



BEST PRACTICES FOR **CIP Development and Promoting Healthy Communities**

SECTION 3: BEST PRACTICES FOR PROMOTING HEALTHY COMMUNITIES

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BEST PRACTICES FOR PROMOTING HEALTHY COMMUNITIES

As defined by both local jurisdictions and national leading organizations in health, a **healthy community** is one that **provides access to crucial services, goods, and amenities through multimodal connections** that support healthy lifestyles, ensure safe and comfortable access for all ages and abilities, and minimize discrepancies between health outcomes for all community members.

A Healthy Community Provides Access to:



Safe Housing



Education



Social Connections



Reliable Work



Recreation



Affordable Transportation



Health Care



Healthy Food Options



All Ages and Abilities



This section of the report summarizes the state of local practice, reviews nationwide best practices, and gives recommended actions to empower the Baltimore Regional Transportation Board (BRTB) local members to integrate planning for health into the communities they serve. The state of local practice and review of best practices are grouped by the four key themes below, which also are reflected in multiple recommendations.

- **Planning and Project Implementation** – Relates to the preparation for and development of projects or initiatives that support healthy communities. This section includes discussion of items such as data analysis and tools, strategies for developing effective planning documents, and design considerations.
- **Equity and Inclusion** – Relates to the incorporation of considerations for equity in planning and design processes and how that relates to planning for healthy communities. Ways to assess and measure equity and strategies to mitigate inequitable investment and engagement are discussed.
- **Funding** – Relates to challenges and strategies for securing and efficiently utilizing financial resources. Potential grant programs and strategies for advocating locally are discussed.
- **Collaboration** – Relates to partnerships between different government departments as well as across multiple public and private entities. This theme also discusses strategies for effectively engaging with community members and advocates.

1. STATE OF LOCAL PRACTICE IN PROMOTING HEALTHY COMMUNITIES

Conducted in spring of 2021, interviews with local jurisdictional planning, transportation, and public health departments helped inform the state of local practice as it relates to healthy communities. Conversations with each jurisdiction centered on existing goals and strategies, barriers to project implementation, measures of community health related to the built environment, and coordinated and inclusive planning processes for promoting healthy communities. Some of the overarching strengths and opportunities for improvement are highlighted in the following graphic.

FIGURE 1: SUMMARY OF LOCAL JURISDICTIONS' STRENGTHS AND OPPORTUNITIES



1.1. Planning and Project Implementation

Jurisdictions in the Baltimore region are focused on access and connectivity in how they define healthy communities and pair it with planning and project implementation. Active transportation, Americans with Disabilities Act (ADA) compliance and accessibility, and transit and multimodal connectivity all have different rolls to play in defining a healthy community. The integral nature of pedestrian and bike infrastructure to support physical activity was stressed in the interviews as a part of both everyday travel as well as recreation. Jurisdictions stated that non-auto modes must be safe, intuitive, equitably distributed, and dependable in a way that they do not just exist theoretically but are actively utilized by community members. Since the health of residents is directly correlated to the walkability of its environment, by changing the social norm of a community to be more physically active, you can decrease the rates of obesity and its related cardiovascular disease and diabetes.

Key Takeaway: Promoting healthy communities is more than expanding bike and pedestrian infrastructure. Designing an efficient transportation system with equitable access to a broad range of services that promote healthier outcomes, ranging from medical and mental health to recreational and employment, is key.

Jurisdictions have a wide variety of planning and guidance documents related to the built environment and encouraging healthy lifestyles, including comprehensive and master plans, bicycle and pedestrian plans, corridor studies, and complete streets manuals. All the participating jurisdictions have at least one planning document that includes considerations related to improving community health outcomes. In addition to the interviews, the study team reviewed many of these documents to better understand how BMC jurisdictions currently integrate public health considerations in transportation planning and project implementation. While the support of active transportation is the main area where health considerations come into play, the master plans for Anne Arundel, Baltimore, and Harford Counties all have chapters specifically dedicated to healthy communities. A summary of the health-related components of existing plans is included in [Appendix C](#).

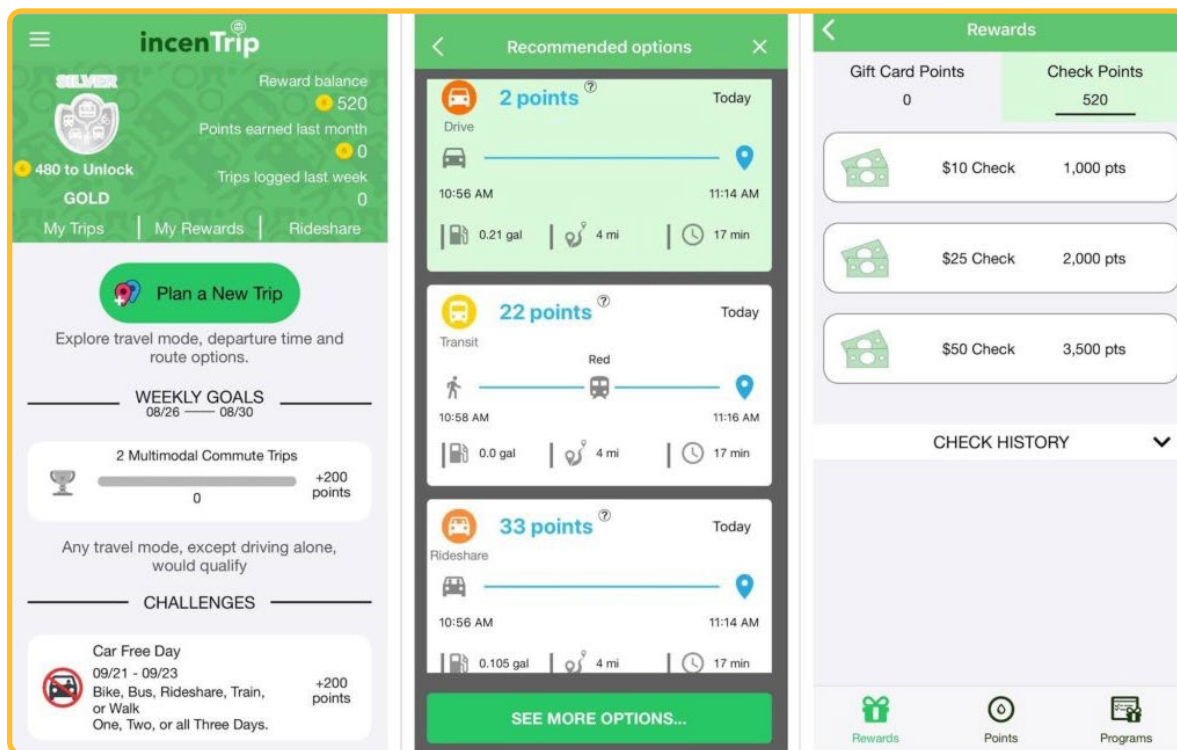
While promoting healthy communities is already a priority in many local transportation planning documents, many jurisdictions stressed that it is often difficult to implement projects that serve these goals. The path from a goal statement in a plan to a completed project requires coordination between many internal and external entities, allocation of funding, and project-specific planning and design. Often when there is competition for funding, pedestrian and bicycle projects are not prioritized or allocated specific funding streams.

