POSITION STATEMENT

Position Title:	**Built Environment**
Approved by:	Cynthia St. John, Chief Executive Officer
	Dr. Joyce Lock, Medical Officer of Health
	Board of Health for Oxford Elgin St. Thomas Health Unit
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Contact:	Jessica Lang, Health Promoter
	Kayla Elms, Public Health Inspector
	Meagan Lichti, Public Health Nurse

Preamble

Southwestern Public Health recognizes there are challenges to living in a rural community that can prevent residents from engaging in a healthy lifestyle. "Our neighbourhoods and how they are built influence how healthy we are. The relationship between the built environment, healthy living, people's behaviour and health status is complex. Even so, cities and communities can be designed and built to set people up for success so that healthy choices are the easier choices."[1] Lack of access to transportation, recreational facilities and healthy food can be barriers for rural residents, especially low-income or marginalized residents compared to those in other urban settings or life circumstances.

In 2018, the University of Waterloo published a *Profile of Well-being in Oxford County*, which highlights eight domains of community well-being that impact population health status. They are:

1. Healthy Populations
2. Democratic engagement
3. Community vitality
4. Environment
5. Leisure and Culture
6. Time Use
7. Education
8. Living Standards

Each domain has eight indicators that help build our understanding about the overall well-being in the community. A quote from the report states, "By putting well-being at the heart of policy development, funding decisions, program development and service delivery, we respond to our desire to know, 'How can we do better?'"

This position statement responds by describing Southwestern Public Health's current position on the built environment, the evidence to support system level interventions and the implications

for staff who address these eight domains in the scope of their day-to-day work.

Position of Southwestern Public Health

1. Neighbourhood Design

Southwestern Public Health supports the creation of complete neighbourhoods through mixed land use, increasing connectivity with safe networks and the building of compact neighbourhoods through efficient and equitable land use planning. Specifically, public health supports the design of walkable and bikeable communities that enable citizens, regardless of their income to engage in active modes of transportation, either by choice or by necessity.

Southwestern Public Health supports the development and retention of schools within neighbourhoods and in proximity to homes to enhance community health and well-being.

2. Housing

Southwestern Public Health supports the enactment of policies and plans that increase the availability of healthy, affordable and accessible housing. Specifically, Public Health supports mixed income housing developments to increase access to local, affordable and diverse housing options (such as apartments, condominiums and townhomes), which helps people stay in their communities longer and improves their ability to afford other basic needs such as health care and nutritious food, while decreasing stress. Public Health also supports the Housing First approach[2] to reduce homelessness.

3. Transportation

Southwestern Public Health supports sustainable mobility solutions to increase access to public transportation in the Southwestern Ontario region. The creation of complete streets and rural complete streets can assist residents in accessing destinations safely and through active means, thereby creating a safer, healthier community. Good transportation systems enable residents to access educational facilities, employment, healthy food and recreational opportunities which contribute to improved quality of life.

Southwestern Public Health supports a safe systems approach to prevent death and serious injury on our roadways for all road users. A safe system strategy such as Vision Zero, is a multidisciplinary approach bringing together diverse and necessary stakeholders to address the complex problem of road safety. An effective strategy includes collecting, analyzing and using data to understand trends and potential disproportionate impacts of traffic deaths on certain populations. It prioritizes equity and community engagement and considers many factors that contribute to safe mobility including road design, speed, human behaviours, technology and policies[3].

4. Natural Environments

Southwestern Public Health supports the prioritization and integration of trees and green space within land use plans and supports stakeholders in leveraging funding that increases total green space in our community.

5. Healthy Food Environment

Southwestern Public Health supports the utilization of local data from the Health Status Report to identify where "food deserts" and "food swamps" exist; and thus, where there is greatest need for increased access to healthy food.[4]

6. Poverty and Equity

Southwestern Public Health supports land use planning through a health equity lens, that recognizes the implications of proximity to destinations within the built environment and the health impacts on vulnerable populations. As such, Southwestern Public Health does not support the establishment of retail business in Oxford, Elgin, St. Thomas in or near low-income neighbourhoods who exploit vulnerable (low-income) populations. For example, payday lenders target those who are already in financial deficit and create unnecessary stress with repaying loans. Alternatively, public health supports system-level poverty reduction and elimination strategies that help raise low-income populations out of the cycle of poverty.

