CHAPTER 1

Planning and Public Health Reunited: Exploring Shared Objectives and Opportunities for Collaboration

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> [Health is] "a state of complete physical, mental, and social being and not merely the absence of disease or infirmity."
>
> —World Health Organization

When asked to describe the significant factors that affect their health—either positively or negatively—most people would list their family medical history (i.e., genetics), their diet, or their level of fitness. For most people, tackling a particular health problem means seeking a medical diagnosis from a doctor and following his or her orders or recommendations on prescription drugs, surgery, physical therapy, and lifestyle changes (e.g., quit smoking, cut back on high-cholesterol foods, find time for exercise). In the medical profession, this approach to health is regarded as the "medical model," which holds that an underlying disease or condition is organic and treatment should be guided by physicians.

APA/NACCHO MEMBER SURVEY METHODOLOGY

A survey sample of 3,320 was selected in systematic, stratified fashion by Membersurvey.com from a list of members of APA and NACCHO for whom we had a valid email address. Two versions of the survey instrument were designed collaboratively by APA, NACCHO, and Membersurvey.com. The questions differed only with respect to the audience being addressed, either planners or public health officials.

On July 8, 2004, Membersurvey.com broadcast initial email requests to a limited pretest sample from each organization (203 APA members, 205 NACCHO members) inviting them to participate in the survey by visiting an access-controlled web site. That sample yielded 62 completed surveys. Minor changes were made to the questionnaire in response to the test group results.

On August 3, 2004, Membersurvey.com broadcast email contacts to the 2,912 individuals in the final survey sample. Reminder emails were sent on August 5, 2004, and August 11, 2004. The survey was closed for tabulation on August 17, 2004, with a total of 938 responses (including pre-test returns)—a 28 percent response rate. Most of the data that we are reporting in this PAS Report are based on the 723 individuals who indicated they are employees of a governmental jurisdiction. The margins of error for the two groups of respondents was +/-5.2 percent for APA members and +/-4.3 percent for NACCHO members.

In contrast, a "social model" of health considers a person's health as an outcome of the effects of all the factors affecting his or her life, including the built environment, the natural environment, living conditions, and overall community conditions.

In practice, public health is organized within the framework of the two models. As discussed in this chapter, the emphasis is turning toward the social model as health practitioners have grown to recognize the limited effectiveness that years and years of encouraging individuals to modify their nutritional and exercise behaviors has had on improving public health. Furthermore, new and ongoing research continue to reveal the wide spectrum of health problems and diseases related to the built environment, including obesity, cardiovascular disease, asthma, and water-borne disease outbreaks (see Figure 1-1).

FIGURE 1-1. RELATIONSHIP OF BUILT ENVIRONMENT TO HEALTH

Issues Related to Land Use	• Obesity, cardiovascular disease, asthma • Water quality
Issues Related to Automobile Dependency	• Air pollution • Asthma • Car crashes • Pedestrian injuries
Issues Related to Social Processes	• Mental health • Social capital

While recent collaborative initiatives between urban planning and public health may make such partnerships seem novel, the urban planning profession emerged out of nineteenth century public health initiatives, including tenement housing reforms, the construction of urban water supply and sewerage systems, and the design of suburban "greenbelt" towns. To look at current roles and responsibilities of planning and public health practice professionals today, however, it is clear the respective missions of the two disciplines have widely diverged in the last century.

Since 2002, APA has been working with the National Association of County and City Health Officials (NACCHO), the Centers for Disease Control and Prevention (CDC), and the Robert Wood Johnson Foundation to study and to disseminate ideas and examples of how planners and public health advocates and professionals can collaborate on shared objectives of creating healthy, sustainable communities and enhancing quality of life. In spring 2004, APA conducted a survey of approximately 350 planners and 350 public health practitioners to discern the state of current practice in planning and public health collaboration. Each respondent group was asked the same questions.

