Who should take the lead when including a health perspective in planning?

A look at the current discourse in suburban Halifax Regional Municipality

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The professions of planning and health have collaborated, to varying degrees, since the mid 19th century. In recent decades, health emerged as a contemporary issue in planning under the rubric of healthy communities, broadly considering the effect that personal and environmental factors have on the health of community residents. The focus on healthy communities has re-emerged over the past decade in a modified form, targeting the built environment and its relationship with health. This working paper examines the relationship between the fields of planning and health through a case study of suburban Halifax Regional Municipality. Through interviews with planners, councillors, developers and experts, the author examines health's place in planning, specifically looking at the roles of both professions. Health is considered by most respondents to inform the suburban planning process in HRM. However, a lack of clarity exists on who should assume the lead role in taking a healthy communities' approach. Clarifying the roles for both professions could help to strengthen the approach to healthy communities and solidify health's place in planning.

This working paper examines the relationship that exists between the fields of planning and health in bringing a health perspective to the planning process. Suburban Halifax Regional Municipality (HRM) of Nova Scotia provides the setting for a case study. Interviews with councillors, developers and planners provided an understanding of the extent to which high-level policy and academic discussions linking health and planning filtered down to the community-level. Interview responses were compared against the academic literature and perspectives of experts consulted for this study. The working paper begins by examining the historical collaboration between the fields of planning and health, while tracking historical notions of the suburbs. The suburbs provide an appropriate setting for this research, given long held associations between health and suburban living. The working paper considers the nature of the relationship between the fields of planning and health, examining which profession should take the lead when including a health perspective in planning.

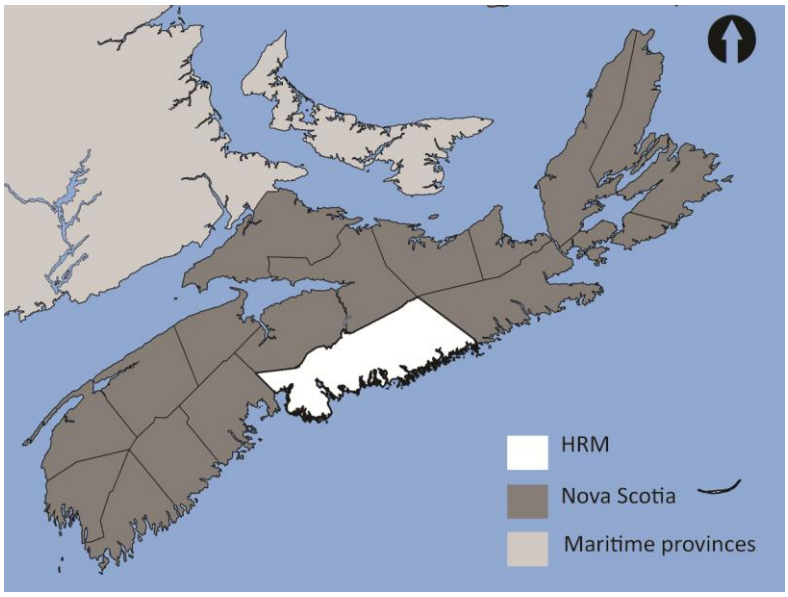

Figure 1: HRM Context map (Source: GIS Data, HRM, DTM NAD 83, 2011)

Halifax Regional Municipality (HRM), identified in white on the context map (Figure 1), is located along the Atlantic coast of Nova Scotia. As of 2010, estimates suggest a population of 403,000 (Greater Halifax Partnership, 2011). Creation of the municipality in 1996 resulted from the amalgamation of the cities of Halifax and Dartmouth, the town of Bedford and the municipality of the County of Halifax. A five-year review of the *Municipal Planning Strategy* is currently underway (HRM, 2012).

This research contributes to a larger project, *Trends in Planning and Inhabiting the Suburbs*, undertaken by Dr Jill L. Grant at Dalhousie University. Dr Grant has examined trends in the development of suburban areas across Canada for many years, with HRM the focus of the research in summer 2011. Previously, Dr Grant's research did not include a specific focus on health. Expansion of the interview guide to include health-specific questions provided data for this study. This project also contributes to an international research project, *Global Suburbanisms: Governance, land, and infrastructure in the 21st century*, led by Dr Roger Keil at York University.

Background

The fields of health and planning encompass a lengthy history of collaboration. A review of that history helps provide context for the Halifax Regional Municipality case study. Examining the current discourse about health in planning through a suburban case study proves useful, given the long standing association between health and suburban living.

Historical review

During the mid to late 19th century, the fields of planning and public health emerged and worked collaboratively to improve living conditions in rapidly industrializing cities (Northridge, et al., 2003). England established the Health in Towns Commission in 1843 to focus on the health of the working poor (Hancock, 1993, 1997). Following the establishment of the Commission, England passed a Public Health Act in 1875 (Hancock, 1993). The end of the 19th century marked a significant point in planning history, when Ebenezer Howard published his garden city approach in 1898, promoting "city convenience with healthy country living" (Harris and Mercier, 2005: 767).

