

Innovative Partnerships: Building Capacity to Address Community Wellbeing

New Partners for Smart Growth Conference,
Kansas City, MO
February 28, 2013
3:30 PM – 5:30 PM

Nisha D. Botchwey, PhD, MCRP, MPH

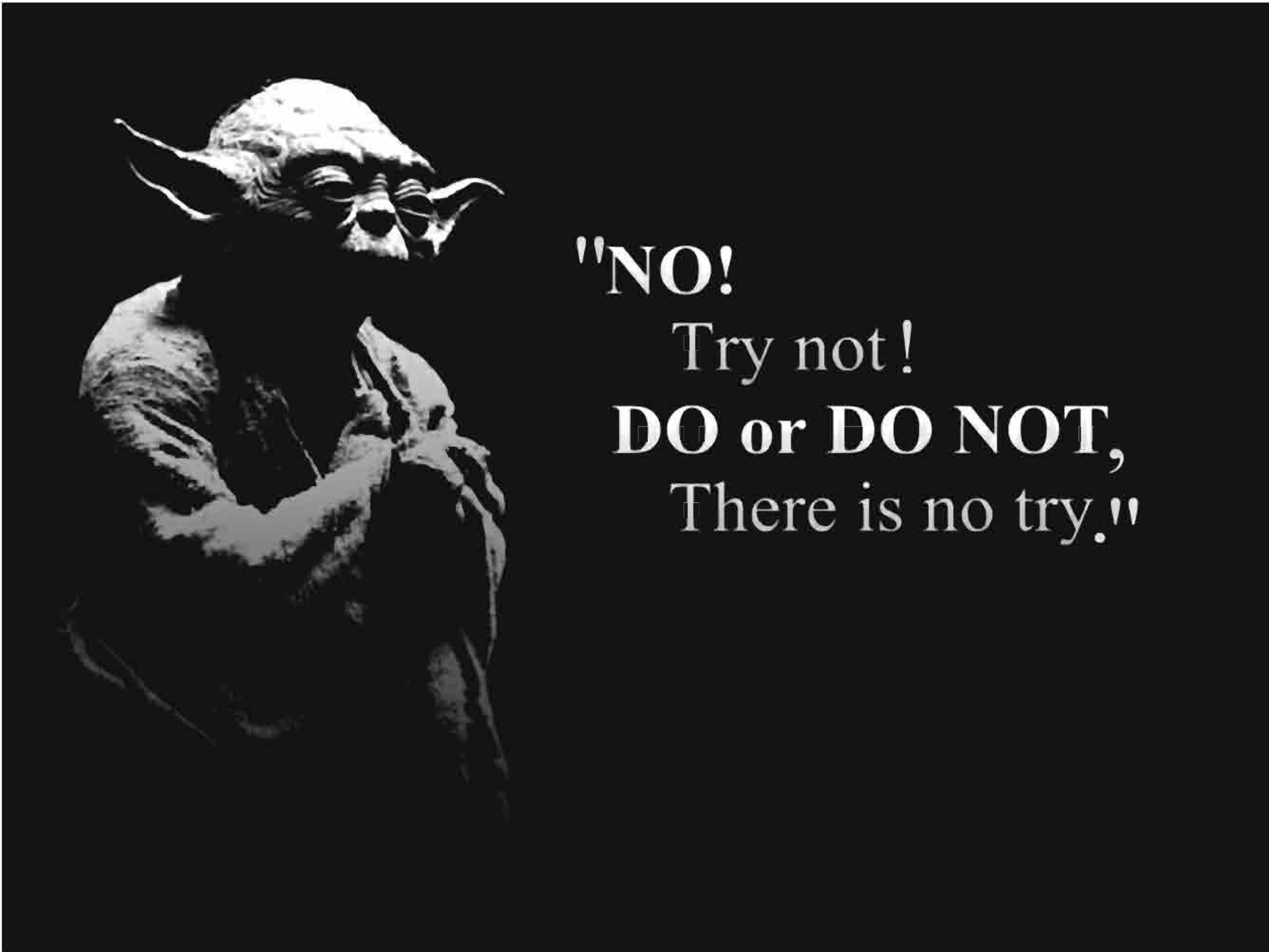
Associate Professor

Georgia Institute of Technology, School of City and Regional Planning

"NO!

Try not!

DO or DO NOT,
There is no try."



"NO!

Try not!

DO or DO NOT,

There is no try."

Session Outline

- I. The Federal Perspective
- II. The University Perspective
- III. The Community Perspective
- IV. Training for the Built Environment and Public Health Workforce

Note: Time will be allowed for clarifying questions between each section of the presentation.

Drivers for Cross-Sectoral Workforce Development: A Federal Public Health Perspective

Chris Kochtitzky, MSP

Associate Director for Program Development

CDC's Division of Emergency & Environmental Health Services

"The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention."

National Center for Environmental Health (NCEH)

Division of Emergency and Environmental Health Services (EEHS)



Outline

- ❑ **Evolution of Public Health Practice**
- ❑ **Non-traditional Public Health Interventions**
- ❑ **Emerging National Public Health Threats**
- ❑ **Federal Initiatives Aimed at Promoting Inter-Sectoral Workforce Development**

Factors that Affect Health



Nutrition, Physical Activity, & Obesity

- ❑ More than one-third of adults in the U.S. —over 72 million people—and 17% of children in the U.S. are obese.
- ❑ From 1980 to 2000, obesity rates for adults doubled and rates for children tripled.
- ❑ People who were obese had medical costs that were \$1,429 higher than the cost for people of normal body weight.
- ❑ It is estimated that 23.5 million people live in food deserts. More than half (13.5 million) are low-income.
- ❑ Almost 50% of adults in the U.S. fail to take part in recommended levels of physical activity each week

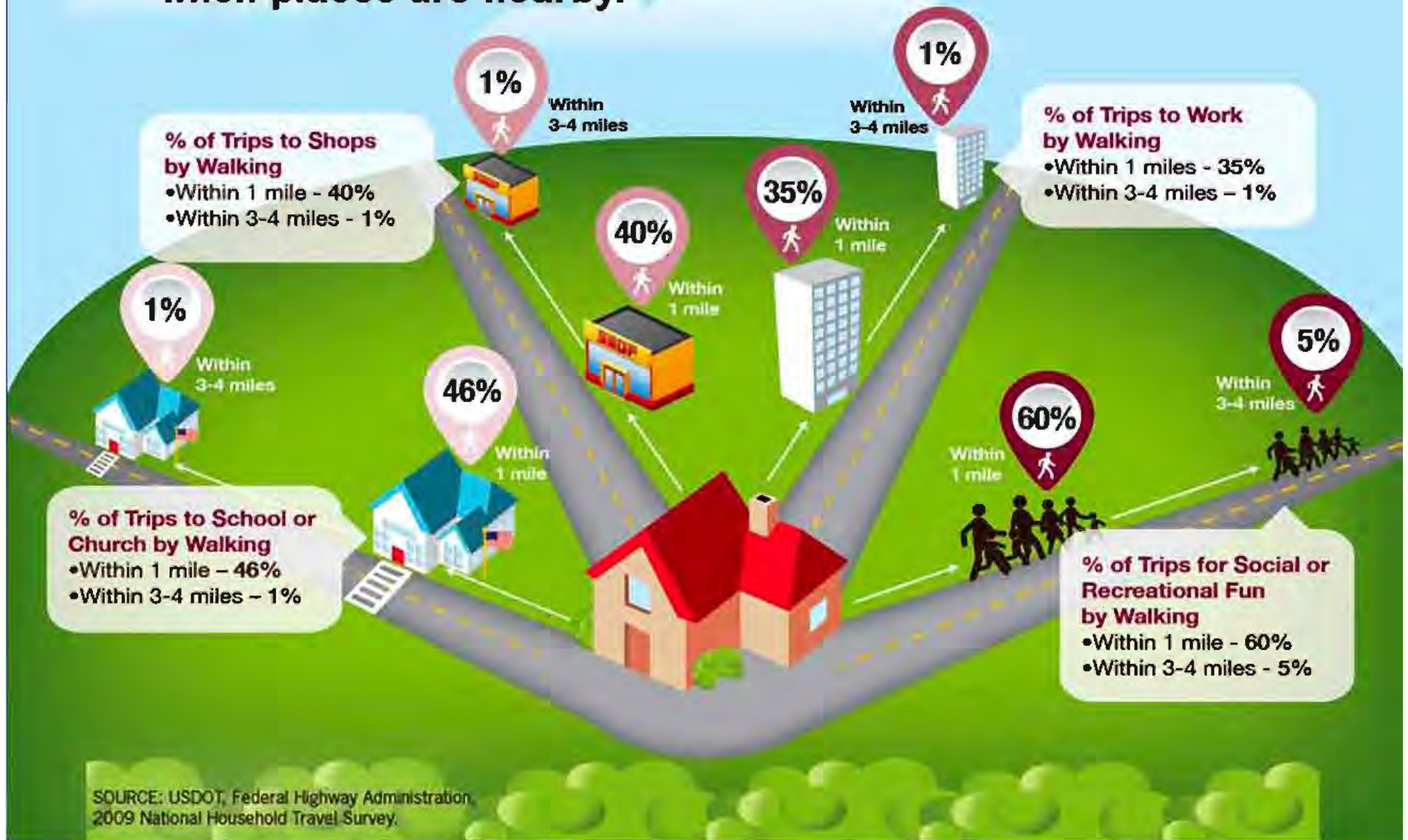
U.S. Department of Agriculture - <http://apps.ams.usda.gov/fooddeserts/foodDeserts.aspx>

U.S. Centers for Disease Control & Prevention - <http://www.cdc.gov/chronicdisease/resources/publications/AAG/obesity.htm>

CDC Chronic Disease Indicators - <http://apps.nccd.cdc.gov/cdi/>

People walk

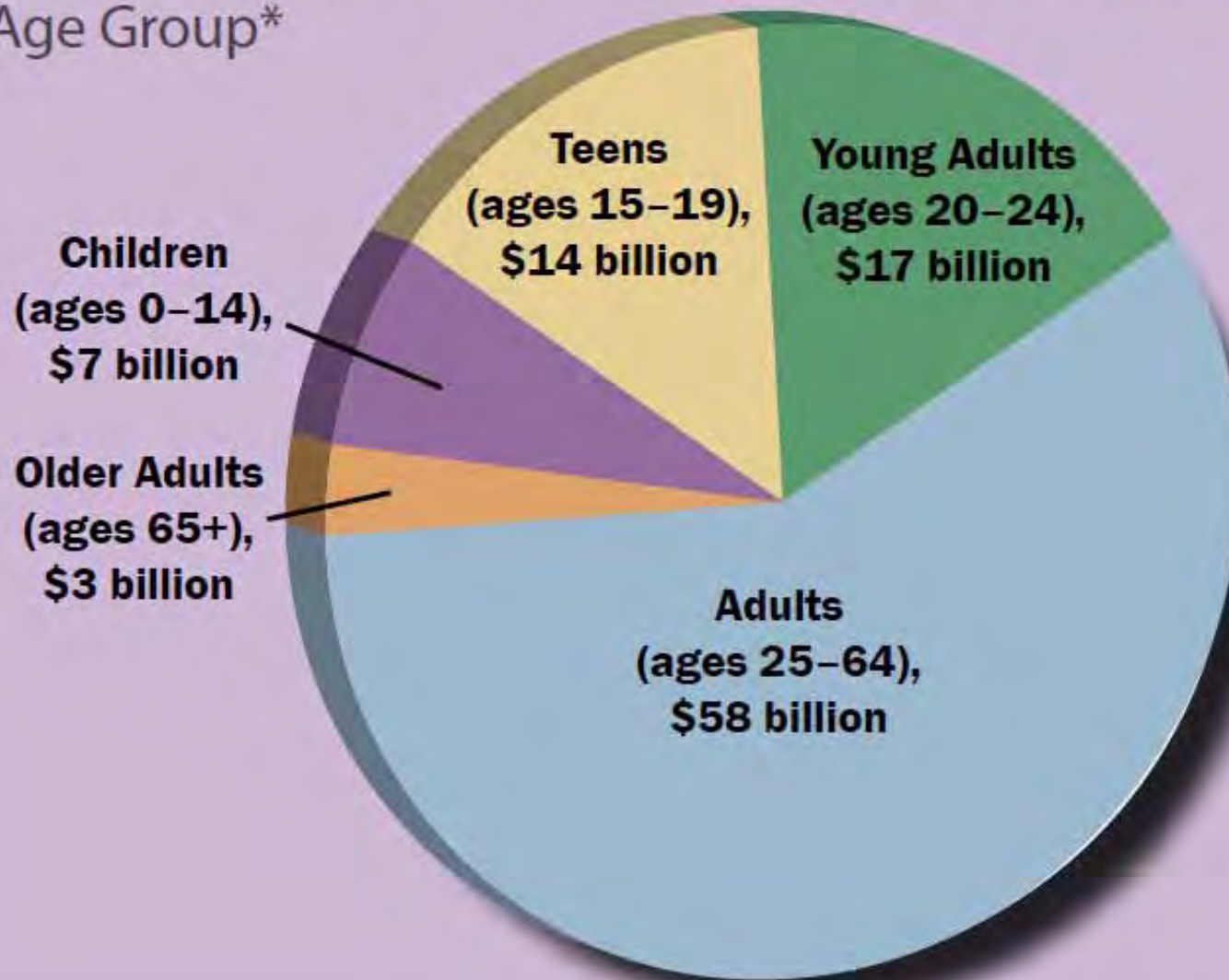
to get to places they want to go
when places are nearby.



