the health impacts associated with development proposals. The proposed Peel Healthy Development Index (HDI) is a framework to provide consistent, quantifiable standards to inform planning decisions.

The proposed HDI consists of seven *elements* – these are categories of built environment characteristics that are known to be associated with health. These elements include: Density, Service Proximity, Land Use Mix, Street Connectivity, Road Network & Sidewalk Characteristics, Parking, and Aesthetics & Human Scale. Each of the HDI elements are further refined into *measures*. Measures are quantifiable components of each element that are statistically associated with specific physical activity outcomes.

The following process was followed to develop the Index:

1. Comprehensive review of the literature linking the built environment and health

The researchers performed a review of research articles and best practices from the grey literature. Evidence from this review was used to establish the Index elements and measures.

2. Strength of evidence analysis

Those measures with the greatest strength of evidence were compiled into a Healthy Development Index with associated numerical targets and ranges. The measures consist of prerequisite and credit development targets.

3. Stakeholder consultation

A series of consultation sessions were held to elicit feedback on the Index elements' relevance and feasibility from the perspective of municipal planners, regional planners and development consultants.

4. Policy gap analysis

The Index standards were compared with existing standards given in municipal and regional Official Plans, Secondary Plans, zoning bylaws and design guidelines to identify the policy documents relevant to each element, and to assess the degree of change required.

5. Geographic Information Systems (GIS)-based validation analysis

The researchers selected three communities in Peel (one in each area municipality - Brampton, Caledon and Mississauga) that are widely considered to be 'walkable'. Index element measures for each community were compared with prerequisites. This analysis allowed the researchers to determine whether the elements and corresponding standards in the Index accurately capture built form characteristics that promote walkability, and whether the Index targets are achievable in Peel.

APPENDIX II

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The results from this assessment process suggest that the feasibility of achieving the HDI standards may vary significantly within and among Peel's three area municipalities, and that the Index would need to be adapted for use in varying circumstances across the region. Furthermore, while developers and builders have some discretion over the built environment elements that contribute to healthy development, other elements are under the jurisdiction of the municipalities and/or region. Therefore, the researchers have identified the steps that are necessary to support implementation of the proposed HDI tool and the development of health-promoting communities. Key recommendations are:

1. Develop a business case that demonstrates the benefits of healthy urban design to other agendas such as environmental sustainability, transit-oriented development, and age-friendly design.
2. Review regional and municipal planning and transportation standards and, where feasible, adapt them to be consistent with recommended prerequisites thereby allowing developers to meet health and policy standards simultaneously.
3. Use a comprehensive, multi-sectoral approach to resolve the inconsistencies between levels of government, between municipalities, between departments, and between sectors that restrict healthier development.
4. Adapt future versions of the Index to account for the significant differences between small intensification projects and larger, greenfield development.
5. Encourage the prioritization of public health in both transportation and urban planning, avoiding policies that serve private vehicular travel at the expense of the active transport network (e.g., walking, cycling, public transit).

Development of a preliminary Healthy Development Index represents an essential step in identifying changes to policy and practice that could lead to healthier development patterns within Peel. The standards of the HDI, as well as the many lessons learned throughout its development, will strongly inform future direction for promoting healthy built environments in Peel Region.