BMC Jurisdiction Example: Vision Zero Action Plans and complete streets manuals are two strategies jurisdictions such as Anne Arundel County, Howard County, and the City of Baltimore are utilizing to implement active transportation safety and infrastructure into projects. Another successful approach has been to fold pedestrian and bicycle improvements into already-scheduled vehicle-centered capital projects or routine maintenance such as roadway repaving schedules.

An existing barrier many jurisdictions face in measuring community health as it relates to the built environment is the cost and difficulty of obtaining reliable and current multimodal data. Smaller jurisdictions can especially face data gaps due to publicly available datasets from research organizations and advocacy groups being focused on the largest cities or county level.

BMC Jurisdiction Example: 2040 Maryland, a statewide bicycle and pedestrian plan update, has a written goal to develop data and metrics to help quantify the health benefits of active transportation. An illustrative project it spotlights is the incenTrip App. The incenTrip application uses personalized incentives to encourage walking and biking for short trips in the Baltimore and Washington, DC, metro regions. Created by software developers at the University of Maryland, with Maryland Department of Transportation (MDOT) data, the app considers individual preferences and real-time multimodal transportation network conditions to inform travel decisions. It includes active-mode travel options, such as biking, walking, and bikeshare, and it integrates these with transit networks and schedule timetables to create viable door-to-door mobility solutions.

FIGURE 2: SCREENSHOT OF INCENTRIP APP DEVELOPED BY THE MARYLAND TRANSPORTATION INSTITUTE AT THE UNIVERSITY OF MARYLAND



Source: <https://wamu.org/story/19/08/28/commuter-connections-app-wants-to-pay-you-to-get-out-of-your-car/>

The frequency at which master plans are updated is another challenge. Though technology is constantly changing, master plans are typically updated at a frequency of up to once every 10 years, resulting in projects not utilizing state-of-the-practice analysis and often being dependent on out-of-date guidance.

A third barrier is that national standards are not always applicable to less-populated areas. A common theme in the interviews was the emphasis on the varying needs of different land use contexts and geographic areas. Rural, suburban, and urban areas each require different approaches to active transportation infrastructure and initiatives. Additionally, publicly available data platforms offered by federal agencies, research institutions, and advocacy organizations are often targeted toward large cities and larger geographies.

BMC Jurisdiction Example: Baltimore County's Master Plan 2020 has a goal to incorporate rural pedestrian standards into the Baltimore County Comprehensive Manual of Development Policies.

Key Takeaway: How densely developed a community is directly influences how healthier outcomes may be promoted; strategies that are appropriate for urban and suburban communities often do not apply in more rural settings.

Some jurisdictions mentioned the importance of Community Health Needs Assessments (CHNA), which give broad, comprehensive documentation of community health needs. These can be conducted by a variety of organizations but are required for tax-exempt hospital organizations to be updated at least every 3 years as part of the Affordable Care Act implemented in 2010. Promoting healthy communities takes collaborative, interdisciplinary effort. Utilizing CHNA in transportation planning and programming is one way that the integration of transportation and health, especially access to medical services, is currently assessed in BMC jurisdictions.

BMC jurisdictions have focused on the expansion of connected networks of bike and pedestrian infrastructure and encouraging development that supports multimodal transportation as part of existing planning processes. Additional strategies include working with public and private schools to host more active transportation-focused community events, developing wayfinding signage and maps to support biking and pedestrian travel, and conducting bicycle and walkability safety audits.

BMC Jurisdiction Example: BikeHoward, Howard County's bicycle master plan, identifies the goal of creating a safe and seamless network that connects cyclists to popular destinations, such as schools, shops, parks, and employment centers, with facilities that serve cyclists of all skill and comfort levels. Increasing the participation and safety of cycling through bicycle educational programs for children and awareness campaigns for motor vehicles for users also is prioritized.

