

# Health 201 Learning Needs Survey – Summary Results

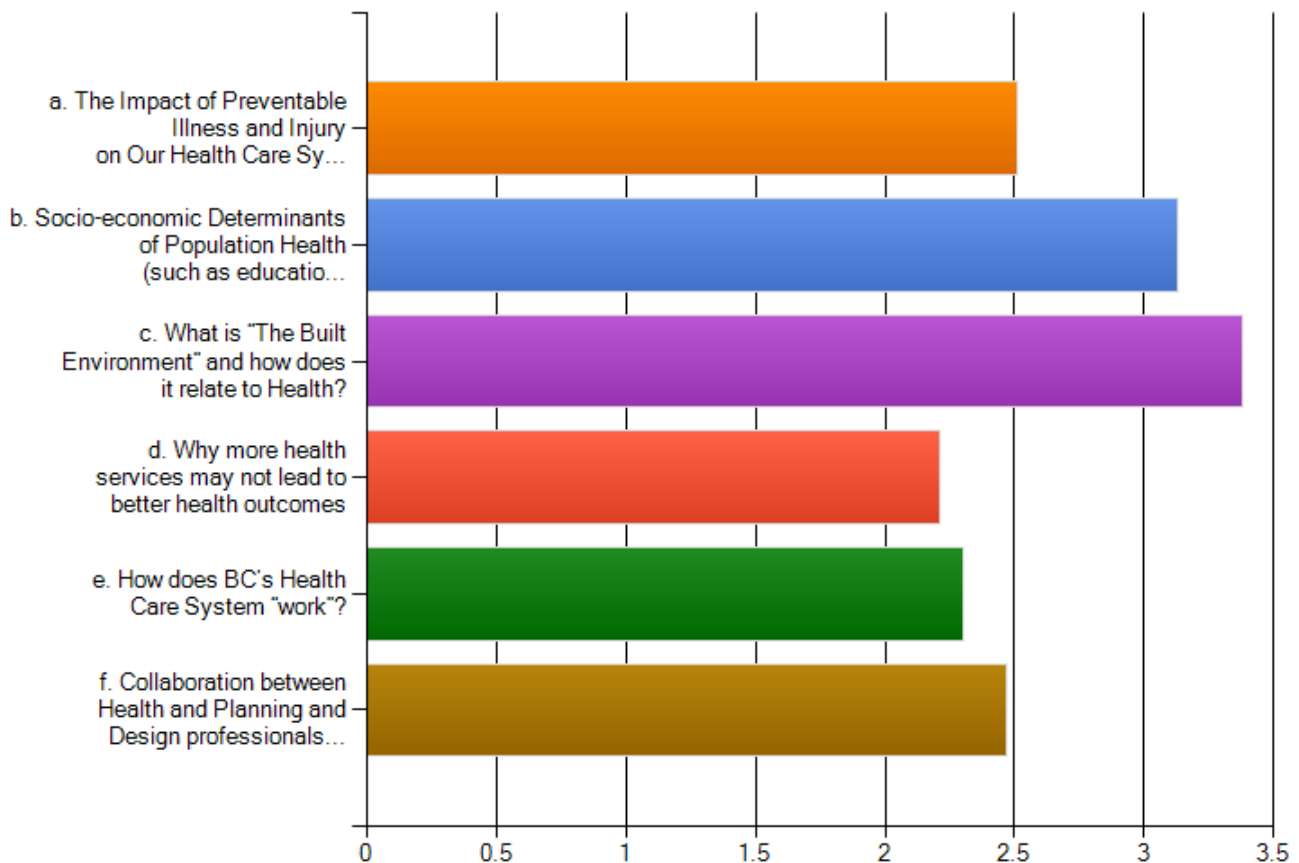
## “Education Needs of Planners and Design Professionals regarding Healthy Built Environments”

**Methodology:** Between January 4 and January 22, 2010 a convenience sample from selected organizations was invited to participate in an on-line questionnaire survey. The organizations included Architectural Institute of BC, Association of Professional Engineers of BC, BC Society of Landscape Architects, Planning Institute of BC and a list of private sector planning consultants provided by a Reference Group member. The total number of people invited to participate is not known. There were 47 respondents.

