HOC and the Healthy Built Environment

Discussion Paper
&
Resolutions

Updated April 2012

Outline

HOC and the Healthy Built Environment

Public Health and Urban Planning

Public health professionals and urban planners have long shared an understanding that the built environment and human health are intimately connected. This understanding is reflected in historical built environment measures such as provision of closed septic collection systems and safe drinking water access and more recently in the design of communities and buildings that promote safety and health.

As a result of these measures, the burden of illness due to infectious diseases and injury are now much reduced in the developed world. Social interaction has also been enhanced through attention to provision of green spaces and planned living spaces.

However, we now realize that the built environment has a significant role to play in several major public health challenges: namely, obesity and early childhood development. We also recognize that in many communities land use planning is distinct from transportation planning, in others they are integrated. Urban planning for the purposes of this paper is inclusive of both land use and transportation planning.

Built Environment Definition

The BC Ministry of Healthy Living and Sport provides the following definition for Built Environment: “Built environments are the urban and rural human-made surroundings that provide the settings for human activity. Built environments encompass buildings and spaces (e.g. homes, schools, workplaces, neighbourhoods, parks and recreation areas, industrial and commercial areas and other settings) the products they contain, and the infrastructure (e.g. transportation, energy and agricultural systems) that link and support them.” (cited in PHSA 2010).

The Need to Re-Link Public Health and Planning

Research has confirmed a link between the built environment and many aspects of health – obesity, social inclusion, physical fitness, healthy eating, asthma and injuries to name but a few. With this in mind, federal and provincial governments, municipalities, public health agencies and communities are turning their attention to promoting and developing healthier built environments. Such changes are foundations for the health of future generations, in a time where next year’s profits or revenue are seen to be more valuable than ensuring the wellbeing of the future generation. Both are needed and necessary, so a path of change is required that moves us in an appropriate direction.

An initial step in the process is to generate a common language. Health professionals tend to think in terms of wellbeing and disease; increasing capacity and empowering communities, families and individuals; addressing determinants of health; and reducing inequities. Health

protection is shifting from a “health inspection” approach to an “environmental health” one. Such language may be foreign to urban planners, who have processes written into legislation under the Local Government Act (LGA) (Parts 25-26).

In urban planning, very long term plans are highlighted in regional growth strategies which take a minimum twenty year horizon, official community plans that are updated and refreshed at a minimum of every five years and in where such exists, separate transportation plans. More short term planning processes include zoning and development bylaws, and subdivision approvals as examples. The processes for application of each of these components are documented within the LGA.

Purposeful incorporation of health into planning requires consideration of how to adopt planning policies that have health as a consideration. A model for how health could be addressed in the LGA is the changes to the LGA sections 850 and 877 requiring local governments to consider greenhouse gas emissions.

The proposed measures in the April 2010 HOC resolution aim to begin a discussion with health authorities and municipalities (and others) to ensure health is a consideration in urban planning. For health to become an integral consideration, the following are needed:

1. *Skills and capacity to plan for and assess the health impacts of built environments*
   Training and tools are needed by urban planners, local government officials, environmental health officers, Medical Health Officers, developers and others involved in urban growth and development. This includes foundational materials on healthy urban planning, as well as specific tools to assess health impacts of proposed projects.

2. *Shared learning experiences in developing the concept of health built environments*
   Environmental health officers (EHO), community engagement staff, planners and developers will need to be trained in the application of HBE concepts. As demonstrated through training workshops provided through 2008-2009, there was a benefit from learning in an environment that shared the experiences of both EHOs and planners but lacked the issues raised by the development community. To further facilitate the shared learning requires the collective engagement of local governments, professional bodies that represent planners and health officers, and the development community.

3. *Resource capacity to support the transition to newer ways of looking at healthy environments*
   Local government planning and development departments and Health Authorities both will perceive an increased workload. The capacity of environmental health officers (EHOs) or community engagement staff to address built environment issues needs to be addressed. Not only will retraining of existing personnel be required, the expanded expectations for EHOs to review, comment and contribute to built environment proposals must be balanced with already overextended workloads. The personnel resources should be reinforced with evidence based reviews and supporting documents, preferably at a province wide level. Clarity between evidence based decision and current better practices that lack evidence due to lack of focused research is needed.

4. *Appropriate policy frameworks to support local governments to include health into planning*
   Training, tools and understanding may be insufficient of themselves to stimulate the cultural shift needed to position healthy environments within the current approach to development. Cultural shift may require additional stimulation through changes in policy and regulation. Local government policies can be affected on a one at a time basis. Provincially, the current policy framework for development is documented through the Local Government Act.