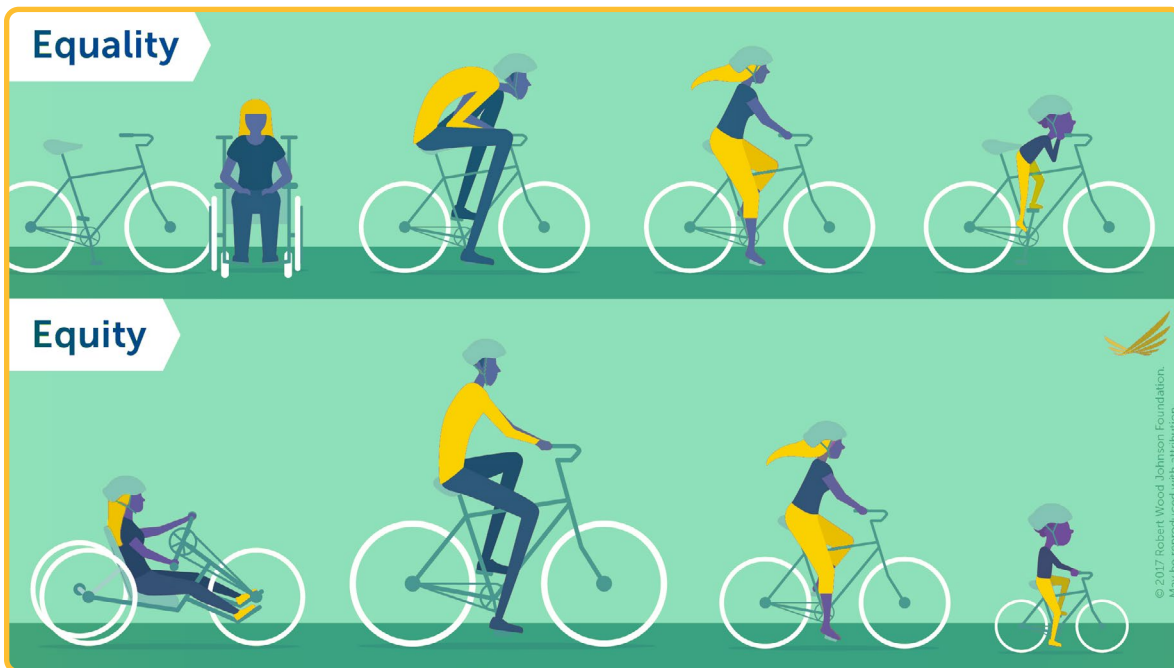
BMC Jurisdiction Example: The City of Baltimore emphasized the importance of encouraging development that is supportive of multimodal transportation, including incorporating bicycle infrastructure in transit-oriented development projects and revising the zoning code to require developments to include bicycle infrastructure, in their Bike Master Plan.

1.2. Equity and Inclusion

When reviewing the existing conditions of communities as it relates to healthy lifestyles, many of the interview participants expressed a desire for improved access to bicycle and pedestrian facilities for people of all ages and abilities to allow for more active lifestyles.

Equity was an area of key importance in discussions around multimodal connectivity and access. Most jurisdictions cited there being a fundamental link between planning for healthy communities and a more equitable distribution of investments in the built environment. Historically, many of the communities that have been underserved are the same ones that lack safe and connected pedestrian networks and have lower life expectancy and higher rates of poverty and disease.

FIGURE 3: DEFINITION OF EQUALITY VERSUS EQUITY



Source: Robert Wood Johnson Foundation

BMC Jurisdiction Example: To specifically focus on and address equity concerns, many jurisdictions have taken actionable steps. For example, Howard County has hired a Chief Equity Manager to ensure there is alignment in projects. Baltimore City is completing a Transit Equity Gap Study to compare different communities' commute time to work.

BMC Jurisdiction Example: Harford Next, the County's 2016 master plan, has a written goal to decrease disparities and measure access to care for diverse populations, including racial and ethnic minorities and older adults. Howard County's Complete Streets Corridor Study highlights its Transportation Improvement Prioritization System (TIPS). Equity is one of the primary categories for scoring a transportation improvement.

Many barriers exist for people to utilize or consider utilizing active transportation, including narrow right-of-way along roadways that do not allow for bike or pedestrian access, existing speed limits, lack of lighting or other ped/bike infrastructure that makes users feel unsafe, and a lack of awareness of existing services. Lack of safe access to active transportation options can be inequitable across a jurisdiction and creates further barriers to accessing local services.

The lack of pedestrian connections to transit also is a barrier to making transit service more appealing and accessible. Especially in rural areas, there is a tension between having a critical mass of riders and being able to justify the frequency of existing transit service. In some cases, transit service may be nonexistent, making access to vital services for those without vehicles in lower-density areas where active transportation is not feasible very challenging.

BMC Jurisdiction Example: Walk Howard has a written goal that County design documents should encourage walking by prioritizing human-scale pedestrian environments with elements such as trees, street furniture, and pedestrian-scale lighting.

BMC Jurisdiction Example: Comprehensive Plan Queen Anne's County 2010 has a written goal to continue to provide transit services for special needs populations and other users, to find ways to continue service and to expand service as needs increase, and to continue to seek funding to support transit service.

BMC Jurisdiction Example: Bicycle and Pedestrian Master Plan 2019 Carroll County has a written goal to create public-private partnerships to provide free safety gear to families with children, fixed-income households, low-income households, and seniors.

Additionally, many jurisdictions stressed not only the importance of providing multimodal access to key destinations such as work, school, healthy food options, and medical facilities, but also the importance of providing multimodal access to recreational facilities, parks, and natural areas to encourage physical activity and improved mental health. To expand access for users of all abilities, several plans highlight the need to improve ADA compliance, including the adoption of ADA transition plans, updating the design manual to include ADA compliance standards, and improving ADA compliance of park and recreational facilities to ensure that people of all ages and abilities can access these amenities.

BMC Jurisdiction Example: Plan2040 Anne Arundel County has a written goal that recreation and parks facilities should be accessible to all residents and provide a variety of recreational opportunities. A comprehensive ADA self-assessment of County parks to identify all ADA-noncompliant areas within all parks and facilities is recommended to help achieve the goal of improved accessibility.

Community engagement was a key component of the planning process for each jurisdiction. The saying, “the squeaky wheel gets the grease” was brought up in multiple interviews to describe the phenomenon of certain areas having more vocal advocates than others, which can lead to lopsided planning efforts and the inequitable distribution of investment.

There is concern that the people with the most need do not have the same access to the planning process and have less opportunity to advocate or engage on their needs. During the COVID-19 pandemic, many jurisdictions have migrated to online/virtual engagement, which may not be accessible to some of the most vulnerable residents, including communities that lack internet access.

Methods for participatory engagement in prioritization of transportation projects are discussed in more detail in [Section 2](#).

1.3. Funding

As noted in [Section 2](#), available funding for transportation improvements is generally less than the needs of the BMC jurisdictions. With constrained funding, the jurisdictions must prioritize needs across different types of infrastructure and balance system preservation needs with system enhancements or expansions.

One of the gaps identified in the process of going from healthy community goals to funded projects is the establishment of a project prioritization process that allocates resources based on alignment with priorities that include promoting healthy communities. While some of the BMC jurisdictions have or are in the process of revising their project selection processes to include health and equity considerations, all mentioned the challenge of longstanding pots of money that have certain allocations, often centered around roadway capital improvements. Roadway projects are prioritized to reduce vehicular congestion, but they are not always correlated with improvements in active transportation or accessibility, and funding for active transportation lacks its own mechanisms for implementation.

