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## **HEALTHY COMMUNITIES • SUSTAINABLE COMMUNITIES**

April 21, 2017

Ms. Roselle Martino Assistant Deputy Minister Population and Public Health Division Ministry of Health and Long-Term Care College Park, 19th Floor Suite 1903, 777 Bay Street Toronto, ON M7A 1S5

## Standards for Public Health Programs and Services **Consultation Document** Ministry of Health & Long-Term Care

Dear Ms. Martino,

As the voice of the planning profession in Ontario, the Ontario Professional Planners Institute (OPPI) would like to thank you for the opportunity to provide comments on the Consultation Document on the Standards for Public Health Programs and Services.

OPPI's almost 4,500 members work in government, private practice, universities, and not-for-profit agencies in the fields of urban and rural development, community design, environmental planning, transportation, health, social services, heritage conservation, housing, and economic development. Members meet quality practice requirements and are accountable to OPPI and the public to practice ethically and to abide by a Professional Code of Practice. Only Full Members of the Institute are authorized by the Ontario Professional Planners Institute Act, 1994, to use the title "Registered Professional Planner" (or "RPP").

OPPI provides leadership in achieving healthy and sustainable communities in Ontario through the Institute's Calls to Action and Policy Papers. OPPI sees this as critical as where we work, live, and play is vitally important to the quality of our lives. In November 2016, we released an educational video and Call to Action on the public realm - Healthy Communities and Planning for the Public Realm. The Call to Action encourages planners and other key stakeholders to explore and consider these key issues and actions surrounding the different aspects of the public realm and to make these a focus in community building and placemaking in Ontario. Copies of this and our other Calls to Action, many related to public health matters, can be found here:

http://ontarioplanners.ca/Policy/Healthy-Communities-bull-Sustainable-Communities

OPPI has also worked closely with our public health colleagues over the past few years. OPPI, for example, recently partnered with the Ontario Public Health Association and the Public Health Agency of Canada on online training modules designed to educate and engage members of the planning and public health professions. Developed by volunteers and staff and inspired by research and user feedback, this introductory level course is designed to bridge the gaps between both professions, as well as provide greater opportunities for developing collaborative partnerships to help create and foster healthy built environments. To date, over 800 planners and public health professionals have taken this course.

# Comments on the Consultation Document Related to Land Use Planning

### Collaboration

- The document's position regarding collaboration serves to improve the work of the public health sector. Evidence-informed decision making involves wide-ranging scientific enquiry that makes public health an expansive topic. This helps to create an opportunity for public health officials to collaborate with planners. Active transportation, for example, and its relationship to physical activity, is in part a land use matter and also a public health matter. Great strides can be made when the two professions work together.
- Recognizing the importance of collaboration to improve the work of planners and public health officials would have the benefit of establishing not only improved mutual understanding but also further reinforce the need for the two professions to work together. Discussion is needed as to how public health officials will work with planning professionals would be beneficial when collaborative work is required to fully implement evidence-informed decision making.
- On page 28, Requirement #3 recognizes collaboration as part of achieving those outcomes. It assumes that the Board of Health will be the one developing the effective strategy, though the mandate may actually rest with a partner agency. This is where some conflict between health departments and planning departments has been observed. A possible solutions could be to either split the two purposes for developing a strategy into two clauses with slightly varying actions: Board of Health shall develop effective strategies in collaboration with community partners to reduce exposure to health hazards...; Board of Health shall collaborate with community partners to develop effective strategies to promote healthy natural and built environment; OR Rewording it as one generic clause: "The Board of Health shall collaborate with community partners to develop effective strategies to perfective strategies to reduce exposure to health hazards and promote healthy natural and built environments..."

#### Legislative Responsibilities

• Page 9 lists a range of laws that Boards of Health need to be knowledgeable about in Ontario. Given the health sector's interest in the built environment, other Acts should be listed where it enhances the public health sector's knowledge of the built environment, such as the Planning Act.

• Chronic diseases involve both built and natural environments and in ways that infectious diseases do not. Some discussion of the distinction would be helpful.

#### Healthy Environments

- Re-order the bullets so that #4 and #5 move up on the list to become #2 and #3.
- Under the existing order of what is meant to be achieved, it essentially boils down to:
  1) response to immediate risk;
  - 2) awareness of activities and ideal conditions;
  - 3) informed public policies;
  - 4) awareness of incidents and risks; and
  - 5) reduced exposure.
- Reordering the points would follow a chronological timeframe of outcomes likely to be achieved in the immediate to long-term future and reflect the Health & Safety hierarchy of potential actions (elimination, substitution, administration). For instance, immediate threats to public health being the most important and requiring urgent response (e.g. flood, threats to clean water), then to awareness of incidents/risks to help reduce public exposure (e.g. public advisories, options for obtaining clean water, areas to avoid, etc.), and eventually working with key partners to develop public policies to reduce exposure and improve natural/built environment conditions in the long run (e.g. green infrastructure to help manage and treat stormwater and protect the quality of water resources).
- There needs to be a stronger correlation between the "program outcomes" and the subsequent "requirements". For example, the outcome related to informing community partners to create healthy public policy is where health data and advocacy intersects most with land use planning (e.g. reduced mortality rates of people living in walk-friendly neighbourhoods). On that same note, the outcome related to public awareness is where individual/community health objectives may intersect with other group's social marketing and community engagement opportunities (e.g. help us plant a tree in your neighbourhood/backyard because it's good for the environment and your health).

#### **Food Safety**

 Confusion regarding food safety requirements associated with the production and consumption of produce grown on school gardens, community gardens, and institutional gardens etc., affects the development and implementation of these gardens. This has at times created a conflict between the public health/planning interests in creating a healthy environment and food safety requirements. It is recommended that considerations be given to updating Food Premises Regulation (O.Reg. 562) and the Food Safety Protocol to support the development of community and school gardens.

#### **Climate Change**

• There is no reference to ecological determinants of public health. In theory and practice, both should be highlighted as several facets of ecology are discussed such as climate change and extreme weather events.

- Clarify reference(s) to Climate Change. Further detail should establish the public health position regarding climate change as an important topic for public health. The document does not explain what is meant by climate change or the impacts of climate change. This should be clarified.
- Under the Goal section, consider adding a footnote after the "impacts of climate change" and explain or provide examples for reference. The Province has already made an effort to define climate change and their new climate change web page outlines several clear examples of the impacts, e.g. extreme weather events, poor air quality, flooding, threatened ecosystems, insect-borne diseases, and increased damage to public infrastructure.

Sincerely,

Loretta Ryan, RPP Director, Public Affairs Ontario Professional Planners Institute