

Oregon Planners4Health  
**HEALTH AND PLANNING**  
Assessment



# Oregon Planners4Health

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## Assessment

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The Oregon Chapter of the American Planning Association (OAPA) would like to thank the Planners4Health Task Force members for their invaluable support and help with this project:

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### **About OAPA**

The Oregon Chapter of the American Planning Association (OAPA) is an independent, statewide, not-for-profit educational organization with approximately 850 members. OAPA provides leadership in the development of thriving communities by: (1) advocating excellence in community planning, (2) promoting education about planning issues and citizen empowerment, and (3) providing the tools and resources necessary to meet the challenges of growth and change. Thriving communities are inclusive and diverse communities with strong economies, a healthy environment, and healthy people. They provide multiple options to get around as well as recreational, employment, and housing choices for all ages and abilities.

Find out more about OAPA at [www.oregonapa.org](http://www.oregonapa.org).

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**Cover Photo:** Fred Joe Photography.

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# INTRODUCTION

## Health is an increasingly important issue for the Oregon Chapter of the American Planning Association (OAPA) and its members.

While planners regularly talk about transportation, downtowns, comprehensive plans, and access to parks and trails (among many other things), only recently have planners discussed in any detail the connection between the built environment and public health.

According to the Oregon Health Authority, nearly 4 out of 5 Oregon adults have a risk factor for chronic disease that would improve with better diet and more exercise. OPB reported in May 2017 (*How Oregon is Trying to Fix Its Chronic Disease Problem*, May 17, 2017) that Oregonians spend \$8 billion per year treating chronic disease—that’s 85% of all health care dollars spent in the state. For Oregonians to be healthier, we have to make the healthy choice the easy choice. Planning Departments and County

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*“Over the last ten years, many planners, public health practitioners and even the general public have grown to understand the connection between health and transportation. This trend creates the opportunity to account for health impacts in how we plan and invest in our communities. People get this. Even regular people get this. There is no excuse not to act.”*

—Chris Rall, *Transportation for America*, Program Manager

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Health Departments are starting to work together across the state to ensure that the policies and plans adopted and implemented improve health.

With funding support from the American Planning Association,

the American Public Health Association, and the Centers for Disease Control and Prevention, the Oregon Chapter of the American Planning Association (OAPA) is working with other statewide partners including the Oregon Public Health Association, University of Oregon, the Oregon Transportation Growth Management Program, City of Tigard, Oregon Health Authority, 1000 Friends of Oregon, and Umatilla County to assess how OAPA can work with our members and these partners to improve health through planning.

To complete the assessment, OAPA conducted 27 interviews, three

focus groups, and a statewide survey. Additionally, OAPA reviewed best practices from around the country, and policies and programs from communities around Oregon. OAPA also incorporated the lessons learned from the Umatilla County Plan4Health project completed in February 2017, and the Lincoln County Community Assistance Planning Project completed in June 2017 into the recommendations.

This assessment sheds light on the current efforts and identifies some of the challenges and opportunities associated with planning for healthier communities. The results will be incorporated into the next update of OAPA’s strategic plan (2018) and guide the work of OAPA programs, including topics for trainings and webinars, education and outreach, and our policy agenda.

OAPA will continue to work with organizations and individuals that care about health and planning to leverage resources and programs. Together, we can do much more to improve health.

## What does land use planning have to do with health?

How we design our communities has a lot to do with how easy it is to get healthy food and physical activity on a regular basis. Many communities today, particularly low-income communities, often have a lot of fast-food restaurants and convenience stores, but few grocery stores with fresh produce and healthy food. In 2013, OPB reported that 40% of Portland residents live more than a mile from a grocery store. For those people that don’t have a car, getting groceries home can be particularly challenging. Access to healthy food isn’t just a city issue, it is a challenge for people living in rural areas as well. In Umatilla County, for example, many people live over an hour drive from a grocery store.

How we design our communities also determines how easy it is to get exercise. Many communities are designed with parks, housing, shopping, jobs, and schools over a mile apart, making driving the only option for transportation. Many communities lack parks entirely. Roads are too often designed for cars, and not designed for people to comfortably or safely walk or bike. When driving is the only option, people lose out on the opportunity to get exercise by biking or walking to school, work, shopping, or for recreation.

# WHAT MAKES A NEIGHBORHOOD

# Walkable?



**Density** – Generally, the higher the concentration of residents, jobs, and shops within a given area, the more walkable that area is.

**Mixed Uses** - People walk more if they have a proper balance of uses (housing shopping, work, recreation, etc.) within walking distance of each other.

**Active Street Levels** – Buildings that form an attractive, transparent (windowed), and engaging “street wall” with lots of shops, restaurants, and other “active” ground-floor uses encourage walking.

**Traffic calming** – Measures like raised crosswalks, traffic circles, and narrower lanes make drivers slow down and be more alert, thereby enhancing pedestrian and driver safety.

**Transit** – Walkability and transit go hand in hand. Transit vastly extends the range of people’s walks, and it performs best in dense, walkable neighborhoods.

**Sidewalks** – The most walkable neighborhoods have wide, well maintained sidewalks, preferably detached from the street curb and enhanced by amenities like benches, landscaping and pedestrian-scale lighting.

**Crosswalks** – Frequent and well-marked crosswalks increase pedestrian safety and convenience.

**Trees** – In addition to their environmental and economic benefits, trees help create pleasant, attractive streetscapes and serve as a barrier between pedestrians and traffic.

**Parking** – Allowing parking supply and prices to be determined by market demand (rather than excessive parking requirements) promotes walking, discourages driving, and creates more inviting pedestrian environments.



Infographic courtesy of Walk Denver.

## WHAT WE LEARNED

This section describes the activities completed for this assessment. It includes research conducted by the University of Oregon on national best practices, as well as examples in Oregon of community plans, programs, and activities that aim to improve health through planning. In addition, OAPA interviewed stakeholders and held focus group meetings, reviewed the lessons learned from the Umatilla County Plan4Health project and the Lincoln County CAPP project. Finally, OAPA surveyed planners around the state to better understand opportunities and challenges to incorporating health into planning activities.

## BEST PRACTICES

Planning and public health officials across the country are creating new and innovative programs and policies with the goal of improving health through planning. One of the best places to get comprehensive information about health and planning is the American Planning Association's **PAS (Planning Advisory Service) Essential Info Packet on Planning and Zoning for Health in the Built Environment**. This document includes links to plans and regulations from around the country, including some listed in the next section from Oregon. In addition, comprehensive research about health and planning can be found at **Active Living Research**. A more comprehensive list can be found in **Appendix A**.

### **Incorporating public health into comprehensive plans**

Several cities have incorporated public health directly into their comprehensive plan, including the City of Beaverton, the City of Gresham, the City of Portland, and the unincorporated community of Tumalo in Central Oregon (see more on page 4).

Several organizations have created guidelines or assessment tools to help planners evaluate comprehensive plans for health, including the **Healthy Communities Comprehensive Plan Assessment Tool** (State of Delaware); the **Healthy Comprehensive Plan Assessment Tool**; and **Design for Health - Planning Information Sheet: Integrating Health into Comprehensive Planning** (ChangeLab Solutions).

### **Incorporating public health into other plans and processes**

Many organizations have created handbooks and guides that incorporate health into other plans and processes. For example, the CDC has created several tools including ones for **parks plans**, **transportation plans**, the **built environment**, and a **healthy community design checklist**. The National Center for Bicycling & Walking created a **guide for increasing physical activity through community design**.

Several organizations in Oregon also focus on children. Benton County, for example, created a **resource guide and report** that promotes changes to local policies, systems, and environments for healthy living. For those in rural areas, Oregon State University's **Grow Healthy Kids and Communities** is a guidebook that provides tools for rural communities to create healthy environments for children.

### **Policies and actions to improve the built environment in Community Health Improvement Plans (CHIPs)**

Just as planners should recognize the connection between land use and public health, public health professionals should make an effort to reach out to planners (who can influence long term land use changes through their work). As the document intended to provide a guide for public health professionals, CHIPs should clearly identify strategies for connecting with planning activities and advocating for plans that emphasize human health.

Two examples of CHIPs that incorporate changes to the built environment are **Coos County** and **Klamath County**.

### **Conducting Health Impact Assessments (HIAs) to inform planning processes**

HIAs use a flexible, data-driven approach to identify the health consequences of policies (land use decisions, etc.). Such assessments then allow organizations to develop practical strategies and enhance their health benefits while minimizing adverse effects. The American Planning Association created a guide titled **Health Impact Assessment's Role in Planning** and the Pew Charitable Trust created the **Health Impact Project** that presents information and case studies on HIAs.

## Health in all Policies framework for decision-making for local governments

A Health in all Policies framework helps governments consider the health impacts of *all* policies, not just health related policies. Two excellent resources are the Public Health Institute and the American Public Health Association's **Health in All Policies: A Guide for State and Local Governments** and the CDC's **Health in All Policies Resource Center**.

## STATEWIDE PLANS

The University of Oregon's Community Service Center (CSC) team reviewed state and local level strategic documents and programs, including Community Health Improvement Plans (CHIPs), Comprehensive Plans, Parks and Recreation Master Plans, and Transportation System Plans, to better understand the opportunities to improve health outcomes through planning. Additional information about statewide plans and local plans can be found in **Appendix B**.

### State-Level Findings: Collaboration between public health and planning is weak in some areas, strong in others

- The **State Health Improvement Plan** has very limited mention of the built environment's impact on health and does not reference planners as potential partners.
- The **Statewide Comprehensive Outdoor Recreation Plan** (SCORP) includes increasing physical activity as a priority area. Since the Oregon Parks and Recreation Department (OPRD) uses the priorities of the SCORP as criteria for allocating funding, an opportunity exists to prioritize parks planning projects that have strong public health components.
- While the **Oregon Transportation Plan** (OTP) itself is very high level, three of its refinement plans, the **Bicycle and Pedestrian Plan**, the **Transportation Options Plan**, and the **Transportation Safety Action Plan**, clearly acknowledge the influence the transportation system has over health outcomes. These plans emphasize safety and promote physical activity through active transportation. The plans are

complemented by a recent collaborative agreement between ODOT and the Oregon Health Authority Public Health Division.

## LOCAL PLANS

- The **Portland Comprehensive Plan** includes a "guiding principle" around Human Health. The charge to "Avoid or minimize negative health impacts and improve opportunities for Portlanders to lead healthy, active lives" infuses all aspects of the newly updated plan.
- **Gresham** received a grant from the CDC to address community health as it relates to the built environment. The assessment resulted in the addition of a new section to the comprehensive plan called "Community Health and the Built Environment."
- The small, unincorporated **community of Tumalo in Deschutes County** based policies in their comprehensive plan on the findings of a health advisory committee formed to "bring health considerations to light as an influencing factor when discussing Tumalo's land use and economic sector development policies."
- **Clackamas County's Safe Communities Program** uses a mapping application that compiles traffic accident and other data to help the County and its partners make more informed decisions about engineering and enforcement changes that might improve safety.
- The **Central Lane MPO** collaborated with **Lane County Public Health** to assess the public health impacts of policies aimed at simultaneously reducing greenhouse gas emissions and promoting active transportation.
- **The Blue Zones Project**, currently being piloted in **Klamath Falls, Grants Pass, Roseburg, and The Dalles**, focuses on holistic approaches to improving health through changes to infrastructure, services, and relationships.

## INTERVIEWS AND FOCUS GROUPS

OAPA interviewed 27 planners, public health officials, and other stakeholders and conducted three focus group meetings with staff from the Oregon Health Authority, planning and public health staff in Benton County and the City of Corvallis, and the Umatilla P4H Coalition between February and April 2017. We asked all of the participants what the biggest challenges and opportunities are to improve health through planning, as well as what activities should be prioritized. Appendix C provides a complete list of questions and summaries of all interviews and focus group meetings.

Overall, interviewees had an advanced understanding of how planning influences health, but lacked specific planning knowledge and tools to address health in their work.

The **biggest challenges** to improving health through planning are:

- **Lack of funding and resources.** Organizations lack funding and staff capacity to create plans, implement programs, and develop infrastructure (such as sidewalks, buffered bike lanes, or expanded public transit systems) that would make the environment more accessible, safer, and more comfortable to travel through without a car.
- **Lack of collaboration.** Many professionals working on public health do not work directly with planners, and vice versa. Much of their work is siloed, thus they don't get opportunities to work together on the co-benefits of health and planning.
- **Disconnect between County health departments and city planning departments.** To further complicate issues of collaboration, planning happens primarily at the neighborhood and local level, but public health happens primarily at the County level. This means locals have to convince at least two bodies of elected officials (and often more) to adopt planning practices that improve health.
- **Lack of understanding about the potential benefits of land use planning for health by decision makers.** While many of the professionals in both planning and public health understand the



Photo: Fred Joe Photography.

health benefits of designing communities for pedestrians, bicycles, and transit, as well as ensuring easy access to healthy foods, many decision makers and elected officials do not.

- **Addressing health through planning is often not a priority.** Health is not one of the Oregon's statewide planning goals and is rarely identified as a desired outcome for local land use plans. Few public health officials are working to improve health through planning. Decision-makers and staff in both professions find it difficult to complete existing work programs with scarce resources, much less take on a new focus of work.

The **biggest opportunities** to improve health through planning are:

- **Public support for bikeable, walkable neighborhoods is growing.** People want and need safe, comfortable, and interesting places to walk, bike, and take transit. Oregonians care about our kids health and welfare. Safe Routes to School programs and efforts to make biking and walking safer for kids improves the built environment for everyone.
- **Increasing interest in integrating health into existing policies.** There is a growing movement to consider the health outcomes of all government policies, including land use and transportation, and to reduce fatalities.

- **Partnerships pay big dividends.** More and more professionals and advocates are working together to leverage existing resources and programs to improve health through planning.
- **Improve equity by improving health outcomes.** Low income Oregonians and minorities have worse health outcomes than the general population. We can improve equity by improving their health, which in part will come from changes in the built environment.
- **Increase support through education about co-benefits of health and planning.** There are many examples around the state where jurisdictions are planning trails and bicycle routes as an economic development strategy (ie. Banks/Vernonia Trail, Travel Oregon's RideOregonRide.org). These projects also improve health and transportation options.

