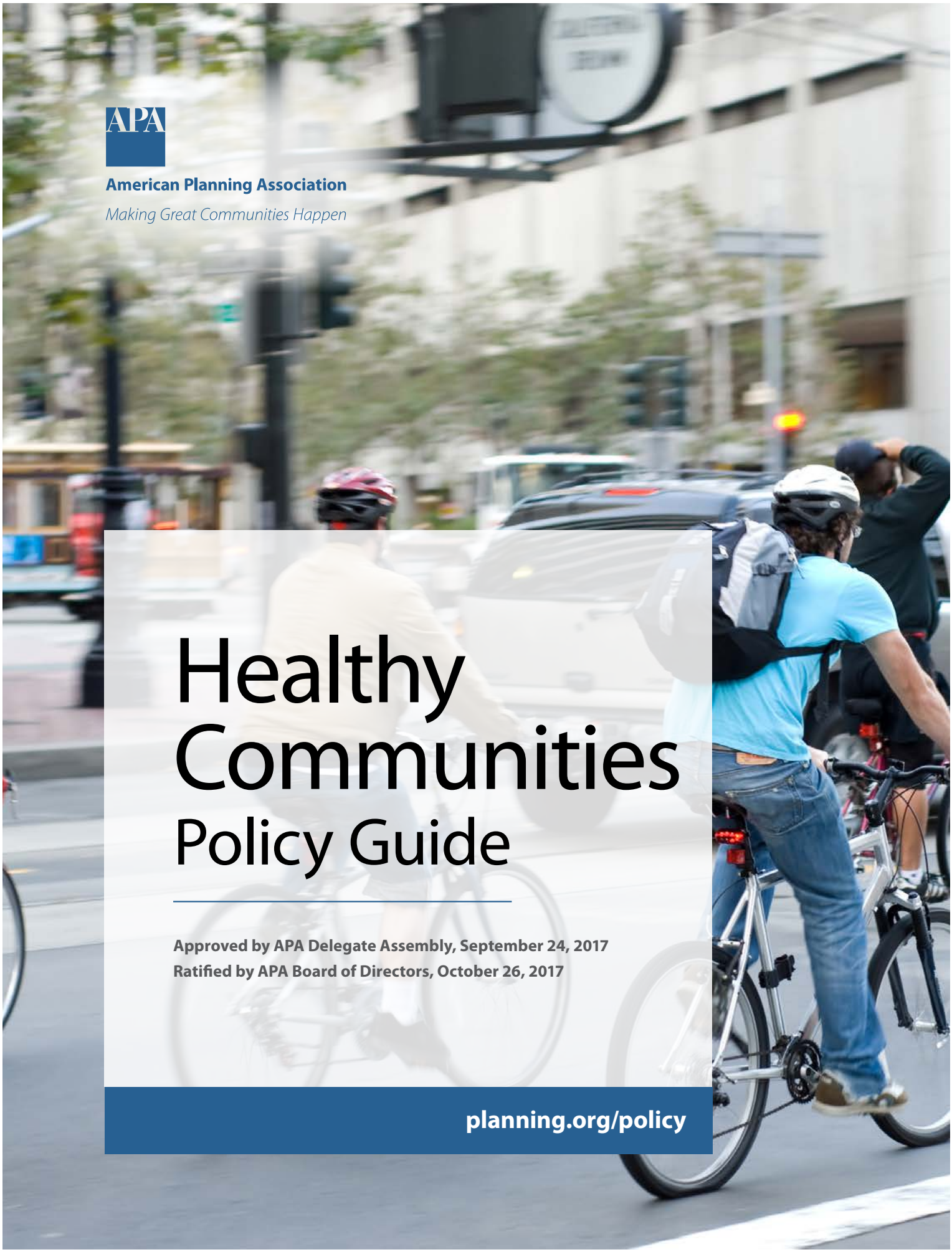

American Planning Association

Making Great Communities Happen

Healthy Communities Policy Guide

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The American Planning Association advocates for public policies that creates stronger, safer, and more prosperous communities for all through good planning. APA's advocacy is based on adopted positions and principles contained in policy guides. These guides address the critical policy issues confronting planners and communities by identifying solutions for local, state, and federal policy makers. Policy guides are led by the APA Legislative and Policy Committee, ratified by the APA Board of Directors, and developed through the careful and extensive involvement of planners across the country. APA policy guides articulate and advance the principles of good planning in law and regulation.

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Declarations

Introduction

Planning and policy solutions that directly address the determinants of chronic disease— inactivity, unhealthy food, and poor environmental quality—are among the most effective ways for communities to reduce illness and injury and promote quality of life. These major health risk factors are heavily influenced by the attributes of a community's built and social environments. The conditions in which people live, work, and age have a greater role in a community's health than individual behaviors and clinical care. Planners and policy makers influence these determinants of health through decisions such as, land use, urban design, and transportation, which affect local air quality, water quality and supply, transportation safety, and access to physical activity, healthy food, and affordable housing, among many other quality of life indicators.

The Healthy Communities Policy Guide addresses challenges derived from our built, social, and natural environment, provides recommendations for policies to address the social determinants of health by improving opportunities for physical activity and access to healthy food, which enables numerous social equity benefits, and helps policy makers at all levels of government better integrate health considerations into planning processes and outcomes.

