

# Land Use Planning & Community Design

## *The Role of Local Public Health Agencies*

A FOCUS GROUP REPORT



NATIONAL  
ASSOCIATION OF  
COUNTY & CITY  
HEALTH OFFICIALS

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## Introduction

Environmental health and chronic disease are two of the most significant public health challenges of the 21<sup>st</sup> century. The link between environmental health and the built environment has long been recognized.<sup>1</sup> Recent research establishes that the built environment is also linked to key risk factors for chronic disease, namely obesity and physical inactivity.<sup>2,3</sup> Moreover, studies demonstrate that the built environment impacts other aspects of health, including injury and mental health.<sup>4,5</sup> In an effort to address these major public health challenges, leaders in the field are increasingly calling on local public health agencies (LPHAs) to engage in the land use planning process and address the impact of the built environment.<sup>6,7</sup>

To that end, with support from the Centers for Disease Control and Prevention (CDC)'s National Center for Environmental Health and the National Center for Chronic Disease Prevention and Health Promotion, NACCHO conducted a series of focus groups with LPHAs. The goal of the focus groups was:

- 1) To look at the connections between health and land use planning, and
- 2) To identify ways for LPHAs to work with community planners and other stakeholders in the design of healthier communities.

Three focus groups were held, two that addressed the link between environmental health and land use planning and one that addressed the link between chronic disease and land use planning. The environmental health focus groups were held during the spring and summer months of 2001 and involved 17 LPHA representatives. J. Michael Oakes, Ph.D., a consultant from the University of Minnesota, facilitated the environmental health focus groups.<sup>8</sup> In addition, Dr. Oakes compiled the findings and produced a final report.

The chronic disease focus group was held in January 2002 in conjunction with *New Partners for Smart Growth*, a national conference that addressed the link between health and the built environment. The group consisted of six participants, including three from LPHAs, two from state health agencies, and an Active Community Environments (ACEs) consultant. Tina Zenzola, M.P.H., a private consultant in public health and community design, facilitated the chronic disease focus group. Ms. Zenzola also compiled findings from the focus group, produced a final report, and integrated findings from all three focus groups to produce this combined report.

While there were several differences in the questions posed to the environmental health and the chronic disease focus groups, three key questions formed the greater part of the sessions and are the focus of this report:

- What do you see as the role of public health agencies in land use planning?
- What are some of the challenges or barriers to working in this area?
- What type of training, technical assistance, or resources do you need to move forward and what is the role of NACCHO and other national groups in addressing these needs?

Several themes consistent with both chronic disease and environmental health issues were echoed in the responses of each focus group. However, there were differences in points raised by the environmental health participants compared to the chronic disease participants. These are important to note as background to the report.

One difference is that LPHAs are coming to the land use planning process from different starting points in terms of these two health issues. LPHAs have participated in land use decisions to mitigate environmental health impacts by providing comments for development plans (albeit with limitations described later in this report). In contrast, LPHAs have not historically played a role in land use planning to mitigate chronic disease. They do not have a mandated or recognized role to comment on the impact of development on obesity, physical activity and related chronic diseases. This difference in starting points can be seen in the views and suggestions of focus group participants.

Another difference is the type of land use planning strategy promoted by each of the two health areas, and the inclusion of transportation planning in the chronic disease discussion. Land use efforts to improve environmental health typically emphasize limiting the negative impacts of new development on air and water quality and the natural environment. Alternatively, land use efforts to prevent chronic disease typically focus on creating or retrofitting communities so that residents can be physically active. This includes making communities more amenable to walking, bicycling, and other forms of activity, whether for recreation or as part of daily routine. Land use issues such as building design, mixed-use and compact development, and street design figure more prominently in the chronic disease discussion, as does transportation reform and planning to increase walking and cycling as modes of transit.

This combined focus group report presents the major points and ideas that came from the three focus groups. It is divided into four sections:

- 1) The role of public health.
- 2) Barriers to public health involvement.
- 3) What public health needs in terms of policy and systems change, technical assistance, training and resources.
- 4) Lessons learned and “words of wisdom” from the participants.