Mandate of the Health Officers' Council

Under sections 73 (3) of the Public Health Act, medical health officers are required to advise local governments (and other authorities) in an independent manner on public health matters (see appendix B). Medical Health Officers do this within their jurisdictions, but where issues are deemed to be of wider concern in the province, the Health Officers Council provides an added voice for carrying out this mandate. The Health Officers Council of British Columbia is formed by the range of public health physicians working in BC. Such individuals may be employed by federal or provincial government, academia, provincial and regional health authorities, or may engage in their professional functions from a variety of other health structures. Resolutions arising from the HOC are reflective of the collective wisdom of public heath physicians within the province.

The Health Officers Council of British Columbia has taken previous positions on the built environment. Calls have been made to apply the growth and planning expectations of the Local Government Act to rural areas (where currently Ministry of Transportation employees provide development approvals), to move the development approval officer functions within regional governments as is the standard in urban areas, recommending that rural structures be subjected to the same building requirements and inspections as those in an urban setting, promoting the reduction in idling to improve air quality, improving road safety, addressing homelessness, and improving housing for the most vulnerable. Recent discussions have focused on changes to support the infrastructure needed to normalize healthy built environment considerations as an integral part of planning and development in urban settings.

The Health Officer's Council will remain active in protection and promoting the health of BC's residents; some of the work done by this body will focus on the built environment.

Healthy Rural Communities

While considerable effort is directed towards the urban built environment, the HBE agenda needs to broaden to embrace issues of rurality. Fundamental differences in development and planning exist in rural areas, with reduced expectations, reduced requirements, and even development approvals being undertaken separate from the governments which oversee land use in rural areas. Rural areas are often associated with specific health problems that can be a function of built environments, including road design, applicable of housing building codes, access to safer drinking water supplies, sewage disposal in addition to occupational and lifestyle risks that may reflect rural living. There is currently a reference in the Local Services Act,

Subdivision Regulation (S6.06) that requires review of subdivision plans where any parcel is less than 5 acres by the medical health officer, but only for the purposes of determining the waste disposal capabilities of the land.

HOC has previously recommended that efforts begin to ensure some parity in development and planning design that can reduce the current inequitable approach within the province.

Coordination of Efforts

Healthy Built Environments have quickly become an area of activity. Currently in BC several Health Authorities have identified resources to support growth in this area. PHSA has been involved in numerous activities surrounding the Healthy Built Environment and provide a series of resource materials [i] the quality of which can be variable. Ministry of Healthy Living and Sport (MHLS) has identified Healthy Community Environments as one its strategic areas. Community groups such as Smart Growth BC, BC Healthy Communities and Healthy Canada by Design have supported change with planners and health groups. Specific components of the healthy built environment have been supported by groups like Union of BC Municipalities (UBCM), BC Parks and Recreation Association, and Ministry of Transport.

Many of these groups have interacted under the umbrella of the Healthy Built Environment Alliance. This group lists as its purpose as 1) Bring together the public health professions and the design professions to better understand the health impacts of the built environment. 2) Ensure this understanding is transmitted to the design professions, the health professions, the development industry, policy makers at all levels of government, and the public who live in the environments created or regulated by the private and public sectors. 3) Support creation of healthier built environments and evaluation of their health, social, environmental and economic impacts

Currently there is no agency which has the mandate to align and coordinate activities by various groups in the province.

Similarly multiple government departments have a vested interest in participation in the development of the Healthy Built Environment agenda yet clear leadership has yet to become apparent within the various Ministries that would support a coordinated agenda.

Good intentions, increased awareness and increased availability of resources are important foundations for change. HOC and others can become catalysts of further change through signalling important directions that are required to shift HBE from a “nice to do”, to a “need to do”. Many of the proposed actions presented in the HOC resolutions are necessary steps that institutionalize health as an integral component of urban and rural development planning.

In addition to the resolutions to date, HOC should consider recommending a format for formal coordination and implementation of changes to support the HBE agenda. This body needs to have the ability to establish evidence based strategic direction, facilitate change within governments, identify success indicators, define expectations for local governments and health authorities, oversee implementation, measure and report on progress, and identify research priorities.