A healthy community, as a concept and goal, may have varying meanings depending on the purpose and mission of the organization. For the purposes of this guide, **healthy communities are defined as places where all individuals have access to healthy built, social, economic, and natural environments that give them the opportunity to live to their fullest potential regardless of their race, ethnicity, gender, income, age, abilities, or other socially defined circumstances.**

Historical Context

Planning in the United States originated with a public health purpose. Rapid urbanization in the late 19th century resulted in overcrowded and poorly constructed housing, noxious industrial and manufacturing uses, and increased levels of human and animal waste. The early activists and public officials who became the founders of the planning and public health professions shared a focus on urban reform and the common goal of preventing outbreaks of infectious disease.

Throughout the course of the 20th century, however, planning diverged from its common roots with public health. Planners focused on managing land use and physical development and its supporting infrastructure, while public health professionals took the lead in addressing individual and community health and safety concerns. These diverging missions led to a "siloed" approach as these professions worked independently to influence the social and environmental determinants that have significantly affected individual and population health in the past 100-plus years.

At the same time, both the public health and planning professions have been responsible for implementing discriminatory policies that have led to health disparities. Zoning has been used to severely restrict certain housing forms that could better serve lower-income residents. Urban renewal led to the destruction of many poor but viable communities, as did major new highway alignments. Layered upon one another, policies for housing, transportation, and development have been vehicles for institutional discrimination, leading to significant health inequities.

Historically, these decisions are linked to some of the nation's most intractable public health problems, including adult and childhood obesity, substance abuse, cancer, respiratory problems, and environmental injustices. Addressing these health challenges requires that we integrate public health with planning for the built environment. It also requires an explicit focus on health inequities. Not only should planners be aware of them and understand how planning decisions exacerbate them, but planners also should implement planning-centric solutions that can mitigate or reverse them.

Planning's Role

Comprehensive plans, and other planning activities, need to address public health impacts, identify and promote positive health outcomes for residents as an important measure of success, and return planning to its founding principles by improving individual and community health. For example, since the Plan of Chicago was completed in 1909, the comprehensive plan has commonly served as the guiding document for decision making about the built and natural environment. It has the scope to cover the necessary functions and facilities, the history of practice to inspire public acceptance of its policies, and in some cases the legal authority to act as the vehicle for guiding community development. Comprehensive plans can integrate long- and short-range perspectives and coordinate other policies, plans, and programs into a single accessible document.

The bottom line for planners is to understand and affirm that how a community is planned and designed has a direct effect on the health of its residents. Land development patterns, zoning ordinances, and land-use classifications impact walkability, access to key services like healthy food, and access to transportation options. An understanding of how the built environment affects public health is a vital component in the creation of vibrant, active spaces, and places that have a strong positive impact on an individual's health. It is also critical for planners to use this understanding, and the guide generally, as the standard for creation of good public policy.

Rationale and Key Facts

Planning for healthy communities is important because the health of a community, including human and environmental variables, relies on the effectiveness of public policy, community design, and deployment of public and other resources. Specifically, intended and unintended consequences of land-use policies (including zoning), design standards, and transportation and other public investments have well documented ecological, social, and economic impacts on communities. For example, Euclidean zoning has divided land uses so that using an automobile is the only way for people to get to commercial and employment opportunities, limiting people's ability to use other modes of transportation and causing traffic congestion for increased air pollution.

Best-practice research, with key facts and ongoing measurement and evaluation around healthy community design, provides planners with supportive documentation for successful policy implementation. Many of these documents are cited in the References and Resources section and examples include:

- ***Non-medical factors matter for health.***
  "Recent research has found that over 50% of premature deaths are attributable to non-medical factors such as where one lives and the opportunities for health and economic mobility, including education, jobs, income, access to housing and transit, community safety, and other well-established social determinants of health. According to County Health Rankings & Roadmaps, only 20% of the factors that account for the length and quality of life are attributed to access to and quality of medical care. In spite of this growing evidence, investments in prevention pale in comparison to what we spend on treatment. For example, in 2014, annual healthcare expenditures grew to $3 trillion, only 5% of which went towards public health investments." —*Build Healthy Places Network, Summarizing the Landscape of Healthy Communities report*

- ***Improving health requires addressing poverty at its roots.***
  "Clearly, it takes more than medical care to improve health. But it is also evident that improving Americans' health requires addressing poverty at its roots. One in six Americans now lives in poverty, which is the highest level in the last half-century. Growing evidence has revealed low-income communities and communities of color tend to experience the greatest disparities in health, often associated with preventable, chronic diseases such as heart disease, diabetes and hypertension. Furthermore, according to Virginia Commonwealth University's Center on Society and Health, life expectancy can vary as much as 20 years across neighborhoods just a few miles apart." —*Build Healthy Places Network, Summarizing the Landscape of Healthy Communities report*

- ***People who have a stronger sense of belonging to their local community tend to live healthier lives and have fewer mental health challenges than those with a weaker sense of belonging.***
  "A 2012 survey of almost 120,000 people across all socioeconomic strata and geographic regions in Canada found that a sense of belonging to one's community had a strong impact on health behavior change—i.e., the stronger the sense of belonging, the more likely people were to exercise, lose weight or eat more healthily. Given the association between reported sense of belonging and actual changes in health behavior (and the potential for prevention interventions), the study recommended more research on how community factors can increase sense of belonging among those who did not experience it." — *Healthy Places–Project for Public Spaces report*

Guiding Policies

General Policies

In making planning or policy decisions, planners should assess policy impacts on the total well-being of individuals including their physical, social, and mental health. Planners should encourage and develop tools for meaningful dialogue with diverse community members to identify shared health priorities unique to each community, and explore feasible policies and actions to incorporate health and health equity (the attainment of the highest level of health for all people) into its community planning and investments.

