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Integrating Public Health into Planning: Promising Practices for Regional Planning Councils

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INTEGRATING PUBLIC HEALTH INTO PLANNING:
Promising Practices for Regional Planning Councils

DEDICATION

This work is dedicated to my beloved mother Wendy Miller, 1943-2015. She was my biggest fan, best editor, and passed on her deep commitment to lifelong learning.

ACKNOWLEDGMENTS

This Capstone project is the culmination of my four years in the Muskie School of Public Service's Graduate Program in Public Health. During that time, I have been fortunate to study with some of the most stellar minds in public health anywhere. I would like to thank Brenda Joly and Erica Ziller in particular, for imparting their enthusiasm and sharing their great intellect with me. I would also like to express gratitude to my academic advisor Andy Coburn for his valuable guidance and feedback, and my Capstone advisor Elise Bolda for helping to make some very big ideas into a manageable and concrete project. Finally, I wish to thank my Second Reader Kristina Egan, Executive Director of the Greater Portland Council of Governments, for investing her time and lending the organization's support to this project.

The original research contained in this Capstone report was made possible through generous offerings of time and insight from my colleagues at regional planning councils across the country. I would like to extend my gratitude to Rye Baerg of the Southern California Association of Governments, Madri Faul of the Kentuckiana Regional Planning and Development Agency, Emily Hultquist of the Capitol Region Council of Governments, Barry Keppard of the Metropolitan Area Planning Commission, and Byron Rushing of the Atlanta Regional Commission. I am excited to see their inspiring work inform practice here in Maine and beyond.

Finally, I want to thank my dear husband Craig and my sons Isaac and Asa for bearing with me through my many late nights and Saturdays at the library. I couldn't have done it without your support.

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UNIVERSITY OF SOUTHERN MAINE

INTRODUCTION

This Capstone project was designed to provide technical expertise to Greater Portland Council of Governments (GPCOG) for their 2017 strategic planning process. GPCOG is the Regional Planning Council (RPC) for Cumberland County, Maine. Also known as Councils of Government (COGs) and simply Regional Councils – these municipal and regional planning organizations were established in the U.S. in the 1960s. They are multi-service entities with state-defined boundaries that deliver a variety of federal, state, and local program supports. They provide planning and technical assistance to their member municipal governments. RPCs are accountable to their members and are partners with the state and federal governments.

RPCs usually work closely with the Metropolitan Planning Organization (MPO) and other planning groups. This is the case with GPCOG and the Portland Area Comprehensive Transportation System (PACTS) which are legally separate organizations, but are co-located, sharing office space and staff.

GPCOG is currently working with its member municipalities and stakeholders to examine its identity and refine its role in the region. Executive Director Kristina Egan sees the strategic planning process as an ideal time to present the opportunity for integrating public health into the agency's transportation and land use planning. GPCOG's member towns and cities are looking for data-driven strategies and are open to new approaches. GPCOG's leadership wants to ensure the organization has access to the resources and tools of the public health sector. In short, GPCOG wants to be ready with answers when towns ask "how do we incorporate public health?"

This project explores how communities in the U.S. are integrating public health practices into planning. Specifically, it examines efforts to integrate public health into planning within RPCs. The project identifies tools and approaches that leading RPCs are using to successfully integrate public health into planning in their regions, in response to two questions posed by GPCOG:

1. What are the promising practices for embedding public health in the community planning and development efforts of regional planning councils?
2. How can this be done in a way that is financially sustainable?

GOALS

Goal I. Determine promising practices for integrating public health into community planning at the municipal and regional level.

Goal II. Identify the conditions, approaches, and funding mechanisms that enable Regional Planning Councils to integrate public health with regional and municipal planning.

METHODS

This project was carried out in three phases: 1. A review of peer-reviewed and gray literature; 2. Data collection in the form of key informant interviews; 3. Development of recommendations based on learnings from the literature and interviews. Below is a summary of the steps taken, the sources tapped, and the analysis conducted.

1. **Literature Review**

The literature review involved a synthesis of relevant peer-reviewed literature from planning and public health publications. Gray literature, including reports from national organizations, was consulted. Knowledge gleaned from the literature review was used to identify the public health integration tools and techniques frequently used by municipalities and regions, as well as the health issues being addressed. Additionally, the literature review was used to develop a list of RPCs frequently referenced for integrating public health concerns into their work.

2. **Data Collection**

Key informant interviews with planning professionals at identified RPCs were the focus of this project's data collection. Below is a detailed accounting of the steps taken.

a) *Sample Selection*

This step involved two components:
   i. Using the academic and gray literature – along with a review of the American Planning Association's Plan4Health national grant programs and Excellence in Planning award program – a list was developed of 16 RPCs leading in integrating public health (Appendix A).
   ii. Conversations with two key national experts were held to inform selection of the RPCs to be contacted for interviews, to get feedback on interview questions, and to enlist direct connections with key staff. The list of innovative RPCs and a brief description of the project were emailed to the experts in advance of the conversation (Appendix A). Experts consulted include Anna Ricklin, AICP, Manager of

the Planning and Community Health Center, American Planning Association and Kanat Tibet, MA, Manager of California's Healthy Eating Active Living Cities Campaign. Ricklin and Tibet reviewed the list of RPCs and made recommendations. They both offered direct connections to RPC staff through introduction emails. Ricklin also gave significant input on the interview questions. Ultimately, the five RPCs identified included two that were not on the original list.

b) ***Interview Protocol – Key Informant Interview Questions***

Interviews explored best practices and successful strategies for integrating public health into planning at RPCs. Questions were formulated using lessons from the literature review and feedback from experts. The following questions were used:

- How did efforts to incorporate public health into planning begin at your organization?
- What issues, events, and information have contributed to your members valuing integration work? In other words, how did you create buy-in and enthusiasm from your government constituents? [Optional prompt: What health issues are most often being addressed?]
- What barriers have you faced to incorporating PH into work at your organization? [Optional prompt: Either at the start or any other point? These might be internal, such as reluctance of members, or external, historical?]
- Does the agency consider public health to be a part of the agency's core mission? [If yes, how long did it take? If no, do you think it's likely?]
- Of the public health tools and techniques you use, which are most valued and requested by your member communities? [Optional prompt: What health issues are most often being addressed?]
- How have you operationalized public health integration at your organization, in terms of staffing, professional development, and organizational structure? [Optional prompt: How are your public health-oriented efforts financed?]
- What actions and strategies does the agency use to impart the importance of public health to town leaders and obtain buy-in from members and stakeholders?
- Any final advice for other Regional Planning Councils considering incorporating public health?

c) ***Approval from Institutional Review Board***

To conduct interviews, approval or exemption from the USM Institutional Review Board (IRB) was obtained. In compliance with ORIO, the student and advisor completed Collaborative Institutional Training Initiative (CITI) online training modules. An application was submitted to USM's Office of Research Integrity and Outreach (ORIO) Human Research Protection Program for review in March 2017, including a consent form (Appendix B) and recruitment email (Appendix C). IRB approval was granted in April 10, 2017. The approval letter in included in this report as Appendix D.

d) ***Interviews with Exemplary Regional Planning Organizations***

In April 2017, key informant interviews were conducted with staff at the five selected RPCs (see Table 1: Innovative Regional Planning Councils – Staff Interviewed for this Study). Each interview included one staff person who is integrally involved with their RPC's public health integration. Interviews were conducted by telephone. A brief project description and interview questions were provided to informants in advance (Appendix E). With subjects' consent, audio recording of interviews was captured to aid in compiling responses. Interviews lasted approximately one hour each.

