Public Health and Community Design
Cross-Sectoral Workforce Development

Final Report

Submitted by:
Nisha Botchwey, PhD, MCRP, MPH
Associate Professor of City and Regional Planning, Georgia Institute of Technology

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Executive Summary

There is a growing understanding of how community planning and design choices impact health, safety and prevention. This impact can be seen from the level of individual buildings, to local land-use decisions, to the design of regional transportation systems. Planning and design present both opportunities and threats to population health outcomes and as such, there is a need to develop and train the workforce in both the design (urban planning, architecture, transportation engineering, etc.) and health (public health, healthcare infrastructure, etc.) arenas to work collaboratively on the design and creation of health-promoting places.

The Expert Panel on Public Health and Community Design Cross-Sectoral Workforce Development, supported by the National Network of Public Health Institutes and the Centers for Disease Control and Prevention, was convened in Atlanta, GA on September 24-25, 2012 by Faculty in the School of City and Regional Planning at the Georgia Institute of Technology. The Panel represents a first step in bringing together experts from various organizations, disciplines, and specialties across the academy and practice to determine the process for how to best build a 21st century workforce capable of planning, designing, building, and maintaining healthy communities across a number of community environments. These are goals highlighted in the National Prevention Strategy and in the Built Environment and Public Health Curriculum.

The Expert Panel was charged to recommend ways to ensure that current and future professionals in the public health, planning and community design sectors are able to identify and respond to new and emerging opportunities and threats in the built environment that impact population health. Over the course of one and a half days, the participants first tested the hypothesis that there are workforce development challenges in creating professionals that can bridge the planning and/or community design, and public health arenas. With agreement here, they deliberated over potential core competencies for training and decided to reconvene a focused conversation with experts from professional and academic organizations across all the sectors to have a more fine-grained discussion on how to develop cross-cutting core competencies. They also suggested development of advanced specializations for certified professionals and authoring ‘101’ articles for ‘the other’ disciplines. Next, the panel sought to generate a map of the current training system(s) in place that can be used to produce the workforce that bridges the planning, design and public health arenas. After some small group discussion, they agreed that we need to look at both endogenous and exogenous variables in executing the theory of change at this intersection, and listed some for future consideration. The last session before developing recommendations focused on a gap analysis of the current training system in light of core competencies, existing and projected jobs at the nexus of planning, design and public health, and the capacity to bridge existing silos within and across sectors. The panel suggested that an intermediary organization be engaged to help facilitate work and institutionalization of this important arena.

The Expert Panel ended with proposed actions to be taken by specific organizations and recommendations sequenced for short and long-term execution.
**Proposed Actions by Organizations**

**Assessment** | APA committed to perform an inventory on the history and range of APA action in this arena. And, all organizations will be polled to complete asset mapping of their organizations and their partners to document what they are currently doing around built environment and public health as well as what other efforts they’re involved in that could be leveraged towards supporting this issue.

**Board-level Engagement** | ACSP committed to engage their Governing Board to assess their appetite for making built environment and public health a priority area for the organization.

**Conferences** | ACSP, APA, APHA, NAED and NEHA all committed to creating a themed session or sessions at their upcoming meetings (national meetings, leadership meetings and teacher seminars) on built environment and public health workforce development.

**Facilitating Progress** | ACSP, APA, NACCHO and NEHA all committed to keep the conversation moving forward with their respective organizations through nominated individuals, linking to existing programs, or as conduits to academic programs. Participants also requested that general information be distributed through CDC’s Healthy Communities Newsletter and the expert panel report be provided to current participants, those who couldn’t attend, and those identified too late to be invited. Finally, participants recommended that the conveners make contact with the Convergence Partnership regarding institutional support to continue these efforts.

**Research and Impact** | ACSP and NACCHO want to scale-up evaluation of built environment interventions on public health. Additionally, CDC’s Healthy Aging Research Network was recommended as a model for developing research coalitions at this intersection.

**Papers** | Participants endorsed publication of additional “101 Papers”.

**Professional Certification** | APA with AICP, and NBPHE will work in their respective organizations to develop, where appropriate, a built environment and public health certification. PHF will work to include community design experts in discussions on public health core competencies.

**Recognition** | APA and APHA agreed to collaborate on a joint award for best practices and innovation in built environment and public health work as a way to raise the profile of this work in the field. NAACHO also committed to include built environment and public health examples in their Model Practices Award.

**Training** | NEHA and PHF are working to identify and promote training opportunities in built environment and public health issues through their e-training portal TRAIN.
**Implementation Program Post-Expert Panel**

**Short-term (to December 2012)**
- Draft Current on-line training (i.e. Primers)
- Draft Comprehensive Glossary
- Article with David Dyjack, Nisha Botchwey and Erin Marziale in the *Journal of Public Health Management and Practice* (see Appendix 4)
- Expert Panel Evaluation (completed December 21)
- 101 Articles (papers and authors identified)
- Phase 2 Planning to continue this work past June 2013

**Midterm (to June 2013)**
- Expert Panel Report Dissemination to Panel Participants and others identified
- Continued conversations to institutionalize this effort
- Listserv creation
- Tier 2 follow-up with expanded list of PHCD Academics and Practitioners (including representatives from ICMA, civil engineering, developers, builders and others identified by expert panel participants)
- Develop content for CDC’s Healthy Communities Newsletter
- 101 Articles (Secure author commitments)
- Updated Current on-line training (i.e. Primers)
- Updated Comprehensive Glossary
- Conference Presentations (NPSG, APA, ACSA, USGBC, IMCL)
- Complete Phase 2 Planning to continue this work past June 2013
- Follow-up conference calls or e-meetings with Expert Panel Participants to be scheduled for February, April and June 2013. Potential topics include report review, define success for this effort, define concrete products (papers, conference sessions, new courses, new certifications, other), core competencies, course design workshop, competencies comments for other disciplines.

**Long-term (Phase 2: post-June 2013)**
- Demand Generation
- Academic Structures and Interdisciplinary Hurdles
- 101 Articles (Publications in the academy and practice journals and other outlets)
Survey of Expanded list of PHCD Academics and Practitioners

One of the Expert Panel’s recommendations was to survey a broader group of professionals in the practicing and academic fields in order to develop a better understanding of the composition and nature of this workforce, and identify strategies to broaden and deepen its impact. The resulting survey, collected between February and March of 2013, is detailed in this report. The following are key findings from the survey:

**PHCD Organizations**
- APA, APHA, AIA, and New Partners for Smart Growth were the main organizations considered the most appropriate for sponsoring PHCD training and for engaging with PHCD topics.
- Transportation fields represent an important opportunity for growth and engagement in PHCD-related work

**PHCD Professions**
- The current PHCD workforce is mostly comprised of professionals working in public health departments, local or regional planning agencies, and architecture, landscape architecture and urban design fields.
- Workshops and seminar series are the preferred methods for training the current workforce in PHCD topics over online training and published materials.

**PHCD Education**
- PHCD-oriented education currently consists mainly of academic fellowship programs and dual-degree programs but these are limited in reach.
- Academic certificate or specialization programs are the preferred method of training the future PHCD workforce, followed by offering a built environment and community design course in students’ program of study.

**PHCD Promotion/Recognition**
- PHCD thought leaders and innovators should be recognized not only with awards at national and regional conferences, but with seed and travel grants both to implement pilot projects and to disseminate their work.
- PHCD best practices should also receive recognition through awards, but should be also be evaluated for efficacy before dissemination.

**Future of PHCD development:**

**Short-term actions**
- Develop an online clearinghouse of best practices
- Develop and disseminate model codes and policies
- Continuing education for professionals
• Ongoing PHCD workforce needs assessment
• Increased interaction between students and professionals across PHCD fields
• Establish more joint degree programs
• Expand and publicize the conversation to other related fields and organizations (e.g., traffic engineers, public works professionals, ICMA and other professional organizations for local government managers
• Issue small grants and awards like the ACHIEVE grant

Long-term actions
• Policy-level interventions:
  o Tie state and federal transportation funding for local governments to the existence of smart growth and walkable neighborhoods policies
  o Campaign to advance policies promoting active living
• Increased funding for research, academic support, and programs at the intersection of PH/CD
• Development of joint degree programs or cross-disciplinary curricula
• National annual conference that engages policy, planning, and design communities
• Public education
Part 1: Expert Panel Meeting Summary

Introduction

Since the 1990s when conversations, projects and research questioned whether the built environment impacted health, we now have an expanded understanding of how community planning and design choices do impact health, safety and prevention; at the micro-level of individual buildings to the macro-level of regional transportation systems. Planning and design present both opportunities and threats to population health outcomes and as such, there is a need to develop and train the workforce in both the design (urban planning, architecture, transportation engineering, etc.) and health (public health, healthcare infrastructure, etc.) arenas to be able to work collaboratively on the design, creation and maintenance of health-promoting places.

To this end, the Expert Panel on Public Health and Community Design Cross-Sectoral Workforce Development, supported by the National Network of Public Health Institutes and the Centers for Disease Control and Prevention, was convened in Atlanta, GA on September 24-25, 2012 by Faculty in the School of City and Regional Planning at the Georgia Institute of Technology. The Panel represents a first step in bringing together experts from various organizations, disciplines, and specialties to determine the process for how to best build a 21st century workforce capable of planning, designing, building, and maintaining healthy communities across a number of community environments. Pre-reads were abstracted and made available to participants in preparation for this meeting (see Appendix 1. Expert Panel Pre-reads). They offer background and insights into both this need and possible mechanisms for addressing workforce development at the intersection of health and the built environment. However, the primary motivation for this work is drawn from the National Prevention Strategy and the Built Environment and Public Health Curriculum.

According to the National Prevention Strategy, many of the strongest predictors of health and well-being fall outside of the health care setting. Social, economic, and environmental factors all influence health. People with a quality education, stable employment, safe homes and neighborhoods, and access to high quality preventive services tend to be healthier throughout their lives and live longer. When organizations, whether they are governmental, private, or nonprofit, succeed in meeting these basic needs, people are more likely to exercise, eat healthy foods, and seek preventive health services. While knowledge is critical, communities must reinforce and support health, for example, by making healthy choices easy and affordable. We will succeed in creating healthy community environments when the air and water are clean and safe; when housing is safe and affordable; when transportation and community infrastructure provide people with the opportunity to be active and safe; when schools serve children healthy food and provide quality physical education; and when businesses provide healthy and safe working conditions and access to comprehensive wellness programs. When all sectors (e.g., housing, transportation, labor, education, defense) promote prevention-oriented environments and policies, they all contribute to health.
The article *A Model Curriculum for a Course on the Built Environment and Public Health: Training for an Interdisciplinary Workforce* and companion website [www.bephc.com](http://www.bephc.com) document that *despite growing evidence of the direct and indirect effects of the built environment on public health, planners, who shape the built environment, and public health professionals, who protect the public's health, rarely interact*. Most public health professionals have little experience with urban planners, zoning boards, city councils, and others who make decisions about the built environment. Likewise, few planners understand the health implications of design, land use, or transportation decisions. One strategy for bridging this divide is the development of interdisciplinary courses in planning and public health that address the health implications of the built environment. Professional networking and Internet-based searches in 2007 led to the identification of six primarily graduate-level courses in the U.S. that address the links between the built environment and public health. Common content areas in most of the identified courses included planning and public health histories, health disparities, interdisciplinary approaches, air and water quality, physical activity, social capital, and mental health. A model curriculum is proposed that will help bridge the divide between the built environment and public health and enable both planners and public health professionals to value, create, and promote healthy environments.

**Panel’s Charge**

The Panel was charged with recommending ways to ensure that *current and future professionals* in the public health, planning and community design sectors are able to *identify and respond to new and emerging opportunities and threats in the built environment that impact population health*.

**Expert Panel Goals**

The meeting agenda was organized around the following principle goals:

1. **Confirm and/or revise the hypothesis that there are workforce development challenges in terms of creating professionals that can bridge the planning, design and public health arenas.** Clarify the scope and nature of this challenge in the undergraduate, graduate and professional development arenas.

2. **Clarify the range of core competencies and knowledge necessary for a workforce that is trained to bridge the planning, design and public health arenas.** Work with existing planning, design and public health curricula and current specializations in each field to assess, refine and expand our current definition of this essential cross-sectoral knowledge base.

3. **Describe and assess the current training systems in place to produce the workforce that can bridge the planning, design and public health arenas.** Look at institutions, programs, populations addressed and outcomes achieved.

4. **Perform a gap analysis on the current training system** in light of core competencies, existing and projected jobs at the nexus of planning, design and public health, the capacity to bridge existing silos, etc.
5. **Identify a set of potential actions for moving this agenda forward.** What can we learn from change processes in each field? What outcomes can we commit to? How will we measure success?

The expert panel conveners include Nisha Botchwey, Associate Professor of City and Regional Planning at the Georgia Institute of Technology, Christopher Kochtitzky, Associate Director for Policy and Planning in the Centers for Disease Control and Prevention’s (CDC) National Center for Environmental Health, Erin Marziale, Associate Director of Member Services at the National Network of Public Health Institutes (NNPHI). The conveners and participants made a range of additional framing and introductory comments, including the following:

- **Expert Panel Participants:** The conveners strategically invited participants that represent or influence multiple organizations or groups that are impacted by this public health and community design issues (see Table 1. Expert Panel Participants by Organization). Participants identified a need for more representation from the civil engineering and transportation fields, and Landscape Architecture. (See Appendix 2. Expert Panel Participant List)

- **Common Language:** The group identified the need to create a common language between public health and the design fields.

- **Health Impact Assessment:** Include HIA as a tool for integration and operationalizing the built environment and public health connection.

- **Public decision-making and public support:** Bill Klein, Director of Research for the American Planning Association (APA) discussed the challenges of getting public support for key planning policies in a “noisy” public marketplace of ideas. He stated that leveraging public health support for key smart growth approaches can help lift these ideas up for public officials. He identified five strategic points of intervention for integrating health into local and regional policies that impact the built environment:

  1. **Visioning** and long-range goal-setting.

  2. **Plan-making**, including comprehensive plans, corridor plans, functional plans, bike path master plans, neighborhood plans, etc.

  3. **Implementation strategies**, including zoning and subdivision regulations, incentives, other public policies.

  4. **Development:** Engineers, architects, real-estate developers play a big role here. Can health be incorporated into the review of planning development plans?

  5. **Public investment:** Capital improvement strategies, affordable housing, procurement, etc.
### Table 1. Expert Panel Participants by Organization

<table>
<thead>
<tr>
<th>Community Design</th>
<th>Practice</th>
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<tbody>
<tr>
<td><strong>Academic</strong></td>
<td></td>
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<tr>
<td>American Institute of Architects</td>
<td>American Planning Association</td>
</tr>
<tr>
<td>American Institute of Certified Planners</td>
<td>National Academy of Environmental Design</td>
</tr>
<tr>
<td>Association of Collegiate Schools of Architecture</td>
<td>Planning Accreditation Board</td>
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<tr>
<td>Association of Collegiate Schools of Planning</td>
<td>Transportation Research Board</td>
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<tr>
<td>Florida State University School of Urban and Regional Planning</td>
<td>U.S. Green Building Council</td>
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<tr>
<td>Georgia Institute of Technology School of City and Regional Planning</td>
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<tr>
<td>Rutgers University School of Planning and Public Policy</td>
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<tr>
<td>University of Arizona College of Architecture and Landscape Architecture</td>
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<tr>
<td>University of Washington College of Built Environments</td>
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<tr>
<td><strong>Public Health</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Academic</strong></td>
<td>Practice</td>
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<tr>
<td>American Public Health Association</td>
<td>American Public Health Association</td>
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<tr>
<td>Institute of Medicine</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>Association of Schools of Public Health</td>
<td>(Division of Community Health; Division of Nutrition, Physical Activity and Obesity; Healthy Community Design Initiative; National Center for Environmental Health; Office of the Associate Director for Policy; Office for State, Tribal, Local and Territorial Support; US Public Health Service)</td>
</tr>
<tr>
<td>Council on Education for Public Health</td>
<td>Convergence Partnership</td>
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<td>Public Health Accreditation Board</td>
<td>Health Commissioner from Summit County, Ohio</td>
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<tr>
<td>Public Health Functions Working Group</td>
<td>Health Impact Project, Pew Charitable Trusts</td>
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<tr>
<td>Council on Linkages Between Academia and Public Health Practice</td>
<td>National Association of County and City Health Officials</td>
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<tr>
<td>Georgia State University Institute of Public Health</td>
<td>National Board of Public Health Examiners</td>
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<tr>
<td>University of Illinois at Chicago School of Public Health</td>
<td>National Environmental Health Association</td>
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<tr>
<td>University of Washington School of Public Health</td>
<td>National Network of Public Health Institutes</td>
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<td>National Research Council</td>
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<td>PeaceHealth Oregon</td>
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<td>Public Health Foundation</td>
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<td>Public Health Institute of Metropolitan Chicago</td>
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<td>PolicyLink</td>
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National Prevention Strategy Council Action Plan: Corinne Graffunder, Director of the National Prevention and Health Promotion Strategy at the CDC spoke about the federal public health perspective, and how her work with a range of federal agencies developing the Prevention Strategy (HUD, DOT, EPA, DOL, etc.) had raised the issue of the role of built environment issues in public health. She also pointed out the need to take advantage of some of the opportunities for built environment work in the Affordable Care Act.

Expert Panel and Beyond: Botchwey and Kochtitzky stated that this was the first step in a larger process. Once this initial group of thirty experts grappled with these issues, they would engage a larger group of diverse stakeholders to review and expand on these discussions. They emphasized that it would be critical for participants to identify sectors, organizations and/or individuals that should be part of this discussion to ensure that they are included in the second phase.

Session Summaries

Session 1: Testing the Hypothesis
This session was designed to confirm and/or revise the hypothesis that there are workforce development challenges in terms of creating professionals that can bridge the planning/design and public health arenas, with a focus on clarifying the scope and nature of this challenge at the undergraduate, graduate, certificate/certification and professional development levels.

Botchwey and Kochtitzky made a presentation fleshing out the hypothesis that there is currently a workforce challenge in the built environment and health arena, and identifying the three pipelines that merit the attention of the group:

- Produce new, highly trained professionals (i.e. joint degrees);
- Ensure that all newly trained professionals have a baseline of knowledge about built environment and health issues; and
- Provide existing public health and community design professionals with interdisciplinary training in these emerging areas.