The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease." In planning for healthy communities, planners should consider the following general policies contributing to the complete health and well-being of individuals:

- Physical Health and Well-Being—Physical activity and healthy nutrition are two of the most determining factors for our health. The availability of clean air and water, nature, safe shelter, and noise-free environments all contribute to a person's physical health. Planners should encourage land-use patterns, alternative transportation, and compact built forms conducive to physical activity, healthy eating, and healthy environments.

- Social Health and Well-Being—People need to feel a sense of belonging and connectiveness to others and society as a whole to be healthy. Planners should aim to create social environments that meet community needs and wants, including walkable streets; public plazas; parks and recreational facilities; and public buildings, meeting spaces, and mixed-use destinations for people to meet that promote a sense of community and place, and reduce social isolation, stress, depression, and hopelessness.

- Mental Health and Well-Being—People must have mental health and well-being in order to realize their potential, cope with the normal stresses of life, work productively, and contribute to their community. Planners should protect natural environments and develop healthy built environments to help people reduce stress, depression, and health disparities, and mutually support each other in performing all functions of life and developing their maximum mental capacity.

Specific Policies

A. Engage And Empower The Public

The American Planning Association and its Chapters and Divisions support planners and decision makers in the meaningful engagement and empowerment of the public in planning for healthy communities. This includes increasing familiarity with health data and community organizations as well as the social and environmental determinants of health and health inequities. In particular, it means working with populations experiencing health inequities and strengthening their capacity for collective efficacy.

B. Cross-Sector Collaboration

The American Planning Association and its Chapters and Divisions encourage planners and decision makers to seek the involvement of professionals within health-related sectors as well as other sectors whose work directly impacts community health. Planners are encouraged to facilitate ongoing dialog, education, and awareness among these various sectors to help communities understand how short- and long-range policy, land use, infrastructure, and other decisions affect the public health of the entire community, and to drive ongoing positive health outcomes.

C. "Health-In-All-Policies" Framework

The American Planning Association and its Chapters and Divisions encourage planners and decision makers to incorporate into their planning work a Health-In-All-Policies (HiAP) framework that integrates public health perspectives into their decision making and project and policy work. This includes integration of health into key planning documents (e.g., comprehensive plans) and the use of tools that identify the health impacts of proposed changes (e.g., health impact assessments)

D. Evidence-Based And -Informed Practices

The American Planning Association and its Chapters and Divisions encourage planners and decision makers to develop, share, and use practices that have been shown, through available scientific evidence, to consistently and measurably improve health outcomes. When such evidence does not exist, planners and decision makers are encouraged to apply concepts, principles, and processes that have some measurable basis (evidence-informed) and that can be evaluated for their impact on human health.

E. Design For Healthy Neighborhoods And Communities

The American Planning Association and its Chapters and Divisions encourage planners and decision makers to prioritize planning practices (e.g. processes, policies, programs, projects) that support physical, social, and mental well-being for all, regardless of background, and that help create vibrant, equitable, and safe places to live, work, and play.

F. Funding And Incentives

The American Planning Association and its Chapters and Divisions encourages planners and decision makers to seek and designate funding that supports the consideration and incorporation of health impact assessment findings and recommendations and the use of health information in planning practice, as well as mechanisms to support infrastructure and development projects that promote healthy outcomes.

Policy Outcomes

A. Engage And Empower The Public

The planning process should be designed so that people of all ages, abilities, races, social status, and income can participate. Studies have shown that well-rounded public engagement processes increase social capital in projects and promote equitable and just community development. Planning processes should focus on creating opportunities for capacity building for community members, public health professionals, elected officials, and city and county staff to gain skills and training in understanding the needs and desires of the whole community.

Planners should focus on implementing engagement and empowerment strategies that incorporate public health data, enhance community vitality, and include the perspectives of individuals who will be directly affected by planning decisions. Planners should also be aware of health inequalities within a community. Studies have shown that people of color and low- to moderate-income communities are often more negatively affected by planning decisions, and special outreach efforts should be made to ensure their effective participation in the process.

