Comprehensive Healthy Community Assessment/Audit Report

2012

Ontario Public Health Association
Built Environment Workgroup: Project #3

Reference
OPHA Health & Built Environment, Project Team 3, *Comprehensive Healthy Community Assessment/Audit Report. June 2012*

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Introduction

The health risks associated with overweight and obesity are well known and the links between physical inactivity, unhealthy eating and health are well established. In addition, there is a plethora of literature demonstrating linkages between health and the built environment. These linkages emphasize the need for collaboration between health professionals, planners and others to create healthy communities. More attention is being paid to creating environments that: decrease the likelihood of injuries, promote active living, support access to healthy food, and protect from ultraviolet radiation, in essence, helping to create healthier communities.

Recently connections are being fostered between planners and public health professionals to improve the health of communities through various planning processes. As issues such as obesity, physical inactivity, injury prevention and access to healthy food have been linked to the built environment, the two fields - public health and urban planning share many important connections. The potential for changes in the built environment to alleviate such risk factors has bridged the planning and health disciplines. However strategies/tools that systematically incorporate health risks into the planning process are needed. These strategies/tools would acknowledge potential health problems that can be avoided or reduced as well as health benefits that could be enhanced within the needs of practical planning processes.

As a result, this project seeks to identify existing assessments, audits, tools or processes that will help influence planning decisions to create healthy communities. Recognizing that relationships between public health and planners are at different stages across the province, the target population of this project includes all that are further along the relationship continuum between public health and planning.

For the remainder of this report the grouping of assessments, audits, tools and processes will collectively be referred to as tools.

Scope

The scope of this project as outlined in the project charter for the team includes:

- Reviewing existing tools that will help influence planning decisions on healthy communities from the inside
- Identifying approximately 6 tools
- Undertaking consultation with key stakeholders
- Developing a recommendation report on best strategies for influencing planning decisions for healthy communities
- Knowledge transfer (e.g., publish a report; present at a conference)

The following are considered out of scope as outlined in the project charter for the team:

- Developing a tool that will help include health outcomes in planning decisions
- Piloting a tool that will help influence planning decisions
- Primary research on existing tools
- Providing comprehensive review of existing tools geared to other non-health professionals

This project addresses the following key priority areas as outlined in the OPHA Built Environment Group Terms of Reference:

- Advocacy & Partnership
- Health Promotion
- Policy Development

Objectives

- To identify existing tools that influence planning decisions to create healthy communities
- To consult with planners and identify what tool(s) and processes would be helpful
- To produce a recommendation report identifying best approaches for influencing planning decisions and building relationships between public health and planners

Project Milestones

Date	Outcome
March 24, 2011	Formal group established
March 28, 2011	Project charter developed
April 18, 2011	On-line health promotion program planner started to execute work plan
June 27, 2011	Core elements of a healthy community finalized; research question finalized
July 22, 2011	Toward Evidence-Informed Practice (TEIP) presentation to project team
Sept 12, 2011	Search Strategy developed
Oct 18, 2011	Evaluation criteria for tools/checklists established
Jan 9, 2012	Overview of age-friendly communities project presented by John Lewis
Feb 14, 2012	Search and review of tools complete; tools chosen for stakeholder presentation
March 30, 2012	Presentation to OPPI Planners

May 2, 2012	Recommendations formulated
June 4, 2012	Meeting with OPHA

Methodology

The first goal of this project was to identify tools that incorporate elements of a healthy community into the planning process. The second was to develop criteria that would allow for six of the tools to be used to engage planners in a discussion regarding their impact on planning decisions. The final goal of the group was to review the tools along with the results of the discussion and make recommendations identifying the best approaches for planning decisions to be made with public health outcomes in mind.

Expected challenges for the project included a limited amount of tools that were relevant to the Canadian public health and planning context; the availability and relevance of tools that have been evaluated; the relevance of tools to both urban and rural environments; and the available support to access literature through public health librarians.

A systematic search of both peer-reviewed and grey literature for evaluated built environment planning tools was conducted. A search strategy was developed using the TEIP search strategy worksheet and included content advisors, informed colleagues and practice networks. Individual searches were conducted for each of the identified core elements of a healthy community with the support of librarians from several Public Health Units. For the purpose of this project the core elements of a healthy community included:

- Physical Activity
- Food Systems
- Transportation Systems
- Accessibility
- Air and Water Quality
- Urban and Land Use Design
- Safety and Injury Prevention
- Parks, Open and Natural Spaces & Agriculture

The search strategy results were then synthesized by the evaluation criteria below.