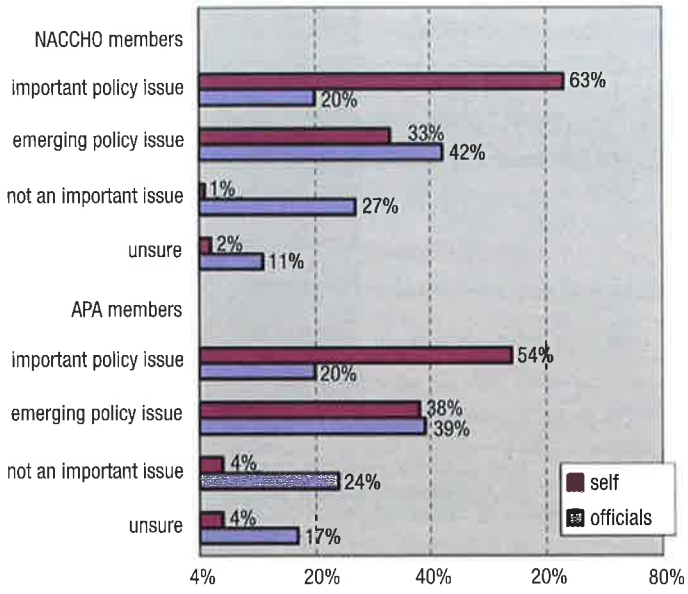
SELECTED SURVEY RESULTS

Leadership

Inasmuch as new public policy at the local level derives from how the mayor, the city council, or other officials react to specific events, trends, or new information, it is clear that some local officials have taken notice of the connections between planning, land use, and public health. Furthermore, both planners and public health professionals have a very similar sense of how the officials in their jurisdiction regard the connections between health and planning. Both public health professionals (NACCHO members) and

practicing planners (APA members) indicated that 20 percent of officials in their jurisdiction see the planning/public health connection as an important issue, 39 percent and 39 percent, respectively, said it was an emerging policy issue for their officials, and 24 and 27 percent, respectively, said it was not an important issue for their officials (see Figure 1-2).

FIGURE 1-2. FEELINGS ABOUT PLANNING-PUBLIC HEALTH CONNECTION
self vs. elected/appointed officials



base: jurisdiction employees (368 NACCHO members, 355 APA members)

Despite the respondents' indication that the planning public health connection is of modest interest to local officials, both respondent groups indicated that elected officials or other persons in a leadership role in their jurisdiction could initiate collaborative efforts between the planning function and public health function. Considerably more public health respondents (79 percent) than planner respondents (66 percent), however, indicated this was the case.

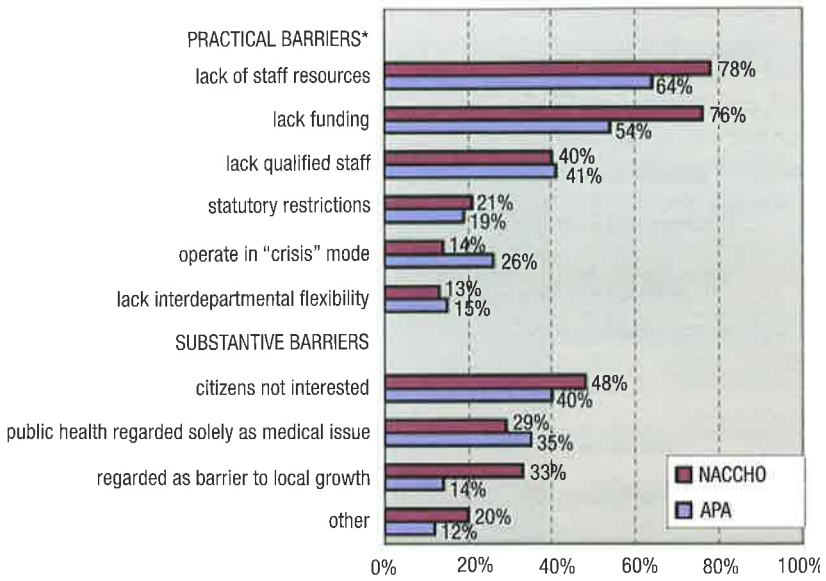
The survey respondents themselves felt much stronger about the public health/planning connection than they perceived local officials to be, although the responses from the two professions varied considerably. Sixty-three percent of public health professionals and 54 percent of planners said this is an important issue to them; 33 percent of public health professionals and 38 percent of planners said it was an emerging issue. Very few from either profession said it was not an important issue (1 percent and 4 percent, respectively).