The American Planning Association and its Chapters and Divisions support the following policy outcomes:

1. Establishment of a community-driven planning process that includes all segments of the community, including implementation of communications tools to ensure the public understands who benefits from healthy community planning and design recommendations in the social, cultural, and physical environment.
2. Opportunities for the public to learn and experience how designing healthy communities impact the people who live in those areas being planned.
3. Collaboration among local, regional, state, and federal agencies to create resources that are health and data driven, and to recognize how the social and physical determinants of health affect quality-of-life outcomes and risks for all ages and abilities.
4. Elected officials, staff, and community members who understand a Health-in-All-Policies approach and its ability to ensure that existing and future policies improve health outcomes and reduce gaps in the social and physical determinants of health for various groups.
5. Creation of an equitable and inclusive healthy communities agenda that follows best practices to prevent displacement and enhance social equity and mobility.
6. Planning processes that ensure marginalized populations have access to and accept a seat at the table to help shape and make decisions that affect healthy community design in their neighborhoods.
7. Implementation of authentic and meaningful community engagement strategies by engaging a diverse and inclusive set of stakeholders within the community to give control and power to community members during public outreach sessions.
8. A strengthened sense of community through planning efforts that leverage human and social assets, such as comprehensive plans, Health Impact Assessments, and data analysis.
9. Development of quality relationships among all residents, planning staff, and decision makers to increase the level of support for healthy planning solutions.
10. Provision of appropriate accommodations in a responsive manner, so that events and meetings are inclusive of all people regardless of their background or ability, including the use of translation and interpretation services, accessible meeting locations, and the provision of support services (e.g., child care).
11. Public processes that determine how participants can be compensated for their time, especially those who face economic obstacles that prevent their participation.
12. Development of healthy community design public processes that allow people of all ages to be full participants.
13. Public processes that use Adult Learning Principles as much as possible, where engagement and empowerment activities will recognize the experience and expertise that residents and communities bring, with professional staff that serve as process facilitators when feasible.
14. Decision-making frameworks based on community values and with clear objectives for when decisions should be made and who should be involved during that process.

B. Cross-Sector Collaboration

Addressing the health disparities within communities requires a cross-sector collaborative approach. Planners have the ability to directly affect the social determinants of health but, in order to do this well, should reach out to different sectors to discuss best practices and collaborate to align goals and outcomes. Cities and towns must also make conscious and reflective decisions to understand how planning changes will affect everyone in the community, and make decisions that will benefit all people in order to successfully build healthy communities.

APA has collaborated with many national organizations to help create healthier communities and has recently joined with seven other organizations in a "Joint Call to Action to Promote Healthy Communities," calling upon their members to collaborate with one another to create healthier, more equitable communities. The signatories are the American Institute of Architects, American Planning Association, American Society of Landscape Architects, American Public Health Association, American Society of Civil Engineers, National Recreation and Parks Association, U.S. Green Building Council, and Urban Land Institute. Potential local partners include:

- State and local health departments
- Public safety and emergency preparedness departments
- Transportation engineers
- Transit agencies
- Architects and other design professionals

- Community development corporations
- Community health workers
- Hospitals and clinical health care providers
- Public health institutes
- Local schools and higher education institutions
- Small business and employment agencies
- Parks and recreation providers
- Faith-based and other community organizations

The American Planning Association and its Chapters and Divisions support the following policy outcomes:

1. Partnerships with health care professionals to learn from their experience and expertise and identify opportunities for collaboration that will contribute to a healthy community.
2. Engagement with existing cross-sector coalitions that may be addressing important issues around public health and community planning.
3. If existing coalitions do not exist, development of a cross-sector coalition that can highlight existing challenges and opportunities around health and planning issues, and leverage existing organizational assets and diverse leadership to develop short- and long-range policies and programs to address them, including specific elements in the comprehensive plan, zoning and subdivision ordinances, and other planning documents.
4. Joint sponsorship of strategic workshops, professional speakers, gatherings of local policy makers, and social events that target issues that are best addressed with an invitation to groups with a diversity of skills, experiences, and resources.
5. Cross-sector reports that list existing groups and organizations that may have the capacity to address critical public health and planning issues, highlight organizational missions, strengths, leadership examples, existing programs, and other valuable information.
6. Creation of community demonstration projects or programs that strengthen partnerships.

C. A "Health-In-All-Policies" Framework

A Health-in-All-Policies (HiAP) approach seeks to institutionalize considerations of health, equity, and sustainability as a standard part of decision-making processes across a broad array of sectors. HiAP is a collaborative approach to improving the health of all people by ensuring that all decision-makers are informed about the health, equity and sustainability impacts of various policy options during the policy development process, and incorporating health considerations into decision-making across sectors and policy areas.

The American Planning Association and its Chapters and Divisions support the following policy outcomes:

1. Actions that build new and sustained cross-sector relationships that link the planning and public health sectors. These relationships can be formal (e.g. project planning teams, steering committees, health impact review boards) or informal but should create the basis for cross-sector collaboration and problem solving to address challenges and opportunities that promote better health outcomes.
2. Creating a place to share resources (local, regional, and national committees or coalitions) across planning and public health sectors to bring together diverse perspectives and share challenges, opportunities, knowledge, and decision-making priorities. Such resources include findings, guides, toolkits, and checklists that highlight health indicators, consequences, and solutions.
3. Integration of health into key planning and policy documents at the local level. Using a HiAP framework, planners can regularly embed health concepts, data, and strategies into regulations, policies, and documents such as zoning ordinances, comprehensive plans, and transportation, economic development, housing, and open space plans.
4. Wider application of tools that identify the potential health impacts of proposed changes, such as Health Impact Assessments, Health Lens Analysis, and a Healthy Communities Checklist to inform decision makers about the potential health impacts of proposed policies, projects, programs, and future development activities.
5. Better understanding of, and more emphasis on, changes that increase protective and restorative health factors, such as a greater understanding of how specific factors (e.g., improved air quality, stable housing, reduced levels of violence) serve to protect the current health status of groups and can play an important role in repairing past health inequity and injustice.