7. Zoning

Southwestern Public Health supports zoning regulations to limit the availability and density of unhealthy options such as alcohol, tobacco, cannabis and ultra-processed foods (i.e. fast food). Zoning should stipulate minimum separation distances to limit access of these options to vulnerable populations, especially children and youth. Restricting density of alcohol and other harmful substances "can lead to 'substantive reductions in violent crime/injury occurrences"[5].

8. Age Friendly Community

Southwestern Public Health supports the design of an age-friendly community which includes policies, services and structures related to the physical and social environment that help seniors "age actively" and prevent falls. An age-friendly community supports seniors and residents of all ages to live safely, enjoy good health and stay involved in their community[6]. Healthy aging can be supported by environmental factors that facilitate and improve community participation among older adults.

Rationale: The Evidence to Support our Position on the Built Environment

Research demonstrates that healthy neighbourhood design has positive impacts on the built environment and population health[7].The relationship between how our communities are designed and the health status of Canadians is salient. Rising levels of inequality, social isolation, food insecurity, sedentary lifestyles, excess traffic, street crime, and lack of affordable housing are all affecting the health and well-being of Canadians. Amplifying these problems are environmental factors such as excessive light, odours, noise, climate change and pollution. These social and environmental stressors may be contributing to diabetes, cancer rates, respiratory problems, cardiovascular disease, physical injury, mental disorders and other major public health problems in Canada. Although genetics, individual choices and the limitations of the health care system undoubtedly contribute to these health challenges, there is now ample evidence that community design also plays a major role.[8]

Planning research has suggested that very low-density rural areas and automobile dependent suburbs are unsupportive built environments. In them, engaging in active modes of transportation such as walking or cycling, or accessing public transit, is very difficult if not impossible because the infrastructure or service does not exist. Whereas, active cores or walkable neighbourhoods where a higher proportion of people can use active transportation (walk or cycle) are considered supportive built environments by encouraging social interaction and facilitating mobility.[9]

Table 1: The four types of neighbourhoods

EXURBS	AUTO SUBURBS	TRANSIT SUBURBS	ACTIVE CORES
Very low-density rural areas	Neighbourhoods where almost all travel is done by automobile; there is negligible transit, walking or cycling	Neighbourhoods where a higher proportion of people travel by transit	Neighbourhoods where a higher proportion of people use active transportation (walk or cycle)
Unsupportive	Unsupportive	Unsupportive	Supportive

Identifying Built Barriers: Where do our most vulnerable older adults live in Ontario's mid-sized cities?
Authored by Samantha Biglieri and Maxwell Hartt, 2018

Essentially, the design of automobile-dependent neighbourhoods can make older adults more vulnerable; and, when combined with other social determinants of health risk factors (living alone and living in poverty), most older adults in mid-sized cities are left facing a "double risk." However, the difference between living in a supportive versus unsupportive built environment can be mitigated by the targeted delivery of services or through small improvements to the built environment (like improved public transit, more benches and safer traffic crossings).[9]

The Framework for Healthy Built Environment: Making the Links Between Design, Planning and Health[2] outlines five key domains within the realm of community planning that influence population health.

I. **Neighbourhood Design** – Healthy neighbourhood design is facilitated by land use decisions which prioritize complete, compact and connected communities.

II. **Transportation Networks** – A healthy transportation network is safe, affordable, and accessible to all ages and levels of mobility and prioritizes active transportation options like walking, cycling and where possible, taking public transit. Healthy transportation networks prioritize and support active transportation and sustainable mobility for all ages and abilities.