At the beginning of the 20th century in Canada, the Federal Commission of Conservation formed and included a public health advisory committee (Hancock, 1993, 1997). Dr. Charles A. Hodgetts, Medical Adviser to the Commission, was a sanitarian who supported the garden city model. In his report to the Commission in 1912, Hodgetts spoke of 'healthful' in terms of trees and wide main thoroughfares acting as 'long ventilators of the town' (Hodgetts, 1912), touching on notions of space, nature and clean air that appear in the suburbs discourse. As Hancock (1993: 6) notes "Hodgetts was moved to remark that 'it's not so much the city beautiful as the city healthy that we want for Canada'".

Reformers in the early part of the 20th century became concerned with congestion and advocated for improved regulations and shared services, such as sewers (Harris and Mercier, 2005). "The rise of commercial and then industrial capitalism had created cities of unprecedented size. The cramming together of so many people - not to mention of horses and factories - created all kinds of health hazards" (Harris and Mercier, 2005: 767). Congestion concerns, paired with the popularity of Howard's garden city model, led many to support an approach to decentralize cities (Nicolaides, 2006; Harris and Mercier, 2005).

Common views of North American suburbs at that time assumed that suburbs were healthier than the inner cities, which Harris and Mercier (2005) suggest evidence does not substantiate. Harris and Mercier (2005) suggest that suburbs were diverse, and many suburbs were industrial in nature. They note that "…purely residential suburbs did indeed have a health advantage over all other types of urban environments" (Harris and Mercier, 2005: 773), likely due to resident income levels. Income levels affect health status (PHAC, 2010), and historically, the wealthy escaped the city for country estates that offered space and nature (Harris and Mercier, 2005). Residential suburbs also reflected the popularity of separating home and industry.

By the 1920s and 1930s, planning supported zoning as a popular tool for improving health and quality of life by separating incompatible uses. "Historically, there was a public health imperative to separate residential areas from employment zones in cities. Industrial point-sources of air pollution were adversely affecting health" (Capon and Blakely, 2008: 43).

By the mid 20th century, suburbs, as described by some historians, offered space, room to breathe, safe places for children to play, and places for families (Harris and Mercier, 2005). However, war time brought industrial uses to some suburbs. Industrial uses and poor septic systems made certain suburbs unhealthy places to live, an opposing scenario to the depiction of healthy, safe places for children and families (Harris and Mercier, 2005).

In Halifax Regional Municipality in the 1950s, Gordon Stephenson developed the plan for urban renewal efforts. "Like Ebenezer Howard before him, Gordon Stephenson saw planning as a tool to protect the family and to enhance individual development. His prescriptions for redesigning the city had at their core the desire to safeguard women and children" (Grant and Paterson, 2012: 334). The suburban vision of safety for nuclear families suggests suburbs provided controlled, safe environments for raising children. During urban renewal, 'healthy growth' meant removing poor quality housing and 'slum' areas, replacing them with single uses. The current Municipal Planning Strategy for HRM suggests that 'healthy growth' means mixed use, increasing densities and limiting sprawl (HRM, 2006), quite a change from Stephenson's vision half a century ago.

Limited collaboration between the professions of health and planning occurred post World War II, even though some professionals called for partnership (Northridge et al., 2003). In 1967, Richard Prindle,

Assistant Surgeon General and Director of the Bureau of Disease Prevention and Environmental Control, stated that "we public health workers must begin to concern ourselves with land use policy in the broadest sense" (Northridge et al., 2003: 563). Many decades passed before health professionals heeded this call.

Beginning in the 1980s, renewed collaboration between health and planning began with the launch of the healthy community movement. Similar to the scenario of the mid-19th century, the contemporary collaboration coincided with the emergence of a new field, in this case health promotion (Hancock, 1993). The healthy community movement began in 1986, the same year as the release of the influential Ottawa Charter for Health Promotion. In Canada, it was known as healthy communities, but internationally the movement was referred to as healthy cities. It took a broad view of health which included the natural environment (e.g., waste management, air pollution, greenspace), healthy workplaces, and a focus on children and youth (Hancock, 1993). Critics at the time questioned the staying power of the healthy communities' approach, suggesting it was "redundant with established planning principles" (Hendler, 1989: 217).

The World Health Organization (1999: 23) defines a healthy city as "one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential". Hancock and Duhl, leaders in the healthy community approach, suggest the approach considers "a clean, safe, high quality physical environment; the meeting of basic needs (food, water, shelter, income, safety, work); a high degree of public participation in and control over the decisions affecting life, health and well-being; and a diverse, vital and innovative economy" (Hancock, 1993: 9).

Given the expansive nature of the approach, Hancock (1993) called for the re-organization of local government to be able to handle the complex challenges faced in the 21st century. In addition to planning and health, other sectors are required to take a healthy communities' approach. Hancock suggests that a healthy communities' approach necessitates new ways of working together. Daly and Marchese (2011) concur with Hancock's perspective, suggesting that addressing health and disease prevention in the 21st century "require that health officials and local governments collaborate in new ways". In Canada, the healthy communities approach lost momentum when federal funding support ended in 1989, although several provincial networks remained active today.

