Creating Health-oriented Plans

Anna Ricklin
Planning and Community Health Research Center
American Planning Association
Social and physical determinants of health
Potential Partners for Healthy Planning

**Government**
- Local, County, and State Health Departments
- Parks and Recreation
- Transportation
- Schools
- Offices of Sustainability
- Mayor’s Special Councils (e.g. *Urban Forestry*)

**Non-government**
- Local Foundations
- Friends of Parks groups, environmental orgs
- Community Coalitions: Bike/Ped, Trees, Seniors
- Local Food/Community Gardening organizations
- Hospitals
Healthy Planning Study

- Phase 1: Survey
- Phase 2: Plan Evaluation
- Phase 3: Case Studies
- Model for Health in Planning
Healthy Planning Phase 1: Survey

- Active Living
- Active Transportation
- Chronic Disease Prevention
- Clean Air
- Clean Water
- Clinical Services
- Emergency Preparedness
- Environmental Justice
- Environmental Health
- Food Access
- Food Safety
- Food Security
- Health Disparities
- Healthy Eating
- Healthy Homes
- Health and Human Services
- Mental Health
- Nutrition
- Obesity Prevention
- Physical Activity
- Public Safety
- Recreation
- Social Capital
- Social Equity
- Toxic Exposures
- Other, please specify

Does the comprehensive plan contain a stand alone health element?
Healthy Planning Phase 2: Plan Evaluation

- Develop a framework for key public health topics
- Identify common goals and policies
- Identify subjects *not* included
- Assess if health policies are supported by implementation mechanisms, indicators, time lines, funding, responsible parties,
<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>State</th>
<th>Adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Plans</strong></td>
<td></td>
<td>---------</td>
</tr>
<tr>
<td>1  Alachua County*</td>
<td>FL</td>
<td>2011</td>
</tr>
<tr>
<td>2  Baltimore County*</td>
<td>MD</td>
<td>2010</td>
</tr>
<tr>
<td>3  Chino^*</td>
<td>CA</td>
<td>2010</td>
</tr>
<tr>
<td>4  District of Columbia</td>
<td>DC</td>
<td>2006</td>
</tr>
<tr>
<td>5  Dona Ana County</td>
<td>NM</td>
<td>2011</td>
</tr>
<tr>
<td>6  Dubuque^*</td>
<td>IA</td>
<td>2008</td>
</tr>
<tr>
<td>7  Easton</td>
<td>PA</td>
<td>1997</td>
</tr>
<tr>
<td>8  Fort Worth*</td>
<td>TX</td>
<td>2011</td>
</tr>
<tr>
<td>9  Kings County*</td>
<td>CA</td>
<td>2010</td>
</tr>
<tr>
<td>10 Niagara County^*</td>
<td>NY</td>
<td>2009</td>
</tr>
<tr>
<td>11 North Miami</td>
<td>FL</td>
<td>2007</td>
</tr>
<tr>
<td>12 Omaha</td>
<td>NE</td>
<td>1997</td>
</tr>
<tr>
<td>13 Oneida Nation*</td>
<td>WI</td>
<td>2008</td>
</tr>
<tr>
<td>14 Palm Beach County^*</td>
<td>FL</td>
<td>2011</td>
</tr>
<tr>
<td>15 Raleigh</td>
<td>NC</td>
<td>2011</td>
</tr>
<tr>
<td>16 San Diego City</td>
<td>CA</td>
<td>2008</td>
</tr>
<tr>
<td>17 South Gate*</td>
<td>CA</td>
<td>2009</td>
</tr>
<tr>
<td>18 Trenton</td>
<td>NJ</td>
<td>2010</td>
</tr>
<tr>
<td><strong>Sustainability Plans</strong></td>
<td></td>
<td>---------</td>
</tr>
<tr>
<td>19 San Francisco*</td>
<td>CA</td>
<td>1996</td>
</tr>
<tr>
<td>20 Grand Rapids</td>
<td>MI</td>
<td>2011</td>
</tr>
<tr>
<td>21 Philadelphia</td>
<td>PA</td>
<td>2009</td>
</tr>
<tr>
<td>22 Mansfield</td>
<td>CT</td>
<td>2006</td>
</tr>
</tbody>
</table>