As part of this discussion, Kochtitzky presented a list of positions – local, regional, state and federal – which are focused on built environment and health issues (see Appendix 3. Public Health and Community Design Workforce Examples). This list is limited to positions he and Botchwey personally know of, and is clearly expanding over time. This list represents one of the drivers of this discussion – are we (schools of planning, community design and engineering, and institutions involved with professional development) producing the right number of appropriately trained professionals to fill the current jobs at this intersection and the ones that will be created over the coming years?

The group had a spirited conversation on these issues, and raised several important points for consideration:
➢ Need to include more civil engineers in this discussion (planning to engage more in Phase 2 of this discussion).

➢ Use the International City/County Managers Association (ICMA) to recruit participants.

➢ Critical to look both at workforce development issues and the need to create evidence to support the links between the built environment and health outcomes. We can’t teach based on intuition and common sense; we need to continue building and disseminating the data and evidence as well.

➢ Need to clarify scope of built environment and health jobs we are talking about. The conveners confirmed that they are looking beyond the individual building level (i.e. green and healthy building construction and maintenance) to the level of block, neighborhood, city and region. What about health-care workers in addition to public health folks? What about law, which has an impact on land-use, zoning, public financing of infrastructure, etc.?

In order to have a quantitative basis for setting priorities, the group asked to look at the numbers of folks who are currently in academic programs versus those currently in the field that serve as the market for on-going professional education. Participants provided the following data, summarized in Table 2 below:

1. Architecture graduates: Approximately 6-7,000 new architecture graduates (undergraduate and graduate levels) every year.

2. Urban planning graduate students: Approximately 5,000 students currently in urban planning graduate programs.

3. Public health: Only 10 – 15% of governmental public health workers have terminal public health degrees. Workforce comes from many different fields. Many Masters of Public Health (MPH) graduates go into private or nonprofit sector. Number of public health grads is increasing. Also:
   ➢ Approximately 184,000 people currently employed in local public health departments.
   ➢ Approximately 85% of public health departments employ less than 100 people, making it difficult to have a dedicated built environment person.
   ➢ Approximately 25% of governmental public health workers have a high school or community college degree.

4. Professional architects and landscape architects: Approximately 100,000-130,000 registered architects currently in the field, and 15-18,000 registered landscape architects.

5. Professional planners: Approximately 16,000 certified planners. According to the Bureau of Labor Statistics, there were 40,300 urban and regional planners in 2010.
Table 2. Workforce Numbers by Current Professionals and Students

<table>
<thead>
<tr>
<th>Field</th>
<th># Professionals</th>
<th># Schools</th>
<th># Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Architecture</td>
<td>104,301*</td>
<td>125**</td>
<td>6,000-7,000</td>
</tr>
<tr>
<td>Landscape Architecture</td>
<td>15-18,000</td>
<td>72</td>
<td>--</td>
</tr>
<tr>
<td>Planning</td>
<td>40,300 (16,000 AICP-certified)</td>
<td>89***</td>
<td>5,000</td>
</tr>
<tr>
<td>Public Health</td>
<td>184,000</td>
<td>58****</td>
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</tr>
</tbody>
</table>


** According to ACSA [http://www.acsa-arch.org/schools/guide-to-architectural-education/overview/architecture-programs](http://www.acsa-arch.org/schools/guide-to-architectural-education/overview/architecture-programs)


**** These represent only the 50 ASPH-accredited schools of public health and 8 with pending accreditation

From a purely numbers perspective, the greatest impact of programming will be realized if the short-term focus is on existing professionals.

The group next had a debate about the wisdom of addressing supply issues first, demand issues first, or both at the same time. Participants thought it important to work on creating demand for cross-trained professionals to ensure we aren’t creating workers for whom there are no jobs, while Kochtitzky commented that he perceived that adequate demand exists currently, and that he was concerned about creating more until the system can actually meet it. Botchwey talked about the healthy communities movement as creating a product (i.e. environments that make healthy choices the default and thus easy choices to make) that could serve as a demand driver for this work. CDC has done research on the most effective marketing language for talking about health and healthy communities as something the group might reference when talking about demand later in the process.

Victor Rubin, Vice President for Research at PolicyLink emphasized the importance of including early undergraduate education and not just looking at graduate programs. He also discussed the importance of looking at built environment and health work in the field as a way to target then teach the skills needed by the emerging workforce. Currently, much of the work is being done by consultants who are highly-trained in both built environment and public health working with local government units. These professionals help set the conceptual framework, get built environment and public health issues into pertinent plans and policies, and then turn the next steps over to less-specialized local community design or public health staff. As the healthy communities movement grows, it will be useful to talk about internalizing this capacity at the local level, indicating a need for planning and public health staff that are educated at this intersection.

Howard Frumkin, Dean of the University of Washington School discussed the importance of addressing barriers to cross-sectoral or interdisciplinary education within public health, as it is currently very siloed. Addressing silos, strengthening cross-disciplinary and cross-sectoral offerings in core courses, and enhancing opportunities in built environment and public health work at the practicum level were offered as potential strategies for addressing these barriers.
Kara Vonasek Blanker, Project Manager of the Health Impact Project, and Andrew Dannenberg, Professor from the University of Washington identified Health Impact Assessments as a good example of how planners and public health folks are starting to work together more. The group expressed concern about continuity of funding for this work (money primarily coming from the foundation world and questions about whether it can be sustained). More work is needed to prove the value (financial cost and impact) of HIA, and the importance of getting health issues and outcomes institutionalized into development codes.

The group concluded with some discussion about setting short and long-term priorities for this work, with general agreement that the academic portion of this work is a long-term effort, while the professional development portion of this work provides more short-term opportunities. Comments including the following:

- We can’t do complex things in university-level training until we have well-trained faculty to execute on them. This will take a concerted effort to encourage and incent folks to study, publish and teach in this area.

- Currently, there are a handful of brilliant examples of folks doing this work at the university level, but there doesn’t seem to be a standard of practice. We need to institutionalize this interdisciplinary focus and reward the pioneers.

Session 2: Core Competencies

Session 2 was designed to clarify the range of core competencies and knowledge necessary for a workforce trained to bridge the planning/design and public health arenas. How can we work with existing planning, design and public health curricula and within current specializations in each field to assess, refine and expand our current understanding of the necessary cross-sectoral knowledge base? As a jumping off place, the group looked at the framework for Botchwey’s Built Environment and Public Health Curriculum (BEPHC), currently available on-line at www.bephc.com.

The group began a spirited discussion with a few key comments:

- The issue is broader – or deeper – than simply adding content. The actual structures of knowledge within each field may create barriers to integration. For example, architects will tend to aestheticize the health discourse when it’s brought into a studio context.

- To this end, we need a greater focus on place-based reasoning for folks in health and public health – need to expand beyond the body and the population to the place.

- Sustainability needs to be elevated in the discussion of core competencies for built environment and public health training on bephc.com.

- Historically, city planning was birthed in response to public health concerns. We are really just trying to reconnect two fields that used to be more formally integrated and strengthen the workforce to create and maintain healthy places.
We need to create a sense of urgency about this work especially given the epidemic levels of obesity, increasing impact of climate change, etc. These concerns can help drive institutional change.

The group discussed a range of sectoral and institutional challenges to developing a shared notion of built environment and public health core competencies, including the following:

- **Neither public health or city planning have a clear agreement between academic and practice groups about what constitutes core competence within their fields.** Concerns arose that if each individual sector can’t agree between the academy and profession then how can we agree across sectors?

- In the planning world, the Planning Accreditation Board (PAB) is revising the core competencies for the field – this is a long-term and very politicized process. **Can we leverage this and other revision processes to aid in advancing built environment and public health integration and training?**

- In the public health world, the Association of Schools of Public Health (ASPH) is currently rethinking their entire training system, documented in *Framing the Future*. **Can we leverage this and other revision processes to aid in advancing built environment and public health integration and training?**

- The tenure process itself provides a barrier to this kind of cross-sectoral work. To get tenured one has to specialize within his or her core field. We may need to bring non-tenure track folks in to teach courses and studios to advance this integration in the short-term. Also, we need to keep teaching, research and service in our sights as we talk about change at the university level. It will be critical to engage deans and other university leaders to promote interdisciplinarity, both from a bully pulpit and a tenure policy perspective. **How can we articulate to university administrators that this work will bring value to their institutions to engage them as change agents in this work?**

- Each field is different, and may require a different approach to incorporating built environment and public health issues into their post graduate or professional training. For example, public health is much less formal than planning, and doesn’t currently have a professional certification like American Institute of Certified Planners (AICP). In addition, public health tends to organize itself in response to emergencies (either short-term, as in natural disasters or long-term, in terms of chronic disease), while planners are more likely to mobilize around visions of “the good” dimensions of place (good cities, good neighborhoods, good transportation systems, good housing, etc.). How might these field differences affect our work moving forward?

- Currently, private funders are playing a big role in bringing built environment and public health issues forward (i.e. RWJF, Convergence Partnership, etc.). We need to diversify financial support to include foundations and other entities to drive demand. It is important to diversify demand drivers, both to a wider range of funders (public dollars like Community Transformation Grants) as well as to a wider range of actors altogether.
(advocates, CBOs, developers, etc.). How do we make this work – currently the majority of work in this area is funded by soft dollars. How do we make this more sustainable in the long term?

Subsequently, the group discussed the importance of using both “push” and “pull” factors (i.e. demand and supply) in this effort. For example, can we engage the finance industry, developers/builders and/or land-owners as agents of change? This would be upstream work around creating a private-sector demand for healthy communities that would then require educated planners to create and administer plans, policies and codes that would allow and encourage this pattern of development.

The group also discussed the importance of keeping vulnerable populations at the center of this work. From a social determinants of health perspective we know that race, class and place all intersect to have enormous impact on individual and community health. How can we incorporate concepts of health equity and health disparities in built environment and health research, teaching and professional development?

In addition, the group discussed the importance of vertically linking academic efforts (undergraduate to graduate) focused on “soft skills” (problem-solving, situational analysis, coalition development/management, community engagement, etc.) with “hard skills”. Current high rates of unemployment might be an opportunity to train people with these soft and hard skills both in and outside of the academy. “Teach for America/City Cares” model was touted as an example.

Next, participants stated that at this stage in the struggle for smart growth, city planners need public health to help strengthen the argument for high-density, transit-rich, pedestrian-oriented development. Planning in general – and the notion of the value of public enterprise – is under siege. We need to leverage the moral and scientific authority that public health brings to the conversation to defend planning efforts?

Group members also recommended using the “tipping point” strategy of identifying and leveraging early adopters in the change process we are seeking to initiate. Which individuals, programs and/or institutions are on the cutting-edge of these issues, and might be engaged and promoted to push this agenda forward?

Finally, the group also confirmed the basic assumption that there is currently sufficient training infrastructure within each sector to adequately address these challenges. However, the existing infrastructure will need to be:

- Better coordinated across fields,
- Training content will need to be altered and expanded, and
- We will need to take advantage of cost-effective modalities to expand impact (e.g. APA’s Healthy Communities Interest Group, APA’s Community Assistance Teams, etc.)
Potential Actions
The expert panel identified a need to bring a smaller group of experts from professional and academic organizations across all the sectors to have a more fine-grained discussion on how to develop cross-cutting core competencies. One group member suggested that the “Council on Linkages,” a group promoting linkages between public health academics and practitioners, may be a potential sponsor for this conversation. At minimum, the group agreed that it would be helpful to have partners in other sectors review proposals for revising each other’s core competencies (i.e. public health reviews planning and vice versa).

The group also discussed the possibility of getting AICP to create an advanced specialization in public health planning. They currently provide advanced specializations in transportation and environmental planning. Could they create a new one in public health planning? What would it take to complete this task?

The expert panel also called for “what do I need to know about” document for each sector (i.e. Public Health 101), potentially targeted towards specific audiences. What do planners and architects need to know about public health? What do public health professionals need to know about planning and architecture? Members from the public health groups acknowledged that they are already working on one for their field. Kochtitzky stated that there is a “Planning 101” document that the CDC developed several years ago that could be updated.

Session 3: Describe and Assess Current Training System
This working lunch session was designed to generate a map of the current training system(s) in place that can be used to produce the workforce that bridges the planning, design and public health arenas. Botchwey and her graduate students created a list of existing schools providing individual classes, concentrations/specializations, or joint degrees focused on the built environment and public health intersection for participants to assess. The group was broken into several small groups that clustered participants working on professional development and those working in the academic setting. The small groups were challenged to identify whether all the key actors had been identified, if sufficient populations were being addressed, and what outcomes or impacts were being achieved.

Daniel Friedman, Dean of the College of the Built Environment at the University of Washington, challenged the group to think more broadly about what will bring about the change we are seeking, and not focus solely on existing levers within the institutions currently providing training. He raised the examples of smoking bans and curb cuts on sidewalks. Multiple levers were required for these changes, including values, legislation, tax policy, social marketing and professional education. We need to look at both endogenous and exogenous variables in executing the theory of change at this intersection. The panel’s discussion is thus summarized according to this distinction between endogenous and exogenous variables.
Endogenous Variables

- Community Design Groups: APA, AICP and AIA
  - APA has a range of training offerings, including the national APA conference, e-learning opportunities, audio/web conferences, Planners Training Services Workshops (2-day intensives), trainings for Planning Commissioners and Zoning Board members, trainings for citizens, and training for youth and teachers (next generation). Which of these efforts should we include in our map of the current training system? This takes us back to the question of scope.
  - AICP offers advanced certificates in transportation and environmental planning. Could they develop one in built environment and public health?
  - AIA has a research group that looks at evidence-based design. Do they look at health issues? How widely is the information coming from this group disseminated? Architects are taught that one of their primary missions is to protect “health, safety and welfare,” or “HSW” similar to the legal basis for planning’s use of the “police power”. How can we leverage this principle to increase architects’ and planners’ focus on the health impacts of design?

- Public Health Groups: PHTCs, PRC, PHF, PHI, HHTC, ERC, and NSPAPH
  - Public Health Training Centers (PHTCs) should be looked at as outlets for training. They are funded by the Health Resources and Services Administration with partnerships between accredited schools of public health, related academic institutions, and public health agencies and organizations. PHTCs are committed to strengthening the technical, scientific, managerial and leadership competence of current and future public health professionals. They assess learning needs of the public health workforce, provide accessible training, and support public health organizations in strategic planning, education and resource development.
  - Prevention Research Centers (PRC) should also be looked at to advance training. There are currently 37 PRCs nationally based at universities that have either a school of public health or a medical school with a preventative medicine residency program. PRCs are focused on conducting prevention research and translating it into policy and public health practice.

- TRAIN (Trainingfinder Real-time Affiliated Integrated Network) is a learning resource offered by the Public Health Foundation (PHF), and provides a robust web-based clearinghouse of on-site and distance learning opportunities for the public health workforce. They have approximately five courses currently listed that pertain to the built environment. These are available at the national level. There could be more state or local-level offerings available that aren’t captured in TRAIN’s current list.

- Public Health Institutes (PHIs): Public health institutes (PHIs) improve public health outcomes by fostering innovation, leveraging resources, and partnering with government agencies, communities, the health care delivery system, media, and
PHIs address current and emerging health issues by providing expertise in areas like:

- Fiscal/Administrative Management
- Population-Based Health Program Delivery
- Health Policy Development, Implementation, and Evaluation
- Training and Technical Assistance
- Research and Evaluation
- Health Information Services
- Health Communications and Social Marketing
- Convening/Partnering

One example of this comes from the Louisiana Public Health Institute, who has supported the placement of an Urban Planner with a public health background in the City of New Orleans. This position provides ongoing training and technical assistance to the Department of Public Works and other city agencies in planning, funding, implementing and developing policies that support facilities for walking and biking. There is also a potential synergy here with the Healthy Homes Training Centers and Network (HHTC). According to the website (http://www.nchh.org/Training/National-Healthy-Homes-Training-Center.aspx):

Healthy Housing Solutions, Inc. and the National Center for Healthy Housing (NCHH) operate the National Healthy Homes Training Center and Network through a contract from HUD and support from EPA. The Training Center provides training through its network of partners around the country. The target audiences for the training are environmental health practitioners, public health nurses, housing professionals, community outreach workers, tribal environmental health officials, and leaders of community-based organizations. The overall goals of the training are:

- Provide training for public health and housing practitioners in the assessment and treatment of housing-related health hazards, with a focus on practical and cost-effective methods;
- Promote cross-training of public health and housing practitioners;
- Create a forum for the exchange of practical guidance about healthy housing strategies among federal, state, tribal, and local agency staff;
- Develop a mechanism for the ongoing introduction of new research findings into public health training and practice; and
- Identify and optimize opportunities for networking, collaboration, and partnerships.

- NIOSH Environmental Research Centers (ERC) were first established by the National Institute for Occupational Safety and Health in the late 1970’s. There are academic, labor and industry partnerships that do research and train occupational safety and health professionals. They may be a model for what we want to do with built environment and public health workforce development.
- National Society of Physical Activity and Public Health (NSPAPH) offers courses and a certificate program. Can this activity include a formal focus on built environment issues?

- Common Community Design and Public Health Considerations:
  - Unaccredited Programs: The list of ASPH institutions/programs isn’t comprehensive, as not all public health programs are accredited. Should we include unaccredited programs as key actors in this effort? What about unaccredited groups in the community design disciplines? Concern: Quality assurance issues.
  - State Chapters of national organizations like APA, AIA, and APHA often do their own training at the state or regional level. Look to find opportunities for cross-training and cross-marketing. Much of existing professional education comes from these national organizations.

**Exogenous Variables**

- Funders often provide training and technical assistance to their grantees. This is not formal curricula, usually not captured in national resources like TRAIN, and probably not vetted by professional or academic organizations. Can we leverage CDC funding to groups like NACCHO and ASTHO to incentivize or require them to include more built environment issues into their training offerings? Can this training be recorded and disseminated to the target workforce?

- Look at the U.S. Green Building Council as a source for design and health training.

- Multiple pathways: Many public health and planning professionals get to their field from basic science, nursing, public administration, liberal arts and other backgrounds. How far outside of existing planning, architecture, and public health training do we want to look to accommodate the multiple pathways folks take to get to this work?

- Interdisciplinary conferences: These were not included on the list provided to group participants. Much built environment and public health training is provided at interdisciplinary conferences like New Partners for Smart Growth. We need to identify, assess and engage these groups?

- Continuing education credits: Many of these interdisciplinary conferences grew in popularity because they began offering continuing education credits to public health folks in “social determinants of health.” How can we influence and expand continuing education categories across sectors to include more categories linked to built environment and public health?

- Environmental health professionals (i.e. National Association of Environmental Professions, National Environmental Health Association, etc.) often function as planners or public health workers, but don’t necessarily identify with that work. How does their work
intersects with built environment issues and is it relevant to try to target them as well? If so, how?