D. Evidence-Based And -Informed Practices

Planners and decision makers need to incorporate evidence-based and evidence-informed practices when considering the advancement of healthy community design efforts.

- Evidence-based public health practice is the development, implementation, and evaluation of effective programs and policies in public health through the application of principles of scientific reasoning, including systematic use of data and information systems and appropriate use of behavioral science theory and program planning models. Just as evidence-based medicine seeks to combine individual clinical expertise with the best available scientific evidence, evidence-based public health planning draws on principles of good practice, integrating sound professional judgment with a body of appropriate, systematic research.
- Evidence-informed practice is used to design health promoting programs and activities using information about what works. It means using evidence to identify the potential benefits and harms and costs of any intervention, and acknowledging that what works in one context may not be appropriate or feasible in another.

The benefits of using these best practices include the adoption of the most effective and cost-efficient interventions, prudent use of scarce resources, and better health outcomes for individuals and communities.

The American Planning Association and its Chapters and Divisions support the following policy outcomes:

1. The inventory and use of literature searches that rely first on systematic reviews and peer-reviewed studies and then on "gray" literature (documents that have not been peer reviewed) from relevant, reputable organizations that assess policy and program effectiveness.

2. The use of available data and tools to monitor policy outcomes, measure progress, and engage residents along the way, including rigorous methods of quantitative and qualitative data collection.
3. The use of Community Health Needs Assessments, working with local/state health departments and health care providers, particularly to help identify social and equity issues as well as other opportunities and threats.
4. The evaluation of actual versus projected impacts of select projects and the comparison of the results of best practice processes to common or locally adopted policies.
5. Use of evidence from primary and secondary sources to drive and inform decision making.
6. Continuous review and reflection to measure, learn, and improve on past work based on lessons learned.
7. Working with public health partners to coordinate data collection with particular attention to underrepresented populations, such as the LBGTQ, homeless persons, youth, communities of color, and low-income populations.

E. Design For Healthy Communities

The last half of the 20th century saw the rise of suburbanization and the simultaneous rise in chronic diseases related to inactivity—heart disease, obesity and diabetes. Planning and planners have a specific responsibility to support the health, safety, and welfare of all residents by helping to create communities that will reverse this trend, especially through comprehensive plans, development ordinances, and by supporting investments that enable and encourage active lifestyles and other healthful practices. Planning can help provide access to services, facilities, and programs that have a significant impact on individual and community health. These include community assets such as affordable and healthful housing, employment opportunities, services such as grocery stores and health care providers, a transportation system that is accessible to all residents, and recreational and social interaction opportunities.

The American Planning Association and its Chapters and Divisions support the following policy outcomes:

1. Compact urban areas and complete neighborhoods that meet the daily needs of all people within comfortable walking or bicycling distance of their homes.
2. Redevelopment of suburban areas to make them more walkable and bikeable through plans, regulations, and incentives that encourage more compact development forms.
3. Communities designed so that physical activity is a part of everyday activities and is the easy choice.
4. Prioritization of funding for infrastructure that helps communities build more compact, walkable neighborhoods and provides robust transit and active transportation options.
5. Engagement of local residents in planning for more walkable and bikeable urban environments, including place-based health strategies that facilitate the design of healthy communities and healthy housing for people of all ages and abilities.
6. Development of trail systems and other publicly accessible community amenities in urban, suburban, and rural areas that enable residents to participate in robust exercise.
7. Use of best practice guides at the local and regional level that have been developed by national organizations recognized as leading planning resources.
8. Adoption of placemaking strategies and policies that advance equitable, healthy designs for public spaces in order to create safe and comfortable places with a sense of community for people of all ages and abilities, regardless of their mode of transportation choice.
9. Development of effective and efficient public transportation networks at the local and regional scale that are supported by location-efficient development practices, such as Transit Oriented Development, affordable housing, and functional public space.
10. Utilizing concepts such as multimodal quality/level of service, level of stress, and person-trip generation methodology in the development of a well-integrated, complete transportation network.
11. Regional/citywide policies and programs that direct growth to established communities with surplus infrastructure capacity (ie., infill development).
12. Policies that provide options to all people, especially those at higher risk for poor health outcomes, for access to: affordable housing; safe and convenient transportation; safe and healthy places for work, life, and play; a healthy environment, especially clean air and water; health care; social interaction; and opportunities for inclusion and culture.
13. Policies, incentives, and design guidelines that expand access to healthy food, such as expanding access to locally grown food by using public or other available vacant land for community gardening and urban agriculture, and economic development strategies to attract full service grocery stores to underserved communities.
14. Incentives to attract other organizations to provide community recreation facilities in areas not served by public recreation centers in order to improve opportunities for physical activity in underserved communities.
15. Implementation of policies, design practices, and development incentives that encourage aging in place to give older residents the opportunity to stay in their community, if not their existing home, and easily access the necessary services of daily living and the other services that enable them to lead a healthy life.
16. Policies and design guidelines that address the effects of climate change (eg., rising water) including strategies to minimize disproportional climate impacts on marginalized communities.
17. Policies that address the underlying causes of gentrification and displacement.
18. Siting or colocation of new health care facilities, through zoning or incentives, in locations close to existing transit.
19. Siting essential health care facilities outside the 500-year floodplain.
20. Incentives and partnerships to encourage regional hospitals to retain, develop, and expand outpatient treatment and educational centers in underserved areas to expand easy and convenient access to health care.
21. Promotion of and support for unconventional settings for health care services to improve health care access for underserved communities. Nontraditional settings may include community centers, schools, places of worship, retail pharmacies, and mobile health units. They offer a cost-effective and easily accessible alternative for reaching underserved communities.