Starting in the late 1990s through to present day, another iteration of the healthy communities' approach appeared, but with a narrower scope focusing attention on the built environment's impact on obesity and physical activity levels (Frumkin, Frank and Jackson, 2004). This coincided with concerns expressed over the health impacts of suburbs and urban sprawl. Numerous calls for renewing links between public health and planning came from health organizations and academics (World Health Organization, 2010; WHO, Regional Office for Europe, 2005; American Centers for Disease Control and Prevention; 2006; Public Health Agency of Canada, 2008; Northridge et al, 2003; Daly and Marchese, 2011).

Surveying the professions

Recent surveys of the planning profession seek to understand the role that professional members feel planning should take in relation to health and healthy communities. In Canada, the Canadian Institute of Planners (CIP) Code of Professional Practice clearly states that planning has a role to play in "promoting healthy communities and improvements to quality of life" (CIP, 2004: 1). A survey of CIP

members in 2011 found that 60% of planners consider public health issues in their planning practice quite often. Those planners with more years of experience considered health more often, which could be tied to their awareness of the first healthy communities' movement in the 1980s.

CIP members (2011) spoke of community health needs in terms of housing and homelessness, access to public transit, community design's impact on obesity, physical activity and social interactions, inequality, mental health, substance abuse, and the state of repair of facilities.
However, the list of health considerations differed from what planners described addressing in their planning practice. In their practice, CIP members (2011) described focusing on active transportation/physical activity, traffic safety and safety for pedestrians, access to healthy natural environments, urban design strategies for children and youth or older adults, and walkability. As will be discussed shortly, these relate closely with the responses given in interviews of what residents are looking for in suburbs.

In the United Kingdom, Allender et al. (2009) surveyed planning and transport practitioners who described evidence-based public health guidance as a 'new voice' in planning. Planners suggested evidence-based public health guidance generally reflects 'accepted wisdom', but it could be a useful tool for planning practice. However, the UK planners and transport practitioners described legislation as often taking priority over the inclusion of health in planning (Allender et al., 2009). These planners suggest legislation and policy are key to making health part of regular planning practice. Some planners felt public health guidance had no significant impact but did provide "endorsement for their work" (Allender et al., 2009: 108).

These findings touch on the importance of providing a compelling reason for planners to incorporate health in planning practice, either through legislation or convincing evidence. A Canadian example of providing an incentive, in this case through funding, is the requirement for municipalities to create Integrated Community Sustainability Plans to qualify for Gas Tax funding. Legislation, funding and/or compelling new evidence may improve the chances of health being considered, given the numerous issues competing for planners' attention. Competing priorities are a common refrain in the discourse, both in the literature and HRM interviews. Aligning with the CIP survey results, Allender et al. (2009: 109) noted that "what has become clear through the analysis of the data is the need for evidence-based public health guidance to create partnerships between planners and other target audiences in other fields".

Hollander et al. (2008) completed a survey in the United States examining the role of local government in supporting active community design by surveying health and planning professionals. The authors spoke to five professional member organizations from health and planning. Respondents listed inadequate funding and/or human resources as a significant barrier to addressing physical activity in planning (Hollander et al., 2008). Three of the organizations, including the American Planning Association (APA), suggested they collaborate between disciplines, with health officials more often reporting collaboration with planners and developers (Hollander et al., 2008). The authors suggest that public health officials can educate planners and others on health impacts and vice versa (Hollander et al., 2008); however, the results from the UK suggest that education would not get at the issue of health taking precedence amongst competing priorities.

Re-emergence of healthy communities' movement
The current healthy communities' movement reinforces the call for collaboration between health and planning. Frumkin (2005: A290) suggested in the mid-2000s that the field of environmental health was in the middle of a paradigm shift "as environmental health reunites with architecture and planning". Factors causing the shift in focus to the built environment, according to Frumkin (2005), include: architectural changes post 1970s, urbanization globally and urban sprawl in the US (Frumkin et al., 2004), rising obesity rates and the use of Geographic Information Systems (GIS).

In 2003, two influential health journals, the American Journal of Public Health and the American Journal of Health Promotion, published special issues devoted to the built environment and health. Three years later, the Journal of the American Planning Association published a special issue on the built environment and health. Reinforcement of the narrowed health focus came when the Canadian Institutes of Health Research and the Heart and Stroke Foundation of Canada launched multi-year funding support for research on the built environment's impact on obesity and health in 2007 (CIHR, 2007).

The momentum for addressing health in planning continues to grow, showing up in population-specific approaches for children and youth (e.g., child and youth friendly land-use and transport planning guidelines) and older adults (e.g., age-friendly communities) (O'Brien and Gilbert, 2010; PHAC, 2008). As recently as fall 2010, federal, provincial and territorial Ministers of Health announced plans to address childhood obesity, counting supportive physical environments as a necessary component of the strategy (FPT Ministers of Health, 2012).

The Canadian Institute of Planners (CIP) reorganized its approach to national issues in 2008 and identified healthy communities as one of its five strategic areas (D. Harrison, personal communication, October 3, 2011). CIP established a Healthy Communities Committee chaired by David Harrison, a Nova Scotian planner. In 2009, the Heart and Stroke Foundation of Canada approached CIP seeking formal engagement in their *Healthy Canada by Design* project (D. Harrison, personal communication, October 3, 2011).