**Question 1. How would you rank the following topics in terms of existing knowledge? (1=Planners and design professionals probably know very little about this; 5=Planners and design professionals probably know a lot about this already)**

Respondents noted that **most Planners and Design Professionals (36%) have existing knowledge of what the Built Environment is and how it relates to health.** There is an average knowledge base around the socio-economic determinants of health.

There appears to be a knowledge gap around how BC's healthcare system works, and how planners and design professionals can collaborate.



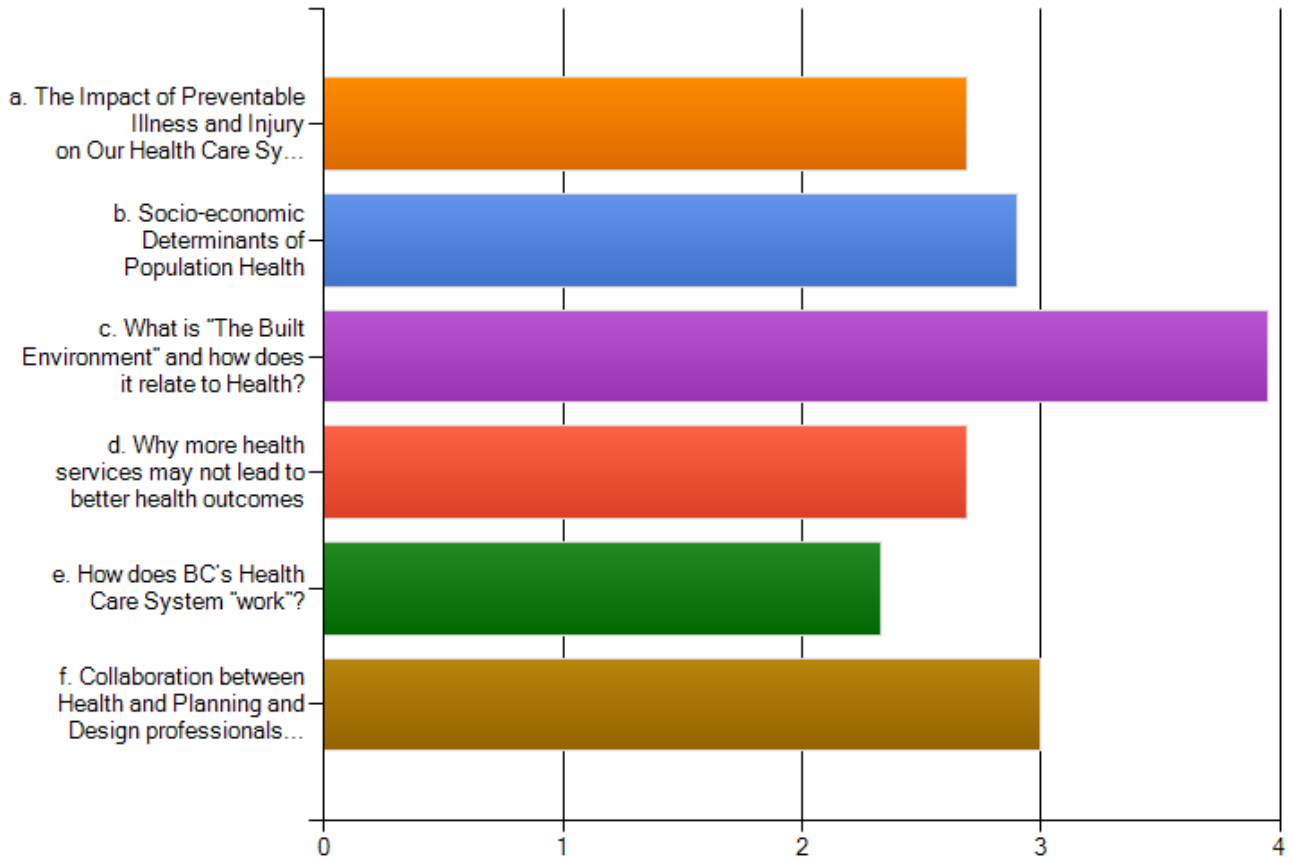
Please note: scale varies on each graph following.

