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**Planning Tools for Improving Food Access: Lessons for Ontario's Municipal Planners**

**By**

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# PLANNING TOOLS FOR IMPROVING FOOD ACCESS: LESSONS FOR ONTARIO'S MUNICIPAL PLANNERS

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Master of Planning  
in  
Urban Development  
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## ABSTRACT

Until recently, the scope of practice for urban planners has not included issues related to the food system. However, as a result of increased pressure at global and local levels to address the failures of the current food system, municipal planners are being urged to rethink their relationship with the food system. This paper will focus on the role municipal planners can play in the provision of healthy food in urban environments. A variety of planning tools – including general plans and zoning by-laws – have been used in innovative ways to address the growing disparities in urban food access. However, most of these examples are found in the United States. Drawing from these examples, this paper demonstrates how these tools can be used within Ontario's planning context to address urban food accessibility.

**Key words:** food accessibility; community food security; regulatory tools; urban planning.

## TABLE OF CONTENTS

CHAPTER	PAGE
1. INTRODUCTION.....	1
Rationale.....	5
Research Question.....	5
Organization.....	6
2. LITERATURE REVIEW.....	8
Planning's Approach to Food.....	8
Connecting Contemporary Urban Planning with Public Health.....	13
Linking Individual and Community Health to the Built Environment.....	17
Retail Food Stores and Dietary Intake.....	19
Retail Food Stores and Risk for Obesity.....	19
Retail Food Stores and Access Inequalities.....	20
Food Deserts.....	21
The Emergence of Food Deserts.....	23
3. CURRENT INITATIVES TO IMPROVE HEALTHY FOOD ACCESS.....	29
Plans, Programs and Fiscal Tools use to Improve Healthy Food Access.....	30
Regulatory Tools to Improve Healthy Food Access.....	32
Chicago, Illinois: "Retail Chicago".....	33
New York, New York: "FRESH".....	35
Santa Rosa, California: General Plans.....	39
4. DISCUSSION.....	43
Improving Access through Government Agencies.....	43
Improving Access through Zoning.....	45
Improving Access through General Plans (Official Plans).....	46
5. CONCLUSION.....	49
APPENDICES.....	51
REFERENCES CITED.....	54

## LIST OF FIGURES

Figure 1: Small Format Grocery store in Downtown, Edmonton.....	27
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## LIST OF TABLES

Table 1: Comparison between HEALTH21 and Agenda 21 principles.....	Page 15
Table 2: Parking Requirements for Commercial and Manufacturing Zoning Districts.....	38

## LIST OF APPENDICES

Appendix A: WHO Principles for Developing A Healthy City.....	51
Appendix B: Toronto's Food Deserts According to Lister, 2007 .....	52
Appendix C: Toronto's Food Deserts According to the Martin Prosperity Institute, 2010...	53

## CHAPTER 1: INTRODUCTION

*Air, water, food and shelter are among the essentials of life. Planners have been involved in efforts to improve the quality of air and water through pollution control programs and more comprehensively in shelter planning. But the fourth essential, food, has been virtually ignored by planners. (Pothukuchi & Kaufman, 2000)*

The notion of 'food system' planning<sup>1</sup> has, until recently remained largely ignored by the planning profession. Several reasons can be given for this omission, including the belief that there is currently nothing wrong with the food system, or that the built form – a principal focus of urban planners – does not impact the food system. Of course, rural planners have been involved where farmland preservation and agriculture is important (Pothukuchi & Kaufman, 2000). Yet, urban planners have largely ignored the 'other' elements of the food system that fall within their domain, including food processing, wholesaling, retailing, consumption and waste (Pothukuchi & Kaufman, 2000). Recently, a number of trends are indicating the need for urban planners to intervene and take a more active approach to food systems planning.

Both global and regional food systems are experiencing failures in a variety of areas. The globalized food system results in food that travels long-distances before arriving at grocery stores. Food sold in southern Ontario travels over 4,500 kilometers from where it is grown (Xuereb, 2005). Inevitably, this has severe environmental implications. Prime agricultural land is being swallowed-up by large-scale development. In 2001, over 18 percent of Ontario's prime agricultural land was being used for urban purposes; this trend continues to grow (Hoffman, 2001). A loss of agricultural land undermines the ability of a region to support its populations' food needs. Neighbourhoods within Ontario's cities and towns are experiencing difficulty accessing healthy food (Larsen & Gilliland, 2008; Lister, 2007); this can result in poor health conditions, including diabetes and obesity. A lack of locally-grown produce has spurred a

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<sup>1</sup> Winne (2004) describes the food system as "the chain of activities connecting food production, processing, distribution, consumption and waste management... The seed-to-table idea extends the food system concept further to include processing facilities, transportation systems, warehousing and distribution centers, supermarkets, restaurants, farmers markets and farm stands and of course, consumers" (para. 3).

renewed interest in urban agriculture – especially in Ontario’s major cities – as urban spaces are increasingly being viewed for their potential to support food production (Nasr, MacRae & Kuhns, 2010). Unfortunately, the infrastructure needed to support this growing trend is currently insufficient (Nasr, MacRae & Kuhns, 2010). These issues, amongst others are raising awareness of the complications of our current food system, and urging planners to rethink the relationship between the built environment and food systems. Lately, urban food accessibility has become a highly visible issue for the public, as well as planners. This has probably been most evident with the growing popularity of the 100-Mile Diet or the local food movement, whereby urban residents are demanding increased access to locally grown foods (Campsie, 2008). In response to this there has been a significant growth in alternative food spaces, especially farmers markets (Bedore; 2010; FMO, 2009). While the issue of local food is worthy of the widespread attention it has garnered, its prominence has at times overshadowed another important food accessibility issue, in that significant portions’ of urban populations’ do not have access to *any* healthy food.

Access to healthy food can often be a challenge for the residents and communities living in the inner suburbs and inner cities (Acheson, 1998; Hughes, 2000, Wrigley et al., 2002; Smoyer-Tomic et al., 2006). Often residents of these communities are forced to shop at fast-food outlets or convenience stores, where cheap and processed food is in abundance and healthy food, if any is sold at inflated prices (Zenk et al., 2006). Without access to affordable fresh food – namely fruits and vegetables – the diet and overall health of adults and children becomes compromised (Powell et al., 2007; Lui, Wilson & Ying, 2007). The ability to access a variety of healthy food choices is related to the concept of ‘community food insecurity’. Community food security is a relatively new concept that is continually being shaped by a number of disciplines including public health, community nutrition, sustainable agriculture and community development (Kantor, 2001). While the concept has gone through many changes, the generally accepted definition is:

a condition in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice. (Hamm & Bellows, 2001; 37)

It moves beyond the scope of individual or household food security – concerned with the ability of individuals and households to obtain enough food for a healthy life – to focus on the underlying social, economic and institutional factors within a community that affect “the quantity, quality, and affordability of food” (Kantor, 2001; 20). Seemingly, community food security calls for a greater understanding of the various elements and professions that affect it, as well as a more integrated approach to achieving its objectives. Municipal planners can make a valuable contribution to achieving community food security, as the profession has a role to play in the provision of healthy food within a neighbourhood.

The composition of a neighbourhood – including the quantity and quality of food available – can impact individual food choices and health (Morland, Diez Roux, & Wing, 2006). Increasingly, the literature suggests that there are a growing number of neighbourhoods within North American cities’ that lack access to a full service grocery store, and/or have a large concentration of fast food outlets (Pothukuchi, 2004). This can result in reduced access to healthy foods and can contribute to diet-related diseases, including hypertension, obesity and type II diabetes (Morland et al., 2006; Larsen, Story & Nelson, 2009). Additionally, these impacts are felt most intensely by lower-socioeconomic communities and racialized communities (Larsen et al., 2009). The existence of these underserved, low-socioeconomic areas is so widespread that they have been given their own name, food deserts (United Kingdom Department of Health, 1996). While the phenomenon of food deserts has not been as consistently observed in Canada as in the United States, there nevertheless remain food-access inequalities in Canadian neighbourhoods (Larsen & Gilliland, 2008).

The planning profession has contributed to these spatial inequalities as their policies and processes help dictate the land-use and spatial dimensions of communities. As a result the



profession is well placed to help remedy this situation by creating more sustainable and healthy community food systems. To facilitate this process the profession must return focus to its public health roots. Yet, rather than pursuing its original public health mandate of disease and infection prevention, the profession must see public health as an ongoing practice to improve the health of people and places. The recent separation of public health and planning has resulted in a failure to recognize the connection between the built environment and health disparities, and a general lack of coordinated efforts to address the health of urban populations (Corburn, 2009). This reconnection will help in the movement to build healthy communities, where the “environment” is understood as an interplay between ecological (biological), physical (natural and built), social, political, aesthetic and economic environments (Corburn, 2009). Reintegrating public health issues, like community food security into planning processes and decision-making may begin to help address the spatial inequalities that exist in relation to access to healthy food.

Recently in North America, a number of initiatives and policies have emerged at the federal (United States only), state/provincial and local level, in both government and civil society to address the growing inequalities around access to healthy food; these range from plans and programs to fiscal and regulatory tools. While each of these initiatives contributes to a healthy food environment this paper will focus solely on those that are within the purview of the municipal planning profession. Specifically, it will provide an exploration of how food accessibility is addressed through innovative municipal practices and policies targeted at the retail level, including; 1) streamlined permitting processes in Chicago, Illinois; 2) Zoning policies and incentives in New York, New York; and 3) Official Plans in Santa Rosa, California. While all of these programs are found in the United States, Canada faces similar challenges in the provision of healthy food, as it has similar planning and zoning processes. Unfortunately, Canadian planners have yet to embrace their planning tools as a means of increasing food accessibility, particularly at the retail level. Therefore, the implementation and success of these programs has important implications and lessons for Canada. These examples capture how planners are capable of

improving access to fresh food in underserved areas, and contributing in the movement to build healthy communities. The paper will conclude by demonstrating how the highlighted tools have a significant degree of similarity to the planning tools available in Canada, and more specifically Ontario. Through the use of Ontario's Development Permit System, Section 37 of Ontario's Planning Act and municipal official plans, it will become apparent that Ontario's municipal planners are equipped with the necessary tools to improve community and individual food access.

### Rationale

The need for planners to undertake food systems planning has been well documented in the United States (Pothukuchi, 2004; Pothukuchi & Kaufman, 2000). Yet, while Canada faces similar issues – specifically, inadequate access to food in inner cities – very little has been written on how planners have, and can address this. The majority of initiatives that have attempted to improve food accessibility in Canada have done so by focusing on the development of alternative food systems (i.e. farmers markets, community gardens) (Bedore, 2010). While municipal planners can designate land through official plans and zoning-by laws to these alternative uses, this is only a portion of what planners can do to improve neighbourhood food access. Canadian initiatives and literature has overlooked the potential to improve access through the development or revitalization of food retailers (Bedore, 2010). As a result, this paper draws on regulatory initiatives and tools used in the United States to shed light on potential opportunities for the Canadian planning system. Specifically, it will use Ontario's planning framework to better understand the applicability of tools used to improve community access to healthy food.

### Research Question

There are two main objectives to this major research paper. The first is to evaluate the factors that are urging urban planners to play a role in food systems planning more generally, and improving community and neighbourhood access to healthy food more specifically. The second

goal is to investigate the regulatory tools that are available to planners for the provision of healthy food at the retail level. In order to address these objectives, the following research questions will be addressed within this major research paper:

*What role can municipal planners play in addressing issues related to the food system?*

*How have planners contributed to the spatial inequalities in food access?*

*What regulatory tools can planners use to improve the provision of healthy food at the retail level? And how can these be applied within Ontario's planning framework?*

These questions will be answered using primarily secondary research, including peer-reviewed journals, policy documents, official plans, and zoning by-laws.