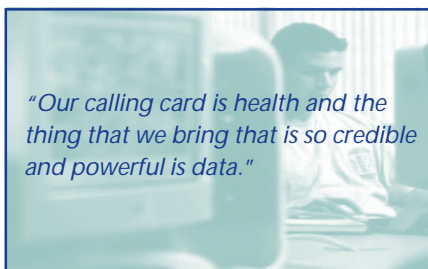
## The Role of Public Health

Focus group members provided a vision for public health based upon the need to raise health concerns as a priority issue in the land use and transportation planning process. Decisions about community design, transportation funding allocation, street design and the development of open space impact multiple areas of health. Focus group members called on local public health agencies and the public health sector to assume a proactive rather than a reactive role in local policy making. LPHAs offer the unique strengths of the public health approach, including data-driven planning and community mobilization. Following are more specific recommendations on the role of public health.

### Be the Facilitator or Catalyst

- Much of what is needed to create active community environments (e.g., changing zoning codes or retrofitting streets for walkability) won't be implemented directly by public health. Instead, LPHAs can be the catalysts and facilitators for change in the community. Local public health officials can step in and convene the planning agencies, traffic engineers, developers, advocacy groups, elected officials, and others to identify the problems, formulate a vision for where the community wants to go, and develop solutions.
- LPHAs can facilitate the community dialogue by doing research and using it to inform decision making. Organizations and individuals already involved in the process may not have the staff, ability, or interest to do their homework and research potential strategies (e.g., incentives for in-fill development) or successful models from other communities.

### Provide the Epidemiological Data to Support the Public Health Case



- Assist with conducting relevant epidemiological studies and provide the data that demonstrates the impact of land use and transportation choices on health.

*"Public health needs to identify what data-related questions are important to elected officials (e.g., do voters support transportation reform) so that we can do a better job of selling the issue."*

- Appeal to the non-statistical side of opinion formation by providing real life stories of people and how the built environment has impacted their health and well being, such as the challenges faced by a child with asthma or an elderly person getting safely to the bus stop.
- When local data are not available and resources are limited, agencies can substitute research from other studies and findings at the state or national level. While the data are not local, they can still be effective with elected officials and other decision-makers.

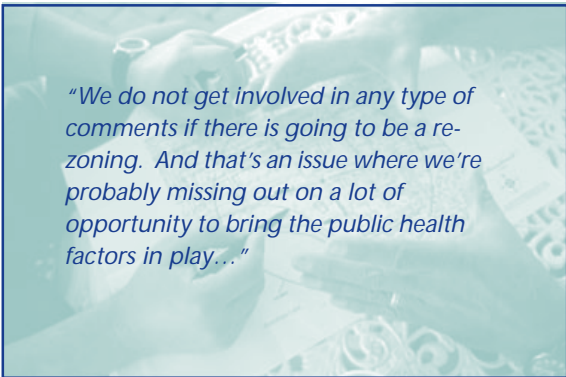
### Engage in Advocacy and Policy Stewardship



- Participate early on and as an integral partner in the local land use and transportation planning process. Public health representatives should regularly attend planning meetings and monitor the policy-making process.
- Nurture one-on-one relationships with elected officials. Educate them about the public health implications of land use and transportation planning choices, including the economic burden of health costs.
- If agency capacity or political visibility is a barrier, there are other ways health agencies can indirectly influence the policy-making process. Serve as an "information conduit." Keep track of critical planning processes and meetings and share this regularly with the local advocacy community, especially bike, pedestrian, and environmental coalitions.
- Build capacity in the grassroots advocacy community by providing them with training and funding.

- Make use of the volunteer power of civic groups that are seen as more neutral and can monitor the process and provide input. Make presentations to these organizations so that they have greater awareness of the issue and can integrate it into their legislative analyses and positions.
- In communities where they exist, utilize the power of boards of health to take a stand on development's impact on air and water quality. Provide them with training on the impact of planning and development on physical activity and chronic disease and encourage them to support resolutions on the public health and land use transportation planning link.
- Work with other recognized health organizations that have an interest in chronic disease prevention such as the American Heart Association, the American Lung Association, and the American Cancer Society.
- Pass local resolutions on health and land use and transportation planning. NACCHO and the Surface Transportation Policy Project (STPP) have model national resolutions that boards of health, state health agencies and others can adapt and adopt for their local area.
- Expand the role of LPHAs in commenting on county/city development plans with regard to health impacts.