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**Question 2. How would you rank the following topics in terms of how much they are currently part of your planning work? (1= This topic is not really relevant to most; 5=Most would find this highly relevant)**

**Most respondents (37%) listed “Knowledge of the built environment and how it relates to health” as a highly relevant part of their work.**

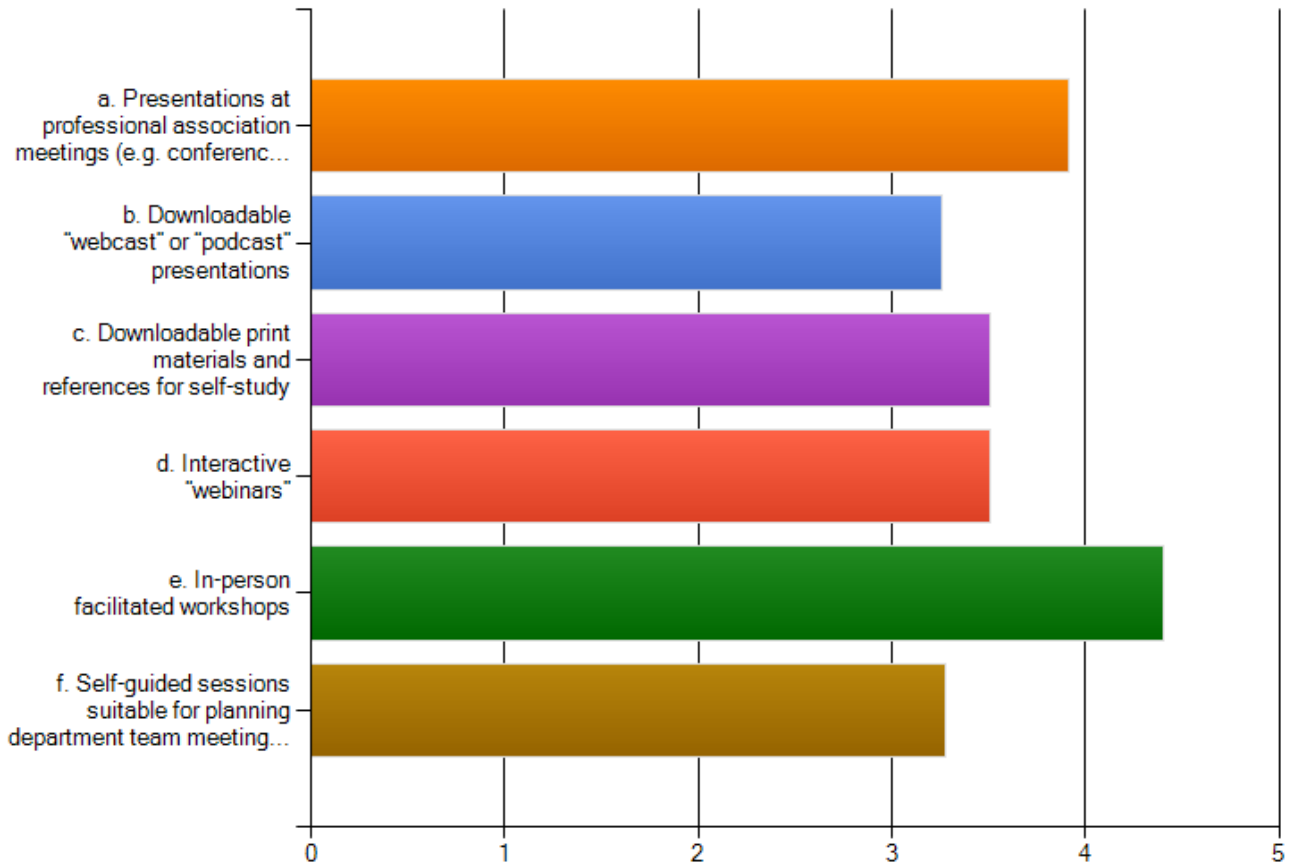
Few respondents find that knowledge of “How BC’s Health Care System ‘works’,” and “Why more health services may not lead to better health outcomes” is relevant to their work.



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**Question 3. What are the most effective delivery mechanisms for providing planners and design professionals with information about the health care system and the impacts of the built environment on long term health of the community? (1= Not very helpful; 5= Very good method)**

Most of the respondents (56%) chose “**In-person facilitated workshops**” as the top delivery mechanism. The second most preferred option is “Presentations at professional association meetings.”