### Organization

This paper will be broken up into five chapters. The first chapter will provide a thorough literature review on the subject matter. It will begin by describing planning's formal engagement in matters relating to food and the food system. It will quickly reveal that their current participation in the food system is inadequate to address a variety of pressing issues. To help address these issues urban planners will have to reconnect with professionals in other fields, but specifically public health. This is crucial as the built environment and health are inextricably related. The evidence for this will be outlined in detail. Finally, the first chapter will end with a description of the relationship between food access and health outcomes.

The second chapter will outline the current initiatives being used to improve neighbourhood access to healthy food. Most importantly, this chapter will outline in detail three case studies; Chicago, New York and Santa Rosa. These case studies will be used to highlight how planners – through the use of regulatory tools – can improve neighbourhood food environments.

The fourth chapter will relate the findings of the three case studies to Ontario's specific planning context. It will demonstrate that while these initiatives are mostly taking place in the

United States, there is considerable potential for adoption of these tools in Canada. In particular, it will demonstrate how three of Ontario's planning tools may be used to improve food access; the Development Permit System, Section 37 of Ontario's Planning Act and through municipal official plans. Highlighting these relevant planning tools will demonstrate that municipal planners have similar tools available to them as their United States counterparts. As a result Ontario's planners are positioned to improve community food access.

The final, and fifth chapter will provide a summary of the findings, and offer future directions for this research.

## CHAPTER 2: LITERATURE REVIEW

### Planning's Approach to Food

Until recently, the planning profession has generally not recognized the food system as being an area of special concern, or worthy of special attention (Winne, 2004). The planning profession often distinguishes itself from other professions in that it is concerned with the multifaceted and multifunctional systems that make up a community, as well as how these elements are interrelated (Faludi, 1973; Levy, 1988; as cited in Pothukuchi & Kaufman, 2000). Therefore, given the holistic and comprehensive approach the planning profession prides itself on taking, the omission of food and food systems planning is puzzling (APA, 2007). However, the increasing failure of both global and regional food systems has placed pressure on a variety of stakeholders, including planners to consider food systems planning (Winne, 2004). The loss of productive farmland, land degradation, water scarcity, access to food, and population growth are only a few of the factors that are, and will continue to impact global and regional food systems.

Until recently, food and any mention of the food system has largely been absent in scholarly planning writing, in the plans created by planning practitioners and in planning schools (Pothukuchi & Kaufman, 2000). For example, planning texts over the last few decades have been chiefly concerned with several central topics, including "physical planning and urban design, land use, economic development, social planning, growth management, real estate development, public infrastructure, environmental planning, urban transportation, housing, historic preservation, and technology planning" (Catenese & Synder, 1988; Chapin, 1972; Levy, 1988; as cited in Pothukuchi & Kaufman, 2000; 114). Only a few of these texts allude to the food system, while the majority completely excluded it (Pothukuchi & Kaufman, 2000). It should be noted that certain classic planning texts, at certain points in history have offered some explanation of the role food plays in the make-up of communities. Consider Ebenezer Howard's (1960) Garden City; his planning concept is perhaps the best example of systematic attention to food systems

(Pothukuchi & Kaufman, 2000). Howard incorporated elements of food production, distribution, consumption and waste management in the Garden City concept. Garden City offered, for the first time an explanation of how food was integral and connected to other community systems. Unfortunately, Howard's concept failed to garner widespread recognition of the food system by the planning profession. While other influential planning scholars, including Lewis Mumford (1961) and Benton MacKaye (1962) urged "a view of city systems from the frameworks of equity, vitality, and regional and sectoral comprehensiveness" they failed to recognize the importance of food systems (Pothukuchi & Kaufman, 2000; 114). Finally, certain planning schools – particularly those in the United States – have begun to offer courses related to food systems planning; unfortunately, their overall presence remains sparse (Pothukuchi & Kaufman, 2000; Hammer, 2004). A variety of reasons have been given to why the planning profession has paid so little attention to the food system and its respective issues.

Several reasons explain why the food system has been less visible to the planning profession compared with more traditional planning topics like transportation, housing, economic development and the environment. The American Planning Association (2007) offers three reasons for this. First, is the view that the food system only indirectly touches the built environment (APA, 2007). Since the built environment is a principal focus of planners, anything that is not directly influenced by it may not be considered under the purview of the profession. Second, planners do not believe there is anything wrong with the food system; therefore it does not need to be fixed (APA, 2007). Finally, there is a perception that the food system meets neither of the two important conditions under which planners act; 1) dealing with public goods like air and water; and 2) planning for services and facilities in which the private sector is unwilling to invest (i.e. public transit, sewers) (APA, 2007). Pothukuchi and Kaufman (1999) go one step further and offer an explanation as to why food systems has had particularly low visibility among urban planners, policy officials and city residents. This explanation is particularly important given the focus of this research on issues of urban food accessibility. Amongst the factors described by

Pothukuchi and Kaufman are; 1) urban dwellers often take the complex nature of the food system for granted, and see very few problems related to food access, affordability or availability; 2) food is not considered an urban issue with the same significance as transportation, housing or crime; 3) the mechanization of the food system – initiated by the industrial revolution – allowed for the loss of local farmland, which historically served cities, to have minimal to no affect on the foods that are available in local grocery stores; and 4) the historical development of planning has often placed rural or agricultural landscapes in contrast or opposition to urban landscapes. In general, there is a sense that urban food systems are unproblematic, a perception that has largely been the result of a severe disconnect from the processes and networks that allows for foods to be provided in abundance throughout cities. Yet, this perception is increasingly being challenged as a result of a number of alarming trends associated with the modern food system. Despite the historical lack of interest, planners are now being urged to understand and adapt to issues surrounding the food systems.

The food system, which took shape post-World War II has had significant environmental, economic and social implications. The following offers only a glimpse of the challenges planners will face in relation to the food system.

The rapid loss of viable farmland threatens the capacity of town, cities and regions to obtain fresh and local food. In Canada, 14,000 km<sup>2</sup> of viable farmland was lost between 1971 and 2001 (OACC, 2009). In Ontario the farmland surrounding metropolitan areas is disappearing at a rapid pace (APA, 2007; OACC, 2009). Between 1976 and 1996, in the Greater Toronto Area (GTA) alone, more than 2,000 farms and over 600 km<sup>2</sup> of farmland were lost to development (OFT, 2007). This is a loss of roughly 18% of Ontario's Class 1 farmland (OFT, 2007). Disappearing farmland is particularly alarming since only 0.5% of Canada's farmland is designated as Class 1 (with no significant barriers to farming activity) and over 94% is unsuitable for farming (OACC, 2009; para. 1).

Another issue is our heavy reliance on imported foods. This has come as the result of an

increasing globalized food system. Ontario imports \$4 billion more in food than it exports (Campsie, 2008). This has many implications. First, it impacts local farmers, as they are forced to compete with imported foods. This is particularly an issue for farmers who sell produce as they are competing against big box stores who are able to sell imported foods at artificially low wholesale prices. Campsie (2008) explains that, “many supermarkets treat fresh produce as a loss leader, and make their profits on processed food” (p. 20). Second, it leaves Ontario vulnerable to disruptions in the food distribution chain. Third, it contributes to the release of greenhouse gas (GHG) emissions, as food has to travel long distances to reach local grocery stores. For example, food items sold in Southern Ontario have travelled, on average, about 4,500 kilometers from the place they were grown or raised (Xuereb, 2005). Finally, the globalization of the food chain leads to greater consumer ignorance about the sources of food. This disconnect is emphasized by Kneen (1995), where he describes the logic of the current food system as being connected to the concept of ‘distancing’. Distancing, explained by Kneen, are the,

processes that are separating people from the sources of their food and replacing diversified and sustainable food systems with a global commodified food system” (p. 24).

Preserving land and the natural and built resources – all of which local agriculture depends – becomes more difficult as people know less and less about the food system (APA, 2007).

The rise in food-related illnesses is also a growing concern. Rising obesity and diabetes rates have been attributed to cheap and processed fast food, urban sprawl, transportation policies, insufficient food access, and the overproduction in North American agribusiness (Metcalf Foundation, 2008). Not only is this affecting the health of our population, it is also placing a large burden on the Canadian health care system (Birmingham, 1999; Lang, 2009).

While it is unlikely that the industrial food system will collapse, communities and regions are mobilizing to address some of these issues by developing alternative, local and sustainable food systems (APA, 2007). Further, public-awareness is at an all-time high; governments are using sustainable food language; countless scholarly reports identify the connections between



food, health, the environment and income; local food is entering the purview of economic development; and new forms of food distribution are expanding (i.e. cooperatives, farmers markets, community supported agriculture) (Campsie, 2008). Inevitably, these issues, along with several others are forcing planners to consider food and food systems in their practice. A lack of focus on food means that planner's activities could have significant negative implications on the planning of regions and communities (Pothukuchi & Kaufman, 2000). This could ultimately undermine community food security.

To help support and facilitate community and regional food systems, the American Planning Association (2007) created seven general policies. These are;

1. Support comprehensive food planning process at the community and regional levels;
2. Support strengthening the local and regional economy by promoting local and regional food systems;
3. Support food systems that improve the health of the region's residents;
4. Support food systems that are ecologically sustainable;
5. Support food systems that are equitable and just;
6. Support food systems that preserve and sustain diverse traditional food cultures of Native American and other ethnic minority communities;
7. Support the development of state and federal legislation to facilitate community and regional food planning discussed in general policies #1 through #6. (APA, 2007; 2)

Of particular interest to this research are policies 3 and 5. These policies suggest that planners play a role in the spatial distribution of food. This specifically involves the availability and accessibility of food within an environment. Unequal distribution can result in inequitable food systems, which can impact the health of individuals and communities. The recognition that land-use planning and the built environment influences health speak to planning's roots in public health.

Some of the greatest achievements in health over the past century have been related to the

built environment, including sanitation, clean water and vector control to protect against infectious diseases (Cantor, Mikkelsen, Butler & Sahak, 2010). However, recent decades have witnessed a disconnect between the planning and public health fields. Yet, the need to rebuild this connection is coming from many quarters, which is further strengthened by recent evidence showing how the built environment impacts health (Knox, 2003). Using land use planning as a means to improve public health may offer potential solutions to community and regional food system problems; and in particular those issues related to inadequate accessibility of healthy foods. This will require strong collaboration and ultimately a reconnection between the planning and public health fields.

### Connecting Contemporary Urban Planning with Public Health

While urban planning has its roots in public health – dating back to the late nineteenth century – in the last half-century these disciplines have drifted apart (Kochtitzky, 2006). Appeals to reconnect these two fields have been made from influential urban activists, like Jane Jacobs to International organizations, like the United Nations. This plea has come of the result of shared concerns over transportation planning and community design to improve air quality, promote physical activity, increase food accessibility and encourage overall individual and community wellness (Kochtitzky, 2006). Particularly, increasing evidence indicates that urban environments can have adverse affects on individual nutrition and overall health (Diez-Roux, Neito & Muntaner, 1997; Sooman & Macintyre, 1995; Stokols, 1992; Townshend & Lake, 2009; Yen & Kaplan, 1999). These issues are urging the planning profession to rethink their role in the design and development of cities, and to broaden their scope of practice to include issues like food and health.

