
Status report

The Public Health and Planning 101 project: strengthening collaborations between the public health and planning professions

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Abstract

The Public Health and Planning 101 project aimed to increase cross-disciplinary knowledge among public health and planning professionals involved in the land use planning process. The multi-disciplinary project team administered an online survey in 2012 to Ontario public health and planning professionals in order to identify learning needs related to the built environment that would inform the development of the education module. The survey asked about built environment work, experience with collaborations, barriers faced working with the other profession, and learning needs. Most survey respondents agreed that both professions *should* be working together on the built environment, although only half indicated they actually were. The survey findings revealed the need for an education module to help public health and planning professionals collaborate in the land use planning process in Ontario, and to help inform policy related to healthy built environments.

Keywords: *knowledge translation, intersectoral collaborations, built environment, education module, public health, planning*

Introduction

Land use planning is a complex field comprised of legislation, policies, processes and tools. A growing body of evidence supports the relationship between land use planning decisions, community design and health.¹⁻³ The built environment has been shown to be associated with physical inactivity, obesity, cardiovascular disease, respiratory disease and mental illness.¹⁻³ Consequently, there is a growing interest within public health to work with planners on land use planning initiatives such as official plans and transportation master plans.⁴⁻⁸

As this is an emerging area of collaboration, more education is needed for public health and planning professionals to more effectively work together.⁹⁻¹¹ To meet this

need, a volunteer-led collaborative project entitled “Public Health and Planning 101” (the Project) was initiated by the Ontario Public Health Association (OPHA), the Ontario Professional Planners Institute (OPPI) and the Public Health Agency of Canada (PHAC). The purpose of the Project was to increase knowledge about barriers to collaboration and learning needs among public health unit staff and OPPI planners to help each profession better contribute to healthy built environment policies.

The Project included a needs assessment, comprised of a survey, an environmental scan/critical appraisal and an external stakeholder consultation, which in turn informed the development of a Public Health and Planning 101 education module. The module will help planners and

Highlights

- This study was undertaken to increase knowledge about barriers to collaboration and learning needs among public health unit staff and planners to help each profession better contribute to healthy built environment policies.
- In 2012, an online survey was developed and administered to public health professionals and professional planners.
- Respondents from both professions indicated limited human resources and limited understanding of each other’s mandates as barriers to collaboration. Training will help build capacity among both professional groups on how best to work together.
- As a result of this needs assessment, a free online training program entitled “Public Health and Planning 101: An Online Course for Public Health and Planning Professionals to Create Healthier Built Environments” was launched in 2016 by the Ontario Public Health Association as a collaborative project with the Ontario Professional Planners Institute and the Public Health Agency of Canada.

public health professionals learn about each other’s mandates, roles and responsibilities, and will help identify opportunities for cross-disciplinary collaboration in land use planning. This Project builds on innovative work done by the Public

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Health Services Authority in British Columbia¹² and represents the first needs assessment about barriers to collaboration and learning needs of public health unit staff and registered Ontario planners.

Methods

Two surveys were developed: one for public health professionals and the other for planning professionals (survey questions available upon request to the corresponding author). The surveys were pilot tested in two separate focus group sessions with public health and planning professionals. Focus group volunteers helped to validate the surveys by verifying survey questions, design and overall flow. Feedback was then incorporated into each survey. The final surveys were disseminated in January and February 2012 to Full (Registered Professional Planners) and Provisional OPPI members via email by the OPPI and to public health professionals via public health Listserv email lists.* The two surveys had similar questions that asked about the respondent's knowledge, attitudes and beliefs about the built environment or health, the legislation and mandate of the other profession and the type of resources required for both professions to better collaborate on built-environment and health projects.[†]

Informed consent was obtained from participants through an introduction at the beginning of the survey, which included a description of the Project, an explanation about how information collected would be used and how personal and organizational identifiers would be removed, and a note that participation was voluntary. Confidentiality was maintained for all participants by removing any individual or organization identifiers, and survey results were analyzed and reported as aggregated data and described as a summary of themes. Each survey had an open-ended comments section, and the authors reviewed and organized these qualitative data by category using NVivo version 10

(QSR International Pty Ltd. 2012) or manually. Survey data were saved on a password protected computer at the OPHA office. Since this was a needs assessment, Research Ethics Board approval was not required to conduct this study.