## HEALTH AND PLANNING ROUNDTABLE

On May 18, 2017, about 35 planners and public health professionals met in Eugene, OR to discuss how Oregonians can improve health through planning.

As part of that event, OAPA asked participants to identify strategies and action items that participants felt would be the most effective at improving health through planning. We then asked participants to choose the top three from all of the ideas generated. The following list is in order of importance of the ideas generated. **Appendix D** lists all of the ideas generated at the Roundtable.

1. **Messaging and communication.** Participants identified the need to: (1) craft messages, (2) frame the issues, and (3) provide information about local health statistics to encourage community members and elected officials to become advocates for improving health through planning.
2. **Statewide policy.** Participants discussed the need to have support from state and local levels. They suggested that we change or strengthen statewide goals to improve health. They also discussed the importance of leadership by the Governor as well as in state agencies, specifically the Oregon Department of Transportation (ODOT) and the Department of Land Conservation and Development Commission (DLCD). Participants also noted the importance of getting buy-in from the business community and other agencies and organizations.
3. **Information clearinghouse.** One of the specific recommendations is for OAPA to be a clearing house for public health and planning information about grants, programs, and best practices. Participants would like to see information about how planners can be involved with Community Health Assessments (CHAs). Participants also said they would like better resources on how to conduct health impact assessments.
4. **Convener.** Participants at the meeting also discussed OAPA acting as a convener by getting public health and planning professionals in the same room to talk to each other.



Photo: Becky Steckler, AICP.

Roundtable participants consider strategies and action items for OAPA and partners to adopt to improve health through planning.

## UMATILLA COUNTY PLAN4HEALTH (P4H)

In 2016, Umatilla County Planning and Public Health Departments spearheaded the Umatilla County P4H project, funded by APA, APHA, and the CDC. The funding helped the County create a coalition and conduct a Community Needs and Readiness Assessment.

Key recommendations from the Community Needs and Readiness Assessment include:

- **Focus on policy changes that Umatilla County can implement.** As the primary supporters of the project, Umatilla County is in a unique position to promote health through planning. The County is considering the adoption of a “Health in all Policies” approach as well as reviewing land use and development codes to better promote health outcomes.
- **Target projects that impact kids.** The project identified numerous opportunities to improve the health of children such as expanding afterschool programs that focus on cooking and nutrition and developing Safe Routes to School programs for every school.
- **Improve the built environment.** The County (and cities) should prioritize infrastructure projects that improve pedestrian and bicycle



Photo: Courtesy of Umatilla County.

routes in highly used areas, as well as along transit routes and stops.

- **Showcase and publicize existing features and resources.** Survey respondents had a low awareness of (free!) public transit and existing health, wellness, and food assistance programs.
- **Improve access to food and connections to local agriculture.** While Umatilla County has deep agricultural roots, many residents have trouble accessing affordable, high-quality fresh foods. The P4H project identified multiple opportunities to develop better systems to connect farmers with food buyers and food assistance programs.
- **Change organizations’ mindset - collaborate for health.** In practice, public health and planning efforts have not been well-aligned. The County hopes to get more public health professionals involved in long-range planning projects and planners involved in public health projects.

## LINCOLN COUNTY COMMUNITY ASSISTANCE PLANNING PROJECT

In June 2017, OAPA conducted a one and a half-day series of workshops and meetings in Lincoln County to help the County Public Health Department think about how to incorporate planning strategies into the update of the County’s CHIP. Staff from the County Public Health as well as planners from the City of Newport and the City of Lincoln City participated in several tours as well as a half day meeting with public health stakeholders to discuss some of the challenges and opportunities unique to Lincoln County. A complete list of recommendations generated during the meetings is listed in **Appendix E**.

It was valuable getting planners and public health officials together to talk about planning. The County Public Health Department now has contacts for planning staff, as well as a better understanding of the types of upcoming planning activities that it can participate in to improve health outcomes for County residents. In addition, it is now working directly with planning staff on the CHIP update.

Specific recommendations that came out of the workshop are:

### **Build awareness, make the connections**

- Conduct a public health and planning speaker series
- Consider youth-to-youth peer programs for active living and healthy lifestyles, programs in schools
- Tell the story about health and planning by highlighting personal stories
- Leverage existing resources and activities

### **Broaden the assessment**

- Combine and interpret health outcomes and planning maps including food access, bike/pedestrian/transit systems, jobs and housing locations
- Identify and track planning activities and processes, and ensure public health professionals participate
- Assess CHIP committee and work group membership. Are the right people involved?
- Include mental health indicators in CHIP update
- Perform pre- and post- evaluations

### **Be the convener**

- Get professionals together for networking and information sharing
- Develop a county-wide advocacy agenda for ODOT by identifying consensus on one or two items that all jurisdictions will advocate for on Highway 101
- Network with others who have impact on your community's health such as public safety or the regional solutions team
- Connect vulnerable populations to planning processes

### **Share and collaborate on policies**

- Teach one another about plans and policies, such as the CHIP, CHA, Comprehensive Plan, Transportation System Plan, Parks Master Plans, Development Codes, etc.

- Create an ex officio or appointment of health professional on planning commission(s)
- Embody health and planning goals in HR Performance Evaluations, like the City of Tigard
- Consider adopting a Health in All Policies approach to improving health outcomes

### **Prioritize funding**

- Fund activities that help inform decision-making, understand outcomes from planning policies
- Explore joint funding opportunities
- Prioritize funding for active transportation gap analysis and prioritization

### **Make the business argument**

- Talk about economic development co-benefits of planning for health
- Support the Coast Trail and bicycle tourism, activities that support local businesses and improve transportation options for residents
- Cities (and the County) can support challenges to promote healthy living, like the Tillamook County Year of Wellness

### **Champions ensure success**

- Programs such as Farmer's Markets, community gardens, school programs and Safe Routes to School are much more successful with dedicated staff (or volunteers) to champion the program and organize efforts.

### **Housing is a health issue too**

- Support policies and promote education to rehabilitate housing to address mold, energy efficiency, leaks, etc.
- Money spent on housing can't be spent on transportation, health care, medicine, or food. Work with cities to promote policies and programs to increase affordable and workforce housing.

## 2017 PLANNERS SURVEY

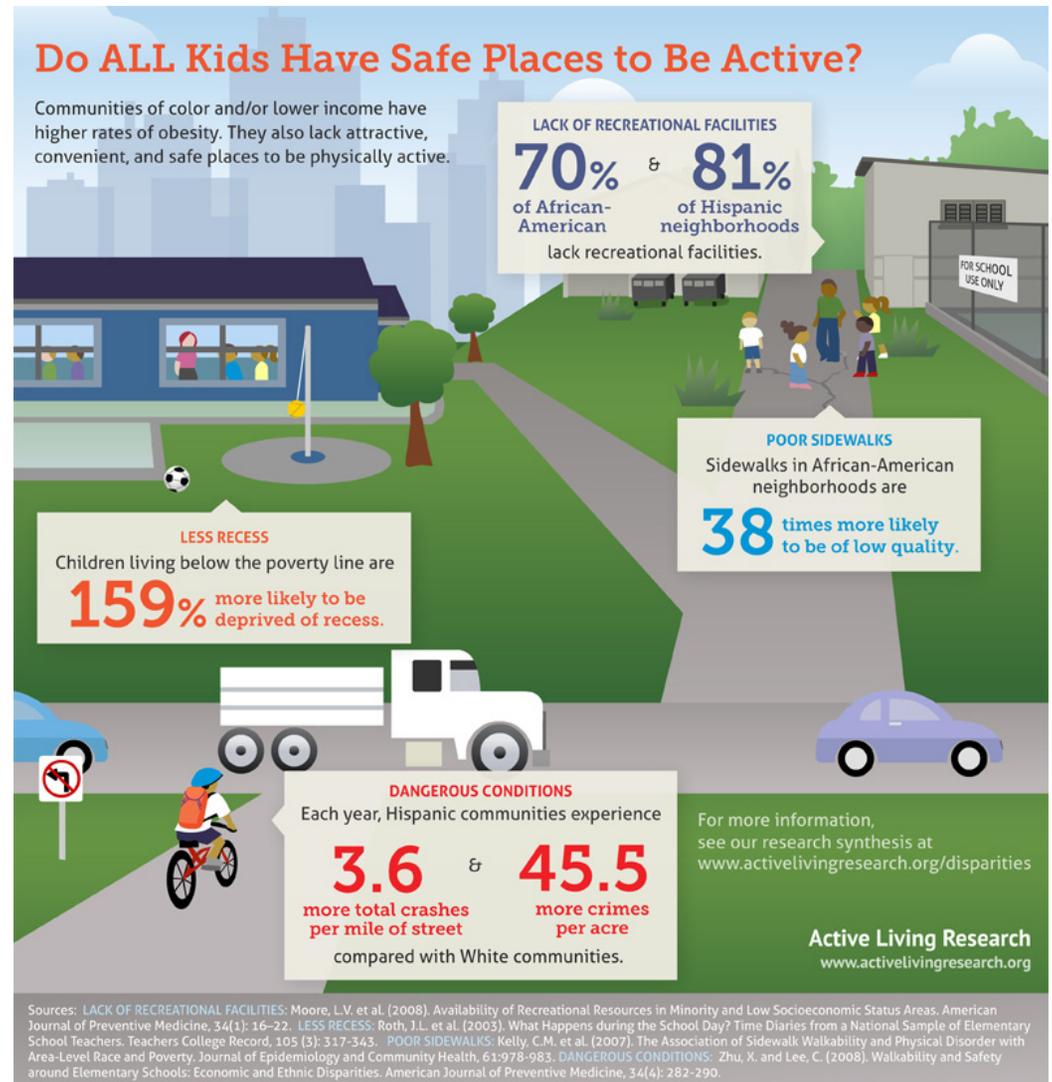
In May 2017, OAPA conducted a statewide, online survey of professional planners to ask them a variety of questions about the programs and services of OAPA. We included five questions about health and planning to determine what they thought were some of the biggest challenges and opportunities to improve health through planning. A total of 211 people started the survey representing approximately 25% of the current OAPA membership.

Over 3/4 of survey respondents indicated a high level of familiarity (7 or higher on a scale of 1-10 with 10 being an expert) with how planning can impact health.

Key findings from the survey are:

- **Greatest challenge to improving health through planning: resources.** Almost 25% of respondents indicated that lack of dedicated resources (e.g. funding, staff) was the greatest challenge, followed by the disconnect between planning, transportation, public works, and public health (21%), and lack of interest or knowledge among decision makers (13%).
- **Greatest opportunities to improve health through planning: focus on co-benefits, increase awareness, and create partnerships.** The three greatest opportunities to improve health were to: (1) highlight the co-benefits of planning for health, such as the economic development opportunities around more walkable/bikeable communities (26%); (2) increase understanding of how planning practices influence specific community health outcomes (24%); and (3) create formalized partnerships between land use and transportation agencies/organizations and health agencies/organizations (21%). Several respondents added comments about the importance of addressing equity issues through improvements to the built environment. Active Living Research has found that children in communities of color and lower income areas are less likely to live in safe neighborhoods, have poor sidewalks, and have less time at recess as well as fewer recreation facilities (see graphic at right).

- **What health-related activities should OAPA focus on? Best practices.** Respondents' top recommendation to OAPA was to focus on gathering and publishing best practices that improve health through planning (32%). Respondents were also interested in seeing OAPA advocate for health as a state-wide planning priority (19%), provide model codes and programs (17%), and host trainings, such as workshops and webinars, about health and planning for decision-makers (13%).



# RECOMMENDATIONS

The recommendations in this section are from the Planners4Health Task Force to the Oregon Chapter of the American Planning Association Board, as well as to each organization with a representative on the Task Force. In addition, the Task Force hopes that these recommendations will inform the work of local jurisdictions as local planners, public health staff, and decision makers consider the creation and implementation of policies, programs, and infrastructure to improve health through planning.

One of the most important takeaways from this project is that improving health through planning doesn't require a brand-new effort or plan. Strategies for improving health outcomes can be incorporated into existing plans and program activities. By reaching out to planning professionals, public health departments can include land use and transportation strategies when updating CHIPs. By reaching out to public health officials, planners can improve community health by supporting strategies for parks, transportation, and area and comprehensive plans that increases access to healthy food and increases physical activity.

## **R-1. Planners should talk to public health professionals and public health professionals should talk to planners.**

This recommendation may seem obvious, but there are still many planning departments at the city and county levels and public health departments that do not regularly talk to each other or collaborate on planning efforts that impact health. Specific recommendations are:

- Encourage local government decision makers, planners, and public health professionals to regularly discuss activities and programs that remove barriers or take advantage of opportunities to improve health through planning. This could involve joint presentations at public meetings, informal meetings, or attending conferences or trainings together. For example, Benton County has been particularly successful when planners, public health professionals, elected officials, and appointed officials go to conferences together or do other activities that put people in the same room to talk about these topics.
- Recruit a public health professional to be on the planning commission, either as a regular member or an ex officio member. A

fact sheet that talks about the importance of considering a health lens when considering and adopting land use rules and regulations would be helpful in getting buy-in from the health community so they understand that one of their roles is to review decisions and make recommendations that will improve health outcomes.

- Recruit public health professionals to be on planning advisory committees and planners to be on public health advisory committees. These can be appointments to both ongoing advisory committees, as well as one-time policy advisory committees or technical advisory committees that are often convened in support of a specific planning process (such as an update to a comprehensive plan, area or downtown plan, park plans, or transportation plan) and public health plans (such as Community Health Improvement Plans).
- Establish a coalition to improve health, such as the **Plan4Health Coalition in Umatilla County** or the **Puyallup Watershed Initiative**, in Washington by creating a venue and environment for collaboration on health and planning activities.
- Planners and public health professionals from the Ps4H Task Force, as well as other like-minded organizations, should regularly present information about programs and activities related to the intersection of planning and public health at the OAPA and OPHA annual conferences. OAPA and OPHA can work together to provide continuing education credit (CM credit for planners and continuing education credits for public health professionals).
- OAPA's Education and Outreach Committee should continue to convene, and potentially expand, the Ps4H Task Force on a quarterly basis to network and collaborate on ongoing activities.