Barriers to Collaboration

We asked planners and public health professionals about the practical and substantive barriers they face, or could face, if they were to collaborate with one another. The results show that public health professionals perceive or experience greater practical barriers to collaborating with other agencies in their jurisdiction than do planners. The biggest barrier from the standpoint of public health officials (78 percent) was that agencies lack staff resources to expand their focus to include planning. Specifically, 76 percent indicated that lack of funding to expand the agency's focus was a practical barrier. On the planning side, 64 percent said lack of staff resources was the biggest barrier,

and 54 percent said a lack of funding. To the same degree (i.e., 41 percent for public health and 40 percent for planning), both fields indicated their staff is not qualified to address issues in the other field (see Figure 1-3).

FIGURE 1-3. BARRIERS TO COLLABORATION



base: jurisdiction employees (368 NACCHO members, 355 APA members) (multiple answers); *principal concerns

Looking at potential substantive barriers, the difficulty getting the public to take an interest in public health issues, except in the case of emergencies (e.g., natural disaster, disease outbreak) was the top answer (48 percent for public health; 40 percent for planners). For planners, 35 percent said the fact that public health is regarded as a medical issue and not a concern for planners, is a barrier. Thirty-three percent of public health respondents said that health safeguards and regulations (e.g., septic system standards, water-quality standards) are regarded as barriers to local growth and development. In other words, public health officials' interest in broadening their involvement in planning issues could be perceived by the public as opening the door to even more limitations on community growth. Local health departments recognize that if they object to every planning and development issue brought before them, they will be regarded as naysayers and could be excluded from future collaborations.

These findings echo feedback that APA and NACCHO heard from planners and public health professionals in numerous focus groups and workshops conducted in 2004 and 2005. With respect to institutional or practical barriers, several common themes emerged. For example, as each agency works to fulfill its core functions under tight budget constraints, a "silo" effect arises wherein each department focuses almost solely on its own mission, often without knowledge or in-depth understanding of the functions performed or the services provided by other departments located in another government office building or even right down the hall. In many cases this happens because, as health officials have commented in these sessions, their departments can perform only the functions mandated by statute. With public health departments lacking discretionary funds or staff resources to devote to special projects or new initiatives, interdepartmental collaboration becomes difficult if not impossible.

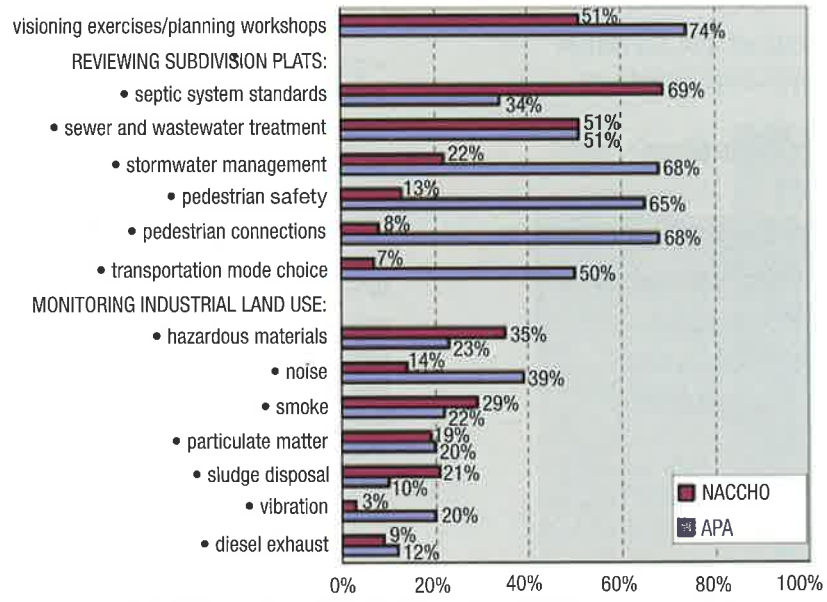
Another barrier discussed in workshops but not addressed in our survey was that the truly coordinated approach needed to tackle issues related to health and the built environment is often a struggle for local planning agencies as well. A public health professional looking at planning from the outside

