Public Health and Urban Form

Building Industry and Land Development Association (BILD)

Peel Chapter Meeting

November 19, 2009

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Peel Health
Department of Public Health at Peel

- Chronic Disease and Injury Prevention
- Communicable Disease
- Family Health
- Environmental Health
- Office of the Medical Officer of Health
Recent increase in academic and practice-based evidence about the health impacts of land use development patterns

**Key Health Behaviours and Outcomes:**

- Physical activity and obesity
- Air quality and respiratory disease
- Stress, decreased social capital and mental illness
- Pedestrian safety, injury and crime
More focus now on designing communities to be health-promoting, compact, integrated, diverse, environmentally sustainable = complete communities.

**Key Urban Design Issues:**

- Planning and design of communities for walkability
- Planning and design of communities for less car dependency
- Access to facilities, parks, trails, services
- Access to nature, clean air, clean water
- Urban forms that promote social balance and mental health
Healthy Development Standards: Why?

To create healthy, sustainable neighbourhoods in Peel, we need Healthy Development Standards that development in Peel can strive to meet. Why?

1. Region of Peel Council Resolutions:

2005
- Comment on development applications
- Develop planning policies for active living
- Advocate for provincial policy

2008
- Develop policy for Regional Official Plan
- Develop policy for Municipal Secondary Plans
- Advocate for provincial policy
Healthy Development Standards: Why?

2. Rising diabetes and physical inactivity:

Figure DM0: Diabetes Mellitus Prevalence Rate† by Year, Region of Peel and Ontario, 1995/1996 to 2004/2005

- **Number of cases‡ per 100 population aged 20 years and older**
  - **Fiscal Year**
  - **1995/96**
    - Peel: 5.9
    - Ontario: 5.4
  - **1996/97**
    - Peel: 6.3
    - Ontario: 5.7
  - **1997/98**
    - Peel: 6.6
    - Ontario: 6.0
  - **1998/99**
    - Peel: 6.8
    - Ontario: 6.3
  - **1999/00**
    - Peel: 7.2
    - Ontario: 6.6
  - **2000/01**
    - Peel: 7.5
    - Ontario: 6.9
  - **2001/02**
    - Peel: 8.0
    - Ontario: 7.3
  - **2002/03**
    - Peel: 8.4
    - Ontario: 7.6
  - **2003/04**
    - Peel: 8.8
    - Ontario: 8.0
  - **2004/05**
    - Peel: 9.2
    - Ontario: 8.4

† Age-adjusted prevalence rate
‡ Number of cases of DM include new and existing - identified using the Ontario Diabetes Database in a specified population for a given year.
Fiscal year: extends from April 1st of one calendar year to March 31st of the next calendar year.
Source: Institute for Clinical Evaluative Sciences, inTool, instant interactive information, http://www.ices.on.ca/intool
3. Health disparities:

- While individual behaviour does determine health outcomes to some extent, the impact of the environment on health behaviour and ultimate health status is much larger and exceeds individual choice.

- This is particularly true for disadvantaged populations.

- So, we must focus on modifying existing environments to reduce health inequities between population subgroups.
Healthy Development Index/Checklist

Purpose:

to consistently evaluate land development applications from a health perspective and provide health-based rationale to inform planning decisions

What has gone into development of the index:

1. Existing literature on built environment and physical activity

2. Original research to establish ranges of elements in Peel (feasibility of recommendations)

3. Stakeholder consultation – municipal planners, developers, private planning consultants
Healthy Development Index/Checklist

Health Index Outputs:

1. LAND-USE ELEMENTS and descriptions. Those prescribed by law; those recommended by literature to improve active transportation.

2. EVIDENCE/JUSTIFICATION for inclusion of elements. Strength of the evidence linking each land use element and walkability.