Healthy Canada by Design, one of the largest ongoing initiatives at the national level, leads research and action on healthy community design by supporting the collaboration of health professionals and planners (UPHN, 2010). *Healthy Canada by Design* involves planning and health stakeholders striving to coordinate and translate pan-Canadian research on healthy built environments and to demonstrate ways that research can be translated into tools and projects (A. Miro, personal communication, October 20, 2011).

Nova Scotia aligns with these national trends. The provincial government announced a Child Obesity Prevention Strategy that also outlines environmental changes needed to support child health (Province of Nova Scotia, 2011). HRM's *Municipal Planning Strategy* mentions health in numerous ways, referring to the health of the natural environment and ecosystem, water and air quality, the economy, and local communities (HRM, 2006).

This working paper looks at how these influences from academia, professional practice and government have impacted local level discussions of health in the planning process. Suburban HRM provides a case study to explore the extent to which health is part of the planning process at the local level. Specific attention is paid to discussion of collaboration or leadership mentioned by planners, councillors, and developers, along with the perspectives of several experts.

Methods for case study

This project takes a qualitative research approach, using an exploratory case study method. The overall research question asks,

> *How is the concept of health being used and interpreted in the planning discourse about suburban residential developments in the Halifax Regional Municipality*?

Four sources of evidence were gathered, including document review, expert consultations, field surveys and interviews. This working paper focuses on expert consultation and interview results (councillors, developers and planners) exclusively.

Semi-structured interviews, lasting between 40 to 60 minutes on average, took place between June 8 and July 27, 2011 with 26 individuals representing planners, councillors, developers and residents. Of those 26 individuals, 14 were male and 12 were female. The planner category was divided according to municipal planners and development officers, along with planners working in the private sector, see Table 1. Interviews were recorded for transcription and analysis.

The sampling method was purposive, looking for particular categories of respondents. The sample was then convenience based and used the snowballing technique. The author recognizes the element of self selection by interviewees.

Expert consultations took place between October 4 and November 1, 2011 through in-person meetings and telephone consultations. Four experts provided insight on the broader context of collaboration between health and planning at the national-, provincial- and municipal-level.

Applying a thematic content analysis approach allowed themes to emerge from the interview data. In total, 17 broad themes emerged. While case studies do not allow generalizing results to populations, they do permit generalizing to theory (Yin, 2003). Through the analysis, attempts were made to develop theoretical explanations based on the findings. Glaser and Strauss' (1967) grounded theory technique informs the approach taken to theory building. While this working paper presents exploratory research, and results cannot be generalized, the findings may offer insight that could be further studied at a larger scale.

Table 1: Respondent categories

Respondents	Total	Male	Female
Planners (Municipal)	4	4	0
Planners (Private Consultants)	3	1	2
Development Officers (Municipal)	5	2	3
Councillors	6	2	4
Developers	4	3	1
Residents	4	2	2
Total	**26**	**14**	**12**

Case Study Findings

Is health part of the discussion?

When asked the extent to which health is discussed in planning suburban HRM, several respondents requested clarification of what was meant by health or healthy communities. The uncertainty of some respondents suggests that they may not regularly discuss health as part of planning issues. It implies that health may not be as well understood or commonly discussed as other planning concepts mentioned, such as new urbanism or smart growth, which rarely required clarification.

The researcher encouraged respondents to use a definition of health that was meaningful to them. A definition of health from the World Health Organization was only provided if needed. Councillors, developers and planners generally thought that health, once clarified, was part of the discussion of planning suburban HRM, with a few exceptions. Responses varied according to the role of the respondent: planner, developer or councillor.

Councillors were divided on the extent to which they felt health is part of planning the suburbs. One councillor was quite skeptical, suggesting that health is only paid lip service. Councillors who felt health was not part of the current discussion thought it should be due to its importance. Councillors who felt health was part of the planning process focused on community design elements such as siting community institutions in walkable locations and providing complete, whole communities. The description of mixed use suburbs presents a recurring notion in the discourse in HRM.

> *I think it's [health] not necessarily a huge part of the discussion, and I think it's a critical part of the discussion… So I think health is a huge issue but we haven't made those connections.*
>
> *Councillor*

Developers presented opposing viewpoints on whether health was part of planning discussions. Interestingly, the background of the developer seemingly impacted his or her response. For developers with a background in business, respondents suggested health had a non-existent or minimal role. Developers with more extensive planning backgrounds saw the link between planning and health.

Planners in HRM described health becoming a new trend and spoke of it increasingly gaining support and traction. Planners used passive verbs and expressions such as 'trying', 'getting a higher profile', and 'getting there', suggesting that health has not yet become entrenched in planning discussions.

> *Health is becoming a new trend, I think, that needs to be part of that common language of planners…I think the whole aspect of public health is really, really important, and just needs to, again, be part of that language culture for us as planners*
>
> *Planner*

> *I think we've made enormous strides and I think that people have latched onto it, which I think is terrific. Now we're just trying to scramble to get back out in front of it again.*
>
> *Planner*

Municipal planners spoke of health reaching policy in terms of active transportation. Planners working in the private sector had a more cynical impression, suggesting health may be in policy statements, but it is not translating into anything concrete.

