

# Healthy Urban Planning

## The Concept, Tools, and Application

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Submitted by

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To

University of Texas Medical Branch, Center to Eliminate Health Disparities

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# Healthy Urban Planning

## Abstract

This paper examines the connections between population health and urban planning to develop a healthy urban planning framework that rests upon five concepts. <sup>1</sup> The report captures the critical thinking, significant theories, and key ideas on each of these concepts.

- Social determinants of health
- Equity
- Sustainable development
- Civic deliberation
  
- Health in all policies

What follows next is a description of three assessment tools aimed at highlighting the connections between health, community, and socioeconomic conditions. These tools were developed in an effort to demonstrate the linkages between health and society as expressed in a social determinants of health framework. In this case, each assessment, to varying degrees, explicates the associations between a geographic locale, the population's health status, and the socioeconomic and planning and design characteristics of that locale.

Eleven key factors based on the interests of the University of Texas Medical Branch (UTMB), Center to Eliminate Health Disparities are used to analyze the three tools. The essential elements of each assessment tool are captured in Table 1, which demonstrates the utility of the tools.

Finally, a set of recommendations on how to apply a healthy urban development model to a local, post disaster site in the United States is presented. The report recommends that any plan of action must first originate from an understanding of the locale's socio- political landscape.

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## Health in all policies

The Health in All Policies (HiAP) concept is seen as a strategy to help strengthen the link between health and other policies addressing the effects on health across all policies including, for example, agriculture, education, the environment, fiscal policies, and housing. In the HiAP configuration health determinants serve as the bridge between policies and health outcomes.

Health In All Policies (HiAP) can be traced all the way back to and beyond the Alma Ata Declaration in 1978, which raised the profile of other sectors in health policy-making.<sup>25</sup> In 1999, during the first Finnish EU Presidency, Finland proposed and the Council adopted a resolution “on ensuring health protection in all Community policies and activities”.<sup>26</sup>

The understanding of HiAP is also intrinsically linked to the rise of environmental and ecological analysis in the 1970s and 1980s.<sup>27</sup> This ecological view of health, also called the socioenvironmental approach, emphasizes that the contexts in which people live and the ways that people relate to them are profoundly influenced by public policies.<sup>28</sup>

Similar to the concept of sustainable development, HiAP appears to contain elements related to the wellbeing of the economy as well as making contributions to the health of nations through structures, mechanisms, and actions planned and managed mainly by sectors other than health.<sup>29</sup>

Figure 5 (also marked as Figure 1) below illustrates the interconnected relationship between health and the economy as expressed in HiAP. The model makes clear that while the social determinants affect health, the outcome of good or poor national health status will further impact the economy of a nation. A healthy and skilled population is critical to workforce participation and productivity, and hence a nation’s future living standards.

Figure 5 Health in all policies

Conceptually, Health in All Policies is, based on values and principles similar to those in the WHO’s call for multisectoral action for health,<sup>30</sup> and the concept of building healthy public policies,<sup>31</sup> or the whole government approach.<sup>32</sup>

The literature seems to support this notion and gives the impression that the adoption and implementation of the HiAP concept appear to be the most difficult issue in terms of practical policy-making.<sup>33</sup>

Referred to as both adoption or agenda setting, an issue facing HiAP is how to enhance

the feasibility that policy-makers who have not previously considered health as part of the agenda will begin to consider and use health criteria in decision-making.

The challenge is making the case to policy-makers that the health implications of other policies should be taken into consideration in policy-formulation and implementation at all areas and levels of policy-making.

Strategies to help move HiAP onto the policy agenda consists of three approaches. The first is to get other sectors – or stakeholders inside sectors – to contribute to improving health or promote factors related to health determinants. This strategy keeps health as a main objective. The aim is both to achieve health gains and to transfer responsibility for promoting health to various agencies, actors or the government as a whole.

One example of this kind of policy is the smoking control policy where public health has been successful in convincing other sectors to make health-related decisions.<sup>34</sup> In cases where the health objective conflicts with the other sector's goals or values neither strategy is likely to help move an HiAP effort forward.

The second strategy to move HiAP onto the policy agenda focuses on identifying and achieving mutual gains or outcomes for all sectors involved in the process. This strategy could be called a mutual gains strategy or a win-win strategy.

The aim of a win-win strategy is to consider expected health gains, but also, for example, social and economic gain that might be attained. This strategy could be also called the synergy model whereby partner organizations may realize more acting together than they would by working on their own.<sup>35</sup>

A third strategy, which is more of an opportunity, occurs during a crisis. Policies are advanced in times of crises, which imply that health objectives may assume a higher place on the political agenda. While it may or may not be a health crisis, in these cases one might use either strategy one or two above.

Strategy one asserts health objectives or strategy two advances a partnership with another sector to show how other policy objectives may be met by using health as one driver to make the case.

An example might be an earthquake or other natural disaster that prompts massive rebuilding.