3. TARGETS AND RANGES OR RECOMMENDED LEVELS for each element. Level of land-use elements needed to positively impact health; levels feasible in Peel.
## Healthy Development Index/Checklist

**Appendix H. Summary of Elements and Measures for Inclusion In the Healthy Development Index.**

<table>
<thead>
<tr>
<th>Elements</th>
<th>Strength of Evidence</th>
<th>Targets and Ranges</th>
<th>Quantifiable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Density Measures:</strong></td>
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<tr>
<td>Residential dwelling density</td>
<td>High</td>
<td>1. a) 15+/acre (37+/ha) or 21+/acre (54+/ha)</td>
<td>Yes (most within DA's)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. a) 12+/acre (30+/ha) for high transit area; 7+/acre (17/ha) for all other</td>
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<tr>
<td></td>
<td></td>
<td>b) 10-20/acre (25-49/ha) minimum for livability but up to 100/acre (247/ha) in urban</td>
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<tr>
<td></td>
<td></td>
<td>c) min 15/acre (37/ha) for low density</td>
<td></td>
</tr>
<tr>
<td>Population density</td>
<td>Medium</td>
<td>1. a) 12,500+/m² (4808+/km²)</td>
<td>Yes (most within DA's)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) 15,000+/m² (5777/km²)</td>
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<tr>
<td>Floor Area Ratio (FAR)</td>
<td>Low</td>
<td>2. a) Offices: 1.0 (excellent) to .4-.5 (minimal)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Retail: .75 (excellent) to .3-.95 (minimal)</td>
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<td></td>
<td>c) non-res .8+ for high transit areas, .5+ for all others.</td>
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<tr>
<td></td>
<td></td>
<td>d) Min: .35 - density corridors, .5 - downtown</td>
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</tr>
<tr>
<td>Employment density</td>
<td>Medium</td>
<td></td>
<td>Uncertain</td>
</tr>
<tr>
<td>Service density</td>
<td>Medium</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Service Proximity Measures</td>
<td></td>
<td>1. a) distance to grocery or market: &lt; 440m</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td>eating or drinking place: &lt; 282m</td>
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<tr>
<td></td>
<td></td>
<td>b) ≤ 450m walk to regular transit stops</td>
<td></td>
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</tbody>
</table>
## Peel Healthy Development Checklist: Scorecard

### 1. Density

- **a. Minimum Density (residential and non-residential)**
  - Prerequisite: Y | ? | N
- **b. Net Residential Dwelling Density**
  - Credit
  - /10
- **c. Average Floor Area Ratio (non-residential structures)**
  - Credit
  - /10

### 2. Service Proximity

- **a. Proximity to a Variety of Services and Employment**
  - Prerequisite: Y | ? | N
- **b. Proximity to a Variety of Public Services**
  - Credit
  - /10
- **c. Proximity to a Variety of Retail Services**
  - Credit
  - /10
- **d. Proximity to Full-time Employment**
  - Credit
  - /10

### Notes:

- Total Credits: /20
- Credit Requirement: 10/20
- Meets Both Criteria: Y | ? | N

- Total Credits: /30
- Credit Requirement: 15/30
- Meets Both Criteria: Y | ? | N
Stakeholder Input

- Consultation with regional and municipal planners

- Additional upcoming consultations with municipal planners

- Consultation with developer planning consultants

- June, August
- September, October
- September 24th
Public Health and Urban Form

- Evidence that development influences health
- Public demand for better neighbourhoods

If we maintain status quo → Rising health issues & unsustainable neighbourhoods

We need to shift social norms and create environmental change
Points for Discussion

• What do you need to improve the health promoting features of the built environment?

• **Is this something that you see as valuable? If so, what are the barriers to moving forward?**

• Are policy requirements through site plan control, subdivision plans, block plans and secondary plans a useful mechanism?

• **What types of incentives would increase the likelihood of integrating health promoting features?**

• Do you think there is public demand for compact, walkable, well-connected, mixed-use communities?

• **Would inclusion of a background study on health impacts be useful, if we provide you with a framework?**
QUESTIONS???