> *Only it's a policy statement but it's non-existent.*
>
> *Planner*

In total, seventeen themes emerged from the interviews regarding health, summarized in Table 2. These themes are not ranked. Several themes are discussed in further detail below.

Table 2: Health themes from interviews

17 Themes	
1. Environmental focus	10. Transit
2. Community design	11. Personal health
3. Political support	12. Determinants of health
4. Staff support	13. Recreation
5. Public support	14. Active transportation
6. Implementation of policy and regulations	15. Healthy communities
7. Whole/complete communities	16. Demographic shifts
8. Safety	17. Parks/green space
9. Affordable housing/shelter	

Active transportation

Respondents mentioned active transportation most often and in greatest detail when discussing health and healthy communities. Respondents clearly saw community design's effect on suburban residents' abilities to travel through their community by walking or bicycling.

Most councillors supported active transportation and felt that Council in general supported it. However, one councillor believed that staff were more supportive than Council members and believed in active transportation. Another councillor described progress on transit and road development, but suggested that active transportation had 'fallen right off the agenda'. Councillors acknowledged that active transportation policies exist in the municipality, but progress is slow in policy implementation. Budgetary constraints were often mentioned as blocking progress to active transportation infrastructure enhancements.

Developers described the desire of residents to have walking trails and sidewalks in their communities. Developers viewed walking trails as integral to new suburban communities, with sidewalks, multi-use trails and trails through the forest forming the active transportation network.

Planners clearly saw active transportation as part of a planning approach to promoting health and increasing physical activity levels. This viewpoint aligns with national, provincial and local community

initiatives aimed at health, obesity and the built environment. Planners discussed bike lanes and cycling infrastructure, such as bike racks, when describing active transportation. Many planners spoke of active transportation showing up in HRM policy and regulations now.

Planners working as private consultants took a more cynical view than municipal planning staff about health's influence on municipal policy. Municipal planners saw active transportation showing up in policy and regulations, and gave the example of bike racks being included in current regulations. However, one private sector planner suggested the municipality's weakness involved implementing policy directions.

> *But I'd say overall that's [policy] the strength and that's the Achilles heel of the organization [HRM], is …it is very policy-driven. Which again, you've got to have good policy. It's the implementation. That's the next step.*
>
> *Planner*

Personal health

Respondents mentioned the personal health of individuals or populations, but not to the extent expected. Respondents mentioned physical activity often, aligning with the academic literature, but rarely mentioned obesity. Mental health, healthy eating and accessibility were also touched on by respondents, but not to any great extent.

> *So, I am hopeful for that whole healthy lifestyle, that whole physical health thing being engrained more into the public's eye but also into the professionals'…with planners*
>
> *Planner*

Natural environment

Councillors and developers often mentioned the link between the natural environment and personal health. Councillors felt that the *Municipal Planning Strategy* (Regional Plan) and HRM policies spoke of the natural environment and the need for protecting green spaces. One councillor clearly linked the natural environment and health describing them as 'joined at the hip'.

> *Sustainability and the environment and health, they're joined at the hip. They're just one and the same.*
>
> *Councillor*

Developers often linked the natural environment to health in terms of the energy efficiency of homes and green initiatives they were implementing such as rain barrels, conservation lands, and cautions about pesticides.

Planners generally agreed that good planning requires attention to and protection of the natural environment. A planner working in the private sector questioned whether or not the public is willing to pay for development that strives for higher environmental standards. They pointed to a lack of municipal incentives and public interest as supporting the traditional way of developing the suburbs.

Whole, complete communities
Councillors, developers and planners described the trend of suburbs becoming whole, complete communities with a mix of uses and increasing densities.

One councillor suggested complete communities as 'the way we will do business'. Councillors suggested that complete communities strengthen residents' sense of belonging, and provide opportunities for social connections. One councillor described newer suburbs as 'all-inclusive communities' which speaks to the changing nature of suburbs, becoming more mixed use.

> *Well, part of the Regional Plan is live where you work, be able to walk to work, liveable, walkable communities. So that actually… some people say that supports only, you know, re-populating the downtown. I think it speaks to the suburbs as well.*
>
> *Councillor*

> *I see that as a sign of urbanism in the sense that they're all-inclusive communities. I see that as very important, is that you don't necessarily have to drive, get in your vehicle and drive to get to the grocery store, to get to... to come downtown, to go to theatre, to anything that, you know, they're inclusive communities, both from transportation, from active transportation, …they're the communities that are built that you don't have to, if you don't want to, leave those communities. And so I see those developments as being very inclusive of all those priorities…*
>
> *Councillor*

Developers did not contribute much to this topic. When developers spoke of complete or whole communities, they referred to amenities rather than social connections. Planners were more vocal and suggested that residents in the suburbs seek a sense of community. One planner viewed community meeting spaces as enabling social support networks to meet and form bonds and mentioned the need for inter-generational activities to keep children, youth and the elderly socially integrated in the community.

Civic engagement
Respondents regularly discussed public support and civic engagement in planning. Councillors spoke of their desire for more civic engagement in planning processes, including youth engagement. Many councillors spoke of the lack of public demand for change, as planning issues are not top of mind for most community members. Councillors suggested a lack of public awareness of the reasons for sustainability resulted in a lack of commitment. One councillor felt the status quo survived because it suited most people, while a developer suggested that Canadians prefer to have space around them and would not welcome any changes to their preferred lifestyle.

