



Shaping our Communities
Sustaining Canada's Future

Effective Planning and Design for Healthy Communities

Place and Health:
Shaping the Built Environment of
New Brunswick and PEI

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Healthy Canada By Design



HEART & STROKE FOUNDATION OF CANADA

CANADIAN PARTNERSHIP AGAINST CANCER | PARTENARIAT CANADIEN CONTRE LE CANCER



Centre de collaboration nationale sur les politiques publiques et la santé
National Collaborating Centre for Healthy Public Policy



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Shaping our Communities | *Bâtir nos communautés*
Sustaining Canada's Future | *Pour un Canada viable*



URBAN PUBLIC HEALTH NETWORK
RÉSEAU CANADIEN POUR LA SANTÉ URBAINE

Funded by Health Canada via
Canadian Partnership Against Cancer

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Healthy Community Determinants (1)

- Health is affected by planning decisions on
 - *Highways, roads, parking standards*
 - *Regional land use planning*
 - *Land use and densities*
 - *Urban design*
 - *Parks and recreation*
 - *Social planning*



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Healthy Community Determinants (2)

- Quality of / access to health care
- *Level of public transit*
- *Vibrant downtown*
- Sustainable environment
- Sustainable economy
- Air and water quality
- Access to healthy food
- Food safety / security



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Healthy Community Determinants (3)

- Walkability
- Hazard / disaster management
- Emergency services
- Mental health & related services
- Housing affordability
- Level of homelessness
- Workplace health (OH&S)
- Sports, arts and culture



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Economic & Health Impacts (1)

- Heart disease and stroke costs the Cdn. economy \$22.2 billion every year in physician services, hospital costs, lost wages & decreased productivity.
- \$2.1 billion in Cdn. health care costs (2.5% of total) are attributable to physical inactivity (1999)
- 21,000 premature deaths due to physical inactivity (1999)
- National inactivity level among youth = 58%

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Economic & Health Impacts (2)

- 12% of Canadians walk or ride bikes to work, school, libraries, grocery stores (*41% in Denmark, 46% in Holland*)
- 60% of Canadians are overweight or obese
- 1 in 4 have diabetes or pre-diabetes, expected to be 1 in 3 by 2020
- Cost of diabetes = \$11.7 billion (2010)
Projected to be \$20 billion (2020)

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Economic & Health Impacts (3)

- 1 in 4 expected to die from cancer
 - *up to 50% can be mitigated by lifestyle changes*
- 32% of deaths due to cardiovascular disease
 - *Up to 80% can be mitigated by lifestyle changes*

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Economic & Health Impacts (3)

- Asthma is most common chronic childhood disease
 - 7% more asthmatic kids live in areas with high traffic pollution (H&SF)
- New Brunswick's health care costs projected to be 50% of its provincial budget / 2014 (CDA)
- Nova Scotians drive 2,000 KM per person per year more than the national average, 2nd behind Ontario (Drivewiser)

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Stuck in Traffic (1)

- Commuting times to and from work increased from 54 minutes per day (1992) to 63 minutes per day (2005)
- 32 working days per year spent sitting in traffic (2005), up 5 days since 1992
- Commute distances have increased 10% in a decade

Source: MacLean's Magazine

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Stuck in Traffic (2)

- Cost of congestion = \$6.7 billion (2000) estimated to be \$15 billion today (1% of GDP)
- Longer commutes cause obesity, neck pain, loneliness, divorce (Swedish study), stress and insomnia
- Enormous costs in lost productivity and stress

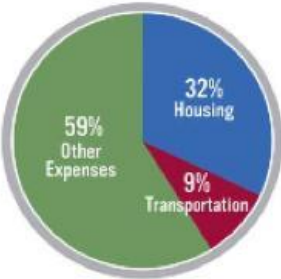
Source: MacLeans and Slate Magazines

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Stuck in Traffic (3)

TRANSIT RICH NEIGHBORHOOD



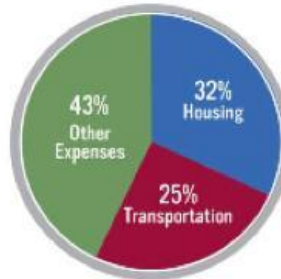
Category	Percentage
Housing	32%
Transportation	9%
Other Expenses	59%

AVERAGE AMERICAN FAMILY



Category	Percentage
Housing	32%
Transportation	19%
Food	13%
Insurance	11%
Other	9%
Healthcare	5%
Entertainment	15%
Apparel	4%

AUTO DEPENDENT EXURBS



Category	Percentage
Housing	32%
Transportation	25%
Other Expenses	43%

People in walkable, transit-rich neighborhoods spend only 9 percent of their monthly income on transportation costs; those in auto-dependent neighborhoods spend 25 percent.

