Core Capabilities for Local Health Department Involvement in Land Use and Transportation Policy Processes

Stephenie C. Lemon, Ph.D.
University of Massachusetts Medical School
UMass Worcester Prevention Research Center
Collaborators

• Karin Goins-UMass Worcester PRC
• Mariana Arcaya-Massachusetts Institute of Technology
• Semra Aytur-University of New Hampshire
• Katie Heinrich-Kansas State University
• Michael Knodler-UMass Transportation Center
• Mukti Kulkarni-UMass Worcester PRC
• Rodney Li-Georgia State University
• Jay Maddock-Texas A&M
• Robin Riessman-UMass Transportation Center
• Tom Schmid-Centers for Disease Control and Prevention
• Meera Sreedhara-UMass Worcester PRC
• Heather Wooten-ChangeLab Solutions
• National Association of City and County Health Officials
Acknowledgement

This work is a product of a Prevention Research Center in collaboration with the Division of Nutrition, Physical Activity and Obesity and was supported by Cooperative Agreement Number U48 DP005031-02S1 from the Centers for Disease Control and Prevention. The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

I have no other disclosures.
Local built environment policy

• Transportation and land use policies can promote physical activity

• Local government make local decisions

• Local health departments (LHD) increasingly called to participate
Preliminary research

Goals:
• To describe LHD participation in land use and transportation policy
• To understand barriers and facilitators of this participation

Two studies:
1) National survey of municipal officials in 8 states
2) Secondary data of national survey of local health officials conducted by NAACHO

Key findings

• **Low participation**

• 25% land use, 16% transportation

• Key barriers across department include *lack of staff* and *lack of departmental collaborations*

• **Partnerships and collaborations** are important

• **Smaller departments** (<500,000 people) in most need of assistance

• Use of *performance standards* potentially beneficial
Project goals

To develop a research-based tool with core capacities for LHDs and other public health entities to use in strategic planning, in order to:

• Assess where current activities fit into physical activity/built environment approach
• Strengthen capacity overtime by outlining options for next steps
• Be useful for LHDs with varying resources
Methods: Modified Delphi Process

Round 1

KEY INFORMANT INTERVIEWS
n=49

11 transportation
13 planning
19 health
4 advocacy
2 administrative

Round 2

RANKING AND RATING SURVEY
n=46
37 Round 1 respondents, 9 new respondents

7 transportation
9 planning
16 health
10 advocacy
4 administrative

Round 3

VALIDATION SURVEY
n=43
36 Round 1 respondents, 7 new respondents

9 transportation
9 planning
13 health
8 advocacy
4 administrative
Round 1 results: Initial capabilities

1. Collaboration with other officials
   • Relationships with local, regional and state government, across sectors and health departments

2. Public outreach to community
   • Community education, engagement, mobilization and health promotion

3. Policy maker education
   • Increase awareness and develop champions
Round 1 results: Initial capabilities

4. Review and comment on plans, policies, projects
- To enhance walking, bicycling and transit access

5. Plan and policy development
- Active participation throughout the process

6. Project development and design review
- Input on project design from early stages

7. Serve on land use or transportation policy board
- Voting or non-member on boards or committees
Round 1 results: Initial capabilities

8. Data and assessment
- Data collection, analysis, reporting, GIS to inform and evaluate impact

9. Cross-sector and dedicated staffing
- Embed planning or transportation in LHD staff/Dedicated LHD staff

10. Funding support
- Collaborative grants, Funding allocation
Example tasks: Policy maker education

• Communications and presentations to elected and appointed officials of local news/information on built environment and health
• Trainings for elected about built environment impact on physical activity and health

• Trainings for land use and transportation staff and board volunteers on physical activity and health impacts of their decisions
• Institute built environment as regular topic on health board agenda
Round 2 results: Rating feasibility and importance

- Input on proposed plans, policies and projects
- Project development and design review
- Collaboration
- Policy maker education
- Cross-sector and dedicated staffing
- Plan and policy development
- Health and physical activity interests on policy bodies
- Community outreach
- Data and assessment
- Funding support
## Round 3 results: Agreement with resource

<table>
<thead>
<tr>
<th>Least Resources</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration with other public officials</td>
<td>93.0%</td>
</tr>
<tr>
<td>Public outreach to community</td>
<td>60.5%</td>
</tr>
<tr>
<td>Review and comment on plans, policies, projects</td>
<td>76.7%</td>
</tr>
<tr>
<td>Represent health and physical activity interests on land use or transportation policy board</td>
<td>86.1%</td>
</tr>
<tr>
<td>Policy maker education</td>
<td>72.1%</td>
</tr>
</tbody>
</table>

### Moderate Resources

| Plan and policy development                                                      | 97.7%   |
| Project development and design review                                           | 95.4%   |
| Data and assessment                                                             | 69.8%   |

### Most Resources

| Cross-sector and dedicated staffing                                            | 97.7%   |
| Funding support                                                                | 88.4%   |
Capabilities for Public Health Agency Involvement in Land Use and Transportation Decision Making to Increase Active Transportation Opportunity

JANUARY 2017
Collaboration with other public officials
Establish and maintain relationships with local, regional and state government partners and across LHD programs.

Represent health and physical activity interests on land use or transportation policy board
Voting or non-voting member of board or committee with responsibilities related to transportation or land use.
Plan and policy development
Active participation in development of plan or policy.

Community outreach
Community education, engagement, mobilization, promotion; includes participation on community coalition.

Review and comment on plans, policies, projects
Review of proposed plan, policy, public or private development or transportation-related project to enhance or mitigate health impact in terms of walking, bicycling and transit access.

Project development and design review
Input on transportation project design from early stages and on development projects at pre-application.

Policy maker education
Increase awareness among officials and develop champions regarding impact on health of land use and transportation decisions.
Data and assessment
Data collection, analysis, evaluation, reporting, Geographic Information Systems (GIS).

Funding support
Secure or assist municipal agencies in securing new or dedicated funding for pedestrian and bicycle facilities and initiatives or to support LHD environment work.

Cross-sector and dedicated staffing
Embed planning or transportation professional in LHD OR embed public health professional in planning, public works or municipal administration OR fund LHD personnel to work on built environment.
Limitations & Strengths

Limitations
• Employed purposeful and snowball sampling methods
• Small sample size

Strengths
• High interrater agreement & reliability
• Expert panel respondents with wealth of experience
• Rich data
• First study of perceived LHD value/cross-sector collaboration
• Builds literature on local public health systems
• Identified capabilities provide a menu of options
• Recognize varying levels of resources and expertise across LHDs
• Consistent with Public Health 3.0
• Call for health officials to serve as “Chief Health Strategists” for communities and engage in structured, cross-sector partnerships
• Consistent with Core Functions of Public Health
• Provide a starting point for strategic approaches to increasing LHD capacity
Our next steps

- National survey
  - Establish current capabilities
  - Identify training and technical assistance preferences
- Develop and test sustainable capacity building models.
Image Credits

Slide 3: www.pedbikeimages.org / Carl Sundstrom
Slide 4: www.pedbikeimages.org / Julia Diana
Slide 11: CDC Public Health Image Library (PHIL) Amanda Mills
Slide 17: www.newworcesterspy.net