[1] http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm

Overcoming Resistance

In some settings the incorporation of health into planning and development decisions is welcomed. In other settings, barriers exist and resistance to the need to consider health in planning and development should be expected. Developers may perceive health involvement in areas that potentially carry additional costs as unwarranted and an unwanted infringement on their activities. As such, structures that permit engagement of the development community, and a forum for open dialogue are required and likely need to be facilitated in order to achieve the needed changes.

Communities may well perceive an added onus if health is to be consulted and considered on significant local decisions. The current relationship between public health agencies and municipalities is often one of health requiring communities to undertake certain work. As collaboration is preferable in this decision process, unequal power relationships will need to be addressed and the relationships redefined. UBCM has the potential to be both a significant resource and a significant obstacle to progress – either way their engagement is critical. The question becomes who does the engaging to the extent that the dialogue is sustainable and constructive.

Research and Knowledge Translation

BC has the privilege of several internationally renowned academics working on HBE issues. Their efforts and work feed directly into the HBE Alliance and this provides for identifying research needs and supporting opportunities for research. Current research efforts have focused on the correlation between community form and specific health outcomes. Interventional research is limited at this time and potentially methodologically challenging.

Changes in the healthy built environment will have long time lags to demonstrate effectiveness. As such, a well planned and supported evaluation and research agenda is recommended. The results of evaluation and research need to be timely provided to support the best possible decision making. Once again coordinated leadership and strategic planning become cornerstones to identifying research needs.

PHSA has developed a series of knowledge translation documents and materials to assist in the change process of incorporating HBE concepts into urban planning. With time, more focused materials may become necessary and coordination of efforts to identify the priority of materials from generators, facilitators and the user communities will be needed to ensure a match between new information, and their adoption and implementation.

There already exists a need for a provincial repository of documentation and presentations on HBE.

Next Steps

Recognizing that development impacts health provides a strong argument for beginning the dialogue on how to incorporate health as an explicit expectation of planning and development activities. The resolution parallels other components addressed in regional growth strategies and community plans, namely; demographics, employment, housing, transportation, recreational services and areas, economic development, climate change and greenhouse gas emissions. As with the recent amendments that require consideration of greenhouse gas emissions, the proposed planning requirements are not proscriptive but will lead to consideration of health in the planning process. A foundation for discussion is proposed in terms of encouraging physical activity, reducing obesity, reducing injuries, supporting healthy child development, supporting inclusiveness of persons with chronic mental illness, supporting healthy food systems, supporting persons who are aging or living with disabilities, development that is sensitive to health of the environment and impact of climate change and planning for health facilities and services. Additional actions exist to the current HOC proposals. Health can be explicitly identified in sections 855 and 879 of the LGA as a sector to be consulted. In section 878, the OCP can reflect that health be one of the outcomes that could be considered in preparation of the OCP. The absence of this language has been interpreted by some planners as explicitly suggesting that health not be considered or involved in the planning process. Specifics of the necessary policies and structures to ensure health is incorporated into planning and development will be the result of much dialogue, and as with other planning efforts, how these are turned into local plans is through the vision and forethought of local governments.

The measures proposed in the HOC resolution are not a comprehensive assessment of all that is needed to ensure the structure of communities supports health – but they are a start. Other components include increasing the knowledge base of how built environments influence health, in particular for subpopulations such as the elderly, children, different ethnic groups and those of different socio-economic status. As well, there needs to be better understanding of the best mechanisms by which municipalities and health authorities can work together. There needs to be dialogue between planners and researchers to ensure research is put into practice and practice helps inform research. Medical Health Officers and others members of the HOC are actively involved in ensuring appropriate information, structures and systems are in place to improve upon our ability to create healthy built environments and healthy communities. We encourage local governments to identify needs, strengths and gaps and engage Health Authority partners in active discourse to ensure these are addressed.

HOC Resolutions Supporting the Healthy Built Environment

Carried:

130-03 SEWERAGE SYSTEM REGULATION

THEREFORE BE IT RESOLVED that Health Officers Council write to the Minister of Healthy Living and Sport requesting that the Sewerage System Regulation be reviewed and amended to ensure that issues related to inadequate protection of the public's health are addressed.
Response: Grant Main, Deputy Minister, Ministry of Healthy Living and Sport to bring to the attention of Ida Chong, Minister of Healthy Living and Sport for careful consideration

Known Action: Sewerage system regulations were revised June 2010, consultation with HOC or Medical Health Officers appears to have been minimal.