Transportation-Related Injuries

- ❑ **Traffic crashes cause over 40,000 deaths a year, with approximately 2.5 million people injured on our roads every year.**
- ❑ **In 2005, traffic crashes were the leading cause of death for people ages 5 to 34 in the United States and the leading cause of injury-related death among all ages.**

Annual Costs of Motor Vehicle–Related Fatal and Nonfatal Injuries, by Age Group*



*United States, in 2005 dollars

Air Pollution

- ❑ **Air pollution, and particularly traffic-related pollutants affect ambient air quality and health on a broad variety of spatial scales.**
- ❑ **It is estimated that 2005 air pollution levels caused 130,000 PM2.5-related deaths and 4,700 ozone-related deaths.**
- ❑ **Among populations aged 65–99, it is estimated nearly 1.1 million life years have been lost from PM2.5 exposure and approximately 36,000 life years lost from ozone exposure during the same period**

Health Effects Institute. Panel on the Health Effects of Traffic-Related Air Pollution. *Traffic-related air pollution: a critical review of the literature on emissions, exposure, and health effects*. No. 17. Health Effects Institute, 2010.

Fann, N., Lamson, A. D., Anenberg, S. C., Wesson, K., Risley, D., & Hubbell, B. J. (2011). Estimating the national public health burden associated with exposure to ambient PM2.5 and ozone. *Risk Analysis*, 32(1), 81-95.

TABLE 2

THE COST OF TRANSPORTATION-RELATED HEALTH OUTCOMES

The consequences of inactivity, obesity, exposure to air pollution, and traffic crashes in the U.S. are staggering when viewed in terms of cost. Fortunately, with certain policy changes, these costs are largely preventable.

The National Health Costs of...	\$\$ (Billions)	Estimate Includes	Source
Obesity and overweight	\$142	<ul style="list-style-type: none"> • Healthcare costs • Lost wages due to illness & disability • Future earnings lost by premature death 	<p>National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases. Statistics Related to Overweight and Obesity: The Economic Costs.</p> <p>Available at: http://win.niddk.nih.gov/statistics/index.htm</p>
Air pollution from traffic	\$50-80	<ul style="list-style-type: none"> • Health care costs • Premature death 	<p>Federal Highway Administration. 2000. Addendum to the 1997 Federal Highway Cost Allocation Study Final Report, May 2000.</p> <p>Available at: www.fhwa.dot.gov/policy/hcas/addendum.htm</p>
Traffic crashes	\$180	<ul style="list-style-type: none"> • Healthcare costs • Lost wages • Property damage • Travel delay • Legal/administrative costs • Pain & suffering • Lost quality of life 	<p>AAA. Crashes vs. Congestion? What's the Cost to Society? Cambridge, MD: Cambridge Systematics, Inc.; 2008.</p> <p>Available at: www.aaanewsroom.net/assets/files/20083591910.crashesVscongestionfullreport2.28.08.pdf</p>

All cost estimates adjusted to 2008 dollars.

**NATIONAL ACADEMIES OF SCIENCE,
INSTITUTE OF MEDICINE**

“What is needed is the creation of an effective **intersectoral public health system**”

“The public sector at the community level encompasses local government officials and agencies traditionally seen as having health-related responsibilities, as well as many others that have important but sometimes less obvious roles in health but whose policies and objectives may have potential health consequences. The latter may include city councils, public schools, colleges and universities, police and fire departments, **zoning boards, housing authorities, parks and recreation agencies**”

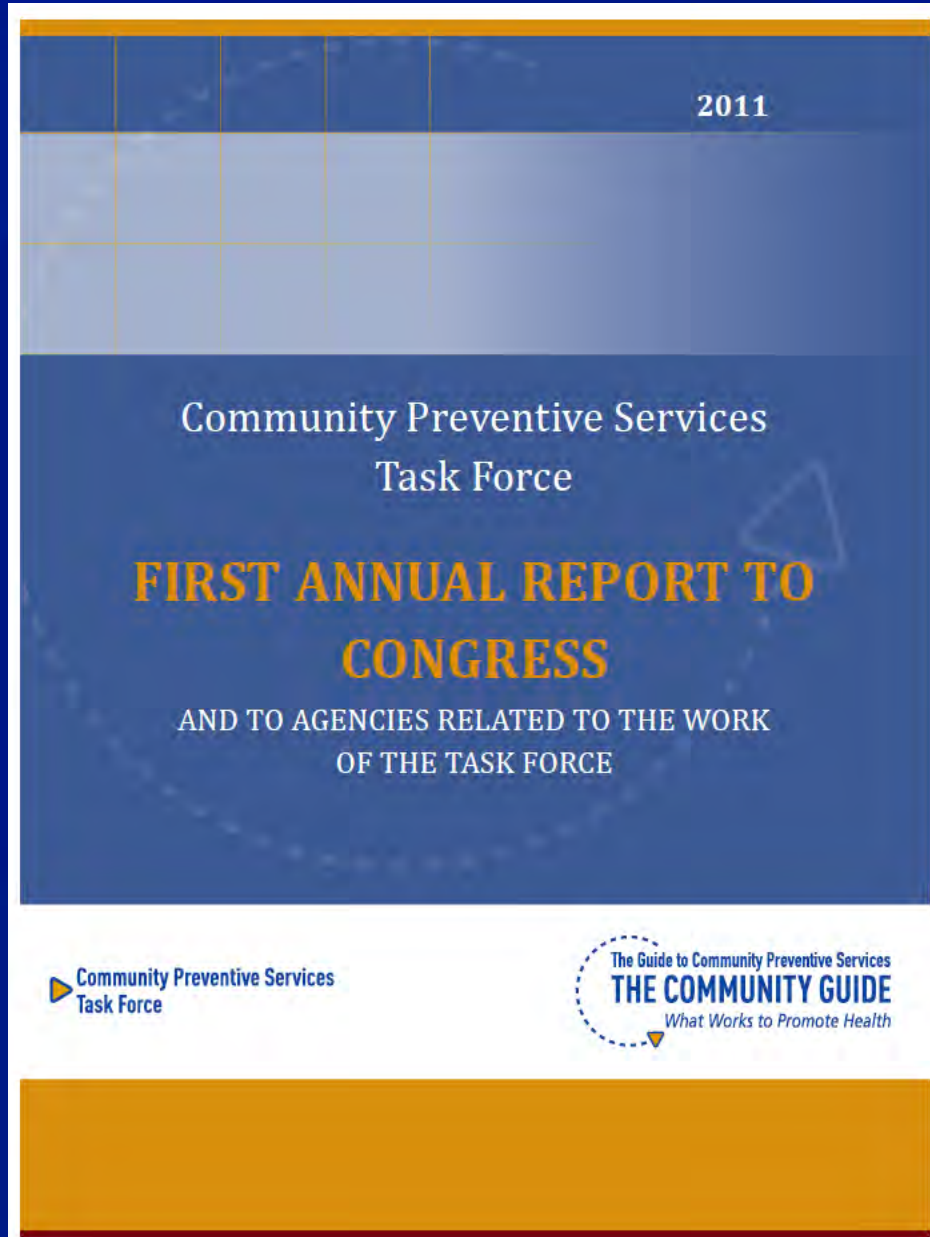
http://www.nap.edu/catalog.php?record_id=10548



COMMUNITY PREVENTIVE SERVICES TASK FORCE

- **Asthma Control:** Home-Based Multi-Trigger, Multicomponent Environmental Interventions
- **Preventing Excessive Alcohol Consumption:** Regulation of Alcohol Outlet Density
- **Physical Activity:** Community-Scale Urban Design and Land Use Policies
- **Physical Activity:** Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities
- **Physical Activity:** Street-Scale Urban Design and Land Use Policies
- **Physical Activity:** Point-of-Decision Prompts to Encourage Use of Stairs
- **Housing:** Tenant-Based Rental Assistance Programs
- **Reducing Secondhand Smoke Exposure:** Smoking Bans and Restrictions

<http://www.thecommunityguide.org/index.html>

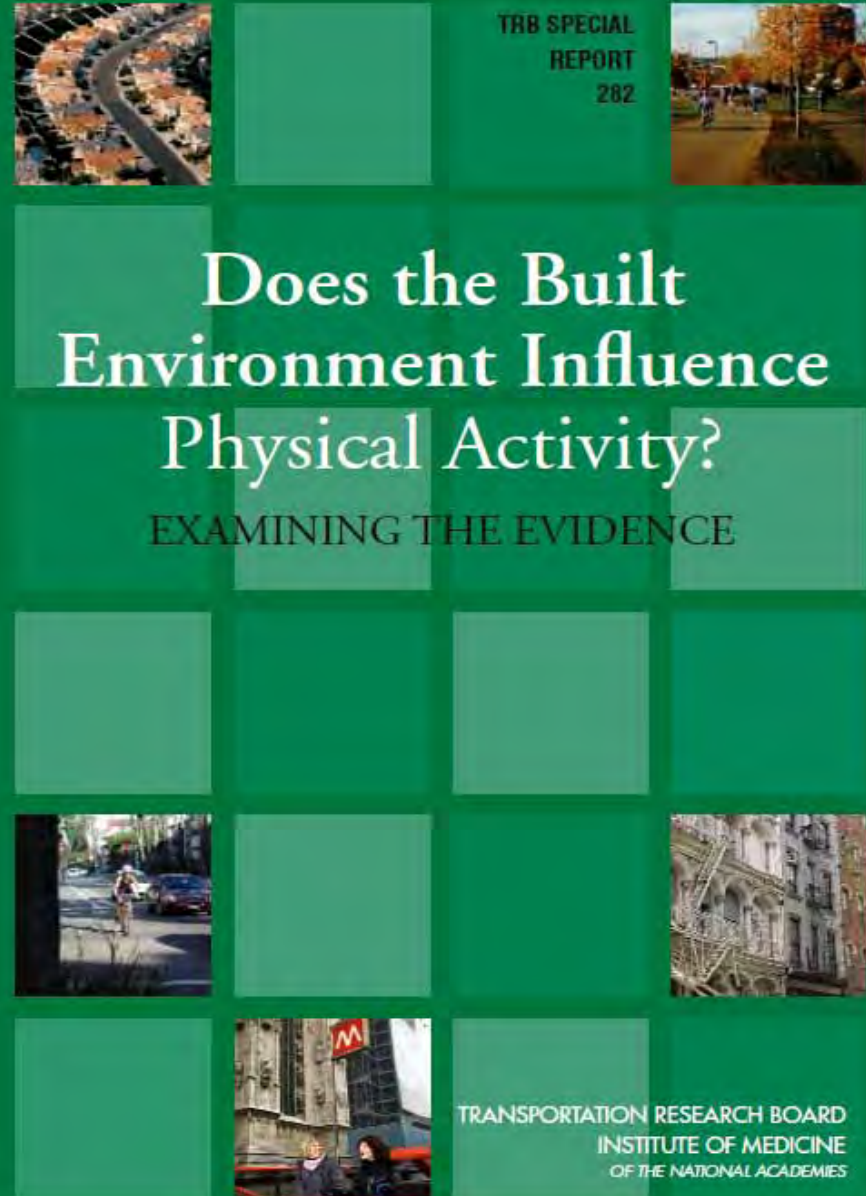


**NATIONAL ACADEMIES OF SCIENCE,
TRANSPORTATION RESEARCH BOARD**

“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.”

“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. ... 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.”