*Plan includes a Health Element or Chapter
^Plan suggested for inclusion by CDC
1. ACTIVE LIVING
   - Active Transport
   - Recreation
   - Injury

2. EMERGENCY PREPAREDNESS
   - Climate Change
   - Natural and Human-caused Disasters
   - Infectious Disease

3. ENVIRONMENTAL HEALTH
   - Air Quality
   - Water Quality
   - Brownfields

4. FOOD & NUTRITION
   - Access to Food and Healthy Food Options
   - Water
   - Land use

5. HEALTH & HUMAN SERVICES
   - Accessibility to Health & Human Services
   - Aging

6. SOCIAL COHESION & MENTAL HEALTH
   - Housing Quality
   - Green & Open Space
   - Noise
   - Public Safety / Security

BROAD ISSUES
- Substantive Issues: Vision Statement, Guiding Principles, and Background data
- Procedural Issues
Plan Strengths

1. Active Living: most strongly represented across plans
   - Parks & Open Space
   - Urban Design
   - Transportation/Circulation
   - Health/ Healthy Communities

2. Environmental Health: second most represented, particularly regarding water and tree planting.

3. Emergency Preparedness: strong and specific when included
Other Strengths

- Food: relatively comprehensive with attention to equity when addressed

- Standalone Public Health Element: those plans emphasized health to a greater extent

- Most plans written in accessible, easy-to-follow format
Areas for Improvement

1. Relatively weak coverage of Food and Nutrition and Emergency Preparedness.

2. Very weak in coverage of Health and Human Services and Social Cohesion and Mental Health.

3. Lacking use of images and maps to show distribution of resources and community assets, SES or health status of populations across the jurisdiction.
Areas for Improvement

4. Lacking use of public health data (e.g., crash or injury rates, chronic disease rates, crime)

5. Limited use of metrics to track success for goals and policies

6. Lack of implementation strategies: benchmarks, responsible parties, time lines, etc.
Example Policy Approaches

Fort Worth, TX: separate Public Health Chapter included data and policies addressing nearly all aspects of health
Raleigh’s 2030 Comprehensive Plan wove health throughout each of the plan elements.
Grand Rapids

- For every element of the plan, identified: **Environmental, Economic, Quality of Life Benefits**

- Used planning process as opportunity to collect baseline data

- Language: “Quality of life”

- Local foundation invested in plan making – now investing in implementation
Phase 3: Case Studies

Photo: Baltimore County Department of Planning

Photo: City of Grand Rapids/Planning Department

Photo: Healthy Chino/City of Chino
Findings: Key Elements

- Champions
- Context and Timing
- Outreach
- Health Priorities
- Data

- Collaboration
- Funding
- Implementation
- Monitoring and Evaluation
Context and Timing

- Plan updates
- Integration of multiple efforts, including regional efforts
- Data can spur action
- Funding opportunities

Photo: NeighborSpace of Baltimore County, Inc.
Data

- Planning process used as way to collect data
  - Community inventory
  - Community Health Needs Assessments
  - Surveys

- Health Department
- Need to address data capture within smaller geographic regions

Photo: Anna Ricklin – Baltimore Red Line
Collaboration

- Interdepartmental working groups
- Data collection
- Funding Applications

- Transit-oriented development
- Location, reorganization, and consolidation of departments
- Frequent updates to plan
- High-level mandates
- Non-governmental partners

Photo: Healthy Chino/City of Chino
Funding

- CTG
- ACHIEVE
- Pioneering Healthier Communities
- CPPW
- CDBG
- HUD Sustainable Communities
- HUD Green and Healthy Homes
- FTA New Starts
- Brownfield tax credits

- FTA/FHWA Congestion Mitigation and Air Quality funding
- Private donations
- Local foundations
- State grants
- Local bonds

Photo left: Baltimore County Planning Department

Photo right: City of Grand Rapids/Planning Department
Joe Taylor Park, Grand Rapids MI