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Developing / Re-developing Our Communities


- How do we more effectively develop or re-develop our built environment?
- How do we develop healthier communities?

*Images c/o Urban Advantage, Ekistics and Municipality of the County of Kings, NS
NYC Dept of Health and Mental Hygiene*

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Subdivision Design (1)



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Subdivision Design (2)




GREENWICH PLANNING STUDY
Master Plan Concept 2
August 2008

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This slide displays a subdivision design map titled 'Master Plan Concept 2' from the Greenwich Planning Study, dated August 2008. The map features a complex network of roads and green spaces. A prominent road runs horizontally across the top, with several smaller roads branching off. The design includes several large, irregularly shaped green areas interspersed with the road network. A red dashed line indicates a boundary or boundary change. The map is set against a light green background with a topographic contour overlay.

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Subdivision Design (3)



Master Plan Concept 3
August 2008

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This slide displays a subdivision design map titled 'Master Plan Concept 3' from the Greenwich Planning Study, dated August 2008. The map shows a different road layout compared to Concept 2, with a more winding and interconnected network. The green spaces are also differently shaped and distributed. A red dashed line is present at the bottom of the map. The map includes a north arrow and a scale bar. The background features a topographic contour overlay.

Sprawl Community :

Preferred by 43%

There are **only single-family houses** on large lots

There are **no sidewalks**

Places such as shopping, restaurants, a library, and a school are within **a few miles** of your home and **you have to drive** most places

There is enough parking when you drive to local stores, restaurants, and other places

Public transportation, such as bus, subway, light rail, or commuter rail, is **distant or unavailable**

Smart Growth Community :

Preferred by 56%

There is a **mix** of single-family detached houses, townhouses, apartments, and condominiums on various sized lots

Almost all of the streets have **sidewalks**

Places such as shopping, restaurants, a library, and a school are within **a few blocks** of your home and **you can either walk or drive**

Parking is limited when you decide to drive to local stores, restaurants, and other places


Public transportation, such as bus, subway, light rail, or commuter rail, is **nearby**

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Retrofitting Streetscapes (1)



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Retrofitting Streetscapes (2)



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Retrofitting Streetscapes (3)



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Retrofitting for Transit (1)



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This slide illustrates the current state of a street before retrofitting. It shows a wide, multi-lane asphalt road with a clear center line. In the background, there is a commercial building with a sign that reads 'FARMERS SUPPLY'. The sky is blue with some light clouds.

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Retrofitting for Transit (2)



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This slide illustrates the same street after retrofitting for transit. A dedicated transit lane has been created, featuring a blue bus. A landscaped median with greenery and a wooden fence separates the transit lane from the main road. The 'FARMERS SUPPLY' building is still visible in the background.

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Retrofitting for Transit (3)




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Retrofitting for Transit (4)




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What “Road” Blocks Do We Face?

- “Entrenched” planning system / favouring separated land uses, suburbanization & designing communities around the car
- Change – need to link costs with benefits
- Prescriptive regulations vs. innovative design options



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What “Road” Blocks Do We Face?


- Need to reconnect planning with healthy living
- Planners / municipalities don't control all the bases (*Design, Transportation Public works*)
 - *Landscape architects, engineers, architects & transportation planners needed*
- Densification can be controversial
- Retrofitting = substantial challenges
 - Political, economic

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What opportunities exist?

- Growing general public, stakeholder and municipal support for healthy communities
 - More attractive streetscapes
 - Growing support for mixed use and densification
- Impact of increasing energy costs and desire for alternative modes of transportation



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Healthy Community Planning Processes

- Regional, Official and Secondary Plans
- Downtown, economic development, industrial commission plans
- School boards
- Health authorities
- Community health boards
- Business improvement district plans
- Private sector associations, unions, NPOs
- Each community can play a role

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What Can We Do?

- Bring planning and health professions together
- Educate ourselves
- Conduct research / knowledge transfer
- Innovate i.e., LEED ND, form based codes
- Engage community stakeholders
- Promote intensification, retrofitting, mixed land uses
- Build capacity through training, workshops, joint forums
- Student projects, joint research, joint degrees: planning and health faculties

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What Can We Do?

- Use some new tools to help us
 - Fact Sheets
 - Built Environment Inventory
 - Healthy Community Practice Guide



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New Tool #1 – “Fact Sheets”

What is the Canadian Evidence Saying

?