Table 1: Innovative Regional Planning Councils – Staff Interviewed for this Study

- Byron Rushing, Bicycling & Pedestrian Planner: Atlanta Regional Commission (ARC) – Based in Atlanta, GA
- Emily Hultquist, Principal Planner and Policy Analyst: Capital Region Council of Governments (CRCOG) – based in Hartford, CT
- Madri Faul, Special Projects Coordinator: Kentuckiana Regional Planning and Development Agency – based in Louisville, KY
- Barry Keppard, Public Health Department Manager: Metropolitan Area Planning Commission (MAPC) – based in Boston, MA
- Rye Baerg, Senior Regional Planner: Southern California Association of Governments (SCAG) – based in Los Angeles, CA

3. **Development of Recommendations**

A brief set of recommendations was developed based on the literature and compilation of themes from RPC experience obtained through interviews. Recommendations are presented in language that speaks to the context of GPCOG's current organizational structure and political environment. These are included in the stakeholder brief (Appendix F).

FINAL PRODUCTS

Stakeholder Brief

This document (Appendix F) is designed for GPCOG staff, board and stakeholders. It provides a concise synthesis of promising practices identified through the literature review and interviews. The brief outlines how GPCOG can integrate public health into the agency's work, including:

- How integrating public health into the agency's work will benefit members.

- Recommendations on specific tools and techniques that GPCOG can use with members.
- Recommendations about how identified approaches can fit into the structure at GPCOG, and how they could be financed.

Capstone Project Report

This report, titled "Integrating Public Health Into Planning: Promises Practices at Regional Planning Councils," serves to document all elements of the project process and will be available as a PDF through the USM library's Creative Commons.

Oral Presentations

Two presentations were provided in connection to this project, one for MPH faculty and students on Wednesday, May 10th, 2017 and one for GPCOG in Summer 2017.

PROFESSIONAL GOALS AND INTEGRATION OF MPH PROGRAM KNOWLEDGE

Over my 17 years of working in public health, I have developed a strong interest in integrating health into community planning and development. This is driven by my commitment to social equity and awareness of how the built environment shapes opportunity. I see this project as a prime opportunity to delve deeper into this area of interest and discover career pathways. This Capstone project draws heavily on skills and knowledge I gained through the Muskie School of Public Service's Master of Public Health program. These include:
- Literature search and analysis
- Research and evaluation
- Policy analysis
- Health economics

In January 2017, I was hired by GPCOG in the position of Project Manager & Public Health Specialist. This means my Capstone results will dovetail even more closely with my professional work than I originally thought. While this project is outside of my current paid role, I will be able to use the results of this project to further development of public health initiatives at GPCOG.

LITERATURE REVIEW

Approach

This literature review involves a synthesis of relevant peer-reviewed literature from planning and public health publications. Gray literature, including reports from national organizations, was also consulted. Knowledge gleaned from the literature review was used to develop a list of RPCs frequently referenced for integrating public health concerns into their

work. The literature review also informed criteria that was used as a guide in identifying RPCs that are most successfully integrating public health with community and regional planning. Additionally, the literature review identified health disparities addressed, along with the public health integration tools and techniques frequently used by RPCs. Questions explored in the literature review include:

- What are the tools and techniques being used by municipalities, counties, and regions to address and improve public health through changes in the built environment?
- What health outcomes are being addressed in built environment interventions?
- What measures are being used to determine the success of built environment interventions?
- What are the issues that have made communities value public health in their planning efforts?

History and Development of Public Health in Planning

A movement is under way in the U.S. to reunite the fields of urban planning and public health (Chok, Thornell, Maxwell, Wise & Sainsbury, 2014; Corburn, 2015; Thompson & McCue, 2016; Tomlinson, Hewitt & Blackshaw, 2013). The disciplines originated together in the 19th century to address the negative effects of industrialization on city dwellers, but diverged in the 20th century (Arthurson, Lawless, & Hammet, 2016; Lopez, 2009). Numerous forces played a role in this divergence including mistaken beliefs about the causes of disease, racism and income-based discrimination, diminishing power and political support for neighborhood-based services following World War I and the increasing professionalization and "siloing" of the disciplines. This separation of the fields enabled an era of American development that ignored the impact of land use and transportation on public health and social equity (Corburn, 2007). In the 1930s, the U.S. adopted xenophobic "slum" removal and highway construction policies that ushered in "urban renewal" and resulted in widespread demolition of inner-city neighborhoods across the U.S. (Mohr, 2000).

New thinking about the importance of health and place emerged within the social change and environmental justice movements of the 1960s. As Jane Jacobs chronicled in her 1961 work "The Death and Life of Great American Cities," Americans were questioning the wisdom of the automobile-centric urban planning trend even as it continued to reshape communities. Social, environmental, and health activists laid the groundwork for reconnecting professional planning and public health with efforts in the 1960s and 1970s that spawned the formation of the Environmental Protection Agency, the Occupational Health and Safety Administration, the National Environmental Policy Act of 1969, the Clean Air Act of 1970, and the Federal Water Pollution Control Act Amendments of 1972 (Corburn, 2007).

Despite these developments, explicit discussions of interest or efforts to connect public health and planning are absent from academic literature until the late 1970s. The first calls to

action on this topic appeared in an issue of the Journal of Environmental Health in 1977 and discussed the connections between health outcomes and land uses (Kaplan; Riley). The following year, the American Journal of Public Health featured two commentaries in one issue. This time, Kaplan drew on his own experiences attempting to influence land use planning (1978), while Galanter (1978) made a foretelling call for integrating the fields with mutual training between health and planning officials.

Peer-reviewed literature was largely quiet on this topic over the next two decades, with only a handful of articles. In 1983, Burby & Okun explored the interrelationships between land use planning and environmental health hazards. They conclude that public health will likely be the discipline to take the lead in addressing mitigation. In 1994, Greenberg urged linking city planning and public health in the United States with a similar focus on environmental health. Meanwhile, the Institute of Medicine's 1988 report *The Future of Public Health*, issued a call for public health to refocus its efforts to address increasing gaps in health between socioeconomic groups.

In the mid-1990s, the concept of "social determinants of health" emerged; spurred by research showing that health status consistently correlates with socioeconomic status (Blane, 1995). The growing body of research exposing the social, physical, and economic environments that influence health – "social epidemiology" – helped explain the patterns in a new way and led to the advent of place-based interventions. It bears noting that this development has been paralleled by a persistent interest in the biomedical model of disease and unprecedented investment in medical care.

In the early 2000s, discussions of the built environment and its impact on health and social equity became more common in the literature. Corburn emerged as the leading voice for reconnecting public health and planning. Citing epidemic rates of non-communicable chronic diseases and the growing evidence for the role the built environment has in shaping health, equity, and opportunity, he and others called on urban planning to partner with and utilize public health approaches for addressing urban inequities (Maantay, 2001; Lawrence, 2002; Corburn, 2005).