is often surprised to learn that many decisions regarding transportation planning and investment are made outside of or separate from the land-use planning process. Many solutions to make neighborhoods safer for pedestrians (e.g., instituting traffic calming measures) require the buy-in by the public works office, which may not have participated in the planning process and thus may not regard such techniques as smart, sensible, or timely.

Interagency Activities

Respondents were asked a series of questions about the engagement of their respective departments in a variety of activities for which there is a significant shared interest or potential for collaborative activities. These activities include visioning exercises and planning workshops, monitoring sewer and septic standards by reviewing subdivision plats, and monitoring industrial land uses. Results for each profession indicate significant differences in department involvement on most areas on which they were queried (see Figure 1-4). The area where both public health and planning departments were equally engaged was sewer and wastewater treatment (51 percent of both APA and NACCHO members indicated that they were involved in this). Regarding regulating septic systems, 69 percent of health respondents said they were engaged, and 34 percent of planners indicated they were engaged in such actions. The biggest discrepancies were in pedestrian safety (13 percent of health professionals versus 65 percent of planners), improving pedestrian routes and connections (8 percent of health professionals versus 68 percent of planners), and increasing transportation mode choices (7 percent of health professionals and 50 percent of planners).

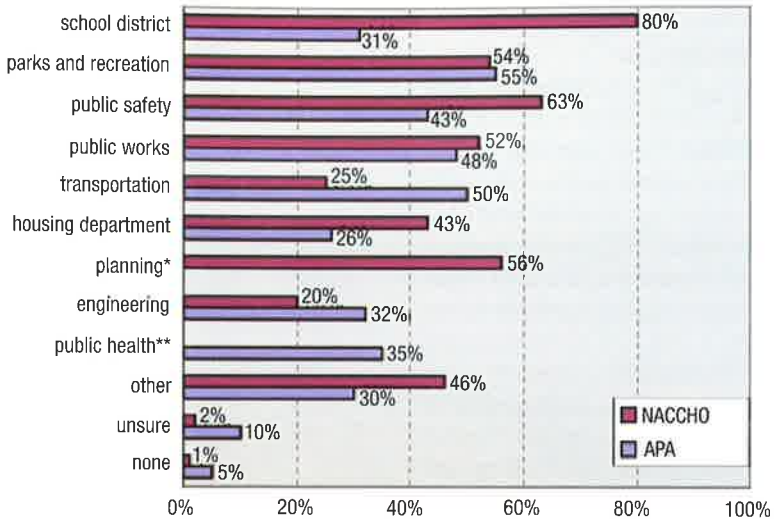
FIGURE 1-4. DEPARTMENT ENGAGEMENT IN ACTIVITIES



base: jurisdiction employees (368 NACCHO members, 355 APA members (multiple answers)

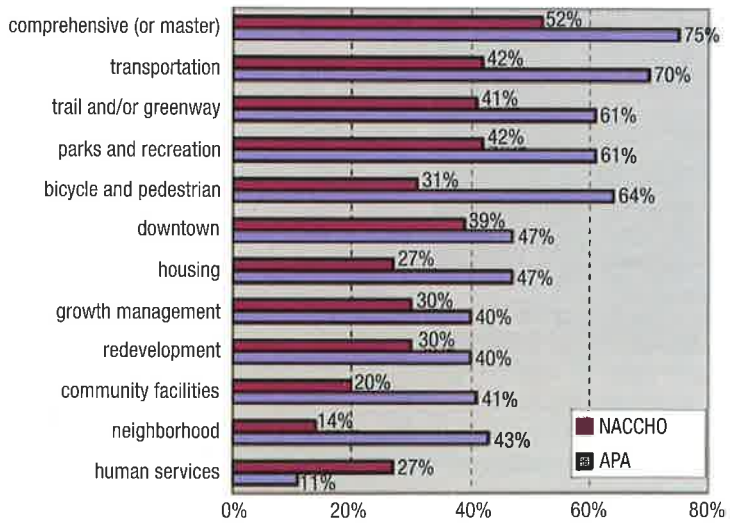
We also asked planners and health professionals which of nine local government agencies their department had cooperated or collaborated with in some fashion in the last five years (see Figure 1-5). For public health officials, 80 percent indicated they had worked with local school districts, 63 percent said they had worked with the public safety department, and 56 percent said they had worked with the planning department. Planners overall indicated fewer collaborative activities with other local agencies. Fifty-five percent said they had worked with the parks and recreation department, 48 percent said the public works department, and 35 percent said they had worked with the public health department.