- **International perspective:** Currently, we are only looking at U.S. offerings. We should look internationally as well, particularly at Brazil and Asian countries.

* Search terms: The list of existing academic and training programs was generated by searching with the terms “built environment”, “healthy neighborhood”, “healthy places” and “healthy communities”. These terms might not be sufficient for identifying relevant courses; for example, the number of built environment-related papers and sessions listed for APHA/ASPH is too few. What other terms might surface additional resources: Sustainability? Disaster preparedness? Other?

**Session 4: Training System Gap Analysis**

This session was designed to perform a gap analysis on the current training system in light of core competencies, existing and projected jobs at the nexus of planning, design and public health, and the capacity to bridge existing silos within and across sectors.

Because the conversation during Session 3 was insufficient to draw a comprehensive map of the existing training system, this discussion was broader in nature than anticipated, and included the following key points:

- **Motivation:** What motivates people to change and do things differently? Can’t just assume folks will want to get on board. When the AIA first took on climate change as an issue, there was a lot of push back. Why is the issue we are addressing urgent? Potential incentives could include financial and honorary awards (scholarships, research support, etc.), endowed chairs/dedicated positions at schools of planning, public health, architecture, etc.

- **Language Gap:** Need a dictionary to complement the “what do we need to know” documents discussed earlier. Common terms are critical to promote communication and collaboration. Also, we need to expand this lexicon beyond planning and public health. Sponsored research is a big market, and some of us are cut off because we can’t communicate with researchers and fit our work to accepted and familiar study designs.

- **Leverage Grant Opportunities:** Many grant programs across the sectors require or reward the development of collaborative groups. How can we emphasize this – scoring vs. requirements, additional funding, technical assistance for forming and managing collaborative groups for research or practice, etc.

- **NIH-type Funding:** Getting NIH funding can be critical to getting tenure. Interdisciplinary funding is not perceived as being as prestigious. Universities are seeking Research Level 1 status, and this could be an institutional barrier to promoting more interdisciplinary work.

- **Publications:** It can be challenging to get published in a journal outside your primary field. Can we work with individual academic journals to get them to alter this policy and/or
tradition? Perhaps advance theme issues on built environment and public health concerns across multiple high profile journals as was done in 2003.

- **Architecture and Public Health**: There is a real disconnect in academia between Architecture and Public Health. We need to focus on bridging this gap.

- **CDC**: One participant described the CDC’s efforts as “random acts of training.” The CDC Learning Connection is one resource for looking at existing offerings, but the CDC needs to be more strategic about its training efforts, and especially look more at basic, foundational training.

- **Funders**: The Convergence Partnership has taken the lead nationally in raising consciousness about built environment and public health issues, but even they have had challenges getting member foundations to shift from the individual behavior change model to the environmental change model.

- **Financial Restraints to Academic Integration**: Most city planning programs are very small, and are challenged to meet the Five Full Time Equivalents (FTE) requirement for accreditation. Hiring a built environment and public health person is a luxury. Need to look at concentrating dedicated faculty at larger programs, and/or programs at universities with schools of public health or in proximity to one.

- **Undergraduate Education**: Is city planning, public health, etc. adequately represented at the undergraduate level? Especially at the lower division levels, this is where a student’s experience influences their academic and professional direction. Need to think about pipelines for this intersection. What pipeline models exist for public health and community design disciplines that can apply to the integrated built environment and public health direction?

- **Quality Assurance**: In order to provide training you have to be a reputable organization, accredited institution, prominent in your field, or vetted by one of the above. There isn’t a formal quality assurance process for courses developed for the academic setting. How can we work towards both consistent content and consistent quality in the academic offerings in built environment and public health?

- **Technical Assistance**: We’ve been talking about professional and academic training, but we need to expand the conversation to talk about technical assistance to professionals. Many folks in the field doing this work are not going to get formal professional or academic training, and are learning on the job. Technical assistance linked to grant funds (i.e. Community Transformation Grants) can be critical to getting built environment and public health issues and practices on the ground.

- **Turn-over**: There is a 20% turn-over rate in local health departments every year. How can we articulate the value of this work to local officials so they will ensure that this information remains in their institution after a person leaves?
Health Impact Assessments (HIA): HIAs provide a great framework for linking public health and planning. Not a total solution, but we should look at HIAs as a critical tool in this effort. Can rapid HIAs be done by a less-trained staffer? What is needed to institutionalize this across the board? Templates, data sets, checklists, etc.?

Intermediary Organization: Do we need to look at developing a bridge organization that could function in a consulting role between these fields? Rubin’s comments about the role of hyper-trained consultants in bringing built environment and public health issues to local planning efforts are also relevant here. Key question: is there enough motivation and capacity in existing siloed organizations to make the bridges outward, or do we need to create an organization to push inward to the multiple silos?

Session 5: Links Between Research, Training and Accreditation

This session was designed to explore the circular relationship between research, training, accreditation and field-driven demand. How do new fields get created and institutionalized? What is the balance of impact between changes in professional practice, new fields of research and types of professional training, and how these new movements get institutionalized in the accreditation process?

Sometimes research findings evolve and drive changes in practice, while in other cases changes in practice drive research. In addition, funders can have an impact on both the research agenda for a field (i.e. Robert Wood Johnson’s Active Living Research initiative) and the development of a new area of professional practice (i.e. RWJF Active Living By Design).

Demand for change can also be driven from by social movements or federal policy, etc. For example, we are on the cusp of huge shifts in funding for healthcare, driven by President Obama’s healthcare reform, Community Health Needs Assessment (CHNA) requirements, and general market forces. Increasingly, there will be financial incentives to keep patients and populations healthy. How can this be leveraged to increase awareness of built environment factors in public health outcomes, driving demand for planners trained in built environment and public health issues?

Day 1 Review

The discussion began with a summary of key areas of focus identified during the first day, including:
1. What is the workforce we want to affect (i.e. scope)?
2. Where is the training currently happening?
3. What terminal degrees does the workforce have?
4. Demand: how to create and manage it?
5. Importance of engaging in both short- and long-term action
6. Core competencies for public health and community design
7. Identifying and addressing institutional barriers
8. Organizational structure for moving the agenda forward: is there a need for a centralized organization or collaborative to promote planning, implementation, and measurement around built environment and public health workforce issues?

The group provided feedback on this summary, including the following key comments:

- **Community Colleges:** We haven’t discussed them yet, and given that 25% of the public health workforce has a high school or community college degree, this is a target we need to consider.

- **Certification:** Think about this as a shorter-term way of addressing #3 above.

- **Competencies and accreditation:** There is currently more agreement on core competencies in the world of professional practice than there is in the academy. This discussion takes place iteratively during the process of developing standards for accreditation. Can we send representatives to these meetings to discuss cross-disciplinary issues? Would this be an appropriate and effective venue for this discussion? One member stated that intervening at the accreditation level may be a “war without end,” and recommended focusing on other points in the process like the content of professional education.

- **Tension between standardization and flexibility:** All the fields around the table have been struggling with this tension. The last revision of standards for schools of planning has pointed towards flexibility. Public health is also moving toward more flexibility. **How does our effort to develop a more strategic approach to built environment and public health education fit into these changes?**

- **AIA opportunity:** AIA has a new “Decade of Design” initiative focused on the link between design and public health. This 10-year commitment is starting off with a grants program for folks working on this connection. This represents an historic focus on health for the field of architecture.

**Session 6: Field Evolution, Prioritization & Managing the Change Process**

The opening session on day 2 was designed to develop an agenda for moving from thought to action. The group was challenged to look at change processes in individual fields (the introduction of genomics to public health), change processes that happened across multiple fields (Geographic Information Systems (GIS)), and change processes that were truly cross-cutting (public health and law, planning and law); to consider what motivated and enabled organizations involved in these change processes to become involved.
Field Evolution

The group next heard presentations about how new sub-areas were identified, introduced and institutionalized into public health and planning. Kochtitzky first spoke on the introduction of genetics/genomics into public health. He made the following key points:

1. **Research-driven and reactive**: The process was fairly unplanned, and represented the reaction of academic institutions to the rapid development of new research. The process was demand-driven, and spoke to the link between research (new ability to map genetic information), practice (consumers are hungry for this new knowledge) and academic trainers (what do practitioners need to know to ethically and intelligently manage this new interface?). *Key questions: Spontaneous approach focuses on capturing and disseminating new knowledge, while more intentional approaches focus on planning and leading. What is the best balance while crafting a change process around built environment and public health workforce issues? Also, how can built environment and public health capitalize on increasing demand for livable neighborhoods and pent-up demand for development due to the recession?*

2. **Planning vs. Innovation**: Because it was more of a “catching-up” process than a deliberative one, there was significant room for innovation and risk-taking in how the academy absorbed, formalized and institutionalized this new field. *Key questions: what are the relative values of planning vs. innovation during change? Which to pursue? How to balance in a change process?*

3. **Low-hanging Fruit**: The academy focused on course development first, and over time these more random efforts coalesced into concentrations and specializations. Building from the ground up.

4. **Sustainability or Replicability**: Because this process was fairly spontaneous and reactive, it may not be a fully sustainable or replicable model.

5. **Other Public Health Examples**: The group also discussed the integration of practica into academic accreditation standards for schools of public health, focusing on the fact that it was change in the academy driven by external professional forces. In addition, they discussed the integration of quality improvement processes into public health practice, looking at the sequence of early adapters showing success, support from national organizations and funders in fostering dissemination and best practice, and its integration into public health department accreditation.

Next, Bruce Stiftel, Chair of the School of City and Regional Planning at Georgia Tech presented on the integration of GIS into city planning. He started with identifying the key elements of innovation, exemplars and champions. The narrative started with the development of this new technology, and the realization by multiple constituency groups that “if we had this tool, it would help us to….” do a range of things like map development opportunities, trends in property values, the distribution of particular populations, natural resources or areas in need of infrastructure investment. Both academics and practitioners were interested, and these multiple champions met together and formed the Computer Users Group.” This group commandeered an existing journal to publish articles about the range and importance of uses of this new
technology. Practitioners began to use the tool, and this created demand for professionals proficient in GIS. This in turn pushed the academy to develop first courses, then specializations and degree programs in GIS; currently, there are 25 or more institutions offering degree programs in GIS. Stiftel identified three key points to this story:

1. **Early adopters are key.** Bringing them together collectively in the Computer Users Group amplified their impact, and identifying and using communication vehicles (i.e. commandeered journal) increased it further.

2. **This change process created and depended on links between the academy and practice.**

3. **Job demand drove training.**

The group made several important observations raised by these two examples, including the following:

- **Transformation led by technology:** Both GIS and Genomics are examples of change triggered by the development of transformational technology, while the built environment and health change we seek is more the reintroduction of a centuries-old wisdom. *Might this difference create barriers to using the models for built environment and public health integration?*

- **Both change-processes also led by economics:** Where it was consumer-demand for genetic information or professional demand for increased mapping capacity, both processes had a financial component right in their center. *How can we leverage market demand for “healthy/livable/lifelong communities” to influence demand for professionals that can help build and maintain them? How might this demand-lever push us towards partnership with builders and developers, not just professionals like those represented in this Expert Panel?*

- **Importance of evidence-based action:** It’s critical to continue to build the evidence-base for the impact of the built environment on health. Many builders and developers are using anecdotal and intuitive marketing to make such claims, especially in the arena of green building and health.

- **Role of foundations/advocacy groups:** It’s important to partner with these more non-traditional groups in creating demand, developing and disseminating best practices, and building capacity in built environment and health issues.

- **Sustainability:** How can we manage the instability inherent in the dynamics of trends - sustainability and public health are hot trends right now, but may not be so in 10 years. We must emphasize the importance of diversifying demand-drivers and supporters.

- **Differences between Public Health and Planning:** There are important differences between the fields (i.e. public health has less reliance of certifications than planning), and these differences may mean we need to approach each field differently in terms of change. Also, there are key differences within each field between academic and professional sectors. We need a nuanced strategy that acknowledges these differences.
Leveraging Existing Models: Friedman offered the example of City Year, a program that rapidly trains college graduates to deploy in needy communities, or the more well-known Teach for America, as potential models for retraining the existing architectural workforce on healthy design issues. This could be adapted to retrain public health and community design at the intersection.

Prioritization
The group next grappled with the issue of prioritization – how should we rank and cluster the range of interventions discussed over the last several days into short and long-term actions? The following list of potential hot topics and actions is ranked from shortest to longest-term:
1. Promote currently available best practices in built environment and public health.
2. Identify, consolidate and communicate about short-term professional training opportunities.
3. Plan for a more robust and strategic professional development system.
4. Plan for longer-term academic change.
5. Plan for workforce development.

The group discussed trying to get the following completed by the end of 2012:
1. Develop list of cross-training available from all sectors.

In addition, the group discussed the importance of looking at internships and/or loaned executive programs as potential models for increasing cross-sectoral knowledge and experience, as well as leveraging NIH health disparities dollars for a loan repayment initiative for folks working in built environment and public health arenas. Finally, the group identified the following “hot topics” for public health:
- Accreditation
- Health reform
- Health equity

The group ended this session with the acknowledgement that there are several “tsunami” drivers creating urgency around the built environment and health discussion, most specifically the obesity epidemic and climate change. How can we leverage these drivers to create demand for healthier communities, and thus for the workforce necessary to build and maintain them?

Managing a Long-Term Change Process
The group next briefly engaged with the issue of what the most appropriate organizational structure might be for moving this agenda forward. The key question focused on whether individual actions by discrete organizations loosely connected through episodic group communication was sufficient, or if some time-limited coalition of organizations planning and acting jointly was either necessary or possible. If the answer leaned toward coalition, the group was asked to consider whether this work was sufficiently aligned with existing coalitions that might be willing to take this effort on as opposed to creating and maintaining a new group.
There was interest from the group in exploring working in coalition, but some ambivalence about how to make this happen. After some discussion, the group looked at the **Convergence Partnership** as a potential sponsor. Convergence is a collaboration between seven large national foundations that recognized that they shared a mission around investing in active living and healthy eating interventions at the local level as well as influencing national policy on these issues. The Partnership is made up of Ascension Health, the California Endowment, Kaiser Permanente, the Kresge Foundation, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation; the CDC serves as an advisor to the group, and PolicyLink serves as its Program Director.

Convergence has a Built Environment Committee that might serve as a platform for this work, and there are also opportunities for a smaller sub-set of participating foundations to make joint investments in particular initiatives.

**Session 7: Proposed Actions and Recommendations**

Botchwey asked the group to consider the following questions in solidifying next steps and panel recommendations:

1. How do we move this forward?
2. What are the low, middle and high-impact opportunities?
3. What commitments and efforts can we make on an individual and collective level?

The group responded to these questions with the following commitments grouped by category:

**Assessment**

- **APA** | Perform an inventory on the history and range of APA action in this arena.
- **General** | Asset mapping: Create list of organizations in the room as well as ones that we’re connected to and what they are currently doing around built environment and public health as well as what other efforts they’re involved in that could be leveraged towards supporting this issue.
- **General** | Identify workforce potential: Expand listing of jobs at the intersection of the built environment and public from that drafted for the meeting. Consider inclusion of health care workers legal fields, which can impact land-use, zoning, public financing of infrastructure, etc.

**Board-level Engagement**

- **ACSP** | Engage the ACSP Governing Board to assess their appetite for making built environment and public health a priority area for the organization.

**Conferences**

- **ACSP** | Develop a session at the March Annual Meeting on built environment and public health workforce issues.
- **ACSP** | Develop content around built environment and health issues for ACSP’s Teacher Seminars.
• APA | Raise the issue of built environment and public health and health workforce concerns at APA’s Fall Leadership Conference.
• APHA | Create Environmental Health and Community Health Planning sessions at the upcoming APHA conference.
• NAED | Highlight built environment and health issues at upcoming national meeting.
• NEHA | Create a theme session on built environment and health issues at July 2013 national conference. Invite planners to ensure interdisciplinary panels.

Facilitating Progress
• ACSP | Nominate Botchwey as a lead to keep the conversation moving forward in the organization.
• APA | Link with “Big Cities” interest group run through APA.
• NACCHO | Assess NACCHO’s 40-50 communications vehicles and identify and activate those relevant to the built environment and public health message.
• NEHA | Serve as a conduit to Environmental Health academic programs.
• General | Create content about this effort for the CDC’s Healthy Communities Newsletter.
• General | Provide summary report from meeting: Provide to current participants, those who couldn’t attend, and those identified too late to be invited.
• General | Make contact with the Convergence Partnership to assess whether they are interested in sponsoring this effort either organizationally or financially.

Research and Impact
• ACSP | Evaluate the impact of including health criteria in planning projects.
• NACCHO | Leverage CDC funding to scale up CDC-funded evaluations of current programs, including built environment and health initiatives.
• PRCs | Use CDC’s Healthy Aging Research Network as a model for developing research coalitions around physical activity and obesity, and general built environment and public health issues.
• General | Create an evidence-based healthy design resource.
• General | Focus on creating demand for cross-trained professionals as a long-term objective, and integrate built environment and health tasks in professional practice to keep the work as central to conversation.

Papers
• General | 101 Papers for the Academy and Practice: Invite joint authored papers from public health and community design to publish in traditional disciplinary journals, special issue disciplinary journals and interdisciplinary journals like health and place or social science medicine.
• General | Commandeer an academic journal for ongoing publications related to the built environment and public health.

Professional Certification
• APA | Use the Conference as an opportunity to engage the APA and AICP Boards, and to consider the development of an advanced certification in built environment and health.
• NBPHE | Include built environment and public health issues in the on-going public health certification conversation.
• **PHF** | Include built environment and public health in on-going conversation about public health core competencies; include community design folks from planning in these discussions.

### Recognition

- **APA and APHA** | Work together to create joint awards for best practices and innovation in built environment and public health work. Use recognition to raise profile of this work in the field.
- **NACCHO** | Include built environment and public health examples in the *Model Practices Award*.

### Training

- **NEHA** | Identify and promote training opportunities in built environment and public health issues. Use the e-training portal on their web-site
- **PHF** | Perform scan to identify existing courses (TRAIN).
- **PHF** | Develop and add community design and health courses.
- **PHF** | Market built environment and public health courses.
- **General** | Enhance opportunities in built environment and public health work at the practicum level.