The public health and urban planning professions originally aligned during the 19<sup>th</sup> and early 20<sup>th</sup> centuries with the mission of social betterment, and to specifically address some of the health consequences of rapid urbanization and industrialization (Melosi, 2000; Porter, 1999 as

cited in Corburn, 2004). At least three major areas highlight the synergies seen between urban planning and public health during this period, these include; 1) the development of green space to encourage physical activity, social integration and improved mental health; 2) the use of community infrastructure to prevent the spread of infectious diseases, such as sewage systems and safe drinking water; and 3) the protection of individuals from hazardous industrial exposure and injury risk through zoning ordinances and land-use (Kochtitzky, 2006). However, since the middle of the 20<sup>th</sup> century little overlap has been seen between these two fields. The need and desire to reconnect these fields is timely, though it is not new. For example, in the 1960s, Jane Jacobs recognized the connection between individual health and the built form by calling for improved community design that offered safe and convenient options for walking, biking and social interaction (Kochtitzky, 2006). Perhaps the most recent call has come the Healthy Cities movement, which effectively links public health and planning to the framework for sustainable development.

Fundamental to pushing health policies and planning beyond the scope of merely the health sector was the Healthy Cities movement. This movement was a convergence of ideas and principles developed in HEALTH21<sup>2</sup> and Agenda 21<sup>3</sup>; two action plans developed by the United Nations (Barton & Tsourou, 2000). While the origins of HEALTH21 and Agenda 21 are different, their principles are nevertheless complementary (see Table 1). These two frameworks have provided the necessary foundation for the World Health Organization's (WHO) Healthy Cities movement.

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<sup>2</sup> Health21 is a policy framework developed by the World Health Organization, with the aim of protecting and promoting people's health, as well as reducing the incidences of main disease and injuries (WHO, 1998)

<sup>3</sup> Agenda 21 is the United Nations global action plan for sustainable development. It was adopted by more than 178 governments at the United Nations Conference on Environment and Development in Rio de Janeiro, Brazil in 1992 (UN DESA, 2009).

Table 1: Comparison between HEALTH21 and Agenda 21 Principles

Principles	HEALTH21	Agenda 21
Equity	Yes	Yes
Sustainability	Yes	Yes
Health Promotion	Yes	(Health)
Intersectoral action	Yes	Yes
Community Involvement	Yes	Yes
Supportive Environments	Yes	Yes
International Action	Yes	Yes

Note. Adapted from “Healthy Urban Planning” by Hugh Barton & Catherine Tsourou, World Health Organization, 2000, p.28

As previously noted, the Healthy Cities movement fundamentally challenged how we perceive health and its relation to cities. It demonstrated that attaining ‘healthy cities’ was not solely the responsibility of the health sector. Instead, it includes health consideration in economic, regeneration and urban development efforts (UN, 2011). Essentially, it encouraged “comprehensive and systematic policy and planning for health” (WHO, 2011). Early leaders in this movement – Trevor Hancock and Leonard Duhl (1988) – suggest that the healthy city is;

a place that is continually creating and improving the physical, social, and political environments and expanding the community resources that enable individuals and groups to support each other in performing all the functions of life and in developing themselves to their maximum potential. (Corburn, 2009; 6)

Eventually, during the first phase of the WHO Healthy Cities movement (1987-1992), this definition was expanded by the following definition;

A healthy city is defined by a process and not just an outcome. A healthy city is not one that has achieved a particular health status level; it is conscious of health and striving to improve it. Thus any city can be a healthy city, regardless of its current health status; what is required is a commitment to health and a structure and process to achieve it.

(Barton & Tsourou, 2000; 29)

Two things are apparent from this definition. The first is that the definition is broad. This allows it to incorporate ideas from various disciplines (beyond public health), including sociology, urban

planning, urban geography, ecology, politics and economic (Barton & Tsourou, 2000). This leads to the second point in that healthy cities cannot be understood or described simply using tables of hard data. It must incorporate a combination of process and outcome indicators, which can only be achieved through collaborative effort across various disciplines. Further, the WHO provides guiding principles for those involved in the development of neighbourhoods, communities and cities (Appendix A).

More recently, the work of Jason Coburn in *Towards the Healthy City* (2009) builds on the Healthy Cities movement and addresses some of its shortcomings. Chiefly, Coburn calls for a reconnection between the fields of planning and public health. He contends that addressing the disconnection between these two professions is essential for improving local governance, as a coordinated and multifaceted effort will be necessary to combat “social exclusion, to protect and repair the environment and to promote human development” (UNCHS, 2001; 1 as cited in Coburn, 2009; 11). Coburn (2009) emphasizes that health and well-being can be promoted if we can better understand how humans use and interact with their environments, and that policies and practices should be adjusted to accommodate these needs. The work of the WHO and Coburn (2009) may seem distant from the subject matter of this research. However, they provide a strong analytical framework that may be used to help redefine the role of planners, which inevitably involves a reconnection between the fields of urban planning and public health. At the very least the synchronized collaboration of these two professions adheres to the basic principles of sustainable development, one of the most widely recognized concepts used to develop neighbourhoods, communities and cities. The need to approach urban planning with a ‘health’ lens is crucial as research continues to demonstrate the links between health and urban environments, including its relationship to physical inactivity, chronic disease, inadequate diet, mental health and safety.

## Linking Individual and Community Health to the Built Environment

Modern urban planning has largely been associated with land-use planning, in which policies shape such basic elements of the urban environment as the size of lots, the distribution of commercial and residential districts, and the width of roads and sidewalks (Bournebonesque, Fisher & Laurison, 2007). Simply, land use planning shapes urban form through processes and a regulatory system that dictate the location and distribution of uses. However, land use policies have impacts well beyond the aesthetics of a place. Increasingly contemporary urban environments have been recognized as having adverse affects on individual nutrition and overall health (Diez-Roux, Neito & Muntaner, 1997; Sooman & Macintyre, 1995; Stokols, 1992; Townshend & Lake, 2009; Yen & Kaplan, 1999). These issues are forcing the planning profession to broaden their scope of practice to deal with a wider range of issues, including health and food.

There is considerable literature available on the relationship between urban design and the built environment with walking, biking and general physical activity. The physical environment can affect individual health by impacting both energy intake and energy expenditure (Gibson, 2011). Health diseases and conditions related to physical inactivity have escalated in Canada in recent years (Katzmarzyk, Gledhill & Shephard, 2000). In 2005, 47 percent of Canadians were considered inactive, while only 27 percent were considered active and 25 percent considered moderately active (Stats Can, 2006). This is particularly troublesome given the evidence that supports the importance of habitual exercise in the primary prevention of various chronic diseases, including cardiovascular disease, hypertension, type II diabetes, stroke, breast cancer, colon cancer and osteoporosis (Blair, Kohl, Paffenbarger, Clark, Cooper & Gibbons, 1989; Lee & Skerrett, 2001; Warburton, Nicol & Bredin, 2006a; 2006b; Warburton, Charlesworth, Ivey, Nettlefold & Bredin, 2010). More recently, studies have highlighted neighbourhood or community environmental characteristics that have demonstrated associations with physical activity, including greater walkability (Saelens, Sallis, Black & Chen, 2003;

Saelens, Sallis & Frank, 2003), less sprawl (Ewing, Schmid, Killingsworth, Zlot & Raudenbush, 2003) and increased access to open spaces (Huston, Evenson, Bors & Gizlice, 2003). For example, residents living in walkable, mixed-use neighbourhoods are more than twice as likely to get 30 or more minutes of exercise than those living in single-use, auto-oriented neighbourhoods (Frank, Schmid, Sallis, Chapman & Saelens, 2005). Further, those living within less than half a kilometer (0.4km) of a park or green space are 25 percent more likely to achieve the minimum weekly exercise requirement (Frank et al., 2005). Health disparities related to the physical environment are exacerbated in lower socio-economic neighbourhoods. High levels of environmental stress in lower socio-economic neighbourhoods have shown to contribute to poor health outcomes (Feldman & Steptoe, 2004 as cited in Lake & Townshend, 2006). Enhancing community environments to facilitate more active lifestyles, including spaces to support walking and bicycling, serves as one approach to increase population levels of physical activity. Through the use of various tools, the planning profession can help to support and facilitate these efforts.

Also, health disparities, including asthma, mental health and anxiety, have also been related to the built environment, including proximity to heavily trafficked roads (Pearson, Wachtel & Ebi, 2000; Ying-Ying et al, 2006), commute times (Stokols, Novaco, Stokols & Campbell, 1978; Novaco, Stokols, Campbell & Stokols, 1979) and the number of bars in a neighbourhood (Grunenewald, 2006)). Undeniably, the built environment is related to various urban health inequalities.

Finally, the varying nature of neighbourhood food environments also influences individual and community health; it is this relationship that is of concern to this research paper. The neighbourhood food environment can be described as the number and types of retail food providers or restaurants, which are used to identify the food that is available within a neighbourhood (Wang, Gonzalez, Ritchie & Winkleby, 2006). Research looking at accessibility

of food in neighbourhoods<sup>4</sup> has been largely focused on two areas; 1) the relationship between neighbourhood access to more/less healthy foods and dietary intake; and 2) the relationship between neighbourhood access to food and weight status (Larsen et al., 2009). While these areas have been investigated in relation to retail food stores, restaurants and certain alternative food distribution networks (i.e. farmers markets), this study will solely focus on retail food. Additionally, disparities in access to healthy food is also linked to income, race, ethnicity and urbanization (Larsen et al., 2009).

### *Retail Food Stores and Dietary Intake*

The first research area – relating to retail food stores and dietary intake – has demonstrated that supermarkets tend to offer the best variety of nutritious foods – including fruits and vegetables – at the lowest costs (Bodor et al., 2008; Sallis et al., 1986; Glanz et al., 2007; Block & Kouba, 2006; Chung & Myers, 1999). Convenience stores, on the other hand, tend to offer mostly packaged, high-calorie food with few fresh produce options, at higher prices (Zenk et al., 2006). Overall, residents with greater access to supermarkets or retail stores that provide a variety of healthful food products tend to have healthier food intakes Bodor et al., 2008; Morland, Wing & Diez Roux, 2002; Laraira et al., 2004; Rose & Richards, 2004; Cheadle, Psaty, Curry et al., 1991). One study even found that the actual shelf-space (measured in linear metres) dedicated to vegetables in local grocery stores increased vegetable intake by 0.35 daily servings (Bodor, Rose, Farley, Swalm & Scott, 2008).

### *Retail Food Stores and Risk for Obesity*

The second research area – connecting retail food store and risk for obesity – revealed that greater access to supermarkets was also related to reduce risks of obesity (Morland, Diez Roux, & Wing,

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<sup>4</sup> For the purpose of this study ‘neighbourhoods’ will be defined as “the area around one’s place of residence (Larsen et al., 2009; 74)



2006; Powell et al., 2007; Lui, Wilson & Ying, 2007), while greater access to convenience stores was connected to increased risk of obesity (Morland, Diez Roux, & Wing, 2006; Powell et al., 2007). For example, Morland et al. (2006) found obesity levels as high as 40 percent in census tracts with no supermarkets, and access to only convenience stores and/or medium-sized, non-corporate-owned grocery stores.

### *Retail Food Stores and Access Inequalities*

Finally, despite some inconsistencies, research has demonstrated the residents of low-income (Chung & Myers, 1999; Zenk et al., 2006; Powell et al., 2007; Baker et al, 2006; Horowitz et al., 2004; Alwitt & Donely, 1997; Zank et al., 2005; Moore & Diez Roux, 2006; Jetter & Cassady, 2006; Morland et al., 2002), minority (Block & Kouba, 2006; Morland, Wing & Diez Roux, 2002; Fisher & Strogatz, 1999; Powell et al., 2007; Baker at al., 2006; Horowitz et al., 2004; Zenk et al., 2005; Moore & Diez Roux, 2006; Morland et al., 2002; Galvez et al., 2007) and rural areas (Fisher & Strogatz, 1999; Powell et al., 2007; Morton & Blanchard, 2007; Kaufman, 1998) are most often affected by inadequate access to grocery stores and healthful food. For example, each additional grocery store in low-income neighbourhoods has been found to increase the possibility that residents will meet nutritional standards by one-third (Morland, Wing & Diez Roux, 2002). More recently Pothukuchi (2005) found, through a national survey of metropolitan areas that low-income zip codes had about half the square footage assigned to grocery stores than areas of higher-income zip codes.