130-04 HEALTHY BUILT ENVIRONMENT

THEREFORE BE IT RESOLVED, that HOC communicate through the Ministry of Health Living and Sport to the appropriate Ministries that the following changes should be considered:

1. Requiring official community plans and zoning requirements for Regional Districts
2. Shifting subdivision approvals from the Ministry of Transportation to Regional Districts.
3. Requiring building regulations and inspections

Response: no response from Mary Polak, Ministry of Healthy Living and Sport

132-04 RESOLUTION: HEALTHY BUILT ENVIRONMENT

THEREFORE BE IT RESOLVED HOC request the Minister of Community and Rural Development to utilize sections 850 and 877 of the Local Government Act to include explicit planning in areas that support the healthy built environment, inclusive of but not limited to encouraging physical activity, reducing obesity, reducing injuries, supporting healthy children's development, supporting inclusiveness of persons with chronic mental illness, supporting the sustainability of the local food system, supporting persons who are aging or living with disabilities, development that is sensitive to health of the environment and impact of climate change and planning for health facilities and services.

HOC request the Ministry of Healthy Living and Sport to work with the Ministry of Community and Rural Development on setting guidelines for communities and health authorities on the expectation of health assessments for larger developments and capital projects.

HOC communicate with the UBCM Healthy Communities Committee the desire to collaborate in supporting local governments to be inclusive and supportive of planning that benefits of the health of community residents

HOC request regional health authorities to support public health involvement in municipal and regional planning that encourages healthier environments in built, suburban, small community and rural settings by ensuring adequate resources, developing professional and surveillance capacity and re-restructuring health services where necessary.

HOC encourage the health authorities and Ministry of Healthy Living and Sport to provide leadership in developing skills and capacity for undertaking health assessments of developments and large projects

133-01 RESOLUTION: HEALTHY BUILT ENVIRONMENT

WHEREAS the built environment is an important determinant of health and wellbeing,

WHEREAS no strategic plan for incorporating health impact assessment into planning and development exists,

WHEREAS current legislation governing regional and local planning and development omits health as a consideration,

WHEREAS intimate collaboration between the planning, development and public health communities is essential to create healthier built environments,

WHEREAS there is a need to address the health impacts of the built environment in both urban and rural settings

WHEREAS the Health Officers Council has received a discussion document outlining some of the current status and situation in the province of British Columbia

THEREFORE BE IT RESOLVED HOC request the Minister of Health Living and Sport in conjunction with the Minister of Community and Rural Development to develop a strategic plan for the Healthy Built Environment in BC which addresses expectations of local government and Health Authorities, facilitates government change, and enumerates success indicators, and

FURTHER BE IT RESOLVED The Ministers of Healthy Living and Sport and Community and Rural Development be requested to establish a structure with power to support the HBE agenda through coordinating activity, monitoring implementation, oversee provincial government implementation, measuring and reporting on progress, and identifying research priorities, and

FURTHER BE IT RESOLVED that The Ministry of Healthy Living and Sport with the support of the Ministry of Community and Rural Development establish a working group to review the rural built environment issues as they pertain to supporting health outcomes, and

FURTHER BE IT RESOLVED HOC request the Ministry of Healthy Living and Sport facilitate the development of tools to assist municipalities in health impacts assessments relating to built environments, and

FURTHER BE IT RESOLVED HOC request that The Minister of Community and Rural Development review the Local Government Act in addition to previously proposed changes to include:

i) Health be included in sections 855 and 879 of the LGA as a sector to be consulted.
ii) Health be identified as one of the outcomes to be considered in section 878 in the preparation of the Official Community Plan
iii) In Part 26 or other appropriate location, explicit mention that results of a comprehensive health impact assessment has been undertaken that this information is used in the planning and development process.

Appendix A: Purposes of the Health Officers' Council of British Columbia

1. To advocate for public policies and programs that are directed towards improving the health of the population of British Columbia.
2. To advise and assist the Government of BC and other governments, boards and councils to identify measures for improvements in the planning, development, administration, and evaluation of disease prevention, health promotion, community health and all other health related services in British Columbia.
3. To provide a forum for the education of members in new scientific and other developments in the planning, delivery and evaluation of disease and injury prevention, health promotion, community health and all other health services in British Columbia.
4. To provide a forum for Ministries and other health governing bodies to discuss plans for changes in policies, programs, and legislation.
5. To support the role of the Provincial Health Officer in providing reports on the health of the population of British Columbia, establishing health goals, developing, revising, and implementing professional standards for Medical Health Officers, and other duties.