### Implementation Program Post-Expert Panel

**Short-term (to December 2012)**

- Draft Current on-line training (i.e. Primers) ([http://www.bephc.com/resources/primers-online-trainings/](http://www.bephc.com/resources/primers-online-trainings/) password: primers)
- Article with David Dyjack, Nisha Botchwey and Erin Marziale in the *Journal of Public Health Management and Practice* (see Appendix 4)
- Expert Panel Evaluation (completed December 21)
- 101 Articles (papers and authors identified)
- Phase 2 Planning to continue this work past June 2013

**Midterm (to June 2013)**

- Expert Panel Report Dissemination to Panel Participants and others identified
- Continued conversations to institutionalize this effort
- Listserv creation
- Tier 2 follow-up (including representatives from ICMA, civil engineering, developers, builders and others identified by expert panel participants)
- Develop content for CDC’s Healthy Communities Newsletter
- 101 Articles (Secure author commitments)
- Updated Current on-line training (i.e. Primers)
- Updated Comprehensive Glossary
- Conference Presentations (NPSG, APA, ACSA, USGBC)
- Complete Phase 2 Planning to continue this work past June 2013
Follow-up conference calls or e-meetings with Expert Panel Participants to be scheduled for February, April and June 2013. Potential topics include report review, define success for this effort, define concrete products (papers, conference sessions, new courses, new certifications, other), core competencies, course design workshop, competencies comments for other disciplines.

**Long-term (Phase 2: post-June 2013)**
- Demand Generation
- Academic Structures and Interdisciplinary Hurdles
- 101 Articles (Publications in the academy and practice journals and other outlets)
Part 2: Tier 2 Survey Report

Introduction

The following report presents a summary of key findings from the Tier 2 Survey conducted in February and March of 2013. This survey was conducted as a follow-up to the September 2012 expert panel commissioned by the Centers for Disease Control and Prevention and the National Network of Public Health Institutes to explore issues of cross-sectoral workforce development between the public health and community design (PHCD) fields. Expert panelists helped to identify a broader set of stakeholders from which to test the panel’s findings and assumptions and elicit further information to help guide this work and move it forward. This group included representatives from ICMA, civil engineering, developers, builders, public health practitioners and others identified by the panel. From this list of 146 professionals and academics, 47 responded (32% response rate) to an online survey designed to address the following key questions:

- What is the current state and nature of the PHCD workforce and what current efforts are being made to integrate public health and community design?

- What are the appropriate venues and methods for PHCD cross-sectoral workforce training, both for students and current professionals alike?

- How is this work recognized (or how should it be recognized), and how can/should it be advanced?

Because most of the survey questions were open-ended and qualitative in nature, these findings should be considered formative and exploratory. The summary highlights where there was clear agreement among respondents, or where responses speak directly to key questions and issues identified by the expert panel, or identify new issues that were not previously addressed. Findings are organized according to each question posed by the survey. Survey questions are highlighted in bold at the beginning of each question summary for clarity.
Summary of Findings

Appropriate Conferences for PHCD Training

Respondents were asked what conferences, meetings or other gatherings would be most appropriate for offering Community Design and Public Health workforce training sessions. 46 individuals answered this open-ended question. While there were a wide variety of unique responses (53), conferences of the American Planning Association (APA), American Public Health Association (APHA), and New Partners for Smart Growth were the most commonly cited, with 26, 22, and 15 responses, respectively. Responses that appeared more than twice are included in the table below.

Figure 1: Conferences Suggested by Two or More Respondents

While it is helpful to have confirmation that APA, APHA, and New Partners for Smart Growth are all appropriate venues for PHCD training, particular attention should be given to the full range of recommendations. Of particular note is the abundance of transportation-related conferences, signaling a clear opportunity to influence this important and growing field.
PHCD Engagement with Interest/Advocacy Groups and Coalitions

Respondents were asked what ongoing interest groups, advocacy groups or coalitions they thought would be receptive to Community Design and Public Health topics. Of 41 individuals who responded, 103 unique recommendations were made. APA, APHA, AIA, and Smart Growth groups (including New Partners for Smart Growth and Smart Growth America) ranked highly among responses. Respondents also listed specialty groups related to biking, walking, obesity prevention, and design as having high potential for engagement around PHCD topics. Figure 2 below shows those organizations and groups that were mentioned by three or more respondents.

*These included Bikes Belong, Pedestrian and Bicycle Information Center, Association of Bicycle and Pedestrian Officials, America Bikes, Rail-volution, Pro Walk/Pro Bike/Pro Place

Responses were also broken down among 5 major categories in an unweighted count of each group/organization mentioned in order to get a general idea of the universe of responses. Alternative transportation groups, public health groups, and planning groups all shared roughly one-quarter of the total (103) each, while architecture, engineering, and design groups made up 13%, and about 11% of the groups fell into “other” categories. The large number of alternative transportation groups and coalitions represented by the results reflects a similar theme found in question one results above: that is, that alternative transportation—and transportation in general—provides a potent opportunity for growth and development of the PHCD workforce. Figure 3 below displays results of this analysis.
PHCD Professions, Jobs, and Research Fellowships

Survey participants were asked to identify what professions, jobs, or research fellowships they are aware of at the intersection of Public Health and Community Design. Responses were broken down into three major categories: Organizations, Jobs/Professions, and Academic/Research-related. 46 jobs or professions (both specific and general) were cited, while 13 academic programs or research fellowships and 11 organizations were listed among the responses.

The most commonly cited jobs and professions were local planners or local and regional planning agencies (13), public health departments (11), architecture, landscape architecture and urban design (8). Fellowships (6) and dual degree programs (5) were most often cited under academic programs, while organizations focusing on cross-cutting policy change (PolicyLink, Changelab Solutions, CDC’s CPPW and CTG-funded programs) were most often cited in this category. The following comment illustrates of the range of responses generated by this question: “I don’t see specific professions or jobs but more specific people within organizations on both sides (PH, CD) who recognize the need to reach across and organizations such as Prevention Institute, PolicyLink, ChangeLab Solutions, Institute for Local Government, etc.”
Figures 4, and 5 below show the breakdown of types of jobs/professions, and academic or research-related programs were most often cited (at least twice).

**Figure 4: PHCD Jobs and Professions**

![Bar chart showing PHCD Jobs and Professions]

**Figure 5: PHCD Academic and Research-Related Programs**

![Bar chart showing PHCD Academic and Research Related Programs]
PHCD Resources

Participants were asked to list their top three “go-to” resources when faced with challenging projects that require outside information. The most cited resources included:

- CDC resources including CHANGE guide and Health Places (8)
- Active Living Research (7)
- General or specific online resources, including CHNA.org, RWJ, and Kaiser (6)
- Colleagues (6)
- Journals (6)
- APA (5)
- Change Lab Solutions (5)

Figure 6 below lists those resources mentioned by two or more respondents.

**Figure 6: Top “Go-To” Resources**

* e.g., CHNA.org, RWJ, Kaiser, and from government agencies and NFP think tank

PHCD Integration Efforts

When asked what efforts and approaches for integrating Public Health into Community Design practice, and Community Design into Public Health practice, Participants named a range of national groups, funders, and programs, as well as local university, health department, or planning department-based efforts. At the national level, Health in All Policies, Health Impact Project (and HIAs), Policy Link, CDC programs (REACH and Healthy..."
Communities, Healthy), Complete Streets, Context Sensitive Solutions (CSS), EPA’s Sustainable Communities Program, and many others were among those listed. This list also included national funders such as RWJF, Pew, Kresge, and Knight Foundations. Participants also noted efforts at the federal agency level (HUD, DOT, HHS, EPA), and among major professional associations (APA, TRB, CNU, APHA, AIA, NAACHO) to integrate health and design. Also, specific resources were named, such as BEPHC.com and Richard Jackson’s publications on health and design. At the local level, several individual efforts of health and planning departments were named, and there was broader mention of efforts in local and regional general and transportation plans for integrating health into community design.

Some participants also noted a lack of needed integration and knowledge between Public Health and Community Design fields. According to one account, “[lack of integration] is a major problem at present--integrative efforts are in dire need but lack coherence on the part of organizations that should and need to provide sustained (not one-time only conference) leadership at this time.” Others, however, did note an increasing amount of integration happening at the academic level: “there are increasing numbers of planning and public health programs, including joint degrees in both fields. [There is] more literature in field of urban planning on community health topics and issues, including the role of the profession in supporting health initiatives.” However, given the range and breadth of responses to this question, there does appear to a robust effort at both national and local levels to integrate health and community design, but this effort needs to be more sustained and consistent (for example, the several local health and planning departments mentioned that are integrating health and design represent a small fraction departments across the country and may not signify a systematic effort at this point in time).

PHCD Training for Current Students

Respondents were asked which of the following options would provide the minimum level of training necessary for graduating students to work effectively at the intersection of Public Health and Community Design:

- An individual built environment and public health course
- Certificates or Specializations requiring 4 or more related courses
- Singular bachelors or masters degree in public health or a community design field (planning, transportation planning or civil engineering, architecture, landscape architecture, urban design)
- Dual degrees in public health and a community design field (planning, transportation planning or civil engineering, architecture, landscape architecture, urban design)
- Other—please describe

The following figure presents the results from the 32 responses to this question. A certificate or specialization was the clear preference of the majority (17) respondents, followed by an individual Public Health and Built Environment course (6).
PHCD Training for Current Professionals

When asked to **rank their preferred method of training current PHCD professionals to work at the intersection of public health and community design**, stand alone workshops and seminar series received the highest average score (3.7 and 3.6 out of 5, respectively). Online training and written materials received lesser average scores of 3.2 and 2.9. Results are presented below:
Of those who ranked “other” as their top choice, they specified either intensive weekend workshops or sessions at major conferences as their write-in preference. Most respondents who chose “other” as a response ranked it the lowest (38 out of 48).

Recognition of PHCD Innovators and Leaders

Respondents were asked how are or should leaders or innovators at the intersection of Community Design and Public Health be recognized and/or awarded? Generally, respondents referred to how leaders should be, rather than are, recognized, suggesting that there is not currently adequate recognition in the field. 57% (20 out of 35) of responses cited national awards of some type. Of existing awards, the Rudy Bruner Award, APHA’s recognition of Dick Jackson, and an award made by Healthy Communities for Active Aging were listed. Of those recommended awards, the following suggestions were made:

- APA, AIA, ITE, and APHA cross-disciplinary national awards (or joint awards)
- A CDC award similar to EPA Smart Growth or APA annual award
- A set of awards -- research project, cross-sectoral partnership, and implementation project
- Some respondents stressed that local/regional awards should be emphasized

14% of participants also stressed the importance of seed grants and conference travel awards to recognize PHCD thought leaders, provide funding for their work, and enable them to present their work at national and international conferences. Some respondents also mentioned recognition in press or online and print publications as good ways to recognize PHCD leaders and innovators. The figure below presents a breakdown of summarized responses:

*Responses were either not applicable or not shared by more than one respondent

Figure 9: Recognition for PHCD Innovators and Leaders
Recognition of PHCD Best Practices

Participants were also asked how PHCD best practices are or should be recognized. Responses were similar to those above, with 41% of respondents listing national awards for best practices. One respondent cited the EDRA Great Places award as a good example. Several respondents cautioned, however, that best practices should be evaluated for their impact before they are promoted, much like CDC’s evidence-based intervention model. 9% of respondents stated that best practices should be recognized by including them in a national clearinghouse, and across many response categories there was an emphasis made on the importance of dissemination and promotion through various print and other popular media and at major conferences.

Moving this Work Forward: Short- and Long-Term Actions

Participants were asked what other short- and long-term actions could be taken to help move this work forward. Key findings are highlighted below.

Short-term actions included:

• Develop an online clearinghouse of best practices
• Develop and disseminate model codes and policies
• Continuing education for professionals
• Ongoing PHCD workforce needs assessment
• Increased interaction between students and professionals across PHCD fields
• Establish more joint degree programs
• Expand and publicize the conversation to other related fields and organizations (e.g., traffic engineers, public works professionals, ICMA and other professional organizations for local government managers)
• Issue small grants and awards like the ACHIEVE grant

Long-term actions included:

• Policy-level interventions:
  o Tie state and federal transportation funding for local governments to the existence of smart growth and walkable neighborhoods policies
  o Campaign to advance policies promoting active living
• Increased funding for research, academic support, and programs at the intersection of PH/CD
• Development of joint degree programs or cross-disciplinary curricula
• National annual conference that engages policy, planning, and design communities
• Public education
Contributions from Surveyed Organizations

- 87% of those surveyed said they or their organization would be willing to contribute to or participate in future PHCD workforce training sessions.

- Many respondents noted individuals in their organization with specialization at the of Public Health and Community Design.

- Types of contributions offered included:
  - Disseminating information at the local and national levels
  - Holding workshops, training sessions, seminars, and webinars
  - Providing content and/or giving feedback on content
  - Technical Assistance with HIA training

Final Thoughts

Finally, respondents were asked to share any additional final thoughts or key information missing from the survey that should be considered. Below is a sample of some of the key responses.

_I am someone who is now doing this work at the local level but used to work for a national association. Personally, I think the BIG thing you're missing is the engagement of folks doing this at the local level. The national associations are good at providing technical assistance and should obviously be included in the conversation, but in order to move this work forward -- you have to create a demand locally._

_Planning is a citizen driven process. Educating professionals is only part of the approach. If the public does not understand, no one will get far on this issue._

_Ultimately, change happens when policy makers decide to make a change. Any effort to support public health through community design should have elected officials as a target audience._

…I include in the conversation advocacy groups working on healthy equity as well like a National Association of Social Workers...also engage PICO affiliated advocates--they have a significant stake in improving health and the built environment through collaboration and ground-up approaches.

_There seems to be a lot of opportunities for current students, who will take some time to reach decision-making authority in their careers. The more immediate need is for continuing education and cross-sector collaboration/education opportunities for those currently in the workforce._
Overall, the key take-away messages from this last question seem to be:

- Target politicians and policy makers
- Educate the general public
- Train the current workforce to make the most short-term impact
- Include *health equity, the food system, and sustainability* in the conversation
- Ensure that existing certifications are meaningful before considering new ones (i.e., shouldn’t AICP include BEPH as a core competency?)
Appendices

Appendix 1. Expert Panel Pre-reads
Appendix 2. Expert Panel Participant List
Appendix 3. Public Health and Community Design Workforce Examples
Appendix 4. Cross-Sectoral Workforce Development: Examining the Intersection of Public Health and Community Design (Dyjack, Botchwey, Marziale 2013)
Appendix 5. List of Recommended 101 Articles
Appendix 1. Expert Panel Pre-reads

Building Bridges between Public Health, and City and Regional Planning
Expert Panel Pre-readings
http://www.bephc.com/resources/buildingbridges/

The following abstracts offer background and insights into both this need and possible mechanisms for addressing workforce development at the intersection of health and the built environment. The primary motivation for this work undertaken during Fall 2013 is drawn from the National Prevention Strategy and the Built Environment and Public Health Curriculum, and includes both public health, and planning/community design documents. The reports, articles, and book chapters abstracted are an initial foundation for the Expert Panel on Public Health and Community Design Cross-Sectoral Workforce Development supported by the September 2012 National Network of Public Health Institutes and the Centers for Disease Control and Prevention, and convened by Faculty in the School of City and Regional Planning at the Georgia Institute of Technology. We welcome suggestions on additional documents that help advance this work to build and strengthen bridges between planning and public health.

Motivation for this Expert Panel

National Prevention Strategy | Many of the strongest predictors of health and well-being fall outside of the health care setting. Social, economic, and environmental factors all influence health. People with a quality education, stable employment, safe homes and neighborhoods, and access to high quality preventive services tend to be healthier throughout their lives and live longer. When organizations, whether they are governmental, private, or nonprofit, succeed in meeting these basic needs, people are more likely to exercise, eat healthy foods, and seek preventive health services. While knowledge is critical, communities must reinforce and support health, for example, by making healthy choices easy and affordable. We will succeed in creating healthy community environments when the air and water are clean and safe; when housing is safe and affordable; when transportation and community infrastructure provide people with the opportunity to be active and safe; when schools serve children healthy food and provide quality physical education; and when businesses provide healthy and safe working conditions and access to comprehensive wellness programs. When all sectors (e.g., housing, transportation, labor, education, defense) promote prevention-oriented environments and policies, they all contribute to health.

A Model Curriculum for a Course on the Built Environment and Public Health: Training for an Interdisciplinary Workforce | Despite growing evidence of the direct and indirect effects of the built environment on public health, planners, who shape the built environment, and public health professionals, who protect the public’s health, rarely interact. Most public health professionals have little experience with urban planners, zoning boards, city councils, and others who make decisions about the built environment. Likewise, few planners understand the health implications of design, land use, or transportation decisions. One strategy for bridging this divide is the development of interdisciplinary courses in planning and public health that address the health implications of the built environment. Professional networking and Internet-based searches in 2007 led to the identification of six primarily graduate-level courses in the U.S. that address the links between the built environment and public health. Common content areas in most of the identified courses included planning and public health histories, health disparities, interdisciplinary approaches, air and
water quality, physical activity, social capital, and mental health. A model curriculum is proposed that will help bridge the divide between the built environment and public health and enable both planners and public health professionals to value, create, and promote healthy environments.

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**Key Public Health Documents**

- *Accreditation Criteria for Public Health Amended June 2011*
- *American Public Health Policy Statements*
- *Confronting the Public Health Workforce Crisis*
- *Core Competencies for Public Health Professionals*
- *Framing the Future: The Second 100 Years of Education for Public Health*
- *The Future of the Public’s Health in the 21st Century*
- *Healthy People 2020*
- *National Association of County and City Health Officials Position Statements*
- *National Prevention Strategy*
- *A National Strategy to Revitalize Environmental Public Health Services*
- *Public Health Accreditation Board, Standards and Measures, Ver. 1*
- *Public Health Solutions Through Changes in Policies, Systems, and the Built Environment: Specialized, Competencies for the Public Health Workforce*
- *Recommendations for Future Efforts in Community Health Promotion*
- *The Surgeon General’s Call to Action to Promote Healthy Homes*
- *Who Will Keep the Public Healthy: Educating Public Health Professionals for the 21st Century*

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**Key Planning/Community Design Documents**

- *Comprehensive Planning for Public Health: Results of the Planning and Community Health Survey, American Planning Association*
- *Creating a Healthy Environment: The Impact of the Built Environment on Public Health, Sprawl Watch*
- *Does the Built Environment Influence Physical Activity?*
- *A Model Curriculum for a Course on the Built Environment and Public Health: Training for an Interdisciplinary Workforce*
- *The PAB Accreditation Standards and Criteria*
- *Planning in America: Perceptions and Priorities, American Planning Association*
- *Sorting out the Connections Between the Built Environment and Health: A Conceptual Framework for Navigating Pathways and Planning Healthy Cities, Journal of Urban Health*
- *Training the Next Generation to Promote Healthy Places*
Abstracted Public Health Documents

(Emphasis regarding public health and planning workforce applicability added by Botchwey.)