Enhancing the aesthetic experience of cycling and walking encourages active transportation. Evidence suggests that improving neighbourhood aesthetics, especially in parks, can promote physical activity and impact perceptions of safety. Features such as well-lit crosswalks and places to sit increases street safety and usability and are associated with improved physical activity and social interaction among neighbours. Increasing access to transportation, particularly rural transportation was one of the top two priorities identified in the Elgin St. Thomas Age Friendly Community Plan (2017).

III. **Natural Environments** – Integrating our communities and activities with surrounding natural environments is a critical factor in determining our health and well-being. Green spaces such as parks and off-road trails should be accessible to all people, especially children, low-income residents and people with chronic conditions. There are positive associations between proximity of people's homes to natural environments and improved mental health and well-being. Specifically, green space within a one-kilometer radius around one's residence is associated with improved mental health outcomes (lower prevalence of anxiety)[10].

Trees are vital to the health of our community and contribute to both physical health and mental well-being. Evidence suggests that more time spent in nature decreases levels of stress and increases mental focus.[11] Trees can also contribute to mitigating

the effects of climate change by reducing harmful air pollutants and ambient air temperatures. Community planning which preserves and connects the surrounding natural environment can have significant health and well-being impacts. Research indicates a strong relationship between exposure to nature and reduced levels of stress, chronic disease and depression and anxiety, as well as improved concentration and cognitive functioning. Even a ten-minute walk or a view of green space can have restorative effects. Proximity and access to natural environments matters. A rapid review of literature on the [characteristics of natural environments associated with mental health and well-being](#) found that proximity to green spaces matters and that green spaces should be within a short distance (less than 1 km away from local residences), or a 'five-minute walk'. Quality and quantity of natural environments also matters. The review found a positive association between quantity of green space and perceived mental health/well-being, which is closely related to proximity and access. Activities such as gardening and forest therapy (visiting a forest or engaging in various activities in a forest environment) were found to benefit mental health and well-being.

IV. **Food Systems** – A healthy food system supports population health by maintaining equitable access to enough safe, nutritious and culturally appropriate foods. Accessibility and availability of healthy foods can be supported through land use planning and design. Our food choices are shaped by the quality of our local food system. Not every person or neighbourhood has equal opportunity to healthy foods due to a lack of availability and/or accessibility. Agricultural land use decisions and food system infrastructure affect the quality, accessibility and variety of foods available.

V. **Housing** – The design, quality and affordability of housing options in Oxford, Elgin and St. Thomas has a critical influence on health and well-being. Healthy housing supports healthy living by protecting people from health hazards inside and near the home. It is safe, affordable and accessible to all. Access to healthy housing can foster good mental and physical health and improve quality of life.

Public Health Issues Impacted by the Built Environment

1. Physical Activity

The benefits of regular physical activity include better health, improved fitness, better posture and balance, higher self-esteem, stronger muscles and bones, feeling more energetic, relaxed and less stressed and continued independent living in later life[12]. Only 30.7% of residents in Elgin County and the City of St. Thomas and 26.1% of residents in Oxford County are physically active in their leisure time.

There are several barriers to physical activity that rural communities may experience including isolation, lack of transportation options, lack of access to places with physical activity opportunities, cost, safety fears such as high traffic speeds and lack of sidewalks and lighting.[13] In addition, evidence suggests that a disproportionate number of pedestrian deaths occur in rural areas. In 2011, 25% of pedestrian fatalities in Canada were on rural roads. In Ontario, rural children are more likely to suffer a serious bicycle-related injury than urban children.[14] Recognizing the above barriers and safety concerns in rural settings, healthy community design can support safe opportunities for active transportation and contribute to a community's health by providing a way for people to build physical activity into their daily lives.