Appendix B: Advising and Reporting on Local Public Health Issues

Under sections 73 (1) – (7) of the Public Health Act medical health officers are required to advise local governments (and other authorities) in an independent manner on public health matters. Before making a public report the medical health officer is required to consult with the Provincial Health Officer and local government that might be affected by the report. This allows those parties to be aware of the content of the report so that they can discuss the implications of the report with the medical health officer, provide input to the report, and be prepared to respond to the report. The Provincial Health Officer can require the medical health officer to make a report about advice that medical health officers have given.

Public Health Act

73 (1) In this section:

"authority" means a health authority, or a school board or francophone school board under the *School Act*, that has full or partial jurisdiction over a designated area;

"designated area" means the geographic area for which a medical health officer has been designated;

"local government" means a local government that has full or partial jurisdiction over a designated area.

(2) A medical health officer must monitor the health of the population in the designated area and, for this purpose, may conduct an inspection under Division 1 *[Inspections]* of Part 4.

(3) A medical health officer must advise, in an independent manner, authorities and local governments within the designated area

(a) on public health issues, including health promotion and health protection,

(b) on bylaws, policies and practices respecting those issues, and

(c) on any matter arising from the exercise of the medical health officer's powers or performance of his or her duties under this or any other enactment.

(4) If a medical health officer believes it would be in the public interest to make a report to the public on a matter described in subsection (2) or (3), the medical health officer must

(a) consult with the provincial health officer and each authority and local government who may reasonably be affected by the intended report, and

(b) after consultation under paragraph (a), make the report to the extent and in the manner that the medical health officer believes will best serve the public interest.

(5) If requested by the provincial health officer, a medical health officer must make a report to the provincial health officer of advice provided under subsection (3).

(6) A health authority must do all of the following:

(a) designate a medical health officer to report, respecting the geographic area for which the health authority is responsible,

(i) on the health of the population within the geographic area, and

(ii) on the extent to which population health targets established by the government, if applicable, or by the health authority, if any, have been achieved;

(b) require the medical health officer to report to the health authority at least once each year;

(c) publish each report made under this subsection.

(7) A medical health officer who makes a report under subsection (6) may include in the report recommendations relevant to health promotion and health protection in the geographic area for which the health authority is responsible.

Appendix C: Regulations Respecting Local Governments

Under section 120 (1) – (3) of the Public Health Act regulations can be made requiring or authorizing local governments to monitor and respond to health hazards and health impediments, deliver a public health function (see also s.125 (4)), require a local government to modify or rescind a bylaw, operation or strategic plan or planning process, or establish processes to resolve disputes between local governments and health authorities. Before undertaking any of these actions under sections 120 (4) – (8) the minister is required to undertake a meaningful consultation with local governments affected, or the Union of BC Municipalities if the regulation affects local governments generally.

Public Health Act

120 (1) The Lieutenant Governor in Council may make regulations under this section in respect of local governments for one or more of the following purposes:

(a) to promote or protect the health of the people within the jurisdiction of the local government;

(b) to address a condition, thing or activity that could adversely affect a health promotion or health protection initiative;

(c) to enforce a memorandum of understanding or other arrangement made under this section.

(2) The Lieutenant Governor in Council may make regulations as follows:

(a) requiring or authorizing a local government to take one or more actions for the purposes of

(i) monitoring its jurisdiction for a health hazard or health impediment, and

(ii) responding to a health hazard or health impediment;

(b) requiring a local government to deliver a public health function, and, for this purpose, the Lieutenant Governor in Council may do the things described in section 125 (4);

(c) authorizing the minister to order a local government to modify or rescind a bylaw, or an operational or strategic plan or planning process;

(d) establishing processes to resolve disputes between local governments and health authorities in relation to matters under this Act.

(3) For the purposes of a regulation made under subsection (2) (a) or (b), the minister may enter into a memorandum of understanding or other arrangement with a local government establishing alternatives to the obligations that would otherwise be applicable under the regulation.

(4) If, by a regulation or order under this Act, the Lieutenant Governor in Council

(a) imposes a duty on one or more local governments, or

(b) authorizes the minister to order one or more local governments to modify or rescind a bylaw, or an operational or strategic plan or planning process,

the minister must consult with the affected local governments before the regulation or order is made.

(5) If a regulation or order to which subsection (4) applies affects local governments generally, consultation with the Union of British Columbia Municipalities is effective consultation in respect of municipalities and regional districts.

(6) For the purposes of subsection (4), the minister must

(a) provide sufficient information respecting the proposed regulation or order, and

(b) allow sufficient time before the proposed regulation or order is made for the affected local governments or the Union of British Columbia Municipalities, as applicable, to consider the proposed regulation or order and provide comments to the minister.