Evidently, individual food choices and health are highly influenced by the accessibility and availability of food services (Cheadle et al, 2001; Morland, Wing, Diez-Roux, & Poole, 2002; Nielsen, Siega-Riz, & Popkin, 2002; Wrigley, Warm & Margetts, 2003; Smoyer-Tomic, Spence & Amrhein, 2006). In fact, the phenomenon of 'food deserts' – referring to geographic

areas that experience severe physical and economic constraints to accessing healthy foods<sup>5</sup> – has been widely used by politicians, social activists and academics and others to highlight poverty, social isolation, and areas with inadequate food retail provision (Acheson, 1998; Hughes, 2000; Social Exclusion Unit, 1998; Wrigley et al., 2002; Smoyer-Tomic et al., 2006). The concept of food deserts, which will be described in more detail below, as well as the research described above indicates that the accessibility<sup>6</sup> of healthy food is linked to land use patterns. Therefore, it is crucial that attention must be given to the physical design and layout of communities so that they may provide healthy food environments.

### Food Deserts

The term ‘food desert’ was initially used in the 1990s by the British government (Reisig & Hobbiss, 2000). The term evolved from a growing concern from advocates, community leaders, and researchers that poor diets may be more severe in certain economically disadvantaged or rural areas, because these areas had limited access to affordable and nutritious foods. Various iterations have been provided for the term. This research will use the definition of food deserts provided by Larsen & Gilliland (2008):

A food desert is a socially distressed neighbourhood with relatively low average household income and poor access to healthy and food. (p. 1)

Food deserts have also been characterized as having a high proportion of fast food or convenience stores, which predominantly sell highly processed and packaged foods (Whitehead, 1998). Other studies indicate that residents in food deserts are more likely to be subjected to higher prices for groceries when they are limited to small food shops and convenience stores (Horton & Campbell, 1990; Alwitt & Donely, 1997; Caraher, Dixon, Lang, 1998). For example, a study in Waterloo,

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<sup>5</sup> For the purposes of this research ‘healthy food’ will be described as vegetables and fruits. According to Canada’s Food Guide, the definition of fruits and vegetables excludes fruit candies, vegetable chips, fruit jams, spreads, ketchup and vegetable or fruit drinks or punches (Health Canada, 2007).

<sup>6</sup> Accessibility relates to the “physical and economic access to food at all times” (CSFS, 2011).

Ontario found that residents shopping at convenience stores would pay an average of 1.6 times (for an identical food item) more than when shopping at supermarkets (Region of Waterloo Public Health, 2004). Finally, certain disadvantaged populations, including the elderly, disabled, unemployed and lone-parent households are particularly vulnerable when living in a food desert as a result of low income and/or limited mobility (Whelan, Wrigley, Warm & Cannings, 2002). Clifford and Gemma (2004) summarize the above characteristics by identifying five features that characterize a 'food desert' and the population that live in them:

1. The residents will be physically disadvantaged in terms of mobility and accessibility.
2. They will also be economically disadvantaged, as they will generally be low-income earners.
3. This will mean that they will have poor nutrition/diet, as they will generally eat cheaper, more filling foodstuffs than traditional meat/fruit/vegetables.
4. They will be geographically disadvantaged because of the lack of choice of food stores in their area.
5. Local stores will only supply limited selection of foods, at higher prices than do larger superstores. (p. 223)

The existence of food deserts has been highly debated, with Canada being no exception (Larsen & Gilliland, 2009). This has largely been the result of the term's broad use and resultant applicability (McEntree, 2009). Canadian studies on food deserts have remained mixed. A study conducted in London, Ontario revealed the presence of food deserts in low-income, inner city neighbourhoods (Larsen & Gilliland, 2008), while a similar study in Montreal claimed that food deserts were altogether missing (Apparicio, Cloutier & Shearmur, 2007). Lister (2007) indicated that while Toronto is considered to having enormous 'food' advantages, there are areas in the city that lack basic access to healthy food (Appendix B). The Martin Prosperity Institute (2010) echoed these findings when their study revealed that only 51% of Toronto's population lives within 1km of major grocery stores (Appendix C). In contrast, research performed in Edmonton,

Alberta revealed that low-income neighbourhoods had the best access to supermarkets (Smoyer-Tomic, Spence & Amrhein, 2006). While Canadian and U.S. food desert studies have produced varying results, there are inherent issues of access that permeate the literature. Research investigating access to healthy food, whether defined through the concept of food deserts or not, has certainly highlighted food inequalities that exist within communities and cities. Since the concept of food deserts has been widely used to identify associated land use patterns and development trends, it becomes a useful tool to better understand planner's involvement in this trend. As a result the term will be used throughout the paper.

Evidently, the planning profession, to some extent, has contributed to the poor distribution of healthy food retailers, particularly full services grocery stores. This has primarily been through the development of suburbs and its associated land use and transportation patterns. Specifically, suburban development can be characterized by low density, low proximity (i.e. fewer destinations and less variety of destinations), poor connectivity (i.e. street and road networks) and automobile dependency (Frumkin, Frank & Jackson, 2004). This landscape has been particularly appealing to large-format grocery stores that have, for a large part relocated from the inner city. The relocation of grocery stores from cities to suburbs has left large gaps in the urban fabric, making accessibility to healthy food increasing difficult. The planning profession is in a position to make significant changes to these spatial food access inequalities.

### The Emergence of Food Deserts

While there may be several reasons that help to explain the emergence of food deserts, there are two in particular that can be viewed as major contributors to the phenomenon; 1) the consolidation and suburbanization of the supermarket industry; and 2) automobile dependency.

The consolidation and suburbanization of food retailers in North America and the United Kingdom in recent decades has led to the emergence of 'food deserts' (Reisig & Hobbiss, 2000). In relation to consolidation, there has been an increase in supermarket store size, while the overall

number of stores has decreased (Clark, Eyre, Guy, 2002). Cameron et al. (2010) document the shift in supermarket size;

Supermarkets of approximately 4000 – 10 000 ft first appeared in the 1930s. The 1950s saw the establishment of small neighbourhood supermarkets measuring 15 000 – 20 000 ft with 5000 – 10 000 customers. In the 1960s and 1970s, 30 000 – 40 000 ft stores serving 20 000 customers emerged, followed by 50 000 ft stores in the late 1970s. Then, in the 1980s even larger supermarkets of 75 000 – 100 000 ft were unveiled. (p. 907)

In Canada the number of food stores declined from 34,000 in 1990 to 24,000 in 2006, a drop of 10,000 stores (Agriculture and Agri-Food Canada, 2007). Coupled with a decrease in the number of food stores and increase in store size, the industrialization of food production and the shift to centralized distribution systems has also resulted in only a handful of corporations owning overall half of the grocery sales in North America (Mamen, 2007). For example, prior to 2005 only five supermarket chains owned 82 percent of the retail food market in Canada; Loblaws with 40 percent of sales, Sobeys with 18 percent of sales, Canada Safeway with 8 percent of sales, Metro Inc. with 9 percent of sales, and A&P with 7 percent of sales ((Zafirou, 2005). These major chains have substantial market power, which has enabled them to keep their prices relatively low, to the point where small retailers cannot compete. These suburban megastores have effectively created, what Pothukuchi (2005) describes as a 'shadow' that can kill other businesses and remove closer-to-home sources of food.

Yet, the consolidation of food retailers could not have occurred without the suburbanization of cities; these two trends happened simultaneously. The movement of people from cities to suburban and exurban neighbourhoods has occurred in Canada, and North America in general since before the 1900s (Harris, 2004). However, it was only post-World War II that suburban growth exploded (Harris, 2004). This was the result of a few factors, including increasing automobile dependency and auto-oriented development policies, generous federal mortgage policies and the new changing perception that the suburban lifestyle was now a mirror

of national identity (Harris, 2004). The movement of people to the suburbs led to further residential decentralization, which would be followed by dispersion of employment centers and retail (Cameron, Amrhein, Smoyer-Tomic, Raine, & Chong, 2010). Correspondingly, food retailing dramatically changed with an overall increase in physical size and shift in preferred location (Egyedy, 1988; Weinberg & Epstein, 1996 as cited by Cameron et al., 2010).

Suburban transportation and planning policies that have driven growth and suburbanization over the past several decades have perpetuated “supermarket flight” (McCann, 2006). In fact the history of grocery stores and the development to the suburbs cannot be separated (Donohue, 1997). The spatial design of the suburbs was far more appealing to potential grocery store developers, this included more land for parking, easier off-and-on loading for distributors, convenient access to arterial roads and highways, and a development context for much larger store formats (Pothukuchi, 2005). Additionally, fewer zoning restrictions, lower property tax rates and fewer competitors solidified the preference of supermarket chains to locate to the suburbs (Cameron et al., 2010). Additionally, the idea of locating a grocery store in an inner city neighbourhood was entirely against conventional wisdom, as these areas were considered deficient (Pothukuchi, 2004). Several reasons led to this perception including,

... lower average household incomes, problems associated with land assembly and cleanup, higher costs of development finance, complex city permitting processes, problems with recruitment and retention of trained staff and the perceptions and realities of crime. (Pothukuchi, 2004)

These issues, coupled with the trend of suburbanization meant that the costs of developing and operating a grocery store in inner cities would be higher, while the returns would be lower (Pothukuchi, 2004). As a result, the characteristics of food retailing quickly went from small independently owned markets to large chains (Wrigley & Lowe, 2002) who used sophisticated spatial analysis to provide the most rational spatial arrangements of stores for maximal profits

(Jones & Simmons, 1993). Consequently, the relocation of grocery stores to the suburbs has left inner cities vulnerable:

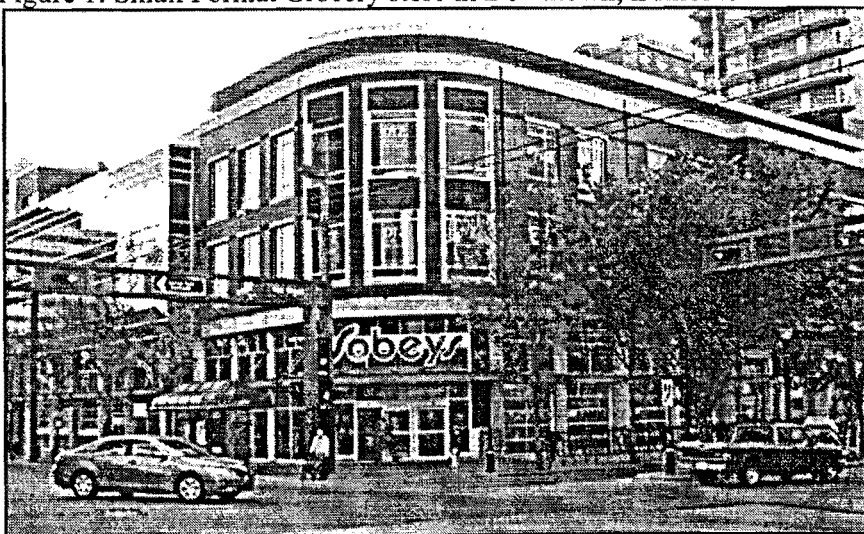
Food deserts... have been further exacerbated by the effect of large grocery retailers locating on the periphery of towns and the subsequent displacement effect of independent retailers in the town centre. (Furey et al., 2001; 447)

Further, the relocation of supermarkets was not only driven by the physical need for more space, but to be closer to customers with 'money' (Donohue, 1997). Wealthy citizens left the city in favour of suburban living, and the supermarkets followed (Pothukuchi, 2005). By the 1970's retailers and businesses (including grocery stores) began to follow the suburban customer base (Duany, Plater-Zyberk & Speck, 2001). Ultimately, the decline of smaller-inner city supermarkets and the rise of suburban superstores have led to the uneven distribution of healthy and affordable food (Clarke, Eyre & Cliff, 2002; Clifton, 2004; White, 2007).