Key Takeaway: Availability of funding for new multimodal projects often is a barrier to implementation. While grants are an essential funding source for health-promoting projects, several jurisdictions mentioned that they are an unpredictable source of revenue and the process is often arduous.

BMC Jurisdiction Example: Master Plan 2020 Baltimore County has a written goal to establish priorities for the use of capital funds for pedestrian and bicycle facility improvements.

Grants are a fundamental way that many jurisdictions have been able to implement projects to promote healthy communities. While grants were identified as a primary funding source, the difficulty and unreliability of grants was mentioned in several interviews as a barrier. The effort to research, apply, and administer grants consumes valuable staff time. The strategy of seeking out alternative sources of funding as a recommended action was not identified in any of the local plans reviewed.

BMC Jurisdiction Example: Harford and Carroll Counties have been successful in winning **Safe Routes to School** federal grants. Safe Routes to School grants, however, are reimbursement grants requiring the counties to first lay out the funds and submit paperwork for reimbursement, which can be time- and resource-intensive. In both counties, the process to obtain the funding has taken so long that the project cost has escalated beyond the initial estimate.

1.4. Collaboration

While it is common for larger jurisdictions to have designated staff to focus on bike and pedestrian planning, there often is a constraint on the amount that can be accomplished. Many expressed a desire for increased staff capacity. Often, especially in smaller jurisdictions, there are not dedicated staff for active transportation initiatives and that aspect of someone's job responsibilities can be crowded out by other duties.

In interview discussions, there were examples of successful collaboration across jurisdictional departments, but there is room for improvement. Most jurisdictions noted positive working relationships between public works, transportation, and recreation and parks departments. Examples of collaboration between planning and public works departments include working together to update the Complete Streets design manual, the capital improvement plan (CIP) process, and infrastructure improvements such as restriping bike lanes. In some instances, there was a desire for engineers to have more interaction and collaboration with planners to make sure goals and priorities in planning documents are better incorporated in the actual implementation of projects.

Key Takeaway: There are many governmental departments whose work is directly related to improving community health, but do not often have the opportunity to meaningfully inform each other's work. There is value in transportation planners engaging with healthcare professionals to ensure their perspective on specific health outcomes (such as lower rates of mortality, obesity, and cardiovascular disease) is incorporated in the project planning and prioritization process.

The push for active transportation and healthier lifestyles comes from both internal and external forces. Internally, when county executives, local leaders, or other high-ranking officials express interest in healthy communities and promoting active transportation, more gets accomplished. Externally, some jurisdictions noted the key role many bike advocacy and environmental groups play in making bike lanes a priority and expanding the trail networks. The establishment of trail partnerships was recommended in one of the county bike and pedestrian plans as a strategy for engaging individuals and businesses to support the upkeep and maintenance of trails. Advisory committees and groups are a common way for jurisdictions to learn priorities and interests or challenges facing specific user groups; the use of crowdsourced apps to solicit input from the public is another. The creation of partnerships between key public entities—such as the police, health, and parks and recreation departments; local safety councils; and advocacy groups—was recommended in several of the BMC jurisdictions' bike and pedestrian plans.

A barrier to cross-departmental collaboration that was identified was the competition for funding, which can result in project managers working in silos. Additionally, different departments have different priorities and performance metrics. For example, addressing congestion may be approached by traffic engineers by considering level of service, while planners may be more focused on mode split. During the jurisdictional interviews, it was mentioned that collaboration with other levels of government can be more difficult due to not having as many opportunities for interactions. Key opportunities for collaboration with departments or agencies external to the jurisdiction have primarily revolved around funding opportunities, such as federal or state grants.

BMC Jurisdiction Example: Annapolis 2011 Bicycle Master Plan set the goal to link biking to health/recreation programs by cross-promoting the plan's goals through partnerships between the recreation and parks, transportation, and public works departments. This includes giving higher priorities to bicycling infrastructure that connect to trails and parks as well as opening parks to mountain bicyclists.

Case Study: To encourage more interaction across levels of government, MDOT facilitates a Bike and Pedestrian Committee that has more than 20 members from local jurisdictions and state agencies, which provides an opportunity for greater interaction and relationship building. MDOT State Highway Administration (SHA) employees also sit on advisory councils and commissions to help be more connected at the community level and learn about primary barriers to the use of non-vehicular transportation modes.

2. REVIEW OF BEST PRACTICES IN PROMOTING HEALTHY COMMUNITIES

There is a large body of research and best practices to consult as the desire to promote better and more equitable health outcomes has gained popularity. The literature review was focused on the most pressing concerns and topics of interest that arose during the jurisdictional and agency interviews. It is important to note that the nexus of transportation planning and public health covers a broad swath of interconnected issues; this research effort by no means represents an exhaustive analysis and, instead, provides a summary of best practices for the priority themes previously discussed.

A wide variety of resources were utilized as part of the literature review, including:

- The American Planning Association (APA)
- American Public Health Association (APHA)
- Transportation for America
- Smart Growth America
- Centers for Disease Control (CDC)
- US Department of Transportation (USDOT)
- US Department of Housing and Urban Development (HUD)
- Robert Wood and Johnson Foundation
- Pew Charitable Trusts
- Various state, county, and city departments and agencies
- Various academic institutions

2.1. Planning and Project Implementation

Communities across the country are increasingly incorporating public health into planning and project implementation. Although access to data is a common challenge, there is a wide range of tools and data sources available to assist with assessing community health outcomes, prioritizing projects and programs, and designing a built environment that enhances quality of life. Historically, the metrics used to evaluate the effectiveness of transportation-related projects in improving quality of life have been proxies for public health rather than direct measures of health. Positive changes in indicators, such as miles of sidewalk, transit access, and air quality, are assumed to result in better health outcomes for the community.

