



BACKGROUND:

URBAN FORM AND HEALTH EQUITY

Health equity refers to the differences in health outcomes that are associated with unequal economic, social or geographic conditions. Urban form refers to the way that we build our communities, whether they are sprawling or dense, and whether destinations are close enough together that people can easily get to most places they need to go by walking or cycling. Urban form plays an important role in promoting or hindering health equity. The urban form conditions which contribute to health inequities can result from policies such as land use plans, zoning by-laws and planning strategies. Since socially disadvantaged groups are disproportionately affected by the negative impacts of policies that are not health-oriented, it is imperative that these policies be created using a health equity lens.

What are the components of healthy urban form?



Mixed land use

Blending different land uses (such as commercial, residential, cultural, open space and employment uses) creates more integrated and vibrant communities.

Complete communities

Communities with high density, mixed land use, and a variety of housing forms allow people of all ages, backgrounds and abilities to live, work, shop, exercise, and play all in one area.



Walkable neighbourhoods

Communities which are designed to include safe and accessible areas for people to walk to shops, services, and other various destinations.

Human-scaled developments

The design of buildings and street elements which match the scale of pedestrians who use the built form can encourage people to explore their neighbourhood on foot.



Green spaces and vegetation

Exposure to green spaces and natural elements improves mental health, increases social wellbeing, and increases the likelihood that people will be physically active.

Public spaces

Vibrant public spaces have the ability to encourage social interaction.

What can be done to ensure policy enables healthy urban form?



Incorporate health equity and accessibility concerns of vulnerable groups (such as children, seniors, lower income populations, newcomers and people with disabilities) into planning policy.

Engage vulnerable groups in every aspect of community planning processes to ensure their input is integrated into policy.



Consult with public health professionals during the planning and development processes.

Use a Health Impact Assessment (HIA) process to determine the health impacts and health equity considerations of development proposals.



Review zoning bylaws to ensure healthy and equitable practices, especially in low income areas. For example, pedestrian friendly zoning bylaws can help create walkable neighbourhoods.

Create land use policies that promote density, mixed-use, and complete communities, and discourage car-dependant urban sprawl.



Target lower income neighbourhoods for urban form improvement projects such as the creation of Complete Streets, new parks or public spaces.

Sample Canadian Policies that Promote Healthy Urban Form

1. [Halifax Centre Plan](#) - The Centre Plan incorporates health into land use planning through its four core concepts: complete communities, human-scale, pedestrians first and strategic growth.
2. [Growth Plan for the Greater Golden Horseshoe Growth Plan](#) - The 2017 Growth Plan for the Greater Golden Horseshoe placed considerable emphasis on promoting active transportation within the province, and made Ontario the first province in Canada to implement a Complete Streets policy. The Growth Plan also promotes density, mixed land use, and complete communities.
3. [Plan métropolitain d'aménagement et de développement](#) - This Metropolitan Land Use and Development Plan for Greater Montreal provides policy directions for sustainable living environments, better transportation networks and protected natural environments.
4. [Politique de Rues conviviales](#) - The goal of this policy is to create accessible, safe and comfortable travel for all road users in all seasons. The needs of the most vulnerable groups are integrated at the beginning of the process in order to facilitate human-scaled planning.



This resource was made possible through a financial contribution from the Public Health Agency of Canada. The ideas expressed here do not necessarily represent those of the Public Health Agency of Canada. Vectors used in the infographic are attributed to Mello, Lnhi, Gerald Wildmoser, Wichai Wi, Milton Raposo C. Rêgo Jr., Johanna, ProSymbols, Yeoul Kwon, Andrew Doane from Noun Project.