Accreditation Criteria for Public Health Amended June 2011 | The Council on Education for Public Health (CEPH) is the independent agency recognized to accredit graduate schools of public health and graduate public health programs operating outside schools of public health. CEPH assists schools and programs in evaluating the quality of their instructional, research and service efforts, and grants accreditation to those schools and programs that meet its published criteria. Their educational functions derive from the variety of functions performed by school and program graduates in the health and medical care system and in society. All accredited schools of public health must require courses in the following core knowledge areas:

- Biostatistics
- Epidemiology
- Environmental Health Sciences
- Social and Behavioral Sciences
- Health Services Administration

CEPH supports schools of public health in offering continuing education courses for the public health workforce.

American Public Health Policy Statements | The American Public Health Association is the oldest and most diverse organization of public health professionals in the world and has been working to improve public health since 1872. The Association aims to protect all Americans, their families and their communities from preventable, serious health threats and strives to assure community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States. APHA represents a broad array of health professionals and others who care about their own health and the health of their communities. APHA members and staff work closely with members of Congress, regulatory agencies and other public health organizations to ensure that public health is priority in the legislative and policy-making process. APHA’s Environment Section recognizes that the complexity of environmental public health issues as well as the emergence of new issues requires a well prepared environmental public health work force and a work force with strong communication skills. As an organization, they are committed to building capacity to strengthen and support environmental public health services and creating strategic partnerships to foster communication and interaction among stakeholders, especially policymakers.

Association of State and Territorial Health Officials Position Statements | The Association of State and Territorial Health Officials (ASTHO) represents public health agencies in the United States, the U.S. Territories, and the District of Columbia, and over 100,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, formulate and influence sound public health policy and ensure excellence in state-based public health practice. ASTHO’s primary function is to track, evaluate, and advise members on the impact and formation of public or private health policy which may affect them and to provide them with guidance and technical assistance on improving the nation’s health. The members of ASTHO serve as the face and voice of state and territorial public health and are frequently called on by federal and state lawmakers and national organizations to provide input on the development of public health policy. Their leadership, coordination, and position in state government enables them to effect change in public health policy both in their states and on a national level. ASTHO’s Environmental Public Health policy statement supports a comprehensive approach to environmental public health.
that includes emphasis on the built environment where the implications of land use, transportation, and housing trends on the public’s health are considered.

**Confronting the Public Health Workforce Crisis** | The Association of Schools of Public Health (ASPH) estimates that the public health workforce will face a shortage of more than 250,000 workers by 2020. As both the U.S. and global populations continue to grow, public health professionals are in high demand. **In an effort to address the shortage of public health workers, ASPH suggests cross-disciplinary training with other fields including medicine, veterinary medicine, nursing, dentistry, law, public policy, social work, business administration, and law.** In addition, ASPH provides the following recommendations:

- increasing federal funding to support public health professional education,
- building public health education capacity through offering joint degree programs and cross-disciplinary training,
- providing grants to state health departments to promote worker training,
- establishing a U.S. Global Health Service to coordinate U.S. efforts to build a workforce prepared to meet international needs, and
- institutionalizing a process for periodic enumeration of the public health workforce in order to identify current and future needs.

**Core Competencies for Public Health Professionals** | These are a consensus set of competencies for the practice of public health. Over 60 percent of state health departments and approximately 30 percent of local health departments report using these competencies. In addition, the network of Public Health Training Centers funded by the Health Resources and Services Administration is required to use the Core Competencies in their needs assessments and training programs.

**Framing the Future: The Second 100 Years of Education for Public Health** | In 1915, public health leaders gathered at Johns Hopkins to create the Welch-Rose Report, a blueprint for public health education in the United States. In the years since this report was published, the public health profession has evolved to include individuals from diverse educational backgrounds who address a broad range of health-related issues. Because public health is an evolving field, the Association of Schools of Public Health established in February 2012 a task force to reconsider the role of public health education over the next century. The task force will consider the following themes:

- The call for an educated citizenry in public health (Institute of Medicine, 2003)
- The growing interest in global health and the globalization of public health education and practice
- The rapid growth of undergraduate public health education and training programs, both within and outside accredited schools and programs of public health and across the undergraduate curriculum, including general education and undergraduate electives
- The expansion of doctoral degrees in public health
- The need for clear articulation between undergraduate and graduate education related to public health
- The growing importance of interprofessional approaches to the education and practice of health professionals
- Reaffirmation of the vital need for strong connections between academic public health and the practice field
- Changes in how education is structured and delivered.
The Task Force, including representatives from schools of public health, trade associations, and local public health agencies, intends to rethink education in public health from undergraduate (including two-year colleges) through doctoral levels, consider interdisciplinary and interprofessional perspectives, and respect the changing needs of the national and global workforce. The anticipated outcome is a more comprehensive framework for public health education and training.

The Future of the Public’s Health in the 21st Century | The beginning of the twenty-first century provided an early preview of the health challenges that the United States will face in the coming decades. The systems and entities that protect and promote the public’s health, already challenged by problems like obesity, toxic environments, a large uninsured population, and health disparities, must also confront emerging threats, such as antimicrobial resistance and bioterrorism. The social, cultural, and global contexts of the nation’s health are also undergoing rapid and dramatic change. Scientific and technological advances, such as genomics and informatics, extend the limits of knowledge and human potential more rapidly than their implications can be absorbed and acted upon. At the same time, people, products, and germs migrate and the nation’s demographics are shifting in ways that challenge public and private resources. Against this background, the Committee on Assuring the Health of the Public in the 21st Century was charged with describing a framework for assuring the public’s health in the new century. The report reviews national health achievements in recent decades, but also examines the hidden vulnerabilities that undercut current health potential, and that, if not addressed, could produce a decline in the future health status of the American people. The concept of health as a public good is discussed, as is the fundamental duty of government to promote and protect the health of the public. The report describes the rationale for multisectoral engagement in partnership with government and the roles that different actors can play to support a healthy future for the American people. In addition, it is recognized that public health practitioners should be trained in a wide range of disciplines including biological and health sciences, education, epidemiology, and urban planning.

Healthy People 2020 | Established 30 years ago, Healthy People is designed to improve the public’s health by setting 10-year national objectives. Healthy People 2020 includes the following overarching goals.
• Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
• Achieve health equity, eliminate disparities, and improve the health of all groups.
• Create social and physical environments that promote good health for all.
• Promote quality of life, healthy development, and healthy behaviors across all life stages.
In order to achieve these goals, Healthy People 2020 outlines four foundation health measures including (1) general health status, (2) health-related quality of life and well-being, (3) determinants of health, and (4) disparities. The interrelationships among these factors determine individual and population health. Determinants of health reach beyond the boundaries of traditional health care and public health sectors to sectors that address education, housing, transportation, agriculture, and the environment. By providing multidisciplinary training to public health and non-public health professionals pertaining to social and physical determinants of health, health outcomes can be improved.
National Association of County and City Health Officials Position Statements | The National Association of County and City Health Officials (NACCHO) represents local health departments across the country. NACCHO’s mission is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives. In order to advocate for public health, NACCHO creates policy statements that support the goals of its members. In their Integration of Environmental Health and Public Health Practice policy statement, NACCHO endorses the development and enhancement of coordinated training for the environmental public health workforce in public health sciences such as epidemiology, land use planning, and the social and behavioral sciences and similar training for other public health workers in environmental sciences, such as contaminant fate in the environment and food and water biology. In addition, they believe that many of the social factors that determine health are largely influenced by measures that are often managed by government sectors other than health. The social determinants of health include factors like the quality of schools; socioeconomic conditions, such as poverty; transportation options; public safety; and residential segregation. Therefore, professionals in all of these fields should receive training regarding the health implications of their work.

A National Strategy to Revitalize Environmental Public Health Services | The field of environmental public health has expanded over the last 50 years to cover many new responsibilities, such as poor air quality, childhood lead poisoning, asthma, and exposures to hazardous chemicals. In addition, new and complex technologies are now available. The implementation of the goals, objectives, and activities described in this plan will enhance our ability to achieve CDC’s vision for the 21st century: healthy people in a healthy world through prevention. Many of the activities described build upon existing or developing efforts or are in the planning stages. All of these activities will require the stakeholders to build and improve long-term, strategic partnerships and to establish commitments. Implementation of this strategy will help build capacity at all levels of government; support research to translate science into practice; foster the leadership necessary to apply the public health principles of assessment, policy development, and assurance in environmental public health; improve our ability to communicate and market environmental public health services; establish support systems to improve the performance of the environmental public health workforce across the United States; and create viable and long-lasting strategic partnerships among CDC stakeholders.

Public Health Accreditation Board, Standards and Measures, Ver. 1 | The Public Health Accreditation Board helps to promote high performance and continuous quality improvement, recognize high performers that meet nationally accepted standards of quality and improvement, illustrate health department accountability to the public and policymakers, increase the visibility and public awareness of governmental public health, and clarify the public’s expectations of health departments through voluntary accreditation of public health departments. The Public Health Accreditation Board (PHAB) Standards and Measures document serves as the official standards, measures, required documentation, and guidance blueprint for PHAB national public health department accreditation. The Standards and Measures document provides guidance especially for public health departments preparing for accreditation, as well as site visit teams that meet with health department staff and review documentation submitted by applicant health departments. Accredited health departments are encouraged to address gaps in knowledge of core competencies amongst the public health workforce through training opportunities and continuing education.
Public Health Solutions Through Changes in Policies, Systems, and the Built Environment: Specialized Competencies for the Public Health Workforce | Throughout the country, public health professionals are helping communities decrease the burden of disease and injury by making it easier to develop a healthy lifestyle. Rather than change the individual behavior of one person at a time, they are influencing public and organizational policies, improving organizational and inter-organizational systems of operation, and enhancing the built environment. Population-based strategies can help state and local health agencies demonstrate their effectiveness at preventing disease and promoting health. Public Health Solutions Through Changes in Policies, Systems, and the Built Environment: Specialized Competencies for the Public Health Workforce explains the policy process as it relates to public health and demonstrates how policies can be created to improve health outcomes.

Recommendations for Future Efforts in Community Health Promotion | An expert panel met in March 2006 to provide guidance in directing the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) efforts in activities to promote community health. The panel’s recommendations are intended to help NCCDPHP to 1) forge linkages across various sectors of research and practice in community health promotion; 2) enhance current initiatives in health promotion across the nation’s local communities; 3) establish NCCDPHP as a national clearinghouse for efforts in community health promotion; and 4) pioneer a cross-cutting movement in community health promotion. The expert panel offered the following eight recommendations for NCCDPHP to consider pursuing for the next 3 to 5 years:
1. Enhance surveillance systems to go beyond individual risk factors to include community and social determinants of health.
2. Promote community-based participatory research by coordinating federal efforts, building capacity within communities, and disseminating research.
3. Champion a focus on wellness that acknowledges the roles of mental health, spirituality, and complementary and alternative medicine across the lifespan.
4. Promote training and capacity building that gives the public and private workforce in the area of public health the knowledge, skills, and tools to implement community health promotion approaches and principles, which may include strategies that address sustainability, program evaluation, and socioecological dimensions of health.
5. Promote an electronic mechanism to facilitate virtual community health promotion with capabilities to share knowledge, disseminate evidence-based programs and promising practices, and promote the dialogue between communities and CDC.
6. Shift a measurable part of NCCDPHP programs and funding for community health promotion to focus on improving living conditions across the lifespan and engages evidence-based interventions and promising practices in community health promotion.
7. Maximize the impact of federal resources dedicated to community health promotion through greater collaboration and coordination across federal agencies.
8. Maintain and improve successful CDC programs with integrated, long-term funding that is sufficiently flexible to meet the unique needs of local communities.

The Surgeon General’s Call to Action to Promote Healthy Homes | The link between one’s health and living environment is well established. Many potential health hazards can exist in homes and their surrounding environments. The factors that can influence health and safety in homes include but are not limited to structural quality, indoor air and water quality, chemicals, and resident behavior. The Surgeon General’s Call to Action to Promote Healthy Homes suggests the following interventions for improving the public’s health and promoting healthy homes: improving indoor air
quality by promoting smoke-free housing policies, preventing carbon monoxide poisoning, and mitigating exposure to radon gas; improving water quality; reducing exposure to harmful chemicals through preventing exposure to pesticides, household chemicals, and medicines; improving housing structure and design in an effort to prevent injuries, fires, drowning, suffocation and strangulation, and firearm injuries. Improving healthy homes requires the talents and skills of traditional and nontraditional housing partners. Each member of a multidisciplinary healthy homes workforce must understand basic housing-related health issues. Healthy and environmentally friendly housing education should be incorporated into training programs for public health, environmental health, business administration, housing professionals, urban planners, architects, and engineers.

Who Will Keep the Public Healthy: Educating Public Health Professionals for the 21st Century | Many achievements in reducing mortality and morbidity during the past century can be traced directly to public health initiatives. The extent to which we are able to make additional improvements in the health of the public depends upon the quality and preparedness of the public health workforce that is dependent upon the relevance and quality of its education and training. This report recommends multidisciplinary training on the determinants of health including environmental, social, and behavioral factors that affect health outcomes. In addition, it is suggested that schools of public health should actively collaborate with other academic departments, such as medicine, nursing, education, and urban planning, to holistically address public health issues.

Abstracted Planning/Community Design Documents

(Emphasis regarding public health and planning workforce applicability added by Botchwey.)

Comprehensive Planning for Public Health: Results of the Planning and Community Health Survey, American Planning Association | The comprehensive plan is a vital tool available to planners for charting the path of a community. Comprehensive plans, which typically look twenty to thirty years into the future, are complex and in-depth blueprints for the direction of a jurisdiction’s built and social environment. Increasingly, planners are incorporating public health elements into comprehensive plans; nonetheless, this trans-disciplinary approach is still foreign to many. This report outlines the results of an American Planning Association survey of planners working in local government. The survey questioned practitioners on the role of public health within their jurisdiction’s comprehensive plans and sustainability plans, respectively. Ultimately, 27% of comprehensive plans and only 3% of sustainability plans explicitly addressed public health. Results also found that local health departments generally had little role in assisting with the creation of health-related portions of local plans, implying that there is a need for greater interdisciplinary communication between public health and planning. Additionally, within planning education, there may be a need for greater awareness of the connections between sustainability and health.

Creating a Healthy Environment: The Impact of the Built Environment on Public Health, Sprawl Watch | Chronic disease is the characteristic health problem of the 21st century; in order to tackle it, planners and health professionals need to expand their definitions of “the environment” to be able to address critical health issues. This monograph discusses a handful of issues related to health and the built environment, including land use and air quality, urban design as a factor in physical activity, and water quality. The paper concludes by offering a pair of recommendations for public health
professionals and for planners. It stresses commonalities between the two professions, as well as the need to stay abreast of developments in the other’s field: “Public health professionals and those in architecture, urban design, and planning have much in common. The challenge now is for each profession to learn from each other how best to address the needs of the communities they serve, to determine what answers each has that the other needs, to create a common language, and to initiate the opportunities to use it.”

**Does the Built Environment Influence Physical Activity?** | This paper examines educational programs that link the fields of public health and urban planning for the purpose of training future researchers and professionals, with a focus on the need for interdisciplinary curricula and training. Universities should develop interdisciplinary education programs to train professionals in conducting the recommended research and prepare practitioners with appropriate skills at the intersection of physical activity, public health, transportation, and urban planning. Ideally, new interdisciplinary programs should be developed with a core curriculum that brings together the public health, physical activity, transportation, and urban planning fields in a focused program on the built environment and physical activity. At a minimum, existing programs in public health, transportation, and urban planning should be expanded to provide courses related to physical activity, the built environment, and public health. Similarly, practitioners in the field—local public health workers, physical activity specialists, traffic engineers, and local urban planners—could benefit from supplemental training in these areas.

**Driving and the Built Environment** | The purpose of this study is to examine the relationship between land development patterns and motor vehicle travel in the United States to support an assessment of the scientific basis for and make appropriate judgments about the energy conservation benefits of more compact development patterns. More specifically, the study request, contained in Section 1827 of the Energy Policy Act of 2005 (see Appendix A), calls for consideration of four topics:

- The correlation, if any, between land development patterns and increases in VMT.
- An assessment of whether petroleum use in the transportation sector can be reduced through changes in the design of development patterns.
- The potential benefits of—Information and education programs for state and local officials (including planning officials) on the potential for energy savings through planning, design, development, and infrastructure decisions.

**Healthy Community Design Expert Workshop Report, CDC** | The sharing of knowledge by experts experienced in cross-disciplinary collaboration between the planning and public health fields is vital. Identifying what has worked in the past, and establishing a common vision for the future, will help coordinate efforts and solidify priorities. This paper is based on a meeting of experts held at CDC in 2009 to “discuss raising awareness about the health impact of community design decisions.” The expert panel was convened following concern about the lack of a common language between planners and public health practitioners, as well as a lack of synergy between the two disciplines’ activities. CDC was seen as possessing the natural potential for a leadership role in prompting discussion on these problems. The paper emphasizes “inclusion of public health impact in the training of built environment professionals” as well as “recognition by public health professionals that collaborating with architects, planners, transportation planners, and developers is key to advancing healthy community design”.
As coordination between practitioners in the fields of public health and planning has begun to blossom, California has frequently become a site of particularly exciting collaborations. This report outlines issues in health and the built environment and, notably, is partially drawn from interviews with those working in these fields. Most relevantly, it explicitly mentions a number of training materials that have been able to bring the two disciplines together in California (p 17-18). Recommendations, based on the professional interviews, underscore the need for better cross-disciplinary training; many practitioners particularly desired greater access to information, in the form of a clearinghouse, a best practices repository, sample planning documents, etc. One idea to unite these disparate needs was “a central resource center, with expertise in public health, land use development, design, and planning.”

The PAB Accreditation Standards and Criteria dated April 14, 2012 | The Planning Accreditation Board (PAB) ensures high quality education for future urban planners. The Accreditation Standards and Criteria document highlights the scope and quality of minimum educational outcomes for planners. They include General Planning Knowledge (purpose and meaning of planning, planning theory, planning law, human settlements and history of planning, the future, and global dimensions of planning), Planning Skills (research, written, oral and graphic communication, quantitative and qualitative methods, plan creation and implementation, planning process methods, leadership), and Values and Ethics (professional ethics and responsibility, governance and participation, sustainability and environmental quality, growth and development, and social justice). There are also Areas of Specialization and Electives that are built on top of general planning foundation and add significantly to the basic planning knowledge, skills and values, and explore other areas such as exposure to other professions, specializations, and emerging trends and issues.