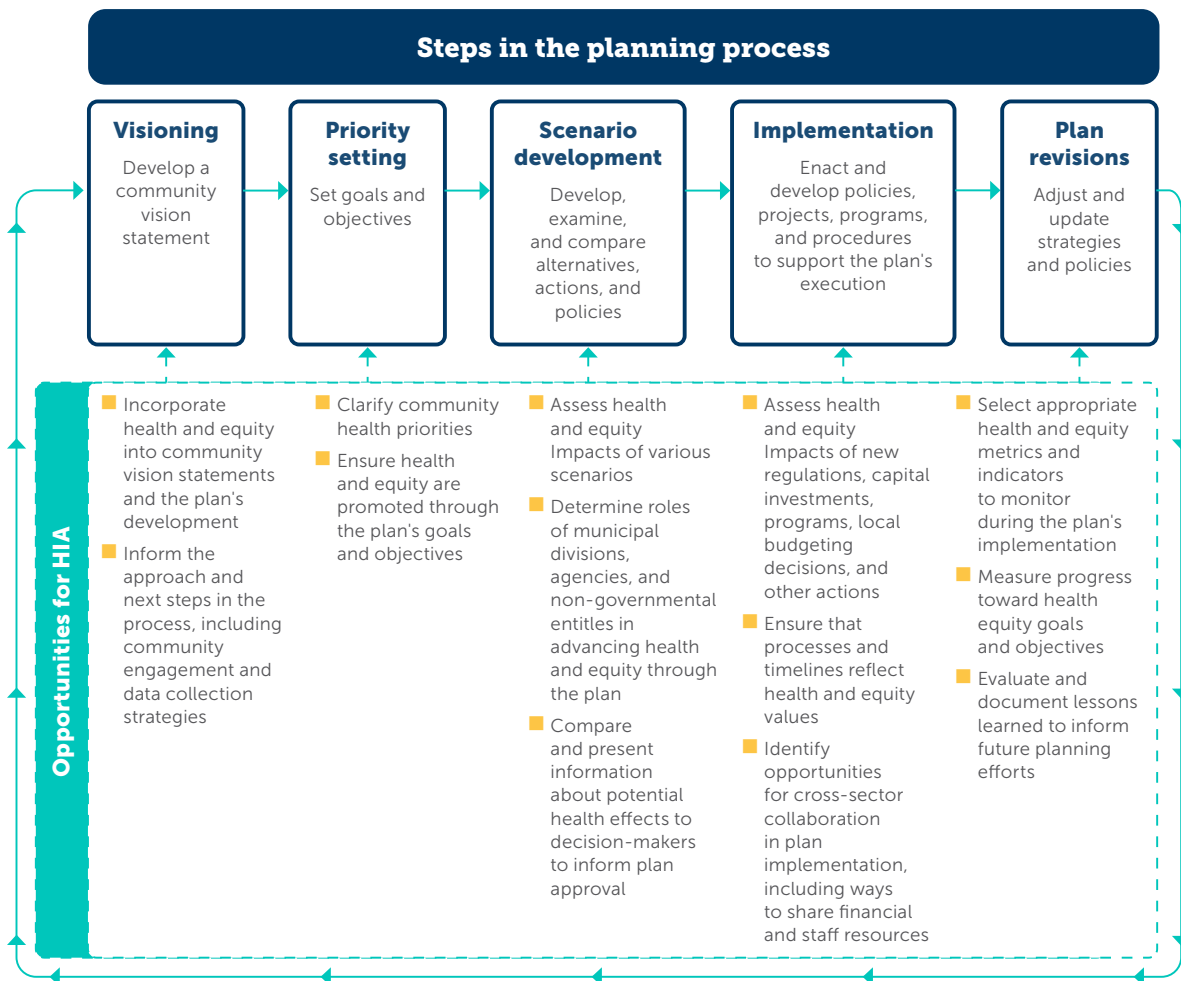
Health Impact Assessments (HIAs) are one tool jurisdictions can utilize to understand the direct health-related impacts of projects and programs. HIAs are conducted to determine the potential health impacts of a proposed action, including a plan, policy or project, and can be utilized to guide decisions on choosing planning interventions. The process includes six steps:

- Screening to decide whether to conduct an HIA
- Scoping a plan for completing the assessment

- Assessment of the current conditions using quantitative and qualitative data
- Recommendations based on the findings of the assessment
- Reporting
- Monitoring and evaluation

While public health professionals have historically led most HIAs, planning officials also are well-positioned to take a larger role in these assessments given the strong relationship between the built environment and community health outcomes. By institutionalizing HIAs as part of the project selection and planning processes, planning professionals can better ensure these considerations are factored in. APA provides guidance on the many opportunities for incorporating HIAs in a typical planning process:¹

FIGURE 4: STEPS IN THE PLANNING PROCESS TO INCORPORATE HIAs



Case Study: A desktop HIA completed by planners in Omaha, NE, for a proposed zoning tool to encourage walkable mixed-use neighborhoods illustrates a transportation pathway for influencing outcomes. Impacts and outcomes are based on research sources referenced in the HIA. HIAs are one tangible strategy to incorporate measures of health into transportation plans and projects.

Data collection methods include utilizing online platforms developed by federal and state agencies, advocacy organizations, and academic institutions. These public resources provide a cost-effective method for obtaining data; however, a limitation is that many sources focus only on the largest cities or metropolitan areas and are not applicable to small and mid-size communities. Some places have invested in more robust strategies to obtain data, such as the detailed household travel survey conducted by the Nashville, TN, metropolitan planning organization (MPO) as part of the Middle Tennessee Transportation and Health Study profiled in **Appendix B: Task 2 Memo**. This study included having participants keep a travel diary and wear a GPS and an accelerometer to provide health-related data on walking and biking activities and the level of intensity. Another example of a participatory data collection method includes utilizing smartphone crowdsourcing apps for the public to provide input on locations to consider additional facilities, such as gaps in sidewalk connectivity, or to log bike and pedestrian trips to better understand how existing infrastructure is being utilized. While these methods provide insights that may not otherwise be available and encourage public engagement, they often are too costly for many to implement or update on a frequent basis.