Fact Sheets

- Active Living, Children and Youth
- Active Transportation, Health and Community Design
- Health Equity and Community Design



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New Tool #2 “Built Environment Inventory”

- Active Living and Transportation
- Air Quality
- Green Space & Sustainability
- Mental Health & Perception
- Nutrition & Food
- Planning & Design
- Social Determinants of Health

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National Collaborating Centre
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New Tool #3: "Practice Guide"



**Healthy
Communities
Practice Guide**

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Practice Guide Contents

Healthy Ingredients:

1. Frameworks
2. Collaboration in Practice
3. Innovations in Land Use Planning & Design
4. Beyond Land Use Planning
5. Measurement Tools



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Framework: WHEN points of strategic collaboration

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Importance of Collaboration

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*This is not a comprehensive list but is intended to demonstrate the range of expertise connected to healthy communities



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How Do I Find The Tools?

- <http://www.cip-icu.ca/health>
- <http://ncceh.ca/>
 - (Built Environment Link)



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Did You Ever Think?

That we would quickly learn 7 key steps for undertaking built environment initiatives within local planning departments and health authorities?

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7 Key Steps:

- Dedicated staff
- Developing partnerships and leadership
- Defining and investigating the problem with other sectors
- Developing joint inter-sectoral strategies and roles
- Implementing strategies
- Evaluating impacts
- Refining partnerships and strategies

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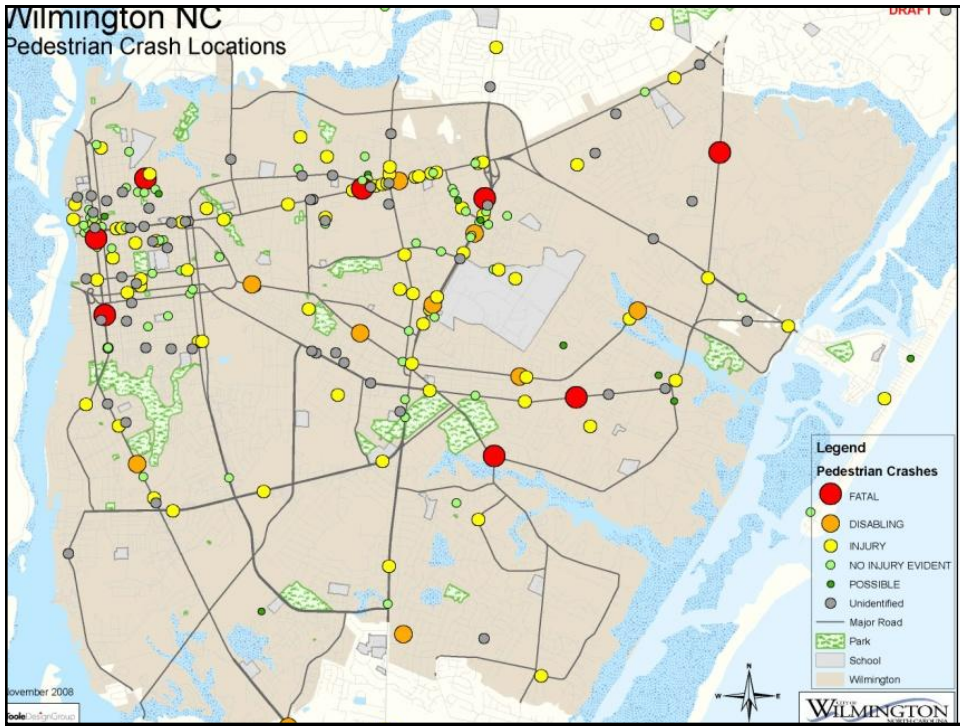


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Did You Ever, Ever Think?

That we would be able to reduce
pedestrian and bicycle
accidents and injuries?

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Did You Ever, Ever, Ever Think?

That we would be able to provide fresh food for those who are less fortunate in our community?

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City Policy + Implementation
NYC FRESH Program



The image shows a map of New York City with various areas highlighted in green. A legend indicates:

- FRESH Food Store Areas where zoning and financial incentives** (dark green)
- FRESH Food Store Program Areas** (medium green)
- Additional areas where FRESH financial incentives may be available** (light green)

 To the left of the map are two photographs of fresh produce displays in a grocery store.

Zoning and tax incentives for providing fresh food options in the city's underserved areas with high health needs

ACTIVE DESIGN



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We Just Need To:

- Break down silos
- Think creatively
- Bring our health, planning & design professions together

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And If We Don't or Can't?

- We will leave the burden of chronic disease and healthcare costs to other generations
- We will watch other communities move forward as they become healthier communities

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Thank you!

- Heart and Stroke Foundation of Canada
- Canadian Institute of Planners



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