Results

Demographics

In early 2012, 304 public health professionals and 301 planning professionals completed the two separate surveys, comprising the total survey respondents for each respective profession used to calculate proportions. The survey results represent a convenience sample and are not generalizable to the entire population of public health and planning professionals in Ontario.[‡] Results compare survey responses from both groups where appropriate.

Most respondents worked either as public health staff (78%) or planners/senior

planners (58%). A smaller percentage of public health and planning professionals worked either as managers (15% and 11%, respectively) or directors (5% and 9%, respectively).

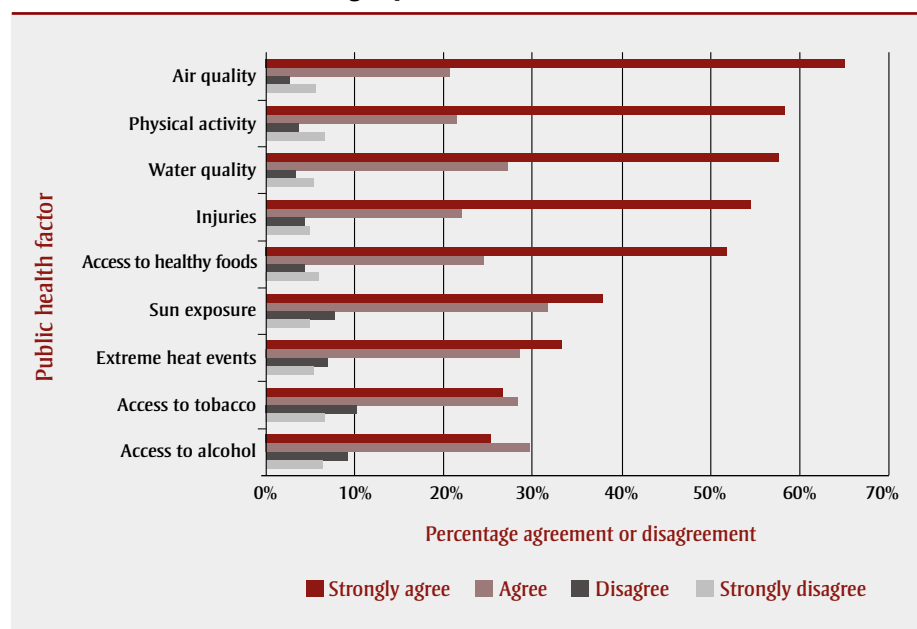
Areas of work impacted by the built environment

Public health and planning professionals both agreed (agree and strongly agree) that air quality, water quality and physical activity were the top three areas of work to be impacted by the built environment (Figures 1a, 1b). Public health professionals agreed that access to tobacco and access to alcohol were impacted by the built environment, but ranked them last, while planning professionals did not agree and ranked them last.

Working together

Approximately half of the public health professionals (52%) and planners (45%)

FIGURE 1A
Extent that areas of work are impacted by the built environment in Ontario, according to public health staff (n = 304)