Data Sources

- Built Environment and Public Health Clearinghouse
- Community Commons
- National Transit-Oriented Development Database
- Housing + Transportation Affordability Index
- Location Affordability Index
- Transportation Alternatives Data Exchange (TrADE)

Project selection processes are increasingly being redesigned to consider public health and equity-related metrics to assign priority to projects addressing discrepancies in health outcomes and inequitable distribution of investments. One example of this is being done in the Nashville, TN, region, where the MPO has actively sought to address poor health outcomes by revising their project selection process to prioritize projects with the greatest positive impact on health disparities, social equity, and infrastructure usage. Scoring factors related to public health, safety, and social equity were weighted more heavily, offering an advantage to projects providing the most impact. Incorporating health considerations into the project scoring process substantially increased the amount of funding dedicated to active transportation projects. Another example profiled in **Appendix B: Task 2 Memo** is a needs assessment process that was designed as part of the latest update to the long-range transportation plan for the District of Columbia, moveDC.

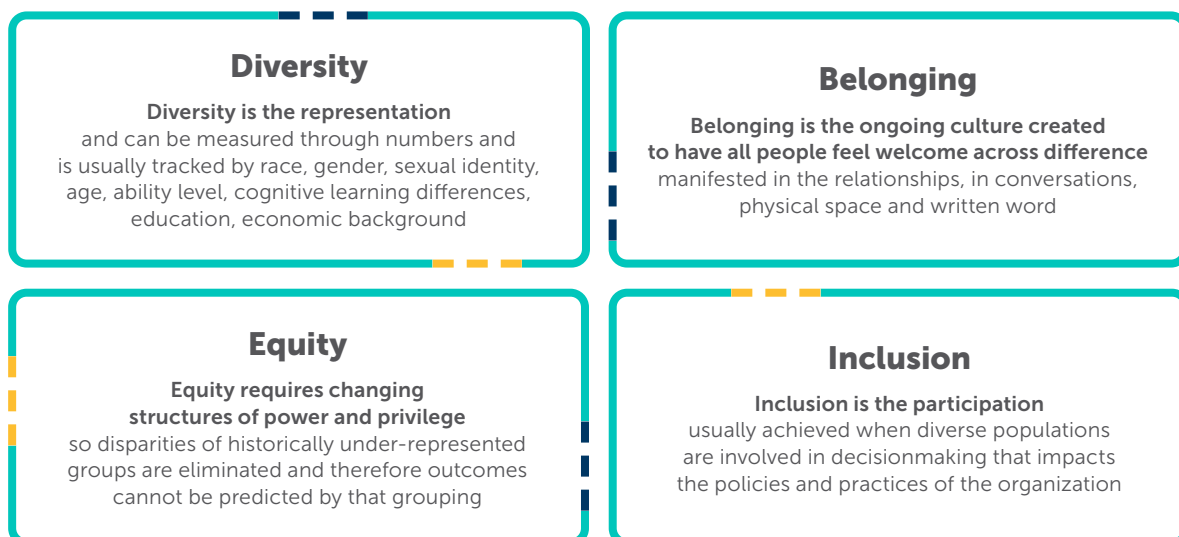
The physical design of transportation projects is another key strategy for ensuring the built environment is supportive of healthy lifestyles. Vision Zero and Complete Streets are nationwide efforts focused on ensuring roadways and streets of all types are inclusive and safe for all users—whether vehicular, pedestrian, cyclist, or transit rider. Additionally, modifying design guidelines to help promote physical activity and healthier outcomes that are tailored to rural or urban settings is another approach for improving a community's quality of life. Smart Growth America, the Robert Johnson Wood Foundation, New York City Department of Transportation (NYC DOT), and Vermont DOT are examples of organizations and agencies that offer recommendations for design elements.

Case Study: NYC DOT has created a resource, Active Design Guidelines: Promoting Physical Activity and Healthy Design, to modify the built environment to support healthier community outcomes in its specific urban context—though elements of these concepts can be applied to all communities, such as traffic calming devices, pedestrian pathways, connected bicycle networks, and streetscaping improvements. The document highlights five variables that promote physical activity and health in design: density, diversity, design, destination accessibility, and distance to transit.

2.2. Equity and Inclusion

Historical approaches to planning and community engagement often have harmed communities of racial and ethnic minorities through the unfair burden of environmental hazards and lack of meaningful engagement, which has led to an ongoing legacy of discrepancies in health outcomes. As designing more equitable and inclusive processes for engaging the public and distributing resources has become a priority for communities across the country, it is important to implement clear definitions of these and related terms.

FIGURE 5: DEFINING THE LANGUAGE OF INCLUSION



Source: Dr. Arnisa Amante, CEO of Disruptive Equity Education Project (DEEP)

Case Study: moveDC, Washington, DC's 2020 transportation master plan update, defines transportation equity as "the shared and just distribution of benefits and burdens when planning for and investing in transportation infrastructure and services. Transportation decisions are made in collaboration with and participation of the community DDOT serves, to establish a system that is safe, accessible, affordable, reliable and sustainable." Focused attention is given to historically under-resourced communities to overcome existing disparities and achieve transportation equity that include, but are not limited to:

- People of color
- People with low income
- People living with disabilities
- LGBTQ+ people
- Individuals who identify as female
- Youth; older adults
- Residents at risk of displacement
- People experiencing homelessness or housing insecurity
- Immigrant and refugee communities
- People with limited English proficiency and literacy

Inclusionary planning requires practitioners to ensure there is adequate access to the planning process and that the people the project is aiming to serve can meaningfully engage. Instituting a social justice framework, as well as anti-bias training, are effective methods for questioning the status quo and helping ensure that those who have historically been left out of the planning process are given special consideration. To guide decisions on where to locate investments to ensure a more equitable distribution of resources, several communities have developed an equity atlas that identifies areas lacking access to services and amenities. Incorporating these considerations related to the equitable distribution of projects into the prioritization process can help avoid falling into the trap of the "squeaky wheel getting the grease" since there is a documented, data-driven process for project selection.

Equity Atlases:

- Austin, TX
- Tacoma, WA
- Delaware Valley Region, PA-NJ
- San Antonio, TX
- Portland, OR
- National Equity Atlas

In addition to the positive impacts of improved infrastructure, planners also must consider the potential negative impacts of infrastructure improvements on community health. These impacts can include localized pollution (noise and emissions) or displacement of the population the infrastructure is meant to serve.