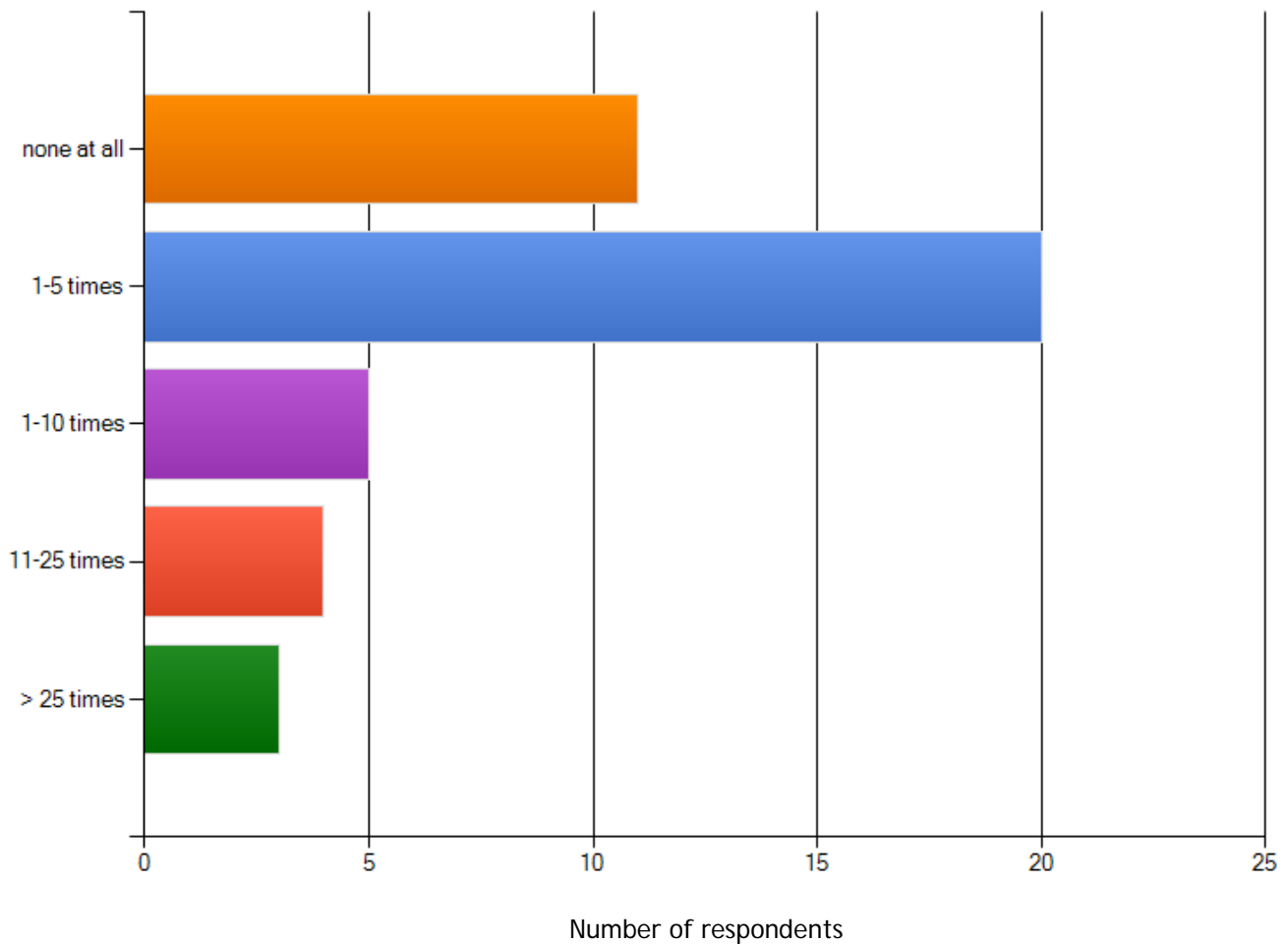
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### Question 4. In order to gauge the current collaboration between planners and Health Authorities, how many times a year do you interact directly with health professionals?

