Health and Planning: Exploring Options for Rural Communities

Workshop Summary Report

Building Healthy Communities Conference
Newfoundland & Labrador Public Health Association
Canadian Institute of Public Health Inspectors (NL Branch)
Provincial Wellness Advisory Council

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Introduction

Creating healthy built environments is a priority in many communities across Canada. The *Building Healthy Communities Conference Committee* invited the *National Collaborating Centre for Environmental Health* (NCCEH) to present information about tools and resources for communities working to create healthy built environments. Although most knowledge about healthy built environments comes from growing urban communities, many issues in Newfoundland and Labrador (NL) are associated with smaller, shrinking communities and the regionalization of services. In consultation with the *Newfoundland and Labrador Rural Secretariat*, an exploratory workshop to identify the issues in Newfoundland and Labrador was most appropriate. Because of the wide scope of healthy built environments, the *National Collaborating Centre for Determinants of Health* (NCCDH) and the *National Collaborating Centre for Healthy Public Policy* (NCCHPP) were also invited to participate.
The Newfoundland and Labrador Rural Secretariat co-hosted the session with facilitators and recorders and also provided an interactive polling technology.

Objectives

The objectives of the workshop were:

- Create an understanding of how equity and community design can affect health;
- Apply this knowledge to rural communities in Newfoundland and Labrador.

Format

Approximately 60 participants attended the workshop consisting of two introductory presentations followed by group discussions and feedback.

Presentations

Erna van Balen, NCCEH Knowledge Translation Scientist, gave a 2-minute presentation about the six National Collaborating Centres (NCCs) for Public Health. The NCCs have a mandate to promote and support the use of knowledge and evidence in public health programs, policies, and practices through knowledge translation, identification of knowledge gaps, and network development. Each NCC focuses on a specific area of critical public health importance.

The introduction was followed by a 5-minute presentation on the NCCEH's Healthy Built Environment Inventory. The inventory aims to disseminate practical resources (such as, tools and case studies) concerning how public health practitioners and planners are working to create healthier built environments. The central question arising from this presentation is whether the tools included in the inventory would be useful for small and rural communities or whether they need to be adapted.

Hannah Moffatt, NCCDH Knowledge Translation Specialist, presented information about the Determinants of Health, urban and rural differences in health status, and issues of health equity related to built environments.

Using the interactive polling technology, the audience was polled to determine where they live and work, in order to get an overview of participant backgrounds. For example:

I live in a _____ community, and I work in a _____ community.

      1 – Growing rural/small community
      2 – Shrinking rural/small community
      3 - Growing rural/urban community
      4- Shrinking rural/urban community
      5 – Urban/rural
      6- Urban/Urban

Round Table Discussions

Participants were divided into groups to discuss growing or shrinking rural communities because the issues, and ultimately the solutions, would likely differ between the two types of communities. The rural secretariat provided each table with a facilitator and a recorder. Participants were given a worksheet to record ideas related to the following question:

Keeping in mind how the built environment can impact health and considering health equity, what are the most important issues in your community?

The group shared ideas and the recorder sent all comments to a *Theme Team* to collect answers from each table. The *Theme Team* merged similar ideas, removed duplicates, and showed results on the screen. Participants were then asked to prioritize the issues, using the interactive polling technology:

What are the top three issues that are relatively easy to address for growing communities?
What are the top three issues that are relatively hard to address for growing communities?
What are the top three issues that are relatively easy to address for shrinking communities?
What are the top three issues that are relatively hard to address for shrinking communities?

Outcomes

Most participants (34%) both live and work in an urban community (see Figure 1). Thirty percent live in a growing rural community, but work in an urban community. A total of 30% work in a small community, but most of those live in a rural community that is growing (22% of total). Few people (6%) live in shrinking rural communities.
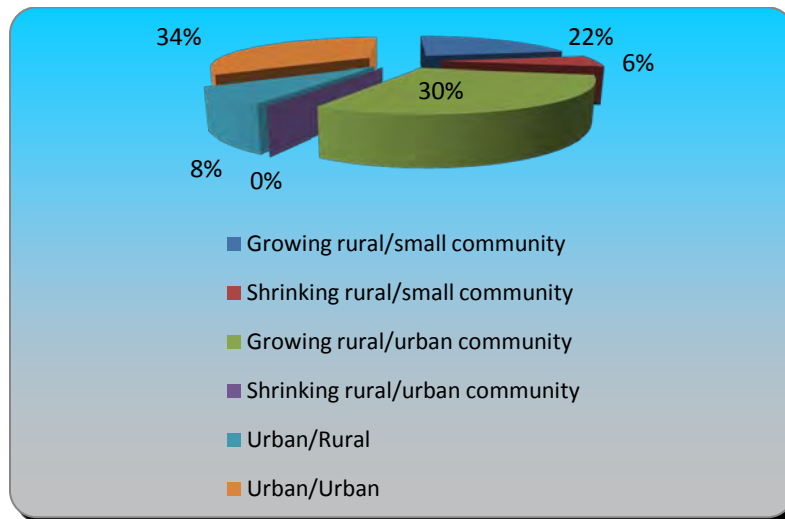

Figure 1 Breakdown of types of communities where participants live and work.