Adopting an anti-displacement strategy is a relatively new approach to help address concerns regarding gentrification caused by investment in enhanced infrastructure. Policies and programs typically relate to protection of existing residents, preservation of existing affordable units, and production of new affordable units. Austin, TX, Providence, RI, San Jose, CA, and Vancouver, WA, have all adopted anti-displacement strategies in the past couple of years and are in the process of implementing new policies and programs. Additionally, the [Prevention Institute](#) has created a list of risk and resilience factors that contribute and safeguard against displacement by gentrification to understand how a community may be threatened by specific projects.

Anti-Displacement Strategies:

- Austin, TX
- San Jose, CA
- Providence, RI
- Vancouver, WA

The built environment's role in promoting healthy communities in rural settings is most related to equitable access to essential services and recreational opportunities that support physical activity, especially for those without a vehicle. A "Bike-Library" is a free-to-the-user bikeshare system that rural communities have successfully implemented, and Rails to Trails and Safe Routes to School are two national programs that also have been successful in promoting healthier lifestyles in rural communities.

2.3. Funding

One of the most frequently cited challenges for improving community health outcomes is securing adequate funding to undertake robust planning efforts and implement recommended projects and programs. Unfortunately, there is no silver bullet solution to the funding gap. A key takeaway from the literature review was how dependent many initiatives are on a diversity of sources. The most successful communities creatively leverage a mix of local, state, and federal funding as well as in-kind and financial contributions from the private sector, including non-profit organizations, charities, businesses, anchor institutions, and community members. This requires expertise in navigating the universe of public and private grants and strong relationships with community champions to buoy ongoing support.

Common Types of Funding Sources:

- Federal and State Funding
- Self-Taxing Districts
- Development Impact Fees
- General Funds
- Tax Increment Financing
- Private Grants and Donations
- Transportation Bonds
- Local Taxes

Case Study: For the town of Warsaw, MO, larger grants are out of reach because of the town's small size. Town staff have adapted by pursuing smaller funding sources and building out its trail network by 1,000-foot increments. During the past two decades, the town has been awarded 45 grants that have brought more than \$9 million in federal funds and \$2 million in local funds.

By demonstrating a commitment to improving an area's quality of life through integrating a public health lens into planning efforts, the community becomes a more attractive candidate for awarding funding to support healthy communities. In addition to obtaining funding from agencies such as the CDC and USDOT, local governments have relied on bonds, impact fees, special taxing districts, and tax increment financing to raise funds to support transportation planning efforts and infrastructure projects.

2.4. Collaboration

Collaboration between governmental departments and different sectors is essential to successfully integrate a public health lens in planning and implementation efforts and improve quality of life. While no instances of permanent staff positions focused entirely on public health were identified within a planning department in the United States, there were multiple references to that being an ideal scenario if funding and staffing capacity allowed. Instead, partnerships with public health departments and officials are typically leveraged.

Engaging public health officials early in the planning process increases the likelihood of effectively incorporating public health goals and metrics throughout planning processes and the evaluation of interventions. Facilitating repeated opportunities for interdepartmental and cross-sector engagement, such as the comprehensive plan and other planning processes, as well as short-term efforts requiring collaboration, like disaster or emergency responses, helps foster longer-term relationships. During these activities, when practitioners from different disciplines come together, it is important to instill the understanding that all are working toward a common goal of improving quality of life but coming at it from different angles. Through repeated and frequent interaction, practitioners will better learn each other's languages, processes, and guiding principles.

At the local level, it often requires a strong champion to coordinate interdepartmental collaboration. The planning department is well-positioned for facilitating this collaboration, especially through the comprehensive planning process and regular plan updates. The MPO can play a pivotal role as a convener of representatives from different jurisdictions and levels of government, through educational workshops and regional planning initiatives. Strong relationships can lay the foundation for identifying shared financial incentives, partnering on pursuing funding, and the sharing of resources. Building these relationships are crucial for supporting healthier outcomes and better quality of life as no department or jurisdiction can achieve it on their own.

Case Study: For the City of Fort Worth's 2021 Comprehensive Plan Update, each individual department was responsible for developing and implementing the objectives for their respective chapters, while a senior planner was responsible for providing overall coordination of the departmental efforts to ensure they were aligned and not redundant.

3. RECOMMENDATIONS TO PROMOTE HEALTHIER COMMUNITIES

This section includes a set of proposed recommendations for supporting healthier community outcomes for the BMC jurisdictions. They were developed in consideration of challenges identified in the jurisdictional interviews and best practices demonstrated in the literature review. An overview of the recommendations is shown below. Specific actions, potential barriers, and metrics to measure outcomes are provided for each recommendation. It is important to note that these recommendations are not one size fits all; rather, the applicability and ultimate implementation will depend on the individual needs and capacity of each jurisdiction.

FIGURE 6: THEMES OF PROMOTING HEALTHY COMMUNITIES



Each recommendation is associated with at least two of the four themes identified throughout this effort as being key to the promotion of healthy communities. Icons are utilized to denote which themes are addressed.



Create partnerships and Positions for the Support of Healthy Communities in Government

Communities will benefit from greater collaboration across government departments and increased emphasis on achieving healthy outcomes in the planning process. Dedicating staff resources, enhancing coordination between government departments, and coordinating specifically with public health officials will offer broader perspectives and build a wider support network for projects that advanced shared goals.

|| Actions:

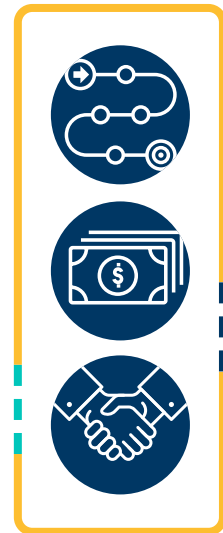
- Establish staffing position within transportation departments dedicated—or, at least partially dedicated—to healthy communities planning
- Increase interdepartmental and governmental collaboration on the shared goal of quality of life through task forces, regular coordination meetings, and knowledge-sharing
- Engage public health officials in planning, project implementation, and community engagement processes

|| Potential Barriers:

- Lack of local champion(s)
- Difference in priorities of different departments
- Competition for finite resources
- Limited staffing capacity

|| Outcome:

- Increased inclusion of public health criteria or measures in relevant infrastructure plans (CIPs, master plans, long-range transportation plans [LRTPs])