22. Improved transit accessibility and service to health care facilities so that access to health care is equitable and can be accomplished without an automobile.
23. Communication of relevant information among all appropriate agencies regarding access to health care and healthy lifestyles that are culturally and linguistically appropriate to meet the needs of specific vulnerable populations.
24. Increased local, state, and federal funding for coordination of health care services, especially for underserved populations. The overall goal is a well-integrated or connected health care system that is accessible to all.
25. Housing that offers a variety of housing types that are affordable, accessible, and dispersed across metropolitan regions.

F. Funding And Incentives

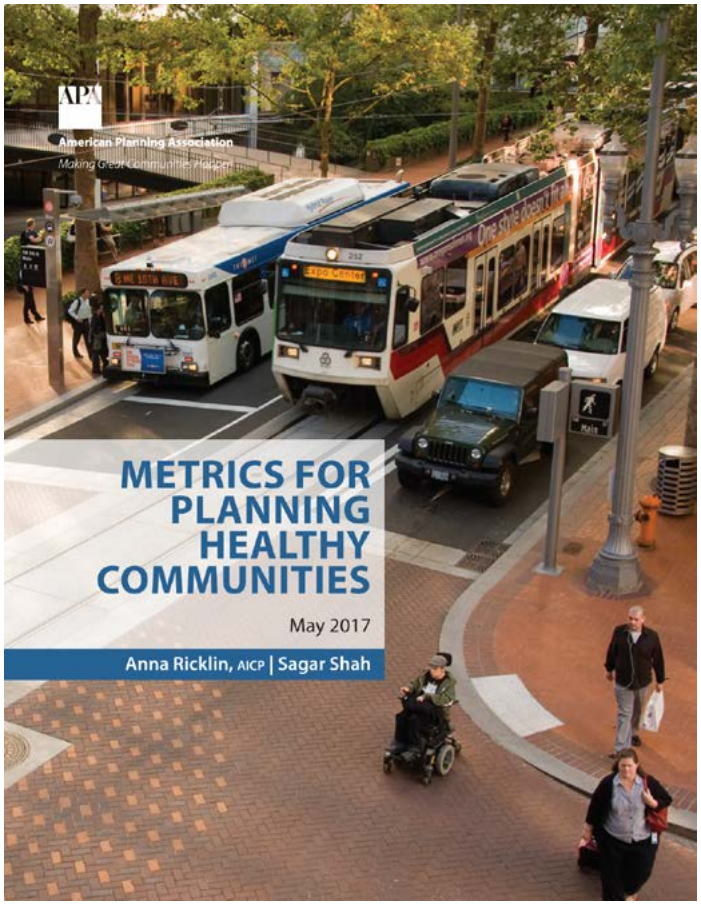
APA has been working with its national health partners since 2002 to identify and disseminate ideas for how planners and public health advocates can collaborate on shared objectives and create healthy, sustainable communities. Survey results over the years have indicated that one of the biggest barriers to achieving those objectives from the standpoint of public health and planning officials is "lack of staff resources" and "lack of funding."

Today, funding opportunities and incentives that bridge the gap between planning and public health are becoming more common as more federal, state, and local agencies and nonprofit and private-sector representatives are recognizing both the demand for and benefits of collaborative efforts.

The American Planning Association and its Chapters and Divisions support the following policy outcomes:

1. Public transportation service and infrastructure investments that promote physical activity, especially including walking, biking, and transit.
2. Adoption of performance measures for public infrastructure investments that incorporate public health outcomes and address social inequities, environmental impacts, and other related issues.
3. Development of "Complete Streets" and "Complete Neighborhoods" policies and guidelines that provide incentives for project stakeholders to include elements providing safer opportunities for walking and bicycling, and mixed uses conveniently located to support the daily needs of all communities to achieve health equity.

Resources: Defining Success For Healthy Communities



Measuring the performance of healthy community initiatives can be a powerful tool when supporting and advancing the guiding policies listed above. Planners should create metrics to measure and evaluate the success of healthy community initiatives in their communities.

The recent APA publication "Metrics for Planning Healthy Communities" demonstrates the benefits of planners documenting, measuring, tracking, and designing built environment elements that are known to be key determinants of health. Five key measurement domains have been identified and each is broken down into subdomains or categories that represent areas where planners can impact the built environment. Indicators, or measurements used to analyze built environment characteristics, are assigned to each subdomain including recommended planning policies known to be effective in changing the built environment.