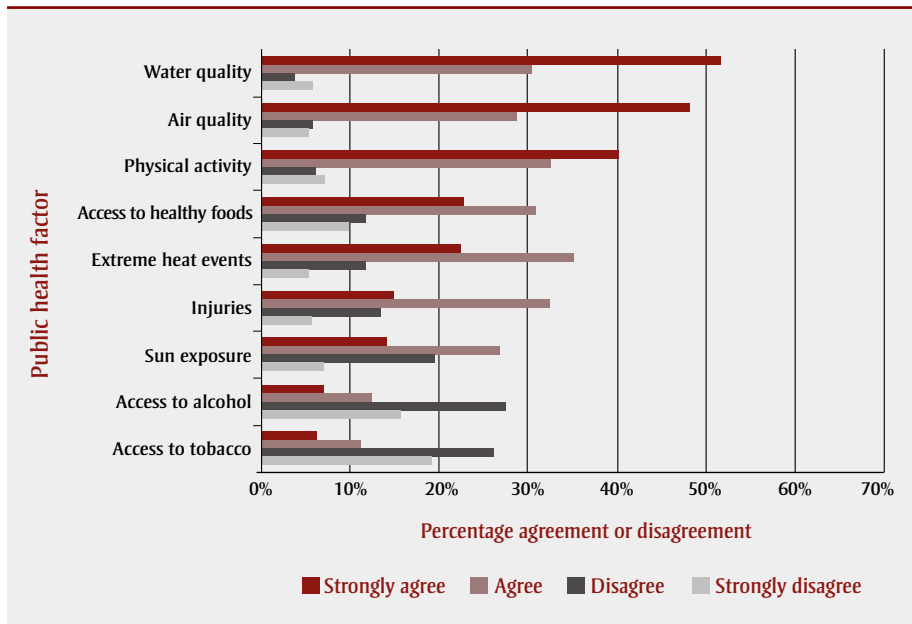


* The public health Listserv email lists included those from the following organizations: OPHA, Association of Public Health Epidemiologists in Ontario, Association of Local Public Health Agencies, Canadian Institute of Public Health Inspectors, Association of Supervisors of Public Health Inspectors of Ontario, Registered Nurses' Association of Ontario, Ontario Society of Nutrition Professionals in Public Health, Health Promotion Ontario, Ontario Nursing Association, and the Council of Ontario Medical Officers of Health.

[†] The public health survey was only open to public health professionals currently working (in 2012) (or who had worked in 2011) in an Ontario public health unit. Respondents also met one of the following criteria: (i) their work was mandated to address the built environment (as per the Ontario Public Health Standards); (ii) they worked on the built environment; or (iii) they worked as a Director, Medical Officer of Health or Associate Medical Officer of Health. The planner survey was only open to Full and Provisional OPPI members who also met one of the following eligibility criteria: (i) they were working as an employee of a local government in Ontario (or had in the past year); or (ii) they were (or had been in the past year) under a term or project-specific contract with a client that is a local government in Ontario.

[‡] The authors attempted to reach all persons eligible to complete the surveys including public health professionals through several Listserv emails and Full and Provisional OPPI members (see Methods section). Respondents had to meet the eligibility criteria before they were able to respond to the survey (see Methods section).

FIGURE 1B
Extent that areas of work are impacted by the built environment in Ontario, according to planners (n = 301)



indicated that they actually worked together on the built environment. However, most public health professionals (95%) and planners (86%) agreed that both professions *should* be working together on the built environment (data not shown). One public health professional commented on the implications of planners and public health professionals working together: “I feel advocating for this concept can have dramatic impact on many aspects of community resident’s *[sic]* health — from becoming more active, being more food secure, having cleaner air, and overall a healthier lifestyle in a healthier community.”

Ideal roles

Both public health and planning professionals were asked to identify each other’s roles on built environment initiatives. Although the proportions were lower for planners compared to public health professionals, both public health professionals and planners identified the following as the two most common roles: “reviews/comments on planning initiatives” (81% and 67%, respectively) and “provides consultation to planning” (74% and 55%, respectively) (data not shown). Fewer planners compared to public health professionals saw these two roles as their own.

Both professions were asked to identify ideal public health staff role(s) when

working with planners on the built environment (Figures 2a, 2b). Proportionally, public health professionals and planners recommended most highly the following roles: “provides consultation to planning” (88% and 81%, respectively) and “partners on specific projects” (78% and 66%, respectively). One planning professional commented that it is important to consider how and where to include public health professionals in the planning process.