Some LPHAs are already required to respond to Environmental Impact Reports (EIRs) for development projects. However, this is usually limited to commenting on just those projects that impact air and water quality and sanitation. LPHAs can use this as an opportunity to comment on other topics such as walkability, pedestrian safety, and other aspects of environmental health. Also, LPHAs could seek a formal expansion of their role so that they would be able to review all land use and transportation planning projects and comment on all health issues through the development of health impact reports.



*"We do not get involved in any type of comments if there is going to be a rezoning. And that's an issue where we're probably missing out on a lot of opportunity to bring the public health factors in play..."*

## **Train and Educate Planners, Traffic Engineers, and other Key Professional Groups**

- Educate city planners and traffic engineers on the public health implications of their work and how they can design/retrofit neighborhoods and communities to be healthier environments.
- Change one of the underlying assumptions preventing the development of healthier community environments. The statistical models used to project demand for housing, services, and transportation systems build in the assumption that the public will drive and use transit at the same rate they do today. This is the basis upon which planners, traffic engineers and elected officials make critical decisions about land use and transportation planning. This does not take into account the ability of community interventions to change people's behaviors. Unlike the planning and engineering fields, public health has experience in altering behavior and social norms, illustrated by the success of the tobacco model. An understanding that the demand for more highways can be influenced needs to be conveyed to those making land use/transportation decisions. Armed with this new knowledge, communities can rethink their push for more development and auto-oriented land use and place greater consideration on car pooling, biking, and walking.

## **Mobilize the Community and Interject the Issue of Health Inequalities**

- LPHAs can bring needs-based planning to the land use planning process. A fundamental component of the public health approach is to factor in risk and need when prioritizing efforts and allocating limited resources. This same consideration of underserved populations does not necessarily guide the land use and transportation planning process.
- Designate federal Community Development Block Grant (CDBG) Funds for projects that improve the built environment in underserved neighborhoods, including planting street trees; purchasing park and walkway benches; and developing a design for turning a blighted commercial strip into a mixed use, pedestrian-oriented development.
- Use the public health process to mobilize the community and raise community awareness; share this skill with planners and traffic engineers. This ensures greater community involvement in the local planning process.

- Collaborate with and mobilize the elderly network. Issues of mobility and pedestrian safety are receiving increased attention in older adult communities. There is a strong overlap between these issues and land use planning that supports multi-modal transportation. Organizations such as AARP and other key advocacy groups for the elderly can be powerful partners.

## Barriers to Public Health Involvement

In brainstorming the role of public health, focus group members identified several barriers to engaging in the land use and transportation planning process. These revolved around the lack of LPHA capacity, lack of knowledge on the issue, and the political nature of planning. All of these barriers contributed to making the process seem overwhelming and out of reach for most LPHAs. In addition, the traditional role of LPHAs in land use decisions minimizes their ability to provide meaningful input. Following are specific concerns of focus group participants.

### Lack of Data to Measure and Monitor the Problem.

The lack of prevalence and trend data on physical activity, obesity, and environmental health limit the ability of health agencies to make the public health case.

*"We have anecdotal information, but we don't have good quantitative data."*

**Lack of top-down support for this issue.** Local public health officials (LPHOs) may not understand the public health/land use link or support this type of policy-oriented work. Yet to be effective, there must be tangible and unambiguous backing and directives from health agency executives that the organization has a legitimate role in local policy and land use discussions.

**Public health professionals don't see this as "their issue."** In addition to executive level staff, health educators and other front-line professionals often do not recognize the link between public health and land use planning and the role that LPHAs should play. This is particularly the case with the issue of physical activity and community design. A lack of understanding and support at the front-line can hinder effective program implementation.

**LPHAs pull back from the politics of planning.** Land use and transportation planning can be a highly political process that balances the demands and needs of multiple interests in a community. LPHAs are often reluctant to

enter into this process, particularly when they feel they have no real authority or face opposition within the community. This is compounded by the fact that local public health officials have to "pick their issues" and decide on which health concerns they want to take political risk. LPHAs may risk having critics and elected officials question the authority of the agency in taking a policy stance or in raising issues that affect policy.



**The current mandated role of LPHAs is "too little too late."** LPHAs are mandated to comment on the environmental health impacts of development projects. However, the meaningfulness of their recommendations is diminished due to two key factors: LPHAs are asked to "rubber stamp" development plans late in the process, and their role is compartmentalized rather than integrated into the overall land use and transportation planning process.