## **R-2. OAPA should provide information about the impact of planning on public health.**

Many interviewees and the 2017 Planner Survey identified the need for information specific to Oregon communities about the impacts of planning on health for decision makers and the public.

- Since many planners and public health professionals in Oregon

and across the U.S. have been exposed to information about the link between place and health, any further information on linkages should be specific, drawing clear pathways between specific technical planning decisions or actions and any projected health outcomes.

- OAPA should create messaging and provide information on the OAPA website about improving health through planning. This information should highlight information about the challenges the built environment can create for health outcomes, the potential solutions, and a road map for how cities and counties in Oregon can improve health through planning. Information should include the co-benefits of planning for health, such as the economic development opportunities related to building more walkable and bikeable

communities. OAPA and Ps4H Task Force organizations should also promote or partner with state level health divisions such as Oregon Health Authority's chronic disease and environmental health programs, which deploy strategies to address access to healthy foods and increasing physical activity.

- OAPA should work with Task Force members to bring national and statewide speakers to Oregon communities to raise awareness about the impact of planning on health.
- OAPA can offer webinars to planning commissioners and others regarding the impact of planning on health. Webinars should be appropriate for the audience, from basic information for those that know little about the topic to more technical information for professional planners or health professionals.

- OAPA should provide links to best practices, existing policies, and existing programs on its website.
- OAPA should advocate for health as a state-wide planning priority. OAPA and task force members should support policies and programs that improve health outcomes at all levels of government.
- OAPA should consider reviewing existing research about how housing policies impact health and how the state can improve health through better housing policies. Communities around Oregon are facing a housing crises. Housing issues came up in our research and outreach because of the interconnectedness between safe, affordable, and healthy housing and access to an environment where people can be physically active and have access to healthy foods.

**2014 Healthy Communities Speaker Series Presents**

**James F. Sallis PhD**

Professor of Family & Preventive Medicine at University of California - San Diego and Director of Active Living Research

**Using Evidence to Promote Childhood Health and Create Active Communities**

Speaking at Events in Four Oregon Communities this October:  
 October 7 Portland & Beaverton  
 October 8 Salem  
 October 9 Eugene  
 October 10 Bend

Logos: APA OR, 1000 friends of Oregon, Oregon Health Authority

Photo: dailymerald.com

AICP Certification Maintenance Credits Pending

For information about times and locations of talks, go to [www.oregonapa.org](http://www.oregonapa.org)

From 2012-2014, OAPA partnered with local and statewide organizations to conduct a Healthy Community Speaker series, bringing Dr. Richard Jackson (2012), Jeffrey Tumlin (2013), and Dr. James Sallis, PhD (2014).

- OAPA should work with Task Force members and like-minded organizations to promote information, programs, and events that improve health through planning.
- The OAPA website should include a “how to” guide about improving health through planning. This guide may include policies that should be assessed, such as Community Health Improvement Plans, Comprehensive Plans, and transportation plans, to determine if they can be updated to improve health outcomes. In addition, the website should include messaging and information about the importance of the built environment on health outcomes.
- OAPA should provide examples of successful policies and best practices on the OAPA website.

**R-3. Cities and Counties should adopt policies that improve health outcomes.**

Adopting policies is an important way to ensure that land use and other plans improve health through planning. Adopting policies that improve health through planning is also an opportunity to reduce health disparities and improve quality of life for all Oregonians. Many of the poorest health outcomes are experienced by low income and minority populations.

- Cities and counties should use a Health in All Policies approach when developing new policies. There are several good examples, including the **Health in All Policies: A Guide for State and Local Governments** by the American Public Health Association and the Public Health Institute and the **Health in All Policies Resource Center** sponsored by the Centers for Disease Control and Prevention.
- Cities and counties should incorporate policies to improve health outcomes in comprehensive plans. There are some tools that help cities and counties assess their comprehensive plans, including **CDC/ Change Lab – Healthy Communities Tools** and the **Design for Health: Integrating Health into Comprehensive Planning**.

Specific examples of comprehensive and community plans that incorporate health are:

The City of Portland updated it's **Comprehensive Plan** in 2016. One of the five guiding principles for the comprehensive plan focuses on human health: Avoid or minimize negative health impacts and improve opportunities for Portlanders to lead healthy, active lives. Portland's Comprehensive Plan directs the city to increase access to complete neighborhoods, strengthen consideration of environmental justice, and build city greenways to improve health.

- **Beaverton Comprehensive Plan, Community Health Element**
- **Gresham Comprehensive Plan, Appendix 49**
- **Portland Comprehensive Plan, Guiding Principle: Human Health; Urban Form; Design & Development**
- **Tumalo Community Plan**
- **Health Comp Plan Assessment Tool (Delaware)**
- County health departments should work with city and county planners to identify opportunities to increase access to healthy food and physical activity when updating Community Health Improvement Plans. Local planners should be appointed to technical advisory committees for both the Community Health Needs Assessment and the update of the CHIP.
- Cities and counties should consider conducting Health Impact Assessments to better understand and communicate the health outcomes of different policy options. In most cases, simplified

HIAs that follow a structured process but stop short of forecasting or modeling specific health outcomes will still be valuable to communicate the relative health outcomes of various planning scenarios.

- Cities and counties can adopt Vision Zero policies that focus resources, infrastructure investments, and programs on reducing traffic fatalities to zero. Examples include, **Clackamas County, City of Portland, New York City, and Sweden.**
- Cities should evaluate policies that promote driving to the detriment of walking, biking, or taking transit, in addition to impacting housing costs, increasing air pollution, and other negative externalities. For example, cities should evaluate minimum parking requirements, bundled parking fees with housing, parking cash-out, and the gas tax. This evaluation can be connected to a Health in All Policies ordinance.

#### **R-4. Cities and school districts should start, continue, and/or expand Safe Routes to Schools**

The transportation funding bill (HB 2017) passed by the 2017 Oregon



Photo: Becky Steckler, AICP

Kids and parents bike, walk, skate, and scooter to Llewellyn Elementary School in Portland, OR during Walk/Bike month in May 2017.

legislature includes a significant increase in funding for Safe Routes to Schools. This is an important and effective program to protect Oregon's children, increase physical activity, build local support, and educate children and parents about the importance of pedestrian and bicycle improvements. City and county planners should work with school districts and transportation departments to improve pedestrian and bicycle routes within one mile of K-12 schools in Oregon.

#### **R-5. Improve technical resources for food systems planning**

Planners, Ps4H task force members, and interviewees identified the need to improve information about resources around food systems planning specifically and how it can be integrated into local policies and plans.

- Cities should identify "food deserts" (Medford has mapped theirs) to better understand where policy and program changes are necessary to improve access to healthy food.
- Cities should adopt requirements for conceptual planning for areas that are added to Urban Growth Boundaries (UGBs) that deliberately place commercial nodes in walkable neighborhoods. The communities in Jackson County that participated in the **Greater Bear Creek Valley Regional Problem Solving** process put that requirement on themselves.
- Cities should identify parks or government owned parcels that are centrally located and then encourage development of community garden spaces on that land. Density bonuses, fee waivers, or other incentives for multi-family or low income developments to include community garden space should also be explored.
- Cities should develop permanent homes for growers/farmers markets, complete with infrastructure such as rain/shade structures. **Olympia, Washington** has been successful with similar efforts.
- Cities and counties should continue to protect high-value farmland that surrounds Oregon's cities.

#### **R-6. Other recommendations**

There are a variety of additional activities that planners and public health



Community gardens (top) and farmers markets (bottom) are just two ways that cities can ensure that healthy food is available in all communities.

professionals should consider to help improve health through planning.

- Tactical urbanism efforts are a way to gain public support for active transportation infrastructure improvements. There are many “how-to” guides that take little more than painted tires or pots to help show the safety benefits of slowing traffic down. **Better Blocks PDX** is an example of a local group that engages in this type of work.
- Housing is a health issue too. Our homes shouldn’t make us sick. Support policies and promote education to rehabilitate housing to address mold, energy efficiency, leaks, etc. and regulate demolitions to address lead, asbestos, dust and other potential contaminants regardless of whether the work is done by a professional or homeowner.

In addition, money spent on housing can’t be spent on transportation, health care, medicine, or food. Work with cities to promote policies and programs to increase affordable and workforce housing.

# APPENDICES



# APPENDIX A: BEST PRACTICES

The Oregon Chapter of the American Planning Association (OAPA) conducted an assessment of how it can help improve public health through land use and transportation planning. OAPA contracted with the University of Oregon's Community Service Center to conduct a literature review of some of the best practices from around the country to improve health through planning. This appendix is that literature review. Planners and public health professionals who are interested in working more collaboratively and holistically on issues affecting human health and the built environment can use the ideas, methods, and resources captured here for inspiration.

This document focuses on seven best practices:

- Incorporate public health into comprehensive plans
- Incorporate public health into other plans and processes
- Include policies/actions aimed at built environment changes (including transportation, housing, and food access) in Community Health Improvement Plans
- Include Health Impact Assessments as a component of the planning process
- Formally adopt a Health in All Policies framework for decision-making in local governments
- Create an ex officio appointment for a public health representative on the Planning Commission
- Increase networking and collaborations between planning and public health professionals by facilitating connections during professional gatherings

## 1. BEST PRACTICES FOR PLANS AND PLANNING PROCESSES

These best practices are based on plans (including Community Health Improvement Plans, Comprehensive Plans, Parks and Recreation Plans, and Transportation System Plans) that recognize the connection between the built environment and public health and include policies

intended to improve human health through changes in the built environment. While we have not examined the effectiveness of these plans at actually improving health outcomes, planners and public health professionals can, at a minimum, use plans to increase awareness of the connections between health and the environments we live in. This awareness-raising is a foundational step on the path towards creating healthier communities.

### 1.1. Incorporate public health into Comprehensive Plans

This could be a standalone element of a Comprehensive Plan, or public health can be incorporated as a guiding principle throughout the document.

#### Examples and Resources

- **Beaverton Comprehensive Plan, Community Health Element**
- **Gresham Comprehensive Plan, Appendix 49**
- **Portland Comprehensive Plan, Guiding Principle: Human Health; Urban Form; Design & Development**
- **Tumalo Community Plan**
- **Healthy Communities: Comprehensive Plan Assessment Tool (Delaware)**
- **CDC/Change Lab – Healthy Communities Tools**
- **Design for Health - Integrating Health into Comprehensive Planning.** Provides information and tools on how to integrate health into long range planning.

### 1.2. Incorporate public health into other plans and processes

Health can be included into a variety of other plans and processes. The tools below provide examples on how to add to existing plans to provide multiple health benefits.

#### Examples and Resources

- **Parks, Trails, and Health Workbook.** Provides tools to develop parks and trails plans with multiple health benefits.
- **Transportation and Health Tool.** Provides data to understand the health impact of an existing transportation system or proposed transportation project.

- **Connecting the Dots between Health and Transportation Planning.** Provides resources and a report on integrating community design, transportation, and health.
- **Increasing Physical Activity through Community Design.** Provides information on creating spaces for people to engage in physical activity (walking and bicycling).
- **Healthy Communities Design Checklist Toolkit.** Provides tools to include health in the community planning process including: **Health Community Design Checklist, Creating a Health Profile for Your Neighborhood,** and a **Planning for Health Resources Guide.**
- **Built Environment Assessment Tool Manual.** This manual provides information and tools for understanding and measuring the built environment.
- **Health in Housing Study.** Explores the connection between integrated health services and affordable housing to positive health outcomes.
- **Healthy Kids, Healthy Communities.** A resource guide and report that promotes changes to local policies, systems, and environments that promote healthy living and prevent childhood obesity. The report discusses policy and practice changes to improve access to healthy affordable food, to improve safe physical activity options, to provide active transportation options, and to provide parks and play spaces.
- **GROW Healthy Kids and Communities.** Provides research, education, and programs to inspire rural communities in Oregon (and elsewhere) to create environments that make it easy for children to eat healthfully and to be physically active.

### **1.3: Include policies/ actions aimed at built environment changes (including transportation, housing, and food access) in Community Health Improvement Plans**

Just as planners should recognize the connection between land use and public health, public health professionals should make an effort to reach out to planners (who can influence long term land use changes through their work). As the document intended to provide a guide for public health professionals, CHIPs should clearly identify strategies

for connecting with planning activities and advocating for plans that emphasize human health.

#### **Examples and Resources**

- **Coos County CHIP**
- **Klamath County CHIP**

### **1.4. Include Health Impact Assessments as a component of the planning process**

Health Impact Assessments (HIAs) use a flexible, data-driven approach to identify the health consequences of policies (land use decisions, etc.) to develop practical strategies to enhance their health benefits while minimizing adverse effects.

#### **Examples and Resources**

- **Design for Health: Health Impact Assessment.** Tools designed for planners that focus on health issues related to urban and comprehensive planning.
- **Health Impact Assessment's Role in Planning.** APA developed resource including a report, issue brief, and a toolkit for integrating HIA into the planning process.
- **Health Impact Project (Pew Charitable Trusts).** National initiative designed to promote the use of HIAs as a decision-making tool.
- **Health Impact Assessments in the U.S. (Pew Charitable Trusts) List of HIAs created throughout the United States.** Two examples in Oregon are the **Transportation Policy Recommendations in the Eugene Climate and Energy Action Plan** and the **Tumalo Community Plan.**
- **Parks and Trails Health Impact Assessment Toolkit.** This resource provides a framework for collaboration and tools for developing parks and trails HIAs.

## **2. BEST PRACTICES FOR IMPROVING COLLABORATION AND INCREASING AWARENESS**

These best practices are based on examples of programs and partnership

we have investigated, both in Oregon and in other states. While plans may lay the foundation for better integration of planning and public health, change happens more quickly when planners and public health professionals begin to work together, sharing ideas and raising awareness about the intersections of the two fields. These best practices demonstrate ways planners and public health professionals can align their work to better emphasize human health through changes to the built environment.