Planners had a different perspective on public support. They described the public outcry over some proposed projects and suggested that senior staff and Council may support innovative approaches, but resistance was encountered during the public engagement phase. Planners and councillors described the public's discomfort with change presented a challenge in moving forward in the municipality.

Rhetoric

Contemporary planning approaches, such as new urbanism and healthy communities, often share similar features (e.g., walkability). As noted by Grant (2009: 11), "conceptual distinctions between planning approaches important to theory become blurred in practice". During the interviews, respondents mainly described approaches to planning that targeted health; however, there were instances where health approaches were blurred somewhat with other concepts such as sustainable development. One planner, when asked about smart growth, new urbanism, healthy and sustainable communities, responded that they 'use those tags', pointing to the interchangeability of the terms. One councillor expressed cynicism, describing councillors as full of rhetoric. Interview responses line up with Grant's (2009) finding that practitioners sometimes use these terms interchangeably to advance principles they advocate.

> *…smart city, smart cars - of course those are pretty nice words. You'll find politicians, they like those nice words. We're full of rhetoric but we'll make nice speeches. We'll even read somebody else's speech if it sounds pretty good. What about the translation?*
>
> *Councillor*

> *[in reference to a discussion of sustainable communities/ healthy communities] …I would say, from a political point of view, those are just words and that they can be used whatever side you're on.*
>
> *Councillor*

> *That's a healthy way of living, it's a green way.*
>
> *Developer*

Implementation

Implementation discussions centred on timing, funding, and collaboration. Respondents frequently mentioned the time lag between concepts being introduced and noticeable changes on the ground.

> *You know, the Rails to Trails program has really aided that because we have sort of a built piece of environment that we have available now that links all of our communities. So, when that light bulb moment happened probably fifteen or twenty years ago, now you're starting to see the infrastructure get laid and people being able to use them.*
>
> *Planner*

Competition for limited funds was frequently discussed, with active transportation funding described as difficult to secure amongst other competing priorities. The CIP survey results also touched on the issue of competing priorities. One councillor tied the progress on transit in the municipality to the federal Gas Tax funding support, describing the federal investment as essential. A developer saw a role for the federal and provincial governments in supporting developers to implement new planning philosophies. Funding appeared to stimulate opportunities and provide a means of leveraging to advance an issue, aligning with Allender et al.'s (2009) survey findings that suggest planners need an impetus that elevates health to priority status.

Planners touched on the challenges faced in working with, and getting buy in from, colleagues in other departments. Engineering standards were often described as a sticking point.

> *Other departments aren't necessarily looking at it from the same perspective as we are, right. It's more of an operational thing… Often we can work through it, but not all the time*
>
> *Planner*

What suburban living offers residents

Many respondents spoke of significant changes occurring in the suburbs, with trends such as mixed use and density changing the shape of suburban HRM. However, one planner felt that while changes had occurred, there was still much more to be done.

> *I think there's a long way to go in terms of humanizing the suburban landscape.*
>
> *Planner*

Another planner described the suburbs as the preferred choice for many residents.

> *A lot of people I've talked to who live there, they like it. They like what they have. And as all of us have, wherever we live, we always like to see improvements made. But I think they're going there for those reasons that they find they can't find elsewhere. And the reality is, not everyone's going to want to live in an urban setting.*
>
> *Planner*

One councillor suggested life stage had a significant impact on location choice. This perspective echoes Gordon Stephenson's expectation in the 1950s where "he anticipated bachelors and childless couples living in apartments in the city, but families with children safely inhabiting planned suburbs with appropriate amenities" (Grant and Paterson, 2012: 322).

> *… I think what's going to grow our downtown is our youth…they're looking and saying, "Oh, I'd like to live downtown." And it's the cosmopolitan thing will always be… Once they decide to have children that's where the decisions will have to be made. And I'm seeing some of them, once they have children, are moving to the outlying areas.*
>
> *Councillor*

Respondents confirmed the view that the suburbs offer space, privacy, family, nature and safety for residents choosing the suburbs (Grant, 2008; Harris and Mercier, 2005). Schools were seen as one of the most important factors residents considered in their choice of residence.

> *So they need...if they're going to have families and that, they'll need schools within the distance. It's the most important*
>
> *Councillor*

Leadership

Interviewees discussed leadership and support in two manners: within the planning field, and between the fields of planning and health.

Councillors spoke optimistically about Council changing and expectations that, in future, Council will start asking for more innovative approaches. Councillors listed staff as champions for including health considerations in planning. Council viewed incorporating health in planning as a staff leadership role, rather than Council taking the lead.

Council members were complimentary of staff's commitment and openness to new planning approaches, with one councillor describing staff as having 'a good grasp' of what needs to be done. This Councillor suggested staff have a vision for the municipality. Another councillor suggested planners' commitment to health and active transportation exceeds that of Council. This hypothesis might hold true, as planning staff clearly saw health as part of the planning process in suburban HRM.