According to the *2016 ParticipACTION Report Card on Physical Activity for Children and Youth*, 31% of school aged children and 26% of adolescents are sleep deprived. This results in a vicious cycle and sleep deprived kids may be too tired to get the recommended 60 minutes of physical activity they need every day. Only 9% of Canadian kids get the 60 minutes of heart pumping physical activity they need each day. *2012 Active Healthy Kids Canada Report Card*, children and youth average 6-8 hours per day in front of a screen (computer, TV, video games).[15] It is estimated that physical inactivity alone costs the provincial government between $2.2 and $2.5 billion a year in direct and indirect health care costs.

Studies have found that walking and cycling to school are associated with healthier body composition, cardio-respiratory fitness, higher daily physical activity and lower obesity rates in children and youth. Young people who are active on the journey to school also tend to stay active after the school day; hence, active travel can contribute to overall levels of physical activity. Schools located within 1-2km of home enable children and youth to walk or bike to school. Schools are a hub of activity for residents and bring economic impacts to the community as well. Schools also attract potential new residents with school aged kids and enable and sustain rural culture. Enhancing community use of recreational spaces available on school property also supports a healthier and more active community.

Children who are physically active are also more likely to be active adults. Beyond physical health, a host of benefits are associated with active school travel, ranging from academic achievement to social inclusion.[16]

In urban areas, neighbourhoods that have good street lighting, availability of continuous sidewalks, and a greater density of variety of shops, services, parks, schools and workplaces within walking distance of homes are often called "walkable" neighbourhoods.[17] Neighbourhood walkability improves rates of physical activity. In fact, research has shown that participants in the most walkable areas did significantly more moderate to vigorous physical activity than those in the least walkable areas. Substantially higher levels of physical activity suggest that residents of highly walkable areas may have greater health benefits.[18] Research also shows that users of public transit tend to have higher levels of physical activity.[19] In addition to active transportation, public transit infrastructure and greater access to recreational facilities and parks serve to promote physical activity, particularly among children. Reduced availability of recreational facilities has been associated with lower levels of physical activity and increased prevalence of overweight among U.S. adolescents.

Safety concerns keep one in five Canadians from walking or biking.[20] Community planning that encourages walking and cycling is likely to improve perceived neighbourhood safety, particularly among women, parents of younger children and the elderly, and may increase rates of physical activity in residents. Community planning that encourages walking, cycling and public transit use will also help to lower air pollution levels. The Canadian Medical Association estimates that as many as 21,000 Canadians die each year as a result of air pollution. Of these, roughly 18,000 are the result of chronic exposure over several years, and almost 3,000 are the result of acute, short-term exposure.[21]

2. Healthy Eating and the Food Environment

Healthy eating is essential for supporting healthy growth and development; promoting overall health and well-being; and preventing the development of chronic diseases, such as cancer, diabetes, and cardiovascular disease. These chronic diseases, which may be preventable in some instances, not only place a burden on the public health care system, but also result in increased mortality rates, increased years of life lost[22] and a reduced quality of life.

Research suggests the food environment plays a significant role in the development of chronic diseases and may be more impactful than individual-level factors in improving health. Individuals that live in close proximity to healthy food outlets, such as grocery stores and superstores, are more likely to eat the recommended amounts of vegetables and fruits while those who live in close proximity to fast food restaurants are more likely to consume fewer servings of vegetables and fruits, more servings of soft drinks, and higher total caloric intake.[23] Research has consistently shown that lower socio-economic status neighbourhoods have poorer access to grocery stores and supermarkets, and greater access to less-healthy food outlets, such as fast food restaurants and convenience stores.[19] As mentioned under *Healthy Food Environment* on page three of this report, "food swamps" may be a better indicator of poor eating behaviours than food deserts. In addition, large food retailers may not find it feasible to operate in rural areas that lack an adequate customer base. Rural, low-income neighbourhoods may be especially vulnerable to poor availability and accessibility of healthy food options.[24]

Given the relationship between the food environment, food purchasing behaviours, and health outcomes, interventions should address the built environment to target large segments of the population. Examples include increasing the number of healthy food retailers such as grocery stores in lower-income neighbourhoods, preventing the development of fast food outlets and convenience stores near schools and lower-income neighbourhoods, and supporting the development of alternative food access, such as community gardens and farmers' markets.