Barriers to collaboration

Public health and planning professionals were asked to identify barriers that their

public health unit or local governments face in working with the other profession on the built environment (Figures 3a, 3b). Barriers included “limited human resources” (63% for public health professionals and 52% for planners), a “lack of understanding regarding application of public health mandate in planning practice” (54% for public health professionals and 59% for planners), and “organizational structures hinder collaboration” (43% for public health professionals and 47% for planners). Half of planners (53%) stated that collaboration with the other profession is “not a priority/requirement,” compared to 37% of public health professionals. One public health professional commented on the lack of understanding of each profession’s mandate: “We need to learn about what each other does ... [This] may assist in the natural formation of a common ground.”

Resource development

Public health and planning professionals were asked about their knowledge of the other profession and the type of learning resource they would find most useful. In relation to land use planning, public health staff indicated that they had the least amount of knowledge about processes, legislation and policy, while planners indicated that they had the least amount of knowledge about legislation, standards and organizational structure. Both public health staff and planners indicated that they had the most extensive knowledge about terminology, roles and responsibilities (Figures 4a, 4b). When public health professionals and planners were asked to specify topics or provide suggestions as to what a resource should

FIGURE 2A
Ideal roles for public health staff working with planners on the built environment, according to public health staff (n = 304)

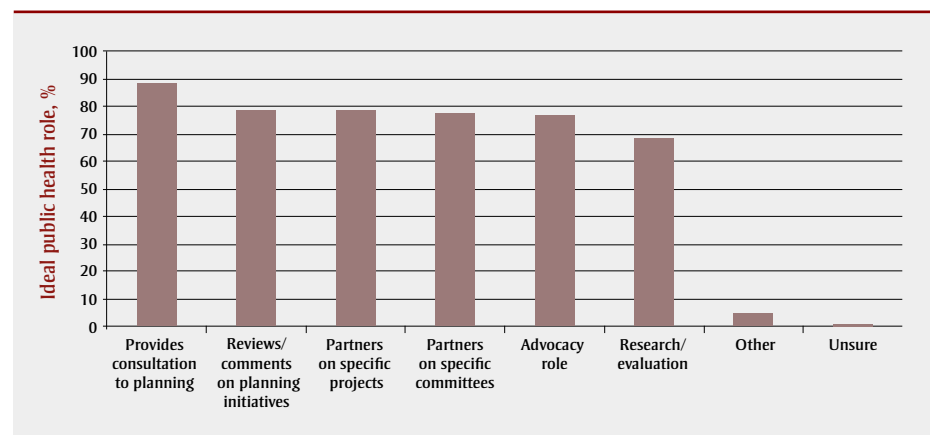


FIGURE 2B
Ideal roles for public health staff working with planners on the built environment, according to planners (n = 301)

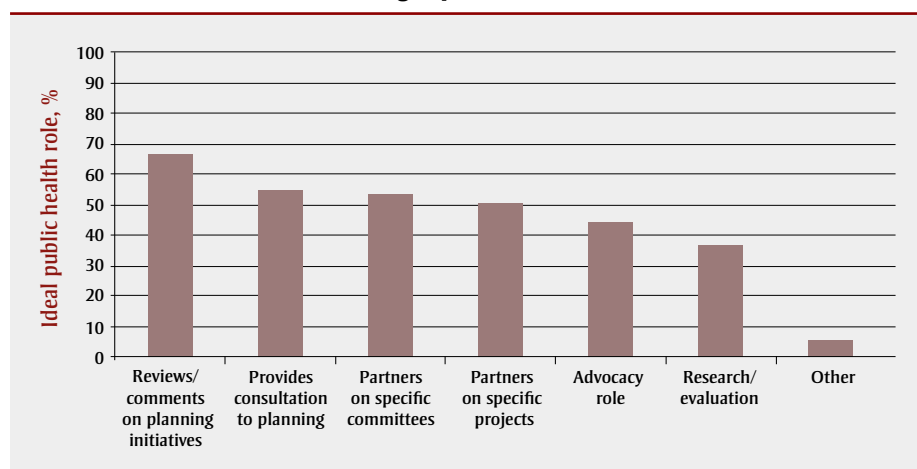


FIGURE 3A
Barriers to working with planners on the built environment, according to public health staff (n = 304)

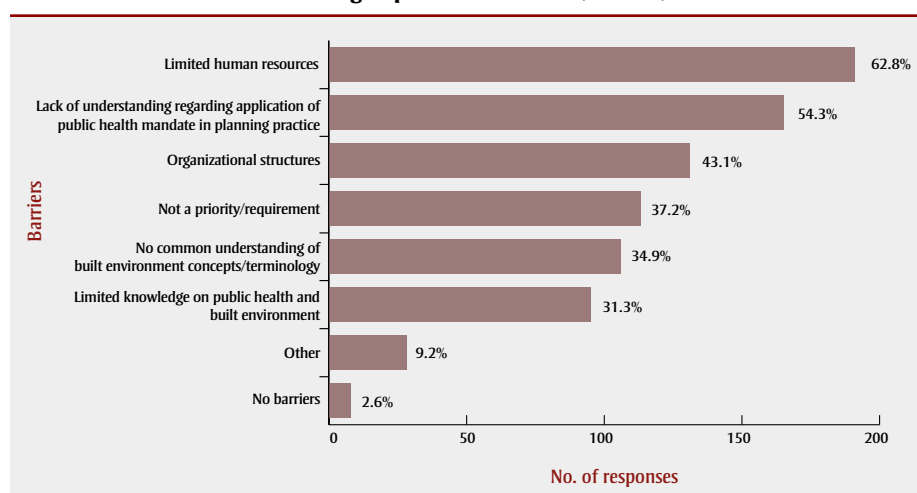
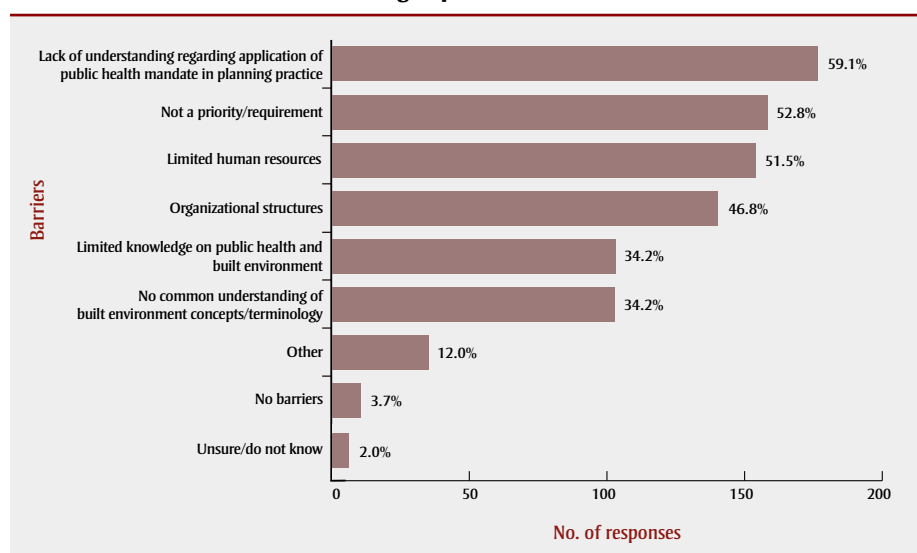


FIGURE 3B
Barriers to working with public health staff on the built environment, according to planners (n = 301)



address, both professions expressed the need for an online learning module that would describe their respective roles, mandates and processes. One planning professional commented that a public health and planning 101 resource would help to “[b]etter understand each discipline’s process for making decisions and implementing projects. Glad to see more efforts in combining public health and planning.”

Discussion

The survey findings supported the development of a Public Health and Planning 101 online educational module. Despite being in agreement that public health and planning professionals should be working together on the built environment, both professions identified limited human resources and limited understanding of each other’s mandates as barriers to collaboration. Survey results suggest that future resources should address barriers that hinder the understanding of each profession’s mandates, roles and responsibilities, processes, legislation and policy (or standards), and terminology/concepts related to public health and the built environment.