> *So I think it's certainly not a lack of knowledge or technical ability. We can figure that out, you know. And other people have. But it's the awareness that we need to be doing that, and then the commitment to doing that [describing active transportation]*
>
> *Councillor*

A developer questioned who was leading the charge in addressing health and other new planning approaches.

> *I hear them [municipal authorities] say it but how much it is being forced, I'm not sure. Because developers also want to do the right thing. So who's coming up with the idea, we're not sure whether it's the municipality saying, "Hey, hey, we're going to strong-arm you" or it's the developer saying, "Hey, look, here's what we're going to do." "Oh, that's great." I don't really know.*
>
> *Developer*

Planners described fellow staff as embracing and being enthusiastic about planning concepts such as new urbanism and healthy communities.

> *They [staff] embrace this new urbanism; they embrace … healthy communities, so there's no issue with that at all…and they get support through senior management as well.*
>
> *There is, I think again, quite a lot of support for this idea from Council when they talk about vision and concept.*
>
> *Planner*

Planners noted the need for collaboration with non-governmental organizations such as the Heart and Stroke Foundation (Nova Scotia office).

> *With our Regional Plan Advisory Committee...one of the members is from the Heart and Stroke Foundation [Nova Scotia office]. The Heart and Stroke Foundation was very much involved with the Regional Plan, or being an advocate for designing communities for healthy lifestyles.*
>
> *Planner*

A councillor also described the leadership shown by the Heart and Stroke Foundation in bringing the health perspective to planning.

> *…in this HRM Alliance, you see the Heart and Stroke Foundation at the table front and centre talking about…the way we design communities and do development has a huge impact on people's health.*
>
> *Councillor*

Roles of health and planning

Consultations with health and planning professionals provided further insight on planning's renewed interest in health. David Harrison (personal communication, October 3, 2011), Chair of the Canadian Institute of Planners' Healthy Communities Committee, described health as an emerging trend in planning in recent years. Harrison believes that the health field has led the way for the partnership between planning and health.

> *The health community is absolutely taking the lead, is in the lead, and maybe should always be in the lead.*
>
> *David Harrison*
> *CIP Healthy Communities Committee*

Alice Miro, Project Manager for the *Healthy Canada by Design* project, suggests that the planning field is catching up with health and becoming more engaged.

> *The planning field is now catching up with health on this issue and is proactively engaging in health events.*
>
> *Alice Miro*
> *Heart and Stroke Foundation of Canada*

At the provincial level, Elaine Shelton, Director of Health Promotion, Policy and Research with the Heart and Stroke Foundation (Nova Scotia office), described increasing willingness for collaboration between the two fields.

> *There seems to be more and more opportunity and willingness for the two groups to work together.*
>
> *Elaine Shelton*
> *Heart and Stroke Foundation (Nova Scotia office)*

Through the interviews, one councillor and two planners specifically mentioned connections with health as examples of collaboration on health in planning.

> *Our partners with Capital District Health Authority, Heart and Stroke Foundation, we try to, and we need to make that connection even stronger, but we try to keep abreast of each other's programs.*
>
> *I've noticed of late personally that Heart and Stroke, they get the land use planning component... that they're strongly making that connection between how land use and where people live and how they have to commute can affect their health. So they see the benefit in that, and they see the benefit in working with us.*
>
> *[describing HRM's Bike Week]… Heart and Stroke Foundation and Capital Health have always been significant sponsors of that initiative, so they're getting it. I shouldn't say they're getting it, they may have always gotten it, but we're making that connection now between the two, and we're working more closely together on each other's initiatives.*
>
> *Planner*

One planner in particular saw a more direct role for the planning profession in considering health issues. This was the only planner to suggest such a proactive role.

> *So it's to our advantage to make sure that we keep all that on our radar. You know, we communicate all those issues to other staff whose radar may not be on, and that we show them the value in this coordinated approach. And then you just extend that to all the other levels of government… it's something we need to promote and be a little more proactive about.*
>
> *Planner*

Interpretation

Health as a contested concept

The first healthy community movement focused on environmental and health outcomes, and considered health as a robust concept that included healthy water and air, safety, and waste disposal. The re-emergence of healthy communities in recent years involves a narrower definition of health. The notion of healthy communities continues to recognize the importance of the natural environment, but greater attention focuses on the built environment's effect on health.

Interview respondents focused on the physical environment and tangible aspects of healthy communities, often discussing physical features such as infrastructure (e.g., trails). The focus on the built environment aligns with contemporary planning approaches like New Urbanism and Smart Growth that touch on walkability and other physical design features. In a recent article on healthy, sustainable communities, Capon and Blakely (2008) discuss characteristics of place and not people because they suggest that "planners and developers can influence these characteristics". Capon and Blakely's (2008) assertion supports the findings from interviews.

The former Director of the Healthy Communities project in the 1980s, Susan Berlin, confirms the shifting nature of the health discourse, noting that "the meaning of the word 'health' has changed several times in the last century" (Berlin, 1989: 214). An expert consulted for this research discussed the changing focus of the healthy community movement. Clare O'Connor suggested that the definition of healthy communities evolves over time (personal communication, November 1, 2011).