3. Alcohol

Research shows that restricting the physical availability (the ease or convenience at which you can buy or obtain alcohol) by limiting outlet density may decrease alcohol harm at the population level.[25] Alcohol outlet density is usually measured by the number of alcohol outlets in a given geographical area or per population. Regulating the physical availability of alcohol is noted as an area of alcohol policy considered effective to address the harmful use of alcohol.[26]

Given that regulating the number of places in a specific area that alcohol may be legally sold is an effective strategy to prevent harmful use of alcohol, consideration should be given to limiting alcohol density through regulatory authority such as licensing and zoning restrictions. This could include restrictions on alcohol outlet density, limiting the clustering of outlets, and evaluating any existing municipal alcohol polices.

4. Cannabis

Jurisdictions such as Vancouver, British Columbia have implemented bylaws and zoning restrictions to reduce the availability of cannabis by prohibiting locations within certain distances of schools and other youth serving facilities. In addition, Vancouver has restricted the location of cannabis retailers in specific zones in a community and limited the proximity of cannabis locations to each other.[27]

The Centre for Addiction and Mental Health in Toronto, Ontario has provided recommendations on cannabis retail outlet location and density. This includes caps on the overall number of retail outlets in the province, and their concentration (density) in municipalities and neighbourhoods, as well as requirements for a certain distance (e.g. 500 metres) between cannabis storefronts and sites such as schools, community centres and other cannabis sites.[28]

In order to protect children and youth across all levels of government, the Region of Peel Public

Health has identified a minimum buffer distance should be established between cannabis retail outlets and youth serving facilities (i.e. schools, public parks, libraries, and childcare centres). It is recommended that the minimum buffer distance from youth-serving facilities be set at 500 metres. In addition, the City of London has come forward with recommendations that any Ontario Cannabis retailer be at least 500 metres from schools, arenas, libraries and the Western Fair District. [24] Given the uncertainty of future storefront locations for cannabis sale, and given that cannabis is a harmful substance with particular risks to youth, consideration should be given to the effect that zoning and bylaw development may have on preventing the clustering or close location of cannabis locations with areas that are frequented by children and youth in Oxford and Elgin County and the Cities of St. Thomas and Woodstock.

5. Tobacco and Electronic Cigarettes

When more tobacco retailers occupy an area, residents' health suffers. Youth are likelier to start smoking and people who smoke consume more cigarettes per day and have a harder time quitting. Tobacco retailers cluster in neighbourhoods with a higher percentage of low-income residents. These communities are targeted by tobacco companies, and they disproportionately suffer the harms caused by tobacco use.[29] Recommended solutions include:
1. Cap the number of retailers in a geographic area.
2. Cap the number of retailers relative to population size.
3. Require a minimum distance between retailers.
4. Prohibit retailers from locating near schools and other youth sensitive areas.

A 2013 scan of tobacco retail outlets across Ontario indicated that the outlets in both urban and rural areas were more likely to be in areas with high neighbourhood deprivation. Findings from Hamilton, Ontario also show that the number of tobacco and electronic cigarettes retailers in low-income areas far exceed other areas of the city. Furthermore, 65% of retailers in Ontario were located within 500 metres of a school, 86% of retailers in urban areas were located within 500 metres of another retailer and 63% of retailers in rural areas were located within 500 metres of another retailer.[30]

Convenient geographic locations influence where people buy cigarettes. A Canadian survey showed one third of respondents indicated they would smoke less if they had to travel farther to buy cigarettes. According to the Canadian Convenience Store Association, proximity of the store to a customer's home and work is key to their sales.[29] Similarly, easy access to tobacco products provide cues to smoke and promote purchase among experimental and occasional smokers as well as those trying to quit. Evidence shows that the closer a tobacco retailer is to a school; the likelier youth are to experiment with smoking. Multiple studies have observed a higher prevalence of current smoking at schools when tobacco retailers are within walking distance.[30]

6. Social Isolation, Social Connectedness and Community Participation

Risk of social isolation (reduced contact with others) increases with age. Social isolation affects both mental and physical health and can lead to depression, self-harm or self-neglect and even increased risk of death. As the world's population ages, there is an increasing need to identify effective ways to increase social interaction and reduce isolation among older adults[31].