<http://onlinepubs.trb.org/onlinepubs/sr/sr282.pdf>



WHITE HOUSE TASKFORCE ON CHILDHOOD OBESITY

“How communities are designed and function can promote—or inhibit—physical activity for children and adults. The built environment consists of all man-made structures, including transportation infrastructure, schools, office buildings, housing, and parks. **Children’s ability to be physically active in their community depends on whether the community is safe and walkable, with good sidewalks and reasonable distances between destinations.**”

“**Recommendation 5.10: Communities should be encouraged to consider the impacts of built environment policies and regulations on human health. Local communities should consider integrating Health Impact Assessments (HIAs) into local decision-making processes,** and the Federal government should continue to support the development of an HIA approach, tools, and supporting resources that promote best practices.”

SOLVING THE PROBLEM OF CHILDHOOD OBESITY WITHIN A GENERATION

White House Task Force on Childhood Obesity
Report to the President

MAY 2010



U.S. SURGEON GENERAL

“As a nation, we must **create neighborhood communities that are focused on healthy nutrition and regular physical activity, where the healthiest choices are accessible for all citizens.** Children should be having fun and playing in environments that provide parks, recreational facilities, community centers, and walking and bike paths.”

“Interventions to prevent obesity should focus not only on personal behaviors and biological traits, but also on **characteristics of the social and physical environments that offer or limit opportunities for positive health outcomes.** Critical opportunities for interventions can occur in multiple settings: home, child care, school, work place, health care, and community.”

The Surgeon General’s Vision for a Healthy and Fit Nation 2010



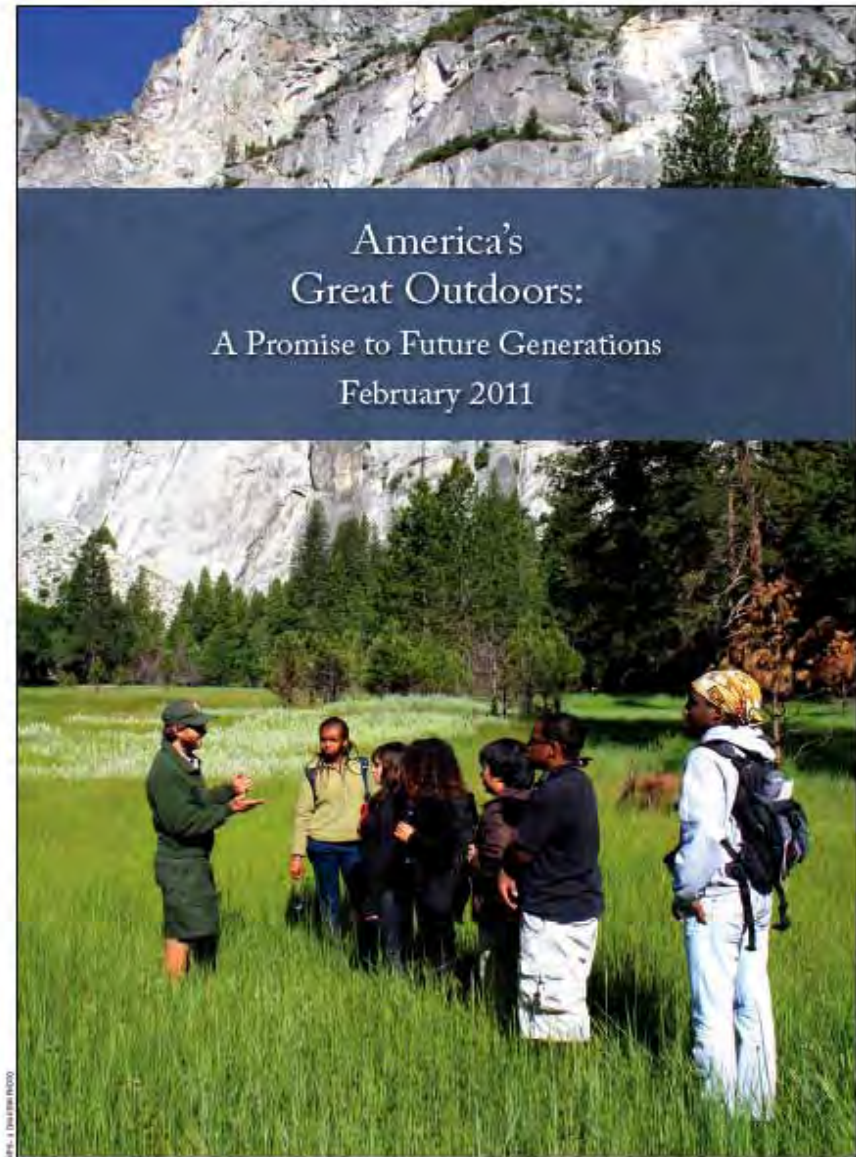
U.S. Department of Health and Human Services

<http://www.surgeongeneral.gov/initiatives/healthy-fit-nation/obesityvision2010.pdf>

U.S. DEPARTMENT OF THE INTERIOR

“All children, regardless of where they live, have **access to clean, safe outdoor places within a short walk of their homes or schools**, where they can play, dream, discover, and recreate.”

“Urban parks and **community green spaces contribute to the social, physical, and emotional health of America’s communities**, and neighborhood parks are among the few public places where communities can readily congregate close to home.”



<http://americasgreatoutdoors.gov/files/2011/02/AGO-Report-With-All-Appendices-3-1-11.pdf>

PARTNERSHIP FOR SUSTAINABLE COMMUNITIES (DOT, HUD, & EPA)

Livability Principles

- **Provide more transportation choices** - Develop safe, reliable, and economical transportation choices to decrease household transportation costs, reduce our nation's dependence on foreign oil, improve air quality, reduce greenhouse gas emissions, and promote public health.
- **Promote equitable, affordable housing** - Expand location- and energy-efficient housing choices for people of all ages, incomes, races, and ethnicities to increase mobility and lower the combined cost of housing and transportation.
- **Increase economic competitiveness**
- **Support existing communities**
- **Leverage federal investment**
- **Value communities and neighborhoods** - Enhance the unique characteristics of all communities by investing in healthy, safe, and walkable neighborhoods

Partnership for Sustainable Communities: An Interagency Partnership of HUD, DOT, & EPA



On June 16, 2009, the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Transportation (DOT), and the U.S. Environmental Protection Agency (EPA) joined together to help communities nationwide improve access to affordable housing, increase transportation options, and lower transportation costs while protecting the environment.

The Partnership for Sustainable Communities works to coordinate federal housing, transportation, water, and other infrastructure investments to make neighborhoods more prosperous, allow people to live closer to jobs, save households time and money, and reduce pollution. Partnership agencies incorporate six principles of livability into federal funding programs, policies, and future legislative proposals.

Livability Principles

Provide more transportation choices. Develop safe, reliable, and economical transportation choices to decrease household transportation costs, reduce our nation's dependence on foreign oil, improve air quality, reduce greenhouse gas emissions, and promote public health.

Promote equitable, affordable housing. Expand location- and energy-efficient housing choices for people of all ages, incomes, races, and ethnicities to increase mobility and lower the combined cost of housing and transportation.

Enhance economic competitiveness. Improve economic competitiveness through reliable and timely access to employment centers, educational opportunities, services and other basic needs by workers, as well as expanded business access to markets.

Support existing communities. Target federal funding toward existing communities—through strategies like transit-oriented, mixed-use development and land recycling—to increase community revitalization and the efficiency of public works investments and safeguard rural landscapes.

Coordinate and leverage federal policies and investment. Align federal policies and funding to remove barriers to collaboration, leverage funding, and increase the accountability and effectiveness of all levels of government to plan for future growth, including making smart energy choices such as locally generated renewable energy.

Value communities and neighborhoods. Enhance the unique characteristics of all communities by investing in healthy, safe, and walkable neighborhoods—rural, urban, or suburban.

"...by working together, [these] agencies can make sure that when it comes to development -- housing, transportation, energy efficiency -- these things aren't mutually exclusive; they go hand in hand. And that means making sure that affordable housing exists in close proximity to jobs and transportation. That means encouraging shorter travel times and lower travel costs. It means safer, greener, more livable communities."

-- President Barack Obama, July 13, 2009

<http://www.hud.gov/sustainability>

More information and updates on each agency's efforts:

<http://www.dot.gov/livability>

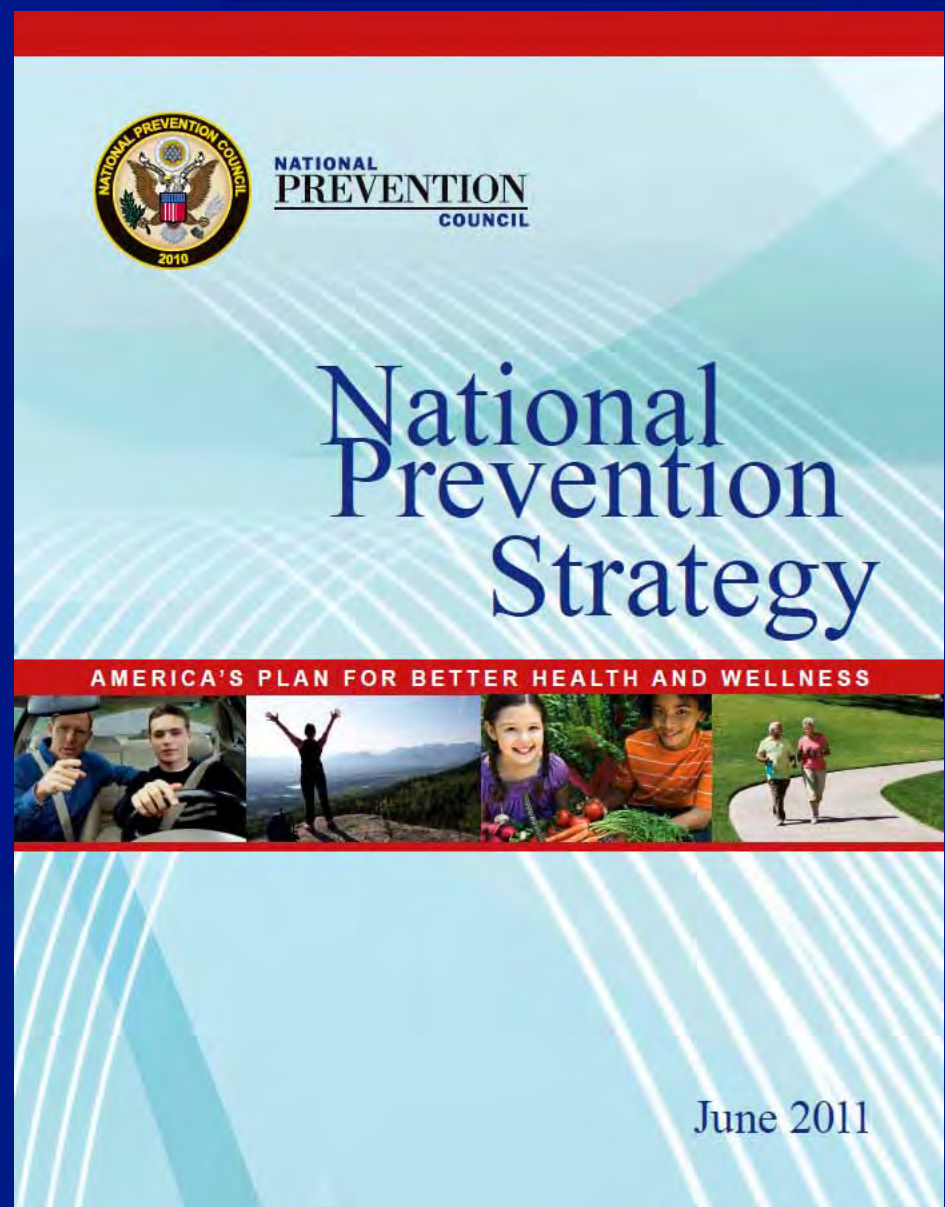
<http://www.epa.gov/smartgrowth>

NATIONAL PREVENTION COUNCIL

“A prevention-oriented society can be supported by integrating health and health equity criteria into community planning and decision making whenever appropriate; **maintaining a skilled, cross-trained, and diverse prevention workforce.**”

“**Integrate health criteria into decision making, where appropriate, across multiple sectors.** Communities can be designed to increase physical activity, decrease motor vehicle and pedestrian injuries and fatalities, improve air quality, and reduce greenhouse gas emissions. Providing affordable, accessible transportation options and safe and navigable streets helps people, especially older adults, people with disabilities, and those with low incomes, to live safely in their communities, reach essential destinations (e.g., grocery stores, schools, employment, health care, and public health services), and lead more rewarding and productive lives.”