Photos: City of Grand Rapids/Planning Department
## Implementation

<table>
<thead>
<tr>
<th>Active Living</th>
<th>Raleigh: Adopted new unified development code – included a 14-foot sidewalk standard in urban areas, a 6-foot width adjacent to private property, and requirement to build sidewalks on both sides of the street. <strong>Grand Rapids:</strong> City painting 27 new miles of bike lanes, with goal to reach 100 by the end of 2014.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness</td>
<td><strong>Philadelphia:</strong> Climate Change – New zoning code establishes floor area bonuses for development and redevelopment that achieve LEED Gold or Platinum certification.</td>
</tr>
<tr>
<td>Environmental Exposures</td>
<td><strong>Dubuque:</strong> Installing green roofs on municipal building renovations and adopted hybrid and flex fuel vehicle fleet policies. <strong>Philadelphia:</strong> A notification and opt-out policy adopted to replace a former requirement that the city seek homeowner permission prior to planting new trees along ROW.</td>
</tr>
</tbody>
</table>
### Implementation

| Food and Nutrition | **Baltimore County**: Local Health Coalition partnering with schools on childhood obesity prevention through *Alliance for a Healthy America*.  
**Chino**: Cottage Food Bill allows people to prepare food items in homes to be sold in local markets.  
**Fort Worth**: Expanded Farmers Market ordinance to allow frozen meats, cheeses, yard eggs, and baked goods to be sold. New ordinance also reduces vendor permit fees. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Human Services</td>
<td><strong>Dubuque</strong>: Used radon, air quality, and asthma data from its CHNA/HIP and comp plan updates to secure funding for a Federally Qualified Health Center downtown near transit hubs.</td>
</tr>
<tr>
<td>Social Cohesion and Mental Health</td>
<td><strong>Baltimore County</strong>: Neighborhood Commons zoning overlay adopted in 2012 that can protect certain land parcels from future development</td>
</tr>
</tbody>
</table>
Recommendations

- Hire Health Department and Planning Department staff with experience, training in the connections between the two fields

- Recruit a planning commission member or members with a special interest/expertise in public health

- Institute interdepartmental working groups

- Ensure that all policies, codes, and subsequent plans reinforce public health objectives
Recommendations: Data

- Compile data and input from other departments prior to setting targets
- Determine indicators that will be used to track progress on health objectives
- Write specific data tracking responsibilities into plan, include numerical targets, indicators, and reporting
Recommendations: Funding

- Use health data and plan goals and policies to strengthen funding applications
- Work across departments on grant applications for health-promoting initiatives
- Find ways to use non health-focused funding streams to promote positive health outcomes
Lessons Learned

- Planners are the conveners
- Solicit meaningful input from cross-agency working groups
- Enforce plan policies through code changes
- Include capital projects as implementation measures in plan
- Accountability: If possible, write plan implementation responsibilities into departmental evaluations
Comprehensive Planning For Health Process Model

**Mission/Purpose:** Improve community health by integrating health into comprehensive planning and implementation

**Organizing for Change**
- Incorporate health into enabling legislation
- Tap health-related funding sources
- Hire staff with public health expertise
- Include health partners/champions

**Developing the Comprehensive Plan**

**Phase 1: Where are we now?**
- Incorporate health data and indicators
- Include health in community surveys

**Phase 2: What do we want to be?**
- Incorporate health into vision of future change
- Include health goals and objectives

**Phase 3: How do we get there?**
- Include stand-alone health element
- Integrate health into policies and action plan
- Establish health metrics and targets

**Implementing the Plan**
- Form implementation partnerships
- Advance health goals and objectives through new regulations, capital investments, and programs

**Evaluation:** Measure progress using health metrics and qualitative measures (e.g., surveys)
APA’s free online HIA training course

- 6 hour course for planners
- Modules cover Screening, Scoping, Assessment, Recommendations, Reporting, Evaluation
- Planning related case and scenarios for applying HIA

http://www.planning.org/nationalcenters/health/education
Thanks!

aricklin@planning.org

planning.org/nationalcenters/health