At the same time, suburbanization could not have happened without the automobile, which led to automobile-oriented development. Over the last century the introduction of the automobile has had the largest impact on the way cities are shaped (Duany et al., 2001). Investment in highway infrastructure post-WWII, cemented the dominance of the automobile as the preferred mode of transit (Larsen & Gilliland, 2008). As a result, development patterns have allowed greater mobility, particularly amongst more affluent people (Duany et al., 2001). Automobiles have allowed people to move to the suburbs, which historically has been viewed in contrast to the city core, as providing 'healthier opportunities' for its inhabitants (Boone & Modarres, 2006). As previously noted, businesses recognized this untapped customer base and relocated or expanded in order to exploit them. This has left those without access to cars – in particular, those living in downtown areas – limited to walking and using public transit as a means to access grocery stores. This became increasingly difficult as smaller grocery stores either closed or moved to the periphery.

While urban locations still present a number of issues that deter larger grocery stores from developing – including site preparation costs, delayed permit processing, and a more demanding regulatory environment - there has been growing interest in inner cities on the part of supermarkets in recent decades (Pothukuchi, 2005). First, supermarkets are interested in urban markets because of suburban saturation. These areas have typically been untouched or minimally populated by supermarket chains, consequently they represent a new frontier for the grocery retail sector (Pothukuchi, 2005). Second, the supermarket chains are becoming increasingly creative in addressing the challenges associated with urban development, including smaller sites and nonstandard product assortment (Pothukuchi, 2005) (see Figure 1). Also, population growth, spurred by immigration and gentrification has made the market conditions more favourable (Pothukuchi, 2004). Recent studies have also revealed that older methods of assessing market potential for grocery retail have systematically underestimated inner-city potential (Brown, 1999; Pothukuchi, 2005). To ensure that the needs of underserved neighbourhoods are addressed, the planning profession must embrace this new perception of inner city markets. Accepting this trend has the potential to offer innovative incentives to potential grocery store developers, and valuable solutions to inadequate food environments.

Figure 1: Small Format Grocery store in Downtown, Edmonton



Note. (Skyscraperpage, 2009)



Recently, a number of initiatives have emerged to help address the spatial inequalities in food access. While this research is interested in the regulatory tools that can be used by the planning profession, it will briefly describe a range of other tools used by government, non-profit organizations and academics. This is necessary to demonstrate the severity and scope of the issue, as well as the various partners working to improve community food environments.

## CHAPTER 3: CURRENT INITIATIVES TO IMPROVE HEALTHY FOOD ACCESS

### Current Initiatives to Improve Healthy Food Access

There have been several policies and program responses aimed at improving food environments, and specifically the provision of healthy food in neighbourhoods and communities across North America. Community residents, policy makers, advocates, academics, business leaders and non-profit organizations are increasingly playing an important role in improving access to healthy food in underserved neighbourhoods. Three of the most promising options for increasing access are; 1) improving existing small/convenience stores; 2) developing new grocery stores; and 3) starting and sustaining farmers' markets (PolicyLink, 2005). While the presence of farmers markets is growing across the country, its potential to improve community food access will not be discussed in this paper. The reason for this is because rhetoric, advocacy and action around food system change in Canada has largely focused on the development and inclusion of alternative food distribution systems, including farmers markets (Bedore, 2010). The potential of revitalizing urban food environments through conventional grocery store attraction, or improving existing food retailers has largely been ignored (Bedore, 2010). More specifically,

Policy recommendations have embraced the community food security approach to combating hunger and insecurity, which places greater emphasis on community-driven, non-market solutions such as urban agriculture, while seeking greater self-sufficiency through agriculture and food production systems (Power, 1998, as cited in Bedore, 2010; 226)

This provides the justification to focus on the first two options for increasing food access; improving existing small/convenience stores and developing new grocery stores. Focusing on these two areas may shed light on potential opportunities to increase food access in underserved Canadian neighbourhoods. Additionally, interventions that aim to improve convenience stores have been predominantly done through policies, plans and fiscal tools. Meanwhile, initiatives that

target the development of new grocery stores have been pursued through the use of regulatory tools.

The next section offers a glimpse of the plans and programs as well as the fiscal tools used to improve the provision of healthy food in convenience stores. Although this research will go on to focus primarily on the regulatory tools – as they are the subject matter of this research – it is important to understand the growing response and importance of this issue. If nothing else, it provides further justification for planners to address issues of accessibility to healthy food.

### Plans, Programs & Fiscal Tools used to Improve Healthy Food Access

The implementation of plans and programs, as well as fiscal tools related to healthy food access have largely targeted small retail providers, including corner stores and convenience stores. While the Canadian Government has recognized the potential and importance of providing healthy food at convenience and corner stores, very few programs or tools exist that support this effort (AAFA, 2010). In a statement released in 2010, Agriculture and Agri-Food Canada noted that;

Convenience Stores benefit enormously from the proximity of outlets to major urban arteries, their extended hours, the fact that there is a local outlet available nearby (walking distance) to most urban consumers, and the fact that most consumers need to visit a gas station/convenience store weekly. These simple facts make convenience stores an enormously convenient, very simple and ready option for consumers at multiple points during their day. Few retail outlets can say the same thing, which begs the question, why shouldn't they provide fresh produce along with healthy and readymade meals? (para. 9)

This statement was made in response to the varied and numerous initiatives taking place in the United States. Overall, it is communities across the United States that continue to develop innovative and effective strategies to overcome barriers to access healthy food at the retail level. This may be the result of the widespread assumption that Canadian inner cities experience fewer

health, poverty and social inequalities related to the United States or the United Kingdom (Wasylenki, 2001). However, as previously indicated issues of inaccessibility are prevalent in Canada. This suggests that these interventions have a considerable degree of relevancy to Canada.

Corner store-based nutrition programs have been led by city agencies, academics and non-profit organizations in a number of cities, including Washington, Minneapolis, Los Angeles, New York and Baltimore. The majority of these programs are intended to provide greater access to healthy foods in underserved communities. Most often the communities that are targeted for these programs are classified as low-income (Ashbrook, Roberts, Karpyn, Pielt, 2008; NYC Health Department, 2010). These programs tend to focus on three components to improve access to healthy foods; sourcing, building demand and building capacity. For example, the Minneapolis Healthy Corner Store program has partnered with ten corner stores to improve their inventory and marketing of fresh produce (City of Minneapolis, 2011). The program provides assistance to corner store owners with layout design, marketing materials, sourcing information, training and small business development resources (City of Minneapolis, 2011).

Fiscal tools have also been used to help retailers provide healthy food options. The most recognized example of this is Pennsylvania's Fresh Food Financing Initiative (FFFI), which is a multi-million dollar public-private partnership for convenience store owners that operate in underserved communities (Food Trust, 2004). Under this program corner stores and/or convenience store owners are provided development grants and loans, land acquisition financing, equipment financing and capital grants for project funding gaps and construction (Food Trust, 2004). Similar to the programs described above, this initiative was created in response to the rising concern over the lack of access to fresh foods in underserved neighbourhoods. The FFFI has become a model for communities nationwide (Food Trust, 2004).

## Regulatory Tools to Improve Healthy Food Access

Finally, a variety of planning specific regulatory tools have been employed to help increase the sale of healthy food at the neighborhoods level. These initiatives have targeted both smaller and larger food retail providers. Each of the case studies that will be discussed highlight various ways regulatory tools can be used to improve community food access. They demonstrate that planning and developing agencies can be proactive in creating healthy food environments. Additionally, these case studies not only demonstrate how this can be achieved but they each offer a unique way of framing and targeting interventions; including city permitting processes, zoning by-laws and incentives, and general plans. All of these examples offer strategies that are within the purview of the planning profession. And while all of the case studies are found in the United States, specifically Chicago, New York, and Santa Rosa (California) they are relevant to the Canadian planning environment. Canadian and American planning systems have similar fundamental elements. They both rely on the Euclidian<sup>7</sup> zoning system, which designates separate areas for separate uses. Also regional, municipal and town planning, within both jurisdictions are largely informed by the use of General Plans (United States) or Official Plans (Canada). These plans provide vision and direction for the growth and development of communities through policies, goals and plans. Despite these and other similarities between the two planning systems, targeting intervention at the retail level is largely unseen in Canada. Therefore, these case studies offer important lessons from which Canada may build on.

The following chapters will provide in-depth analysis of the three regulatory tools listed above, and their potential for adoption within a Canadian context, and particularly Ontario. These planning tools will be highlighted in an effort to show the various ways access to healthy food can be framed, encouraged and implemented.

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<sup>7</sup> Euclidian zoning dates back to 1922, when it was first used in the Town of Euclid, Ohio (Feldstein, 2007).

### *Chicago, Illinois: "Retail Chicago"*

In 2008, a research and consulting group released a report on the state of food deserts in the City of Chicago. The findings showed that there were at least three expanses within the city (almost 114 km<sup>2</sup>) where access to healthy food was inadequate (Gallagher, 2006). Because Chicago's neighbourhoods are largely segregated by race, racial inequalities to food access are extremely evident (Gallagher, 2006). Overall, the neighbourhoods with a higher proportion of white populations had above average access<sup>8</sup> to grocery stores, while the majority African-American neighbourhoods had the least access to grocery stores (Gallagher, 2006). Instead the African-American neighbourhoods had above average access to fast food outlets (Gallagher, 2006). The City of Chicago has used the findings of this study as a means to understanding spatial access to grocery stores in Chicago (City of Chicago, 2011). To help improve this issue the City has have created an internal agency that targets and caters to the development community. The intention is that the development and permitting process will be made easier and faster, thereby attracting more business to underserved neighbourhoods. This is extremely valuable, as one of the deterrents to major grocery chains, or even smaller grocery stores settling in large urban areas are the complex city permitting processes (Pothukuchi, 2004).

City permitting processes may require potential developers to work through the bureaucracy of several city departments just to get started (McCann, 2006). For example, it took over five years for an underserved community in Rochester, New York to bring in a full-service supermarket (Prevention Institute, 2004). The time and costs of navigating the permit process hampers economic development, and can ultimately act as a deterrent to potential developers and retailers. To counteract these impediments to development the City of Chicago implemented a single point of access for material and information about neighbourhood retail opportunities.

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<sup>8</sup> In this study food access was measured by using the distance between the geographic center of each block and the locations of each food venue in Chicago. The minimum distance was calculated for each block, and demonstrated the distance from that block to the nearest food venue by category: chain grocers, small grocers, all grocers and fast food. (Gallagher, 2006; 11)

Though such an initiative, the City hoped grocery store developers would be attracted to the inner city (Savic, 2008).

In an effort to attract economic development to the City, the City of Chicago, in partnership with the Local Initiatives Support Corporation (LISC) and the Chicago Association of Neighborhood Development Organizations (CANDO) created an aggressive outreach program called “Retail Chicago” (Bassford, Galloway-Gilliam & Flynn, 2010). Launched in 1994, Retail Chicago acts as a “one-stop-shop to assist retailers, brokers and developers during their site selection process” (Bassford, et al., 2010; 20). Specifically, Retail Chicago has four main objectives; 1) stop sales bleed to suburbs (and increase tax revenue); 2) reduce blight; 3) improve access to goods and services; and 4) increase employment (Lee, 2007). Essentially, the program attempts to meet the needs of an area’s residents and businesses by encouraging and implementing appropriate commercial development.

To successfully attract new businesses – including grocery stores – to underserved neighbourhoods, Retail Chicago provides two major functions. The first is that it commissions economic profiles and analysis of targeted neighbourhoods (Feldstein, Jacobus & Laurison, 2007). Through this customized market information they can provide promotional material – including maps, demographic information, traffic patterns, and descriptions of city neighbourhoods – to retailers that demonstrates a neighbourhood’s economic potential and appropriate sites for development (Bassford et al. 2010; Feldstein et al., 2007). A second function of Retail Chicago is that they act as a single point of contact with the city government. In this capacity, they are capable of providing efficient and timely information to potential retailers or developers. More importantly, they can facilitate the entry of new businesses into the market by expediting the reviews of plans and permit requests (Bassford et al. 2010; Feldstein et al., 2007). Projects can quickly be guided through the entitlement and permitting processes. This is particularly important because in large urban centers the grocery store development process can be lengthy and cumbersome. The City of Chicago recognized the importance of making this

process simpler and more attractive to potential developers. This becomes increasingly important when the city is trying to encourage targeted development in underserved neighbourhoods. Additionally, Retail Chicago has expanded its outreach by giving tours to developers, hosting a Chicago Grocery Expo to encourage further investment, and pitching Chicago property to retailers at international conferences (Savic, 2008)

Retail Chicago provides a fast-track permit process for food retailers planning to locate in targeted and underserved neighbourhoods. As previously noted, this program can help reduce the “costs of navigating approvals and holding unprofitable property” (Bassford et al., 2010; 20). In this example the city’s planning and development agencies have taken an aggressive approach to bringing grocery stores back into the city. As a result of this coordinated effort, Retail Chicago has been successful in attracting new retailers, including supermarkets and grocery stores, to targeted neighbourhoods (Bassford et al., 2010).

### *New York, New York: “FRESH”*

In 2008, the New York City Department of Health and Mental Hygiene (DOHMH), City Planning (NYCDCP) and the New York City Economic Development Corporation (NYCEDC) released a study that indicated a lack of grocery stores in many low- and moderate-income neighbourhoods across the City (NYCDCP, 2011a). The study indicated that 16 to 26 percent of residents, in the areas identified as needing full-line grocery stores, reported that they did not “eat a single serving of fresh fruits or vegetables the day prior to being surveyed” (NYCDCP, 2011a). Predictably, residents of the same area suffer from higher than average rates of obesity and diabetes (NYCDCP, 2011a). Recognizing the importance and potential of full-line<sup>9</sup> grocery stores in improving individual health and quality of life, the City launched the Food Retail Expansion to Support Health, or FRESH, program. A FRESH food store is defined as a store;

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<sup>9</sup> The NYCDCP defines as full-line grocery store as one that provides a ranges of grocery products, including “dairy, canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish and poultry, intended for home preparation, consumption and utilization” (NYCDCP, 2011; para 3).



...where at least 6,000 square feet of floor area, or cellar space utilized for retailing, is utilized for the sale of a general line of food and non-food grocery products, such as dairy, canned and frozen foods, fresh fruits and vegetables, fresh and prepared meats, fish and poultry, intended for home preparation, consumption and utilization. Such retail space utilized for the sale of a general line of food and non-food grocery products shall be distributed as follows:

- a) at least 3,000 square feet or 50 percent of such retail space, whichever is greater, shall be utilized for the sale of a general line of food products intended for home preparation, consumption and utilization; and
- b) at least 2,000 square feet or 30 percent of such retail space, whichever is greater, shall be utilized for the sale of perishable goods that shall include dairy, fresh produce, frozen foods and fresh meats, of which at least 500 square feet of such retail space shall be designated for the sale of fresh produce. (NYC, 2009; 2)

This program supports the expansion of existing grocery stores and promotes the development of new stores in designated areas through a variety of incentives. Although both financial and zoning incentives are offered to achieve these means, this section will focus predominantly on the zoning incentives.

Adopted by Council in December 2009, FRESH has three major zoning incentives to attract grocery store development in underserved neighbourhoods, they include; 1) density bonuses for developers with a grocery store on the ground level of mixed-use or commercial buildings; 2) reduction in required parking for stores smaller than 40,000 square feet; and 3) larger “as of right” grocery stores in light manufacturing (M1<sup>10</sup>) districts to expedite land use and environmental reviews (NYCDCP, 2011a; Bassford et al., 2010).

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<sup>10</sup> The New York City Department of City Planning describes M1 (light manufacturing) districts as ranging “from the Garment District in Manhattan, with its multistory lofts, to parts of Red Hook or College Point with many one- or two-story warehouses studded with loading bays. The M1 district is often a buffer

A density bonus is a planning tool that allows developers to increase the maximum allowable development on a property in exchange for amenities or housing needed by the community (Miskowiak & Stoll, 2005). This may include the development of parks, affordable housing or heritage preservation. In this particular case, the density bonus allows for increases in developed square footage or in the total number of developed units. Under the FRESH initiative additional floor area is permitted in a residential building when there is a ground floor FRESH food store. Specifically;

One additional square foot of residential floor area would be allowed for every square foot provided for a FRESH food store up to 20,000 square feet. (NYC, 2009; 4)

Furthermore, if the context prevented developers from achieving the full development potential – when a FRESH store is implemented – they can exceed the height limit by one story (maximum) with the authorization of the City Planning Commission (NYC DCP, 2010). Here, the density bonus is tied directly to the goal of increasing access to full-line grocery stores in underserved neighbourhoods.

A potential constraint for developers and operators of grocery stores is that New York's current Zoning Resolution has a higher parking requirement for food stores compared to other types of neighbourhood retail and service uses (NYC DCP, 2011a) (see Table 2). This may result in developers having to purchase more land to satisfy the parking requirement. This becomes particularly problematic in commercial districts where larger tracts of land are limited and prevailing market rents are high (NYC DCP, 2011a). As a result, potential developers are forced to locate to areas where larger tracts of land are available and the costs of purchasing and

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between M2 (middle ground between light and heavy industrial areas) or M3 (heavy industry that generates noise, traffic or pollutants) districts and adjacent residential or commercial districts. Light industries typically found in M1 areas include woodworking shops, auto storage and repair shops, and wholesale service and storage facilities. In theory, nearly all industrial uses can locate in M1 areas if they meet the more stringent M1 performance standards. Offices and most retail uses are also permitted. Certain community facilities, such as hospitals, are allowed in M1 districts only by special permit but houses of worship are allowed as-of-right." (NYC DCP, 2011c, para 1)

developing land are not as prohibitive. To overcome this barrier the FRESH initiative reduces the required parking. Specifically,

In commercial districts that require parking, except C8- districts, FRESH food stores up to 40,000 square feet would not be required to provide parking.

and,

In C8<sup>11</sup>- and M1- districts, the first 15,000 square feet of grocery store would have a low parking requirement. After the first 15,000 square feet underlying parking requirements would apply. (NYC, 2009; 7)

In relaxing the current parking regulations, the City recognized that current requirements were outdated and the costs associated with them were prohibitive to potential food store developers and operators. Ultimately, this incentive will decrease the costs associated with parking for FRESH food stores.

**Table 2: Parking Requirements for Commercial and Manufacturing Zoning Districts**

Name of District	Use	Parking Requirement
General Commercial District	Food Stores	1 per 200 square feet
General Commercial District	Storage	1 per 2,000 square feet
General Commercial Contextual District	General Retail	1 per 400 square feet
General Commercial Contextual District	Museums	1 per 2000 square feet
Light Manufacturing District	Open Commercial Amusements	1 per 500 square feet
Manufacturing District	Health Care Facilities	1 per 300 square feet

Note. Adapted from “Land Use, Zoning and Public Policy” by the Dormitory Authority of the State of New York, 2006, p.26.

<sup>11</sup> The New York City Department of City Planning describes C8 Districts as “bridging commercial and manufacturing uses, provide for automotive and other heavy commercial services that often require large amounts of land. Typical uses are automobile showrooms and repair shops, warehouses, gas stations and car washes—although all commercial uses as well as certain community facilities are permitted in C8 districts. Housing is not permitted and performance standards are imposed for certain semi-industrial uses.”

The last zoning incentive relates to the development of larger food stores in light manufacturing (M1) districts. In M1 districts generally there are larger tracts of land available and development costs are lower (NYCDCP, 2011a). These districts also encompass residential uses, which are located directly adjacent to light manufacturing areas. As a result, trying to acquire a permit in light manufacturing districts is lengthy and costly. For example, stores up to 30,000 square feet are required to undergo land use and environmental reviews (NYCDCP, 2011a). This FRESH zoning incentive permits;

FRESH food stores as-of-right<sup>12</sup> up to 30,000 square feet from 10,000 square feet in all M1 districts within FRESH Food Store Areas. (NYCDCP, 2010)

This zoning incentive effectively removes the time-consuming and costly public review process. The development of full-line grocery stores in these districts is much more feasible under these conditions. In this case it becomes apparent that zoning policies can be a powerful tool for helping improve access to a community benefit, specifically grocery stores.

#### *Santa Rosa, California: General Plans*

In this example grocery stores are perceived as valuable assets to communities for a variety of reasons. Not only do they provide better access to healthy food, but can also increase the property value of the surrounding area, provide living-wage jobs and attract and anchor additional businesses. The establishment of full-line grocery stores can help to build and sustain a robust economy, and thus contribute to overall economic development (Fieldstein et al., 2007). This goal is realized through the Towns general plan.

City departments, including planning departments can use economic development strategies to attract businesses into areas. In fact, most economic development tools are scattered across city departments and community organizations, and were not created to attract healthy

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<sup>12</sup> An as-of-right development complies with all applicable zoning regulations and does not require and discretionary action by the City Planning Commission or Board of Standards and Appeals. (NYCDCP, 2011b)

food retailing (Sideroff, 2009). The example of Santa Rosa, California demonstrates how creativity and ingenuity can help establish policies, through general plans that can successfully bring grocery stores into underserved neighborhoods.

Economic development programs typically follow one of three approaches; 1) a firm-oriented approach; 2) a place-based approach; and 3) a people-oriented approach (Fieldstein et al., 2007). The approach taken by Santa Rosa, California is a firm-based, indicating “individual businesses receive assistance to help them grow and ultimately benefit the entire community” (Fieldstein et al., 2007; 39). While this type of approach can be used to promote a particular area for any business, in this example it focuses on attracting specific business that will most likely improve the quality of life within the community.

In California, it is required by state law that every county and city adopt a general plan (Fieldstein et al., 2007). This document outlines how the land within the jurisdictional boundary is to be used through a series of general policy statements. It is most easily thought of as “a local land use “constitution,” from which all local land use decisions must derive” (Fieldstein, 2007). This document plays a fundamental role in shaping the overall health of a community. ‘Healthy’ policies contained within these plans can be stand-alone “health elements”, relevant language interweaved throughout the document, or a combination of both (Fieldstein et al., 2007). The *Santa Rosa General Plan, 2035* (SRGP) has a section designated to “Land Use and Livability”. The concept of livability is diverse and involves many aspects of daily urban life, including protection from natural disasters, absence of crime, health of the environment, opportunities for employment, affordable housing, and a range of services and schools (CSR, 2009). Within this section there is a considerable amount of health implicit policy language. Meaning, its policy supports healthy changes to its community, but does not include specific health rationale. Specifically, under the guidelines for the downtown area, policy LUL-C-6 states, “Attract a grocery store to the downtown area” (CSR, 2009; 2-17). The implementation of this policy is particularly important because the SRGP had specific language that “supermarkets and/or

drugstores are permitted in Community Shopping Centers<sup>13</sup> only” (Jones & Hartman, 2008).