<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>



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**Please visit CDC's Healthy Places website:
<http://www.cdc.gov/healthyplaces>**

The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Environmental Health
Division of Emergency and Environmental Health Services



THE UNIVERSITY
OF IOWA
**GRADUATE
COLLEGE**



February 8, 2013

Iowa Initiative for Sustainable Communities



Sustainability at Iowa

- April 22, 2008: **“Sustainability must and will become a central priority of all aspects of our university enterprise—our operations, our academic mission, and our responsibilities to the greater society.”**
- University of Iowa President Sally Mason

Defining Sustainability

- Enabling current generations to meet their social, economic, and environmental needs without compromising the ability of future generations to meet their needs.



Iowa Initiative for Sustainable Communities



- To better address the problems and challenges faced by towns and cities in Iowa and the Midwest, the School of Urban and Regional Planning at the University of Iowa launched the **Iowa Initiative for Sustainable Communities (IISC)** in 2009.
- Expanded to a campus-wide initiative in 2012

Iowa Initiative for Sustainable Communities

- IISC applies the talent and knowledge of the students and faculty of the University of Iowa to develop projects that enable Iowa's communities to enhance their sustainability.



Dubuque, IA (sustainability indicators)



Burlington, IA (downtown investment proposal)

Iowa Communities at a Crossroads



Increasingly, communities in Iowa and the Midwest face a crisis of sustainability.

- Reduced economic stability due to the reliance on one or two major industries
- The decline of local food systems
- Increased susceptibility to flooding and other extreme weather conditions associated with global climate change
- **A significant increase in obesity rates and other health problems associated with poor eating habits and a sedentary lifestyle**

Health and Sustainability

- Health is an important **indicator of sustainability**
 - Outdoor air pollution → 1.3 million deaths/year¹
 - Physical inactivity → 3.2 million deaths/year¹
 - Traffic injuries → 3.2 million deaths/year¹

¹ Health Indicators of Sustainable Cities, WHO Expert Consultation, 2012, http://www.who.int/hia/green_economy/indicators_cities.pdf

IISC Communities

- Anamosa
- Burlington
- Charles City
- Columbus Junction
- Decorah
- Dubuque
- Oskaloosa
- Wellman

2011-2013 IISC Partnership with Dubuque

- 10 projects in two years
- 35 Urban Planning graduate students in 2011-2012, 30 in 2012-2013
- Led by two Urban Planning faculty with assistance of five others
- \$80,000 support from Provost and VPR



IISC – Dubuque Partnership

- Projects include:
 - Sustainability indicators for City of Dubuque
 - Design of Green and Healthy Homes program
 - Multi-modal transportation evaluation
 - Economic development study and proposal for Dubuque's South Port



IISC – Dubuque Partnership

- Local Foods and Local Institutions Project
 - Students worked with the three colleges in the area, as well as other major institutions, to better link them with local food producers.



LORAS COLLEGE

Local Food Producer Survey

Outreach and Response



Mailed to 242 local food producers.



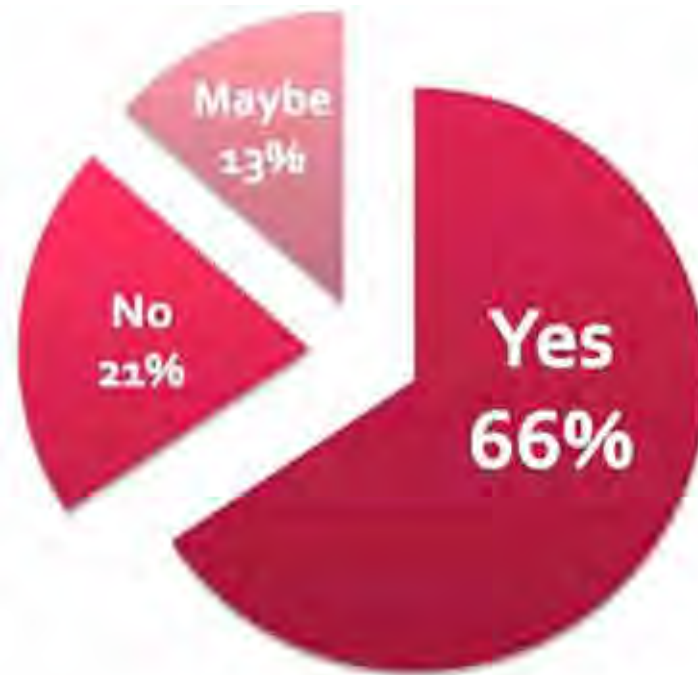
Emailed to producers through 3 list serves

67 respondents

Local Food Producer Survey

Results and Analysis

Interest in Selling to Colleges and Universities



Networking Event

Local Food Solutions for Dubuque Institutions

Please join Iowa State University Extension and the Iowa Initiative for Sustainable Communities to learn about institutional food purchasing and meet with institutions interested in purchasing local food products.

Thursday, March 22, 2012

6 PM – 8 PM

Rose O'Toole Room

Mary Josita Hall at Clarke University

1550 Clarke Drive

Dubuque, Iowa

Please RSVP by phone at: 515.520.9314 or email at: eatlocalfooddubuque@gmail.com. If you have questions, please contact Alicia Rosman at the phone number or email address provided above.

Networking Event

Goal: Demonstrate student demand



Networking Event

Goal: Foster institution-producer communication



Handout Example

Institution Handout

Contact Information: _____

2. Product Information

Product Offered	Milk	
Amount Available	# Gallons/Week	
Season/Month Available	Year Round	
Price/Unit Estimate	\$/Gallon	
Packaging	Plastic Carton	
Sample Provided?	Yes, good!	
Other	Different flavors available	

3. Potential Concerns

- Safety and Packaging

Producer Handout

2. Product Information

Preferred Product	Lettuce	
Amount Preferred	100 head/week	
Preferred Availability	Months in year	
Price/Unit Preferred	\$/head	
Preferred Packaging	New plastic bag	
Sample Provided?	Was not able to provide sample	
Other	Interested in multiple varieties of lettuce	

3. Potential Concerns

- Safety and Packaging

Event Highlights

Local Food Samples



Action Plan

Guide to creating and implementing a local food program at a collegiate institution

plan provides nearly all the information you need to be an effective proponent or participant in a local food program. More specifically, this guide provides information in the following manner:

- Chapter 1 - Institutions**
- Chapter 2 - Producers**
- Chapter 3 - Food safety and risk management**
- Chapter 4 - Funding and educational resources**
- Chapter 5 - Students, staff, and the general public**
- Chapter 6 - City and county government**
- Chapter 7 - Local outreach organization**

**Steps and
information
for
everyone
involved**

Each chapter of the action plan describes the basic process that a particular type of participant can follow along with common considerations and useful information. Keep in mind that the process for each type of participant is not necessarily presented in the exact order they should

IISC Partnership for Health and Sustainability



healthiest
— state —
initiative

IISC and Blue Zones



- Blue Zones Project™: Public-private state-wide partnership for community health and wellness
- Based on physical/environmental changes to communities
- Make healthy choices **easy choices**

IISC and Blue Zones



healthiest
— state —
initiative



Blue Zone
communities

IISC and Blue Zones

- University of Iowa well known for health/science research
- Apply University of Iowa faculty and student expertise in public health, dietetics, nursing, medicine and other disciplines to help Blue Zones effort



IISC – Blue Zones Projects Spring 2013



■ MUSCATINE

- UI Dietetic Interns and College of Public Health grad students
- Project: Improve menu nutrition and overall eating environments at 6 Muscatine restaurants



IISC – Blue Zones Projects Spring 2013



■ MUSCATINE

- UI Risk Communication students
- Project: Develop communication plans for 7 different Blue Zones health objectives:
 - Public areas smoking ban policy
 - Walking school bus
 - Healthy vending standards
 - Pedestrian Master Plan
 - Complete Streets



Walking School Bus

IISC – Blue Zones Projects Spring 2013



■ CEDAR FALLS

- UI College of Public Health graduate students
- Projects:
 - Farm-to-school food program for local schools
 - Public areas smoking ban policy



IISC and Blue Zones



healthiest
— state —
initiative

- IISC Complete Streets seminar
- Spring 2013
- UI Urban Planning faculty and graduate students educate Blue Zones cities



Questions?



Association of Monterey Bay Area Governments Energy Watch
presents



Climate Action Planning for Our Communities:

Local Governments & Local Colleges Together
Optimizing Resources
to Complete GHG Inventories

2013 New Partners for Smart Growth Conference



Association of Monterey Bay Area Governments (AMBAG)

- 18 cities and 3 counties in California's Central Coast Regions
- Population of 750,000
- Covers 5,767 square miles
- Receive funding from the California Public Utilities Commission to support energy efficiency and climate action planning for the region in partnership with Pacific Gas and Electric Company (PG&E).



CPUC Local Government Goal Four



“4. Local governments lead their communities with innovative programs for energy efficiency, sustainability and climate change.”

“By 2015, 50% of local governments have adopted energy efficiency/sustainability/climate change action plans for their communities and 100% by 2020, with implementation and tracking of achievements.”

AMBAG Strategic Goal



- As a regional organization of local governments, AMBAG Energy Watch leads the communities with innovative programs for energy efficiency, sustainability and climate change.
 - By 2010, 100% of AMBAG government will have completed the Local Government Operations Protocol for the Calculation of Greenhouse Gases (LGOP). ***We will call these municipal GHG inventories for this presentation.***
 - By 2011, 100% of AMBAG governments will have completed the Communities-wide GHG Inventories.
 - By 2012, 100% of AMBAG governments will have participated in training provided by AMBAG Energy Watch on the process of preparing a Climate Action Plan and have completed, at a minimum, a first draft of an Energy Action Strategy with the intent of completing full Climate Action Plans by 2014.

AMBAG's Challenge at the Onset



AMBAG has 21 jurisdictions of which only 4 had completed their municipal GHG inventory. 17 jurisdictions needed to complete their municipal GHG inventories.

How do we achieve 100% completed municipal GHG inventories for 17 jurisdictions in minimal time?

1. Provide Group Training for the Region

2. Provide Teams of Staff with Graduate Interns for Each Jurisdiction

Needs: Jurisdictions do not have enough staff to complete the work

Needs: Graduate students need quality internships/green job training in the region

3. Provide Quality Teaching and Educational Tools

4. Provide the funding so all jurisdictions can participate at no cost.

Each of the provisions
brought up their own set of
program development
challenging questions

1. Provide Group Training for the Region

- Where Located?
 - College campus computer seminar room
- How Often?
 - 4 in person sessions
 - 3 webinar sessions
 - 2 conference calls
- What timeframe?
 - September 2nd to December 11th (one semester)
- How will jurisdictions, spread out over 5,000 miles, attend?
 - Meet in person only 4 times and use webinars, teleconferencing, and develop electronic tools

2. Provide Teams of Staff with Graduate Interns for Each Jurisdiction

- How will we engage colleges?
 - Meet with college administrative staff to develop working relationships
- How can we work within their timelines?
 - The GHG inventory needs to be completed in one college semester
- How can we provide maximum opportunities for students to participate?
 - Provide multiple ways of participation
 - Graduate college level course credit internship
 - Work study Internship
 - Voluntary Internship

3. Provide Quality Teaching and Educational Tools



- Partner ICLEI, a world leader in GHG inventory calculation processes, to provide training and tools.
- ICLEI partnered with CARB in development of the LGOP.

4. Provide the funding so all jurisdictions can participate at no cost



AMBAG Energy Watch funds the program.
Funding committed to minimal costs.