There is quite a range of levels of collaboration happening between planners and Health Authorities across the Province:

**Nearly half of the respondents (46%) engage 1 – 5 times a year with health professionals.**

Another quarter (28%) engage *more* than five times a year, and a quarter (26%) do not engage at all with health professionals.



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### Question 5. In your opinion, what is the greatest single barrier to establishing effective collaboration between planners/design professionals and health professionals?

Overall, most respondents (37%) note that Health Professionals **not being “at the table”** is the greatest barrier to more effective collaboration.

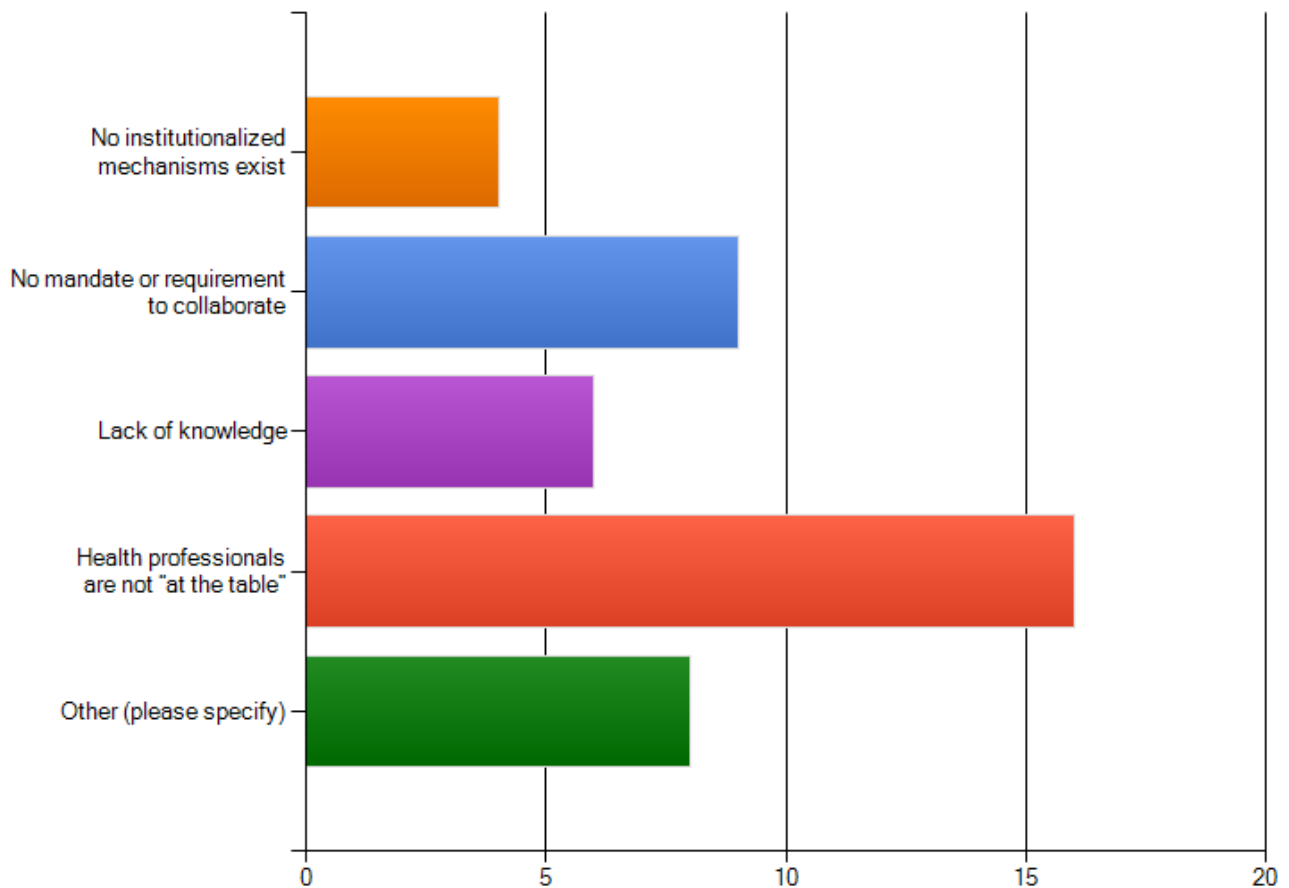
Some individual comments included:

“I would not even know who to call or where to start.”

