



Readiness Assessment Tool for Designing the Built Environment to Improve Public Health

This guide is **designed to help us all improve design of the built environment** for Public Health. The results can be used to help your team identify areas for improvement.

Instructions are as follows:

1. **Form your team.** Identify colleagues whose job duties involve aspects of planning, regulation, and assessment of health impacts in the built environment. In addition to environmental health officers, medical health officers, and public health nurses, this might include colleagues from municipal or regional government with responsibility for sidewalks, roads, parks and recreation, development approvals, business licensing, and social programs.
2. **Answer each question** from the perspective of your agency (e.g. county, municipal or regional environmental health department or public health policy office in a regional health authority).
3. For each row, **circle the point value** that best describes the situation that currently exists in your agency. The rows in this form present key aspects of designing the built environment for Public Health. Each aspect is divided into levels showing various stages in improvement. The stages are represented by points that range from 0 to 11. The higher point values indicate that the actions described in that box are more fully implemented. Exact values are not as important as the team discussion.
4. **Use the self-assessment guide scores to assess your agency's progress.** Identify priority areas for improvement, either to boost areas that are lagging or to build on current strengths.
5. **Learning from the self-assessment guide can be applied in various ways.** You might use it to kick off a team meeting about Health and the Built Environment, as a prompt for discussion about areas of agreement and disagreement. Alternatively, ask colleagues to consider the findings in advance, so you can focus on key issues for follow-up or discussion. The ideal situation is probably quite unusual so the guide is somewhat artificial; however, it is intended to start discussion in your agency towards locally-developed solutions to collaborative practice for healthier built environments.
6. **Refer to the [National Collaborating Centre for Environmental Health](#)** for resources and other tools to tackle each component you have assessed.

Self-Assessment Guide: Designing the Built Environment to Improve Public Health

Components	Level D	Level C	Level B	Level A
Leadership around healthy built environments Score	...does not exist in our agency or there is a little interest. 0 1 2	...is reflected in vision statements and plans; no specific resources are available for this work. 3 4 5	...is reflected by senior leadership commitments with dedicated resources (dollars and personnel). 6 7 8	...is resourced as part of the agency's long term strategy with specific people held accountable. 9 10 11
Informing Elected Officials or Governors about designing for Public Health Score	...is not done. 0 1 2	...happens on request or through agency publications and reports. 3 4 5	...is done through the briefing process for each project. 6 7 8	...includes specific training for elected officials to describe their role in building a healthier community. 9 10 11
Organizational Goals for a healthier built environment Score	...do not exist or are limited to one-off issues or isolated departments. 0 1 2	...exist organization-wide on paper but are not actively pursued or reviewed. 3 4 5	...are comprehensive, measurable, and reviewed by senior staff and elected officials. 6 7 8	...are implemented robustly, reviewed routinely, and linked to other agencies' plans. 9 10 11
Collaboration outside our agency with planners and design professionals Score	...is discouraged by Senior Leaders. 0 1 2	...is not considered a priority. 3 4 5	...is encouraged by senior leaders. 6 7 8	... is led by senior leaders who visibly collaborate in improvement efforts for the built environment. 9 10 11
Incentives and regulations based on environmental health principles Score	...are not used to influence developers and planners to design a healthier built environment. 0 1 2	...are used to influence new greenfield developments. 3 4 5	...are used to encourage all new development in our community. 6 7 8	...are used to motivate and empower all stakeholders to support a healthier environment. 9 10 11
Community and regional development plans Score	...do not include public health concerns, guidelines, or measures at the functional program level. 0 1 2	...do consider some public health issues but have not yet led to implemented changes. 3 4 5	...currently coordinate guidelines, measures, and resources fairly late in the planning process. 6 7 8	...currently build public health concerns into all appropriate stages of planning. 9 10 11
Guidelines or examples of 'Better Practice' in designing for Public Health Score	...are not available to planners or EHOs in our community. 0 1 2	...are available but are not integrated into planning. 3 4 5	...are available and supported by education as required. 6 7 8	...are supported by education and integrated into planning through frequent application and updating. 9 10 11
Access to specialists in designing for Public Health Score	...is non-existent or infrequent. 0 1 2	...is achieved through PHIs' attendance at annual conferences or occasional educational seminars. 3 4 5	...includes specialist leadership and designated specialists who provide team training. 6 7 8	...includes specialist leadership and specialist involvement in planning for specific projects. 9 10 11

Project Consultants: Alex Berland, A.Berland Inc. and Erik Lees, LEES + Associates

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National Collaborating Centre for Environmental Health