As rebuilding begins the opportunity to advance various housing and/or economic development policies may be presented. While all of the policies meet the sector's goals some may be more pro health than others. When such crises emerge, they will only lead to good policies if there is expertise to analyze and produce good solutions and alternatives for the situation.

The implementation of the HiAP concept is influenced by a minimum of the following factors.<sup>36</sup>

- ➤ Finding common ground for a win-win strategy in sectors where there are contrasting immediate or long-term interests can be challenging and requires further work, action and pressure.
- ➤ The number and variability of the sectors that must cooperate to gain improvement of health determinants may be substantial. For example, with measures that try to ensure that healthier sources of food for families. Public policies may be in place to ensure healthier alternatives in a community through land use policies and subsidies to build accessible food outlets. But access and choices are dependent on other constraining factors, which depend on policies in other sectors that are not necessarily directly related to land use and development such as working times, employment conditions, and wages all of which influence the scope and context in which families can make choices.
- ➤ The costs of the strategies are important and any health policy measures that negatively influence the cost structure of another public policy area will face further problems in implementation. Further, the benefits of health measures tend to be more difficult to measure than immediate costs. We have become accustomed to addressing the costs and benefits of a particular or narrow treatment-based intervention in comparison to a change of broader policies.
- ➤ The level of public action is important. Some consideration must be given to whether local policies will be impactful unless scope for implementation at the local level is accompanied by action at the state, national, regional or even global levels
- ➤ The health impacts of particular policy changes are not necessarily direct and immediate, but may only become evident much later. Continuity and follow-up are important because some issues are tackled more easily than others and some will require constant and long-term attention even as societies tend to forget the importance of things and new generations adopt different priorities and activities. Sustainability, sustenance, and a long-term point of view are needed in HiAP as well as ensuring that knowledge basis, human capacity and continuity of work are maintained.

<sup>26</sup> Health in All Policies: Prospects and potentials (2006). <http://www.euro.who.int/document/E89260.pdf> Editors: Timo Ståhl, Matthias Wismar, Eeva Ollila, Eero Lahtinen, Kimmo Leppo. Ministry of Social Affairs and Health, Health Department, Finland.

<sup>27</sup> Labonte R. Health promotion and empowerment: practice frameworks. Toronto, Centre for Health Promotion, University of Toronto, 1993.

<sup>28</sup> Milio N. Making healthy public policy; developing the science of art: an ecological framework for policy studies. Health Promotion, 1988, 2(3):236–274.

<sup>29</sup> Health in All Policies: Prospects and potentials (2006). <http://www.euro.who.int/document/E89260.pdf> Editors:

Timo Ståhl , Matthias Wismar, Eeva Ollila, Eero Lahtinen, Kimmo Leppo. Ministry of Social Affairs and Health, Health Department, Finland.

<sup>30</sup> Glossary of terms used in the “Health for All” Series No. 1–8. Geneva, World Health Organization, 1984.

<sup>31</sup> Ottawa Charter for Health Promotion. First international conference on health promotion. Ottawa, 21 November 1986, WHO/HPR/HEP/95.1 ([http://www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf), accessed 28 July 2006).

<sup>32</sup> 28. Bangkok Charter for Health Promotion in a Globalized World. The 6th Global Conference on Health Promotion. Bangkok, August 2005 ([http://www.who.int/healthpromotion/conferences/6gchp/hpr\\_050829\\_%20BCHP.pdf](http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf), accessed 28 July 2006)

<sup>33</sup> Nutbeam D. How does evidence influence public health policy? Tackling health inequalities in England. *Health Promotion Journal of Australia*, 2003, 14(3):154–158; Joffe M, Mindell J. A tentative step towards healthy public policy. *Journal of Epidemiology and Community Health*, 2004, 58(12):966– 968; Wanless D. *Securing good health for the whole population*. London, HMSO, 2004.

<sup>34</sup> Leppo, K, Vertio H. Smoking control policy in Finland: a case study in policy formulation and implementation. *Health Promotion*, 1986, 1(1):5–16.

<sup>35</sup> Mackintosh M. Partnership: issues of policy and negotiation. *Local Economy*, 1992, 7(3):210–224.

<sup>36</sup> *Health in All Policies: Prospects and potentials* (2006). <http://www.euro.who.int/document/E89260.pdf> Eds: Timo Ståhl , Matthias Wismar, Eeva Ollila, Eero Lahtinen, Kimmo Leppo. Ministry of Social Affairs and Health, Health Department, Finland.

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SYSTEMATIC NEIGHBORHOOD OBSERVATION TOOLS AND BUILDING A HEALTHY URBAN DEVELOPMENT STRATEGY

INTERVIEWS WITH KEY INFORMANTS GALVESTON, TEXAS

PRESENTED BY LAURI ANDRESSS, PH.D. NOVEMBER 22, 2009

**Background: Systematic Social Observation**

Neighborhood research, with its origins in sociology of crime research, has been growing over the past two decades across the social sciences, and in public health. There is currently no consensus on which measures and data source researchers should use to assess neighborhood

attributes.<sup>1</sup> In the past, the measures have relied on census data and household surveys to assess neighborhood condition.

Neighborhood observations, as juxtaposed against secondary data, i.e., census data, have become a popular alternative method for characterizing neighborhood environments. The value in observations over census data are: That census tract may or may not represent the neighborhood boundaries as residents define them; the relevance of data collected every ten years; and the limited compositional characteristics that are highlighted including economic and housing stock versus (contextual issues) the social nature of the community, social civilities or incivilities, people loitering or socializing, people arguing, or physical aspects including cleanliness, safety.

Unique neighborhood information obtained through direct observation is distinct from that of traditionally used census data.<sup>2</sup> The indicators for incivilities, territoriality and social spaces may be used to estimate neighborhood deterioration, upkeep or resident investment. Census variables can not replicate the information provided by these scales. Further, Laraia et al., (2006) suggests that the theoretically informed scales evoke a mechanism regarding how neighborhoods can influence health outcomes.

The inadequacy of using poverty as a surrogate for neighborhood dynamics is due to heterogeneity across low-income neighborhoods with regards to disadvantage, crime, and resources, as has been observed in previous studies. In a study of neighborhood effects on gonorrhea rates in New Orleans, LA, Cohen et al. found that a "Broken Windows" index – a directly observed measure combining housing condition, graffiti, accumulated garbage, abandoned vehicles and public high schools with problems – distinguished among low-income neighborhoods. Low-income, low broken windows indexed neighborhoods had significantly lower gonorrhea rates than low-income, high broken windows indexed neighborhoods. These illustrations show the importance of using directly observed data in combination with census or other administrative data; geo-referenced data such as parks, commerce, schools, zoning, alcohol outlets, and crime data; and perceived neighborhood environment data, to provide a rich picture of neighborhoods and their attributes, with minimal investment of time and expense, and to better understand mechanisms of neighborhood influences on health.<sup>3</sup>

Observations have become an important method to use in assessing neighborhoods and may often be referred to as systematic social observation (SSO).<sup>4</sup> Methods have included: observations by residents that have been trained and are accompanied or not by researchers; observations by outsiders who rate the neighborhood after conducting interviews with residents; making videotapes while driving and coding them later; checklists coding while walking; During the observation a checklist is employed to observe and rate neighborhoods on a number of conditions such as physical (e.g., traffic volume, housing conditions, street and sidewalk safety) and social (e.g., presence of people, trust, voting, gang activity) attributes.

Neighborhood observations raise methodological issues including who to interview using length of residence as a factor and possibly age. A study from Schaefer-McDaniel, N. et al., (2009) examining SSO published studies from 1987 to 2007 indicates that the range of SSO tools employed comprised between five and 241 items. More common tools included:

- ➤ •the Irvine-Minnesota Inventory to Measure Built Environments
- ➤ •Neighborhood Attributes Inventory
- ➤ •Chicago Project on Human Development in Chicago Neighborhoods (PHDCN)<sup>5</sup>
- ➤ •Neighborhood Active Living Potential (NALP)
- ➤ •Active Neighborhood Checklist
- ➤ •Block Environment Inventory
- ➤ •Systematic Pedestrian and Cycling Environmental Scan (SPACES)
- ➤ •Healthy Environments Partnership's Neighborhood Observational Checklist

(NOC)

- ➤ •Pedestrian Environmental Data Scan (PEDS),
- ➤ •Residential Environment Assessment Tool (REAT)
- ➤ •Neighborhood Inventory for Environmental Typology (NifETy)
- ➤ •Flint Environmental Block Assessment
- ➤ •Walkability and Biking Suitability Assessment (WABSA) form
- ➤ •Built environment Site Survey Checklist (BESSC)

<sup>1</sup>Examining methodological details of neighborhood observations and the relationship to health: A literature review. *Social Science & Medicine*, In Press, Corrected Proof, Available online 31 October 2009, Nicole Schaefer-McDaniel, Margaret O'Brien Caughy, Patricia O'Campo and Wayne Gearey

<sup>2</sup>Direct observation of neighborhood attributes in an urban area of the US south: characterizing the social context of pregnancy. Laraia BA, Messer L, Kaufman JS, Dole N, Caughy M, O'Campo P, Savitz DA *Int J Health Geogr* 2006, 5:11

<sup>3</sup>Laraia et al., (2006)

<sup>4</sup>Schaefer-McDaniel, N. et al., (2009) pg. 2.

<sup>5</sup>The Project on Human Development in Chicago Neighborhoods (PHDCN) is an interdisciplinary study of how families, schools, and neighborhoods affect child and adolescent development. It was designed to advance the understanding of the developmental pathways of both positive and negative human social behaviors. In particular, the Project examined the pathways to juvenile delinquency, adult crime, substance abuse, and violence. At the same time, the Project also provided a detailed look at the environments in which these social behaviors take place by collecting substantial amounts of data about urban Chicago, including its people, institutions, and resources.