Planning in America: Perceptions and Priorities, American Planning Association | Despite a seeming upsurge in opposition to planning as a concept, evidence shows that, to the contrary, a majority of Americans are interested in planning as a way to ensure the security and health of their communities. This report is the result of a survey conducted by the APA seeking the public’s perceptions on various issues of planning, particularly their vision of how (and how much of it) should be conducted. The study found that people are concerned and displeased with the direction of the country, and thus of their communities, and that they look positively upon planning as a potential avenue for restoring prosperity. Rather than seeking an impersonal and technocratic variety of planning, the majority of those surveyed desired to be involved in the planning process. Many features rated as “high priority” for an ideal community had direct public health implications, including the ability to age in place, walkability, and energy-efficient homes.

Sorting out the Connections Between the Built Environment and Health: A Conceptual Framework for Navigating Pathways and Planning Healthy Cities, Journal of Urban Health | Since World War II, the fields of planning and public health have gradually grown further and further apart from each other. To achieve best results for health and the built environment, empirical data needs to be collected in the context of a framework incorporating perspectives from both disciplines. This paper offers up a new conceptual framework called “Social Determinants of
Health and Environmental Health Promotion”. This model of public and environmental health explicitly incorporates facets of the built environment. The authors note the importance of health impact assessments in bringing public health and planning practice better into sync with one another, but above all, “we need to reinvigorate the historic collaborative link between urban planning and public health professionals, and together conduct informed science.”

Training the Next Generation to Promote Healthy Places, in Making Healthy Places: A Built Environment for Health, Well-Being, and Sustainability | Achieving the goal of healthy places will require a new generation of public health and planning leaders equipped to seamlessly integrate skills, theory, and tools from both fields. Much of the current activity in the study of the built environment and health has focused on establishing an evidence base for links or associations between community design and a variety of disease states or behaviors. There is now increasing recognition that similar innovation is needed in the practice of healthy design and the training of new leaders. Training programs to prepare a new generation of leaders will need to focus on (1) developing a shared language for urban planning and public health, (2) expanding support for multidisciplinary research, and (3) formalizing interdisciplinary training for built environment and health. Additionally, a set of core competencies must be established that bridge the two disciplines. Model curricula for integrated courses in urban planning and the built environment and health are available online. Further development and real-world evaluation of interdisciplinary training for new leaders who can promote healthy places is ongoing.
Appendix 2. Expert Panel Participant List

Public Health and Community Design Expert Panel
September 24-25, 2012

● Participants’ Contact Information ●

Below are all participants confirmed for the Building Bridges Expert Panel. Each participant’s titles, affiliations and the organization he or she is representing follow in italics. Where nothing is listed, the individual is representing their primary organization or a unique perspective that adds value to the Panel. Contact information is also included.

Conveners and Organizers

Nisha Botchwey, PhD, MPH, MCRP
Associate Professor, School of City and Regional Planning, Georgia Institute of Technology • Association of Collegiate Schools of Planning, National Academy of Environmental Design
245 Fourth Street, NW Suite 204
Atlanta, GA 30332
(404) 385-6274
nisha.botchwey@coa.gatech.edu

Chris Kochtitzky, MSP, Associate Director for Policy and Planning, Centers for Disease Control and Prevention; National Center for Environmental Health
4770 Buford Highway, M/S F-60
Atlanta, GA 30341
(770) 488-0545
ck3@cdc.gov

Erin Marziale, MPH, Associate Director, Member Services, National Network of Public Health Institutes
1515 Poydras Street
New Orleans, LA 70119
(504) 301-9823
emarziale@nnphi.org

Participants

Clinton Andrews, SM, PhD, Professor and Associate Dean for Planning and New Initiatives; Director, Rutgers Center for Green Building, Edward J. Bloustein School of Planning and Public Policy, Rutgers University • Association of Collegiate Schools of Planning
EJ Bloustein School of Planning & Public Policy
33 Livingston Ave
New Brunswick, NJ 08901
(848) 932-2808
cja1@rutgers.edu

Markku Allison, M Arch, Resource Architect, Center for Integrated Practice, American Institute of Architects • American Institute of Architects
The American Institute of Architects
1735 New York Ave., NW
Washington, DC 20006-5292
(202) 626-7300
mallison@ai.org
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaye Bender, PhD, RN, FAAN</td>
<td>President and CEO, Public Health Accreditation Board</td>
<td>800 I Street, NW Washington, DC 20001-3710</td>
<td>(202) 777-2742</td>
<td><a href="mailto:kbender@phaboard.org">kbender@phaboard.org</a></td>
</tr>
<tr>
<td>Public Health Accreditation Board; American Public Health Association; Institute of Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ron Bialek, MPP</td>
<td>Executive Director, Public Health Foundation; Co-chair of the Managed Care and Public Health Sub-Committee, Public Health Functions Working Group; Coordinator of the Council on Linkages Between Academia and Public Health Practice</td>
<td>1300 L Street, N.W., Suite 800 Washington, DC 20005</td>
<td>(202) 218-4420</td>
<td><a href="mailto:rbialek@phf.org">rbialek@phf.org</a></td>
</tr>
<tr>
<td>Kara Vonasek Blanker, MPH</td>
<td>Project Manager, Health Impact Project, Pew Charitable Trusts</td>
<td>901 E Street NW, 10th Floor Washington, DC 20004</td>
<td>(202) 540-6379</td>
<td><a href="mailto:kvonasek@pewtrusts.org">kvonasek@pewtrusts.org</a></td>
</tr>
<tr>
<td>Liza Corso, MPA</td>
<td>Senior Advisor for Accreditation, Assessment and Planning, Centers for Disease Control and Prevention Office for State, Tribal, Local and Territorial Support</td>
<td>4770 Buford Hwy, MS E19 Atlanta, GA 30341</td>
<td>(404) 498-0313</td>
<td><a href="mailto:lcorso@cdc.gov">lcorso@cdc.gov</a></td>
</tr>
<tr>
<td>Andrew Dannenberg, MD, MPH</td>
<td>Affiliate Professor in both Environmental and Occupational Health Sciences and Urban Design and Planning, University of Washington</td>
<td>3940 NE Surber Drive Seattle, WA 98105</td>
<td>(404) 272-3978</td>
<td><a href="mailto:adannenberg2@gmail.com">adannenberg2@gmail.com</a></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>David Dyjack, CIH, DrPH</td>
<td>Associate Executive Director for Programs, National Association of County &amp; City Health Officials</td>
<td>1100 17th Street NW Washington, DC 20036</td>
<td>(202) 595-1124</td>
<td><a href="mailto:ddyjack@naccho.org">ddyjack@naccho.org</a></td>
</tr>
<tr>
<td>Phil Farrington, MSCR</td>
<td>Director of Land Use Planning and Development, PeaceHealth Oregon • American Institute of Certified Planners Governing Commission</td>
<td>770 E.11th Avenue PO Box 1479 Eugene, OR 97402</td>
<td>(541) 686-3828</td>
<td><a href="mailto:pfarrington@peacehealth.org">pfarrington@peacehealth.org</a></td>
</tr>
</tbody>
</table>
Daniel Friedman, PhD, Dean of the College of Built Environments, Professor of Architecture, and Adjunct Professor of Urban Design and Planning, University of Washington · National Academy of Environmental Design

Howard Frumkin, MD, DrPH, MPH, Dean, School of Public Health and Professor, Environmental and Occupational Health Sciences, University of Washington School of Public Health · Association of Schools of Public Health; National Research Council; U.S. Green Building Council

Corinne Graffunder, DrPH, MPH, Director, National Prevention and Health Promotion Strategy, Centers for Disease Control and Prevention’s Office of the Associate Director for Policy

Laura Kettel Khan, PhD, Senior Scientist, Office of the Director in CDC’s Division of Nutrition, Physical Activity and Obesity · CDC Technical Advisor to the Convergence Partnership

Laura Rasar King, MPH, MCHES, Executive Director, Council on Education for Public Health

Bill Klein, MRP, AICP, Director of Research and Advisory Services, American Planning Association

D. Patrick Lenihan, PhD, MUP, Executive Director, Public Health Institute of Metropolitan Chicago; Associate Professor of Community Health Sciences in the University of Illinois at Chicago School of Public Health

Mehran S. Massoudi, MPH, PhD, CAPT, US Public Health Service Associate Director for Science, Centers for Disease Control and Prevention
Rebecca Miles, PhD, MRP, Professor and PhD Program Director, Florida State University School of Urban and Regional Planning; FSU Center for Demography and Population Health • Association of Collegiate Schools of Planning

Dept. of Urban & Regional Planning, FSU Tallahassee, FL 32306-2280
(850) 644-7102
rebecca.miles@fsu.edu

Michael Monti, PhD Executive Director, Association of Collegiate Schools of Architecture

1735 New York Ave. NW Washington, DC 20006
(202) 785-2324
mmonti@acsa-arch.org

Rebecca Payne, Chief of Training, Translation and Communication Branch, Division of Community Health, Centers for Disease Control and Prevention

1600 Clifton Road Atlanta, GA 30333
(770) 488-5167
rco0@cdc.gov

Thomas Quade, MA, MPH, CPH, Deputy Health Commissioner, Summit County, OH; Vice Chair of the Executive Board of the American Public Health Association • Board Member and Standard Setting Committee Member of the National Board of Public Health Examiners; Member, CDC Workforce Competencies on Disability in Public Health

1100 Graham Road Circle Stow, OH 44333
(330) 812-3853
tquade@schd.org

Sandra Rosenbloom, PhD, MPP, Director of the Drachman Institute and Professor of Planning, University of Arizona College of Architecture and Landscape Architecture • Chair of the Executive Committee of the National Research Council’s Transportation Research Board

2100 M Street, NW Washington, DC 20037
(202) 261-5361
SRosenbloom@urban.org

Victor Rubin, PhD, MA, Vice President for Research, PolicyLink; Program Director for the Convergence Partnership

1438 Webster Street, Suite 303 Oakland, CA 94612
(510) 663-2333
victor@policylink.org

Mitchell Silver, MUP, AICP, Chief Planning & Development Officer and Director, Department of City Planning, Raleigh, NC; President, American Planning Association

One Exchange Plaza, Suite 304, PO Box 590 Raleigh, NC 27602-0590
(909) 996-2625
mitchell.silver@raleighnc.gov
John Steward, MPH, Program Manager,
Partnership for Urban Health Research, Georgia State University Institute of Public Health · Board Member of the National Environmental Health Association
P.O. Box 3995
Atlanta, GA 30345
(404) 413-1137
jsteward@gsu.edu

Bruce Stiftel, PhD, MRP, FAICP, Department Chair and Professor, Georgia Tech School of City and Regional Planning · Planning Accreditation Board; Chair of the Association of Collegiate School of Planning’s Committee on the Academy and the Profession
245 Fourth St. NW #204
Atlanta, GA 30332-0155
(404) 894-9837
bruce.stiftel@gatech.edu

Arthur Wendel, MD, MPH, Team Leader, Center for Disease Control and Prevention’s Healthy Community Design Initiative
4770 Buford Hwy, MS F60
Atlanta, GA 30340
(770) 488-4608
dvq6@cdc.gov

Staffing

Elke Davidson, MCP, MPH, Facilitator
1702 Dancing Fox Road
Decatur, GA 30032
(404) 377-7471
elkewolf@yahoo.com

Tiffanie Sherrer, MPH, Program Coordinator, National Network of Public Health Institutes
1515 Poydras Street
New Orleans, LA 70113
(504) 301-9812
tsherrer@nnphi.org

Public Health and Community Design Cross-Sectoral Workforce Development Final Report, May 1, 2013
Appendix 3. Public Health and Community Design Workforce Examples

Public Health and Community Design Workforce Examples
(dated Fall 2012)

Local Health Department

- **Sheila Lynch** (Land Use Program Coordinator at Tri-County Health Department (Denver, Colorado))
  - Tri-County Health Department is partnering with organizations in Commerce City to expand cooking and nutrition classes, conduct walkability audits neighborhood-by-neighborhood, and working on safe routes to school. In addition, Walkability Audits have provided the chance for neighbors to assess the condition of their streets and neighborhoods, identify changes that they can make and reach consensus on recommendations for their local government. Tri-County Health Department and the City of Commerce City coordinated a Health Impact Assessment. The School Health Index (SHI) is a self-assessment tool to help schools assess and improve their health and safety policies and programs. It focuses on several topics, including physical activity, healthy eating, tobacco use prevention, asthma and unintentional injury and violence prevention.

- **Miguel Angel Vazquez** (Healthy Communities Planner for the Riverside County, California Department of Public Health)
  - This position is funded through a grant by the California Endowment (TCE) as part of the Building Healthy Communities Initiative. The goal of this 10-year long range effort is to support the development of communities where kids and youth are healthy, safe and ready to learn. TCE is investing significant resources to radically improve the health in 14 California communities, including Eastern Coachella Valley, where the need is great, but the potential for transformation is even greater. The nature of my role as a planner is collaborative. I am part of the Eastern Coachella Valley Building Healthy Communities (ECVBHC) stakeholders. We are currently engaged in the development of a strategic plan that will lead into the enactment of sustainable land use and transportation policies.

- **Janine Sinno Janoudi** (Community Health Assessment Coordinator, Ingham County, Michigan Health Department)
  - Current healthy communities projects in Ingham County focus on land use and health, including healthier food systems and complete streets. Moving Our Community Towards Health Lansing coalition was initiated out of the Land Use and Health Resource Team with funding from the Michigan Department of Community Health. It was important to link community voices neighborhood partners to the Mid-Michigan Environmental Action Council to start addressing land use and environmental issues affecting Lansing. Later, Community Assessments and Engagements in Lansing and throughout the region initiated the Walk Bike Lansing Task Force to address non-motorized issues and start working on a Complete Streets Ordinance. Finally four interest areas resulted out of the Community Engagements: 1) Air quality 2) Water safety and availability 3) Non Motorized Transportation 4) Food Safety and Access.

- **Carrie Fesperman Redden** (Health Planner, Partnership for a Healthier Alexandria Alexandria County, Virginia Health Department)
  - The Partnership for a Healthier Alexandria is a citizen-led coalition of non-profit organizations, schools, municipal agencies, local businesses, government and community leaders, and concerned citizens joined together to promote and preserve a healthy Alexandria community. We believe that in order to address priority health areas, we must come together as a community -- bringing a unique blend of talents, experience, perspectives and passion – to identify action-oriented, evidence-based solutions. The Partnership was formed in April 2006 to address major health priorities that emerged from the City of Alexandria’s first Community Health Assessment (CHA). This assessment was a collaborative project conducted by the Alexandria Health Department, along with the Alexandria Public Health Advisory Commission and other community partners. The CHA identified ten major health priorities based on secondary data analysis and resident interviews. In 2007, the Health Department’s Environmental Health Division conducted a Community Environmental Health Assessment of Alexandria. This data has been used to further supplement the work that was already underway with the Partnership. We are now undertaking a strategic planning
process called MAPP (Mobilizing for Action through Planning and Partnerships) to address rising health priorities, support our current work, and further engage community stakeholders.

- **Karen Lee** (Director, Built Environment Program, *New York City Department of Health & Mental Hygiene*) - Karen Lee is the lead for the NYC Health Department. in its work with 12 city agencies and other non-government partners in the development of the Active Design Guidelines (www.nyc.gov/adg), published in January 2010. Dr. Lee is also lead for NYC’s Health Department in its partnership with the American Institute of Architects New York Chapter in organizing the annual NYC Fit City conferences. Before coming to NYC, she was with the Epidemic Intelligence Service at the U.S. Centers for Disease Control and Prevention (CDC).

**Local Planning Department**

- **Karen R. Nikolai** (Housing, Community Works and Transit Department, *Hennepin County, Minnesota*) – Karen leads Active Living Hennepin County, a partnership of cities, businesses and nonprofits working together to increase opportunities for active living through policy change and infrastructure planning. The group was launched in 2006 with grant funding from Blue Cross Blue Shield and Hennepin County. Karen also is involved in the on-going Complete Streets efforts. In 2009, Hennepin was the first county in Minnesota to approve a Complete Streets policy. As part of its commitment to building a smart transportation system for the future, the Hennepin County Board of Commissioners established a Complete Streets Task Force to oversee implementation of the 2009 policy. The focus of the task force is to ensure that county transportation and development projects are built to provide safe access for walkers, bikers and mass transit users of all ages and abilities.

- **Colete Anderson** (Community Planning Lead for Health Element of *Clark County, WA* Comprehensive Plan) – Clark County is drafting a Health Element for the 2014 Comprehensive Growth Management Plan update. The plan will include policies and strategies for improving the long-term health of our community. The Health Element will: 1) Describe the ways that the built environment influences health; 2) Assess existing conditions; both assets for promoting health and barriers to making healthy choices; 3) Examine current plans and regulations as they relate to health; 4) Integrate community input to describe a vision of a healthy community; 5) Highlight the impact of public decisions on health, especially impacts on disadvantaged populations; and 6) Identify policies and strategies for growing healthier over the next 20 years.

**Local Housing Department**

- **Ken Strong** (Baltimore City, Maryland Housing Department) - Ken Strong is the assistant commissioner for Green Healthy, and Sustainable Homes in the Baltimore City housing department, where he has served since 2010, overseeing weatherization, housing rehabilitation, homeownership, and lead abatement. He has held previous city positions in the State’s Attorney’s Office, the Housing Authority, the Department of Public Works, the Department of Transportation and from 1997 to 2001, he was the Chair of the Baltimore City Planning Commission. Currently, Ken and his agency are proud to be an active partners in Baltimore’s Green and Healthy Homes Initiative integrating weatherization, healthy home improvements, and sustainable housing strategies with both public and non-profit agencies.

**Local Transportation Department**

- **Vivian Coleman** (Pedestrian Program Manager, *Charlotte, NC Department of Transportation*) - The City of Charlotte is building for the future by integrating the principles of smart growth and active aging in its implementation of policies and practices to enhance the quality of life for older adults. In 2005, Mecklenburg County adopted the Status of Seniors Initiative (SOSI) which is a comprehensive set of recommendations to make Mecklenburg County more age-friendly by making improvements to the built environment. More than 5,000 new housing units have been constructed. Sixteen miles of greenways, 88 miles of bike facilities and 106 miles of sidewalks have been completed. By retrofitting dozens of streets and adding ADA ramps at intersections, the City has made improvements for pedestrians of all ages and abilities. Many communities look to Charlotte as a model for development that includes its Centers, Corridors and Wedges (growth strategy), Transportation Action Plan (policies and programs), and Urban Street Design Guidelines (complete streets guide). Specifically, Charlotte has incorporated senior-friendly design into street improvements, including increasing the size of its...
signage (for increasing numbers of older drivers). Charlotte has also increased the number of crossing medians, provided longer and audible crossing areas, and continues to provide for pedestrian safety measures in project implementation. By focusing on the future of integrating transportation and land use, Charlotte will become a more sustainable, mixed-use city with a sense of community where elders can thrive.