*"The view of the public health role is...you're the folks we call for septic system; you're the folks we call if someone needs an air emissions permit; you're the folks that do the food inspections, the daycare center inspections. We rely on you to tell us whether hazardous waste sites or solid waste sites are being operated safely, and that's it. It's very compartmentalized."*

*"It's after the fact; you can't be as effective as if you had been there right in the beginning, integrating all those issues."*

*"It's not very analytical...it looks at one or two discrete areas. At most, LPHAs will 'put some conditions on' a new construction. We're not really involved in the planning... we're basically mitigating environmental health threats after the fact."*

**Lack of understanding and comfort with the advocacy role.** Many LPHAs take a "hands off" stance to community policy-making due to a misunderstanding over what form advocacy can take and how far an agency can push an issue. If they engage at all, it is often in the form of information-based advocacy in which they put out information hoping it will passively inform the decision-making process.

**Lack of training and education in the land use and transportation planning process.** Public health agencies and professionals may feel overwhelmed by their lack of familiarity with and the complexity of the land use planning process. It involves new partners with diverse professional languages and cultures, new community institutions and systems, and new bodies of technical knowledge such as traffic calming.

**Lack of agency capacity to engage in the land use/transportation planning process.** To participate in the numerous local planning meetings and effectively influence the policy process requires staff with skills and training not common in most LPHAs (or easily obtained given funding barriers). The typical and essential staff positions in LPHAs do not include staff with expertise in advocacy and policy; these skill sets may be more commonly found, for example, in hospitals that have public policy staff.

*"A lot of what we talk about at its very core is the resource issue...convincing policy makers that public health needs to be at the table with the right people. To work on a daily basis with people...involved in planning...we don't have that resource base."*

*"Even when we do get invited [to the table], many health departments are not equipped to address [land use planning] issues. Let's face it, most health departments are focused on food protection, and there's a very good reason for that. It's where the money is."*

**Lack of funding.** With the exception of some environmental health concerns, LPHAs have little or no funding to work in the land use and transportation planning area. This is a global issue cutting across several health areas; it does not fit easily into the typical categorical funding streams of health. As such, health agencies find it difficult to justify allocating funds for staff or agency capacity. It is difficult to even get staff trained because agencies can't justify sending them to a non-disease specific conferences focused on "Smart Growth" or "Livable Communities."

LPHAs actively involved in minimizing the environmental health impacts of land use decisions face two additional barriers—conflicts over the rights of private land owners versus the rights of the community, and the risk of being sued for influencing land use decisions.

*"We have this constant competition between... allowing for private property development versus the fact that that land happens to sit over a major drinking water aquifer in the county that supplies water to more than half of the residents. That whole competition of individual versus group rights is a huge one when it comes to land use."*

*"Local officials—even when they have the vision and are really clear on what they want to do with land-use—often have their hands tied because of this tremendous fear of being sued if they make a decision that they cannot justify in terms of their legal authority."*

*"...[I]f you go in and you say you can't do something, then it's the project proponent that's suing you. If you say that they can, then it's the neighbors that are suing you. And you know, we've never lost a case but it still costs money to fight them."*

## Training, Technical Assistance & Resources

The challenges to public health in the land use and transportation planning arena are significant. However, focus group participants had clear ideas of how to address many of these barriers and how to build capacity and expertise that would enable public health agencies to contribute to the development of healthy community environments. Many of the recommendations reflect solutions and approaches used by focus group participants in overcoming these same barriers within their own communities. Many also point to the need for state and national public health organizations to take a leadership role in providing the training, technical assistance and systems change to assist LPHAs.

### Systems Change and Agency Capacity

- Regulation and ordinances are needed that provide clear statutory authority for LPHAs to play a comprehensive and essential role in local land use planning processes.
- To truly move into this realm, some LPHAs may need to reexamine their priority services and processes and restructure before launching into policy and the social and environmental



determinants of health. The traditional focus of LPHAs on the prevention of food-borne illness may not reflect current challenges or conditions.