Training Consultant Fees	\$87,500
AMBAG staffing (all)	54,500
Classroom rental	480
Snack on class days	320
Filming class days	70
Paper products	110
Car Expenses	<u>400</u>
TOTAL EXPENSES	<u>\$143,380</u>

- Partnership between:
 - AMBAG (program development and management, quality control, public relations)
 - ICLEI (software, tools and training, and program development)
 - Local Jurisdictions (staff completing inventories, future emissions tracking)
 - Graduate Students of Monterey Institute of International Studies and Panetta Institute of CSUMB (creating complete inventories, building career skills)

Jurisdictional Staff Participation Key Elements



1. Initial one-on-one meetings between City Managers/ Senior County Staff Members and Senior Energy Watch Staff to obtain commitment to the participating in LGOP Process
2. Identify with the City Managers/ Senior County Staff Members the staff person who will attend the training and work with the Intern
3. Hold introductory meetings with Staff person

Our Jurisdictions and the LGOP

City Jurisdictions

City	2008 Population
Capitola	10,015
Carmel-by-the-Sea	4,049
Del Rey Oaks	1,627
Gonzales	8,803
Greenfield	17,316
Hollister	37,051
King City	11,852
Marina	19,171
Pacific Grove	15,472
Salinas	150,898
Sand City	298
San Juan Bautista	1,874
Scotts Valley	11,697
Seaside	34,194
Soledad	27,905
Watsonville	51,703

County Jurisdictions

County	Population
County of Monterey	428,549
County of San Benito	57,784

Program Development

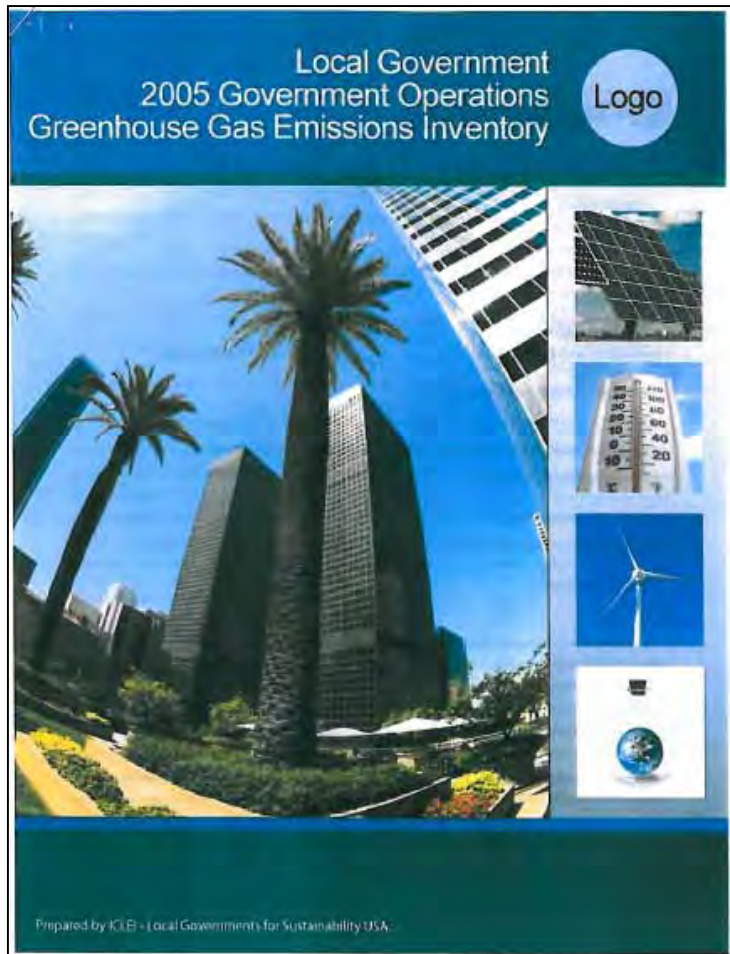
- Recruiting Interns
 - Directed Study Option
 - Coordinating with graduate schools' administrative staff
 - Identifying professors to assume credited-study responsibility
 - Work Study
 - Coordinate with work study staff in Financial Aid departments
 - Voluntary interns
- Matching Interns with Jurisdictions
 - Optimally match needs of Jurisdiction to skill set of intern and desired work experience of intern

Training Content

- Phase I: Data Collection
- Phase II: Data Conditioning
 - Master Data Sheet
- Phase III: Emissions Calculations
 - CACP Software
- Phase IV: Reporting
 - CARB LGOP Report
 - Detailed Narrative Report



Deliverables from Project



Local Government Operations Protocol: _____ September 2006

13.2 Local Government Operations Standard Inventory Report Template

Local Government Operations Standard Inventory Report

1. Local Government Profile

Amendment Number: _____
 Street Address: _____
 City, State, ZIP, Country: _____
 Website Address: _____
 DOI (if listed): _____
 Population: _____
 Annual Budget: _____
 Employees (Full Time Equivalents): _____
 Climate Zone: _____
 Annual Heating Degree Days: _____
 Annual Cooling Degree Days: _____
 Climate Service: _____
 Name: _____
 Phone Number: _____

Water Treatment
 Water Distribution
 Wastewater Treatment
 Wastewater Collection
 Electric Utility
 Fuel Production
 Street
 Fleet Fleet (State)
 Fleet Fleet (State) (State)
 Schools (private/independent)
 Schools (public/independent)
 Solid waste collection
 Solid waste disposal
 Hospital
 Airport
 Sewer/Solids/Stormwater
 Milk
 Student/sports centers
 Commercial kitchen
 Street lighting (LED/SPC/High/Low)
 Other

Local Government Description:

7. GHG Inventory Details

Facility Type: _____
 Protocol used: _____
 Control Authority: _____

GHG Emissions Summary (All Units in Metric Tons unless Stated Otherwise)

Scope & Other Activities Covered	CO ₂ e	CO ₂	CH ₄	N ₂ O	F-Gases	PFCE	HFC
SCOPE 1 Stationary Combustion Fugitive Emissions Fuel Direct Combustion from Buildings & Flares							
SCOPE 2 Purchased Electricity Purchased Steam District Heating & Cooling Fuel Vehicle Emissions from Building & Fleet							
SCOPE 3 See other sections for other emissions							
INDICATORS							

Chapter 13 Local Government Operations Standard Inventory Report 130

Goals For Graduate Students



- Government training and experience working with Staff
- Collaborate on a regional level to support multiple stakeholders

Government Career Experience



- Understanding the operations of a regional government agency
- Understanding the goals and challenges of local jurisdictions

CARB LGOP Protocol and ICLEI Tools Career Experience

- Advantage of learning tools
- Training and calculating GHG Inventories as it relates to skill building and career development



Thank you to the Jurisdictional Staff and Graduate Interns



City of Capitola:

- **John Akeman**, Associate Planner
- **Steve Jesberg**, Public Works Director
- **Sky Lantz-Wagner**, MIIS

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- **Rachel Zack**, University of Pennsylvania

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- **Michael Ricker**, Water Resource Planner
- **Tyler Espinosa**, MIIS

Thank you

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Innovative Partnerships to Build Capacity for Community Well-Being

The Perspective from Old North Saint

Louis
OLD NORTH
SAINT LOUIS REGENERATION GROUP



Where is Old North Saint Louis?



Where is Old North Saint Louis?



Where is Old North Saint Louis?



Where is Old North Saint Louis?



Where is Old North Saint Louis?



Building Capacity to Address Community Well-Being



Old North St. Louis is an urban-core, historic neighborhood of approximately 90 blocks on the edge of Downtown St. Louis



The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being

Old North's approach to community well-being must be understood within the context of the comprehensive neighborhood revitalization strategy



Building Capacity to Address Community Well-Being

What do we see as components of Community Well-Being?

Among many factors...

- (1) Decent, affordable housing for all income levels;
- (2) Safe and attractive streets, sidewalks, parks...
all of the spaces outside of people's homes;
- (3) Access to basic necessities (especially food)
and other amenities within the neighborhood;
- (4) Accessible transportation to necessities outside
the neighborhood;
- (5) Strong & supportive bonds among residents of
the community.

Building Capacity to Address Community Well-Being

Old North Saint Louis Restoration Group



Established by neighborhood residents in 1981 with a mission to revitalize the physical & social dimensions of the Old North St. Louis neighborhood in a manner that respects the community's historic, cultural, and urban character.