### **2.1. Formally adopt a Health in All Policies framework for decision-making in local governments**

Health in All Policies (HiAP) offers a “collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.” There is no one right way to implement HiAP; each organization or agency must determine how the ideas best fit with their structure. However, formally adopting a resolution stating that human health will be one of the criteria used to vet all policy decisions can be a first step towards better integrating public health goals into decision-making.

#### **Examples and Resources**

- **Public Health Institute: Health in All Policies: A Guide for State and Local Governments**
- **Centers for Disease Control and Prevention: Health in All Policies Resource Center**
- **ChangeLab Solutions: Health in All Policies model ordinance, resolution, and information for general plans.**

### **2.2. Create an ex officio appointment for a public health representative on the Planning Commission**

Land use decisions have the potential to deeply impact human health, but very often do not consider these health impacts during the decision-making process. As a compliment to taking a Health in All Policies approach to decision-making, the presence of a public health professional on the planning commission will add a new dimension to land use deliberations.

#### **Examples and Resources**

- **Umatilla County Plan4Health: recommendation to create an ex officio appointment of a public health representative to the County Planning Commission.**

### **2.3. Increase networking and collaborations between planning and public health professionals by facilitating connections during professional gatherings**

Conferences, board meetings, and professional trainings all offer opportunities to create stronger connections between planners and public health professionals. Research conducted as part of this project revealed a disconnect between health departments and planning departments. One way to begin bridging this gap would be to provide venues for interaction during events like the American Planning Association conferences and American Public Health Association conferences.

#### **Examples and Resources**

- The 2017 APA National Planning Conference included **several sessions related to health**, as do other planning conferences – the key now it to invite more public health professionals to be involved with these sessions, particularly at the local level.

#### **Other Resources**

- **Development and implementation of a local government survey to measure community support for healthy eating and active living.** Provides an analysis of survey designed to capture local level support for policies geared toward healthy eating and activity living.
- **Planning for Food Access and Community-Based Food Systems: A National Scan and Evaluation of Local Comprehensive and Sustainability Plans.** This is an APA publication that includes ten recommendations for how to better plan for food access.
- **500 Cities data: Data from the Robert Wood Johnson Foundation, CDC, and CDC Foundation**



# APPENDIX B: OREGON PROGRAMS AND POLICIES

The Oregon Chapter of the American Planning Association (OAPA) is conducting an assessment of how it can help improve public health through land use and transportation planning. OAPA contracted with the University of Oregon's Community Service Center to conduct a review of existing programs and policies in Oregon jurisdictions to improve health through planning. This appendix is that review. Planners and public health professionals who are interested in working more collaboratively and holistically on issues affecting human health and the built environment can use the ideas, methods, and resources captured here for inspiration.

## COMMUNITY HEALTH IMPROVEMENT PLANS

### Oregon Public Health State Health Improvement Plan

**Geography:** Oregon

**Date of Creation:** January 2014

**Affective Years:** 2015-2019

**Update Required?** 2020

**Regulatory:** No ("The Oregon Public Health Advisory Board holds the Public Health Department accountable for demonstrating achievement toward meeting the measures... PHD reports directly to PHAB on progress toward these goals.")

**Funding to Implement?** None listed

**Purpose of the plan:** "Oregon's state health improvement plan outlines the health priorities for the state and its policy, systems and environmental improvements that put healthy options for Oregonians" (p. 9). The plan includes seven priority areas: prevent and reduce tobacco use; slow the increase of obesity; improve oral health; reduce harms associated with alcohol and substance use; prevent deaths from suicide; improve immunization rates; and protect the population for communicable diseases.

**Features that relate plan/policy/program to planning:** The plan's obesity priority area most directly relates to the built environment and access to physical activity. Relevant strategies include:

- Population Intervention Strategy 3: Increase opportunities for physical activity for adults and youth (p. 28)
- Health Equity Intervention Strategy 3: Increase access to parks and recreational facilities for people in Oregon experiencing socioeconomic or racial/ethnic disparities (p. 31)

**Opportunities (to engage with planning):** The standard "factors that affect health" pyramid that many public health documents include (p. 8 in this plan) do not often call out the built environment as part of "socioeconomic factors" or "changing the context." In the next iteration of the statewide CHIP, there is an opportunity to more directly connect public health issues with planning.

### Benton County Community Health Improvement Plan

**Geography:** Benton County, Oregon

**Date of Creation:** October 2012

**Affective Years:** 2013-2018

**Update Required?** 2019

**Regulatory:** No

**Funding to Implement?** Suggested community collaboration and planning to access additional funding.

**Purpose of the plan:** This community action plan seeks to bring together community partners and resources to achieve improved community health. This document focuses on improving five health-related categories (food security, obesity, housing and transportation, mental health and behavior, and health care/community health).

**Features that relate plan/policy/program to planning:** Includes housing and transportation goals (p. iii):

- Improve housing quality for all residents
- Improve home safety for young children and older adults
- Improve utilization of alternative transportation

- Improve safety for pedestrian and bicyclists on public roads
- Expand trails, bike lanes and connections among all communities

The plan also has a food security priority area and a health equity priority area that both touch on land use (p. iii-iv).

**Opportunities (to engage with planning):** For each priority area, the plan specifically calls out ideas about “Participation in Policy and Planning Processes,” that offer ideas of how to integrate with the planning world to achieve priority area goals. Planning departments are also often mentioned as potential partners for implementation.

### **Coos County Community Health Improvement Plan**

**Geography:** Coos County, Oregon

**Date of Creation:** September 2013

**Affective Years:** 2013-2016

**Update Required?** 2017

**Regulatory:** No

**Funding to Implement?** None listed

**Purpose of the plan:** This community action plan seeks to bring together community partners and resources to achieve improved community health.

**Features that relate plan/policy/program to planning:** Issue 8: Socioeconomic Disparities (starting p. 35) includes several goals and objectives that acknowledge collaboration with the planning world will be important:

- Goal 2: Increase use of alternative modes of transportation (p. 38)
- Goal 3: Reduce food insecurity and improve nutrition (p. 39)
- Goal 9: Promote health in all policies (p. 41)

**Opportunities (to engage with planning):** Provides an example of a plan calling out Health in All Policies as a strategy and includes references to planning departments as partners in completing the CHIP action plan.

### **Klamath County Community Health Improvement Plan**

**Geography:** Klamath County, Oregon

**Date of Creation:** 2013

**Affective Years:** 2013-2016

**Update Required?** 2017

**Regulatory:** No

**Funding to Implement?** None listed

**Purpose of the plan:** The Plan aims to create opportunities to improve community health by building partnerships with care providers, non-profits, and local government. The plan includes a focus on six factors: community well-being, Health in All Policies, obesity, tobacco alcohol and drugs, infrastructure, and transportation.

**Features that relate plan/policy/program to planning:** The Plan demonstrates a high level of awareness of the intersection of public health and the built environment. In particular, the following focus areas directly reference that planning realm as influencing health outcomes:

- Infrastructure (p. 6) – deals with connecting people to active transportation and recreation and strengthening active transportation and recreation options.
- Health in All Policies (p. 7) – encourages policy makers to adopt this framework.
- Transportation (p. 11) – promotes public transportation and transportation system improvements.

**Opportunities (to engage with planning):** Provides an example of a plan calling out Health in All Policies as a strategy and offers strong support for active transportation.

### **Community Health Improvement Plan of Lane County (Live Healthy Lane)**

**Geography:** Lane County, Oregon

**Date of Creation:** 2016

**Affective Years:** 2016-2019

**Update Required?** 2019

**Regulatory:** No

**Funding to Implement?** None listed

**Purpose of the plan:** The Plan aims to create opportunities to improve community health by building partnerships with care providers, non-profits, and local government. It includes two goals: (1) Increase economic and social opportunities that promote healthy behaviors and (2) Increase healthy behaviors to improve health and well-being) and seven strategies: economic development, housing, health food, collaborations, health criteria, early childhood development, and preventative screening.

**Features that relate plan/policy/program to planning:** While the actual strategies mentioned in the action plan do not emphasize changes to the built environment, one objective under Initiative #3: Collaborative Infrastructure (p. 32-33) seeks to increase the number of organizations in a variety of sectors who adopt a Health in All Policies approach.

**Opportunities (to engage with planning):** Provides an example of a plan calling out Health in All Policies as a strategy and in theory recognizes the intersection of health and the built environment (although the implementation measures around this are weak).

## COMPREHENSIVE PLANS

### Beaverton Comprehensive Plan: Community Health Element

**Geography:** Beaverton, Oregon

**Date of Creation:** Unknown

**Affective Years:** This is a living document

**Update Required?** As needed

**Regulatory:** Yes

**Funding to Implement?** None listed

**Purpose of the plan:** To create urban communities that provide choices for people to improve their health: the plan emphasizes policies that will create a built environment that facilitates physical activity and access to health-related services, including healthy food.

**Features that relate plan/policy/program to public health:** Although this is not a required element for a Comprehensive Plan, the City took the

initiative to create land use goals and policies that facilitate:

- Healthy food
- Physical activity
- Healthy environment
- Access to health care
- Social safety net

**Opportunities (to engage with public health):** The plan offers an example that other communities might follow regarding the official integration of land use planning and public health issues. The element has a particular emphasis on increasing connection with local businesses and using public/private partnerships to improve health outcomes.

### Gresham Comprehensive Plan: Vol. 2 – 10.416: Community Health and the Built Environment and Appendix 49 – Health through the Built Environment

**Geography:** Gresham, Oregon

**Date of Creation:** January 2012

**Affective Years:** This is a living document

**Update Required?** As needed

**Regulatory:** Yes

**Funding to Implement?** Appendix 49 study received funding from Multnomah County Health Department (MCHD) as part of an effort called Communities Putting Prevention to Work (CPPW). MCHD received a grant from the Centers for Disease Control and Prevention (CDC) for this work. As described by the CDC, CPPW seeks to reduce chronic disease related to obesity.

**Purpose of the plan:** Appendix 49 was created to assess Gresham's community health and food policies. A National Policy Scan was used as a source to analyze Gresham's community health as it relates to the built environment. The scan determined that the 'community health' and 'food policy' did not meet best practices, which lead to an update of the Gresham Comprehensive Plan goals in policies, specifically in Section 10.416: Community Health and the Built Environment.

**Features that relate plan/policy/program to public health:** Policy highlights include (p. 235):

- Encourage the planning and revitalization of communities to achieve improvements in community health by providing opportunities for safe, daily physical activity that includes walkable neighborhoods, access to recreation and open space, healthy foods, and public transit.
- Promote community health by establishing pedestrian and bicycle connections between neighborhoods, centers, corridors, and transportation facilities.
- Consider the needs of different populations including youth, elderly, and disabled populations when assessing the design and location of transit, housing, parks, and other city facilities.

**Opportunities (to engage with public health):** Plan serves as a model for how to include public health deliberately in comprehensive plans.

### **Portland Comprehensive Plan – Urban Form and Design and Development Elements**

**Geography:** Portland, Oregon

**Date of Creation:** June 2016

**Affective Years:** 2016-2035

**Update Required?** 2035

**Regulatory:** Yes

**Funding to Implement?** None specifically listed for these chapters.

**Purpose of the plan:** The Urban Form and Design and Development chapters of the comprehensive plan include policies directly related to improving the built environment with an aim of improving public health.

**Features that relate plan/policy/program to public health:** The plan includes a guiding principle related to human health: “avoid or minimize negative health impacts and improve opportunities for Portlanders to lead healthy, active lives” (p. I-15). Sub-components of this principle include:

- Increase access to complete neighborhoods

- Strengthen consideration of environmental justice
- Build city greenways

The Urban Form chapter (starting p. GP3-1) includes a goal of “A city designed for people,” and includes policies aimed at creating clusters of development to increase accessibility. The chapter also describes how greenways will be used to increase recreation/physical activity.

The Design and Development chapter (starting p. GP4-1) includes a goal of “Human and environmental health,” and includes policies aimed at pedestrian-oriented design, design for active living, walkability, design for pedestrian and bicycle access, and healthy food access.

**Opportunities (to engage with public health):** Plan serves as a model for how to truly integrate many aspects of planning for happy, healthy humans. It is difficult to call out specific public health elements of the plan because the plan has been completely infused with this principle. Other jurisdictions should strive to achieve this form of integrated policy.

### **Tumalo Community Comprehensive Plan**

**Geography:** Tumalo unincorporated community, Oregon (Deschutes County)

**Date of Creation:** 2010

**Affective Years:** 2010-2030

**Update Required?** Living document

**Regulatory:** Yes

**Funding to Implement?** None specifically listed for these chapters.

**Purpose of the plan:** The plan guides the unincorporated community of Tumalo towards cooperation with Deschutes County Planning and Bend Metro Park and Recreational District. It specifically includes elements aimed at addressing the local health concerns for Tumalo residents.

**Features that relate plan/policy/program to public health:** The plan includes a Health Impact Assessment as part of the Community Input Section (p. 20). The plan describes how a health advisory committee was formed to “bring health considerations to light as an influencing factor when discussing Tumalo’s land use and economic sector development policies” (p. 21). The Health Impact Assessment generated three focus

areas:

- Improving traffic safety on Hwy 20
- Establishing a multi-modal trail system
- Maximizing nearby recreational assets

In keeping with the findings of the Health Impact Assessment, the goals and policies section of the comprehensive plan include policies aimed at increasing recreation, supporting bicycle and pedestrian infrastructure (including trail systems), and making Hwy 20 safer.

**Opportunities (to engage with public health):** This plan demonstrates that even a tiny unincorporated community can integrate public health ideas into land use planning.

## PARKS AND RECREATION PLANS

### **Statewide Comprehensive Outdoor Recreational Plan**

**Geography:** All publicly owned recreational land in Oregon

**Date of Creation:** 2013

**Affective Years:** 2013-2017

**Update Required?** 2018

**Regulatory:** No, only to recommend and promote standards for recreation facilities, personnel, activities, and programs

**Funding to Implement?** Plan provides guidance for how use the Land and Water Conservation Fund (from the US Department of the Interior, National Park Service), and provides guidance for other Oregon Parks and Recreation Department (OPRD)-administered grant programs.

**Purpose of the plan:** The SCORP is “Oregon’s basic five-year plan for outdoor recreation. . . a primary intent of this plan is to provide up-to-date, high-quality information to assist recreation providers with park system planning in Oregon” (p. 1). The plan identifies five top statewide priorities for outdoor recreation, including:

- Issue 1: Provide adequate funds for routine and preventative maintenance and repair of facilities.
- Issue 2: Fund major rehabilitation of existing outdoor recreation

facilities at the end of their useful life.

- Issue 3: Add more recreational trails and better trail connectivity between parks and communities.
- Issue 4: Recognize and strengthen park and recreation’s role in increasing physical activity in Oregon’s population.
- Issue 5: Recommend a standard set of sustainable park practices for outdoor recreation providers.

**Features that relate plan/policy/program to public health:** Issue 4 relates most directly to public health. The SCORP acknowledges the State’s obesity epidemic and call out recreation as a key strategy for increasing physical activity to combat this public health issue (p. 122 – 123). The actions listed to address this issue include increasing “close-to-home non-motorized trail development,” prioritizing underserved populations, auditing local parks for their potential to promote physical activity, promoting education and awareness around the physical health benefits of recreation, and encouraging parks to be used as places for healthy food production.

**Opportunities (to engage with public health):** Since the plan includes reference to the relationship between recreation and obesity-prevention, it sets a good example for parks and recreation plans and projects throughout the state. In future updates of the SCORP, the public health connection could be emphasized even more, and the Oregon Health Authority should be mentioned as a potential partner.

### **Astoria Parks and Recreation Comprehensive Plan**

**Geography:** Astoria, Oregon

**Date of Creation:** July 18, 2016

**Affective Years:** 2016-2026

**Update Required?** 2026

**Regulatory:** Yes

**Funding to Implement?** Internal Funding; Capital Improvements Plan

**Purpose of the plan:** To guide the Astoria Parks and Recreation Department. Includes strategies and policy positions to improve the ability of Astoria to achieve their vision of the parks and recreation

department.

**Features that relate plan/policy/program to public health:**

- Includes review and reference to public health plans (Section 1.4: Related Plans)
- Includes section on public health in community profile (Section 2.4)
- Some actions include reaching out to health care providers (Section 6)
- The department provides recreation services

**Opportunities (to engage with public health):** Plan emphasizes collaboration with many partners, including the health care sector, to achieve greater physical activity opportunities. Detailed understanding of current state of community health and highly collaborative of other departments/agencies.

**Hillsboro Parks and Trails Master Plan and Natural Resources Analysis**

**Geography:** Hillsboro, Oregon

**Date of Creation:** February 2010

**Affective Years:** 2010 until updated

**Update Required?** Unknown

**Regulatory:** No

**Funding to Implement?** Mentions many potential sources: Hillsboro General fund, bonds to support and purchase natural areas, System Development Charges, revenue bonds, exchange or sale of property, corporate sponsors, Community Development Block Grants (CDBG) Funds, and a range of federal and state grants.

**Purpose of the plan:** To guide the Hillsboro Parks and Recreation Department. Includes strategies and policy positions to improve the ability of Hillsboro to achieve their vision for parks and recreation.

**Features that relate plan/policy/program to public health:** One of the Hillsboro Parks & Rec Department’s core values specifically mentions health:

- Encouraging Recreation and Healthy Living – we strive to provide

recreational and cultural experiences that encourage healthy living and human development for residents of all ages and abilities.

The Plan also mentions Health & Wellness as one of the Parks & Rec Department’s core program areas for recreational programming (p. 77). Overall, the Plan includes a strong push to increase outdoor recreation and inner city greenways, and displays a willingness and desire to improve transportation to and from outdoor recreational facilities.

**Opportunities (to engage with public health):** As part of developing Hillsboro’s “2020 Vision and Action Plan,” a planning process/document that preceded the Parks and Trails Master Plan, Hillsboro identified “promoting community health and safety” as a key aim for the City. This value then led to the creation of the Parks plan, which clearly includes health and physical activity as important goals for parks and recreation. These two planning documents (the Vision and Parks Plan) demonstrate how a City can develop a commitment to promoting health that infuses many areas of planning.

**Willamalane Parks and Recreation Comprehensive Plan**

**Geography:** Springfield, Oregon and its urbanized area

**Date of Creation:** October 2012

**Affective Years:** 2012-2022

**Update Required?** 2022

**Regulatory:** Yes

**Funding to Implement?** Capital Improvements Plan covers two phases, after that, the District will have to identify further funding.

**Purpose of the plan:** “The Park and Recreation Comprehensive Plan provides a specific, community-supported plan for the future of Willamalane’s parks, natural areas, recreation facilities, programs and services” (p. ii). It is a refinement of the Eugene-Springfield Metropolitan Area General Plan. The plan is guided by Willamalane’s core values: affordability, accessibility, community, environment, excellence, healthy lifestyles, inclusiveness, innovation, partnerships, people, personal growth, play, stewardship, and teamwork.

**Features that relate plan/policy/program to public health:** Through their recreational programming, Willamalane strives to promote physical

health. One goal seeks to “promote well-being, health and wellness” (p. 11). The plan acknowledges that “personal health and wellness require opportunities to be physically active” (p. 11). Strategies listed in Chapter 4 under E. Recreation Programs and Services (p. 70 – 72) demonstrate a commitment to providing the community with access to recreation that promotes physical activity.

**Opportunities (to engage with public health):** Willamalane has a demonstrated commitment to promoting public health through their facilities and programming. This plan offers an example of policies and strategies an organization might use to promote health through parks and recreation.

## TRANSPORTATION SYSTEM PLANS

### Oregon Transportation Plan

**Geography:** Oregon

**Date of Creation:** September 20, 2006

**Affective Years:** 2006-2031

**Update Required?** 2031

**Regulatory:** Yes

**Funding to Implement?** Sources are specific to the element of the transportation system. Refinement plans provide a better list of funding sources. See below, as well as Oregon Bicycle and Pedestrian Plan, Oregon Transportation Options Plan, and Oregon Transportation Safety Action Plan.

**Purpose of the plan:** The plan addresses all modes of transportation in Oregon to increase the safety of different transportation systems, and the infrastructure surrounding them. The plan includes seven goals: mobility and accessibility; management of the system; economic vitality; sustainability; safety and security; funding the transportation system; and coordination, communication, and cooperation. The plan itself is fairly high level, with further refinements listing more specific direction for different aspects of the transportation system.

**Features that relate plan/policy/program to public health:** The plan does not have a strong emphasis on the connection between

public health and transportation. The safety goal relates, but does not particularly mention the benefits of active transportation. Only one policy under Sustainability seems directly related: Policy 4.3 – Creating Communities: “It is the policy of the State of Oregon to increase access to goods and services and promote health by encouraging development of compact communities and neighborhoods that integrate residential, commercial and employment land uses to help make shorter trips, transit, walking and bicycling feasible. Integrate features that support the use of transportation choices” (p. 61).

**Opportunities (to engage with public health):** This plan should serve as a guide for regional and local transportation planning. The refinement plans, however, are probably more relevant to public health. Future updates to the Oregon Transportation Plan should include more direct reference to public health to serve as a stronger guide for Oregon communities.

**Funding available to implement plans:** The plan does not clearly outline funding opportunities (these are more clearly defined in the refinement plans). It does, however, state that “Oregon has a user-based funding system that is supplemented by other sources of federal, state and local funding. Funding methods vary by mode and sometimes by size of transportation facility or service. Funding generally is dedicated to specific modes and purposes. This dedication protects the interests of the specific mode, but does not provide funding flexibility to address shifting needs or funding shortfalls” (p. 84). This section then goes on to outline different funding streams for different elements of the transportation system (p. 84 – 87).

### Oregon Bicycle and Pedestrian Plan

**Geography:** Oregon

**Date of Creation:** May 19, 2016

**Affective Years:** 2016 until updated

**Update Required?** Unknown

**Regulatory:** Yes

**Funding to Implement?** Chapter 4: Investment Considerations includes a discussion of funding. See below for a summary.

**Purpose of the plan:** The plan seeks to increase the amount of walking and bicycling in the state of Oregon. Additionally, the plan seeks to improve the quality of the current systems supporting bicycle and pedestrian travel. The plan includes nine goal areas: safety; accessibility and connectivity; mobility and efficiency; community and economic vitality; equity; health; sustainability; strategic investment; and coordination, cooperation, and collaboration. The Active Transportation Plan serves as a refinement to the Oregon Transportation Plan focused on active transportation. It directs the work of the Oregon Department of Transportation and guides a variety of other entities throughout the state.

**Features that relate plan/policy/program to public health:** Because it deals with promoting active transportation, the entire plan relates to public health benefits. More specifically, the plan includes goals related to:

- Safety (p. 30) – Eliminate pedestrian and bicyclist fatalities and serious injuries, and improve the overall sense of safety to those who bike or walk.
- Health (p. 41) – Provide Oregonians opportunities to become more active and healthy by walking and biking to meet their daily needs. (Specifically includes a strategy (6.1B) about including public health professionals in transportation planning.)

The plan also explains the health benefits of walking and biking (p. 10).

**Opportunities (to engage with public health):** This plan should serve as a guide for regional and local transportation planning. The emphasis on the public health benefits of active transportation should infuse other plans that more directly impact communities.

**Funding available to implement plans:** The plan includes a section on “Pedestrian and Bicycle Funding Streams and Opportunities” (p. 50 – 52), summarized below:

- The Statewide Transportation Improvement Program (STIP) is Oregon’s four-year transportation capital improvement program.
- Transportation Alternatives Program (TAP)
- Surface Transportation Program (STP; federal flexible funds)

- Connect Oregon
- Federal Transit Administration Funds: Federal Transit Administration (FTA) funds allow capital program dollars to be used for pedestrian and bicycle transit integration projects.
- Federal Lands Access Program (FLAP) funds are intended to better connect county and state highways to national forests. Ten percent of the annual funding is dedicated to projects like trailhead amenities and interpretive signage.
- Recreational Trails Program funds come to ODOT which, in turn, chooses to pass them to the Oregon Parks and Recreation Department for distribution through their competitive Recreational Trails grant program.
- Transportation Investment Generating Economic Recovery (TIGER) Competitive Grant Program: These discretionary grants are highly competitive funds that are considered annually by the Federal government when they go through the appropriation process. Road, rail, public transportation, pedestrian and bicycle, port, and multimodal projects that achieve critical national objectives are eligible for this funding.
- Urban Renewal Areas/Tax Increment Funds (URA/ TIF)
- Transportation Utility Fees
- Reimbursement Districts
- General Fund Revenue
- Dedicated Property Taxes
- Hotel/Motel Taxes
- Community Development Block Grant
- School Bonds
- Negotiated Agreements with Developers

### **Oregon Transportation Options Plan**

**Geography:** Oregon

**Date of Creation:** April 16, 2015

**Affective Years:** 2016-2031

## **Update Required?** 2031

**Regulatory:** Yes

**Funding to Implement?** Primarily listed in Chapter 2, but other references throughout the plan. See summary below.

**Purpose of the plan:** “The Oregon Transportation Options Plan envisions a safe, affordable, and efficient transportation system for Oregon residents, employees, and visitors” (p. 1). The plan seeks to increase transportation access to all Oregonians by increasing the diversity of modes of transportation while keeping a commitment to the local communities needs and goals. The plan includes ten goal areas: safety; funding; accessibility; mobility and system efficiency; economy; health and environment; land use and transportation; coordination; equity; and knowledge and information. Similar to the Active Transportation Plan, the Transportation Options Plan serves as a refinement to the Oregon Transportation Plan focused on increasing transportation options available to Oregonians. It directs the work of the Oregon Department of Transportation and guides a variety of other entities throughout the state.

**Features that relate plan/policy/program to public health:** The plan frequently mentions the public health benefits of active transportation and acknowledges the importance of partnering with public health professionals in transportation planning (p. 62). The plan states that “Transportation options help address a number of growing public health concerns in Oregon. Diabetes, heart disease, and stroke and their associated risk factors lead to more disability and death than any other conditions in Oregon” (p. 54).

The following goals most directly link transportation planning and public health:

- Goal 1: Safety (p. 68) – To provide a safe transportation system through investments in education and training for roadway designers, operators, and users of all modes.
- Goal 3: Accessibility (p. 76) – Expand the availability, information, and ease of use of transportation options; improving access to employment, daily needs, services, education, and travel to social and recreational opportunities.

- Goal 6: Health and Environment (p. 85) – To support healthier natural and built environments by developing and promoting transportation options that reduce the environmental impacts of motorized travel and allow more people to incorporate physical activity into their daily lives.

**Opportunities (to engage with public health):** This plan should serve as a guide for regional and local transportation planning. The emphasis on the public health benefits of active transportation should infuse other plans that more directly impact communities.

**Funding available to implement plans:** Chapter 2 contains a section describing “Existing Transportation Options Funding” (p. 38 – 41), summarized below:

- State Transportation Improvement Program (STIP)
- Congestion Mitigation and Air Quality Program (CMAQ)
- Surface Transportation Program (STP)
- Dedicated funding (appropriations from the Legislature, currently used for the Drive Less. Save More. program.)
- Safe Routes to School
- Connect Oregon
- ODOT Rail and Public Transit Division (RPTD)
- Private Sponsorship
- National Transit Database (NTD) Vanpool Reimbursement

Goal 2: Funding, also includes strategies for funding transportation options, and the plan includes a further section on “Funding Transportation Options” (p. 116 - 119), which mainly focuses on the need to find creative ways to expand funding.

## **Oregon Transportation Safety Action Plan**

**Geography:** Oregon

**Date of Creation:** October 14, 2016

**Affective Years:** 2016 until updated

**Update Required?** Unknown

**Regulatory:** Yes

Funding to Implement? None clearly listed. See below.

**Purpose of the plan:** “The TSAP provides the long-term vision of zero deaths and life-changing injuries and provides goals policies and strategies to work toward this vision. The long-term elements of the Plan provide guidance to policy-makers, planners, and designers about how to proactively develop a transportation system with fewer fatalities and serious injuries” (p. 3). The plan covers all modes of transportation on all public roads in Oregon. Goals include: safety culture; infrastructure; healthy, livable communities; technology; collaborate and communicate; and strategic investments. Emphasis areas include: risky behaviors, infrastructure, vulnerable users, and improved systems. The TSAP serves as Oregon’s Strategic Highway Safety Plan, a plan required by the Federal Highway Administration.

**Features that relate plan/policy/program to public health:** The plan’s subject matter, safety, directly relates to public health. A few in particular demonstrate the direct connection between health and the built environment:

- Goal 2: Infrastructure (p. 56): Develop and improve infrastructure to eliminate fatalities and serious injuries for users of all modes.
- Goal 3: Healthy, Livable Communities (p. 58): Plan, design and implement safe systems; and support enforcement and emergency medical services to improve the safety and livability of communities, including health outcomes.

The plan also specifically calls out the Oregon Health Authority as a partner (p. 19 and 110).

**Opportunities (to engage with public health):** This plan should serve as a guide for regional and local transportation planning. Its emphasis on safety is perhaps the lowest-hanging fruit for partnerships between planners and public health professionals since the overlap is so clear (issues with the transportation system can lead to fatalities).

**Funding available to implement plans:** The plan states that “most transportation safety activities include a mix of Federal, state, and local policy and funding and implementation actions” (p. 17). In the “Roles and Responsibilities” section of the plan, descriptions of each of the different

entities involved in implementation include hints about what funding these entities might have available to support implementation (p. 17 – 20). Overall, the plan suggests many funding streams be made available to support safety, but does not clearly list available funding in a single location.

### **Benton County Transportation System Plan (Goal 12 of Benton County Comprehensive Plan)**

**Geography:** Benton County, Oregon

**Date of Creation:** August 9, 2001

**Affective Years:** 2001 until updated

**Update Required?** As needed

**Regulatory:** Yes

**Funding to Implement?** “Benton County shall maintain a Transportation Improvement Program”

**Purpose of the plan:** This plan and its strategic policies seek to “address various forms of transportation, including pedestrian, bikeways, motorized vehicles, public transportation, air and water transportation, and railroads”. The plan focuses on four policy sections: Mobility, Circulation & Safety, Capital Improvement, Community, Economic Development.

#### **Features that relate plan/policy/program to public health:**

Emphasizes increasing alternative/multimodal transportation methods including those highly connected to healthy lifestyles. Places a high priority on increasing active lifestyles by connecting community areas to bicycle and pedestrian facilities. Uses land use policy to increase quality of life.

**Opportunities (to engage with public health):** The Comprehensive Plan includes a value statement that specifically mentions affordable food, shelter, transportation, and health care. This could serve as a model for other communities.

### **Lincoln County Transportation System Plan**

**Geography:** Lincoln County, Oregon

**Date of Creation:** October 2007

**Affective Years:** 2007-2027

**Update Required?** 2027

**Regulatory:** Yes

**Funding to Implement?** Lincoln County Transportation Service District has a property tax assessment for improvements; the Bicycle Plan references ORS 366.514 (“reasonable amounts” of State Highway funding shall be expended to provide footpaths and bicycle facilities”).

**Purpose of the plan:** “The Transportation System Plan (TSP) for Lincoln County considers transportation issues and guides transportation policy choices and system development for a 20-year planning period.” The plan includes eleven goals related to transportation systems.

Several goals related directly to increasing active transportation:

- Goal 1: Mobility (p. 1-5) – includes mention of pedestrians and bicyclists
- Goal 4: Public Transportation (p. 1-7) – focuses on improving public transportation options and coordinating this with bicycle travel
- Goal 5: Pedestrian and Bicycle Facilities (p. 1-7) – many objectives related to improving access and safety for pedestrians and cyclists
- Goal 11: Safety (p. 1-10) – includes provisions for keeping pedestrians and cyclists safe

The plan also includes sub-plans specifically related to active transportation: Bicycle and Pedestrian Plan (p. 6-9) and Public Transit Plan (p. 6-12). In particular, the plan has good language about road-sharing on Highway 101 and on rural roads. It includes provisions aimed at increasing the space given to cyclists.

**Opportunities (to engage with public health):** The plan’s inclusion of active transportation through elements related to pedestrians, bicycles, and transit can serve as an example for other communities on how to incorporate policies that promote physical activity into a transportation system plan.

### **Metro Regional Active Transportation Plan**

**Geography:** Metro (Clackamas, Multnomah, and Washington Counties, including Portland and 23 other cities)

**Date of Creation:** July 17, 2014

**Affective Years:** 2014 until updated

**Update Required?** “Updated frequently with assigned funding”

**Regulatory:** No

**Funding to Implement?** Chapter 13 covers funding (see below for more details)

**Purpose of the plan:** “The 2014 Regional Active Transportation Plan (ATP) provides a vision, plan and policies for communities in our region to increase transportation options and support economic development, healthy active living and equity.” In addition, the plan seeks to build regional continuity in order to achieve more widespread impact.

**Features that relate plan/policy/program to public health:** While the entire plan includes a health component by value of its subject matter, a few policies in particular address safety and incentivizing active modes of transportation:

- Make it safe to walk and ride a bicycle for transportation (p. 16)
- Support populations that are already driving less by making it easier to drive less (p. 16)
- Make walking and bicycling the most convenient, safe, and enjoyable choice for short trips less than three miles (p. 17)

The plan also acknowledges that health indicators should be included as performance measures of an active transportation plan (p. 1-26). Action item 5.4 states that Metro should work with partners to “explore collecting data and conducting analyses such as Health Impact Analysis, and incorporating health outcomes, such as levels of physical activity, to inform regional plans” (p. 12-160).

**Opportunities (to engage with public health):** In Oregon, Metro’s Active Transportation Plan is probably a gold standard for other communities. The plan includes a list of resources for active transportation plan implementation in Appendix 4 – this list is relevant to communities around the state.

**Funding available to implement plans:** Chapter 13 of the plan covers funding options. Current funding sources are documented on p. 13-166 – 13-169.

Metro coordinates the Metropolitan Transportation Improvement

Program, or MTIP, the federally required documentation of transportation investments scheduled for the region during a four-year cycle. The MTIP includes projects and programs administered by Metro, ODOT, TriMet and SMART. The MTIP is incorporated without change into the State TIP, or STIP, which identifies the state's four-year transportation capital improvements.

Funding priorities are mapped out through local Capital Improvement Plans, the MTIP, and the State Transportation Improvement Program (STIP). The Active Transportation Plan does not identify funding priorities, but does provide information and strategies, based on existing best practices and best available information, that can be used at the discretion of cities, counties and agencies to develop funding priorities that respond to public desires, achieve transportation targets and goals, are cost effective, efficient and provide transportation choices.

Metro has historically depended on the MAP-21 federal transportation funding bill and other federal funds to pay for active transportation improvements.

### **Washington County Transportation System Plan**

**Geography:** Washington County, Oregon

**Date of Creation:** November 27, 2015

**Affective Years:** 2015-2035

**Update Required?** As needed

**Regulatory:** Yes (Although the document reviewed here is only the "user-friendly" version of the TSP, not the legally adopted TSP)

**Funding to Implement?** Lists the following under Funding in Part 4 (p. 198 – 201): Major Streets Transportation Improvement Program (MSTIP), Transportation Development Tax (TDT), North Bethany Transportation Funding, Federal and State Funding, Local Improvement Districts (LIDs), Urban Road Maintenance District (URMD), and Road Fund.

**Purpose of the plan:** "The TSP serves as the guiding document for transportation system improvements and operations for Washington County – establishing the policies, projects, and programs necessary to achieve the County's transportation goals and objectives." The plan includes eleven goals: safety, economic vitality, livability, natural

environment, mobility, accessibility, connectivity, active transportation, coordination, funding, and maintenance. The plan also includes an active transportation element, which covers pedestrians, bicycles, and transit.

**Features that relate plan/policy/program to public health:** Many of the plan's goal relate to public health and safety (although this connection is not always highlighted). A few goals have a very direct overlap with public health:

- Goal 1: Safety (p. 17) – mentions completing gaps in pedestrian and bicycle infrastructure and promoting safety through engineering, education, and enforcement.
- Goal 8: Active Transportation (p. 122) – focuses on complete streets, pedestrian opportunities, bicycling opportunities, off-street trail systems, increasing access to transit, and working with Health and Human Services (among other partners) to promote the public health benefits of active transportation.

**Opportunities (to engage with public health):** This plan offers a good example of including active transportation options as a key part of transportation planning. It also references partnerships with public health professionals.

## **OTHER**

### **Central Lane Scenario Planning: Health Impact Assessment: A Health Impact Assessment of Regional Health Impacts and Related Cost Savings from Greenhouse Gas Reduction**

**Geography:** Lane County, Oregon

**Date of Creation:** June 2015

**Affective Years:** 2015 until updated

**Update Required?** Unknown

**Regulatory:** No

**Jurisdiction:** Central Lane Metropolitan Planning Organization, in collaboration with Lane County Public Health Department

**Funding to Implement?** None directly listed. Suggested reevaluation of costs and benefits based on expected costs from current patterns of

expenses related to poor health.

**Purpose of the report?** Two main purposes:

- To address climate change through a reduction in greenhouse gases by changing transportation situations/policies
- To understand the impacts of reducing carbon emissions on public health

Plan focuses on the public health impacts of (p. 1):

- Reducing vehicle miles travelled (VMT) by increasing transit service
- Increasing diversion of vehicle trips to active transportation (walking and biking)
- Changes in the cost to drive like gas taxes and parking
- A change in marketing and incentive programs that aim to get people to drive less

**Features that relate planning and public health:** The HIA concludes that “the strategies and investments in land use and transportation systems under consideration not only protect health by reducing the risks of climate change, the investments may also improve the region’s health by increasing physical activity, reducing overall traffic collisions, and improving air quality” (p. 1).

**Opportunities (to engage planning and public health):** This HIA offers an example of a partnership between a transportation planning entity and a public health department. It also offers a model for quantifying the public health benefits of changes to transportation policies.



# APPENDIX C: PLANNERS 4 HEALTH INTERVIEW AND FOCUS GROUP MEETING SUMMARIES

In March and April 2017, the Oregon Chapter of the American Planning Association conducted 27 interviews of planning and health professionals around the State of Oregon as well as three focus group meetings. This appendix summarizes the responses from these activities for the Planners4Health project.

## INTERVIEWS

Individuals who participated in the interviews are:

- **Nick Arnis**, Director, City of Bend, Growth Management Department
- **Cyreena Boston Ashby**, Chief Operating Officer, Oregon Public Health Institute
- **Brian Campbell**, FAICP, Education and Outreach Chair, Oregon Chapter of the American Planning Association
- **Aniko Drlik-Muehleck**, Project Coordinator, University of Oregon Community Services Center
- **Matt Ferris-Smith**, Vision Zero Fellow, City of Portland
- **Nicole Fields**, Health Promotion Program Manager, Lincoln County Public Health
- **Heidi Guenin**, Senior Associate, GridWorks
- **Brendon Haggerty**, Program Specialist, Multnomah County Public Health
- **Jay Higgins**, Associate Transportation Planner, City of Gresham
- **Greg Holmes**, Food Systems Program Director, 1000 Friends of Oregon
- **Megan Horst**, Assistant Professor, Portland State University
- **Mike Howard**, Assistant Program Director, University of Oregon Community Services Center
- **Gerik Kransky**, Policy Director, Street Trust
- **Sheila Lyons**, Pedestrian and Bicycle Program Manager, Oregon Department of Transportation
- **Tamra Mabbott**, Planning Director, Umatilla County Land Use Planning
- **Evan Manvel**, Education and Outreach Coordinator, Transportation Growth Management Program
- **Spencer Masterson**, Community Food Systems Network Manger, Oregon Food Bank
- **Jessica Nishick-Long**, Executive Director, Oregon Public Health Association
- **Mark Nystroom**, Energy, Environment & Land Use Policy Manager, Association of Oregon Counties
- **Chris Rall**, Program Manager, Transportation for America
- **Brian Rankin**, Growth Management Planning Manager, City of Bend
- **Aaron Ray**, Long Range Division Senior Planner, City of Hillsboro
- **Jeannine Rustad**, President, Oregon Chapter of the American Planning Association
- **Kari Schlosshauer**, Pacific Northwest Regional Policy Manager, Safe Routes to School
- **Joshua Shaklee**, Senior Planner, Lincoln County Planning & Development
- **Taylor Smith**, Healthy Communities Coordinator, Umatilla County Health Department
- **Kirstin Tilleman**, Incoming President, Oregon Chapter of the American Planning Association

## Interview Questions

All 27 interviewees were asked the following nine questions. Questions three (3) through seven (7) varied slightly depending on the professional background of the interviewee. For these questions, the phrasing of both versions is provided.

1. Please describe your professional organization and role within that organization.
2. How would you categorize your professional training? What discipline are you most familiar with?
3. Planning: On a scale of 1 to 10, where 1 is you are totally unfamiliar and 10 is very familiar (expert), how familiar are you with how planning can impact community health?

Public Health: On a scale of 1 to 10, where 1 is you are totally unfamiliar and 10 is very familiar (expert), how familiar are you with how public health is impacted by urban planning (e.g. land use regulations, transportation systems, healthy food access)?

4. Planning: Do you (or your organization) try to improve health outcomes through your planning work? If yes, please provide specific examples.

Public Health: Do you (or your organization) try to influence urban planning practices (e.g. active transportation planning, local housing policies, location of food outlets) through your public health work? If yes, please provide specific examples.

5. Planning: Does the leadership in your organization support incorporating health into organizational practices, programs and/or policies? If yes, how so? If no, do you have any ideas on why not?

Public Health: Does the leadership in your organization support incorporating urban planning into organizational practices, programs and/or policies? If yes, how so? If no, do you have any ideas on why not?

6. Planning: Based on your knowledge and experience, what are the primary challenges to incorporating health into your planning work?

Public Health: Based on your knowledge and experience, what are the primary challenges to incorporating urban planning into public health work?

7. Planning: Based on your knowledge and experience, what are the biggest opportunities to incorporate health into your planning work?

Public Health: Based on your knowledge and experience, what are the biggest opportunities to incorporate urban planning into public health work?

8. If you had the capacity to do any one thing tomorrow to further the integration of health in planning practices, what would you do and why?

9. What could OAPA or state and local partners do to help you overcome the challenges and take advantage of the opportunities?

## Interview Question Response Summaries

### Question 1: Organization & Role

Many organizations' representatives were contacted for interviews, this includes, the Oregon Chapter of the American Planning Association, Umatilla County Land Use Planning, the University of Oregon, Portland State University, Lincoln County Planning and Development, 1000 Friends of Oregon, the Oregon Food Bank, Safe Routes to School, GridWorks, the City of Portland, Department of Land Conservation and Development, Transportation Growth Management, Association of Oregon Cities, Transportation for America, the Street Trust, the Oregon Department of Transportation, the City of Bend, the City of Hillsboro, the City of Gresham, Oregon Public Health Association, the Oregon Health Authority, Lincoln County Public Health, and the Oregon Public Health Institute.

Interviewees had varying professional roles within their organization. Some of the roles of the individuals we interviewed include, long-range planner, land-use planner, transportation planner, environmental planner,

academic lecturer/researcher, education and outreach coordinator, chief operating officer, policy director, county planner, comprehensive planner and executive director.

### **Question 2: Professional Training**

Although interviewees were selected because of their current workplace and its association with health and/or planning (especially if they have been involved in previous healthy planning work related to active transportation and access to healthy food), we found that the interviewees came from a broad range of professional training backgrounds. Some of the responses we heard to this question include, a professional background in law, architecture, urban design, sustainability, environmental studies/science/policy/management, political science, transportation planning, public health, environmental health, community and economic development, land-use planning, food justice, public policy, environmental science, and forestry. We were surprised at the number of interviewees that had a background in something environmental.

### **Question 3: Familiarity with Planning/Health**

When asked about level of familiarity with the intersection of planning and health, responses ranged from a four to a ten (on a scale of one to ten, with ten being the most familiar/expert). The most common responses were seven or eight. Interviewees talked about how they feel they have a basic understanding of how planning influences health, but lack specific knowledge and tools.

### **Question 4: Current Work**

Most of the interviewees are currently, or have been in the past, involved in work that incorporates planning for health. Some of the work that interviewees are involved in include: (1) advocating for communities and educating communities so they can advocate for themselves, (2) advocating for certain policy changes through the legislative process and/or endorsing legislation, (3) creating infrastructure that supports active living, (4) sharing resources with smaller jurisdictions and/or mentoring smaller jurisdictions in how to plan for health, (5)

protecting farmland, (6) collaborating with others to promote this type of work, (7) increasing knowledge of how these two fields are related, (8) incorporating health and/or planning into what they already do (for example, incorporating health into transportation planning for safety), and (9) integrating health into plans and processes (for example, including a section on health in a regularly updated planning document).

### **Question 5: Leadership Support**

This was a challenging question for interviewees. It is difficult to say that leadership does not support creating environments that are healthier for people. The interviewers framed this question by asking about the relative importance of health in the work that they do as perceived by their leadership. The responses we heard ranged from, health is integral to what we do, it is an assumed, built-in benefit, to our leadership has other priorities. Some of the other common responses we heard are (1) if staff is passionate about integrating health/planning, there is support, and (2) if the community supports integrating health/planning, then leadership is more likely to support it.

### **Question 6: Primary Challenges**

Many interviewees spent the bulk of their time talking about the challenges to improving health through planning. Some of the common themes we heard were that it is challenging to: (1) change how we think about, and communicate about, health in planning, (2) represent both systemic and individual ways planning influences health, (3) ensure recognition and support of public health as an expertise, (4) engage the necessary humility and intention when bringing two moralizing and policing professions together, (5) work against established funding structures, (6) collaborate with the disconnect between County health departments and city planning departments, and (7) address that improving health through planning is often not a priority.

### **Question 7: Biggest Opportunities**

When asked what some of the biggest opportunities were to improve health through planning, interviewees discussed several common themes, including that partnering with one another and working together can: (1) help leverage existing resources, (2) further

improvements towards reducing health disparities, (3) increase interest in integrating health into existing planning policies, (4) assist in creating a standard of practice where every project incorporates community health outcomes, and (5) increase opportunities for professionals to become involved in both fields. Additionally, other opportunities discussed include, how we can increase education about the co-benefits of health and planning (e.g. economic development) and look forward to the emerging professionals and future leaders that are more interested and invested in this intersection.

### **Question 8: Any One Thing**

Interviewees were asked to think outside of the box – that no response was too “out there,” when thinking about what one thing they would do to further the integration of planning and health. Some of the responses we receive include, (1) get more buy in from the development, builder and real estate communities, (2) be able to designate a larger portion of time to this effort, (3) do a comprehensive update of policies so that they incorporate health (local codes, Statewide planning goals, comprehensive plans), this would create a legal mechanism for enforcement, (4) find a way to elevate the public health voice (and expertise) in planning and development communities, (5) establish work spaces in closer proximity to one another to encourage collaboration, (6) further the integration of the two fields in academic curriculum, (7) create a network of people who are dedicated to this and can act as champions for one another, and (8) build better technology and provide more useful data that clearly show how creating healthy communities is the most fiscally responsible decision.

### **Question 9: OAPA Support**

This question gets back to the heart of this Planners4Health grant project. We asked interviewees what OAPA and/or its partners could do to help overcome the challenges and opportunities. In general, interviewees are interested in both seeing continued efforts of some of the things OAPA is already doing, for example, providing educational opportunities and developing and disseminating communication tools. They would also like to see OAPA expand it’s role. Some of the suggestions included: (1) developing resources around food systems planning specifically

and how it can be integrated into local policies and plans, (2) assisting with developing resources and tools that are specific and applicable to Oregon communities, (3) being a leader in facilitating and building partnerships and coalitions around planning for healthy communities, and (4) being a consistent voice linking the two field together.

## **INTERVIEW QUOTES**

Interviewers found the following quotes to be particularly relevant and meaningful. Interviewees have been contacted and are aware of, and in support of, the use of the following quotes in this report.

### **Greg Holmes – Food Systems Program Director, 1000 Friends**

*“We need better education about how the food system fits into existing and future land-use and transportation planning, and how this influences health. How we design our communities can make access to food more difficult, and can make it more difficult for the agriculture businesses to function.”*

*“One challenge is the tensions that exist between various priorities; how can we push down on one side of the problem without making the other side of that problem stick out? What can we really have an influence on?”*

### **Michael Howard – Assistant Program Director, University of Oregon Community Service Center**

*“People get turned off of health because they think health should be a personal decision and don’t want to be told to do things. It is our job as planners to create spaces for people to be healthy. We should plan with health, and happiness, in mind.”*

### **Anonymous**

*“With many clients, caring about health is not codified because of the politics of the region. Health is not driving decision-making.”*

### **Chris Rall – Program Manager, Transportation for America**

*“Over the last ten years, many planners, public health practitioners, and even the general public have grown to understand the connection between*

health and transportation. This trend creates the opportunity to account for health impacts in how we plan and invest in our communities. People get this. Even regular people get this. There is no excuse not to act.”

**Gerik Kransky – Policy Director, Street Trust**

“One of the challenges is in the difference of language between public health professionals and infrastructure people. There is a soft side of public health -- the human side, that gets missed by the hardscape people that do infrastructure. We need to bridge this social gap. This is a concept that takes a bit to describe. We are consuming our media in 140 characters, we don’t always have the space to be able to describe what we need to do, to make the connection between the built environment, physical activity, and health. We need to make this connection clear in our work.”

**Jay Higgins – Active Transportation Planner, City of Gresham**

“Active transportation is a building block of the cake -- not the icing on cake. It should always be happening; it should always be the best practice.”

“One of the challenges is understanding what is going to make a difference. What research is out there? What is important? How can jurisdictions apply it to their specific context?”

**Aaron Ray – Senior Planner, City of Hillsboro**

“Imitation is the highest form of planning; we (OAPA) need to do something great and let people copy it.”

**Kirsten Tilleman – OAPA President Elect**

“We should be designing communities for active lifestyles, better transit, and healthier food! As planners, we have the tools to help people be healthier and happier—who wouldn’t want that?”

“Like the environment, public health can be integrated and improved through various planning efforts. Planners can find where it [health] can fit—where it can be tied to other work already being done—and establish that tie between health impacts and other co-benefits.”

**Brendon Haggerty – Multnomah County Public Health**

“One of the biggest challenges is understanding causal pathways. This is a problem among elected officials, planners and public health professionals, even when there is some basic understanding.”

“Public health has strong community connections with disadvantaged groups; they interface a lot with those groups and have knowledge of the ways that systemic racism, for example, manifests in our built environment. Colleagues in public health are more comfortable talking about racism and poverty and it’s helpful to have that person from the public health department come and talk; they have a fluency that is sometimes lacking in planning and economic development work.”

**Heidi Guenin, MPH, AICP – Senior Associate, GridWorks**

“Funding is a huge barrier – Trimet may understand, for example, that if they increase their fare by \$\$, XX many fewer trips will be taken by transit, some of those trips are going to default to non-driving modes, some of them are going to default to driving modes. This will result in a change in physical activity and in vehicle emissions, which then results in changes in health outcomes. They may fill the gap in the budget by increasing fares, but they may cost the region many times that in other costs. Trimet’s job is not to balance the overall costs of all our planning decisions. Trimet has to balance Trimet’s budget. Even at the individual government level, these budgets don’t talk to each other. We have all of these incentives to collaborate because our issues are interlocked. But we don’t have any incentives (financial) to implement things.”

**Brian Rankin and Nick Arnis – Planning Manager and Director, City of Bend**

“The way our government is set up between cities and counties is one institutional challenge in Oregon. The City leads land-use, economic development and infrastructure (utilities) planning, and the County manages things like social services and measuring health outcomes. Being siloed and not talking to one another, or being physically located near one another, is a challenge.”

“Walkability became a driving term for creating more complete communities. Decision makers are motivated and understand why walkability needs to be improved in certain areas of the City. They will be

*updating their transportation systems plan soon and are thinking about going the next step and really incorporating the health benefits of walking and biking.”*

**Megan Horst – Professor at PSU’s Toulon School of Urban Studies and Planning**

*“Accessing credible, easily digestible public health research is difficult if you don’t have formal training in public health/epidemiology.”*

## **FOCUS GROUP MEETINGS**

In addition to conducting 27 interviews, OAPA also facilitated three focus groups. These focus groups took place in Benton County, Umatilla County, and Portland, Oregon. The Portland, Oregon focus group was held specifically for the Oregon Health Authority Healthy Environments group.

### **Benton County Focus Group**

The following questions were asked during the focus group with Benton County. An overview of the responses given and discussed are provided following each question.

**1. Do you (or your organization) try to influence urban planning practices (e.g. active transportation planning, local housing policies, location of food outlets) through your public health work? Are some efforts or partnerships more effective with some organizations or agencies compared to others? Why?**

Forming partnerships and collaboration have been key for Benton County. For example, they’ve formed a variety of partnerships around Health in All Policies initiatives and the Healthy Active Community Environments projects. Some of the things they’ve noticed is that this helps with project implementation and relationship building. They’ve also noticed that more things get done when working collaboratively, and that knowing who works in other departments on what types of activities is very useful.

**2. Based on your knowledge and experience, what are the primary**

### **challenges to incorporating urban planning into public health work?**

For Benton County, funding and capacity are two challenges. Some of the other challenges discussed include: (1) how funding and staff capacity can be too limited to engage in healthy planning work, (2) how public health and planning offices are often on different time schedules or have different organizational cultures, (3) how there are few government access points for citizens, and how further education to the general public around planning for health is needed, (4) that equity and poverty are difficult issues to address, (5) that awareness often happens when it is “too late,” and (6) that there are competing regulations, and other regulatory boundaries, that make it difficult to work in both the development realm and in health.

**3. Based on your knowledge and experience, what are the biggest opportunities to incorporate urban planning into public health work?**

One of the opportunities related to working in both fields, or in close connection to both fields, is that funding can be leveraged from more sources. Another opportunity discussed was how changing the culture of leadership can make it easier for departments to collaborate. The example they gave was that in the past each department worked directly for a commissioner, but now they work together for a chief operating officer. A third opportunity discussed is the ability to integrate health into plan updates, such as strategic, comprehensive, economic development, housing strategy, and transportation specific plans. In regards to housing, the participants talked specifically about mandatory inclusionary zoning in order to increase access to housing because housing is so interconnected to everything else – including performance in school.

The participants of this focus group also discussed the importance of the planning process and of getting the people involved in that process. They discussed how low income and minority people in particular should also be given the opportunity to be involved. One way to encourage diversity in participation is to have multi-lingual and multi-ethnic representatives in planning positions, or on health-planning task forces and steering committees. One participant said, “Value people and give

them a chance. The engagement is important and makes them feel better. Make sure their perspective is acknowledged; this will help reduce residual resistance.” (Quote edited for clarity).

#### **4. If you had the capacity to do any one thing tomorrow to further the integration of health in urban planning practices, what would you do and why?**

Three ideas surfaced during this part of the discussion. The first idea was to have a staff person whose responsibility is to work in both planning and health that could drive the collaboration of the two fields, as well as integration of health into planning processes. The second idea was to increase the gas tax in order to disincentive driving and encourage people to be more active in their communities. The third idea is also related to transportation; participants talked about the importance of Safe Routes to School, and in making it safer for kids to walk and bike.

#### **5. How could OAPA, a local chapter of a professional planning organization, or other state and local partners, do to help you overcome the challenges and take advantage of the opportunities?**

The following eight overarching ideas were discussed by focus group participants: (1) integrate the social determinants of health into all trainings, and emphasize the equity component, providing applicable case studies or examples, (2) find opportunities to increase interactions with those in the building and development communities (e.g. builders, construction, engineers), (3) provide specific model practices on how to integrate planning into public health at the state level in order to increase cross pollination and get people involved earlier in the legislative process, (4) facilitate planning meetings with health people so they can be involved in the decision-making process, (5) increase and improve education on health impacts of living in more dense communities, including how this is fiscally more responsible for governments, (6) create model language around healthy communities that can be used by planning/health organizations around the state, (7) create a listserv for planning and health, or a task force of interested individuals that would meet monthly, and finally (8) find ways to capitalize on what is already happening that has planners and public health professionals attention –

right now this is housing. How do we bring planning and health people together over the housing issues facing our state today?

