

# 2017 Spring AICP Exam Review

## Plan Making and Implementation (Part 3)

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**Georgia Chapter**

*Making Great Communities Happen*

# Overview

## 1. Social Justice

- Planning for diverse or underserved communities
- Social empowerment
- Organizational Models for Participation

## 2. Public Engagement

- Participation Methods
- Communication
  - Messaging
  - Media
  - Social Media

## 3. Health Planning

- Tools for planning healthy places

## 4. Public Health

- Health Determinants and Outcomes
- General Terminology

# 1. Social Justice

# Social Justice

According to Part A of the *AICP Code of Ethics*:

- We shall seek social justice by working to expand choice and opportunity for all persons, recognizing a special responsibility to plan for the needs of the disadvantaged and to promote racial and economic integration. We shall urge the alteration of policies, institutions, and decisions that oppose such needs.
- We shall always be conscious of the rights of others.
- We shall give people the opportunity to have a meaningful impact on the development of plans and programs that may affect them.
- Participation should be broad enough to include those who lack formal organization or influence.
- We shall educate the public about planning issues and their relevance to our everyday lives.
- We shall increase the opportunities for members of underrepresented groups to become professional planners and help them advance in the profession.
- We shall contribute time and effort to groups lacking in adequate planning resources and to voluntary professional activities.

# Social Empowerment

“Empowerment is essentially a capacity to define clearly one’s interests, and to develop a strategy to achieve those interests. It’s the ability to create a plan or program to change one’s reality in order to obtain those objectives or interests. Power is not a thing, it’s a process. In other words, you shouldn’t say that a group has power, but that, through conscious activity, a group can empower itself by increasing its ability to achieve its own interests.”

- Manning Marable, *Crisis of Color and Democracy 1992*

# What is Public Participation?

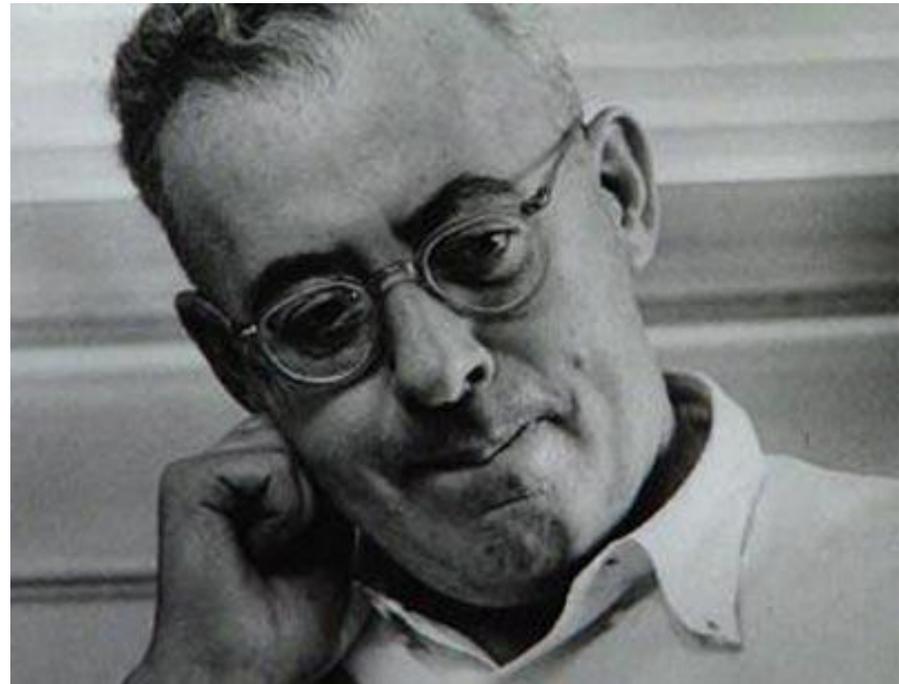
- The process by which **public concerns, needs, and values** are incorporated into **governmental and corporate decision making**. It's **two-way** communication and interaction, with the overall goal of **better decisions** that are **supported by the public** (Creighton p.7)
- Civic Engagement: Organized *voluntary* activity focused on problem solving and helping others.

# Organizational Models: Approaches to Participation

- Saul Alinsky – Alinsky’s Organizations
- Paul Davidoff – Advocacy Planning
- Sherry R. Arnstein – Ladder of Citizen Participation

# Saul Alinsky

- He envisioned an **organization of organizations.**
- “...It is a grave situation when a people resign their citizenship of when a resident...lacks the means to participate...The result is that he comes to depend on public authority and a state of civic-sclerosis sets in.”



# Paul Davidoff

- Advocacy planning assumes that there is no overall, common, or identifiable public interest to be served in planning.
- Planners must engage as professional advocates:
  - Speak out
  - Be ethical
  - Engage

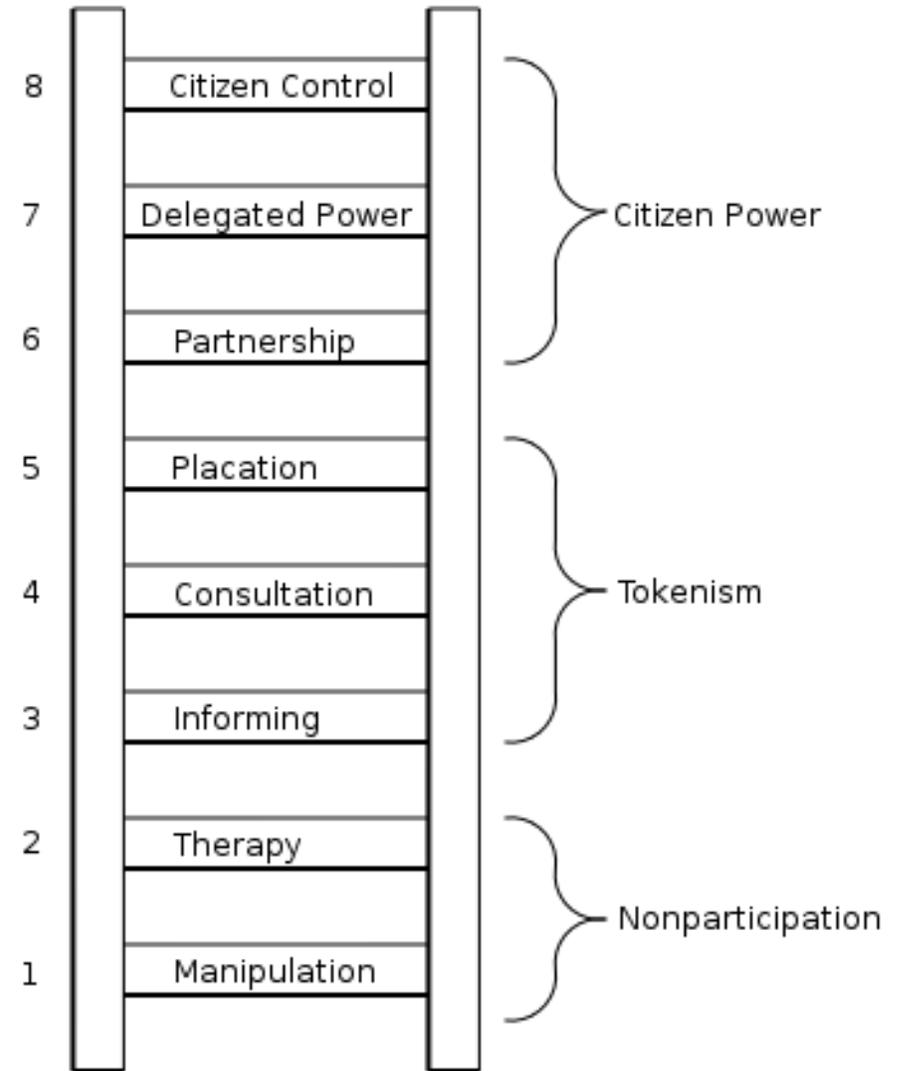


# Sherry R. Arnstein

- Citizen participation is a **categorical term for citizen power.**
- “...It is the redistribution of power that enables the have-not citizens, presently excluded from the political and economic processes, to be deliberately included in the future.”

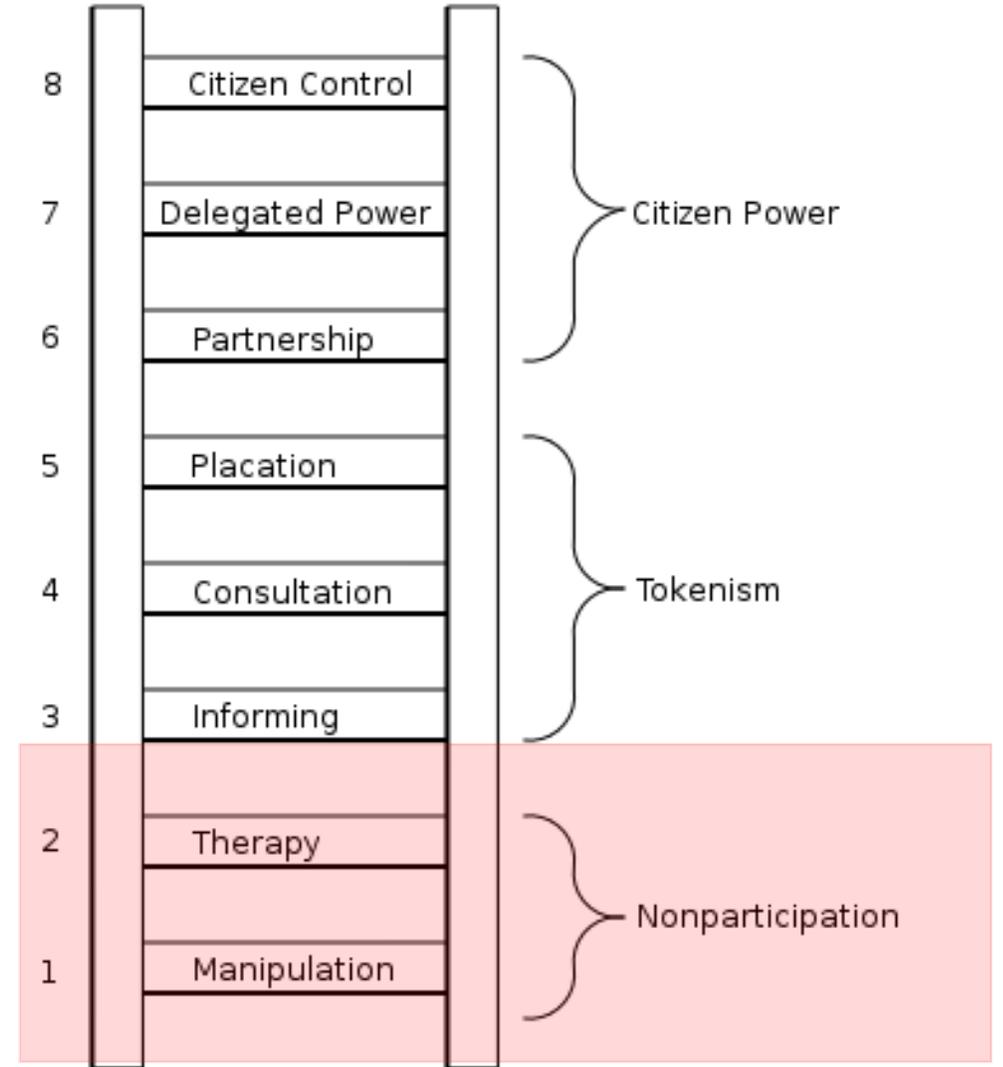


# Ladder of Citizen Participation



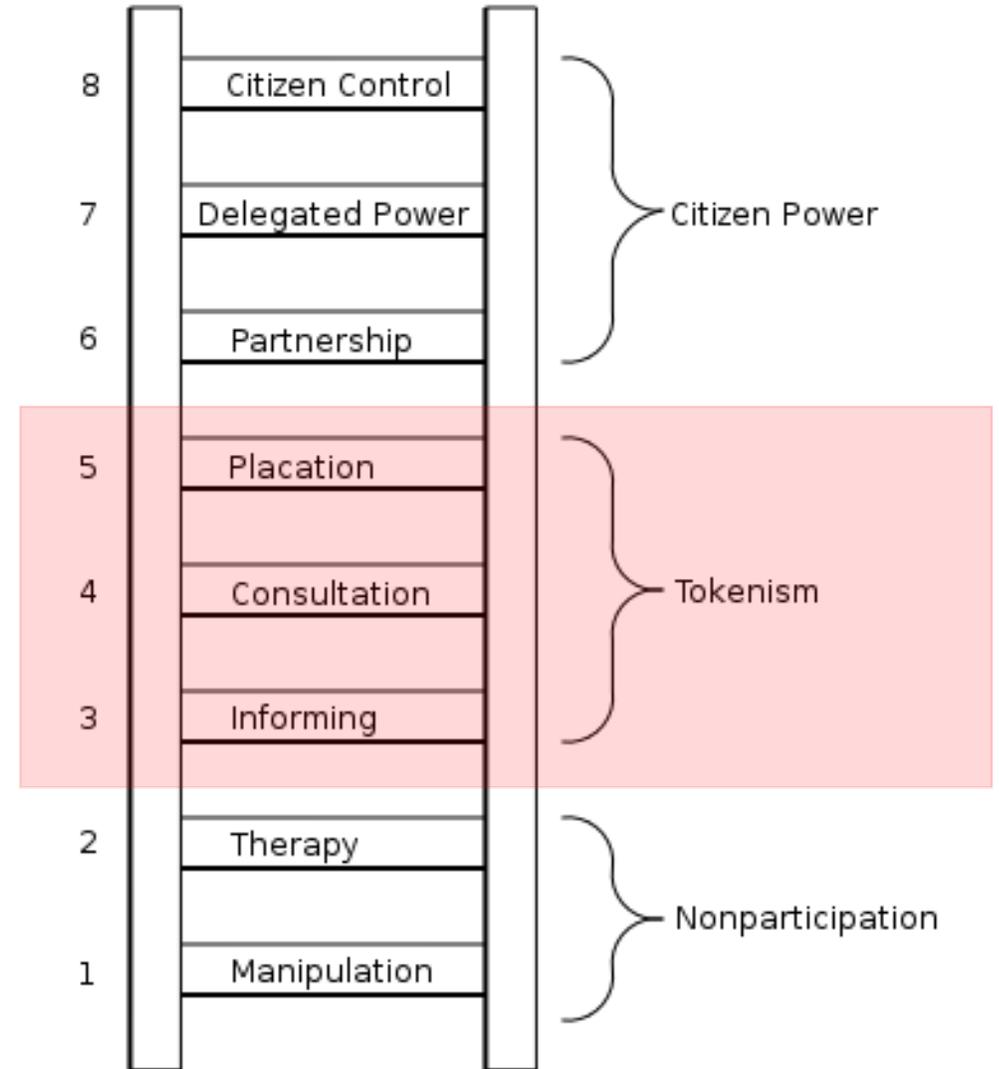
# Nonparticipation

- Objective: not to enable people to participate in planning or conducting programs, but to enable power holders to “educate” or “cure” the participants.
- Therapy
  - Citizens “cured” through action
- Manipulation
  - Citizens educated and informed through action



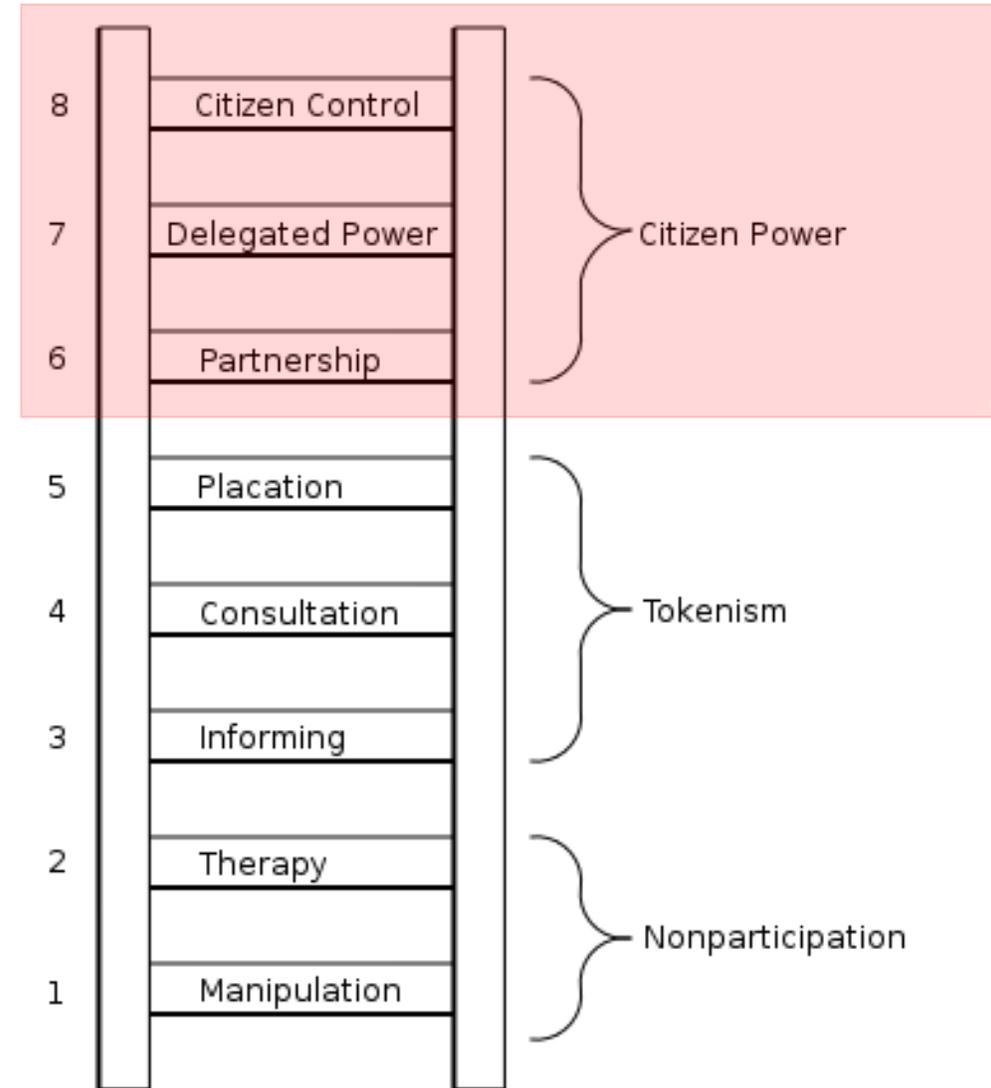
# Tokenism

- Objective: Allow the have-nots to hear and to have a voice...but no power to ensure their views are heeded by the powerful.
- Placation
  - Have-nots advise
- Consultation
  - Opinions sought
- Informing
  - Advised of rights & responsibilities



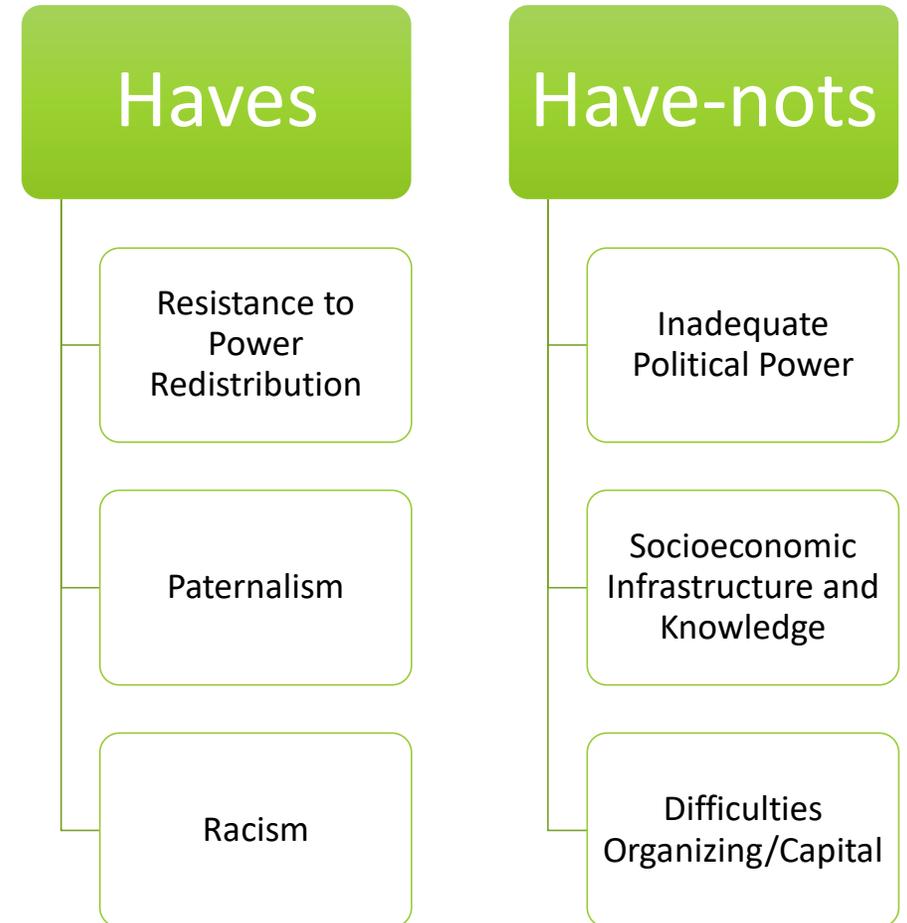
# Citizen Power

- Objective: Increased degree of decision-making clout.
- Citizen control
  - Citizens control program or an institution
- Delegated power
  - Officials give citizens power
- Partnership
  - Power is shared



# The Ladder Caveat: Roadblocks

- Myth of homogeneity
  - Communities that are similar have cross cutting interests and positions
  - Rather, communities are more heterogeneous than we often realize.



# Tensions in Participation

## Pros:

- Legitimacy
  - Democracy
  - Social Development
  - Civic Engagement
  - Faith in government
- Efficiency
  - Better decisions
  - Program adoption
  - Programs implemented

## Cons:

- Political oversight
- Stakeholder opposition
- Budget and staff limits
- Deadlines

# Responsibility of Planners

- Acknowledge personal values, beliefs, and biases
  - “Planning action cannot be prescribed from a position of value neutrality.”  
Paul Davidoff, 1965
- Form intentional relationships with underserved communities
  - Understand trust is necessary and can only be acquired through time
- Education
  - Training in community organizing, negotiation, lobbying, capacity-building skills, etc. – in order to increase **public participation**

# Helpful Resources

- Elaine Cogan. *Successful Public Meetings: A Practical Guide*. Chicago, APA Planners Press, 2000.
- James L. Creighton. *The Public Participation Handbook: Making Better Decisions Through Citizen Involvement*. San Francisco: Jossey Bass, 2005.
- Jones (1990) *Neighborhood Planning*,
- Nancy Roberts. "Public participation in an age of direct citizen participation." *American Review of Public Administration*. 34 (4, 2004): 315--353.
- *APA Communication Guide*



## 2. Public Engagement

# Public Engagement in Planning

Early 20<sup>th</sup> Century

Planning generally used a public component in its processes, but this involvement was relatively minimal.



1960s: Urban Problems

Increase in activism on many social issues

Citizens demand participation



Federal Legislation responds

Requires open processes in housing, transportation, and environmental programs, all with large planning components



1970s and beyond

Citizens came to expect more government accountability

Refused to accept the planning process as city hall privilege

# Purpose of Engagement

- Why is engagement important?
  - Accurately reflect neighborhood needs
  - Greater sense of ownership
  - Harder for others to ignore the plan
- Citizens have a right to participate in government
- Effective planning requires a knowledge of the political structure in a community

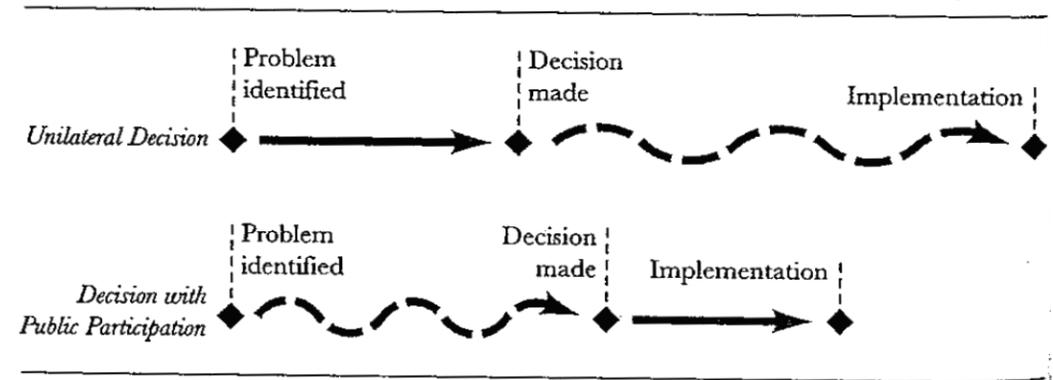
# Engagement in the Planning Process

- Traditional planning (unilateral, inefficient) procedures generally consider the direct input of communities in the final stages of a linear decision making process in which a staff prepares a plan and then attempts to “sell it” to various constituents.
- New (Democratic) approach is a collaborative process that involves citizens at early stages of the planning process.

# Unilateral Decisions = Inefficiency

- The traditional and 'inefficient process'
- Advertise in the legal notices
- Hold hearings at the seat of government during the work day
- Make presentations using technical language
- Representation is biased heavily toward affected interests
- Take testimony; do not engage in discussion
- Don't provide feedback

FIGURE 2.2. COMPARISON OF LENGTH OF TIME:  
UNILATERAL DECISION VERSUS PUBLIC PARTICIPATION.



# Democratic Citizen Engagement

## **1. