

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

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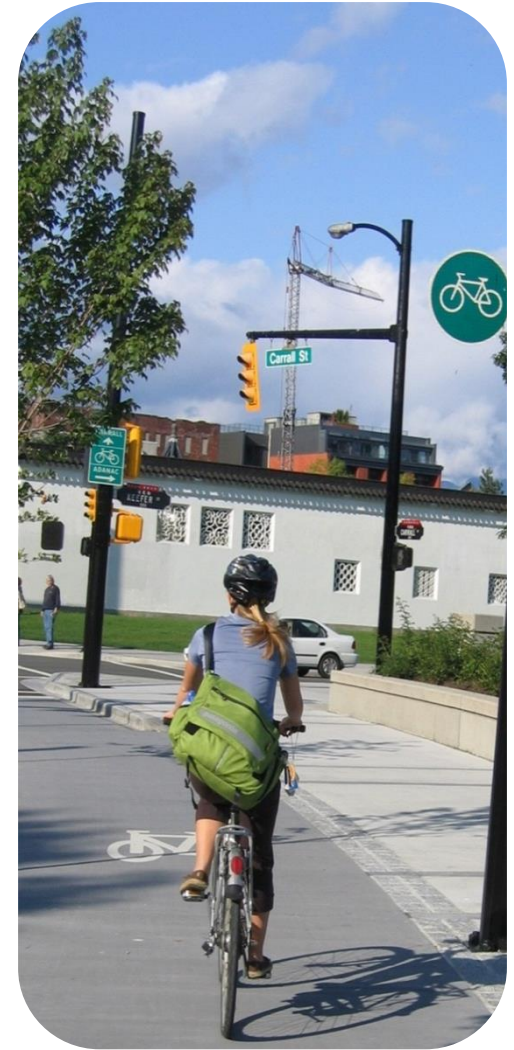
# Acknowledgement

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# 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



TRB, 2005; CDC, 2010; Teutsh, 2016

# 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



Goins KV et al. Am J Prev Med. 2016 Jan;50(1):57-68.

Lemon SC et al. Am J Health Promot. 2015 Sep-Oct;30(1):42-9.

Goins KV et al. J Public Health Manag Pract. 2013 May-Jun;19(3 Suppl 1):S65-73.

# 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

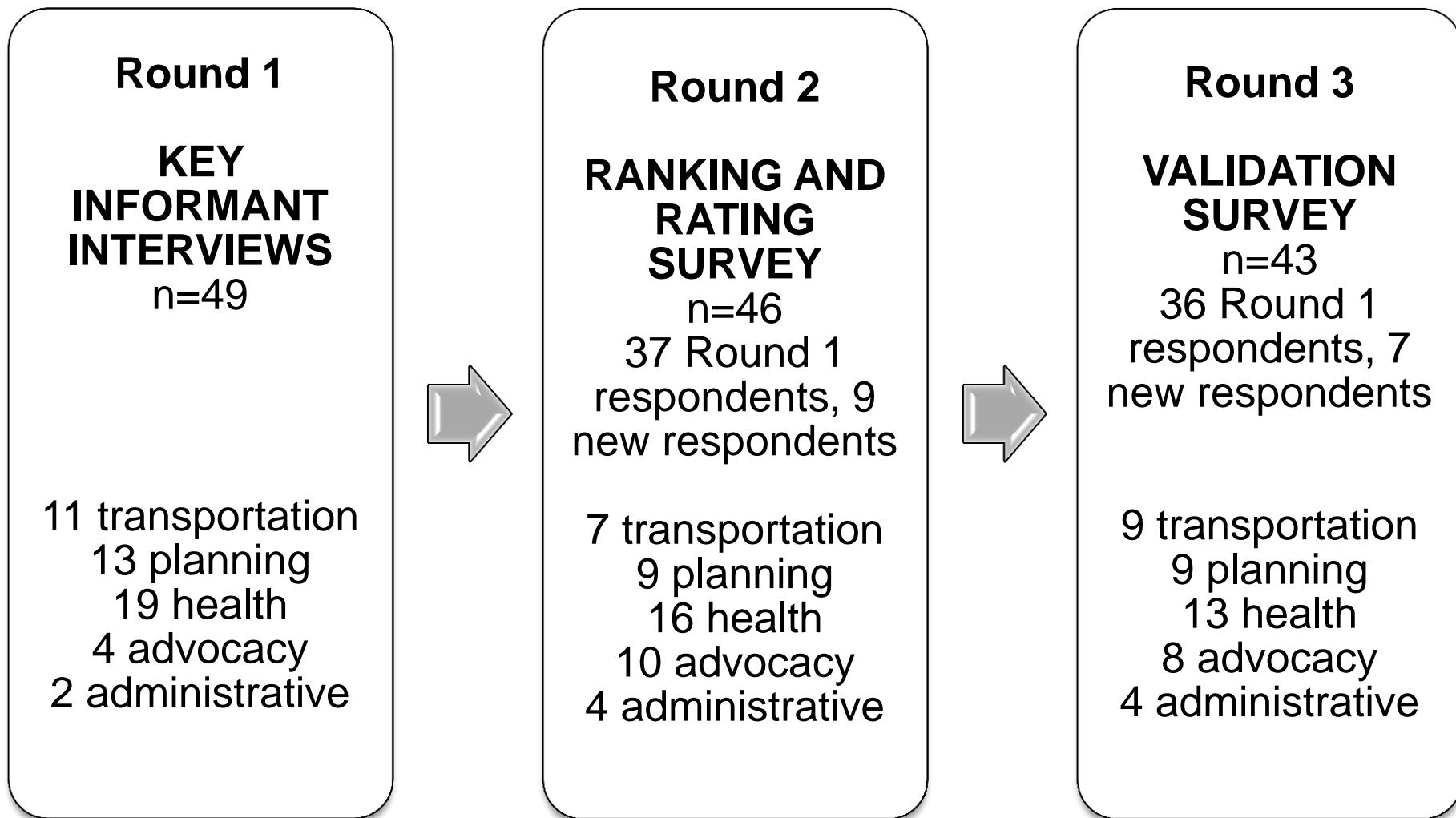


- Strengthen capacity overtime by outlining options for next steps



- Be useful for LHDs with varying resources

# Methods: Modified Delphi Process





# Round 1 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

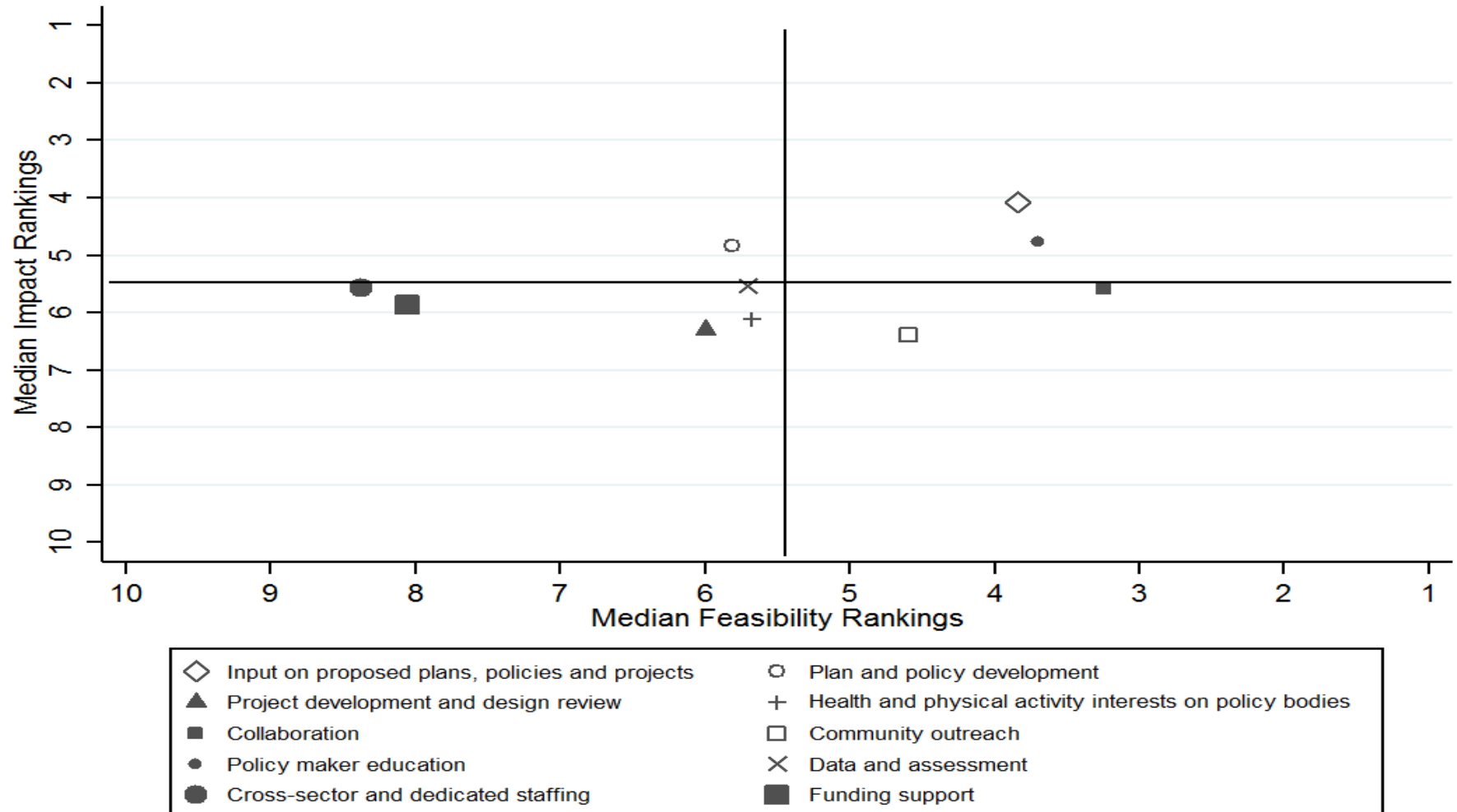
- Collaborative grants, Funding allocation