The domains and subdomains are:

Active Living
- Active Transportation
- Recreation
- Traffic Safety

Healthy Food Systems
- Access
- Production

Environmental Exposure
- Air Quality
- Water Quality
- Soil Contamination

Emergency Preparedness
- Natural Hazards
- Climate Change
- Infectious Disease

Social Cohesion
- Green Infrastructure
- Housing and Community Development
- Public Safety

The benefits of using the metrics detailed in this document include supporting smart growth and sustainable development, while helping to measure progress and build relationships. Planners are encouraged to utilize this document as a tool to advance the creation of healthy communities. The graphics below show another set of metrics that could be used to measure the success of healthy community initiatives.

Performance Measure Examples

Active Living

Active Transportation Policies

- Transportation Demand Management
- Prioritized funding ped/bike facilities
- Complete Streets/Road Diets/Traffic Calming
- Vision Zero/Traffic Safety

Metrics

- Commute mode share
- Ratio of sidewalk/bike lane to roadway miles
- % of population within walking distance of transit
- Street intersection density
- Reduction in annual traffic crashes/volume

Recreation Policies

- Prioritize equitable investment in parks and open space
- Shared use policies between local governments, school districts, faith based orgs, etc.

Metrics

- Network distance to park entrances and other usable public open spaces
- Acres of park land per 1,000 population
- % of sites implementing shared use
- Street intersection density

Environmental Exposure & Emergency Preparedness

Air, Water, Soil Quality Policies

- Requirements to site facilities serving vulnerable populations at least 500 ft from high traffic roadways
- Management of storm-water through green infrastructure or low impact development practices
- Prioritization of brown-field remediation and urban infill

Metrics

- # of facilities serving vulnerable populations that are located within 500 feet of a high traffic roadway
- % of green storm-water investments relative to total dollars invested
- # of brownfields that are not remediated
- # of brownfields that have been identified and prioritized to be remediated in the future
- Reduction in annual traffic crashes/volume

Natural Disaster & Climate Change Policies

- Hazard mitigation policies included in all forms of plan making, from comprehensive plans to area plans
- Climate change data or projection integrated into all future plans

Metrics

- % of population living in 100 year and 500 year floodplain area
- % of population living within coastal areas vulnerable to sea water impacts, soil erosion, and mud slides.
- % of plans that fully integrate meaningful climate change data with recommended counter measures and impact mitigations

Performance Measure Examples *(cont.)*

Healthy Food Systems

Access to and Production of Healthy Foods Policies

- Incentive programs to attract grocers to food deserts
- Financial incentives to corner stores to carry health food options
- Expedited permitting process/incentives for new farmer's markets
- Development of limitation on fast food establishments
- Removal of policy barriers to establishing urban agriculture and community gardens

Metrics

- % of low-income population living in urban areas that are not within walkable distance of full-service grocery store
- % of farmer's markets that accept SNAP/WIC
- % of corner stores that have healthy food options
- Density of fast food restaurants
- # of sites in urban areas that are currently in use or have potential for community gardens or urban agriculture