Unfortunately, a community shopping center does not exist in the downtown core. This limits downtown residents to smaller retailers that cannot always provide a full-line of products. This policy indicates that the city of Santa Rosa recognizes the importance of contextually-appropriate land use regulations in creating environments that provide healthy food options.

To help implement this policy, a number of more specific directives are outlined in Santa Rosa’s Economic Sustainability Work Plan. The development of the Work Plan is in response to the recent recession. It focuses on,

... creating jobs and growing the economy by acting on business retention/expansion opportunities, attracting business to the City’s employment centers, enhancing regional entrepreneurial image, and supporting strategic infrastructure improvements. The work plan also invests in Santa Rosa as a visitor destination, enhancing neighbourhoods livability and downtown center vibrancy, seeks balance in retail offerings and invests in arts and cultural activity. (CSA, 2010)

In an effort to increase economic development – through the development of grocery stores – the plan suggests an amendment to the SRGP that would allow grocery stores to have even more flexibility in where they locate, even beyond the downtown area. It recognizes the constraints of only allowing grocery stores to locate in Community Shopping Centers. Potential retail owners have expressed their discontent with the inflexibility of current policies that force them to locate to these designated areas. Often this context is not appropriate for smaller traditional retailers, or more specialized retailers (Regalia, 2010). The plan suggests that by allowing greater flexibility supermarkets or grocery stores would likely locate in underserved areas.

This example demonstrates how a variety of city agencies – including Planning, Economic Development, Public Health and Community Development – can work together to

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<sup>13</sup> Community Shopping Center districts are a specific zoning district that are applied to areas appropriate for complexes of retail establishments anchored by a supermarket and/or large drug store, serving clients from the community as a whole (Jones & Hartman, 2008; 10)

introduce innovative economic development policies. Further, it demonstrates the extent to which general plans can help shape a community's access to healthy food. It is important to note that while these policies may not be framed as a food accessibility strategy, they nevertheless support healthy food environments.

## CHAPTER 4: DISCUSSION

The following chapter will provide a discussion on how the case studies, outlined above, are relevant to Ontario's planning environment. The case studies highlight three major tools that can be used to improve access to healthy food. Food accessibility can be increased through; 1) government agencies; 2) zoning regulations and incentives; and 3) general plans.

### Improving Access through Government Agencies

The concept of creating "one-stop" departments to streamline processes is not unique to the City of Chicago example. In fact, the Ontario Planning Act<sup>14</sup>, under Section 24 allows for municipalities to adopt a Development Permit System (DPS). The provision of this system indicates the need to provide more efficient and streamlined development processes at the municipal level.

The DPS is a land use approval framework, which helps "to facilitate and streamline development, promote community building, and enhance environmental protection" (MMAH, 2009). The Ministry of Municipal Affairs and Housing (2004) stated that the DPS has several advantages,

... it supports economic development in targeted areas by providing for quicker approvals, eliminating duplication and incorporating some flexibility for permitted uses and development standards. (MMAH, 2004; 13)

One of its major advantages is that it allows for a more efficient planning process by combining zoning amendment, minor variance and site plan approval processes into one application (MMAH, 2009). Typically, each of these three processes are separated, which can lead to duplication and long process times. The streamlining of these three approval processes helps to expedite appropriate development and provides certainty to developers on the requirements for

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<sup>14</sup> The Ontario Planning Act is the provinces' highest level planning policy, which "sets out the ground roles for land use planning in Ontario and describes how land uses may be controlled, and who may control them" (MMAH, 2008; 2)



development (MMAH, 2009). Additionally, this “one-window” approach to planning matters will help regulate and address a variety of development issues, including permitted uses, density, size, setbacks, conceptual design and on-site redevelopment challenges (MMAH, 2009).

Municipalities can implement the DPS in areas where it has a specific vision and wants to facilitate development in that direction (i.e. intensification, brownfields, community building, mixed use development, heritage areas) (MMAH, 2001). In order to implement a DPS, a municipality must integrate the framework into their official plan. More specifically, council must,

Undertake an official plan amendment (OPA) to identify the DPS area, outline the vision and goals for the area, and provide the policy requirements for how the system will work. (MMAH, 2009; section 2.1)

This is perhaps one reason why very few municipalities have enacted the DPS. Currently, only three municipalities have adopted the DPS; Township of Lake of Bays<sup>15</sup>, Town of Carleton Place<sup>16</sup> and the Town of Gananoque<sup>17</sup> (Nethery, 2011). Additionally, the size – both area and population – of the town’s that have implemented the DPS are very small. This could indicate that the DPS may be better suited for smaller municipalities, rather than larger municipalities where there are more complex development challenges. While the lack of uptake is puzzling, its existence indicates a willingness to make development processes more efficient, which can promote investment in designated areas.

Evidently, the concept of streamlining the development process exists in Ontario, though its actual implementation is nascent. Furthermore, the example of the DPS is a more generic streamlining process; far from the more targeted initiative carried out in the City of Chicago. Likely, a variety of issues will need to be overcome before such a framework can be adopted,

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<sup>15</sup> The Township of Lake of Bays has a permanent population of 3,000 and a seasonal population of 18,000. Its land area is roughly 70 km<sup>2</sup>. (TLB, 2010)

<sup>16</sup> The Town of Carleton Place has a population of 9,083, and is approximately 9km<sup>2</sup>. (TCP, 2007)

<sup>17</sup> Located in Eastern Ontario, part of Ontario’s 1000 islands, Gananoque has a population of 5283 with an area of roughly 7km<sup>2</sup>. (Gananoque, 2011)

including municipal governments' aversion to change, unwillingness to relinquish certain powers or allocate resources (i.e. staff, time, money) and a lack of knowledge of the existence of these tools (Nethery, 2011). Nevertheless, Ontario municipalities have the opportunity to implement streamlined permitting processes, whether it is through more official means like the DPS, or simply a consolidation of specific municipal agencies like Retail Chicago.

### Improving Access through Zoning

As seen with New York FRESH program, zoning can be vital to improving the quality of life in neighbourhoods and communities. Zoning regulations in Ontario follows a similar function to that seen in New York; essentially, it determines what can and cannot be built within designated districts (i.e. industrial, commercial, residential). Additionally, zoning regulations,

... typically address two issues contained within the questions of “what” can be built: (1) the height, bulk, and sometimes design of buildings (i.e. how big they are and how they look), and (2) to what use the buildings may be put (i.e. what activities can take place). (Feldstein, 2007; 91).

Beyond the primary consideration of land use, zoning bylaws can be used to encourage social equity (Bednar, Minichini, Whyte, Appleby, 2010). As seen in the New York example, incentivized zoning policy helped achieve this aim, in relation to food access. This action is also permissible within Ontario's land use framework.

Zoning incentives can be offered through Section 37 of the Planning Act. Essentially, this section loosens zoning density and height restrictions for developers in exchange for community benefits, like transit improvements, non-profit arts, cultural, community or child care facilities, parks or rental housing (Bednar et al., 2010). For example, during the development and planning phase for the West Queen West Triangle (Toronto, Ontario) the City of Toronto negotiated with developers to build a community arts facility, include 190 affordable housing units in a particular building, donate \$1.25 million to Toronto Public Health, and sell rental units to a non-profit arts

organization (Bednar et al., 2010). While sounding simple, the legislation does not put forth much guidance or regulations. As a result many municipal councils are divided over its merit (Tyndorf, 2006). In fact, the City of Toronto is one of the few municipalities in Ontario to use it (Tyndorf, 2006). To date, there is no record of Section 37 being enacted to secure a full service grocery store. This is likely because benefits incurred from Section 37 are typically allocated to capital facilities, or cash contributions to achieve capital facilities (City of Toronto, 2007).

As previously indicated, there is a certain degree of discussion over the merits of Section 37, as it has several disadvantages as well as advantages. The advantages of Section 37 are its ability to; secure the provision of public benefits (municipal-wide, community-wide or site specific), provide a range of possible benefits not restricted to specific types of amenities (i.e. monetary benefits), further municipal initiatives (i.e. social, cultural, economic and political) and acquire benefits that not limited to the proposed (re)development site (Longo & Costello, 2009). However, Section 37 is not without its disadvantages, including its ability to lead to ad-hoc, “lets make a deal” planning decisions, the difficulty of determining a monetary value for bonuses, and a lack of legislative requirements for comprehensive and consistent standards (Longo & Costello, 2009).

While there is some debate over Section 37, it remains a planning tool that can be used to improve social inequity. It would seem that in the absence of clear directives –including the need for full service grocery stores in underserved neighbourhoods – municipal staff are reluctant to use it. Learning from New York’s FRESH program, Section 37 could be used to acquire more specific community needs.

#### Improving Access through General Plans (Official Plans)

The adoption of General Plans – which are termed Official Plans (OP) in Ontario – are mandated by the Planning Act. As previously indicated, OP’s provide guidance for the physical development of a municipality typically over a 20 to 30 year period. The Ontario Ministry of

Municipal Affairs and Housing (2009) describes municipal OPs as “the primary vehicle for articulating a community’s sustainable vision and overall planning direction” (Chapter 2). It must conform to higher planning documents (i.e. Planning Act, Provincial Policy Statements), while outlining more detailed planning goals, policies and activities for the municipality, town or city. Further, the Planning Act requires that the OP be reviewed at intervals no less than once every five years. This ensures that it remains relevant to changing circumstances.

OP’s offer an opportunity for planners to take a more coordinated approach to food systems planning, and specifically to address issues of inadequate access to healthy food. Many official plans may allude to the importance of access to healthy foods through general, broad-based, aspirational statements. However, very few seem to put forth more concrete policies or actions. For example, the City of Toronto’s OP recognizes healthy food as being essential to healthy neighbourhoods, yet it does not include specific policy goals to achieve this (City of Toronto, 2009). Conversely, the Region of Waterloo’s OP contains a full section dedicated to food access, entitled “Access to Locally Grown and Other Healthy Foods” (Region of Waterloo, 2010; 44). Under this section neighbourhood food accessibility is encouraged through specific policy directives. For example, under General Development Policies for Urban Areas (2.D.1) it states that development will occur in a manner that “facilitates residents’ access to locally grown and other healthy foods in neighbourhoods” (Region of Waterloo, 2010; 18). In this case the Region of Waterloo recognizes that accessibility to healthy food is important to the overall ‘liveability’ of the region (Region of Waterloo, 2010;). Also worth noting, is that the ‘food system’ policies and goals outlined in the OP were developed by a interdisciplinary staff group – including both public health officials and municipal and rural planners – from the Region (Region of Waterloo, 2011). This highlights the importance of these two professions collaborating to develop appropriate and progressive food policies for OP’s. Yet, while the policies and goals of the Region of Waterloo OP’s are more substantial than other OP’s (i.e. Toronto), it is not as prescriptive as the policies outlined in Santa Rosa’s General Plan.

Clearly, the policies outlined in an OP are indicative of the priorities of several stakeholders, including the public, elected representatives, developers, and community groups. Varying degrees of recognition and implementation can be given to specific issues through an OP; this will depend on the priority of the issue, the visibility of the issue, the mobilization of relevant stakeholders, and the degree to which Council feels they can affect change. Ultimately, OP's are important regulatory tools that can be used to improve neighbourhood accessibility to healthy food. Unfortunately, Ontario's towns, cities and municipalities have yet to realize its full potential.

## CHAPTER 5: CONCLUSION

The three case studies present unique and innovative ways to address inadequate access to healthy food in urban neighbourhoods. Chicago, Illinois addressed fresh food retail needs by streamlining the development process; making it easier for developers to establish grocery stores in underserved neighbourhoods. New York City created the FRESH Food Store Area Program, which combines financial and zoning incentives to encourage the development of new stores, as well as upgrades and expansions in existing stores. Finally, Santa Rosa, California's General Plan and land use policies, were used to promote economic development through food retailing. All three of these examples offer valuable lessons for Ontario's planners, and the planning profession in general.