Numerous studies examined the impact of zoning regulations on health-related factors such as crime, water quality, food access, and physical activity (Carter, Carter, & Dannenberg, 2003; Greenberg, 2003; Schilling, 2005; Corburn, 2005) and outlined the opportunity for partnerships. A recent study of zoning changes in Baltimore outlined specific ways that zoning can support healthier environments (Ransom, Greiner, Kochtitzky, & Major, 2011).

Many studies focus on the success of interventions to increase physical activity through changes in the built environment (Kahn et al., 2002) and the resulting "Active Community Design" movement (Doyle, Kelly-Schwartz, Schlossberg, & Stockard, 2006). Active Community Design focuses on increasing physical activity through community-scale urban design and land use that promotes safer and more convenient walking, bicycling, and other non-motorized

modes of travel. The core concept of Active Community Design is that health metrics and outcomes must be a consideration in transportation and land use planning. Cross-sector partnerships between planners, architects, engineers, developers and public health professionals, among others, are a major feature of successful Active Community Design initiatives (Cohen & Schuchter, 2013). The push for active community design has coincided with sustainability-driven "smart growth" which promotes increased residential density and mixed-use development as a solution to the environmental burden created by sprawl and auto-centric design. Though research has yet to conclude that smart growth principles alone promote health, smart growth shares many features with active community design (Durand, 2011). As such, champions have aligned efforts in many cases to achieve success (Urban Land Institute, 2015; Project For Public Spaces, 2016).

Numerous place-based approaches are featured in the literature. Known as "Healthy Places," "Healthy Communities," and "Healthy Cities," these initiatives apply a multi-disciplinary methodology to health issues (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013; Urban Land Institute, 2015). The Healthy Places approach considers all health issues rather than only those related to physical activity and focuses on addressing the social determinants of health (Rudolph et al., 2013). Healthy Places efforts seek built environment interventions to tackle the disparities in health status that exist across racial, ethnic, and socioeconomic groups. Among the health disparities addressed are higher rates of asthma, cardiovascular disease, diabetes, lead poisoning, substance use disorders, tobacco addiction, and others (Sommer et al., 2015). Healthy Places initiatives include the housing and community development sectors, and emphasize quality community engagement and grassroots leadership.

The literature indicates that there is strong interest across sectors for integrating public health practices into municipal and regional planning. Still, by all accounts, achieving this integration is a slow and sometimes difficult process (Friel et al., 2011; Thompson & McCue, 2016). Garnering the necessary public support and building sustainable financing both take time. Corburn (2007) argues that reconnection efforts must pay attention to partisan politics, current framing of issues, and the bias toward professional scientific knowledge for solving society's problems. He writes:

> Planners will also need to critically question the adequacy of existing norms and institutions that help determine how practitioners use or abuse power, respond to or even resist market forces, work to empower some groups and disempower others, promote multiparty decision making, or simply rationalize decisions already made. (p. 699)

Tools for Integrating Public Health into Planning

The movement to integrate public health with community planning has broad support from thought leaders and philanthropies in both fields, including the American Planning Association, the American Public Health Association, the U.S. Centers for Disease Control and

Prevention, Smart Growth America, Urban Land Institute, Harvard University, and the Robert Wood Johnson Foundation. Their support is rooted in the idea that health equity is critical for advancing the wellbeing and vibrancy of communities (National Academies of Sciences, Engineering, and Medicine, 2017). Philanthropic support has spawned numerous initiatives and studies, culminating in an abundance of toolkits, reports, and guides on integrating health into planning (American Planning Association, 2016; Smart Growth America, 2017). Leaders in local and regional planning have also joined the conversation, including the National Association of Regional Councils (2012) and the International City/County Management Association (2005).

There are several communities of practice for Active Community Design and Healthy Places work, including Active Living By Design, Robert Wood Johnson's Invest Health and Build Health cohorts, and Plan4Health, a joint initiative of the American Planning Association (APA) and the American Public Health Association (APHA). The Aetna Foundation recently joined forces with APHA and the National Association of Counties to launch the Healthiest Cities and Counties Challenge. In early 2017, APA led a collective of national organizations in issuing a Joint Call to Action on Promoting Health Communities. Because of these efforts, resources for integrating public health into planning at the city/town and regional level are readily available. Municipalities are using public health tools to tackle a range of health outcomes. The tools for incorporating public health into planning explored below have four components in common:

1. They capitalize on opportunities for including health considerations in local plans, ordinances, and policies.
2. They engage citizens in participatory planning and inject lay expertise into professional models.
3. They create cross-sector and community-based collaborations.
4. They rely on public health practitioners and planning professionals with cross-training who act as "integrationists."

Health Impact Assessment

The health impact assessment (HIA) is a tool used to inform decision-making about proposed laws, regulations, policies, projects, and programs. The HIA uses quantitative data, health expertise, and stakeholder input to identify positive and negative health impacts (American Planning Association, 2016c). HIAs have been in use in the U.S. since 2004, and longer in Europe. An HIA can be completed in limited time, through the "rapid" or "desktop" model, but the comprehensive approach requires several months to a year. HIAs allow for collaboration and relationship-building among planners, public health professionals, and other sectors. The American Planning Association (2016b and 2016c) sees four main benefits for using HIAs in the community planning process:

- Improving data by expanding sources and analytic techniques

- Promoting citizen involvement – which can create buy-in and ease implementation
- Providing opportunities for cross-sector collaboration
- Reframing contentious issues around shared health goals

Healthy Zoning

Zoning originated in the 1900s with the public health purpose of separating people from noxious land uses (Maantay, 2001). Historically, zoning has been used in ways that negatively impact the health of many, especially those with lower incomes. So-called "healthy zoning" and "Healthy Eating Active Living" (HEAL) initiatives are encouraging towns and cities to adopt health-supporting local development codes and regulatory language (American Planning Association, 2016a). These initiatives are a means to creating environments where people have increased access to healthy foods and walking, bicycling, and other active modes of travel, and reduced exposure to unhealthy environmental factors (i.e., advertising for unhealthy food). Zoning for healthy eating is supportive of urban agriculture, community gardens, mobile fruit and vegetable vendors, farmers' markets, as well restrictive zoning for fast food outlets. Zoning for active living supports mixed use and transit-oriented development, as well as street scale improvements that include pedestrian and bicycle infrastructure. Zoning is also a focus for public health efforts such as reducing exposure to tobacco and alcohol advertising.

Metrics for Healthy Planning

Known as livability indicators (Lowe et al., 2015), neighborhood indicators (Bhatia, 2014), and health equity indicators (Corburn & Cohen, 2012), these metrics measure the physical and social characteristics of a place. In San Francisco, neighborhood indicators have included the crime rate, the level of noise, the frequency of transit service, or the proximity to or size of parks. Place-based indicators are seen as proxies for determinants of health, and thus can be used to protect and promote health in neighborhood land use plans, locating infrastructure investments, crafting new land use regulations, and negotiating community benefits with developers.