Definitions

- **Adult Learning Principles**—In the 1970s, Malcolm S. Knowles developed a model to explain the characteristics of learning in adults based in six fundamental assumptions: 1. Adults are internally motivated and self-directed. 2. Adults bring life experiences and knowledge to learning experiences. 3. Adults are goal oriented. 4. Adults are relevancy oriented. 5. Adults are practical. 6. Adult learners like to be respected. Knowles's model is referred to as "Andragogy," or in his words, "the art and science of helping adults learn." (2012. Wolowiec, Aaron. "Adult Learning Principles and what makes them relevant." Blog post, March 26.)
- **Chronic Disease**—a health condition that occurs over a long period of time (e.g. several weeks, months, or years).
- **Complete Neighborhood**—A neighborhood where one has safe and convenient access to the goods and services needed in daily life. (http://www.portlandonline.com/portlandplan/index.cfm?a=390208&c=58269)
- **Complete Streets**—Complete streets are streets for everyone. They are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities. Complete streets make it easy to cross the street, walk to shops, and bicycle to work. Typical elements that make up a complete street include sidewalks, bicycle lanes (or wide, paved shoulders), shared-use paths, designated bus lanes, safe and accessible transit stops, and frequent and safe crossings for pedestrians, including median islands, accessible pedestrian signals, and curb extensions. (National Complete Streets Coalition)
- **Determinants of Health**—The range of personal, social, economic, and environmental factors that determine the health status of individuals or populations.
- **Environmental Justice**— 1) Circumstances in which no segment of the population, regardless of race, color, national origin, or income, suffers disproportionately from adverse human health or environmental effects, and all people live in clean, healthy, and sustainable communities; 2) Equal protection from environmental hazards for individuals, groups, or communities regardless of race, ethnicity, or economic status. This applies to the development, implementation, and enforcement of environmental laws, regulations, and policies, and implies that no population of people should be forced to shoulder a disproportionate share of negative environmental impacts of pollution or environmental hazard due to a lack of political or economic strength levels.
- **Health Care**—Services provided to individuals or communities by agents of health services or professions to promote, maintain, monitor, or restore health. Health care is not limited to medical care.
- **Health Disparities**—The difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups.
- **Health Impact Assessment**—Health impact assessment refers to any combination of qualitative and quantitative methods used to assess the population health consequences of a policy, project, or program that does not have health as its primary objective (i.e., assessing the health consequences of non-health-sector actions).
- **Health in All Policies**—A change in the systems that determine how policy decisions are made and implemented by local, state, and federal government agencies to ensure that policy decisions have beneficial or neutral impacts on the determinants of health. HiAP is a collaborative approach to improving the health of a community by incorporating health, sustainability, and equity considerations into decision making across sectors and policy areas.
- **Health Indicator**—A health indicator is a measure that reflects, or indicates, the state of health of persons in a defined population, such as the infant mortality rate.
- **Health Equity**—1) When everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance; 2) A situation in which, regardless of individual behavior, individuals have access to equal opportunities for positive health outcomes.
- **Health Inequities**—Differences in health associated with individual or group specific attributes (e.g., income, education, race/ethnicity) that are connected to social disadvantage and historical and contemporary injustices, and which can be minimized through changes to policy, programs, and practices.
- **Health Lens Analysis**— The Health Lens Analysis is a key feature of the Health in All Policies model and is an emerging methodology derived by the South Australian Health Department. There are five essential elements included in the health lens analysis process that underpin its effectiveness and ability to deliver mutually beneficial outcomes: 1) Engage—establishing and maintaining strong collaborative relationships with other sectors, and determining agreed policy focus; 2) Gather evidence—establishing impacts between health and the policy area under focus, and identifying recommendations and a final report that are jointly owned by all partner agencies; 4) Navigate—Helping to steer the recommendations through the decision-making process; and 5) Evaluate—Determining the effectiveness of the health lens. (e: (South Australian Health Department, "Health Lens Analysis projects")

- **Health Outcome**—A change in the health status of an individual, group, or population that is attributable to a planned or unplanned intervention or series of interventions.
- **Healthy Community**—Defined in this policy guide as places where all individuals have access to healthy built, social, economic, and natural environments that give them the opportunity to live to their fullest potential regardless of their race, ethnicity, gender, income, age, abilities, or other socially defined circumstances. Other definitions may also include other factors such as leadership qualities, inclusiveness in the decision-making process, and the availability of health care services.
- **Healthy Communities Design Checklist**—A handout for residents to use during public meetings or other gatherings to determine potential health impacts when decisions are being made about land use. The checklist is a quick way to educate residents about healthy community design and to help them consider health during land use discussions. The checklist covers the following topics: Active Living, Food Choices, Transportation Choices, Public Safety, Social Cohesion, Social Equity, and Environmental Health. (https://www.cdc.gov/healthyplaces/toolkit)
- **Health**— A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. (World Health Organization, as adopted by the International Health Conference, New York, June 19–22, 1946; signed on July 22, 1947, by the representatives of 61 states (Official Records of the World Health Organization, no. 2, p. 100); and entered into force on April 7, 1948.)
- **Community Design**—The process of giving form, in terms of both function and aesthetic beauty, to a distinct urban area within whole cities. It is concerned with the location, mass, and design of various urban components and combines elements of urban planning, architecture, and landscape architecture.
- **Infectious Disease**—An disease caused by the presence of disease-causing organisms or agents, such as bacteria, viruses, and parasitic worms.
- **Intervention**—The act or fact of interfering with a condition to modify it or with a process to change its course.
- **Life Expectancy**—The probable number of years remaining in the life of an individual or class of persons determined statistically, affected by such factors as heredity, physical condition, nutrition, and occupation.
- **Mortality**—Death. Usually the cause (a specific disease, condition, or injury) is stated.
- **Premature Death**— Deaths that occur before a person reaches an expected age (e.g., age 75). Many of these deaths are considered to be preventable.
- **Public Health**—What we as a society do collectively to assure the conditions in which people can be healthy.
- **Vulnerable Population**—Those put at risk by circumstances such as financial position; place of residence; health, age, or functional or developmental status; ability to communicate effectively; presence of chronic illness or disability; or personal characteristics.
- **Obesity** —Excessively high amount of body fat or adipose tissue in relation to lean body mass.
- **Overweight**—Increased body weight in relation to height, when compared to some standard of acceptable or desirable weight.

References And Resources

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Related Policy Guides

The Healthy Communities Policy Guide is related to other Policy Guides adopted by the American Planning Association in recent years, including:

- Aging in Community (2014)
- Agriculture Land Preservation (1999)
- Climate Change (2011)
- Community and Regional Food Planning (2007)
- Food Planning (2007)
- Hazard Mitigation Policy Guide (2014)
- Homelessness (2006
- Housing (2006)
- Neighborhood Collaborative Planning (1998)
- Smart Growth (2012)
- Surface Transportation (2010), Freight Addendum (2016)
- The Sustainability Policy Framework (2016)
- Water (2017)

Please refer directly to these closely allied policy guides for additional policy reference on those topics: http://planning.org/policy/guides.