“The organizational structure of our health systems does not reward this type of collaboration.”

“No mechanisms exist; there is no mandate to collaborate.”

“Planners need to have a level of personal knowledge and then know when to ask for help if needed.”



### Comments

1. We tried locally with HA staff. To say this as nicely as possible, the lack of knowledge of what the planning profession does, and our history in public health was something that we tried to convey, but fell on deaf ears. We felt that we were being preached to about information/approaches that we already were working on, or already had vast knowledge/experience with. We will undoubtedly try to open the dialogue again, but not in the immediate future.
2. Planning is interdisciplinary and often the time and resources are not available to involve a wide range of external professionals on the many projects that are processed through a planning office. Planners need to have a level of personal knowledge and then know when to ask for help if needed. It is not reasonable to create another institutionalized mechanism.
3. All of the above.

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4. Health goals are not usually integrated into planning policy.

5. Planners and design professionals are very aware of health issues related to the built environment. However, no mechanisms exist, there is no mandate to collaborate. I would hazard to say that the primary focus should first be on politicians who are the decision makers on land use decisions.

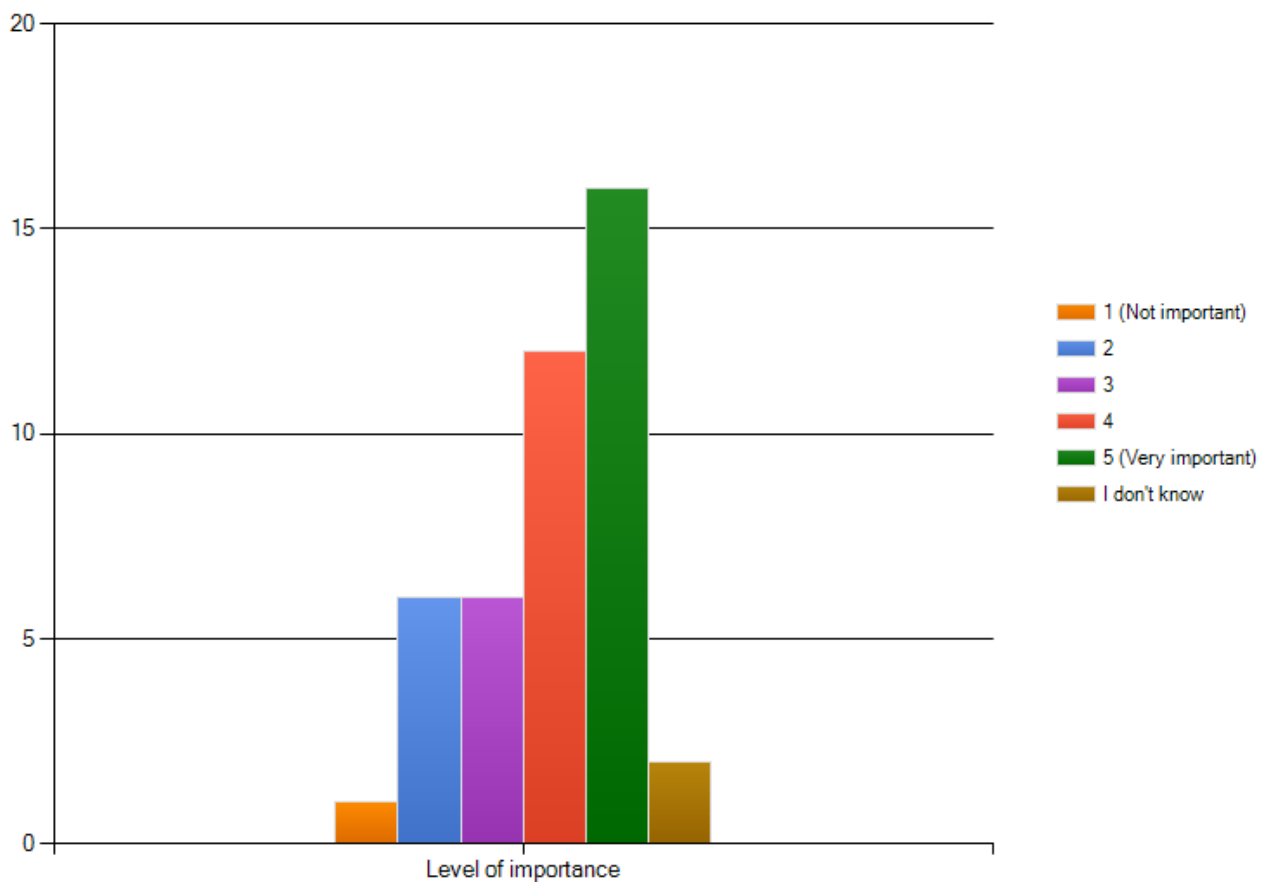
6. The organizational structure of our health systems does not reward this type of collaboration.

7. I would not even know who to call or where to start.

8. Education for all parties on relevant overlap and opportunities for collaboration.

### Question 6. How important will it be for the learning opportunities to be eligible for Continuing Education credits? (1= not important; 5= very important)

The opportunity to claim Continuing Education credits is considered very important to the majority of respondents (37%).



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### Question 7. Have you any other comments or suggestions about how planners and design professionals can enhance their understanding of healthy built environments and ways to address this issue?

Respondents suggested ways to enhance their understanding through increased (1) **networking**, (2) **opportunities for education**, and (3) **legislative changes**.

#### 1. Networking suggestions

- Who's Who – need to know who health players are in the community.
- Bring groups together to network, build relationships.
- Articles in professional magazines, seminars.

#### 2. Education/ Knowledge building suggestions

- Approved learning units through professional association.
- Introduce topic into university curricula; engage graduate students and entry level professionals.

#### 3. Legislative suggestions

- Make a part of the BC Building Code.
- Built environment funding sources should require collaboration with health.

1. Continue to educate planners to connect the built environment with healthy people and the social benefits.

2. Need to know who the Health Players in the Community.

As to how understanding can be enhanced... the intention behind my responses is that getting time away from the work environment to absorb new information and having the ability to network is helpful.. thus conference presentations and workshops are good. BUT, if one is unable to attend a meeting in person, being able to see /hear the presentation on line and have access to supporting documents is useful. On a daily basis for departmental education initiatives or self education, there is precious little time. As to my choice of mandating... may require more time to fully think through what is feasible... but if planning for health promotion was mandated in order to realize benefits in the Health Care services side of the equation (because people are encouraged to have better health habits through opportunities in their built environment --- maybe it could be implemented similarly to the requirements to reduce greenhouse gases through planning initiatives.

3. Talk to politicians (i.e. city council directly).

4. So much of people's health is determined by how well one is connected to others. It is important to enhance community and residential groups to strengthen social capital and social networks. In other words, the built environment is a factor that planners work with, but community development is equally as important.

5. Approved Learning Units through professional association would be good

6. The health profession, in general, is too mismanaged to play an effective role in collaborating with planners and design professionals. The 'silo' approach to various aspects of health, combined with numerous layers of decision-making, and a corrupt union environment scuttles innovation in this regard.

7. Article in APEGBC magazine, lots of publicity, seminars.

8. Energy Efficiency & Retrofits a good time to add conversation to existing building stock.

9. Consider making this part of the BC Building Code.

10. It is a very interesting area of study and work get all of the groups together including landscape architects - Once the different players understand what is possible I think they will enjoy working together. I know I would.

