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July 28, 2004

**To: Planning Reform Initiative  
Ministry of Municipal Affairs  
Provincial Planning and Environmental Services Branch**

**Re: Response to the Request by the Ministry of Municipal Affairs  
and Housing for Public Comments Related to the Planning  
Reform Initiative**

Introduction

The Ontario Public Health Association (OPHA) is pleased to provide the following comments with respect to the provincial Planning Reform Initiative. Founded in 1949, the OPHA is a voluntary, charitable association with an interest in improving the health of people of Ontario. Our members include professionals who work in public health units and community health centres across Ontario.

OPHA is proud of past partnerships with land use planners that were made in efforts to improve the quality of life. We know that land use choices influence the underlying determinants of health. Since the 19th century, the link between public health and the built environment has been clear. Crowding and unsanitary conditions once lead to infectious disease outbreaks. We worked together with planners and city engineers to improve sewage systems, ensure clean water distribution, and improve building design to provide light and fresh air to city dwellers.

Today, chronic diseases have emerged as a primary health problem and once again, we need to refocus and re-consider public health's role in land use planning. Heart disease, cancer, diabetes, and respiratory diseases associated with air pollution, obesity, inactivity and/or access to unhealthy foods have many roots in urban design and land use considerations. While public education and information on healthy lifestyles is necessary, it will not be sufficient if we cannot address the way in which we design our communities. If people continue to live in physical environments that are not designed with health in mind, their health will continue to suffer.

Land use decisions that encourage mixed land uses, compact development, alternate modes of transportation, walkable neighbourhoods, and access to green space, can help to prevent many

of the chronic diseases that are a feature of modern life.

The OPHA agrees that urban sprawl can lead to the waste of public resources on infrastructure that is not efficiently utilized. More importantly however, the OPHA believes that urban sprawl leads to poor health. There is a growing body of scientific evidence that links urban sprawl to air pollution, traffic fatalities and obesity.

### Support for Planning Reform

We are impressed with and supportive of the draft Provincial Policy Statement and implementation tools. In combination, they address many of the factors which impact on public health. We support the attention that the documents pays to traditional public health concerns such as safe and affordable housing, water protection, and the provision of green space. We also acknowledge efforts to address additional factors that can impact on public health such as air quality, climate change, neighbourhood walkability, safe and efficient transportation systems, resource protection and the protection of agricultural lands. We see all of these as key public health issues.

### Issues Needing to be Addressed - Food Access

We find, however, that the draft documents do not address some of the emerging public health issues as effectively. In particular, we refer to food access. Access to food has changed rather dramatically in the last 20 years. Parallel to the trends toward urban sprawl in the population, supermarkets have shifted locations outside of core urban areas across the province. Early research conducted by some health departments in Ontario suggests that physical access to nutritious food choices has become a key barrier to health in some of our communities. This reduced access is affecting health in two ways. First individuals, who can least afford to do so are diverting food dollars to cover transportation (taxis) to and from supermarkets. Second, when lower income residents or transit-dependent residents try to shop in food retail outlets closer to their homes, they find that those stores have higher prices and less nutrient-rich foods to choose from. This lack of food availability is resulting in choices of foods higher in fats, salt and sugar and thereby increasing the risk of obesity and diet related diseases among the most vulnerable.

We believe that improvements in urban design need to be a focus in the emerging public health strategy to reduce obesity and diet-related diseases in Ontario. We believe that legislative tools such as the Provincial Policy Statement, which are designed to promote and protect health, must also consider food as a resource essential to health versus a simple commodity left totally to private sector forces. We believe that the concept of bonusing, outlined in the legislation, might be applied to food access as a lever to ensure that all populations have access to healthy and nutritious foods.

### Need for Inter-ministerial coordination

The proposed changes to the legislation state that the intended goal is to promote public health and safety, and references numerous other complimentary acts in this respect. However, we find it ironic and disappointing that there is no mention of or cross-reference to the Health Protection and Promotion Act (HPPA). The HPPA is provincial legislation which, perhaps more than any other, is oriented to the same ultimate goal as the Planning Act - that being the protection and promotion of the public's health. We urge you to ensure the inter-ministerial coordination necessary in this respect. Specifically, we believe that the Legislation should clearly specify the need for public health agencies and land use planners to work collaboratively on local planning issues.

In our experience, it is rare that experts from local public health units are engaged by land use planners into the land use planning process to address the public health impacts of the built

environment. At times, public health staff are involved in land use decisions to mitigate environmental health impacts by providing comments for development plans etc.

However, this involvement is often late in the approval process, and limited in its role. Disappointingly, public health experts in Ontario are almost never consulted on land use decisions which would mitigate chronic diseases and injuries. We believe that public health considerations should be integrated into the overall land use and transportation planning processes.

### Monitoring Impacts

We believe that key planning interests and conditions should be monitored so trends can be identified and policies adjusted. Specifically, we believe the ultimate purpose of planning is to ensure and improve quality of life, and as such, quality of life and health indicators associated with land use planning need to be monitored. Examples could include the monitoring of impermeable surfaces, kilometers of bicycle lanes, affordable housing or the presence of shade. Public health researchers and epidemiologists in our Association and across the province have considerable expertise in the development of indicators and the design of monitoring systems. We would welcome opportunities to work with your ministry and local land use planners in this regard.

### Role of the OMB

We are pleased to see the Planning Reform address the complicated nature of the Ontario Municipal Board. We believe that it should be required that land-use decisions "be consistent with" provincial policies, and we support this change. We concur that in recent years the OMB process has become inaccessible to the public and support any changes designed to ensure the concerns of ordinary citizens will be heard in the process. As you modify the role of the OMB, we suggest you consider adding a representative from the public health sector to ensure that the public's health is a prime consideration in its deliberations.

Thank-you for the opportunity to comment.

Yours truly,

Peter Wiebe  
President

cc John Gerresten, Ontario Minister of Municipal Affairs  
Dr. Sheela Basrur, Chief Medical Officer of Health  
Theresa Schumilas, Chair, OPHA Environmental Health Workgroup