

HEALTHY CITIES / HEALTHY COMMUNITIES

ICURR LITERATURE SUMMARY NO. 2

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BACKGROUND

The *Healthy Cities Project* has been in existence for more than a decade. Originally a pilot project of the World Health Organisation (WHO) in Europe, the project is now considered a long-term project. Since its inception in 1986, the project has grown into an international undertaking that includes the participation of over 800 cities world-wide. The *Healthy Cities Project* promotes a holistic perspective of health that seeks to enhance physical, environmental, economic and social well-being. From the perspective of the WHO, the *Healthy Cities Project* represents one of its main strategic vehicles for advancing its policy of achieving “health for all” through local action. According to the WHO, a healthy community is:

...one that is continually developing those public policies and creating those physical and social environments which enable its people to mutually support each other in carrying out all the functions of life and achieving their maximum potential.

In Canada, the healthy communities concept was first supported by the Canadian Institute of Planners (CIP), the Canadian Public Health Association (CPHA) and the Federation of Canadian Municipalities (FCM). In 1987, a national office for the *Canadian Healthy Communities Project* was established with assistance from Health Canada. Although federal funding for the project was eliminated in 1991, provincial networks and community projects remain active, particularly in Quebec and Ontario.

Across Canada, there is a tremendous diversity of local initiatives that fall under the rubric of healthy community projects. Among others, these projects include: air quality improvement policies, community safety campaigns, local economic development strategies, and environmental protection initiatives. While healthy community projects vary enormously in design and implementation, the basic principles of healthy public policy, local government commitment, public participation, and broad inter-sectoral co-operation serve to guide action at the local level. One of the unique characteristics of healthy community work is that it is often defined both in terms of the process and outcome of related projects.

Over time, healthy communities projects have both reflected and incorporated relevant major policy developments. The 1987 publication of *Our Common Future* by the United Nations Commission on Environment and Development introduced a stronger focus on the importance of linking “healthy” communities and “sustainable” communities. This work was later reinforced at several international conferences. *Agenda 21*, a global action plan for sustainable development with strong emphasis on local action, was developed at the 1992 United Nations Earth Summit. A process of making the world’s cities, towns and villages more healthy, safe, equitable and sustainable was initiated at *Habitat II* in 1996, the United Nations Conference on Human Settlements.

ORGANISATION

This document pulls together a selection of existing resources on healthy cities/communities available through the ICURR library collection. In selecting publications for inclusion in this document, the following criteria were considered: currency, Canadian content or relevance, the potential for practical application by municipalities, and a substantive focus on healthy cities/communities. While there is considerable overlap between sustainable development and healthy communities, the latter constitutes the focus of this particular document. In addition, this document focuses on healthy cities/communities in a general sense, and does not include works that focus on specific aspects of creating healthier communities (e.g. air quality, public transit or green spaces). Entries are presented in chronological order, beginning with the most recent works. While this summary document is wide-ranging, it is by no means exhaustive.

ICURR LITERATURE SUMMARIES

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OTHER ICURR LITERATURE SUMMARIES

June 1998 *Alternative Guidelines and Practices for Municipal Planning and Development*
July 1998 *Performance Measurement and Program Delivery*
August 1998 *Remediation and Redevelopment of Former Industrial Sites*

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Mathur, Barbara. 1997. *Healthier Cities and Towns: Some “Best Practices” for Canadian Municipalities*. Winnipeg: Institute of Urban Studies. (42 pages, bibliography, ICURR Doc. MA 413, English)

Purpose

To serve as a resource for Canadian municipalities interested in undertaking healthy community initiatives based on principles consistent with the WHO’s Healthy Cities, and to describe “best practices” from which other municipalities may benefit.

Key Definition(s)

The *Healthy Cities Project* is a WHO initiative through which municipal governments and citizens can collaborate to devise and implement strategies for improving quality of life (p. v). *Healthy cities and towns* are those in which governments adopt a holistic approach toward managing the social and physical environments to meet the quality of life needs of all their citizens (p. 2).

Summary

This report presents a wide range of “best practices” in achieving healthier communities from municipalities across Canada. These practices include: mechanisms for interdepartmental and multi-sectoral collaboration, citizen participation and consultation, media and information campaigns, private/public sector partnerships, and community safety. Of particular relevance for local governments in the 1990s, the bulk of these practices focus on healthy community initiatives in the context of fiscal restraint and limited resources.

Key Findings, Conclusions and Recommendations

The growing importance of urban health issues is reinforced by the fact that three-fourths of Canadians now reside in cities. By 2025, levels of urbanisation are expected to reach 93% in North America. There are now over 1000 local projects and 30 national networks involved in healthy communities work around the world.

The report proposes three central areas for municipal action in striving to achieve healthier communities in the context of limited resources. For each action area, the report presents and describes several specific initiatives from other municipalities, organised under particular sub-headings:

- *implement best practices related to citizen centredness in government*: build a corporate culture of client centredness, implement best decision practices, maintain processes to remain in touch with citizen needs and involve other sectors of the community.
- *consider how to take in, spend or save money wisely*: enhance the income of municipal government, reduce expenditures in departments, and foster inter-municipal collaboration.
- *redirect monies towards quality of life initiatives*: develop healthy physical environments, support economic development, promote social and cultural well-being and public safety.

SECTION 1: report overview; SECTION 2: role of municipal government in health; SECTION 3: the origins and development of the healthy cities/communities movement; SECTION 4: municipal initiatives to improve quality of life in context of limited resources.

Planning and Building Department. 1997. *The Calgary Plan (draft)*. Calgary: City of Calgary Planning and Building Department. (115 pages, bibliography, ICURR Doc. ME 137, English)

Purpose

To provide a long-term, visionary plan to guide growth and development within the City of Calgary that reflects the aspirations and values of its citizens, and to develop a decision-making framework to facilitate the co-ordination of policies and programs to meet the obligations of local government.

Key Definition(s)

In this plan, the *healthy communities* policy addresses the non-physical components and qualitative aspects of a healthy city, such as economy, social well-being, arts and culture and leisure (p. vi). The plan adopts the WHO definition of *health*, defined as: a state of complete physical, mental and social well-being; a resource for everyday living influenced by circumstances, beliefs, culture, social, economic and physical environments; and a positive concept emphasising social and personal resources, as well as physical capacity. This view of health emphasises the role of the community/family/individual in defining what health means to them in planning and implementing healthy public policy (p. 68).

Summary

This official plan draws together a number of strategic policies adopted by the City of Calgary, and incorporates three major policy thrusts: healthy environments, growth management and healthy communities. Under each of the components detailing the healthy communities policy thrust, the plan proposes the adoption of specific policies. Similar to Toronto's the *Liveable Metropolis* (1991), this plan provides an example of one city's efforts to integrate healthy community concepts into its strategic planning process.

Key Findings, Conclusions and Recommendations

The healthy communities thrust in the plan recommends policies in a number of inter-related areas, highlights of which are outlined below:

- *economy*: attract and retain suitable business and industry to the city by fostering economic diversification and providing an environment conducive to economic activity.
- *community development* (social support, access to housing, and leisure and recreation): work towards the creation of an inclusive social environment, collaborate with the private sector to create affordable housing opportunities, and ensure that leisure and recreation services are accessible to all.
- *healthy living environments* (community planning processes, transportation impacts, urban design and safety): create a continuous pedestrian circulation and open space system, protect unique environmental features, and locate high density developments near collector or major streets.
- *heritage* (heritage policies, arts and culture policies): further heritage preservation objectives, and facilitate the arts.

PART 1: life in the region; PART 2: life in the city; PART 3: life in the downtown; PART 4: moving forward, making it happen.

Hancock, Trevor. 1996. *Healthy, Sustainable Communities: Concept, Fledgling Practice and Implications for Governance*. *Alternatives*, 22(2): 18-23. (6 pages, ICURR Doc. EG 176, English)

Purpose

To propose an integrated model for achieving healthy and sustainable communities.

Key Definition(s)

According to the United Nations, *human development* is an approach that enables all individuals to enlarge their human capabilities to the full and to put those capabilities to their best use in economic, social, cultural and political fields (p. 18). Human development or health is linked to three overlapping areas: community conviviality, environmental viability and economic prosperity. *Community conviviality* refers to social relations, solidarity and cohesion and the civic community. *Environmental viability* is the state of the community's environment, including air, water, soil quality and the integrity of the ecosystems on which the community depends. *Economic adequacy* refers to having a sufficient level of economic activity to ensure that basic needs for all are met (p. 18). Also important to this definition are the principles of social equity, ecological sustainability, and a liveable built environment.

Summary

This article proposes an integrated model for integrating the concepts of healthy communities and sustainable communities. The six key qualities or principles identified in the model (community conviviality, environmental viability, economic adequacy, social equity, ecological sustainability, liveable built environment) are proposed as criteria for community decision making and urban policy making. The article also outlines three Canadian examples of efforts to integrate work in the area of healthy and sustainable communities.

Key Findings, Conclusions and Recommendations

By the 21st century, more than half of the world's population will be urban. Maintaining the well-being of urban populations as well as the health of urban ecosystems will be a major planning challenge. The health and well-being of the planet will be decided to a significant degree by the health and well-being of the earth's cities.

An approach to urban policy and planning that integrates environmental, social, economic, health and land use planning is required to achieve the development and maintenance of whole, healthy communities. This will require new approaches to governance:

- integrative, multi-disciplinary, inter-departmental round tables.
- units of governance based on bio-regions, not arbitrary political or administrative boundaries.
- structures that emphasise inter-sectoral co-operation and public participation.

PART 1: introduction; PART 2: conceptual model for planning; PART 3: implications for government and governance; PART 4: conclusion.

Hygeia Consulting Services and REIC Ltd. 1995. *Changing Values, Changing Communities: A Guide to the Development of Healthy, Sustainable Communities*. Ottawa: Canada Mortgage and Housing Corporation. (103 pages, bibliography, ICURR Doc. MH 074, English and French)

Purpose

To evaluate the degree to which four alternative planning approaches contribute to the development of more liveable, sustainable communities.

Key Definition(s)

Healthy, sustainable communities are defined by a number of criteria grouped under seven key headings: resources conservation, environmental impact, economic viability, equity, liveability, community and health and safety (p. 7) (Appendix A). The four *alternative planning approaches* evaluated in this report include neo-traditional planning, the pedestrian pocket, co-housing, and the eco-village concept.

Neo-traditional planning is the term given to the planning approach modelled on 19th century urban and small town form, with particular emphasis on grid street patterns, design controls, higher than average densities, pedestrian-friendly streetscapes, rear lanes and public civic space (p. 9). The *pedestrian pocket*

approach is defined as a “simple cluster of housing, retail space and offices within a quarter-mile walking radius of a transit system” (p. 10). *Co-housing* is an alternative approach to financing, designing and managing individual housing projects to provide more affordable and communally-oriented forms of living (p. 10-11). *Eco-village* is used to describe a planning approach designed to reduce the environmental impact of development based on performance and self-sufficiency goals in areas such as employment, waste treatment and disposal, transit access and energy use (p. 11-12).

Summary

This report analyses the effectiveness of each alternative planning approach through the use of an evaluative framework and specific case studies. While the guide focuses on greenfields development, many of the principles are also applicable to redevelopment projects. The evaluative framework provides a useful planning tool for local governments seeking to develop healthier, more sustainable communities. The framework focuses on land-use planning and defines key aspects of a healthy, sustainable community. In addition to physical form, other important dimensions of developing healthier, more sustainable communities are also discussed, such as: transportation planning, fiscal constraints, and community priorities. The framework is not intended to be a “blueprint” for healthy, sustainable development, but rather a conceptual checklist of important factors for consideration by municipalities in ongoing planning efforts.

Key Findings, Conclusions and Recommendations

Planning models that have dominated new developments since the post-war are hard pressed to respond to changing circumstances and needs. Changing households and demographic characteristics demand a greater variety of housing forms and better accessibility to public amenities. Municipalities need to reduce the capital and operating costs of infrastructure investments. Questions continue to be raised about the environmental costs and social consequences of conventional development practices.

The framework proposed by this report combines three focus areas (society, economy and environment) that are divided into seven specific aspects that define a healthy, sustainable community. Each of these aspects has an associated goal for which objectives and practical tools are identified as options for action. Practical tools include land use plans, building form and technology, infrastructure and utilities, transportation and communication, and social and economic development.

Application of the evaluative framework resulted in a number of lessons learned, including:

- the four alternative planning approaches are often complementary, combining a number of common features, such as a greater emphasis on public transit use, a more compact form, pedestrian-friendly environments, a well-defined public realm, preservation of natural features and a mixture of land uses and housing types.
- the use of a predetermined physical plan may not be the best approach to planning a healthy, sustainable community.
- a physical plan constitutes only one aspect of developing a healthy sustainable community.

CHAPTER 1: planning approaches and case study findings; CHAPTER 2: evaluative framework used to assess each planning approach; CHAPTER 3: planning approaches and their related infrastructure costs; CHAPTER 4: case studies of each planning approach to address social, economic and environmental issues; CHAPTER 5: relevant publications and organisations related to healthy communities.

Lachance, Roger and Martine Morisset. 1995. *L'Obsession du Citoyen: Vade Mecum pour Villes et Villages où il fait Bon Vivre*. Montreal: Réseau québécois de villes et villages en santé. (192 pages, bibliography, ICURR Doc. EH 507, French)

Purpose

To provide a guidebook to assist those interested in working towards the development of healthier communities.

Key Definition(s)

Strategic planning is defined as a systematic process that articulates what an organisation plans to accomplish, as well as when and how this will be achieved, over a specific period of time (p. 12).

Summary

Since its establishment in 1987, the réseau québécois de villes et villages en santé has been one of the most active bodies in Canada in promoting healthier communities. By 1995, this network included close to 100 communities and forty percent of the population in Quebec. This vast experience is captured in this informative and practical guide that details the diverse range of initiatives and projects undertaken by various municipalities in Quebec to improve the health of their communities. The book also presents and discusses a number of other related concepts such as strategic planning, successful partnerships, and municipal financing.

Key Findings, Conclusions and Recommendations

Developing healthier communities is not necessarily a new responsibility for municipalities, but it does entail a heightened awareness and sensitivity to the fact that local decision-making has a significant impact on local quality of life.

This guidebook makes a series of recommendations for developing healthier communities in a wide variety of subject areas, including strategic planning, financing and quality of life. These recommendations emphasise equity, partnerships, collaboration and the importance of placing citizens and their needs at the centre of the decision-making processes that affect quality of life issues.

CHAPTER 1: local government; CHAPTER 2: municipal strategic planning; CHAPTER 3: municipal financing - the keystone strategy; CHAPTER 4: community planning and quality of life; CHAPTER 5: managing municipal services; CHAPTER 6: towards community well-being.

Healthy City Office. 1993. *Modelling Quality of Life Indicators in Canada: A Pilot Test of Quality of Life Indicators in Toronto*. Toronto: City of Toronto Healthy City Office. (50 pages, ICURR Doc. NEW3 14718, English)

Purpose

To outline the experiences of the City of Toronto's Healthy City Office in testing CMHC's Community Oriented Model of the Lived Environment (COMLE), a model developed to measure quality of life indicators at the municipal level.

Key Definition(s)

Toronto's *State of the City reporting* is an easy to read, non-technical, journalistic report on the current state of the environment, housing, transportation, education, safety, community health and economic health in the city (p. 2).

Summary

The COMLE model is used as the basis for Toronto's *State of the City Report* (1993), a key component of Toronto's healthy city strategy used to monitor progress towards achieving a healthier city. Consistent with the COMLE model, the report proposes sector-specific areas of indicators, although in somewhat modified form. These sectors include: economic life, environment, community health, transportation, education, housing, education and safety. Each sector contains a number of specific indicators, measures, data and data sources. The report also identifies new kinds of information that may require collection and

monitoring in order to assess healthy city progress. Complete with sector-specific flowcharts and tables, this report provides an overview of how one city applied the COMLE model to rationalise data collection and articulate indicators for its healthy city strategy.

Key Finding(s), Conclusions and Recommendations

The COMLE model provides a framework for developing quality of life indicators at the local level. The model structures the process of selecting indicators of liveability and measures to monitor progress towards these goals. Toronto added qualitative indicators to the framework through inclusion of citizen surveys.

While the testing of the model took 35 person days, the State of the City Report required approximately two years to complete, with input from 40 municipal staff and over 200 community members. The model is relevant to State of the City reporting, and provides a potentially useful example for other municipal governments interested in the healthy communities practices. The periodic collection of COMLE-related data facilitates the analysis of a city's overall health, and permits for inter-city comparisons.

PART 1: introduction; PART 2: Toronto's first State of the City report; PART 3: methodology; PART 4: context; PART 5: findings; PART 6: discussion.

Murdie, Robert, Darla Ryne and Judy Bates. 1992. *Modelling Quality of Life Indicators in Canada: A Feasibility Analysis*. Ottawa: Center for Future Studies in Housing and Living Environments. (68 pages, bibliography, ICURR Doc. MG 451, English and French)

Purpose

The purpose of this study is to analyse the existing quality of life literature, to develop a quality of life model appropriate to the municipal level, and to explore the availability of data for the model for various spatial scales and time intervals and identify needed data that do not currently exist.

Key Definition(s)

Objective indicators are quantitative measures, usually obtained from census data or local agencies. *Subjective indicators* are qualitative measures usually obtained from specially constructed interviews with a sample of the general population (p. iii). One or both sets of indicators can be used to describe *quality of life* (p. 13). At the local level, *quality of life* can sometimes be confused with *quality of place*. Whereas *quality of life* is defined as "an individual's happiness or satisfaction with life and environment including needs and desires, aspirations, lifestyle preferences, and other tangible and intangible factors...", *quality of place* is "the measurement of the conditions of place, how these conditions are experienced and the relative importance of each of these to the individual" (p. 14).

This study recommends a model for measuring quality of life at the local level that embraces three inter-related elements: environmental integrity, economic vitality and social well-being. *Environmental integrity* refers to practices that ensure long-term sustainability of clean air, soil and water as well as a variety of species and their habitats. *Economic vitality* is defined as a broadly-based economy responsive to changing circumstances, able to attract new investment and provide employment and investment opportunities. *Social well-being* contains two components: (1) safety, health, and equitable access to housing, services, recreational and cultural activities; and (2) participation in community decision-making processes (p. 27).

Summary

This study examined the feasibility of modelling quality of life indicators at the municipal level in Canada. In many ways, the healthy community concept is partially an outgrowth of social indicators and quality of life research. This work has the potential to provide community planners and groups with a specific assessment and evaluation tool for measuring progress towards achieving healthier communities. The study produced two models: *A Conceptual Framework of Quality of Life* (an integrative statement of

ideas drawn from research on objective and subjective indicators) and *A Community Oriented Model of the Lived Environment* (COMLE) (draws from recent work on sustainable environments and healthy communities). The COMLE model has subsequently been applied and tested in Québec City, Fort McMurray and Toronto.

Key Findings, Conclusions and Recommendations

The authors recommend the *Community Oriented Model of the Lived Environment* (COMLE) as being more relevant to municipal policy issues and planning, and represents a more holistic and multi-sectoral approach to evaluating quality of life issues at the local level (Appendix B).

To assist municipalities with the operationalisation of the recommended COMLE model, the report provides a set of sector-specific indicators for assessing the quality of life at the community level. In the model, these sectors include: housing, land use, transportation, natural environment, employment, health, education, recreation, crime and safety, and social welfare.

Although the model is devoid of subjective indicators, the time and expense involved in collecting such information is often beyond the capabilities of most municipalities. However, this is an acknowledged limitation of the model, particularly in some areas such as policing where the perception of safety is as important as the incidence of actual crimes. This model draws from Metropolitan Toronto's 1991 discussion paper, *Towards a Liveable Metropolis*, and attempts to integrate the conceptual frameworks of sustainable development, the ecosystem approach to planning and healthy communities.

CHAPTERS 1-2: introduction, literature review, major themes; CHAPTER 3: quality of life issues, subjective and objective indicators, statistical models; CHAPTER 4: presentation of models; CHAPTER 5: sector-specific indicators.

Ashton, John (ed.). 1992. *Healthy Cities*. Philadelphia: Open University Press. (235 pages, bibliography, ICURR Doc. UH 316, English)

Purpose

To bring together some of the experiences of trying to develop a new urban public health.

Key Definition(s)

This book refers to the WHO definition of a *healthy city*. The WHO-Europe *healthy city* initiative revolves around the achievement of five major elements: the formulation and adoption of city-based plans for health; development of models consisting of good practices in promoting healthier cities; monitoring of the effectiveness of good practice models; sharing of ideas and experiences between collaborating and interested cities; and the learning and cultural exchange between cities (p. 8).

Summary

Through a collection of essays and case studies, this book chronicles the emergence, growth and evolution of healthy cities projects in Europe, Australia, New Zealand, the United States and Canada. The book's editor, John Ashton served as the first co-ordinator of the Healthy Cities Project for the WHO. This book contains a practical orientation with chapters such as "Measuring Health in Cities," and a number of case studies. Although published in 1992, this book continues to provide a conceptual framework for envisioning the significance and scope of healthy cities/communities initiatives across both municipal jurisdictions and international borders. In terms of Canadian content, the book provides a detailed case study of Toronto's healthy community initiative, as well as a review of the development and distinctive aspects of the Canadian Healthy Communities Project. Together, these chapters provide an overview of the distinct features of the project in Canada, including its focus on communities, not cities and its inclusion of any community interested in joining.

Key Findings, Conclusions and Recommendations

Participating cities in the WHO-Europe's Healthy City Project agree to undertake the following actions:

- establish a high-level, inter-sectoral decision-making group to provide a strategic overview of health in the city.
- create an inter-sectoral office to work on collaborative planning and analysis for a healthy city.
- conduct a community-level diagnosis, focusing on health inequalities and including data from a variety of sources to assess the health of the city.
- develop linkages/partnerships between municipal action and committees and schools or other educational institutions.
- undertake a review of the health promotion potential of municipal activities and organisations to identify untapped resources for health.
- generate public debate about healthy city initiatives that includes local media.
- adopt, monitor and evaluate specific measures aimed at improving health based on *Health for All* principles.

PART 1: origins, myths, realities and utopias of the healthy city movement; PART 2: global overview of urban health issues and evolution of initiatives in different countries; PART 3-4: case studies from Europe, North America, Australia and New Zealand.

Metropolitan Toronto Planning Department. 1991. *Towards a Liveable Metropolis*. Metropolitan Toronto Plan Review Report No. 13. Toronto: Metropolitan Toronto Planning Department. (47 pages, bibliography, ICURR Doc. UH 305, English)

Purpose

To provide a framework for a liveable metropolis for the Metropolitan Toronto Official Plan that reflects the values and aspirations of citizens.

Key Definition(s)

Liveability refers to a quality of urban life that is dependent on the achievement of a balance between social well-being, environmental integrity, and economic vitality (p. 16). This document refers to the WHO definition of a *healthy community*. The report also alludes to the qualities of a healthy city as defined by the City of Toronto (Appendix C).

Summary

In defining the principles for creating a more “liveable metropolis,” this discussion paper for the 1991 Metropolitan Toronto Plan Review provides an interesting synthesis of three related concepts: healthy communities, ecosystem planning and sustainable development. Each of these areas is included in the formulation of a comprehensive, co-ordinated strategy for achieving and managing the liveable metropolis, accompanied by specific policy directions and initiatives. The resulting framework for action integrates recent thinking on environment, economy and social well-being, and provides a useful template for similar strategic planning exercises by other municipalities. In creating the liveable metropolis, the report proposes a stewardship approach, in recognition of the importance of shared responsibility, collaborative action and heightened public awareness. The report also outlines the influence of sectoral policies on liveability (Appendix D).

Key Findings, Conclusions and Recommendations

The urban ecosystem is composed of a network of inter-connected systems. To support the integrated approach required to create the liveable metropolis, this paper proposes the following principles as the basis of a new decision-making framework:

- *equity*: equality of access to services, facilities and opportunities “today” and the preservation of resources for future residents.

- *sustainability*: a physical environment in which the land, water and air are of such a quality to support attractive and healthy, self-sustaining communities.
- *shared responsibility*: recognition of the role of individuals, companies and governments as managers of community resources and stewards of the natural environment.
- *choice and diversity*: the availability of options in lifestyle, services and facilities, housing and neighbourhoods, employment, social and cultural opportunities.

The paper recommends 15 initiatives designed to help measure success not only in terms of economic growth, but also in terms of environmental and social costs and benefits. Some of these proposed initiatives include:

- review of Metropolitan Toronto's corporate practices to assess their cumulative impact on the environment and develop resource conservation and pollution reduction strategies.
- develop corporate guidelines to assess on a consistent basis the environmental, social and economic implications of Metropolitan activities.
- create indicators of liveability to evaluate the impact of programs and policies and monitor change.
- integrate environmental, social and economic considerations into the development review process, and develop appropriate performance standards to include in the development review process.
- include the following policies in the Official Plan: protect and conserve natural areas; optimise density potential within the existing urban area; balance the location of labour force population with employment opportunities; maximise the use of transportation alternatives to the automobile; promote a sense of community and enhance heritage features.

CHAPTER 1: introduction; CHAPTER 2: the liveable metropolis; CHAPTER 3: responding to the issues and the metropolitan challenge; CHAPTER 4: opportunities for change; CHAPTER 5: summary of initiatives.

Office of Health Promotion. 1991. *Healthy Communities Yearbook*. Victoria: British Columbia Ministry of Health and Ministry Responsible for Seniors. (41 pages, ICURR Doc. MA 120, English)

Purpose

To share the experiences and lessons learned by those communities involved in British Columbia's Healthy Communities Initiative.

Key Definition(s)

A *healthy community* is one in which municipal governments and residents work together to resolve their health issues of local concern and create supportive environments for health (p. 1).

Summary

In 1990, British Columbia launched the *Healthy Communities Initiative Fund*. This report documents the varied stories, experiences and lessons learned by the 38 communities that received funding from this provincial initiative during 1991.

Key Findings, Conclusions and Recommendations

Key lessons learned by policy-makers, community development practitioners and participating residents in the first year of the project's operation were many and varied:

- *identification of health issues*: involve a diversity of residents and methods.
- *establishment of a steering committee*: invite participation from a cross-section of community members, set goals to maintain a focus and network with other communities involved in healthy community work.

- *working with local government*: a variety of working relationships developed with local governments to support healthy community projects. These varied from arms length arrangements to full and committed partnerships between local councils and communities.
- *collaboration with consultants*: call upon the expertise of consultants to perform specific tasks as needed and appropriate.

The report lists the following principles as the building blocks for a healthy community: the creation of new partnerships; the development of community skills for problem-solving; the participation of local government, residents and new leaders; and support for community planning, healthy public policy and community pride.

Communities reported a number of results of healthy community projects, including: local government commitment, a multi-sectoral approach to health, resident participation, and the identification of a variety of health priorities for attention and action at the local level.

PART 1: introduction; PART 2: integrating healthy communities and principles; PART 3: the results; PART 4: community stories; PART 5: lessons learned; PART 6: legacies; PART 7: conclusions.

Boothroyd, Peter and Margaret Eberle. 1990. *Healthy Communities: What They Are, How They're Made*. Vancouver: Center for Human Settlements, University of British Columbia. (12 pages, bibliography, ICURR Doc. MH 968, English)

Purpose

To review what is meant by “healthy community” and how they can be created.

Key Definition(s)

A *healthy community* is a community in which all organisations - from informal groups to governments - are working effectively together to improve the quality of all people’s lives (p. 7).

Summary

This research bulletin offers a brief but useful introductory overview to healthy communities, both as a theoretical concept and as a local practice for community change. The bulletin provides a succinct overview of the changing definitions and conceptualisation of health that underpins the contemporary healthy communities movement, and outlines the diverse range of projects that fall under the rubric of developing healthier communities. These projects may include pollution abatement, youth recreation programs, healthy eating, smoking cessation, AIDS prevention, walking and bicycling paths or housing for the aged. Such a diversity of projects reflects the variety of community-based definitions of what constitutes a healthier community.

Key Findings, Conclusions and Recommendations

This bulletin distinguishes between approaches that emphasise the community as the *focus* for action and as the *agent* for action. The community-as-focus-of-activity approach emphasises the territorial aspects of community. An example of a healthy community project of this type is a recycling project proposed for a particular community.

The community-as-collective-agency approach emphasises the mobilisation of community members to improve some aspect of health. This definition focuses on the importance of relationships between potential agents of change within a community. The community may be a group of people, a municipality or several municipalities. This bulletin recommends this approach, as it encourages collective action, comprehensive planning, priority-setting and co-ordination.

The bulletin recommends a comprehensive planning approach for healthy community planning that encompasses five key aspects:

- *pro-activity*: encourage organisations to set and seek strategic goals, often in common with other community organisations to co-ordinate efforts and build local synergies.
- *process-sensitivity*: place importance on how decisions are made, implemented and monitored.
- *long-term planning*: promote strategic planning to not only address long-term solutions, but to reduce the causes of future ill-health.
- *inter-community planning*: foster co-operation within and between communities to address identified issues of healthy community concern and importance.
- *action-research*: monitor or evaluate activities or actions in order to improve future planning.

PART 1: introduction; PART 2; evolution of the ideal of healthy community projects; PART 3: possible responses to the confusion over what constitutes a healthy community project; PART 4: defining healthy community; PART 5: implications of the definition: roles for healthy community projects; PART 6: implications for sponsors of healthy community projects.

Healthy Toronto 2000 Subcommittee. 1988. *Healthy Toronto 2000*. Toronto: City of Toronto Department of Public Health. (124 pages, bibliography, ICURR Doc. UF 027, English)

Purpose

To propose a vision and strategy for achieving the healthiest city possible by the year 2000.

Key Definition(s)

Toronto supports the WHO definition of a *healthy city*. However, it also added another dimension, stating that a healthy city not only enjoys a high health status and a healthy environment, but also recognises its challenges to health and mobilises its resources to meet them (p. 5). *Health promotion* is defined as enabling people to increase control over and improve their health (p. 4).

Summary

This report is the result of an extensive consultation process with community members and municipal staff. Based on this consultation process, this document sets out a vision for a healthy city, one of the first of its kind in North America. Although completed a decade ago, this document provides a framework for action in planning healthy communities, emphasising the role of citizens and local government and the importance of pre-requisites for health (e.g. food, shelter, and work).

Key Findings, Conclusions and Recommendations

The report includes 89 recommendations to direct local action in a wide variety of areas, such as housing, food, education, public health and urban planning. In the area of urban planning, the report supports a number of directions, including: the enhancement of green space, the preservation and strengthening of neighbourhoods, and increasing access for seniors and people with disabilities. Recommendations also deal with process-oriented directives, such as the formation of an interdepartmental healthy city working group and the establishment of a healthy city office.

The report outlines the following health goals for the city:

- reduce inequities in health opportunities.
- create physical and social environments supportive of health.
- advocate for a community-based health services system.

The report sets out three priorities for action:

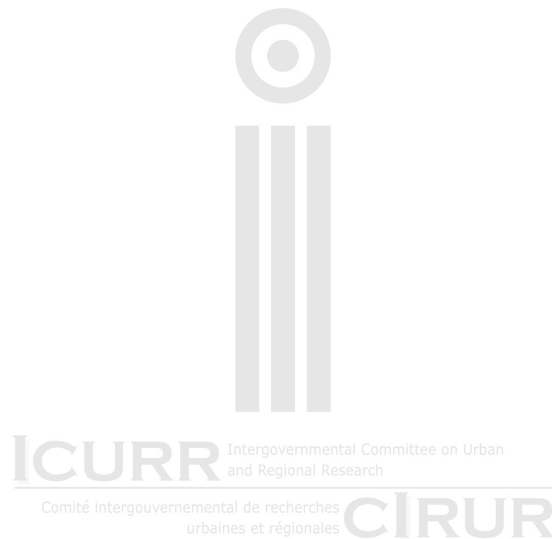
- focus efforts on those with the greatest inequalities in health.
- ensure efforts are culturally appropriate and responsive to the city's cultural diversity.

- work with citizens and local groups to strengthen and empower individuals and communities.

In pursuing these goals and priorities, the city adopted the strategies affirmed by the *Ottawa Charter for Health Promotion* as the basis for its healthy city initiative:

- establish public policies that support health.
- create environments supportive of health.
- strengthen and facilitate community action for health.
- foster the development of personal skills for health.
- reorient health services towards health promotion and a community-based health services system.

SECTION 1: a framework for action; SECTION 2-3: context and health challenges; SECTION 4: a healthy city initiative.



Appendix A

Aspects of Healthy, Sustainable Communities



Resource Conservation:

Land, materials, water, energy

Environmental Impact:

Greenhouse gases, ozone impact, air, water and soil quality

Economic Viability:

Infrastructure, marketability, stability

Equity:

Access and opportunity, fulfilment of basic needs, services and amenities

Liveability:

Services and facilities, public open space, convenience of movement, private open space, climate and weather, delight

Community:

Inclusiveness, participation, heritage, identity, gathering places

Health and Safety:

Health protection, health promotion, health care and safety

Source: Hygeia Consulting Services and REIC Ltd. 1995. Changing Values, Changing Communities: A Guide to the Development of Healthy, Sustainable Communities, p. 7.

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Appendix C

Qualities of a Healthy City

A healthy city should provide:

- a clean, safe physical environment of high quality (including housing quality).
- an ecosystem that is stable now and sustainable in the long term.
- a strong, mutually supportive and non-exploitive community.
- a high degree of participation and control by the public over the decisions affecting their lives, health and well-being.
- the meeting of basic needs (for food, water, shelter, income, safety and work) for all the city's people.
- access to a wide variety of experiences and resources, with the chance for a wide variety of contact, interaction and communication.
- a diverse, vital and innovative city economy.
- the encouragement of connectedness with the past, with the cultural and biological heritage of city dwellers and with other groups and individuals.
- a form that is compatible with and enhances the preceding characteristics.
- an optimum level of appropriate public health and sick care services accessible to all.
- high health status (high levels of positive health and low levels of disease).

Source: Healthy City Office, City of Toronto as cited in the Metropolitan Toronto Planning Department. 1991. The Liveable Metropolis, p. 20.

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Appendix D

Examples of How Sectoral Policies and Programs Affect Liveability

COMPONENTS OF LIVEABILITY			
SECTORS	<i>ENVIRONMENTAL INTEGRITY</i>	<i>SOCIAL WELL-BEING</i>	<i>ECONOMIC VITALITY</i>
<i>HOUSING</i>	<ul style="list-style-type: none"> • design • density • location • energy source & consumption 	<ul style="list-style-type: none"> • affordability • availability • options • sense of community 	<ul style="list-style-type: none"> • labour force availability • employment opportunities • infrastructure investment • materials availability
<i>PHYSICAL INFRASTRUCTURE</i>	<ul style="list-style-type: none"> • land use pattern • modal split • energy source & consumption • design • technology • efficiency 	<ul style="list-style-type: none"> • affordability • comfort, safety & health • access to transit • availability of options • mobility 	<ul style="list-style-type: none"> • capacity • alignment • goods mobility • infrastructure investment
<i>NATURAL ENVIRONMENT</i>	<ul style="list-style-type: none"> • productivity • diversity • viability of processes • conservation • preservation techniques 	<ul style="list-style-type: none"> • health & safety • recreation/leisure • options • aesthetics • climate • resource availability 	<ul style="list-style-type: none"> • resource availability • employment opportunities • product diversity • research & development • leisure/tourism industry • natural asset protection
<i>EMPLOYMENT AND COMMERCE</i>	<ul style="list-style-type: none"> • design • density • efficiency • waste production • resource consumption • location 	<ul style="list-style-type: none"> • income independence • options • work environment 	<ul style="list-style-type: none"> • infrastructure investment • variety • competitiveness • activity level
<i>SOCIAL INFRASTRUCTURE</i>	<ul style="list-style-type: none"> • design • location • environmental sensitivity 	<ul style="list-style-type: none"> • availability • independence • opportunity for cultural expression • options 	<ul style="list-style-type: none"> • labour force satisfaction • leisure/tourism industry
<i>EDUCATION</i>	<ul style="list-style-type: none"> • information • awareness • behavioural change 	<ul style="list-style-type: none"> • opportunity for personal development • health protection 	<ul style="list-style-type: none"> • training • research & development

Source: Metropolitan Toronto Planning Department. 1991. *The Liveable Metropolis*, p. 34.

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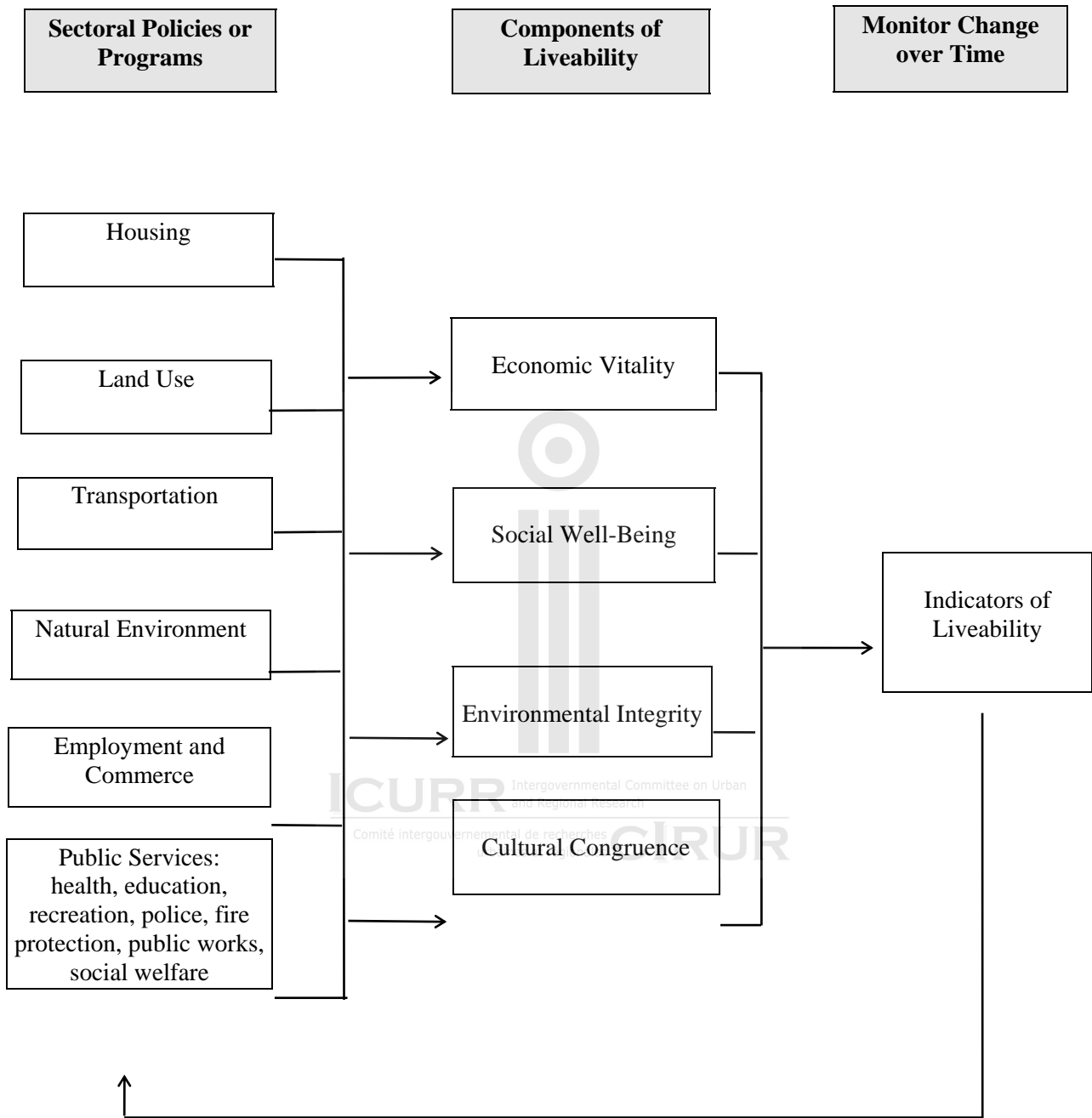
Internet: www.who.dk/tech/hcp/index.htm



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Appendix B

A Community Oriented Model of the Lived Environment



Source: Murdie et al. 1992. *Modeling Quality of Life Indicators in Canada: A Feasibility Analysis*, p. 28.