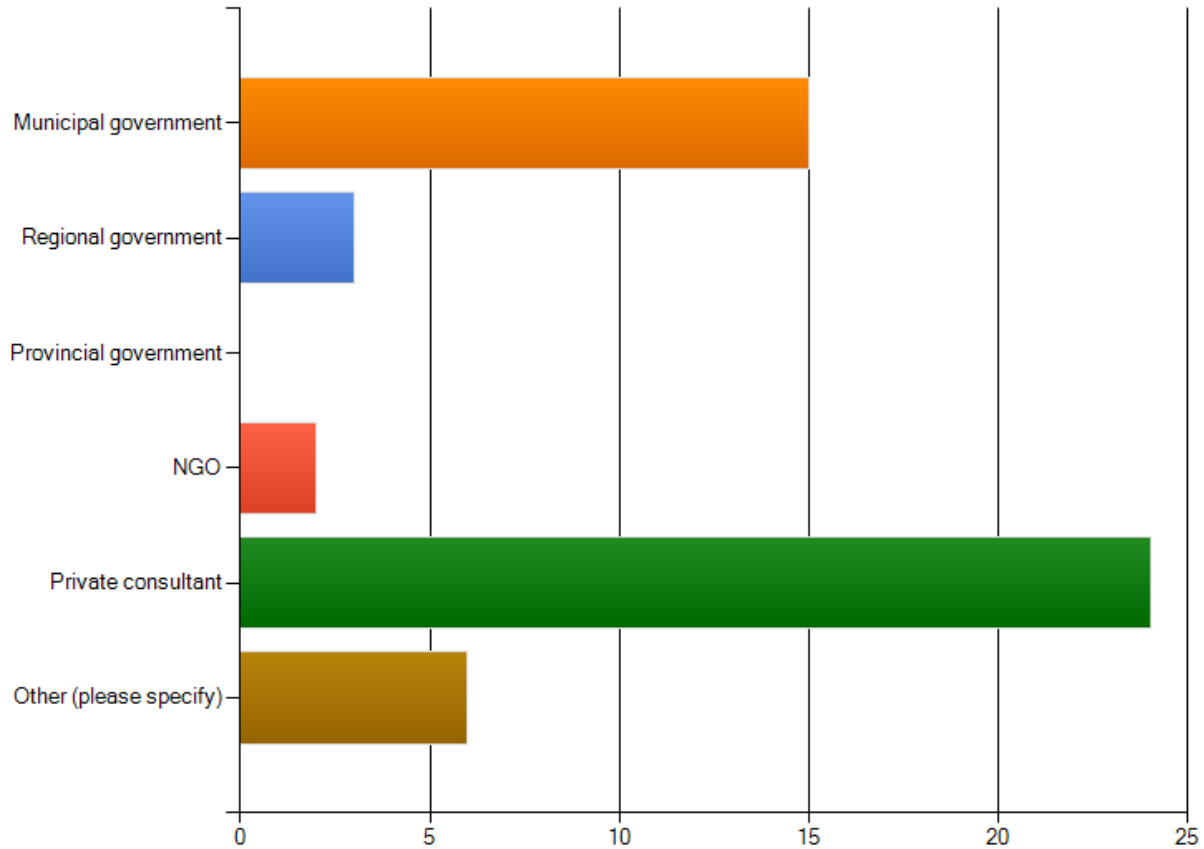
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12. Subcontract with multidisciplinary healthcare planning and design professionals who have experience.
13. Need to strongly consider psychological factors.
14. Introduce the topic into university curricula.
  1. I think it has a lot to do with not just the built environment, but also people's access to it - good public transportation infrastructure to assist walkers, cycling as alternates to the car for carrying out regular daily activities.
15.
  2. More public education about simple lifestyle changes that support healthier lifestyles. 3. What about an Olympic legacy component that gets everyone more active and excited about going outside to play(particularly children and their parents), exercise etc.
16. Projects and/or presentations with graduate students would be an excellent way for entry-level professionals to gain knowledge and experience. A studio project or thesis project at UBC is often very effective and often reaches practicing professionals through newsletters, exhibitions, presentations, etc. experience with
17. Need to engage at high level of funding for built infrastructure that supports healthy living such as increased pedestrian and cycling infrastructure as well as expansion of public transit. Education of public is also key to success of overall programming.
18. Approach it from a comprehensive basis--broad perspective.
19. Opportunities to bring both groups together and network, build relationships. Increase understanding about how each group works, and how the other group can fit into this framework (e.g. in an OCP process for planners).
20. Get the health professionals more visible to other professions and promote health issues directly to other professions.
21. Need to build awareness

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### Question 8. What is your professional background/area of work?

Most of the respondents are **private planning and design consultants** (56%), or work for **municipal governments** (35%).



Other:

1. Energy Manager
2. Professional Engineer & constructor
3. Prior to becoming a Landscape Architect I worked in Healthcare and feel this is an area that needs to be improved.
4. Intern 'Landscape Architect' with Nursing Background and Experience
5. Educator
6. University Faculty/Educator

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### Question 9. What region do you work in?

Although there was representation from all 5 health authorities, most of the respondents (49%) work in the **Vancouver/Coast** region.