*"We pay a lot of attention to those areas where we can get funding, namely license programs, and some laboratory programs. But for those programs that don't have a clear line of financial support that's separate from taxes, we are starved. And that is the growth area, in terms of where all of our new challenges are, in my impression"*

- Designate an experienced policy person to work on land use/transportation planning issues. This person can be a "champion" from within the agency or from the community, but the individual should have an interest in the issue and be willing to undertake the learning curve.
- Create and require this same type of planning position or seat on local boards of health, in addition to the currently required seats for physicians, nurses, etc.
- Provide core funding to LPHAs to engage in the local land use and transportation planning process. At a minimum, LPHAs need funding for staff time and training. Absent additional support, LPHAs should consider integrating some of these activities into existing categorical programs. Environmental health (including Air Quality Control Districts), chronic disease, injury prevention, and mental health are all programs affected by the built environment, and are therefore logical points for integration. There may also be other, less obvious, health agency programs that have an interface with this issue. LPHAs can analyze their programs and build in an objective or budget line related to healthier built environments.

## Surveillance Data and Epidemiological Studies

- Build a stronger scientific foundation to support research on the link between health and the built environment. Provide the funding and support to document the problem and to conduct the epidemiological studies.

*"I think a federal agency could...provide dollars to the locals to document the issues [and] to get the data they need. Or maybe [federals could] serve that function of pulling together information from a lot of local areas and begin ... painting a national picture, which may have impact when you bring the data together from a lot of us."*

## Training and Technical Assistance

- Provide more forums for public health practitioners and policy makers to learn about this issue and define their role. Training via conferences, workshops and meetings should take place at all levels, though the initial focus should be on building awareness and top-down support at the state and local level. Training and education should target LPHOs and health agency CEOs. The state level meetings of LPHOs provide an appropriate training forum. Also, CDC and/or NACCHO could develop a public health leadership institute that focuses on the role of public health in land use and transportation planning and policy.
- Establish regular mechanisms for public health professionals to discuss and learn about this issue, such as monthly or quarterly teleconferences. Keep discussions oriented towards specific topics like water quality and sidewalks, and bring in speakers from other disciplines to help bridge the knowledge and language gap.
- Educate policy makers about the implications of their decisions on health and the need to place health concerns as a priority issue in the land use and transportation planning process.

*"I think the educational session at this [NACCHO Annual] conference is one of those forums for learning... But I'd also like to see similar presentations...taken to The National Association of Counties' Conference and the Mayor's Conferences. Getting the education into those groups is probably as important... [W]e have to give ourselves the vision, but we also need to give the vision to the policy makers."*

- Conduct cross-training with public health representatives and stakeholders in key disciplines such as urban and transportation planning, traffic engineering and development. These groups need to come together to understand each other's perspective and develop shared solutions. CDC, NACCHO or other groups could develop and sponsor a variety of conferences, workshops, symposia and educational initiatives to cross educate stakeholders and strategize on the link between public health and land use and transportation planning.

*"The people that do the planning need to be educated about what environmental and environmental health concerns are. And the people I know in planning, they do know environment. They know watershed management, they know geology, and they know groundwater. They know those kinds of things, but they don't really know asthma. They don't really know all of the other human health related things. So injecting some of that into the education for people who do local planning would be important."*

- Provide training to public health professionals in "urban and transportation planning 101." This should address multiple issues including zoning, land use practices, transportation funding streams, street design, the economics of development, and traffic calming. It should also include training in the professional language and culture of traffic engineers, planners and developers.
- Include walking tours and audits in these trainings. The hands-on act of trying to walk in most communities leads to a greater awareness of how the built environment affects your ability to walk and bicycle.
- Provide training, technical assistance and tools in advocacy and policy stewardship. Public health professionals often use information-based advocacy, which is one of the least effective methods for promoting change. Develop an Advocacy Academy for public health that addresses a variety of advocacy methods and draws on the experience of other issues such as environmentalism. Training efforts should also strive to reinforce the legitimacy of public health's role in advocacy.
- Provide scholarships and other types of support for state and local public health agency representatives to attend key meetings on Livable/Walkable Communities and Smart Growth such as the Pro-Bike/Pro-Walk Conference, Local Government Commission conferences, and so on. Advertise these and other relevant conferences to LPHOs and local boards of health.