(7) The minister must consider any comments provided under subsection (6) and, if requested by an affected local government or, if applicable, the Union of British Columbia Municipalities, must respond to those comments.

(8) The minister may require an individual to make an oath or affirmation of confidentiality before the individual may participate in consultations under this section.

(9) Nothing in this section prevents a person who has authority to make an order under this Act to make the order in respect of a local government.

Local Government Act

Content of regional growth strategy

850 (2) A regional growth strategy must cover a period of at least 20 years from the time of its initiation and must include the following:

(a) a comprehensive statement on the future of the region, including the social, economic and environmental objectives of the board in relation to the regional district;

(b) population and employment projections for the period covered by the regional growth strategy;

(c) to the extent that these are regional matters, actions proposed for the regional district to provide for the needs of the projected population in relation to

(i) housing,

(ii) transportation,

(iii) regional district services,

(iv) parks and natural areas, and

(v) economic development;

(d) to the extent that these are regional matters, targets for the reduction of greenhouse gas emissions in the regional district, and policies and actions proposed for the regional district with respect to achieving those targets.

Consultation during development of regional growth strategy

855 (1) During the development of a regional growth strategy,

(a) the proposing board must provide opportunity for consultation with persons, organizations and authorities who the board considers will be affected by the regional growth strategy, and

(b) the board and the affected local governments must make all reasonable efforts to reach agreement on a proposed regional growth strategy.

(2) For the purposes of subsection (1) (a), as soon as possible after the initiation of a regional growth strategy, the board must adopt a consultation plan that, in the opinion of the board, provides opportunities for early and ongoing consultation with, at a minimum,
(a) its citizens,
(b) affected local governments,
(c) first nations,
(d) school district boards, greater boards and improvement district boards, and
(e) the Provincial and federal governments and their agencies.

Required content

877 (1) An official community plan must include statements and map designations for the area covered by the plan respecting the following:
(a) the approximate location, amount, type and density of residential development required to meet anticipated housing needs over a period of at least 5 years;
(b) the approximate location, amount and type of present and proposed commercial, industrial, institutional, agricultural, recreational and public utility land uses;
(c) the approximate location and area of sand and gravel deposits that are suitable for future sand and gravel extraction;
(d) restrictions on the use of land that is subject to hazardous conditions or that is environmentally sensitive to development;
(e) the approximate location and phasing of any major road, sewer and water systems;
(f) the approximate location and type of present and proposed public facilities, including schools, parks and waste treatment and disposal sites;
(g) other matters that may, in respect of any plan, be required or authorized by the minister.

(2) An official community plan must include housing policies of the local government respecting affordable housing, rental housing and special needs housing.

(3) An official community plan must include targets for the reduction of greenhouse gas emissions in the area covered by the plan, and policies and actions of the local government proposed with respect to achieving those targets.

878 (1) An official community plan may include the following:
(a) policies of the local government relating to social needs, social well-being and social development;
(b) a regional context statement, consistent with the rest of the community plan, of how matters referred to in section 850 (2) (a) to (c), and other matters dealt with in the community plan, apply in a regional context;
(c) policies of the local government respecting the maintenance and enhancement of farming on land in a farming area or in an area designated for agricultural use in the community plan;
(d) policies of the local government relating to the preservation, protection, restoration and enhancement of the natural environment, its ecosystems and biological diversity.

(2) If a local government proposes to include a matter in an official community plan, the regulation of which is not within the jurisdiction of the local government, the plan may only state the broad objective of the local government with respect to that matter unless the minister has, under section 877 (1) (g), required or authorized the local government to state a policy with respect to that matter.

Consultation during OCP development

879 (1) During the development of an official community plan, or the repeal or amendment of an official community plan, the proposing local government must provide one or more opportunities it considers appropriate for consultation with persons, organizations and authorities it considers will be affected.

(2) For the purposes of subsection (1), the local government must

(a) consider whether the opportunities for consultation with one or more of the persons, organizations and authorities should be early and ongoing, and

(b) specifically consider whether consultation is required with

(i) the board of the regional district in which the area covered by the plan is located, in the case of a municipal official community plan,

(ii) the board of any regional district that is adjacent to the area covered by the plan,

(iii) the council of any municipality that is adjacent to the area covered by the plan,

(iv) first nations,

(v) school district boards, greater boards and improvement district boards, and

(vi) the Provincial and federal governments and their agencies.