Neighbourhoods may not be set up to address social isolation and loneliness[1;]however, municipalities can ensure that parks, green space and other places for social gatherings are built in rural villages, towns and hamlets as well as urban centres to ensure the community has space to socialize.

Environmental factors including street connectivity/walkability; land-use diversity; perceived social support; neighbourliness; transportation services; and civil protection services are positively associated with community participation of older adults. Street connectivity and walkability, such as good side-walk conditions, improved social engagement for older adults significantly.[32]

7. Climate Change

Climate change is having an impact on communities across Canada. Average temperatures are rising, snow and ice cover are declining, and natural disasters such as wildfires and floods are affecting more Canadian communities more often. Greenhouse gases such as carbon dioxide, methane and nitrogen oxide trap heat in the earth's atmosphere. The effect they create is called the greenhouse effect. Human activity has caused an increase in these gases. Their release into the atmosphere has contributed to global warming.[33]

Climate change is also changing precipitation and the frequency, intensity, and duration of extreme weather events. Integrated action on climate change is crucial. The direct benefits that come from action include energy cost savings, avoided infrastructure impacts, and local job creation. According to the *National Round Table on the Environment and the Economy*, costs from climate impacts could exceed $5 billion in 2020 and grow to more than $21 billion by 2050.[34]

8. Injuries and Injury Prevention

Falls and transport-related injuries are the most relevant to our built environment.[34] WSP, a business providing management and consultancy services on the built and natural environment, has identified a trend indicating that fall-related injuries will continue to increase with a 100% cost increase by the year 2030. Locally, from 2008 to 2012, the injury causing the highest rate of death in both the Southwestern Public Health (SWPH) region and Ontario were falls. On average, there were 16.9 deaths per 100,000 population each year due to falls in the SWPH region.[35] Between 2006 and 2015, there were on average 6.3 deaths due to transportation accidents per 100,000 population per year in the urban municipalities in SWPH region and an average of 10.8 deaths per 100,000 population per year in the rural municipalities.[36]

The vision of *Canada's Road Safety Strategy 2025* is *Towards Zero: Having the safest roads in the world*. This strategy includes strategic objectives on raising awareness and commitment to road safety, improving collaboration among stakeholders, enhancing legislation and enforcement, improving research, evaluation, safety of vehicles and road infrastructure and leveraging technology.

Vision Zero is an example of a safe system strategy with the goal of eliminating all traffic fatalities and serious injuries while increasing safe, healthy, equitable mobility for all. It is based on the ethical belief that everyone has the right to move safely in their communities, and that system designers and policy makers share the responsibility to ensure safe systems for travel. It recognizes that humans will make mistakes and believes that the road system needs to be designed so these inevitable mistakes don't result in the deaths of humans.

[Vision Zero](#) was created in Sweden in the 1990s, and as a result, they now have one of the world's lowest traffic-related fatality rates with pedestrian fatalities decreased by almost 50% and their road fatality rate has been reduced by 34.5% between 1997 and 2009. [Vision Zero](#) has achieved international recognition and was identified as an effective policy to prevent road traffic injury by the World Health Organization in 2004. The Public Health Agency of Canada's Canadian Best Practice Portal also references Vision Zero as an evidence-based solution for promoting health and well-being.

Implications for Southwestern Public Health

Southwestern Public Health will:
1. Provide this position statement to area municipalities for consideration during their Official Plan review.

2. Promote healthy, natural and built environments by addressing environmental health topics based on local need. This includes exposure to radiation, exposure to hazardous contaminants and biological agents, and responding to concerns about indoor and outdoor air pollutants.