3.1. Enhance Equitable and Inclusive Planning and Engagement

Intentional action is required to ensure planning processes reach and effectively engage with traditionally underserved communities. Not all improvements aimed at developing healthier communities will be supported by all constituents. However, through leveraging community groups, identifying targeted strategies at specific populations, and questioning traditional practices, progress can be made.

|| Actions:

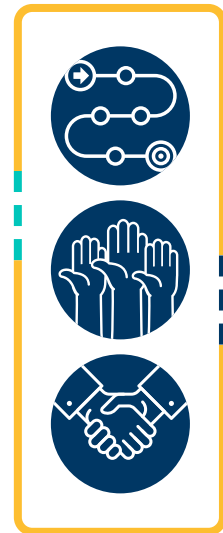
- Support the organization, capacity building, and meaningful engagement with community advocacy groups
- Identify and implement strategies to solicit feedback from traditionally underserved and underrepresented groups, including exploration of social justice frameworks
- Implement unconscious bias education as part of professional development and staff training to confront implicit personal prejudice
- Develop and leverage relationships with community "champions" and advocates to help share messages and gain feedback

|| Potential Barriers:

- Lack of local champion(s)
- Staffing capacity constraints
- Communication challenges such as shared language and the digital divide
- Community time constraints
- Community distrust of government due to history of neglect
- Resistance to changing established engagement procedures

|| Outcomes:

- Representative community demographics in public engagement participants
- Increased number of community advocacy groups engaged
- Planning processes and projects that are influenced by and meet the needs of the community



3.2. Quantify and Promote the Connection Between Public Health and the Built Environment

In the scheme of transportation planning, it is a relatively new concept to tie mobility improvements and choices to benefits for health. This connection can be demonstrated and strengthened by leveraging established tools, and previous knowledge to “tell the story” to municipal leaders and elected officials of the quality-of-life benefits of multimodal investment and intentional land use planning.

|| Actions:

- Identify applicable data sources and toolkits and periodically update inventory for measuring community health indicators
- Implement HIAs to measure impacts of projects on quality of life and guide decisions on investments and interventions
- Improve communication of benefits of active transportation and multimodal access on community health outcomes to elected officials and the general public

|| Potential Barriers:

- Lack of leadership and community understanding of interrelation of public health and transportation
- Lack of access to current and relevant data, especially for less populated jurisdictions
- Lack of access to public health expertise
- Limited staff resources or technical knowledge

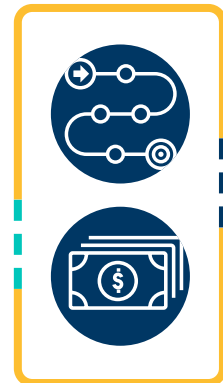
|| Outcomes:

- Increased inclusion of direct health benefits of transportation projects in project plans
- Increased amount or percentage of funding allocated to active transportation or multimodal projects



3.3. Advance Capital Projects that Contribute to Healthy Communities

Modifications of the built environment are essential for supporting more active lifestyles and enhancing the quality of life of all BMC jurisdictions. Jurisdictions should ensure the process for selecting capital projects results in the prioritization of projects that improve access to recreational and social opportunities, medical services, employment, healthy food sources, and education.



|| Actions:

- Expand funding strategies, including exploration of special tax districts and mechanisms, public-private partnerships, and developer impact fees
- Incorporate public health considerations in project prioritization process with scoring metrics related to public health and equity
- Inventory existing policies and programs that address displacement and implement strategies to fill policy gaps
- Research and document the diversity of funding sources available for planning and project implementation and leverage new sources
- Implement procedure of identifying community risk and resiliency factors on a project-by-project basis to mitigate potential for displacement of existing residents and businesses

|| Potential Barriers:

- Staffing capacity constraints
- Lack of local expertise on creative funding strategies
- Resistance to changing established processes

|| Outcomes:

- Increased share of non-vehicular trips
- Improved public health metrics, such as rates of heart disease, diabetes, and depression
- Existing community residents and businesses retained post-intervention
- Affordable units preserved and produced post-intervention

3.4. Modernize Design Practices and Standards

The way that our streets have been designed for decades has prioritized the movement of vehicles over people. Rethinking design principles and standards that support the safety and comfort for all users, while considering the land use and network context of the street, will help promote the use of non-auto trips and improve accessibility.

|| Actions:

Reassess/create street- and context-specific design guides that promote active lifestyles

- Expand access to parks and recreational opportunities, including multimodal connections to amenities
- Assess ADA compliance of active transportation infrastructure and park and recreational facilities

|| Potential Barriers:

- Lack of local champion(s)
- Staffing capacity constraints
- Lack of dedicated funding sources
- Low-density development pattern

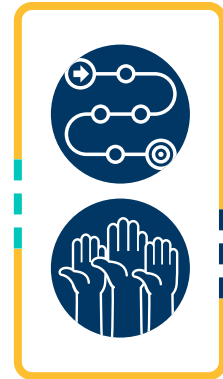
|| Outcomes:

- Increased share of non-vehicular trips
- Increased number of park users
- Increased percentage of infrastructure and facilities that are ADA compliant



3.5. Leverage Technology to Promote Healthy Communities

Today, technology is becoming increasingly integrated with mobility. Partnerships with private mobility companies to provide alternative solutions to resource-intensive practices and leveraging real-time information and open data to engage with the community and improve the customer experience can improve mobility and access to services.



|| Actions:

- Modernize transportation access to healthcare (e.g., flexible transit, paratransit, human services transportation)
- Utilize online mapping and databases to show and explain multimodal transportation options
- Explore the development of a program to incentivize the use of non-vehicular modes of transportation
- Explore the utilization of crowdsourced apps and other participatory data collection methods to solicit input from the public

|| Potential Barriers:

- Staffing capacity constraints
- Cost of implementation
- Risk of partnering with private companies

|| Outcomes:

- Increased multimodal or non-vehicular trips to services/activity centers
- More user-friendly trip planning
- Wider awareness of options
- Increased opportunities for public input into project planning and implementation

Endnotes

1. APA, Health Impact Assessment Toolkit for Planners, https://planning-org-uploaded-media.s3.amazonaws.com/publication/download_pdf/Health-Impact-Assessment-Toolkit.pdf