Many ideas emerged from the discussion question. Issues identified for growing and shrinking communities are listed in Table 1.

Table 1 Summary of issues participants identified for growing and shrinking communities.

Issues for Growing Communities	Issues for Shrinking Communities
Access to services	Aging population
Access to affordable housing	Outmigration of youth
Food security	Food security
Municipal engagement	Issues of low income
Access to recreational facilities	Limited access to services
Balancing demographic needs	Limited infrastructure (sidewalks, streetlights)
Limited financial resources	Lower education levels
Education and awareness of health and safety	Mental health challenges (shut-ins)
Need for transportation options	
Need for land use planning – coastal line access	

When asked to prioritize the issues according to which were easiest and hardest to address in growing communities, participants indicated that education and awareness of health and safety (24.5%), municipal engagement (19.35%), and better land use planning (17.05%) are relatively easy to address, while access to affordable housing (22.79%), limited financial resources (22.14%), and transportation options (13.07%) are hardest to address (Table 2). The full list of issues described as *easy* and *hard* to address is provided in the Appendix.

Table 2: Ranking[1] of issues that are relatively easy and hard to address in growing communities

Easiest to Address in Growing Communities	%	Hardest to Address in Growing Communities	%
Education and awareness of health and safety	24.50	Access to affordable housing	22.79
Municipal engagement	19.35	Limited financial resources	22.14
Need for land use planning – coastal line access	17.05	Need for transportation options	13.07
Access to recreational facilities	10.37	Access to services	11.79

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[1] When participants voted their first choice equalled 10 votes, their second choice was 9 votes and their third choice was 8 votes. So each participant showed as having 27 votes. The percentages are calculated accordingly.

For shrinking communities, the issues found to be easiest to address are infrastructure (22.45%), food security (18.59%), mental health challenges (16.88%), and lower education levels (16.28%). An aging population (22.66%), low income (20.91%), and outmigration of youth (20.47%) are hardest to address. The percentages are shown in Table 3.

Table 3: Ranking of issues that are relatively easy and hard to address in shrinking communities

Easiest to address in shrinking communities	%	Hardest to address in shrinking communities	%
Limited infrastructure (sidewalks, streetlights)	22.45	Aging population	22.66
Food security	18.59	Issues of low income	20.91
Mental health challenges (shut-ins)	16.88	Outmigration of youth	20.47
Lower education levels	16.28	Limited access to services	11.33

Conclusion

The objectives of the workshop were to create an understanding of how equity and community design can affect health and to apply this knowledge to rural communities in Newfoundland and Labrador. Many participants were not yet familiar with the concept of the built environment. Thus, this workshop provided an opportunity to improve their understanding and incorporate local context. It is beneficial to have participants from Newfoundland and Labrador identify questions and discuss challenges and opportunities within their own situations. The workshop also helped the NCCs better understand the needs and issues among public health practitioners in Newfoundland and Labrador.

The interactive polling technology ensured that all participants had the opportunity to be involved and have their opinions heard. This would not have been possible in a plenary discussion.

Results indicate that many issues identified for growing and shrinking communities are broader than strictly the *built* environment. Many issues relate to community planning in a wider sense and processes that occur on a larger scale, such as demographic changes and regionalization of services. Access to affordable housing, an aging population, and outmigration of youth are examples of these larger processes.

Some of the issues may also be particularly hard to address in smaller communities with limited financial resources and capacity. This may be the case for transportation options and access to services. On the other hand, some built environment issues that are fairly easy to address in both shrinking and growing communities include infrastructure and land use planning. Engaging municipalities, education, and awareness were also mentioned as being easy to address. These issues can all be addressed fairly quickly without a vast amount of resources, so they provide a good starting point for small and rural communities to create healthier built environments.

The workshop was a good way to increase participant understanding of healthy built environments, to discuss and prioritize issues relevant to their communities, and to have their opinions heard in an interactive session.