3. Focus public health resources on understanding the effects of climate change on population health and specifically on vulnerable populations.

4. Respond to complaints and identify systemic issues that can be addressed proactively and collaboratively through a public health lens.

5. Continue to work with municipal partners to support the creation of active, healthy communities through land use planning policies and practices that:
   a. Retrofit existing communities to include sidewalks, cycling infrastructure, street trees, parks, and pedestrian connections to nearby schools, workplaces, shops and services; and
   b. Lead to the development of new communities or neighbourhoods that support active transportation and physical activity by including: mixed of land use; higher population density; a range of affordable housing options; easy access to recreational facilities and parks; and, good links to frequent public transit (in urban settings).

6. Advocate to the Provincial and Federal governments for policies and funding that support the creation of healthy and equitable communities. This may involve the development of or revision to policies and/or legislation that increases access to public transportation, affordable housing and recreational opportunities. It may also include policies and/or legislation that limits the availability of payday lenders and casinos, particularly in proximity to vulnerable populations such as low-income neighbourhoods.

7. Support the development of and actively search for and disseminate research that improves the understanding of healthy community design as it pertains to rural communities. An example of this would be sharing literature and examples of rural complete streets designed in other jurisdictions.

8. Partner with municipalities to implement educational campaigns to increase road safety for drivers, cyclists and pedestrians, as perception of safety and actual safety impacts health.

9. Partner with municipalities and other community partners to implement objectives in the [Age-Friendly Community Plan](#).

10. Work collaboratively with community partners to support the development of a rural transportation strategy for the counties of Oxford and Elgin and the City of St. Thomas.

11. Encourage community partners to seize funding opportunities that increase public access to transportation, affordable housing and recreational opportunities by providing letters of support as requested.

12. Continue to work with municipal partners to support the creation of healthy communities in a variety of ways including the use of comprehensive zoning restrictions for alcohol, cannabis, unhealthy food and food environments, tobacco and electronic cigarettes, and casinos.

13. Continue to provide health evidence and data around the risk factors for chronic diseases identified in this position statement. Assess, provide and present local demographic data and mapping that indicates where our most vulnerable populations (including low-income residents and older adults) live to help decision/policy makers target policy interventions.

14. Collaborate with community partners to support the development of a safe systems approach for road safety in Southwestern Ontario.

15. Work collaboratively with municipalities/local government, chief building officials/building departments, property standards and bylaw officers as well as other stakeholders to advocate for improved housing conditions.

Definitions:

Age-Friendly Community: Where policies, services and structures are implemented or built to support older adults to age in place, stay involved in their communities and remain physically and socially active.

Built Environment: The external physical environment where we live, work, study and play. It includes buildings, roads, public transit systems, parks and other types of infrastructure. It is linked to how we design, plan and build our communities.

Electronic Cigarette (e-cigarette): E-cigarettes are battery powered and contain an atomizer that heats the liquid and turns it into a vapour that resembles smoke. E-cigarettes are sometimes called e-cigs, vapes, vape pens, and e-hookahs. E-cigarettes sometimes look like regular cigarettes, cigars, pipes, pens, USB flash drives or other everyday items.

Food Availability: the supply of food through production and distribution.

Food Accessibility: the affordability (people's financial ability to purchase food), allocation of food and food preferences.

Food desert is a term used to describe an area where residents may not have access to a healthy food retailer such as a grocery store. For the purpose of this report, it is defined as living more than one km from a healthy food retailer in an urban environment or living more than 16 km away from a healthy food retailer in a rural environment.

<u>Vision Zero:</u> Vision Zero is a strategy to eliminate all traffic fatalities and severe injuries, while increasing safe, healthy, equitable mobility for all.

<u>Walkability</u>: The condition of the pedestrian environment that encompasses sidewalk and trail connectivity, pedestrian safety and crossings, signage and aesthetically pleasing elements.

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