The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being

Transforming the built environment



1400 block of Hebert, 2002



The Perspective from Old North St. Louis

Building a “Local Foods” Economy

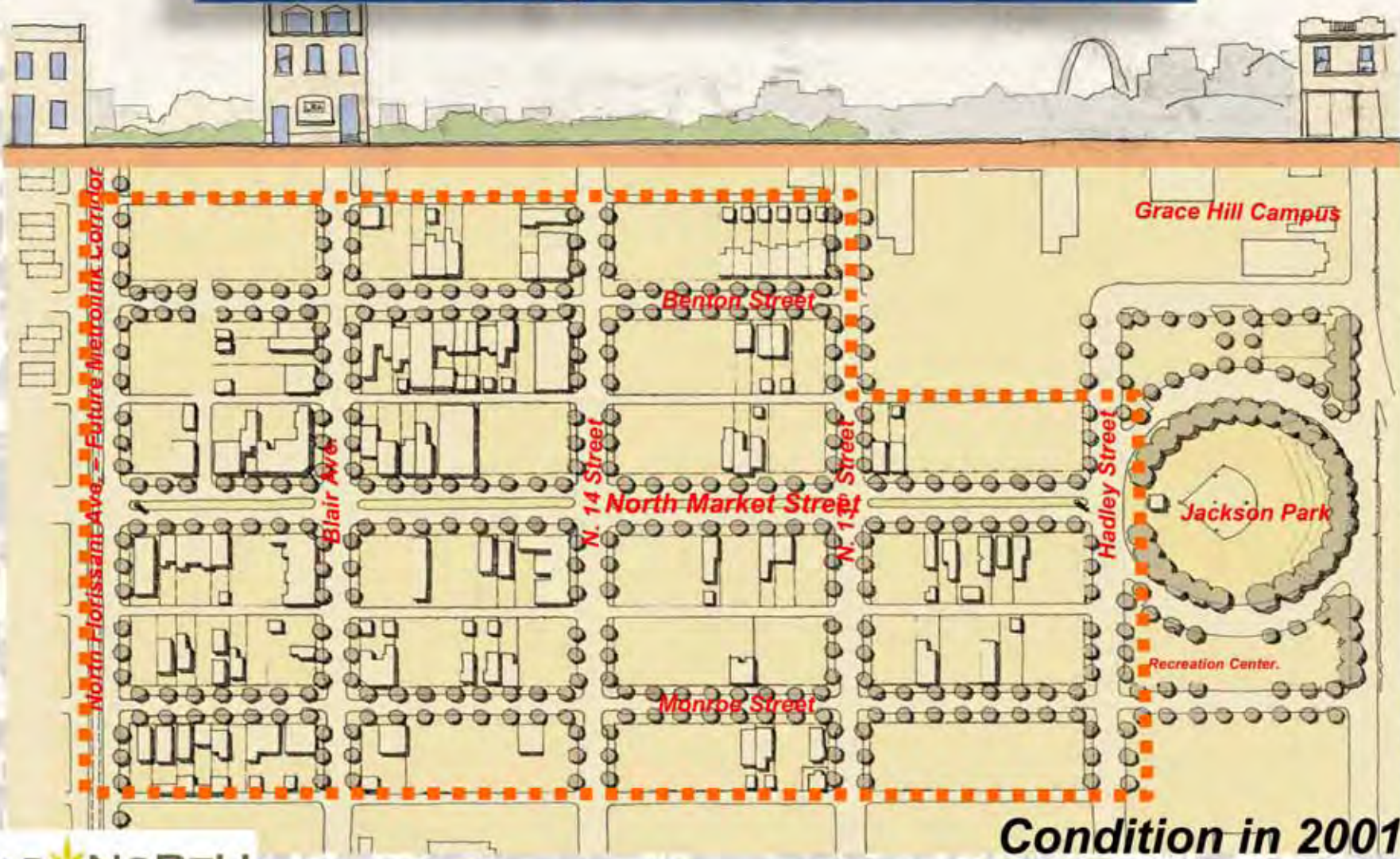
Transforming the built environment



1400 block of Hebert, 2008

Building Capacity to Address Community Well-Being

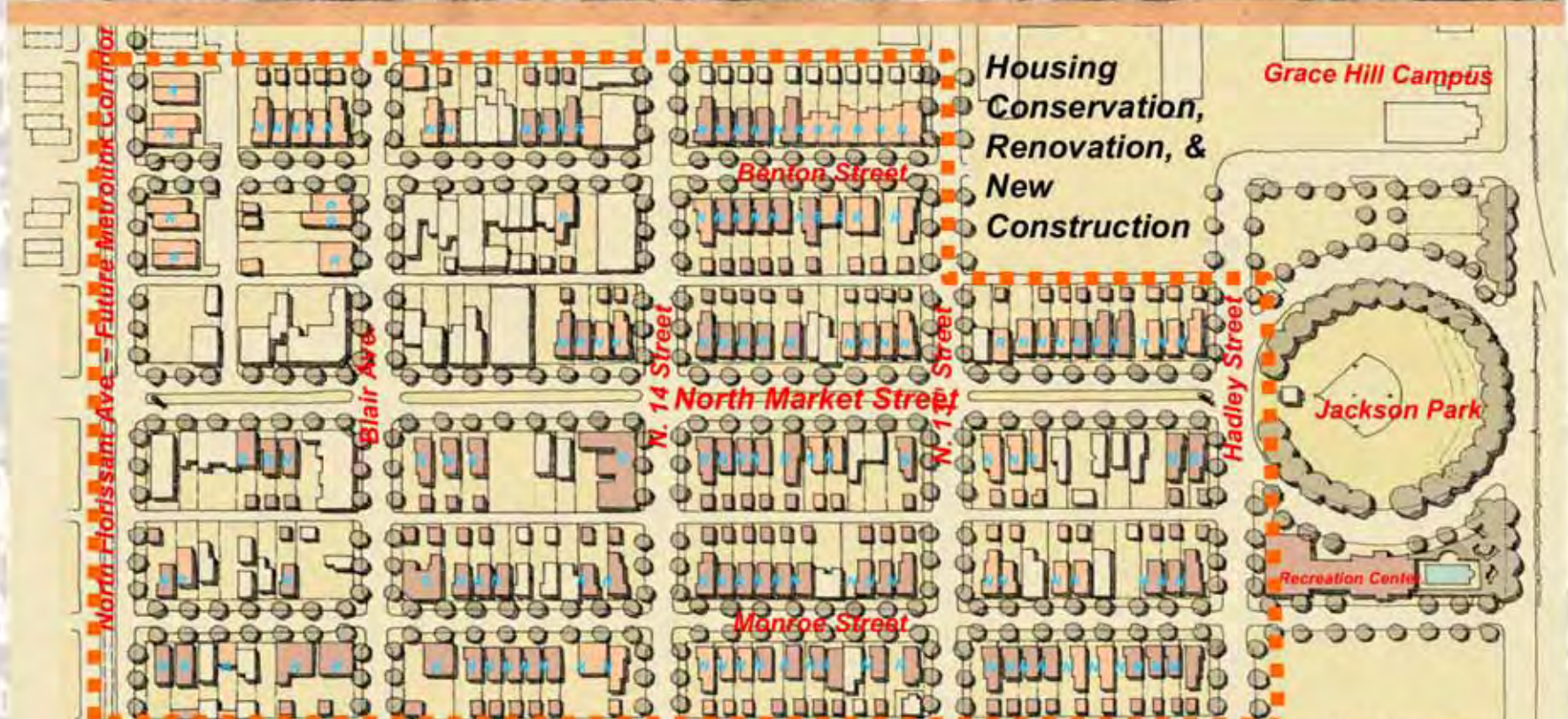
Transforming the built environment



Condition in 2001

Building Capacity to Address Community Well-Being

Transforming the built environment



Housing Conservation, Renovation, & New Construction

Grace Hill Campus

Jackson Park

Recreation Center

105 New Single Family Homes
53,000 Square Feet of Renovation
72 New Apartment Dwellings

Housing Conservation – Potential Home Repair
 Privately Owned Property
 Publicly Owned Property



The Perspective from Old North St. Louis



Building Capacity to Address Community Well-Being

Transforming the built environment



Building Capacity to Address Community Well-Being

Transforming the built environment



OLD NORTH
OLIVE JONES PRESBYTERIAN CHURCH

The Perspective from Old North St. Louis

RHCDA
Regional Housing and Community Development Alliance

Building Capacity to Address Community Well-Being

RHCDA
Regional Housing and Community Development Alliance



Transforming the built environment

OLD NORTH
CENTURY SOUTH REDEVELOPMENT LEADERS

The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being



Transforming the built environment



The Perspective from Old North St. Louis



Building Capacity to Address Community Well-Being



Transforming the built environment

OLD NORTH
CENTURY SOUTH REDEVELOPMENT LEADERS

The Perspective from Old North St. Louis

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Regional Housing and Community Development Alliance

Building Capacity to Address Community Well-Being

1436 Monroe, 2006



Transforming the built environment

OLD NORTH
CENTURY HOMES REDEVELOPMENT GROUP

The Perspective from Old North St. Louis

RH CDA
Regional Housing and Community Development Alliance

Building Capacity to Address Community Well-Being

Transforming the built environment



OLD NORTH
CENTURY SOUTH REDEVELOPMENT LEADERS

The Perspective from Old North St. Louis

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Regional Housing and Community Development Alliance

Building Capacity to Address Community Well-Being

Transforming the built environment



OLD NORTH
URBANTOWN DEVELOPMENT GROUP

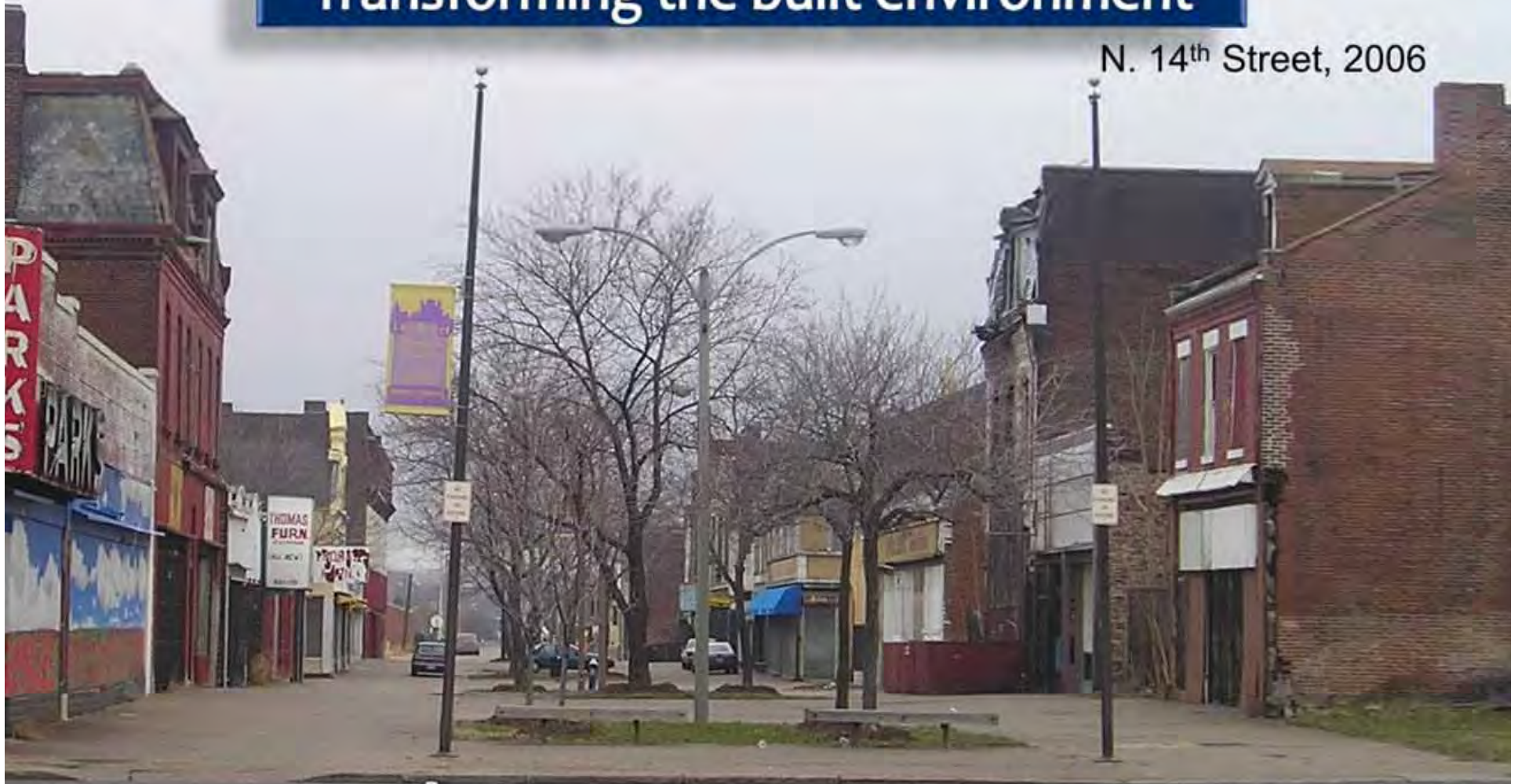
The Perspective from Old North St. Louis

RHCDA
Regional Housing and Community Development Alliance

Building Capacity to Address Community Well-Being

Transforming the built environment

N. 14th Street, 2006



OLD NORTH
CENTURY SOUTH REDEVELOPMENT LEADERS

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Building Capacity to Address Community Well-Being

Transforming the built environment

N. 14th Street, 2012



OLD NORTH
CENTURY SOUTH REDEVELOPMENT LEADERS

The Perspective from Old North St. Louis

RHCDA
Regional Housing and Community Development Alliance

Building Capacity to Address Community Well-Being



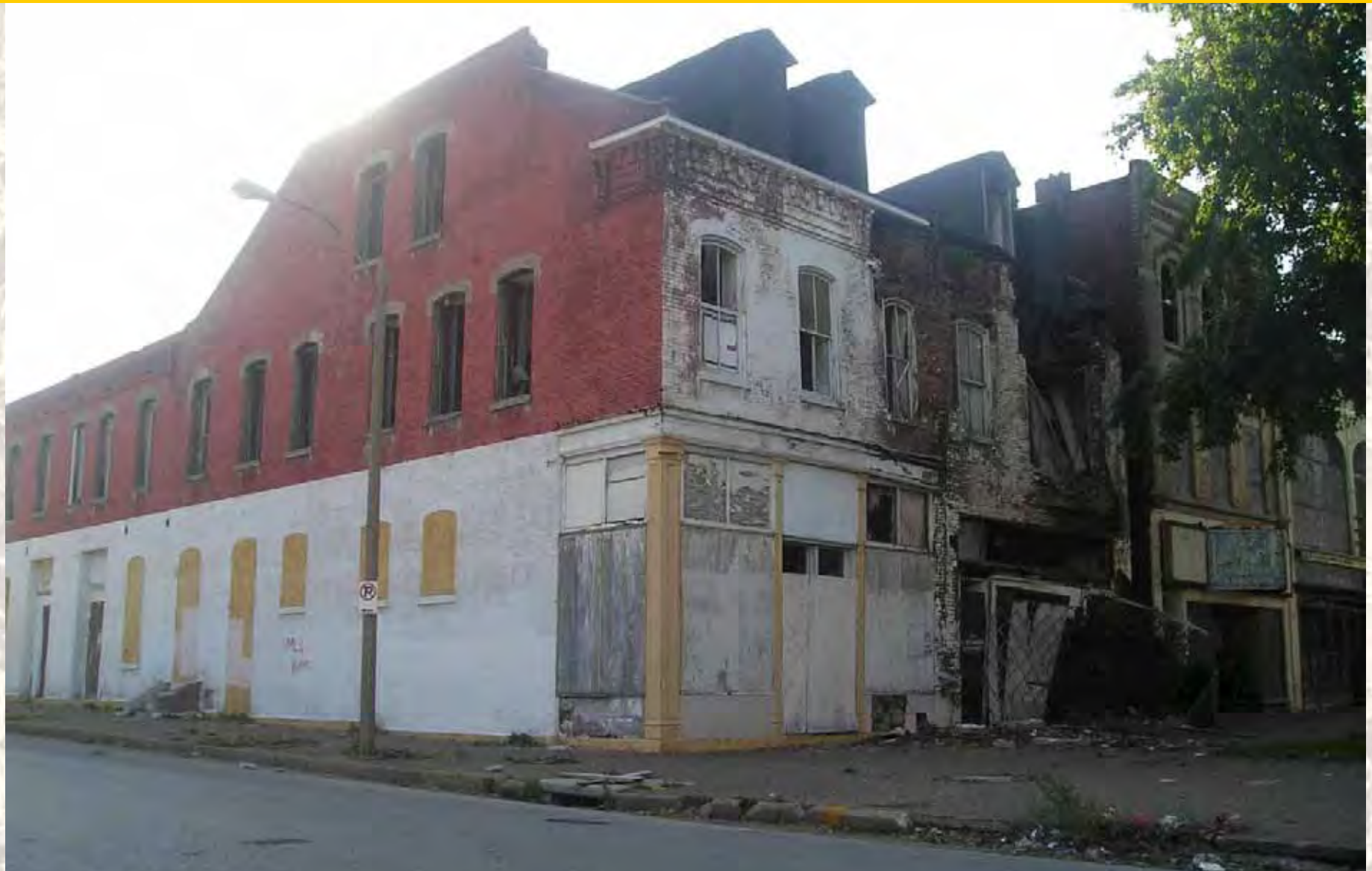
OLD NORTH
CENTURY SOUTH REDEVELOPMENT BOARD

Settled mostly by German immigrants

The Perspective from Old North St. Louis

RHCDA
Regional Housing and Community Development Alliance

Building Capacity to Address Community Well-Being



Building Capacity to Address Community Well-Being

Transforming the built environment



OLD NORTH
CENTURY SOUTH REDEVELOPMENT CORP.