## Tools and Resources

- Adapt the NACCHO *PACE EH (Protocol for Assessing Community Excellence in Environmental Health)* instrument and make it readily available to LPHAs and to those from the chronic disease and injury disciplines who are working on safe and active community environments. This tool is particularly useful as a guide for health agencies on bringing together other disciplines around issues of community land use planning.
- Identify and make available the best walkability/bikability community assessment tools. One such tool is the Michigan Assessment Tool.
- Make available to state and local LPHAs the *Active Community Environments (ACE) and Public Health Module* that is being developed by the North Carolina Cardiovascular Health Program. This document provides detailed, hands-on information on how public health agencies can affect land use and transportation policy at the local level. See [www.cdc.gov/nccdphp/dnpa/aces.htm](http://www.cdc.gov/nccdphp/dnpa/aces.htm).
- Get information out to LPHAs on existing relevant list serves that provide information on upcoming funding, events and new research. Several such list serves include the University of South Carolina Prevention Research Center's List Serve, National Center for Bicycling and Walking "Center Lines" electronic publication, and the Smart Growth Network's List Serve. If necessary, develop or adapt a list serve that specifically targets LPHAs and demonstrates how to build capacity in this arena.
- Gather and make available existing national level land use and transportation reform resolutions, including those developed by NACCHO and STPP. State and local public health agencies and boards of health can adapt these to local needs.

## Lessons Learned & Words of Wisdom

Based on their own experience and the lessons learned from work with other communities, focus group participants provided the following cautions and suggestions as the public health sector moves forward in this arena:

- The approach should always be interdisciplinary, with the LPHA at the table. Local grassroots organizations have been working on community design issues for a while. Thus, it is important that public health recognize the role of each of these existing stakeholders and work collaboratively with them as opposed to forging ahead independently. Also, to spur effective change in community design and transportation funding priorities, it is important to collaborate with the professional disciplines (planners and traffic engineers) and stakeholders (developers, public safety officials). These partners should be involved in all stages, from assessment to evaluation of program efforts.
- In addition to working with other disciplines and interest groups, LPHAs will be most effective in influencing land use/transportation planning when there is collaboration across categorical health programs such as chronic disease, injury control, environmental health, and so on.
- LPHAs should avoid sounding anti-suburbia. The goal is not to force people into certain types of communities or lifestyles, but rather to enact local policies and processes that allow for more choice among residents. Also, the intent is to make people aware of the impact their choices have on health and lifestyle, which may ultimately influence the type of community and environment they select.
- LPHAs can start with “baby-steps.” It is not realistic to jump in at the highest and most complex levels of land use and transportation planning. Instead of getting immediately involved in pushing for local Smart Growth strategies, start at the level of sidewalks or slowing traffic on a couple of neighborhood streets. Then progress to improving routes to school and finally to the larger land use and transportation planning issues. There is a steep learning curve and LPHAs do not have the capacity or experience with this type of policy and environmental change. LPHAs need to be ready to provide input on the planning process (i.e., comprehensive plans) when the opportunities become available.
- To effectively promote this concept within the community and among decision makers, LPHAs will need to become fluent in the multiple impacts of urban design and transportation, even beyond the specific health impacts. LPHOs should be able to speak, if only generally, to various concerns and find the issue that strikes a nerve for each sector: for example, economics and quality of life issues with elected officials; sense of place with planners; community cohesiveness with residents; and crime prevention and community policing with law enforcement.



## ENDNOTES

<sup>1</sup> Franklin, H. Urban Sprawl and Public Health. Public Health Reports. May-June 2002;(117):201-217.

<sup>2</sup> Killingsworth RE, Schmid TL. Community design and transportation policies. The Physician and Sportsmedicine. February 2001;24(2):31-34.

<sup>3</sup> Pate RR, et al. Physical activity and health: a recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine. JAMA 1995;273(5):402-7.

<sup>4</sup> Jacobsen P, Anderson CL, Winn DG, et al. Child pedestrian injuries on residential streets: implications for traffic engineering. ITE Journal on the Web. February 2000.

<sup>5</sup> Department of Health and Human Services (US). Physical activity and health: a report of the Surgeon General. Washington: (1996).

<sup>6</sup> Centers for Disease Control and Prevention. Urban sprawl: what's health got to do with it? Public Health Grand Rounds. Accessed online at [www.publichealthgrandrounds.unc.org](http://www.publichealthgrandrounds.unc.org).

<sup>7</sup> World Health Organization. August 1999. Draft Charter on Transport, Environment, and Health. Online at [www.who.dk/London99/transport02e.htm](http://www.who.dk/London99/transport02e.htm).

<sup>8</sup> Employing outside facilitators and evaluators with no connections to NACCHO or other public health agencies provided greater objectivity to the focus group as a research method and increased comfort of participants in expressing opinions and providing suggestions.

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