Ontario's current planning framework either already accommodates these types of initiatives, as seen through the use of official plans and zoning incentives (Section 37 of the Planning Act), or has the capacity to employ such initiatives though they have yet to be realized, as seen with streamlining permitting processes (Development Permit System). Through the availability of these tools Ontario's planners are positioned to improve access to healthy food in underserved areas. This is increasingly important given our understanding of the health problems associated with inadequate access to healthy food, including hypertension, type II diabetes and obesity. A more deliberate and focused uptake of these tools would suggest that the planning profession has begun to acknowledge and address how the physical environment can influence individual and community health; this is an important step in reestablishing planning's connection with the public health field. To address the health of contemporary urban populations these two professions, urban planning and public health, must reconnect.

The potential of using regulatory tools to improve food access through enhanced retail provision has yet to be acknowledged or documented by Canadian academics, planners or advocates. As a result, this research fills a knowledge gap by identifying available tools planners can use to improve community food access. Yet, while this research sheds light on a little-known

area of Canadian planning it does not investigate, in any great length, the reasons why the uptake of these tools is so minimal. Our understanding of how planning tools, like the Development Review System and Section 37, can be used to increase community food security, and specifically food access is limited to non-existent. Further research will be needed to better understand the perceived barriers in utilizing these tools to their fullest degree. Additionally, official plans offer an excellent opportunity for planners to work closer with public health professionals, as seen in the Region of Waterloo. A better understanding of how this can be achieved (i.e. using case studies) or how the planning profession may better engage other professions, including public health, during official plan reviews may shed light on how these relationships can be developed and strengthened. Finally, food access may be improved through a variety of mechanisms. While this paper has highlighted the potential for access to be increased through revitalizations and development at the retail level, it is not suggesting that this is the best or most appropriate method. Various interventions – including the introduction of farmers markets, community supported agriculture, and improved public transportation networks – may serve to improve food access. Further investigation of the barriers and opportunities to using each of these intervention techniques may help to clarify all of the available options planners have to improve food access.

Inevitably, food access will become an important item on the municipal planner's agenda. The complexity and diversity of the challenges our current food system holds will need to be addressed through the collaboration of various disciplines. Planners will not be left out. They are equipped with a variety of tools that can be used to effectively address these issues, and create a healthy more sustainable food system.

## Appendix A

### WHO Principles for Developing A Healthy City

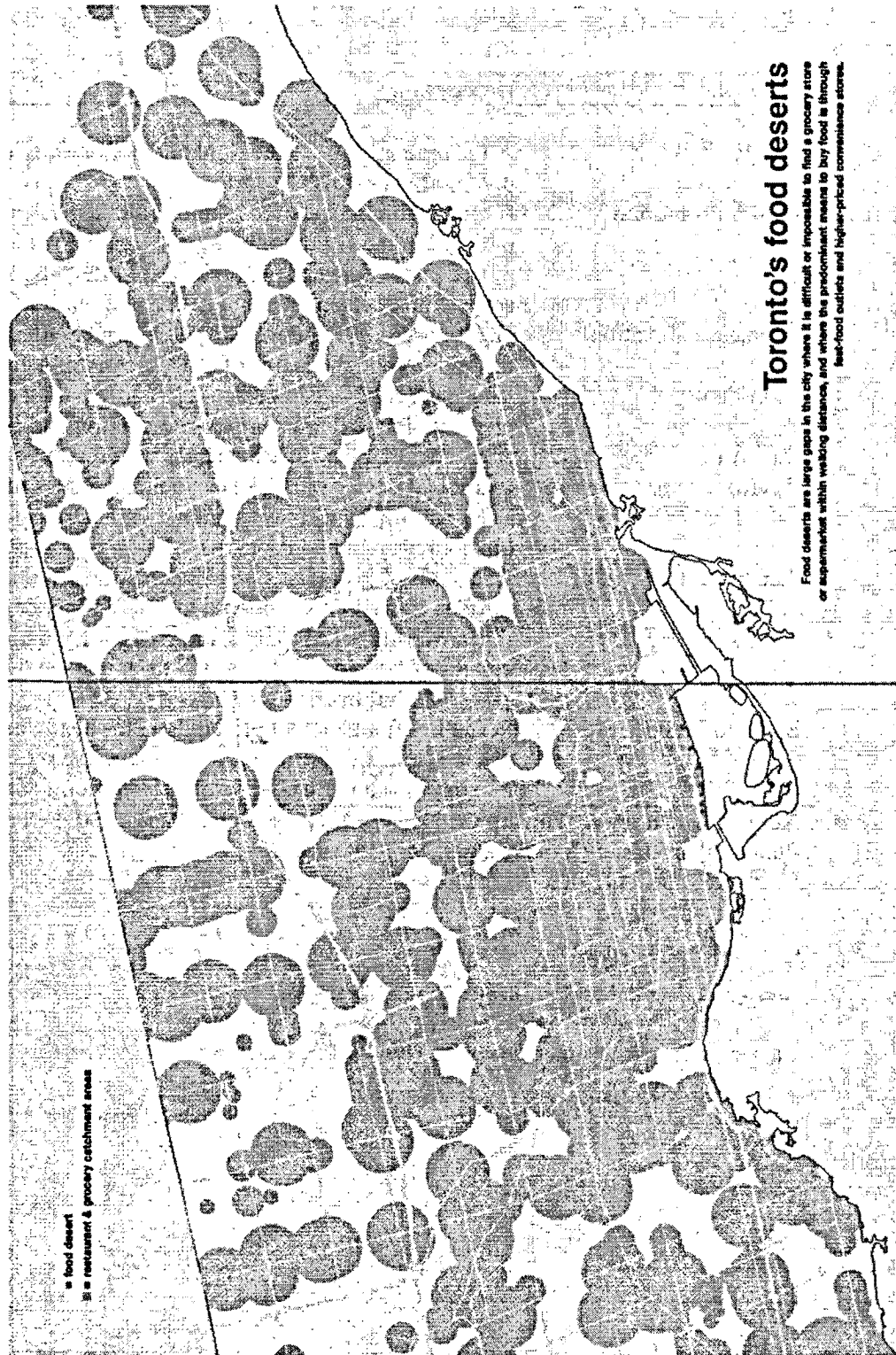
Principle	Description
Equity	All people must have the right and opportunity to realize their full potential in health.
Health Promotion	A city health plan should aim to promote health by using the principles outlined in the Ottawa Charter for Health Promotion: build healthy public policy; create supportive environments; strengthen community action and develop personal skills; and reorient health services.
Intersectoral Action	Health is created in the setting of everyday life and is influenced by the actions and decisions of most sectors of a community.
Community Participation	Informed, motivated and actively participating communities are key elements for setting priorities and making and implementing decisions.
Supportive Environments	A city health plan should address the creation of supportive physical and social environments. This includes issues of ecology and sustainability as well as social networks, transportation, housing and other environmental concerns.
Accountability	Decisions of politicians, senior executives and managers in all sectors have an impact on the conditions that influence health, and responsibility for such decisions should be made explicit in a clear and understandable manner and in a form that can be measured and assessed after time.
Right to Peace	Peace is a fundamental prerequisite for health and the attainment of peace is a justifiable aim for those who are seeking to achieve the maximum state of health for their community and citizens.

Note. Adapted from "Toward the Healthy City – People, Places, and the Politics of Urban Planning" by Jason Coburn, 2009, MIT Press, p. 8.



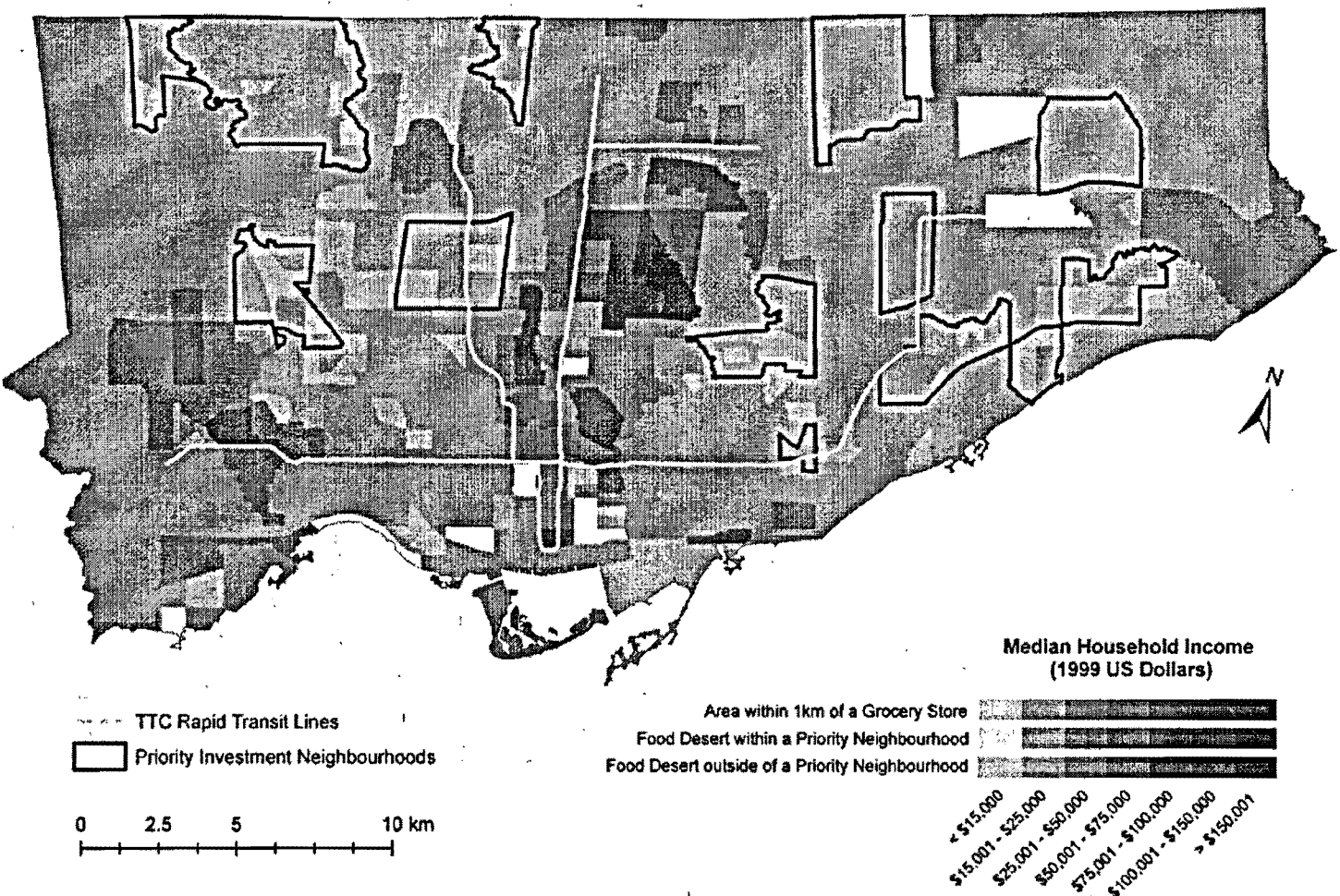
## Appendix B

### Toronto's Food Deserts According to Lister, 2007



(Lister, 2007; 168-169)

Toronto's Food Deserts According to the Martin Prosperity Institute, 2010



Map by Zara Matheson, Martin Prosperity Institute  
Data Source: Statistics Canada and City of Toronto

(MPI, 2010)

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