The Perspective from Old North St. Louis

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Regional Housing and Community Development Alliance

Building Capacity to Address Community Well-Being

Transforming the built environment: Community

Gardens



The Perspective from Old North St. Louis



Building Capacity to Address Community Well-Being

Innovative Partnerships

Partnerships with **University of Missouri-St. Louis** and **University of Missouri-Extension**:

- Consulting / research by faculty & staff;
- Support from “Community Building Fellows”
- Connections / referrals to other partners and sources of support...
- & much, much more

UNIVERSITY OF MISSOURI
 **Extension**
Live. And Learn.



OLD NORTH
OLD NORTH ST. LOUIS

The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



UNIVERSITY OF MISSOURI
 **Extension**
Live. And Learn.

Lee
Farms, LLC 



MFH
MISSOURI FOUNDATION FOR HEALTH

OLD NORTH
OLIVE JONES REDEVELOPMENT AUTHORITY

The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being

Heart disease

- Physical inactivity, obesity and overweight, diabetes
- Disparity Ratio: 1.1

Source: City of St. Louis Department of Health, 2007 Report



Building Capacity to Address Community Well-Being

Diabetes

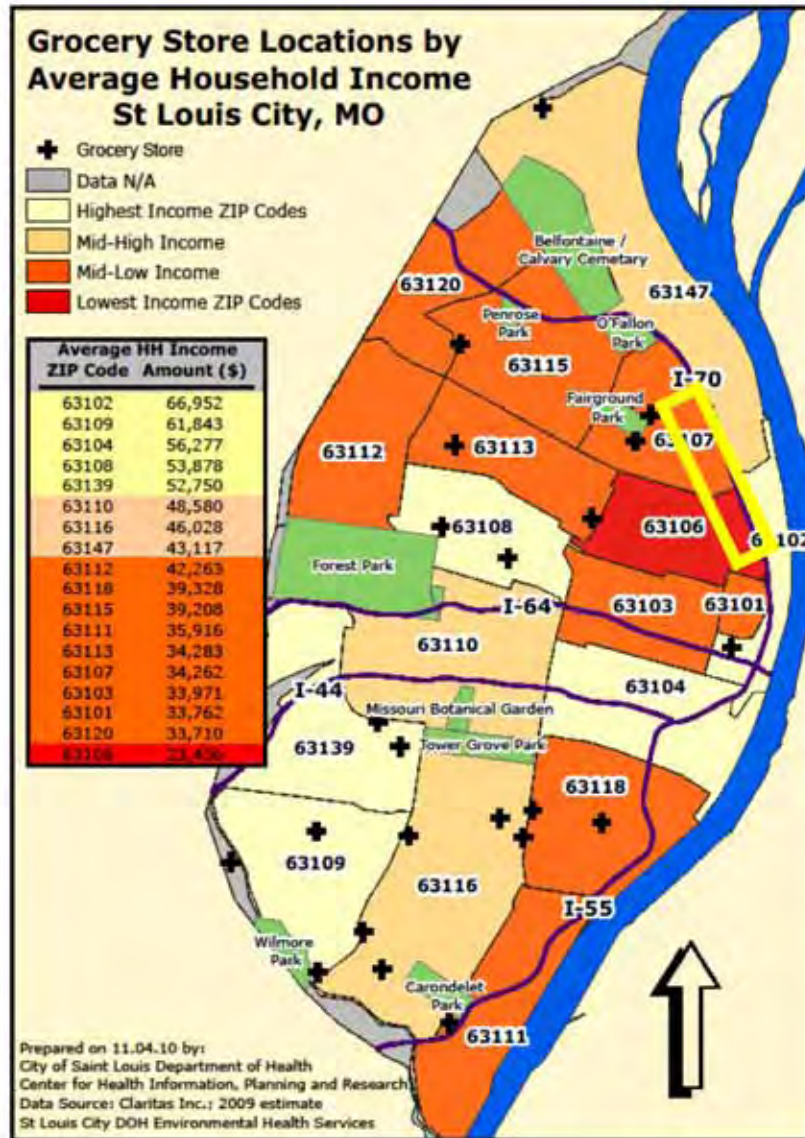
- Diet, physical inactivity
- Disparity Ratio: 1.7

Source: City of St. Louis Department of Health, 2007 Report



Building Capacity to Address Community Well-Being

St. Louis City Food Deserts



Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods

Grocery stores that area only a few minutes by car is not bad, **except when you don't have a car.**

- 41% of all households in Census Tract 1266 do not have access to a car;
- 49% of the renters within this Census Tract do not have access to a car.

Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



Food options in Old North prior to Old North St. Louis Restoration Group's Comprehensive Healthy Foods Strategy



Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



The Perspective from Old North St. Louis



Building Capacity to Address Community Well-Being

**North City Farmers' Market
2007-Present**



Increasing Access to Healthy & Affordable Foods



The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



North City Farmers' Market, 2007-Present



OLD NORTH
OLD NORTH PRESERVATION SOCIETY

The Perspective from Old North St. Louis

MFH
MEDICAL FOUNDATION FOR HEALTH

Building Capacity to Address Community Well-Being



AT THEIR PEAK
The Best Loved Farmers Markets in America

America's Favorite Farmers Markets™ Top 20

America's Favorite Farmers

King George Farmers Market, King George, VA
 Lansdowne Farmers Market, Lansdowne, PA
 Glenwood Sunday Market, Chicago, IL
 Farmers Market at Attleboro Farms, North Attleboro, MA
 San Francisco Farmers Market at Crocker Galleria, San Francisco, CA
 Jim Thorpe Farmers Market, Jim Thorpe, PA
 Medford Lakes Farmers Market, Medford Lakes, NJ
 Westside Farmers Market, Rochester, NY
 Cook Area Farmers Market, Cook, MN
 Bordentown City Farmers Market, Bordentown, NJ
 I 4 and U Farmers Market, Washington, DC
 Cabool Area Farmers Market, Cabool, MO
 Farmers Market in Hershey, Hummelstown, PA
 Chelmsford Farmers Market, Chelmsford, MA
 Bloomingdale Farmers Market, Washington, DC
 Stuart Farmers Market, Stuart, VA
 Ruston Farmers Market, Ruston, LA
~~Burrillville Farmers Market, Burrillville, RI~~
 North City Farmers Market, St. Louis, MO
 Home Grown Market, Fairbanks, AK

BOUTIQUE



Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



**13th Street Community Garden
2009-Present**



The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



13th Street Community Garden, 2009-Present



The Perspective from Old North St. Louis



Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



**Community Supported Agriculture (CSA), with Lee Farms, 2009-
Present**



The Perspective from Old North St. Louis



Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods

Primary geographic focus for Old North Grocery Co-op



- 1 – Old North St. Louis
- 2 – Hyde Park
- 3 - St. Louis Place
- 4 – Carr Square
- 5 – Columbus Square
- 6 – Near North Riverfront

Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods

Investing a lot of time in planning and discussing with the community



Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods

Availability of a strategically located & accessible building is key



Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



A committed & reliable volunteer base of community residents is crucial



The Perspective from Old North St. Louis



Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods

Support from respectful outside partners with resources

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STL North LLC
(property owner)

Lee Farms, LLC 



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MISSOURI FOUNDATION FOR HEALTH

OLD NORTH
BEING BUILT REIMAGINED

The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



Opening day for the Old North Grocery Co-op, July 17, 2010



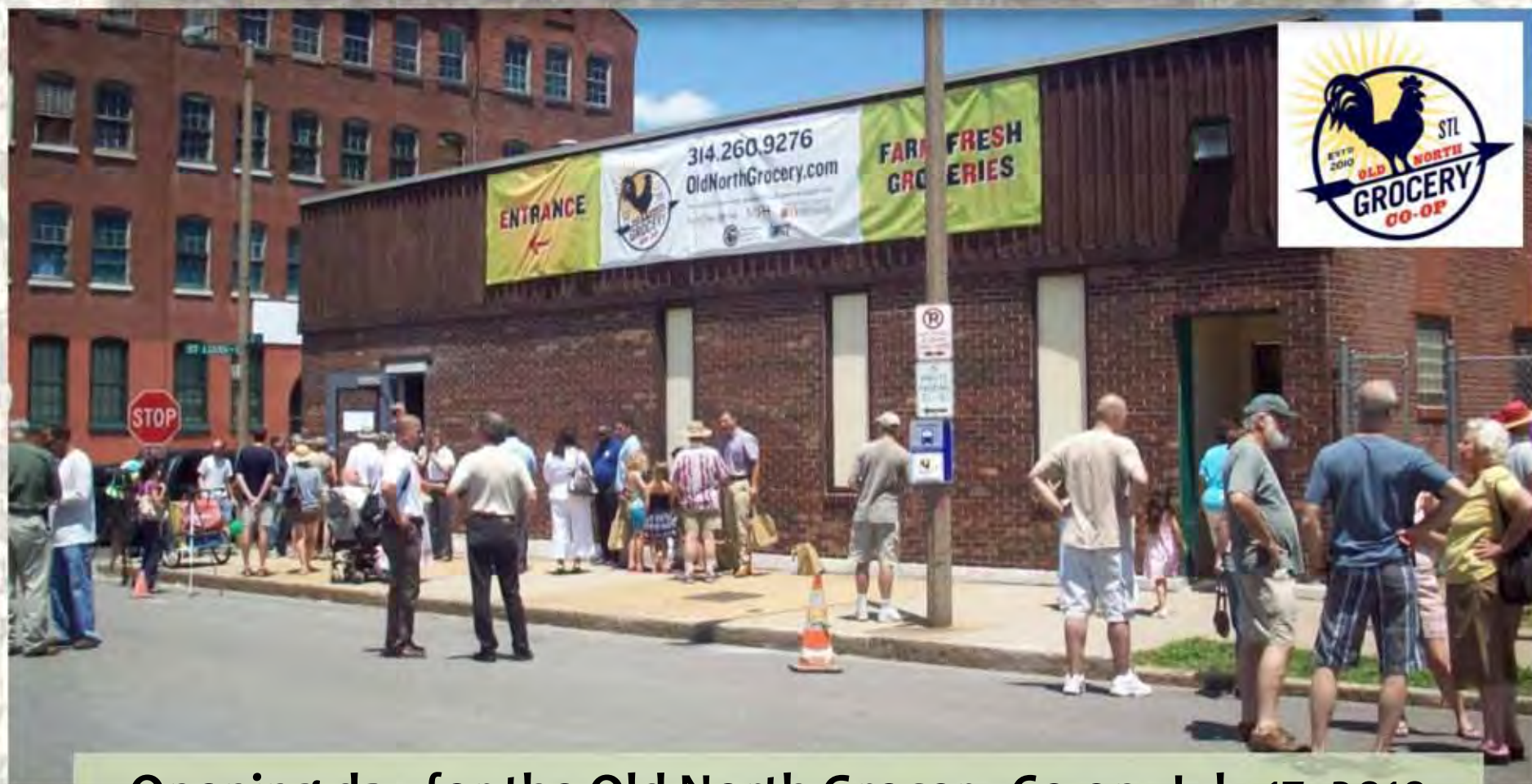
OLD NORTH
FRESH FOODS. BETTER LIVES.