> *Town planning and health go back a long way. However, there have been many important steps forward in just the last decade in defining what a healthy community is and how built form can contribute to physical activity and healthy eating. This work and the connection between health and planning in relation to our current and projected needs as a population is extremely important. Where it leads is hard to say, but the fact that it's top of mind for planners, academic researchers, community residents, health organizations and so on is really great to see and be part of.*
>
> *Clare O'Connor*
> *Principal, Full Picture Public Affairs*

The evolving definition of healthy communities aligns with one of Gallie's (1956: 172) characteristics for contested concepts. Gallie (1956) suggests that a contested concept "must be of a kind that admits of considerable modification in the light of changing circumstance". Reviewing the healthy communities' movement over time, combined with the interview findings, demonstrates the evolution of healthy communities and approaches to health in planning.

View of the suburbs evolving

At the same time as the concept of health and healthy communities' evolves, notions of the suburbs are in flux. Grant (2009: 14) describes the suburbs as "places of continual innovation and transformation". The suburbs have long been framed as healthy places that provide space, room to breathe, and safety for children to play. In the past, suburbs were strictly residential areas of single-unit

dwellings. Past notions of healthy suburban living remain in place today, as evidenced by interview respondents' descriptions of what residents are seeking in suburban living. However, this concept is evolving to include mixed uses as a new notion of 'healthy'. Residents are still seeking suburban living to offer space, but that space must provide amenities (e.g., shopping, employment) available in a more traditionally urban location.

> *The suburbs... they shouldn't be bedroom communities. They should be sustainable communities. And sustainable means having employment centres.*
>
> *Developer*

Valuing health in the planning process

Collaboration and leadership need to be considered from two perspectives. Planners play a leadership role in the municipal planning process with Council and colleagues from other departments. However, the nature of collaboration between the fields of health and planning has the planning profession taking on the role of an interested participant, with health professionals clearly in the lead role.

Planners primarily spoke of new ways of working internally, most often focusing on working with engineering colleagues. Planners did not touch on the need for departmental re-organization in describing the healthy community approach, as suggested by Hancock (1993), and Daly and Marchese (2011).

One planner saw a large role for planners in promoting health with colleagues. The same planner recognized the impact that health organizations, such as Capital District Health and the Heart and Stroke Foundation, have on initiating dialogue in HRM.

Delays in responding

Planning appears to be one step behind health in the recent resurgence of interest in healthy communities. A three year time lag occurred between the release of health and planning journals dedicated to the issue of health and the built environment. National funding for health and the built environment came in 2007, but it took several years before CIP listed healthy communities as a priority and CIP only joined the *Healthy Canada by Design* project after being approached by health professionals. Expert consultations affirmed this delayed response.

Nature of relationship between health and planning

Surveys of the planning professions suggest that planners require a means of formalizing their involvement in healthy communities, possibly through legislation. Planners see value in considering health in their planning practice, but often other priorities usurp their efforts. Planners who responded to the CIP survey clearly felt that planners had a role in health. Fewer than 10% of planners indicated that community health is not the responsibility of planners. Yet, 43.2% of survey respondents described competing issues as a barrier to including more in depth discussion of community health in their planning practices (CIP, 2011). Further challenges listed include, among others, lack of intersectoral collaboration. Planners suggested that frameworks or models would be useful to better explain how planning, health and other aspects of the community are inter-connected (CIP, 2011). One could argue that the healthy community approach provides such a framework.

According to experts consulted, health is leading the way in addressing health in planning processes. According to one expert, health is the appropriate lead. As many healthy community aspects reflect health promotion principles, health professionals clearly have a significant role to play. But health promotion emphasizes the need for inter-sectoral collaboration and planners must be part of this. Hancock (1997), representing the health perspective, suggests that since healthy community issues lie outside the health care sector, health shouldn't lead the process but instead be an equal partner. Berlin (1989: 215) affirms this by suggesting that "none of these issues is 'owned' by any one municipal department, so they cannot be successfully dealt with in the usual way".

This provides uncertainty in who should take the leadership role. Planners in the interviews and expert consultations suggested health should lead. On the other hand, a leader in the health field suggested health should not be leading. This uncertainty of which profession should take a lead role might explain why the healthy communities' approach has not been fully realized. Clarifying the roles for both professions could help to strengthen the approach to healthy communities.

Conclusion

The suburban context provided a prime setting for considering the issue of health in planning, given the links made between health and the suburbs over time. According to most interview respondents, health appears to inform the planning process in suburban HRM.

Health is interpreted differently, depending on the respondent, confirming it as a contested concept. Awareness exists about the healthy communities approach, but the multi-sectoral nature of the approach does not appear to be on the radar of respondents in HRM. The collaboration between planning and health discussed in the literature was only occasionally mentioned on the ground in HRM. Councillors and planners expressed interest in considering health in planning suburban HRM, but did not suggest mechanisms to integrate health further into planning practice.

The cyclical nature of the collaboration between the field of planning and health, and the second wave of the healthy communities' movement demonstrates the value placed on health in planning by both fields. However, lack of clarity on leadership roles in taking a healthy communities approach appears to limit uptake and progress. Respondents described many barriers to incorporating health in planning practice. Through clear leadership and political will, these barriers could be lessened or removed, allowing for health to find a solid place in planning.

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