Local Environmental Protection Department

- **Raymond A. Scott, MPH** (Manager, Environmental Affairs Division, City of Detroit, Michigan) – The mission of Environmental Affairs is to manage and coordinate the environmental affairs of the City of Detroit through the development and implementation of a coordinated and comprehensive environmental policy. This environmental policy shall provide for the protection of and enhancement of the quality of life for the citizens of Detroit; provide the skills and resources needed to maintain the City in compliance with applicable laws and regulations; and provide for the most effective and sustainable use of natural resources (land, water and air) available to the City. The Department also has a responsibility to encourage and promote sustainable economic development within the City of Detroit consistent with protection of the environment. The Department is working with citizens, other agencies and developers to address environmental issues pertaining to sustainable development.

Private Consulting

- **Elke Wolf Davidson** (Housing and Health Sector Consultant, Atlanta, GA) Elke Wolf Davidson, M.C.P./M.P.H., is the President of Davidson Consulting, a business working with nonprofit and public sector organizations in the areas of affordable housing and healthy communities. Clients include Enterprise Community Partners, United Way of Metro Atlanta, the Community Foundation for Greater Atlanta, Gwinnett Housing Resource Partnership, SouthStar CDC, Atlanta Housing Association of Neighborhood-Based Developers, Atlanta Neighborhood Development Partnership, the Center for Regional Growth and Quality Development (GA Tech), Urban Collage, Global Green USA, the City of Atlanta, the National Association of County and City Health Officials (NACCHO), PolicyLink, the Atlanta Land Trust Collaborative, the Atlanta BeltLine Partnership, Southface Energy Institute, the Atlanta Regional Health Forum, and the Healthcare Georgia Foundation. From 2006 – 2007, Elke served as Executive Director of the Atlanta Regional Health Forum, a nonprofit dedicated to building healthy communities in Metro Atlanta by integrating public health issues into local and regional planning. In addition, she was a member of the “Healthy and Safe Communities” Technical Advisory Committee for the STAR Community Index project. A project of ICLEI and the National Green Building Council, STAR will enable cities and counties around the country to become certified as “sustainable communities,” in the same way that LEED enables individual buildings to be certified as green and energy efficient.

- **Jeri Stroupe** (Health Sector Consultant, Lansing, Michigan) Jeri Stroupe is a consultant at Public Sector Consultants. Ms. Stroupe performs research and analysis on a variety of health policy issues, such as infant mortality, obesity, and integrated care for Medicare and Medicaid. She also assists in the facilitation of stakeholder meetings and conducting community health needs assessments. Ms. Stroupe previously worked at Sustainable Mobility & Accessibility Research & Transformation linking public health and sustainable transportation, and was a Public Health Policy Fellow at the German Ministry of Health in 2010. She also has experience teaching healthy behaviors to middle-school students with Project Healthy Schools.

- **Paula Baker-Laporte** (Architecture Sector, Ashland, Oregon) Paula has developed a broad-based skill set that makes her uniquely qualified in representing the Owner’s desires for healthy construction. Her extensive architectural background in building biology, healthy design and construction administration coupled with her research background as a writer focused on health in the built environment facilitate an effective and easy interaction with professionals and tradespeople in all aspects of the building process. Paula Baker-Laporte was graduated from the University of Toronto, School of Architecture in 1978 and from The International Institute of Bau-Biologie and Ecology in 1995. In 2007, Paula was elected into the College of Fellows of the American Institute of Architects in recognition of her Architectural and Educational work in the arena of Natural Healthy Building.

- **Jeff Riegner, PE, PTOE** (Transportation Engineering Sector, Wilmington, Delaware) – Jeff has 20 years of transportation planning and design experience. He specializes in developing context-sensitive...
transportation and land use solutions that enhance and revitalize communities. As vice president and manager of the Wilmington, Delaware office of Whitman, Requardt & Associates, he has been responsible for all elements of planning and final design of transportation projects, including public engagement, schedule and budget compliance, engineering, environmental studies, land use coordination, and the development of final contract documents. His project experience includes urban street design, bicycle and pedestrian master planning, transportation enhancements projects, trail planning and design, transit-oriented development, and integrated land use and transportation studies. Jeff is a registered professional engineer in four states, a certified planner, and a professional traffic operations engineer. He chairs both the Institute of Transportation Engineers Pedestrian and Bicycle Council and the Newark, Delaware Bicycle Committee.

- **Ryan Snyder** (Transportation Engineering Sector) - Ryan is the President of Ryan Snyder Associates, a transportation planning firm that prepares bicycle plans, pedestrian plans, trail plans, safe routes to school plans, transit plans and smart growth plans. He is coordinating development of a Model Street Manual for the County of Los Angeles Department of Public Health. He is a Federal Highways Administration Pedestrian Safety Design instructor, a Certified National Safe Routes to School instructor, and a National Sustainable Advisor Program instructor. Snyder teaches a class on Pedestrian and Bicycle Planning to graduate students in the UCLA Urban Planning Department. He is former Vice President of the Los Angeles Board of Transportation Commissioners. He holds an M.A. in Urban Planning and a B.A. in Economics from UCLA.

- **Marya Morris** (Planning and Zoning Consultant) – In addition to consulting on planning and zoning issues, Morris is a Planning Commissioner in Glencoe, Illinois and has authored numerous reports and articles on smart growth and urban design including: Incentive Zoning: Meeting Urban Design and Affordable Housing Objectives (APA 2001) and Creating Transit-Supportive Land-Use Regulations (APA 1997). Previously, Morris served as a senior research associate at the national office of the American Planning Association (APA) in Chicago, Illinois, directing “Planning and Designing the Physically Active Community,” a research project sponsored by the Robert Wood Johnson Foundation, as well directing “Planning and Public Health” a collaborative project with the National Association of County and City Health Officials designed to promote cooperation between urban planners and public health practitioners.

**Metropolitan Planning Organization**

- **Leslie Meehan** (Director of Healthy Communities, Nashville, Tennessee MPO) - Because of the strong link between transportation and health, the MPO created a Director of Healthy Communities position in the winter of 2011. By having a dedicated staff person overseeing regional transportation impacts on health, the MPO is able to ensure that health is considered in various transportation studies, policies and projects. Leslie Meehan, an employee of the MPO for over six years, is serving in this role. She specializes in policy and planning for bicycle and pedestrian facilities such as bicycle lanes, sidewalks and greenways. She sits on the TN Strategic Highway Safety Committee which plans projects and campaigns to make roads safer for all roadway users. She is co-chair of the TN Obesity Taskforce and works to strengthen the connection between health any physical activity through active transportation.

- **Mariana Arcaya** (Senior Regional and Public Health Planner, Boston, Massachusetts Metropolitan Area Planning Council) - Mariana Arcaya is a Senior Regional and Public Health Planner at MAPC, providing public health expertise, statistical analysis, and program evaluation support. She specializes in spatial and correlated data analysis, and represents MAPC on the Massachusetts Department of Public Health’s Wellness Promotion Advisory Board. Her research interests include health disparities and how housing and urban planning decisions impact disease risks. Ms. Arcaya holds a Masters degree in City Planning from the Massachusetts Institute of Technology and a bachelor’s degree in Environmental Science and Policy from Duke University. In 2006, she co-founded the Interdisciplinary Consortium on Urban Planning and Public Health (ICUPPH), a group that promotes the collaboration of planning and public health professionals in research and practice. Before beginning graduate school, Ms. Arcaya worked as an environmental consultant preparing environmental impact statements for large-scale transportation infrastructure projects.

- **Stephan Vance** (Senior Regional Planner, San Diego, California Association of Governments) - The goals of the San Diego Healthy Works, were achieved through partnerships between HHSA, service providers, planning agencies, and community partners. HHSA partnered with SANDAG to implement
projects related to regional planning, active transportation, and safe routes to school. SANDAG implemented the following projects: developed 1) a Healthy Communities Atlas that mapped existing data on social and physical determinants of health; 2) a health module for SANDAG’s CommunityViz sketch planning tool that can quantify health co-benefits and impacts of proposed plans and projects at the local and regional level; 3) recommendations for enhancing the SANDAG activity-based regional transportation demand forecasting model to better account for active transportation trips, and quantify health co-benefits and impacts of proposed transportation and land use plans and projects at the regional level; 4) recommendations for a health and wellness policy framework and performance metrics that may be included in regional transportation and land use plans; 5) technical assistance and trainings to local agencies on healthy and active community design and complete streets; and 6) a Pilot Health Benefit and Impact Assessment (HIA) process to evaluate how SANDAG could integrate health considerations in planning and project development.

**Area Agency on Aging**
- **Laura Keyes** (Community Development Manager, Aging Services Division at Atlanta Regional Commission) - Laura Keyes manages the Atlanta Regional Commission Lifelong Communities Planning Initiative. Lifelong Communities provide an array of housing types that appeal to individuals both young and old, opportunities for healthy living with ways to get around that meet the needs of individuals who do not drive, safe sidewalks and interesting places to walk, and convenient access to shopping and basic services. Those features are summed up in the three goals of a Lifelong Community: 1) Provide housing and transportation options; 2) Encourage healthy lifestyles; and 3) Expand access to services. Laura is President for the Georgia Planning Association and is an AICP-certified planner. She recently published her work on Lifelong Communities in Atlanta in the Journal of Physical and Occupational Therapy in Geriatrics.

**State Public Health Agency**
- **Daniel Parker** (Sustainability Director, Division of Environmental Public Health, Florida Department of Health in Tallahassee, Florida) Daniel has been instrumental in shifting department focus to include land use and climate change by completing a multi-agency agreement on smart growth in 2008, and urging the Florida Department of Health to become the first public health partner in the USEPA's Smart Growth Network. In his 12 years with the department, he is most proud of the over $20 million dollars of local improvements accomplished through the statewide PACE EH community assessment initiative, and the five land use planners and two graduate planning interns that now reside within the Department of Health network. He has a Masters degree in Urban Planning from Florida State University and is a Planning Commissioner for Tallahassee-Leon County.

**State Planning Agency**
- **Matthew Crall** (Land Use and Transportation Planner, Oregon Department of Land Conservation and Development) - Oregon's Transportation and Growth Management Program supports community efforts to expand transportation choices for people. By linking land use and transportation planning, TGM works in partnership with local governments to create vibrant, livable places in which people can walk, bike, take transit or drive where they want to go. Through Education and Outreach, TGM works with local governments to expand transportation choices of Oregonians while strengthening the economic vitality and livability of their communities. TGM outreach services are available to communities of any size, but the program's Main Street Road Show is oriented to smaller cities. Through this initiative, TGM works with small towns in Oregon to address traffic, parking, circulation, land use and other issues affecting the economic vitality of Main Streets.

**Non-Profit Organization**
- **Paul Zykovsky** (Director of Land Use and Transportation Programs, Local Government Commission, Sacramento, CA) – Paul has also managed its Center for Livable Communities since 1995. Mr. Zykovsky has experience in land-use, air quality and transportation planning gained while working at a city development agency, an air quality management district and a council of governments. He is co-author of documents on transit-oriented development and street design and has edited numerous documents on sustainable development and community design. During the past four years, Mr. Zykovsky has directed a first-of-its-kind project — in collaboration with the CA Dept. of Health...
Services — to promote physical activity by improving the design of the pedestrian environment. He currently directs the LGC’s Active Living Leadership project.

- **Jeremy Cantor** (Program Manager, Prevention Institute in Oakland, CA) - Jeremy joined Prevention Institute in July 2006. His work focuses on supporting the organization’s projects in health disparities, community health, land-use and health, and health care reform; writing and editing materials; coordinating coalitions and partnerships; and consulting with government and community agencies. Prior to joining Prevention Institute, Jeremy spent 3 years as the Program Director of Destination College, a UC Berkeley-based AmeriCorps program that trains and supervises undergraduate advisors placed in underresourced Bay Area schools. He has also worked extensively on youth development with the San Francisco Conservation Corps and City Volunteer Corps in New York City.

- **Hannah Burton Laurison** (Senior Planner and Program Director at ChangeLab Solutions in Oakland, CA) Hannah leads capacity building and advocacy efforts to create healthier communities nationwide. She is also a co-convenor of the national Healthy Corner Store Network. Prior to joining ChangeLab Solutions, Hannah staffed the Pennsylvania Fresh Food Financing Initiative, a $120 million public/private initiative to develop new grocery stores in underserved communities. In addition, she has worked with corner store owners to increase healthy choices, coordinated a hunger relief program, and organized community gardens in low-income communities. Hannah has written and spoken extensively on innovative policy solutions to public health challenges. She is the recipient of a Roots of Change fellowship for sustainable food system innovators.

- **Andrea Peet** (Program Manager for Health, STAR Communities) - Andrea primarily works with Planning & Design and Health & Safety Technical Advisory Committees (TACs). In this capacity, she collaborates with volunteer professional experts to develop the goals and performance standards that will make STAR a unique national framework for local government sustainability. Prior to joining ICLEI, Andrea was an urban planner for the National Capital Planning Commission where she worked to strengthen coordination between the federal government and local jurisdictions in the Washington, DC region. She previously served as the staff planner for three small communities in western North Carolina during her tenure at the Western Piedmont Council of Governments. She has also worked with the Enterprise Innovation Institute at Georgia Tech, the City of Charlotte (NC) Department of Transportation, and the Town of Davidson (NC).

- **Victor Rubin** (Vice President for Research at PolicyLink) - A leader in using innovative tools to make the case for equity, Mr. Rubin guides PolicyLink efforts to reframe infrastructure and transportation debates. He works on issues ranging from school overcrowding and transportation equity to water access and the challenges facing unincorporated communities. He also explores how land use planning affects health and directs an effort to assess the community engagement strategies of state universities.

- **Kevin Barnett Dr.P.H., M.C.P.** (Senior Investigator, California Public Health Institute) - For the last two decades, he has been engaged in applied research and fieldwork on two distinct, but related issues; the charitable obligations of nonprofit hospitals, and health professions workforce diversity. A particular emphasis is on the investment of charitable resources in multi-disciplinary, collaborative approaches to health improvement in low-income, ethnically and culturally diverse communities. In 2006, he completed a multi-state demonstration project involving over 70 hospitals entitled “Advancing the State of the Art in Community Benefit” (ASACB) to develop and implement uniform community benefit standards. With support from the W.K. Kellogg Foundation, he is currently engaged with leading edge health systems to facilitate the implementation of the ASACB standards at the national level. On the issue of health professions workforce diversity, Kevin served on the Institute of Medicine committee that produced the 2004 report “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce,” and co-authored a commissioned paper on the role of teaching hospitals that was included in the 2004 report from the Sullivan Commission entitled “Missing Persons: Minorities in the Health Professions.” Kevin also served as co-investigator of a study focusing on health professions accreditation and diversity funded by the W.K. Kellogg Foundation. A report entitled “Health Professions Accreditation and Diversity: A Review of Current Standards and Processes” was released in May 2007.

- **Donna Folkemer** (Director, Long-Term Services & Supports Policy & Research, Hilltop Institute in Baltimore, Maryland) - Donna is director of long-term services and supports (LTSS) policy and research at The Hilltop Institute. In this capacity, she manages Hilltop's LTSS initiatives, including designing integrated care systems and developing accountability measures for home and community-
based services waivers. Under her direction, Hilltop is assisting New Mexico and Maryland with implementation of Money Follows the Person demonstrations; writing issue briefs and creating linked data sets for persons eligible for both Medicare and Medicaid; and developing options for integrated web-based tracking systems for persons receiving LTSS. Prior to becoming director of LTSS policy and research, Ms. Folkemer directed Hilltop's Hospital Community Benefit Program, the central resource created specifically for state and local policymakers to improve the reporting and evaluation of tax-exempt hospitals’ community benefit activities. Prior to her commitment to the Forum, Ms. Folkemer was director of policy and planning at the Medical Assistance Administration of the District of Columbia, where she oversaw policy analysis, regulation development, budgetary review, and planning for Medicaid. She also coordinated the implementation of the Children’s Health Insurance Program (CHIP) and managed a Medicaid eligibility expansion project. Ms. Folkemer earned her M.A. from Johns Hopkins University, her masters in community planning from the University of Maryland, and her B.A. from West Virginia University.

Foundations

• **Aaron Wernham** (Director of the Health Impact Project at the Pew Charitable Trusts) – Aaron is the director of the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts designed to promote the use of health impact assessments (HIAs) and support the growth of the field in the U.S.. Dr. Wernham is an HIA expert who has led HIAs at the state and federal levels. He has conducted HIA trainings for, collaborated with and advised numerous health and environmental regulatory agencies on integrating HIAs into their programs. Prior to joining Pew, Dr. Wernham was a senior policy analyst with the Alaska Native Tribal Health Consortium, where he led the first successful efforts in the U.S. to formally integrate HIAs into the federal environmental impact statement process.

• **Anthony Iton** (Senior Vice President for Healthy Communities, The California Endowment) - Anthony B. Iton, as Senior Vice President of Healthy Communities, joined The Endowment in October 2009. Iton oversees the endowment's 10-year, Building Healthy Communities California Living 2.0 initiative. Building Healthy Communities is a 10-year, $1 billion program of The California Endowment. 14 communities across the state are taking action to make where they live healthier. They’re doing this by improving employment opportunities, education, housing, neighborhood safety, unhealthy environmental conditions, access to healthy foods and more. The goal: to create places where children are healthy, safe and ready to learn. Ultimately, we’re aiming at nothing less than a revolution in the way all of us think about and support health for all Californians. Prior to his appointment at The Endowment, Iton served since 2003 as both the director and County Health Officer for the Alameda County Public Health Department. In that role, he oversaw the creation of an innovative public health practice designed to eliminate health disparities by tackling the root causes of poor health that limit quality of life and lifespan in many of California's low-income communities.