The Perspective from Old North St. Louis

UNIVERSITY OF MISSOURI
Extension

Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



Opening day for the Old North Grocery Co-op, July 17, 2010

Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



Postscript: Ongoing improvements inside & out



The Perspective from Old North St. Louis



Building Capacity to Address Community Well-Being

Increasing Access to Healthy & Affordable Foods



Building Capacity to Address Community Well-Being

**Accessible transportation to necessities
outside the neighborhood**



Building Capacity to Address Community Well-Being

**Accessible transportation to necessities
outside the neighborhood**



OLD NORTH
EXISTING SOUTH REDEVELOPMENT SCENE

The Perspective from Old North St. Louis

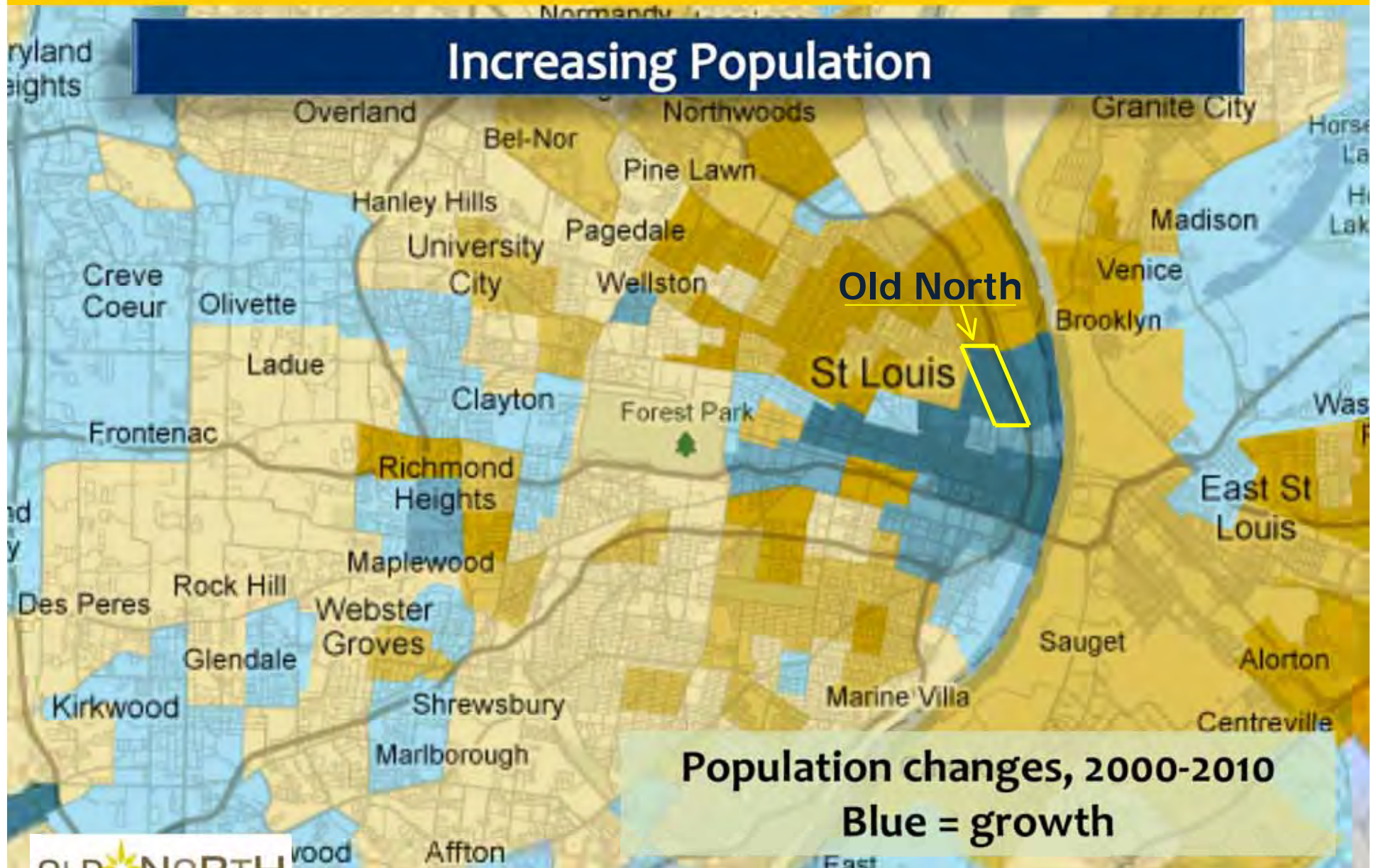
Growth in Old North's population, 2000-2010

+28%



Building Capacity to Address Community Well-Being

Increasing Population



The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being

In the end, it's all about building a strong, viable, & sustainable community



OLD NORTH
OLIVE JAMES REDEVELOPMENT AUTHORITY

The Perspective from Old North St. Louis

Building Capacity to Address Community Well-Being

For more information, please feel free to contact

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Old North Grocery Co-op:

www.OldNorthGrocery.com

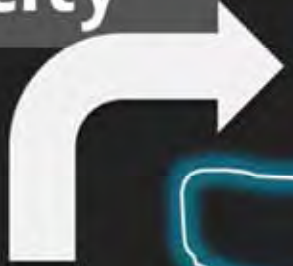
North City Farmers' Market:

www.ONSL.org/northcityfarmersmarket

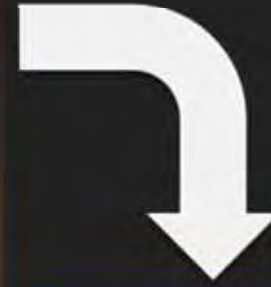


The Perspective from Old North St. Louis

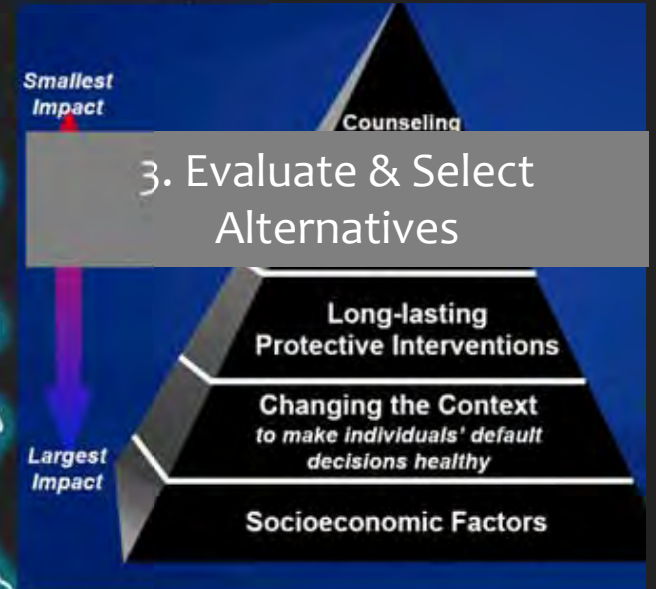
Building Capacity



2. Generate Alternatives



1. Identify the Problem



4. Implement Solutions



Innovative Partnerships

NATIONAL PREVENTION COUNCIL

“A prevention-oriented society can be supported by integrating health and health equity criteria into community planning and decision making, where appropriate; **maintaining a skilled, cross-trained, and diverse prevention workforce.**”

“Integrate health criteria into decision making, where appropriate, across multiple sectors. Communities can be designed to increase physical activity, decrease motor vehicle and pedestrian injuries and fatalities, improve air quality, and reduce greenhouse gas emissions. Providing affordable, accessible transportation options and safe and navigable streets helps people, especially older adults, people with disabilities, and those with low incomes, to live safely in their communities, reach essential destinations (e.g., grocery stores, schools, employment, health care, and public health services), and lead more rewarding and productive lives.”

How do we replicate these examples?

How do we meet the growing need for people skilled to do this work?

How do we impact both the current and future community design and public health workforce to build these innovative partnerships to address community wellbeing?

National Prevention Strategy

AMERICA'S PLAN FOR BETTER HEALTH AND WELLNESS



<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>

TRAINING A BUILT ENVIRONMENT AND PUBLIC HEALTH 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. ... 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.”

Related Articles

A Model Curriculum for a Course on the Built Environment and Public Health Training for an Interdisciplinary Workforce

Nisha D. Boudewyn, PhD, Susan E. Hasson, MPH, Andrew L. Dannenberg, MD, MPH, Karen G. Mumford, PhD, Cheryl B. Conant, PhD, Tracy E. McMillan, PhD, MPH, Richard J. Jackson, MD, MPH, Kowell Lopez, PhD, Gerda Winkler, PhD

Abstract 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. Professors, networking and Internet-based searches in 2007 led to the identification of six primarily graduate-level courses in the U.S. that address the divide between the built environment and public health. Common content areas in most of the identified courses included planning and public health, health disparities, interdisciplinary approaches, air and water quality, physical activity, social capital, and mental health.

Instructors of these courses collaborated on course content, assignments, and evaluations to develop a model curriculum that follows an active learning and self-directed approach to course design. The proposed model curriculum is adaptable by both planning and public health departments to promote interdisciplinary learning. Results from four students gain planning and public health perspectives through this instruction, benefiting from active learning opportunities. Faculty implementation of the proposed interdisciplinary model curriculum 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.

Am J Prev Med 2009;35(3):368-371. © 2009 American Journal of Preventive Medicine

Introduction

A century ago, planning and public health professionals worked together to protect the public’s health and prevent the spread of disease by developing zoning laws to influence the built environment.¹ However, the disciplines soon diverged: public health followed a clinical model, and planning focused

on policy development and physical form. These two fields are re-converging because many chronic diseases are associated with both the built environment and the individual behaviors that cumulatively lead to negative health outcomes.²⁻⁵

Traditionally, planning and public health are taught and practiced with little coordination. Most community design and transportation planning decisions are made by urban planners, zoning board members, and city councilors— seldom by public health professionals. Most public health professionals have little contact with planning professionals, except in relatively narrow domains such as water and sewer infrastructure review processes. The model of social determinants of health and environmental health promotion describes health and disease outcomes resulting from the built environment and social context as well as community-level factors. These include infant and child health, obesity, cardiovascular diseases, diabetes, cancer, injuries, and

from the Departments of Urban and Environmental Planning and Public Health Sciences, University of Virginia (Boudewyn), Charlottesville, Virginia; the Department of Urban Planning and Policy, University of Illinois at Chicago (Hobson, Winkler), Chicago; Illinois the National Center for Environmental Health Disparities, CDC, the Department of Environmental and Occupational Health (Mumford), Tufts University; the Department of City and Regional Planning Program (Conant), Georgia Institute of Technology, Atlanta; Georgia; the Department of Molecular, Biomedical Science, of Public Health, University of California Berkeley (Jackson), Berkeley, California; and the Department of Environmental Health, Boston University (Lopez), Boston, Massachusetts.

Address correspondence and reprint requests to Nisha D. Boudewyn, PhD, University of Virginia, Campbell Hall, 130 East 900 East, Charlottesville VA 22904-4122. Email: ndb3@virginia.edu

The Expert Panel on Public Health and Community Design Cross-Sectoral Workforce Development

- ❖ 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*
- ❖ Supported by the *National Network of Public Health Institutes and the Centers for Disease Control and Prevention*



Community Design Participants

Academic	Practice
<p>American Institute of Architects American Institute of Certified Planners Association of Collegiate Schools of Architecture Association of Collegiate Schools of Planning Florida State University School of Urban and Regional Planning Georgia Institute of Technology School of City and Regional Planning Rutgers University School of Planning and Public Policy University of Arizona College of Architecture and Landscape Architecture University of Washington College of Built Environments</p>	<p>American Planning Association (APA) National Academy of Environmental Design (NAED) Planning Accreditation Board (PAB) Transportation Research Board (TRB) U.S. Green Building Council (USGBC)</p>



Public Health Participants

Academic	Practice
<p>American Public Health Association Institute of Medicine Association of Schools of Public Health Council on Education for Public Health Public Health Accreditation Board Public Health Functions Working Group Council on Linkages Between Academia and Public Health Practice Georgia State University Institute of Public Health University of Illinois at Chicago School of Public Health University of Washington School of Public Health</p>	<p>American Public Health Association (APHA) Centers for Disease Control and Prevention (CDC) (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) Convergence Partnership Health Commissioner from Summit County, Ohio Health Impact Project, Pew Charitable Trusts National Association of County and City Health Officials (NACCHO) National Board of Public Health Examiners (NBPHE) National Environmental Health Association (NEHA) National Network of Public Health Institutes (NNPHI) National Research Council (NRC) PeaceHealth Oregon Public Health Foundation (PHF) Public Health Institute of Metropolitan Chicago PolicyLink</p>



Expert Panel Charge



Recommend ways to ensure that current and future professionals in the public health, planning and design sectors are able to identify and respond to new and emerging opportunities and threats in the built environment that impact public health.

Five Principal Goals of the Expert Panel

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?

Workforce Development Challenges

Three pipelines that merit attention:

- ❖ Produce new, highly trained professionals (i.e. dual 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.



Immediate Response

- * Article *Journal of Public Health Management and Practice*
- * **Community Design and Public Health Primers**
www.bephc.com/resources/primers-online-trainings
- * **Glossary of Community Design and Public Health Terms** www.bephc.com/resources/glossary
- * **Expert Panel Report** www.bephc.com

Table Questions and Reporting

1. Share an example from your community where local academic institutions have partnered with city or state governments or other organizations to implement community health and sustainability projects? If so, who is involved in this partnership and what does this model look like compared to the IISC?
2. Where do you see academic institutions playing the greatest role in local, state and even federal efforts to improve community public health? What are the academic disciplines that are most needed in communities – public health, urban planning, public relations/communications?
3. What knowledge, skills, and abilities do new professionals in these related fields (including bachelors-level and graduate-trained professionals) need when they first emerge from school?
4. For professionals in both fields who have already completed their training:
 - 1) what are the specialty- or topic-areas they are most in need of additional training or continuing education: and
 - 2) what mechanisms would be most efficient and effective at rapidly and consistently filling these knowledge gaps and limiting the chances of similar gaps occurring in the future.