DESIGN FOR PUBLIC HEALTH: HOW TO INTEGRATE PUBLIC HEALTH AND PLANNING

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“Public health agencies alone cannot assure the nation’s health”

Institute of Medicine, 2002. The Future of the Public’s Health in the 21st Century

Health Determinants

Nation Prevention Council
A premium on cross-sector efforts

- Opportunities for prevention increase when those working in housing, transportation, education, and other sectors incorporate health and wellness into their decision making.
- Healthy and Safe Communities:
  - “Integrate health criteria into decision making across multiple sectors”
  - “The federal government will coordinate investments in transportation, housing, environmental protection and community infrastructure to promote sustainable and healthy communities.”

How do we put this into practice?

CHALLENGES
- No common language
- Few formalized requirements
- No routine interaction between health and other sectors
- Limited funding for new public health activities
- Matching priorities

SOLUTIONS
- CDC’s CPPW Program
  - 2010-2012
  - Obesity and tobacco
  - Seattle-King County, Multnomah County DPH
- CDC’s Community Transformation Grant Program
  - 2012-2017
  - Physical activity, nutrition, tobacco, mental health
  - Pierce County, WA State DPH
- Health Impact Assessment
Health and Planning at OPHI

TA on health and...
- Transportation plans
- Strategic plans
- Comprehensive plans
- Zoning and building codes
- Food and nutrition policy

Health Impact Assessments
- Conduct HIAs on built environment policies, plans, and projects
- TA for HIA projects
- Training

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Today’s Presenters

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Design for Public Health – Case Studies from King County, WA

2011 Joint Conference – Oregon and Washington APA
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Overview of Presentation
- Background
- Project Outcomes
- Technical Assistance Provided
- Lessons Learned
- City Successes
- Resources

Background
- Communities Putting Prevention to Work
- Population 1,931,249 (2010 Census)
- 39 Cities and 19 School Districts
- Obesity rates range from 15% - 30%
- Smoking rates range from 14% - 20%
- 20% of Residents live in low income households
- Public Health – Seattle & King County received $25M

Project Outcome - Mobility
Project Outcome - Land Use

Technical Assistance

- Complete Streets Ordinances
- Non-motorized Policies
- Safe Routes to School
- Network Analysis
- Prioritization Criteria
- Design Concepts and Guidelines
- Cost Estimating

Project Outcome – Food Access

Technical Assistance

- Sub-Area Planning
- Comprehensive Plan Policies
- Land Use and Transportation
- Land Use Patterns
- Gaps and Barriers in Zoning and Development Codes

Technical Assistance

- Food Access Assessments
- Policy Recommendations
- Mapping Food Establishments
- Program Recommendations

Lessons Learned

- Outreach
- Messaging
- Collaboration
- Interdisciplinary approach
- Grant timeline vs. Public Process
Successes - Burien
2010 Population: 48,016
- “HEAL” Zones
- Coordination with Parks, Transportation, and Drainage Plans
- Complete Streets Ordinance
- Healthy Highline Communities Coalition

Successes – Des Moines
2010 Population: 29,228
- Safe Routes to School
- Complete Streets Ordinance
- Community Garden Coordination
- Outreach
- Healthy Highline Communities Coalition

Successes – Federal Way
2010 Population: 89,298
- Outreach through “Engage Federal Way”
- Advisory Committees
- Council and Planning Commission Involvement
- Code Interpretation
- Street Network Analysis

Successes - Redmond
2010 Population: 54,373
- Resource to other communities
- Neighborhood
- Commercial land uses
- Cost estimates for non-motorized projects

Successes - SeaTac
2010 Population: 26,909
- Technical Advisory Committee
- Safe Routes to School Coordination
- Safe and Complete Streets Plan
- Major Taylor Bike Program

Successes - Snoqualmie
2010 Population: 10,672
- Conceptual Planning for SR202
- Complete Streets Ordinance
- Comprehensive Plan Updates
- Bicycle and Pedestrian existing facilities analysis
Resources

www.healthykingcounty.org/
www.engagefederalway.com/
sites.google.com/site/healthyhighline/
www.kingcounty.gov/healthservices/health/partnerships/CPPW.aspx

Thank you

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Project Overview

1. Food landscape assessments
2. Best practices review
3. Policy Recommendations
4. Policy adoption

1. Food Landscape Assessments
Key Findings:

- Large land bases not within a feasible walking distance of a supermarket
- Areas with high poverty rates that have limited access to healthy foods
- Higher ratio of fast food restaurants and convenience stores to other food retailers (supermarkets, produce stands, small grocers, farmers markets)
- Some cities have a high number of fast food restaurants near schools

2. Best Practices

- Community Gardens
- Urban Agriculture
- Farmers Markets
- Transportation
- Restaurants
- Healthy Retailing
- Government and Institutional Development

3. Policy Recommendations

1. Allow healthy food uses near residential areas
2. Establish farmers market policy language
3. Ensure farmers market viability
4. Establish community garden policy language
5. Facilitate community gardening on private, vacant land
6. Prioritize transit and pedestrian access to food retail, particularly from low-access areas
7. Improve small retailers’ knowledge of public health permits
8. Create a healthy school food zone
9. Monitor the balance of healthy to less healthy food stores
10. Ensure commitment to healthy food access beyond CPPW funding

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<thead>
<tr>
<th>Policies or Strategies</th>
<th>Recommendations Policies or Strategies</th>
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<tbody>
<tr>
<td>Establish community garden policy language</td>
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This is an opportune time to protect this city’s food environment near schools. The City can work with other Highline cities and the school district to form a comprehensive approach as a Healthy Highline Communities Coalition initiative.

- Comprehensive Plan: Adopt goal to create healthy eating environments where children learn and play, such as schools and parks.
- Zoning: Adopt a "healthy school food zone" (NWGLC Model Language, p. 43).

**Comprehensive Plan: Adopt goal to create healthy eating environments where children learn and play, such as schools and parks.**

**Zoning: Adopt a "healthy school food zone" (NWGLC Model Language, p. 43).**

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**Compost pile...**

- Consider transit availability through a time-travel analysis
- Assess available lands for community gardens, farmers markets, etc.
- Economic analysis of food sector
- Include community resources (food banks, community gardens, etc.)
- Policy scan of comp. plan and municipal code

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**Keep in touch!**

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**Tools for Integrating Public Health and Planning: HIA and Comprehensive Planning**

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OR-WA APA Conference, October 21, 2011
The health and socioeconomic benefits and health criteria would not have been in the plan. It wouldn’t have even been on our radar.

I’ve evolved as a planner. The HIA was relevant, timely, and really exciting to have as a part of this process. We didn’t have that data available before. The HIA helped to daylight equity issues.

Planners from this project are beginning to ask what Public Health can bring to the table.
Policy CD-15: Public Health and the built environment
Promote improved public health through measures including but not limited to the following:

- Develop integrated land use and street patterns, sidewalk and recreational facilities that encourage walking or biking
- Recruit and retain supermarkets and other stores serving fresh food in areas otherwise lacking them. Discourage supermarkets and fresh food stores that do relocate from using non-compete clauses that prevent timely replacement of similar uses. Encourage healthy rather than unhealthy food stores near schools.
- Promote opportunities for growing food in home or community gardens
- Coordinate with Clark County Public Health to better integrate health impacts and land use and public facilities and service planning

Comprehensive Planning: Adding a Health Element
What we're doing • How it's changing things • What we're learning

New topics
New stakeholders
New advocates
Comprehensive Planning: Adding a Health Element

What we're doing • How it's changing things • What we're learning