Bhatia (2014) sees indicators functioning on several levels. Their selection can be the basis of inclusive community engagement, as San Francisco has experienced. Additionally, indicators can identify areas in need of improvement and to define or establish public priorities, they can enable citizens to participate more knowledgeably in decisions that affect their own living and working conditions, and they can be used to monitor progress. On a similar note, Corburn and Cohen (2012) argue that:

> Participatory indicator processes hold the potential to shape new healthy and equitable urban governance by: 1) integrating science with democratic decision

making; 2) tracking policy decisions that shape the distribution of health outcomes; and 3) including protocols for ongoing monitoring and adjusting of measures over time. (p. 1)

Corburn and Cohen (2012) see great promise in health equity indicators if they are comprehensive, context-specific and designed to be accountable to local needs. They should include community assets. While early adopters created their own indicators, many resources are now available for municipalities to use as a starting point. AARP's Liveability Index ("The Livability Index: Great Neighborhoods for All Ages," n.d.) is one example of such resources.

Health-In-All-Policies (HIAP)

Cities, towns, and regions are using the HIAP approach to make health, sustainability, and equity considerations a part of all decision-making – across sectors and policy areas. Some jurisdictions have adopted a HIAP ordinance, which outlines a commitment to making health, sustainability, and equity considerations a part of all decision-making – across sectors and policy areas (Changelab Solutions, 2015). These ordinances are typically based on the community characteristics and needs (Corburn, Curl, & Arredondo, 2014).

Health Elements in Local and Regional Plans

The American Planning Association has conducted a comprehensive study of how towns and cities are incorporating health into their comprehensive planning processes (Ricklin et al, 2012). The resulting series of three reports outline the current landscape, where success is happening and strategies for inserting a health element and/or health components into comprehensive plans.

In the realm of transportation planning, Transportation 4 America (2016) has written extensively about incorporating health into the Regional Transportation Plans required for MPOs. Adoption of performance measures focused on health are a key part of this, as is project scoring rubrics that include access to opportunity. On a local level, Complete Streets policies, which require transportation projects to consider the needs of all users, are a common approach for addressing built environment barriers to active transportation. Equity is becoming a vital component of many Complete Streets policies (McCann, 2013). Building on the physical activity benefits of walking and biking for transportation, these policies are considering how people who can't drive or afford a vehicle will access food outlets, employment healthcare, and other services.

Healthy Planning Toolkits

As noted earlier, many toolkits have been developed to assist with incorporating health into the planning process. In many cases, they are specific to a city or state such as San Francisco's (Bhatia, 2014) and Arizona's Healthy Community Design Toolkit (Healthy Community Design Collaborative, 2012). These require adaptation to be useful outside of the given jurisdictions. There are also several notable toolkits designed for use across the U.S. These include Urban Land Institute's Building Healthy Places Toolkit (2015), the Harvard Health and Places Initiative's Creating Healthy Neighborhoods Toolkit (Forsyth, Salomon, & Smead, 2017), and the Healthy Community Design Toolkit, developed in collaboration by the American Planning Association and the U.S. CDC (2016).

Cross-Training Municipal Staff, Officials, and Resident Volunteers

Incorporating health issues into planning requires that decision-makers have at least a basic understanding of public health (Corburn, Curl, Arredondo, & Malagon, 2014; Kent, 2012). Thus, training for municipal officials, elected leaders, and members of zoning or comprehensive plan committees on the Social Determinants of Health and how planning decisions can improve health is a key component of successful efforts (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013).

RPCs In the Literature

As stated in the introduction, this literature review also looked at the role that RPCs are playing in supporting communities to bring public health into planning. While the literature is clear that efforts to improve health through built environment initiatives are becoming more common, very little is available on the role of RPCs, either current or prospective. RPCs are nearly absent from discussions of public health in the peer-reviewed literature, appearing only in a handful of articles on healthy aging, transportation access, and broadband internet access. One search using Academic Search Complete for "Council of Governments" yielded only 40 journal articles. About half of those were on a health-related topic. Of those, one author's affiliation was with a COG, indicating that COG staff are playing a role in health and planning partnership or research. A few of the associated COGs are referenced numerous times. Where RPCs have a role in published studies, the topics include: healthy aging, air quality, and food access (Fulton et al., 2007)

RPCs addressing health appear to a greater extent in recent gray literature. Transportation is the most frequently discussed issue, with most mentions being RPCs that also function as or house MPOs. Health-oriented performance measures and indicators are starting to be used to factor health into transportation plans and to score funding applications, and to craft regulations. RPCs and Metropolitan Planning Organizations (MPOs) in Tennessee,

California and North Carolina are leading the way on promoting public health through performance measures (Transportation For America, 2017).

SUMMARY OF RPC INTERVIEWS

Approaches for Integrating Public Health
Based on the five interviews with leading RPCs, five common approaches were identified. These are the processes and practices that have enabled public health integration to get started, and to be valued and sustained.

Expanding Data Sources and Analytic Techniques

Rooted in evidence-based practice and data-driven decision-making, public health brings rigor to the planning process. This adds important balance, according to one interviewee, who sees planning and community processes often being driven by anecdotal information. Health outcome and impact evaluations, which assess whether a solution is actually improving the problem that it intends to, are public health tools now being applied in planning – especially in transportation. Public health also brings an expanded menu of data sources and tools for analysis. When joined with other tools like GIS mapping, health data can give rich, insightful information about the impact of infrastructure investments and land use policies. Such data are being used to monitor progress, to determine geographic gaps, and to influence public policy.

Increasing Citizen Involvement with People-Focused, Participatory Planning

By engaging citizens as "lay planners," public health approaches inject community expertise into processes typically driven by professionals and elected leaders. To one interviewee, recognizing the knowledge and experience of citizens is an important role of their Public Health Program. Participatory planning tools also cultivate citizen buy-in and ease implementation by providing the space for differences in priorities to be identified and addressed. Such engagement adds a focus on people's relationships to places, including how places shape interactions between people.

Leveraging Health-Oriented Funding

The RPCs in this study described their agencies' public health efforts bringing in new funding from grants and contracts. Grants from the U.S. CDC, Housing and Urban Development's Sustainable Communities program and from state health departments were pivotal for several RPCs. MAPC's Public Health Department regularly shares a portion of grants with other departments (i.e., land use and transportation planning) to ensure staff have the time and resources to partner with them. The RPCs also reported providing their member communities with support to apply for and secure health-oriented grant funding.

Harnessing Cross-Sector and Inter-Agency Collaborations

Building strong working relationships with diverse stakeholders is an integral approach for public health. Bringing this tactic into regional planning is allowing RPCs to increase their capacity and tap a wider range of input on an ongoing basis. Partnering with healthcare and social service providers, along with other community-based organizations is providing a new set of champions and ensuring that a broad range of community needs are emphasized throughout the planning process.

Reframing Contentious Issues Around Shared Health Goals

Interview subjects agreed that health can be used as a galvanizing issue since whether conservative or progressive, community leaders generally agree that planning efforts should improve the well-being of all community members. Thus, focusing on how planning enables healthy communities can have a unifying effect. Including data and measures about the health benefits or harms of proposed plans, ordinances, and policies can aid with decision-making processes. It's important to note that successful reframing of issues around shared health goals requires stakeholder education and dialogue. One interviewee described how his team worked **through** their Board's concerns about mission creep by getting specific about the health issues they could address through transportation planning, such as air quality, safety related to auto crashes, and physical activity. They also educated their municipal stakeholders about the social determinants of health to explain how health factors into efforts to improve the economy, climate, and affordable housing.

OPPORTUNITIES AND RECOMMENDATIONS

Overall Recommendations

The following implementation recommendations were developed based on information gleaned from the interviews and the literature review. Written in language accessible to a lay audience, these are the same recommendations that included in the Stakeholder Brief (Appendix F).

Appoint Someone to "Carry the Water"

As Barry Keppard put it, "you need a steward or set of stewards who are given the time and supported with the capacity to figure out how it works for the agency to integrate it." Of the five RPCs included in this study, only Greater Boston's MAPC has a Public Health Department. At the other RPCs, public health efforts are led by planning or policy staff and public health projects make up a portion of their workload. In some cases, the steward has a degree in public health, but in others, the person is a planner who learned on the job.

Find an Institutional Partner

Forming a partnership with a local school of Public Health or Public Health institute has been a major capacity builder for the RPCs in this study. Madri Faul of KIPDA described partnering with the University of Louisville: "Finding ways to spread around the costs and the staffing for building coalition and hosting meetings has been really helpful," shared Faul.

Take the "Health-in-all-Policies"Approach

One of the most efficient ways to bring public health into an RPC's work is to capitalize on opportunities for including health considerations in local plans, ordinances, and policies. This might mean adding a health chapter to a comp plan, or including food access language in a zoning ordinance. At SCAG, public health analysis has become a full component of the Regional Transportation Plan.

Leverage Public Health Funding to Expand the Scope of Planning Efforts

The RPCs in this study reported using small amounts of health-oriented funding to add a health element in housing or transportation plans. Bringing dedicated funding helps to overcome resistance to expanding the scope.

Cross-Train Planning Staff

As noted above, public health efforts at RPCs rely on a staff person with public health expertise, who acts as an "integrationist" within the agency. The benefits of this effect can be multiplied planning professionals with cross-training. In the smaller RPCs, this is happening at staff meetings and through informal conversations.

Start Where the Momentum Is

"We got into public health through active transportation," said Emily Hultquist of CRCOG, "the connection there is so strong." Integrating health into active transportation planning was a clear starting point for ARC, MAPC, and SCAG too. For KIPDA, concern about seniors and aging in place has been a galvanizing issue.

Connect to Regional Priorities

Economic viability, the priority issue for towns and cities, is tied to the health of community members. Integrating public health into the toolbox at an RPC allows for a proactive stance on community challenges that are health-related.

Partner with Local Public Health

Local, regional, and state public health programs are a crucial partner in RPCs public health work. In many cases, these entities have funded public health work at RPCs.

Be Prepared for the Challenges

There are some inherent challenges to bringing public health into the work of an RPC, including the structures of committees that can create barriers to involvement by public health stakeholders, different languages of the professions, and the reality that factoring in health outcomes will bring to light negative aspects of approaches like smart growth. RPC staff agreed that while these issues may complicate the process, the outcomes are better.

Key Next Steps for GPCOG

GPCOG is well-poised to begin integrating public health approaches and tools. Here are a handful of recommendations for actions that could be taken in the next 6-12 months:

- Identify public health tools and approaches that align with priorities in the 2017 strategic plan. These can be included in the implementation plan. Public health is a dimension of several GPCOG member priorities, including Aging in Place and Expanding Public Transportation.

- Become a Field Experience placement site for the Muskie School's Master of Public Health Program, as a first step to developing a partnership.

- Seek capacity-building funds to enable GPCOG to include public health across a range of agency projects, as well as to support GPCOG as a convener for community public health initiatives. The anemic state of public health in Maine makes GPCOG's capacity to convene town and city leaders to address health at the regional scale even more valuable and needed.

- Tap the new Public Health Specialist to be the steward – providing links to health-sector partners, cross-training for staff, and public health input on projects.

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INTEGRATING PUBLIC HEALTH INTO PLANNING:
Innovative Practices at Regional Planning Councils

Master of Public Health Capstone | Zoe Miller
Advisor: Elise Bolda, PhD | Second Reader: Kristina Egan, M.A.

This Capstone project is designed to provide technical expertise to Greater Portland Council of Governments (GPCOG), the Regional Planning Council (RPC) for Cumberland County, Maine. GPCOG leadership wants to ensure the organization has access to the resources and tools of the public health sector. GPCOG wants to be ready with answers when towns ask "how do we incorporate public health?"

This project will identify tools and approaches that leading RPCs are using to successfully integrate public health into planning in their regions. This project is designed to respond to two questions posed by GPCOG:

1. What are promising practices for embedding public health in the community planning and development efforts of regional planning councils?
2. How can this be done in a way that is financially sustainable?

GOALS

Goal I. Determine the promising practices for integrating public health into community planning at the municipal and regional level.

Goal II. Identify the conditions, approaches, and funding mechanisms that enable Regional Planning Councils to integrate public health with regional and municipal planning.

METHODS

This project will be carried out in three phases:

1. A review of peer-reviewed and gray literature;
2. Data collection in the form of key informant interviews;
3. Development of recommendations based on learnings from the literature and interviews.

INNOVATIVE COUNCILS

The list below includes RPCs that are incorporating public health into planning on some level, as identified through the literature review. This list of 16 must be narrowed down to five to approach for interviews.

	Regional Planning Council	State
1	The Maricopa Association of Governments	AZ
2	Sacramento Area COG	CA
3	San Diego Association of Governments	CA
4	Southern California Association of Governments	CA
5	Northeast Florida Regional Council (NEFRC)	FL
6	Atlanta Regional Commission	GA
7	Chatham County Metro Planning Commission	GA
8	Metropolitan Area Planning Council (MAPC)	MA
9	Franklin Regional COG	MA
10	Valleys Planning Council	MD
11	Southeast Michigan COG (SEMCOG)	MI
12	Nashua Regional Planning Commission	NH
13	The Delaware Valley Regional Planning Commission	PA
14	North Central Texas COG	TX
15	Wasatch Front Regional Council	UT
16	Puget Sound Regional Council	WA

DRAFT INTERVIEW QUESTIONS

Interviews will explore the conditions, approaches, and funding mechanisms that enable incorporation of public health into planning at RPCs. Interviews will be one hour and include one to three participants. Current questions:

1. How did efforts to incorporate public health into planning begin at your Council? Who took the lead and why [champions]?

2. What barriers have you faced to incorporating PH into work at your organization – either at the start or any other point? (These might be internal, such as reluctance of members, or external). Do you think the history of RPCs and COGs factors into these

barriers? How?

3. What issues, events, and/or data have contributed to Council members and the community valuing integration work? In other words, how did you create buy-in and enthusiasm from your government constituents? How did you convince members that it is valuable and doable?

4. How long did it take for public health to become a part of the agency's core mission? If this is not yet the case, do you expect that it will become part of core mission?

5. Of the public health tools and techniques you use, which are most valued and requested by your member communities?

6. What health issues are most often being addressed?

7. How are your public health-oriented efforts financed?

8. How have you operationalized public health integration at your Council, in terms of staffing, professional development, and organizational structure?

9. What actions and strategies does the agency use to impart the importance of public health to town leaders and obtain buy-in from members and stakeholders?

10. It is still unique for Councils to be doing this work. Why do you think that is? What changes do you think are needed for more Councils to be able to do this?

11. Any final advice for other RPCs considering incorporating public health?

University of Southern Maine
CONSENT FOR PARTCIPATION IN RESEARCH

Project Title: *Integrating Public Health Into Planning*

Principal Investigator(s): *Zoe Miller, MPH Candidate; Elise Bolda, PhD., Faculty Advisor*

Introduction:
- Please read this form, you may also request that the form is read to you. The purpose of this form is to provide you with information about this research study, and if you choose to participate, document your decision.
- You are encouraged to ask any questions that you may have about this study, now, during or after the project is complete. You can take as much time as you need to decide whether or not you want to participate. Your participation is voluntary.

Why is this study being done?
- This study seeks to illuminate the role played by Regional Planning Councils in integrating public health with regional and municipal planning. Specifically, this study looks to identify the conditions, approaches, and funding mechanisms that enable Councils to do this work.

Who will be in this study?
- You have been identified as a key informant based on your role at a Regional Planning Council that integrates public health practices into planning.
- Staff at five Councils will be interviewed for this study – up to a possible total of 15 participants.

What will I be asked to do?
- Participate in a one hour interview conducted by Zoe Miller.
- You will not receive any reimbursement or compensation for participation in this project.

What are the possible risks of taking part in this study?
- Though very unlikely, participation in this project may cause professional harm. Participants will be named in the acknowledgements section of the report. Statements made during interviews will be quoted or paraphrased in the final Capstone report. Thus, responses will be associated with participants' names and made public.
- To minimize possible professional harm, the principal investigator will begin interviews with a discussion about what the participant is willing to have on the record. The PI will ask permission to identify the participants and to ascribe quotes. The PI will also ask them to note if things they are saying need to be kept out of report or ascribed obliquely. The PI will also offer to send text of what she will be quoting for their review in advance of publishing.

What are the possible benefits of taking part in this study?
- A benefit of participation is public acknowledgement and connections with others in the field.

What will it cost me?
- Participants are not expected to incur any costs as a result of participation in the research.

How will my privacy be protected?
- Privacy is not a condition of this study. As mentioned above, names of participants will be shared in the final report. Still, the Principal Investigator will omit information or statements per request of the participants. The PI is willing to send text of what she will be quoting for participants' review in advance of publishing.

How will my data be kept confidential?
- Participation in this study is not anonymous.
- Data will be stored on a password protected computer and cloud storage.
- Please note that regulatory agencies, and the Institutional Review Board may review the research records.
- A copy of your signed consent form will be maintained by the Principal Investigator for at least 3 years after the project is complete before it is destroyed. The consent forms will be stored in a secure location.
- An audio recording will be made of the interview for use only by Zoe Miller in creating an accurate transcript. This recording will be erased when the project is completed in May 2017.
- Research findings will be provided to participants.

What are my rights as a research participant?
- Your participation is voluntary. Your decision to participate will have no impact on your current or future relations with the University of Southern Maine.
- You may skip or refuse to answer any question for any reason.
- If you choose not to participate, there is no penalty to you and you will not lose any benefits that you are otherwise entitled to receive. You are free to withdraw from this research study at any time, for any reason. If you choose to withdraw from the research there will be no penalty to you and you will not lose any benefits that you are otherwise entitled to receive.

Whom may I contact with questions?
- The researcher conducting this study is Zoe Miller. For questions or more information concerning this research you may contact her at zoe.miller@maine.edu 207-838-8382.
- If you choose to participate in this research study and believe you may have suffered a research related injury, please contact Elise Bolda, PhD. at elise.bolda@maine.edu.

- If you have any questions or concerns about your rights as a research participant, you may call the USM Human Protections Administrator at (207) 228-8434 and/or email usmorio@maine.edu.

Will I receive a copy of this consent form?
- You will be given a copy of this consent form.

_____

Participant's Statement

I understand the above description of this research and the risks and benefits associated with my participation as a research participant. I agree to take part in the research and do so voluntarily.

_____   _____
Participant's signature or   Date
Legally authorized representative

_____
Printed name

Researcher's Statement

The participant named above had sufficient time to consider the information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

_____   _____
Researcher's signature   Date

_____
Printed name

Email Recruitment Letter
Capstone Project: Integrating Public Health Into Planning

Subject: Requesting your input for my Masters Capstone project: Public Health and Regional Planning Councils

Dear _____,

I hope this email finds you well! I'm reaching out in hopes of talking with you for my Public Health Masters Capstone project "Integrating Public Health Into Planning" which is focused on identifying the conditions, approaches, and funding mechanisms that are enabling Regional Planning Councils to inject public health into regional and municipal planning.

I have been working in public health for almost 17 years and am passionate about integrating health into planning and community development. I recently joined the staff of the Greater Portland Council of Governments here in Maine, which means that I will be able to use my Capstone results to inform our future work. A brief, containing recommendations based on the interviews will be shared with the Greater Portland Council of Governments Board, staff and stakeholders. All interview subjects will receive a copy of the completed report. I will also be exploring options for sharing the results with the public health and planning communities at future conferences.

[Name of referent] recommended you as a good resource for this project. I would like to schedule a one hour interview with you -- and if appropriate, 1-2 other [name of regional planning council] staff who can speak to your efforts to bring public health into planning. I would send the questions in advance of the interview. I plan to complete the interviews between March 20th-April 7th. Please let me know if this is something you would have time for.

I hope to talk with you soon! Best, Zoe

Zoe Miller, Public Health Consultant
MPH Candidate - Muskie School of Public Service
207-838-8382
Tapping Community Engagement to Build Equity and Improve Health

NOTICE OF IRB REVIEW AND APPROVAL

DATE:	April 10, 2017
TO:	Zoe Miller, Muskie School of Public Service
	Elise Bolda, Muskie School of Public Service
FROM:	Casey Webster, Human Protections Administrator, USM IRB
PROTOCOL TITLE:	Integrating Public Health Into Planning
FUNDING SOURCE:	NONE
PROTOCOL NUMBER:	17-03-905
APPROVAL PERIOD:	Approval Date: April 10, 2017 Expiration Date: April 09, 2018

The project identified above has been reviewed by the University of Southern Maine's Institutional Review Board (IRB) for the Protection of Human Subjects in Research using an expedited review procedure per Title 45 CFR Part 46.110. This approval is based on the assumption that the materials, including changes/clarifications that you submitted to the IRB contain a complete and accurate description of all the ways in which human subjects are involved in your research.

This approval is given with the following terms:

1. You are approved to conduct this research only during the period of approval cited above;

2. You will conduct the research according to the plans and protocol submitted;

3. You will immediately inform the Office of Research Integrity and Outreach (ORIO) of any injuries or adverse research events involving subjects;

4. You will immediately request approval from the IRB of any proposed changes in your research, and you will not initiate any changes until they have been reviewed and approved by the IRB;

5. You will only use the informed consent document that has the IRB approval dates marked in the footer;

6. You will give each research subject a copy of the informed consent document;

7. As applicable, you will comply with the University of Maine Information Security Policy and Standards and/or the Muskie School of Public Service Securing Protected Information Policies and Procedures and any other applicable USM polices or procedures;

8. If your research is anticipated to continue beyond the IRB approval dates, you must request continuing review at least 60 days prior to the IRB approval expiration date; and

9. You will close the project upon completion (or discontinued).

The University appreciates your efforts to conduct research in compliance with the federal regulations that have been established to ensure the protection of human subjects in research.

Sincerely,

Casey E. Webster

Casey Webster

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Thanks again for talking with me today! My research is exploring the conditions, and approaches that enable incorporation of public health into planning at RPCs. It is still unique for Councils to be doing this work. I'm interested in hearing your thoughts on why that is and what changes are needed for more Councils to be able to do this.

I will be drafting a report that names participants in the acknowledgements section of the report. Statements made during interviews will be quoted or paraphrased in this report. Thus, responses will be associated with your name and made public. Do I have your permission to identify you and to ascribe quotes? In the instance that things you say things that need to be kept out of report or ascribed obliquely, I would ask you to note that. Finally, I am happy to send text of what I will be quoting for your review in advance of publishing. Is that something you would like me to do?

1. Let's jump in! How did efforts to incorporate public health into planning begin at your organization?

2. What issues, events, and information have contributed to your members valuing integration work? In other words, how did you create buy-in and enthusiasm from your government constituents? [Optional prompt: What health issues are most often being addressed?]

3. What barriers have you faced to incorporating PH into work at your organization [Optional prompt: Either at the start or any other point? These might be internal, such as reluctance of members, or external, historical?]

4. Does the agency consider public health to be a part of the agency's core mission? [If yes, how long did it take? If no, do you think it's likely?]

5. Of the public health tools and techniques you use, which are most valued and requested by

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your member communities? [Optional prompt: What health issues are most often being addressed?]

6. How have you operationalized public health integration at your organization, in terms of staffing, professional development, and organizational structure? [Optional prompt: How are your public health-oriented efforts financed?]

7. What actions and strategies does the agency use to impart the importance of public health to town leaders and obtain buy-in from members and stakeholders?

8. Any final advice for other Regional Planning Councils considering incorporating public health?

PLANNING for VIBRANT COMMUNITIES:
Recommendations for Integrating Public Health into Regional Planning

Prepared for Greater Portland
Council of Governments

Zoe Miller, MPH Candidate
May 2017

University of Southern Maine
Muskie School of Public Service

INTRODUCTION

Human health is shaped by the places where people live, work, learn, and play. A growing body of evidence details the role of the man-made environment in supporting or limiting health and well-being. Many towns and cities around the U.S. are experimenting with planning approaches that take this into account. Motivated by the need to address epidemic rates of obesity-related diseases, mental illness, and substance use disorders, communities are turning to public health. They seek tools and approaches that can be applied to community design, economic development, and transportation planning – and assist with convening community-based responses. Unlike the field of medicine, public health seeks to improve the health of entire populations through prevention, education, and systems change. Public health includes a focus on reducing disparities in health across age, income, and race.

Regional Planning Councils (RPCs) have a key role to play in supporting towns, cities, and regions to benefit from public health approaches. As conveners and providers of technical assistance, RPCs are uniquely poised to advance the use of public health tools by their member communities. Some RPCs are already using public health indicators in their transportation planning, especially related to walking and bicycling. Others are integrating public health into economic development, housing, and land use planning. These innovative agencies are using public health approaches and tools to bring new funding, enhanced stakeholder engagement, and expanded data analysis techniques to their member communities.

Youth give input on transportation and recreation for a neighborhood Master Plan in South Portland, ME

This document summarizes findings from a Muskie School of Public Service Capstone Project that sought to identify the tools, approaches, and conditions that are enabling RPCs to incorporate public health into planning. The project was designed to provide guidance to the Greater Portland Council of Governments (GPCOG) in conjunction with the agency's 2017 strategic planning process. GPCOG is the RPC for 26 municipalities in Cumberland County, Maine. The recommendations contained here are based on a review of the literature related to public health in planning, as well as on interviews conducted with staff from five pioneering RPCs (see page 5). Staff shared their success stories, challenges, and advice.

Children do yoga on Main Street during an Open Streets event in Westbrook, ME

Tools for Incorporating Public Health in Regional Planning

Numerous resources for integrating public health into planning at the city/town and regional level are now readily available. Those most used and valued for integrating health into planning are described briefly here.

HEALTH IMPACT ASSESSMENT (HIA) HIA is a tool used to inform decision-making about proposed laws, regulations, policies, projects, and programs. The HIA uses quantitative data, health expertise, and stakeholder input to identify positive and negative health impacts. An HIA can be completed in limited time, through the "rapid" or "desktop" model, while the comprehensive approach requires several months to a year. HIAs allow for collaboration and relationship-building among planners, public health professionals, and other sectors. **"**HIA works well with the MPO and COG structures," said Byron Rushing of ARC, "because it tends to mirror, by design, the other federally mandated review processes."

METRICS FOR PLANNING HEALTHY COMMUNITIES Health-oriented performance measures and indicators are starting to be used to factor health into transportation and land use plans, to score funding applications, and to craft regulations. RPCs and Metropolitan Planning Organizations (MPOs) in Tennessee, California and North Carolina are leading the way on promoting public health through performance measures. Livability indicators are being used at the local and even neighborhoods level to identify areas in need of improvement and to expose factors responsible for poor health.

HEALTHY PLANNING TOOLKITS Several notable toolkits have been designed for use by planners. These include Urban Land Institute's Building Healthy Places Toolkit, Harvard's Creating Healthy Neighborhoods Toolkit, and American Planning Association's Healthy Community Design Toolkit, created with the U.S. Centers for Disease Control and Prevention.

HEALTH-IN-ALL-POLICIES (HIAP) Cities, towns, and regions are using the HIAP approach to make health, sustainability, and equity considerations a part of all decision-making – across sectors and policy areas. Some jurisdictions have adopted a HIAP ordinance, based on the community characteristics and needs.

HEALTHY ZONING AND POLICIES So-called "healthy zoning" and "Healthy Eating Active Living" (HEAL) ordinances are providing towns and cities with templates and models to adopt health-supporting local development codes and regulatory language. Healthy zoning is supportive of urban agriculture, community gardens, mobile fruit and vegetable vendors, farmers' markets, limits on fast food outlets and advertising, mixed use and transit-oriented development, as well as street scale improvements that include pedestrian and bicycle infrastructure. Complete Streets policies, which require transportation projects to consider the needs of all users, are a common approach for addressing built environment barriers to active transportation.

HEALTH ELEMENTS IN TRANSPORTATION, LAND USE, AND HOUSING PLANS Health data lends itself well to inclusion in many planning documents. SCAG has begun including a public health chapter in its regional transportation plan that offers analysis of related health outcomes. CRCOG provides sample plan language and templates for its members on its website.

CROSS-TRAINING FOR DECISION-MAKERS Integration efforts are most successful when municipal officials, elected leaders, and members of committees have some familiarity with public health concepts. A shared understanding of how planning relates to the "social determinants of health" is especially helpful. These are the circumstances in which people are born, grow, live, work and age, that are shaped by income, education, race/ethnicity, gender, and geography.

Approaches for Integrating Public Health at Regional Planning Councils

Following are the five approaches common to the RPCs looked at closely in this study. These are the processes and practices that have enabled public health integration to get started, and to be valued and sustained.

EXPANDING DATA SOURCES AND ANALYTIC TECHNIQUES

Rooted in evidence-based practice and data-driven decision-making, public health brings rigor to the planning process. This adds important balance, according to one interview subject, who sees planning and community processes often being driven by anecdotal information. Outcome and impact evaluations, which assess whether a solution is actually improving the problem that it intends to, are public health tools now being applied in planning – especially in transportation. Public health also brings an expanded menu of data sources and tools for analysis. When joined with planning tools like GIS mapping, health data can give rich, insightful information about the impact of infrastructure investments and land use policies. Such data is being used to monitor progress, to determine geographic gaps, and to influence public policy.

INCREASING CITIZEN INVOLVEMENT WITH PEOPLE-FOCUSED, PARTICIPATORY PLANNING

By engaging citizens as "lay planners," public health approaches inject community expertise into processes typically driven by professionals and elected leaders. To MAPC's Barry Keppard, recognizing the knowledge and experience of citizens is an important role of their Public Health Program. Participatory planning tools also cultivate citizen buy-in and ease implementation by providing the space for differences in priorities to be identified and addressed. Such engagement adds a focus on people's relationships to places, including how places shape interactions between people.

Teens play the role of traffic engineers for the day, assessing walkability at a major intersection in Portland, ME

LEVERAGING HEALTH-ORIENTED FUNDING

The RPCs in this study described their agency's public health efforts bringing in new funding from grants and contracts. Grants from the U.S. CDC, Housing and Urban Development's Sustainable Communities program and from state health departments were pivotal for several RPCs. MAPC's Public Health Department regularly shares a portion of grants with other departments (i.e., land use and transportation planning) to ensure staff have the time and resources to partner with them. The RPCs also reported providing their member communities with support to apply for and secure health-oriented funding.

Approaches for Integrating Public Health at RPCs (continued)

HARNESSING CROSS-SECTOR AND INTER-AGENCY COLLABORATIONS

Building strong working relationships with diverse stakeholders is an integral approach for public health. Bringing this tactic into regional planning is allowing RPCs to increase their capacity and tap a wider range of input on an ongoing basis. Partnering with healthcare and social service providers, along with other community-based organizations is providing a new set of champions and ensuring that a broad range of community needs are emphasized throughout the planning process.

A cross-sector group of community leaders meet for the Invest Health project in Portland, ME

REFRAMING CONTENTIOUS ISSUES AROUND SHARED HEALTH GOALS

Most community leaders agree that planning efforts should improve the well-being of all social groups. Thus, focusing on how planning enables healthy communities can have a unifying effect. Including data and measures about the health benefits or harms of proposed plans, ordinances, and policies can aid with decision-making processes. It's important to note that successful reframing of issues around shared health goals will require stakeholder education and dialogue. SCAG's Rye Baerg described how his team worked through their Board's concerns about mission creep by getting specific about the health issues SCAG could address through transportation planning, such as air quality, safety related to auto crashes, and physical activity. They also educated their municipal stakeholders about the social determinants of health to explain how health factors into work on the economy, climate, and affordable housing.

Innovative Regional Planning Councils: Staff Interviewed for this Study

- Byron Rushing, Bicycling & Pedestrian Planner: Atlanta Regional Commission (ARC) — Based in Atlanta, GA
- Emily Hultquist, Principal Planner and Policy Analyst: Capital Region Council of Governments (CRCOG) — based in Hartford, CT
- Madri Faul, Special Projects Coordinator: Kentuckiana Regional Planning and Development Agency — based in Louisville, KY
- Barry Keppard, Public Health Department Manager: Metropolitan Area Planning Commission (MAPC) — based in Boston, MA
- Rye Baerg, Senior Regional Planner: Southern California Association of Governments (SCAG) — based in Los Angeles, CA

Implementation Recommendations

Appoint someone to "carry the water": As Barry Keppard put it, "you need a steward or set of stewards who are given the time and supported with the capacity to figure out how it works for the agency to integrate it." Of the five RPCs included in this study, only Greater Boston's MAPC has a Public Health Department. At the other RPCs, public health efforts are led by planning or policy staff and public health projects make up a portion of their workload. In some cases the steward has a degree in public health, but in others, the person is a planner who learned on the job.

Find an Institutional Partner: Forming a partnership with a local school of Public Health or Public Health institute has been a major capacity builder for the RPCs in this study. Madri Faul of KIPDA described partnering with the University of Louisville: "Finding ways to spread around the costs and the staffing for building coalition and hosting meetings has been really helpful," shared Faul.

Take the "Health-in-all-Policies" approach: One of the most efficient ways to bring public health into an RPC's work is to capitalize on opportunities for including health considerations in local plans, ordinances, and policies. This might mean adding a health chapter to a comp plan, or including food access language in a zoning ordinance. At SCAG, public health analysis has become a full component of the Regional Transportation Plan.

Leverage public health funding to expand the scope of planning efforts: The RPCs in this study reported using small amounts of health-oriented funding to add a health element in housing or transportation plans. Bringing dedicated funding helps to overcome resistance to expanding the scope.

Cross-train planning staff: As noted above, public health efforts at RPCs rely on a staff person with public health expertise, who acts as an "integrationist" within the agency. The benefits of this effect can be multiplied planning professionals with cross-training. In the smaller RPCs, this is happening at staff meetings and through informal conversations.

Start where the momentum is: "We got into public health through active transportation," said Emily Hultquist of CRCOG, "the connection there is so strong." Integrating health into active transportation planning was a clear starting point for ARC, MAPC, and SCAG too. For KIPDA, concern about seniors and aging in place has been a galvanizing issue.

Connect to Regional Priorities: Economic viability, the priority issue for towns and cities, is tied to the health of community members. Integrating public health into the toolbox at an RPC allows for a proactive stance on community challenges that are health-related.

Partner with Local Public Health: Local, regional, and state public health programs are a crucial partner in RPCs public health work. In many cases, these entities have funded public health work at RPCs.

Be Prepared for the Challenges: There are some inherent challenges to bringing public health into the work of an RPC, including the structures of committees that can create barriers to involvement by public health stakeholders, different languages of the professions, and the reality that factoring in health outcomes will bring to light negative aspects of approaches like smart growth. RPC staff agreed that while these issues may complicate the process, the outcomes are better.

Key Next Steps For GPCOG

GPCOG is well-poised to begin integrating public health approaches and tools. Here are a handful of recommendations for actions that could be taken in the next 6-12 months:

- Identify public health tools and approaches that align with priorities in the 2017 strategic plan. These can be included in the implementation plan. Public health is a dimension of several GPCOG member priorities, including Aging in Place and Expanding Public Transportation.

- Become a Field Experience placement site for the Muskie School's Master of Public Health Program, as a first step to developing a partnership.

- Seek capacity-building funds to enable GPCOG to include public health across a range of agency projects, as well as to support GPCOG as a convener for community public health initiatives. The anemic state of public health in Maine makes GPCOG's capacity to convene town and city leaders to address health at the regional scale even more valuable and needed.

- Tap the new Public Health Specialist to be the steward – providing links to health-sector partners, cross-training for staff, and public health input on projects.

Resources

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