Evaluation Criteria	Application to Key Findings
Assessment Type	Include assessments, standards, checklists, guidelines, tools, toolkits and frameworks.
Multiple Disciplines	Include tools that are applicable to both public health and planners.
Jurisdiction	Canadian comparatives preferred.
Quality Assessment	Include tools that are evidence informed and evaluated.

Cost	Determine how accessible the tool is.
Rural/Urban or Both	Establish if the tool is applicable to urban and rural settings.
Prospective vs. Retrospective	Determine the intended use of the tool.
Relevance to OPHS	Ensure relevance to Ontario Public Health Standards.
Relevance to PPS	Ensure relevance to Provincial Policy Statement.
Time	Tools that were developed in the last 5 years.

Results

All of the tools were reviewed according to the evaluation criteria above and the following was taken into consideration:

- The evidence does not clearly point to specific tools in any of the identified core elements
- Reviewing only Canadian comparatives was extremely limiting and often resulted in a lack of tools being found for a component
- Strong evidence exists for Health Impact Assessments which are currently beyond the Ontario public health context
- Several of the tools found are not feasible or transferable to all urban and rural environments in Ontario
- For potential community planning needs, a combination of components from several tools appeared to be more relevant than the specific issue each tool addressed

Through careful consideration of the evaluation criteria and the group's interpretation of the evidence noted above it was decided to present the 3 tools below to the OPPI Policy Development Committee and Recognition Committee:

- Irvine-Minnesota Inventory
- LEED for Neighbourhood Development
- Health Background Study – Region of Peel

Discussion

After a brief presentation to the committees on the project results and identified tools, a discussion was formed around 3 questions:

- What are the benefits in using these types of tools?
- What are the challenges in using these types of tools?
- What are your recommendations for a best approach?

The summary of the discussion around each question is presented below.

Benefits

The benefits of using tools are: they can include direct measures which aid in the planning process; they can also be used to engage the public and the public can

also use the tools themselves (examples of such tools include those commonly used in walkability audits); and these tools often take the form of a checklist making them extremely easy to use.

Challenges
These types of tools often do not capture qualitative data and this is a challenge as both quantitative and qualitative data are required in the planning process. Another challenge is that tools often lack outcome measures, such as health outcomes associated with active transportation. Lastly, there is no one tool that suits every community's needs and often a variety of tools are necessary for different phases of the planning process. Tools for policy review would need to capture certain information than tools for the public to use to advocate for change.

Best Approach
The group was in agreement that partnerships between public health and planning professionals need to continue progressing in a collaborative manner to have a meaningful impact on creating healthy communities. The need for public involvement in the evaluation and advocacy for healthy environments should be emphasized. There was also recognition within the group to include engineering professionals in the planning process along with public health and the planning profession.

Recommendations

Based on the results of the tools reviewed and the discussion with the planners, the recommendations below were put forward.

1. Given the number of new resources that are being developed, focusing attention on developing another resource is unnecessary.
2. Develop a structure to bring health, community planners and transportation professionals together to develop and enhance plans for healthy communities. Refer to the OPHA built environment workgroup project #1 recommendation for potential opportunities.
3. Determine what health evidence is required from public health professionals to influence the healthy community planning process (i.e., health indicators).
4. Have a selection of tools available for planners and the community depending on their needs, as there is no one tool that exists to effectively assess for healthy communities.
5. Incorporate community engagement into the healthy community planning process and encourage the use of Health Impact Assessments to provide relevant health evidence for the community.
6. Build and enhance relationships between public health, planners and engineers to impact local design guidelines and engage each professional group at the appropriate time.

7. Develop opportunities for knowledge transfer in the context of the built environment and healthy community planning across the public health, planning and engineering professions.

Conclusion

It is clear that creating healthy communities through the built environment is the bridge between the public health and urban planning professions. Currently a structure does not exist that would facilitate public health and planning professionals to develop plans for healthy communities. Components of this structure, as identified by this project, include not only a variety of tools that incorporate planning for health outcomes but also identifying indicators for measurement, and engaging the community in the planning process. The development of such a structure will facilitate the development of local design guidelines and continued knowledge transfer between involved professions. The wide range of health issues in both cities and rural environments require coordinated policies and actions across multiple disciplines. Despite the challenges, continued action will increase the opportunity for communities to experience improved health through urban planning and public health partnerships.