# 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



# Round 3 results: Agreement with resource

## Least Resources

Collaboration with other public officials	93.0%
Public outreach to community	60.5%
Review and comment on plans, policies, projects	76.7%
Represent health and physical activity interests on land use or transportation policy board	86.1%
Policy maker education	72.1%

## 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

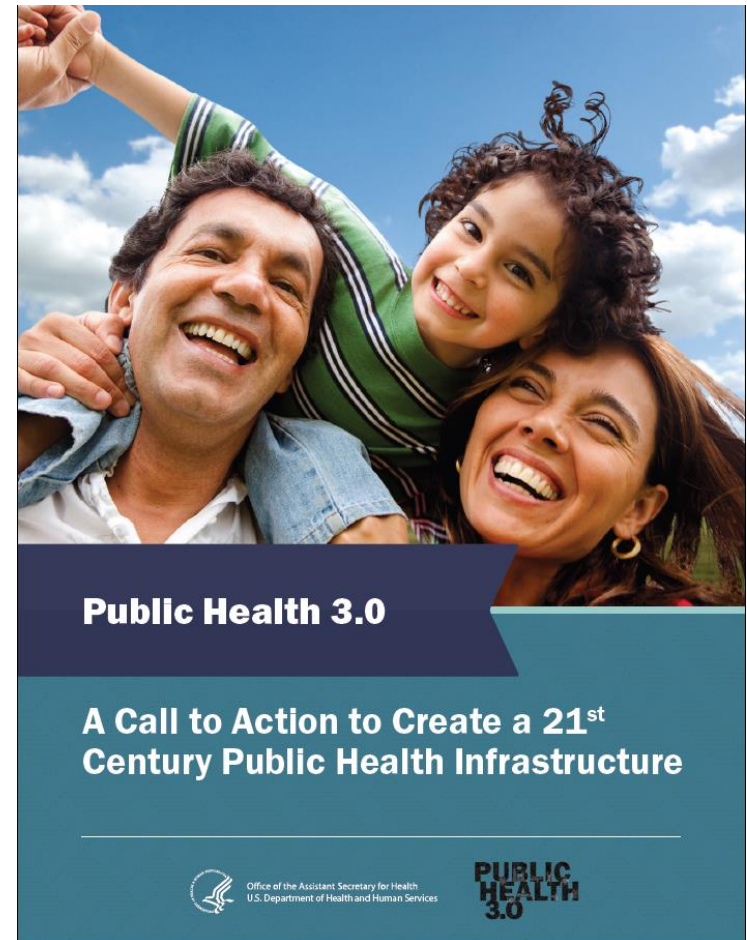
- Employed purposeful and snowball sampling methods
- Small sample size

## 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

# Discussion

- 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**



NAACHO, 2012; CDC STLT, 2010;



# Our next steps

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



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