Given the increased interest and shift towards considering health in land use planning, there is a need to ensure that planners and public health professionals can effectively work together to enhance land use planning in Ontario. The survey findings demonstrate that training is required to build capacity among both professional groups on how to best collaborate.

Conclusion

Health is associated with how communities are planned and built, and the services and resources provided within them. Inspired by the results of our survey and based on user feedback from the pilot tests, a free online training program entitled “Public Health and Planning 101: An Online Course for Public Health and Planning Professionals to Create Healthier Built Environments” was launched in 2016 by OPHA as a collaborative project with OPPI and PHAC. This course is designed to bridge the gaps between the two professions, as well as provide greater opportunities for developing collaborative partnerships to help create and foster healthy built environments. The course is

FIGURE 4A
Extent of their knowledge on land use planning, according to public health staff (n = 304)

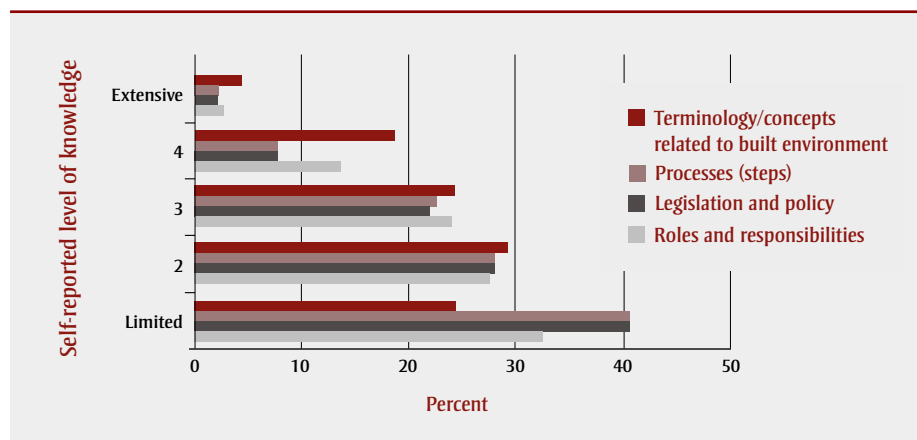
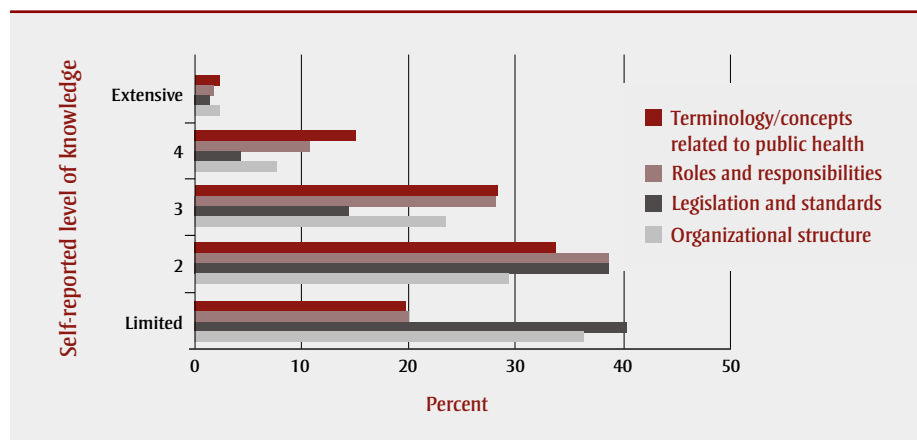


FIGURE 4B
Extent of their knowledge on public health, according to planners (n = 301)



available from: <http://www.opha.on.ca/What-We-Do/Projects/Built-Environment.aspx>

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Conflict of interest

We do not have any conflicts of interest to disclose.

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For more information

The Ontario Professional Planners Institute provides leadership in achieving healthy and sustainable communities in Ontario through the Institute's Calls to Action and Policy Papers. These are available here:

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

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