FIGURE 1-5. INTERAGENCY COOPERATION



base: jurisdiction employees (368 NACCHO members, 355 APA members) (multiple answers); *not asked of APA members; **not asked of NACCHO members

FIGURE 1-6. PLANS PREPARED/UPDATED in last 5 years



base: jurisdiction employees (368 NACCHO members, 355 APA members) (multiple answers)

Jurisdiction Activities and Plans

A key objective of the collaboration is to raise awareness in the public health and planning (NACCHO and APA) fields about the shared objectives of the two disciplines and to encourage each field to share its knowledge and expertise. Perhaps most important for planners, working in partnership with health on land-use and community design issues can help leverage support for existing programs. For example, much of the work that planners have done to implement smart growth—creating walkable communities, increasing transportation choices, facilitating more compact development, and preserving open space—is aligned with public health goals to increase the amount of physical activity Americans do and thus reduce or at least slow the rate of obesity among adults and children. As smart growth efforts have grown increasingly politicized in the last decade, bringing health to the table adds a new, strong, credible voice to what communities have been working to implement.

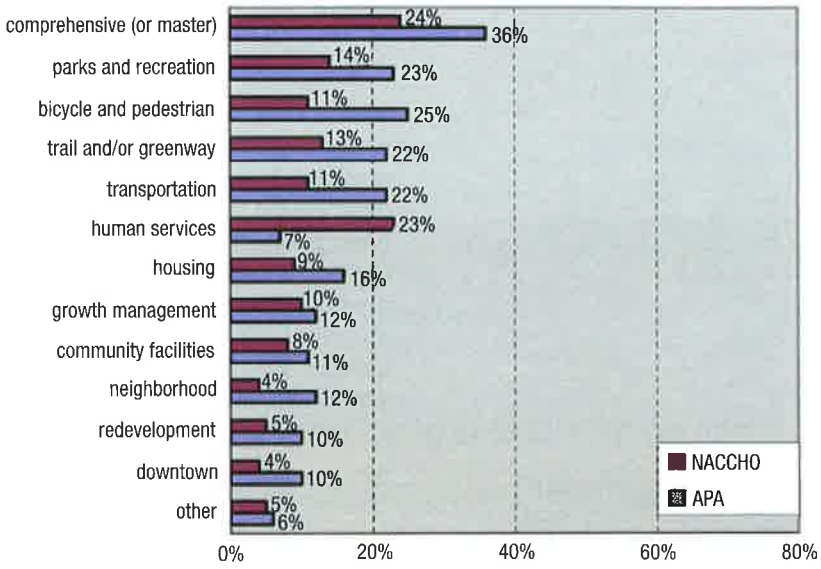
An important step in this process is to formally and explicitly incorporate health goals and data into local plans. In the survey, both planning and public health officials were asked which of 12 plan types their jurisdictions had prepared or updated in the last five years. Not surprisingly, planner respondents had greater familiarity with the status of various plans. This suggests that, at least in some jurisdictions, a lot of what planners do is going unnoticed (see Figure 1-6). (The 12 plan types in the survey were: comprehensive; growth management; housing; parks and recreation; transportation; bicycle and pedestrian; trails and greenways; community facilities; human services; neighborhood; downtown; and redevelopment plans.)

Both groups were also asked which of the 12 plans explicitly address health. Not surprisingly, the results show only a small percentage of communities has incor-

porated health goals in any of the plans. The highest occurrence was in comprehensive plans, where 36 percent of planners and 24 percent of public health officials indicated that their jurisdiction's comprehensive plan explicitly addressed health (see Figure 1-7).

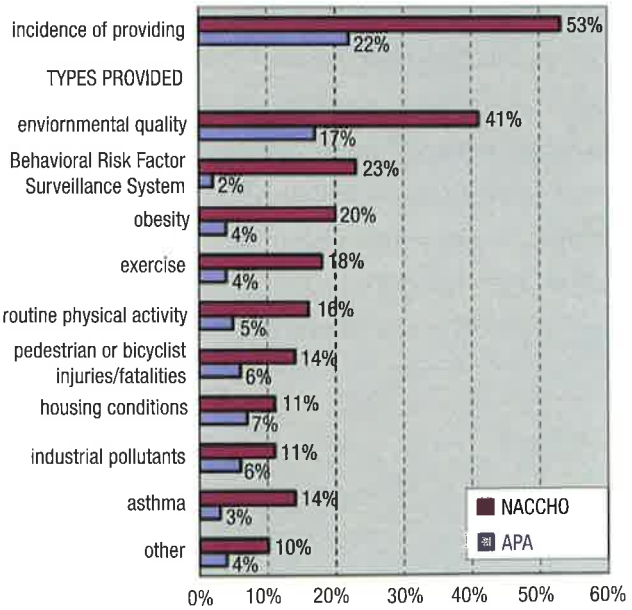
Finally, we also asked both sets of respondents if their jurisdictions' public health departments provided the planning departments with health and environmental data as part of their planning process. Fifty-three percent of public health respondents indicated they had provided such data; however, just 22 percent of responding planners indicated their department had been provided with such data. The types of health and environmental data provided are shown in Figure 1-8. The most commonly provided data—according to 41 percent of public health respondents—were related to environmental quality (e.g., air and water quality).

FIGURE 1-7. PLANS EXPLICITLY ADDRESSING PUBLIC HEALTH



base: jurisdiction employees (368 NACCHO members, 355 APA members) (multiple answers)

FIGURE 1-8. HEALTH AND ENVIRONMENTAL DATA PROVIDED from public health department to planning department



base: jurisdiction employees (368 NACCHO members, 355 APA members (multiple answers)

CONCLUSION

The survey of APA and NACCHO members' opinions and attitudes toward collaborating on topics of shared concern was the first of its kind and it yielded some major insights into the state of local practice with respect to local planning and public health management. The results of the survey, which was conducted in the first year of the APA and NACCHO cooperative agreement, gave us an important baseline of knowledge of how our respective members felt about these issues. To that end, the survey results became instrumental to APA and NACCHO as we designed subsequent training workshops and publications.

The survey revealed that the two disciplines do routinely work together on wastewater treatment and septic system regulations—two areas in which they have long shared responsibility. But as far as the emerging areas where APA and NACCHO see clear benefits

for increased collaboration, such as housing conditions, pedestrian safety, air quality, walkability, and transportation, only a fraction of jurisdictions reported having worked together.

The survey findings on the practical and substantive barriers planners and public health officials would face if they were to collaborate were many, though the biggest barrier reported by the respective professions was a lack of staff resources to expand their agency's mission to include planning or public health activities.

We also learned that, according to public health staff and planning staff, between one-quarter and one-half of the comprehensive plans prepared by jurisdictions represented in the sample contain goals and policies that explicitly address health. And finally, the survey revealed that a majority of planners (54 percent) and public health officials (63 percent) see the planning/public health connection as an important area for local policy makers, but the elected and appointed officials in the respondents' jurisdictions had not expressed the same level of enthusiasm for the issue as had staff. This is most likely due to a lack of understanding about just what such collaborative activities would accomplish, as well as concern about adding staff and additional bureaucracy to local government.