New study reveals four critical barriers to building healthier Canadian cities

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Many streets around the globe are becoming increasingly inhospitable to children and the elderly due to compounding traffic and road safety

concerns which [deter these groups from active transport, like walking or cycling](). The recent emphasis on designing cities that cater to the well-being of individuals from ages [eight to 80 isn't just a catchy phrase, but a vital requirement to accommodate evolving demographic realities]().

Similarly, the concept of the [15-minute city]() has garnered significant attention in recent years—despite baseless conspiracies accusing local authorities of plotting to limit residents to a small radius around their homes.

The 15-minute city is all about accessibility, time efficiency and expanding options for everyone, not just the most well-off. Achieving this goal, and designing healthier spaces, begins with a comprehensive understanding of how urban environments impact our health and well-being—along with a realistic look at the current barriers to healthier urban design.

Our [recent research]()—conducted with the help of research assistants Shanzey Ali and Agnes Fung and the City of Regina and Saskatchewan Health Authority and currently awaiting peer review—set out to understand these barriers.

Designing better spaces

Research shows that the layout of streets, access to [grocery stores](), choice of construction materials in dwelling design, and the distribution of public services [all play pivotal roles in influencing our health and well-being]().

Neighborhoods with accessible public and community spaces and social events have been shown to improve mental health, increase happiness, and offer a [sense of belonging and community](). At the same time, readily accessible grocery stores, community gardens and farmers' markets have

been shown to [enhance mental, social and physical health](#).

So, how do we create built environments that are more beneficial? This is where [urban planning](#) comes in as municipal policy-makers develop and implement policies, which can alter the structure, use and regulations of public spaces in cities.

The intricate dance between urban planning and health has [deep historical roots](#). The [early use of sanitation and segregated zoning to control infectious disease outbreaks in the 19th century](#) is well established [and these efforts continue to this day](#).

Meanwhile, global agencies like the World Health Organization (WHO) and the United Nations (UN) have championed the integration of health and equity into urban governance. Indeed, the [UN Sustainable Development Goal 11](#) aims for inclusive, resilient, safe and sustainable cities. Accordingly, cities are well positioned to safeguard population health and reduce health inequities in a changing climate.

Day-to-day challenges

So, why are we not seeing more urban design policies focused on residents' health and well-being? Our findings shed light on four key issues.

1—A lack of shared understanding of health equity

Policy makers lacked a shared understanding of health and equity which highlights the complexity of addressing health inequities and implementing effective policies. While the importance of physical and [mental health](#) was widely acknowledged, a glaring gap exists in the recognition of the [social dimension of health](#).

Policy-makers often struggled to find common ground on what constitutes health and equity, which hindered meaningful action. As one policy-maker noted: "I don't think our (design) standards have ever really been looked at from that health perspective."

2—The evidence is usually inaccessible

While policy-makers acknowledged evidence (data) as an essential building block of policy making, they explained there are significant barriers to accessing it. Administrative roadblocks, such as a lack of co-ordination between, and within, provincial and municipal governments, can prevent access to crucial data needed for policy making.

Financial barriers, such as paywalls, can lock access to scientific studies. Meanwhile, technical barriers—including the use of jargon and overly-technical language by the academic community—can interfere with the accessibility of academic literature.

As one policy-maker put it: "There's a lot of academic acumen that's used and terminology, and it can be overwhelming, and nobody wants to walk out of a room and feel stupid." As a result, sometimes the best approach is also not well understood by the municipal actors, creating greater need for knowledge translation and accessible research.

3—Government structures are fragmented

A fragmented governance structure, marked by silo-ing, is another stumbling block. This lack of co-ordination among different branches and divisions within a municipality can result in missed opportunities for collaboration. Differences in the use of terminology can exacerbate the problem, causing confusion and impeding cross-sectoral work.

Conflicts between the objectives of various divisions, such as those between active transportation planners and traffic engineers, underscore the challenges posed by siloed governance. As one policy-maker noted: "There were lots of policies that we seem to put in place that very much favor the movement of vehicles over the movement of pedestrians, cyclists".

Adding complexity to the mix is the limited legal power of local governments in Canada. Deemed "creatures of the province," municipalities can only exercise powers delegated to them by provincial governments—meaning municipal powers can be modified or revoked theoretically at will.

The ambiguity surrounding the roles and responsibilities of municipalities versus the provincial government creates tension and incurs costs, as municipalities grapple with disagreements over whose jurisdiction certain issues fall under. Most often, this results in funding decisions that impact healthy urban design.

4—Political ideologies get in the way

Beyond bureaucratic challenges, differing political ideologies present a formidable barrier.

The integration of health in urban design is rooted in the idea of collectivism, which aims to maximize benefits to the community as a whole. While the current favoring of car-centric roads in most areas reflects a libertarian individualism at odds with collective ideals in urban design.

This imbalance is especially striking when one considers the considerably higher costs to society of driving over walking or biking.

Policy-makers noted that these political ideologies permeate public perception, resulting in resistance to policies perceived as infringing on individual liberties—while policies benefiting only a minority face opposition if they entail personal drawbacks.

We found this issue was exemplified by a fierce resistance to proposals for safer conditions for sex workers by those who wanted them to remain in out-of-sight areas.

Overcoming these barriers

The journey towards creating healthier and more equitable cities is riddled with challenges. From a lack of shared understanding, to inaccessible evidence, fragmented governance and legal limitations of municipalities and differing political ideologies, the barriers are multifaceted. However, understanding these challenges is the first step towards meaningful change.

By fostering collaboration, restructuring governance, empowering local governments, and promoting a collective mindset, we can pave the way for more effective integration of health into urban policies that truly support the well-being of communities at large.

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