

## EXECUTIVE SUMMARY

### Introduction

Canadians today are facing an increasing burden of chronic disease caused by poor nutrition and physical inactivity (HealthyCanada2012;World HealthOrganization2011), with potentially drastic effects on overall life expectancy (Dannenberg, Frumkin, & Jackson, 2011). According to the Statistician (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 & Gord2008;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 municipalities, developments of higher level policies at the Regional level, and the improvement of legislation at the provincial level (Buck2010;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 (HealthyCanada2012; 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

The Region, both in terms of geography and the

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 in the Region. The three reviewed documents were the ZW o , o š Z Ç À o } % u (HDSU/ Z AE the Public Health Impacts and À o } % u v š ] • } v • (PHIOLD) î ù ò ç v À ] v ~ • š W Ç š ] • • Z À ] À o } % u v š } ( , o š Z • • • (HAT) š T h e s e 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 (Dannenberg, Frumkin, & Jackson, 2011). These 10 themes guided the content analysis procedures, and provided categories a 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 (Luo, 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 in 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 in 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: community 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 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 to 4 ( e ) 4 2 ( t ) 9 5 ( H A ) 4 7 ( o ) 5 ( m . 5 8 4 5 0 2 4 3 3 4 . 4 ( e ) ) 1 3 2 s f - . 4 6 T J E T E M C t

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 with 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, 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 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. Z P 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. Develop 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 (Healthy Canada, 2017). The Region