• **Stacey Barbas** (Senior Program Officer, Kresge Foundation) - As a senior program officer for Health, Stacey Barbas manages the grantmaking portfolio for the Health team’s Emerging and Promising Practices area. The Kresge Foundation initiative supports grantees engaged in innovative, cross-sector, interdisciplinary efforts to mitigate the social and environmental factors leading to health disparities. Stacey invites and reviews grant requests from nonprofit organizations and safety-net health institutions addressing the social and environmental factors that disproportionately affect at-risk communities. Kresge promotes the health and well-being of low-income and vulnerable populations by improving the environmental and social conditions affecting their communities and by improving access to high-quality health care. In our place-based grantmaking, we look for projects that engage community residents as partners in promoting health in the places they live. We invest in efforts to make the places where low-income families live, learn, work and play safe and healthy. Our support is focused around housing, food, transportation and the built environment as key determinants of health. In our healthy housing work, we take a comprehensive approach and support work to abate hazards, accelerate policy and systems change, build community engagement and related activities. In the transportation and the built environment area, we partner with organizations addressing the health effects of freight transport, especially on vulnerable communities and workers. We also support work to re-examine aspects of the built environment that create barriers to physical activity, air and water quality, and safety. In our healthy food funding, we invest in efforts to improve food system policies and practices, especially those that provide better access to healthful foods, fruits and vegetables.
Federal Agencies

• **Katie Sobush** (Transportation Coordinator, CDC Building and Facilities Office, Atlanta, GA) - Since coming to her current job, Sobush has seen CDC designated as a Best Workplace for Commuters by the Center for Urban Transportation Research (CUTR). The University of South Florida bestowed the honor upon CDC for meeting the National Standards of Excellence set forth by CUTR and the EPA for the provision of commuter benefits. Before joining CDC, Sobush worked as a transportation planner for a private consulting firm and later as a program manager for the city of Decatur, Georgia. As a transportation planner, she developed regional, county, city, and corridor-level transportation plans in the Southeast. And authored and implemented the Transportation Demand Management (TDM) Plan for the 2002 Salt Lake City Winter Olympics. In Decatur, she authored the City of Decatur Interim Bicycle Master Plan and managed several projects for the Parks and Recreation Department. She also served as a CDC Foundation research fellow and associate project director for the Common Community Measures for Obesity Prevention Project in the Division of Nutrition, Physical Activity and Obesity.

• **Kathy Sykes** (U.S. EPA’s Aging Initiative, Washington, D.C.) - During her 24 year career, Ms. Sykes has held various health and aging policy positions at the state level and at federal agencies. She served as the Associate Director for Planning & Legislation for the CDC’s National Institute for Occupational Safety and Health, as professional staff for the U.S. Special Committee on Aging, and as Associate Staff for Congressman David R. Obey. She worked as a special assistant for the Administrator of the Wisconsin State Division of Health. In 1998, Kathy Sykes began working for the US EPA. In 2002, she began serving as the Senior Advisor for the Aging Initiative. She strives to raise awareness among older adults, and public health and aging professionals about environmental health hazards. She is committed to protecting the environment through smart growth practices.

• **Lilly Shoup** (U.S. Department of Transportation, Washington, D.C.) - The Federal Partnership for Sustainable Communities is an initiative led by USDOT, HUD, and EPA to promote health, environmental and quality of life improvements by making improvements to the built environment. The Partnership coordinates funding, policy development, and professional capacity development among the three agencies and their partners to support six Federal livability principles: 1) Provide more transportation choices; 2) Promote equitable, affordable housing; 3) Enhance economic competitiveness; 4) Support existing communities; 5) Coordinate and leverage Federal policies and investment; and 6) Value communities and neighborhoods. USDOT’s role in the Sustainable Communities Partnership focuses on providing sustainable and livable transportation options. Examples include grants to support transit, bicycle, and pedestrian improvements along with projects to improve safety on roadways.
Appendix 4. *Cross-Sectoral Workforce Development: Examining the Intersection of Public Health and Community Design* (Dyjack, Botchwey, Marziale 2013)
News From NACCHO
Cross-Sectional Workforce Development:
Examining the Intersection of Public Health and Community Design

David T. Dyjack, DrPH, CIH; Nisha Botchwey, PhD, MPH, MCRP; Erin Marziale, MPH

Clear and compelling evidence links the quality and length of our lives to the environment in which we live, work, play, and learn. Many of the strongest predictors of health status fall outside the health care setting and access to services. At the same time and despite a growing body of literature, remarkably few coordinated efforts have targeted the professional workforce issues germane to the intersection of engineering, planning, architecture, transportation, and public health. Supported by the Centers for Disease Control and Prevention, an Expert Panel of 30 national leaders representing academia and practice, from community design to public health, convened in September 2012. This was in response to calls from the National Prevention Strategy that “all sectors (eg, housing, transportation, labor, education, defense) promote prevention-oriented environments and policies.”

The panel was charged to recommend ways to ensure that the current and future workforce in the public health, planning, and design sectors is able to identify and respond to new and emerging opportunities and threats in the built environment that impact public health. This article summarizes select findings of the panel as seen through a public health lens. We shall begin by reviewing current developments in public health education.

The timing and rationale for the workforce panel were fortuitous, as revolutionary developments are underway in public health education. The Association of Schools of Public Health’s Framing the Future Task Force is developing strategies applicable to the future of public health education for both undergraduate and graduate students. Much of the basis for modern public health education can attribute its roots to the seminal Welch-Rose report of 1915. This report highlights the role of health officers, the five core public health disciplines, and the centrality of academic university-led research.

Much has changed in the 100 years since the Welch-Rose report. The Association of Schools of Public Health appropriately identified the need to reexamine the knowledge, skills, competencies, and career opportunities of individuals possessing degrees in public health. Unlike the past, today there are multiple entry pathways into public health careers, a multitude of career trajectories, and a growing emphasis on interprofessional and multidisciplinary education. This gives rise to the question: How much disciplined attention is being paid to the built environment in the context of public health education?

In 2007, Nisha Botchwey, a city planning and public health–trained professor, searched for courses on the built environment and public health in US colleges and universities, identifying 11. After reviewing the course syllabi, 5 classes were removed from the pool after being judged too narrow in focus and insufficiently reflective of the full intersection of public health and the built environment. The educational landscape comprising public health and built environment was essentially barren.

New courses and initiatives have undoubtedly germinated since Botchwey’s original research was...
published in the 2009 Journal of Preventive Medicine, but much remains to be done. The Expert Panel on Community Design and Public Health systematically assessed the barriers and enabling mechanisms associated with the intersection of the various disciplines. As the participants introduced themselves, it became evident that “random acts of progress” were being achieved, although much of them predictably in isolation. Much was also largely independent of the academic and training enterprise.

In illustration, the Convergence Partnership, formed in 2006, is a collaborative of influential funders whose goal is to reinvent communities through policy and environmental change. One of its 3 major initiatives is centered on the built environment and health. While the partnership provides valuable tools and resources for practitioners and is compiling a laudable inventory of case studies, there are opportunities to explore how the learning achieved therein can be more deliberately transferred to the current and emerging workforce.

Against this backdrop, the Expert Panel established 5 principal goals at the beginning of the meeting. Four of the 5 will be examined specifically in the following:

**Goal 1:** Confirm or revise the hypothesis that there are workforce development challenges in creating professionals who can bridge the planning, design, and public health arenas.

The panel achieved broad consensus that workforce challenges are at once present and profound. The existing academic infrastructures in planning, architecture, engineering, and public health largely respond to their respective accrediting bodies, which, in some cases, may produce boutique educational opportunities but will unlikely be of sufficient scope and influence to meaningfully change the dynamics in the field. The panel also identified opportunities outside the traditional accredited system such as community colleges and nonaccredited public health programs as well as at other levels of education such as undergraduate and high school levels that might partner in addressing these workforce challenges. At the same time, the panel felt that universities could be responsive to market forces if there was a commensurate demand for cross-trained professionals. Consensus was not achieved on whether supply or demand or both would be the most important driver.

**Goal 2:** Clarify the range of core competencies and knowledge necessary for a workforce that is trained to bridge the planning, design, and public health arenas.

There was a sense that discussion about evolving university curriculum is expansive and a general recognition that for fundamental change to occur, institutional commitment would be required from university administrators. While the group recognized that under-graduate programs in public health are currently thriving, some participants, unfortunately, sensed that public health students with the greatest interest in intersectional issues are those hoping to gain international experience, with far fewer interested in domestic environments. There was consensus from the panel that while it will take further discussion to develop competencies across these arenas, there is also a challenge of lack of cohesion between the “core competencies” for practitioners in the field of public health and competencies for university curriculum. This needs additional consideration in the development of shared competencies.

- **Goal 3:** Describe and assess training systems currently in place that can bridge the planning, design, and public health arenas.

The following training opportunities were identified in traditional endogenous venues and professional associations:

- Health Resource and Services Administration training centers
- Accredited and nonaccredited programs and schools of public health
- Public health institutes
- Continuing education provided by local chapters of the American Public Health Association, the American Institute of Architects, and the American Planning Association, among others
- Public Health Foundation’s TRAIN continuing education program

In addition to these, several attendees observed that for-profit and fee-for-service organizations are beginning to enter into the marketplace of built environment and public health training, either deliberately or in support of their products.

**Goal 4:** Develop a set of actions for moving this agenda forward

The attendees engaged in lively exchange about who was responsible and accountable for addressing the need for cross-trained professionals. In the end, several specific recommendations were tendered as possible next steps in the process.

1. Align dialogue and efforts around workforce capacity building, with the goals articulated in the National Prevention Strategy. The existing Prevention Research Centers may provide a natural hub for future efforts.
2. Advocacy groups and private foundations should consider entering the present void to encourage linkages between practice and workforce development. Attendees felt that foundations can create demand for cross-commun...
for cross-trained professionals working in healthy community design.

3. Consider offering introductory common courses in which students from planning, architecture, public health, and other disciplines learn about community design and public health. The creation of such courses would address the necessity of a common lexicon between public health professionals and their community design counterparts.

4. Consider developing a certificate program or an inventory of continuing education courses suited for face-to-face or online distribution.

5. Support development of a rapid training program for recent graduates that would lead to immediate work at the community level. This could be modeled on the "City Year" program.

6. Embed applicable questions into professional certification examinations, or encourage accrediting agencies to require applicable courses in their respective curricula.

This article highlights just a fraction of the Expert Panel's structured conversation on an emerging issue in public health workforce development: a paucity of public health professionals with experience and skills in effectively working with urban planners, city councils, and others who make decisions about the built environment. Considerable effort will be required to bridge the gap between the professions to ensure that society has the requisite intellectual capital for addressing its most pressing needs. The Welch-Rose report was published nearly 100 years ago. The academic public health community, together with its professional and academic partners in planning, architecture, and engineering, has a historic opportunity to create a workforce that can better help us achieve long and healthy lives for all.

REFERENCES


Appendix 5. Public Health and Community Design Articles: Existing, In Progress and Recommended

Through the expert panel meeting and follow-up discussions, the group agreed to advance a list of articles, commentaries and other relevant publications. These recommended publications represent an update of current resources or build from them to a diverse audience of academics and practitioners in the public health and community design. (see Table 3)

Current Publications


Table 3. Proposed or In-Process Public Health and Community Design Publications

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<th>Group/Venue</th>
<th>Contacts and/or Potential Authors</th>
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<tr>
<td>Practitioner Focused Report</td>
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| American Planning Association (APA) (PAS Report)| Anna Ricklin  
Bill Klein  
Leading Practitioners in Planning and Public Health | 'Job specific' rather than topic specific. |
|                                                | Matthew Welker  
Rebecca Morley  
Ellen Dunham Jones |                                            |
| American Institute of Architects (AIA) (Knowledge Management System) |                                                |                                            |
|                                                 | Phil Farrington  
David Dyjack | Public Health education for their members |

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<table>
<thead>
<tr>
<th>Organization/Column</th>
<th>Authors/Contributors</th>
<th>Type of Article/Commentary</th>
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<tr>
<td>American Public Health Association (APHA) (Guidebook or Toolkit)</td>
<td>Eloise Raynault, Tracy Kolian, Amanda Raziano, Kaye Bender, Tom Quade</td>
<td>Topic/Task/Job Specific</td>
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<tr>
<td>National Association of County and City Health Officials (NACCHO) (Newsletter)</td>
<td>David Dyjack, Jennifer Li, Ken Smith</td>
<td>Commentary on Meeting Products</td>
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<tr>
<td>American Planning Association (APA) (Planning Magazine)</td>
<td>Anna Ricklin, Bill Klein, Mitchell Silver and New APA President</td>
<td>Commentary in light of the APA 2014 Meeting in Atlanta with a health focus</td>
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<tr>
<td>National Center for Environmental Health (NCEH) National Environmental Health Association (NEHA) Column</td>
<td>Chris Kochtitzky, Arthur Wendell, John Steward</td>
<td>Commentary on Meeting and Products</td>
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<tr>
<td><strong>Practitioner and Academic Focused Article</strong></td>
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<tr>
<td>Journal of the American Planning Association (APA)</td>
<td>Tim Chapin, Sandi Rosenbloom, Rebecca Miles</td>
<td>Expert Panel Article Targeting Planners: Planning for Public Health Practice and Workforce</td>
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<td>Transportation Engineers</td>
<td>Chris Kochtitzky, Catherine Ross, Jeff Riegner</td>
<td>Expert Panel Article Targeting Transportation Engineers: Planning for Public Health Practice and Workforce</td>
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<td><strong>Academic Focused Article</strong></td>
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<tr>
<td>Association of Collegiate Schools of Planning (ACSP)/Journal of Planning Education and Research (JPER)</td>
<td>Subhro Guhatkurta, Nisha Botchwey, Thomas Fisher, Matthew Trowbridge</td>
<td>Green Health’ Research Agenda and Training (Framing Article of JPER’s Special Issue with Botchwey, Fisher and Trowbridge as guest editors)</td>
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<tr>
<td>Health and Place</td>
<td>Bruce Stiftel, Corinne Graffunder, Nisha Botchwey, Chris Kochtitzky</td>
<td>Call to Action, Core Competencies Targeted Discussion</td>
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<tr>
<td>Association of Collegiate Schools of Architecture (ACSA)/Journal of Architecture Education (JAE)</td>
<td>Michael Monti, Michaela Pride, Daniel Friedman, Andrew Dannenberg</td>
<td>Public Health for Architecture</td>
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<tr>
<td>Association of Schools of Public Health (ASPH)/US Public Health Service (USPHS) (PHR, ‘On Academics’, ‘On Linkages’, another column or article)</td>
<td>Ellen Dunham Jones, Rebecca Miles, Donna Petersen, Howard Frumkin, Richard Jackson</td>
<td>Planning and Architecture for Public Health</td>
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Expert Panel on Public Health and Community Design Cross-Sectoral Workforce Development

Evaluation Summary

1. All participants (13) either ‘strongly agreed’ or ‘agreed’ that Goal 1 was met. Goal 1 was to confirm and/or revise the hypothesis that there are workforce development challenges in terms of creating professionals that can bridge the planning, design and public health arenas. Clarify the scope and nature of this challenge in the undergraduate, graduate and professional development arenas.

2. Nine participants either ‘strongly agreed’ or ‘agreed’ that Goal 2 was met, while two participants ‘disagreed’ and two felt ‘neutral.’ Goal 2 was to clarify the range of core competencies and knowledge necessary for a workforce that is trained to bridge the planning, design and public health arenas. Work with existing planning, design and public health curricula and current specializations in each field to assess, refine and expand our current definition of this essential cross-sectoral knowledge base.

3. Eleven participants either ‘strongly agreed’ or ‘agreed’ that Goal 3 was met, while one participant ‘disagreed’ and one felt ‘neutral.’ Goal 3 was to describe and assess the current training systems in place to produce the workforce that can bridge the planning, design and public health arenas. Look at institutions, programs, populations addressed and outcomes achieved.

4. Seven participants either ‘strongly agreed’ or ‘agreed’ that Goal 4 was met, while two participants ‘disagreed’ and four felt ‘neutral.’ Goal 4 was to perform a gap analysis on the current training system in light of core competencies, existing and projected jobs at the nexus of planning, design and public health, the capacity to bridge existing silos, etc.

5. Ten participants either ‘strongly agreed’ or ‘agreed’ that Goal 5 was met, while three participants felt ‘neutral.’ Goal 5 was to identify a set of potential actions for moving this agenda forward. What can we learn from change processes in each field? What outcomes can we commit to? How will we measure success?

Additional Comments: Participants generally felt positive about the achievements of the meeting, including its success in bringing multi-sector partners together and starting a dialogue on how to improve collaboration. However, participants also recognized many of the continued challenges, including a debate about which workforce groups (i.e. public health workers, planners, engineers, etc.) should adopt cross-sector training and how best to accomplish this. There was also mention of the many financial and structural impediments to achieving more immediate progress in multi-sector training.

Best/Most Informative Parts of the Meeting: Five of the six participants that wrote responses best enjoyed the opportunity to dialogue and network with other professionals who share the same interest. Many were happy to learn about the commonalities, as well as unique training that each colleague/discipline brought to the group.
Ideas for Intersection between Public Health and Planning in Workforce Development: Generally, respondents agreed on the importance of cross-sector collaboration, but each mentioned a unique idea for how this could be achieved in their own work. Some ideas included the need for greater emphasis on assessment tools that join the two fields, increased involvement of philanthropy, and more cross-sector relationship/partner-building and trainings.

Key Concepts to Share: All three respondents expressed a desire to share the need for broader cross-sector engagement within their organizations (e.g. planners, academics, professionals working in the field). One respondent specifically mentioned a need for training modules and the possible resources/assistance that other organizations (i.e. APA and ACIP) could provide in helping his/her organization fulfill their needs.

New Partnerships/Connections Made During the Meeting: Two participants mentioned new partnerships with American Institute of Architects (AIA), two participants mentioned new connections made with Public Health Institutes, and two with CDC.

Additional Topics for Follow-Up Meetings: All three respondents expressed interest in exploring examples/specifcics of curriculum (i.e. content, delivery method). One respondent also expressed interest in sharing funding sources and creating a clearinghouse for data/information/needs.

Format for Follow-Up Meeting: Of the four participants that responded, two preferred conference calls, one preferred a webinar, and one preferred an in-person meeting among an ‘expert panel.’

What Does Success Look Like? All five respondents mentioned that the existence of formal cross-sector academic training (e.g. dual degrees, courses, continuing education, certificate programs) would be an indication of success. A few specifically mentioned that success could be determined through the number of courses/degrees offered or through an evaluation process. Other ideas of success included the existence of cross-sector internship/practicum opportunities, and the amount of money or number of journal articles/conferences devoted towards cross-sector research and work.

Additional Comments/Feedback Moving Forward: One respondent suggested convening interdisciplinary focus groups to discuss future collaboration and tackling barriers (i.e. technical, financial, institutional, etc.)