### **Oregon Health Authority Focus Group**

The following questions were asked during the focus group with the Oregon Health Authority (OHA) Healthy Environments Group. An overview of the responses given and discussed are provided following each question.

#### **1. What is working well right now?**

Participants of the OHA focus group discussed how there is growing enthusiasm and support for neighborhood bike programs in different areas of the state, for example, in Portland, Bend, and Corvallis. There is also support around improving the retail environment right now, specifically around increasing access to healthy foods at grocery stores and farmer’s markets, and reducing access to unhealthy foods and products (e.g. tobacco and alcohol).

Another theme that emerged during this part of the focus group was the role of partnerships and how forming them is becoming easier and more important. OHA acts as the convener for relationships and partnerships with ODOT, AARP, Kaiser, SRTS and DLCD. The Oregon Office of Disability and Health has also reached out to OHA and is interested in developing a partnership and looking at the built environment and activity from the disability lens. From this perspective, partners can think about getting the least active populations, somewhat active.

#### **2. What is not working?**

There are many things that are not working right now that were discussed in this focus group. For example, in regards to data collection, the type of data that is collected is not all encompassing or representative of Oregon’s populations. It is difficult to get data on sedentary people; how would we do this?

Although there is a push for more partnerships and increased collaboration, the public health field itself is underfunded which makes exploring and following up on collaborative efforts difficult. When

organizations are short staffed and/or underfunded there are other priorities.

There is a lot of misconception about what public health is. People think public health is about immunizations and monitoring restaurants. How do we share the message on public health and prevention; how do we get people and organizations to think upstream? One example would be to plan for intersection improvements based on infrastructure, traffic volume, signal length, number of lanes, etc. rather than waiting until there have been a certain number of fatalities.

Most plans start with a utopian dream – e.g. this plan will address improving health in the community. The word health or a health goal appears in a lot of plans, but it is often not well-defined, operationalized, or measurable.

### **3. If you had the capacity to do any one thing tomorrow to further the integration of health in urban planning practices, what would you do and why?**

The OHA focus group participants gave a variety of ideas for things that could, and should, be done tomorrow to integrate the fields of planning and health. For example, they talked about how public health could be included in the trainings that county commissioners usually receive on planning. Other ideas raised included: (1) devote more resources to physical activity and nutrition surveillance systems, (2) use funding from a sugary beverage tax to fund health departments and tribes, (3) create more comprehensive care for communities across the state (especially for more rural communities), (4) further the integration and accessibility of prescriptions for exercise (RX Play), (5) create community development policies around access to resources that influence health, (6) make sure health professionals have a seat at the planning table, and (7) elevate the concept that health is not just healthcare and that we need to find a common language.

### **Umatilla County Plan4Health Focus Group**

The contents and purpose of this focus group were slightly different because Umatilla County was a recipient of a Plan4Health grant.

The participants reflected on their experience with Plan4Health, and addressed four Planners4Health Questions. An overview of the responses given and discussed are provided following each question.

### **1. What did you get out of this project? What was the best thing about it for you and your organization?**

Those involved in the Umatilla County Plan4Health project that participated in this focus group found that they made concrete steps towards getting planners and health professionals to collaborate more, which they perceive as extremely necessary. They are also proud that Umatilla County is acting as a local leader in this area, and providing assistance to smaller jurisdictions. They think Plan4Health was helpful in starting to institutionalize collaboration between the built environment and health fields. They described this as an exciting and a long overdue development.

### **2. What are the primary challenges to improving health through land use planning and transportation?**

Many challenges were raised during the Umatilla focus group. These include: (1) balancing short and long term goals (e.g. it is less expensive to build a hospital outside of the town center which will save money up front, but it will be more difficult for people to get), (2) quantifying health impact costs, (3) translating theory to practice, (4) lacking good examples for rural Oregon, (5) changing people's mindset about behavior, and (6) focusing on this when resources are already extremely limited (especially for rural towns).

### **3. What are the primary opportunities to improve health through land use planning and transportation?**

Having people on the same page, i.e. wanting to improve health through the built environment, and having supporters of this present information to others is one opportunity that has arisen out of the Plan4Health project in Umatilla. No one wants to say no to public health – when looking at infrastructure projects it is important to bring up how the changes will impact health. Furthermore, it is important to bring these issues to decision makers.

**4. Knowing what you know now about the project and process, is there anything you would have done differently?**

Participants thought about making the goal of the project clearer earlier on, and making sure those on the coalition were aware of and supportive of the goal. They also spoke about the importance of having tangible projects that could be implemented at the end of the process to keep momentum going. Another idea was to have multiple small coalitions instead of one big coalition due to the size of the County.

**5. If you had the capacity to do any one thing tomorrow to further the integration of health in urban planning practices, what would you do and why?**

Umatilla focus group participants had a few different ideas for this question. Some of them thought about specific ideas that would improve health in their jurisdiction, for example, revising road standards so they reflect more walkable block dimensions, or creating walking paths for tribal communities. Others thought more about policy making and leadership. Examples of what was discussed include, updating comprehensive plans so that health is included in every aspect of the plan, getting leadership to think more broadly about health, and having health officials on planning commissions.

**6. What advice do you have for OAPA, or other state or local partners, to help you overcome challenges and take advantage of opportunities?**

People pay attention to what you measure so measurement is really important – both what you measure and how you communicate about what you are measuring. People also pay attention to the social norm; right now, being overweight is normal, but shouldn't be. How can we encourage people to change their behaviors?

**7. Is there anything else you want to add, or that I should have asked you about?**

It is important for various sectors to be involved in this work because they all have levels and areas of influences. For example, public works, economic development, construction and real estate should all be

involved. In rural areas, a lot of the people doing design work are the public works and construction folks so this becomes even more important.



# APPENDIX D: HEALTH AND PLANNING ROUNDTABLE

The Oregon Chapter of the American Planning Association hosted a Health and Planning Roundtable on Thursday, May 18, 2017 from 9 am to 12 pm in Eugene, OR. Thirty-five people registered for the event.

As part of that event, OAPA asked participants to identify strategies and action items that participants felt would be the most effective at improving health through planning. We then asked participants to indicate their top three choices from all the ideas generated. The following list is all of the ideas generated, and the number of votes each idea received. Note: the ideas have not been edited—they are listed here as they were presented at the Roundtable.

## 7 votes

- Messaging, framing issues, providing local health statistics, get community members on board to bring to elected officials. Bring city and county elected officials and public health officials together.

## 6 votes

- Strengthen/change state planning goals: metrics and how they drive what we do (eg LOS), state level leadership governor, leadership within state agencies (ODOT/DLCD), local government/public support, business communities and other agency/organizations, partnerships (eg. ODOT/OHA)
- A list of the crossover points (example, Health in All Policies)

## 5 votes

- OAPA should be a clearing house for public health and planning information about grants, programs, and best practices
- Build structure/capacity for public health to be more present/involved: HIA/CHA get the community involved (NGO) Rapid/robust and get involved at the local/state level policies

## 4 votes

- Integrate planning goals into public health plans/programs

and provide examples of investment on health side, ex. Kaiser-Permanente “Sunday Bikeways” and vice-versa

- OAPA acts as convener/resource provider: creating a bridge with planners and public health officials. How do we start the conversation?

## 3 votes

- OAPA should be more involved with equity
- OAPA and partners should include public health components into grant criteria (TGM and others)
- Planning commission seat designated for public health person
- Remove subsidies for driving: Remove minimum parking requirements, Unbundle parking (see costs), Parking cash-out, gas tax pay for infrastructure repair, auto and health insurance (?)
- Look at public perception/framing (eg. On compact development): Community dependent, finding the champion, public safety lens, engaging with media/private sector, eg downtown Eugene, the community process involving local voices, webinars/trainings: provide various scales of detail.

## 2 votes

- OAPA should be more involved in housing
- Integrate expertise and information and resources and coordinate
- Create a series of 3-minute videos to highlight major issues
- Focus on cost/economic impact of illness
  - State-level provide guidance to communities
  - Academic component – research and story telling
  - Fact sheets/summaries/real world scenarios. Different messengers (those impacted, business owners, insurance providers)

- o Local economic development decisions driven by this

- Model policy language

**1 vote**

- OAPA should be involved in hunger and food security issues
- Connect public health and planning in education curriculum (Sustainable Cities Initiative)
- Facilitate meetings between public health and planning
- Incorporate health into all comprehensive plans
- OPHA and OAPA collaboration on policy support the legislative process
- Asset tool for plan? Create performance measures. How good are they at promoting health?
- How can planning influence food access? Incentives? Look at Portland as an example. For new developments, make sure there are opportunities for food access/mixed use/commercial (ex required conceptual plan for UGB expansions in Rogue Valley)

**No votes**

- OAPA should lead on technical outreach
- Current transportation bill: all roads transportation safety, 1% payroll tax for public transportation
- OAPA get involved with transportation issues at the legislative level
- Case study on equity issues (public health)
- Food mobile for insecure
- Improve/incentivize physical activity amenities (public/private)
- Training
- Education
- Build and take advantage of existing community groups and

volunteers

- Connecting peer communities
- Set of common metrics for public health and planning
- Create a statewide calendar of county, city, state planning efforts, CHIP, CHH, Transportation, land use, comprehensive plans
- Government agencies actively engage community groups and vice versa. Funding to keep coalition together and/or way to keep working and moving forward
- OPHA and OAPA recruit/invite speakers on public health and planning to annual conferences
- Inventory of existing resources and publicize its existence
- Staffing a person using academic resources
- Penalizing (taxing) unhealthy things (eg soda) and incentivizing healthy choices (healthy food): Promote existing programs (snap 2x value @ farmers markets, market healthy behaviors, state transportation funding (school buses)
- Coalition of local health officials: CLHO/OHA identifies point of contact for public health questions
- OPHA and OAPA: crossover at conferences (maybe a panel?)
- How can planning/zoning codes influence tobacco sellers? Keep the conversation going between land use and public health and planners around this issue.

# APPENDIX E: LINCOLN COUNTY CAPP RECOMMENDATIONS

In June 2017, OAPA conducted a one and a half-day series of workshops and meetings in Lincoln County to help the County Public Health Department think about how to incorporate planning strategies into the update of the County's Community Health Improvement Plan (CHIP). Staff from the County Public Health as well as planners from the City of Newport and the City of Lincoln City participated in several tours as well as a half day meeting with public health stakeholders to discuss some of the challenges and opportunities unique to Lincoln County. This appendix lists all of the recommendations made to the Lincoln County Public Health Department.

## Build awareness, Make the connection

- **Public health and planning speaker series:** For community education and awareness, targeted to decision-makers (city councils, board of commissioners, planning commissioners, Oregon Transportation Commission) and stakeholders such as developers and the business community.
- **Youth-to-youth peer program:** For active living and healthy lifestyles, schools
- **Tell the story:** Personal profiles, communications highlighting positive outcomes from demonstration projects, such as filling a critical gap in a sidewalk
- **Leverage existing resources:** Tsunami evacuation routes and trails can improve recreational opportunities and natural hazard resiliency

## Broaden the assessment

- **Combine and interpret health outcomes and planning maps:** Health outcomes, food access, bike/pedestrian/transit systems, jobs and housing locations
- **Inventory and track planning activities:** Identify City and County planning processes (i.e. comprehensive plan updates) and schedules,

opportunities for public health involvement for active living and healthy lifestyles, schools

## Be the convener

- **Networking and communication:** Get professionals together to make change happen - who do you talk to? Learn from community engagement
- **Develop a county-wide advocacy agenda for ODOT:** Identify consensus on one or two items that all jurisdictions will advocate for on Highway 101 (lit crossings?)
- **Network with others who have impact on your community's health:** Public safety, regional solutions team
- **Connect vulnerable populations to planning:** Bring a planner into community health classes to hear about people's needs for living healthier lives; planners integrate input into plans

## Share and collaborate on policies

- **Teach one another about plans and policies:** CHIP, CHA, Comprehensive Plan, Transportation System Plan, Parks Master Plans, Development Codes all present opportunities to collaborate for health
- **Cross-pollinate boards:** Ex officio or appointment of health professional on planning commission
- **Embody health and planning goals in HR performance evaluations:** Example, City of Tigard's Walkable City goal
- **Health in All Policies:** Consider adopting a Health in All Policies approach to improve health outcomes

## Prioritize funding

- **Fund programs, assessment, evaluation:** Fund activities that help inform decision-making, understand outcomes
- **Explore joint funding opportunities:** Partner with planners on

grants and projects to leverage resources and staff

- **Active transportation gap analysis and prioritization:** Cities (and the County) should study bike/pedestrian/transit gaps and prioritize infrastructure improvements that improve health outcomes

### **Make the business argument**

- **Sell the vision:** Talk about economic development co-benefits of planning for health. Good for health and good for the economy
- **Support the Coast Trail and bicycle tourism:** Active transportation tourism supports local businesses and improves transportation and health for local residents
- **Competition is good:** Cities can support challenges to promote healthy living. Also see Tillamook County's Year of Wellness

### **Champions ensure success**

- **Champion programs:** Programs such as Farmer's Markets, community gardens, school programs and Safe Routes to School are much more successful with dedicated staff (or volunteers) to champion the program and organize efforts

### **Housing is a health issue too**

- **Healthy housing:** Our homes shouldn't make us sick. Support policies and promote education to rehabilitate housing to address mold, energy efficiency, leaks, etc.
- **Affordable and workforce housing:** Money spent on housing can't be spent on transportation, health care, medicine, or food. Work with cities to promote policies and programs to increase affordable and workforce housing





Find out more about the Oregon Chapter of the American Planning Association at [www.oregonapa.org](http://www.oregonapa.org).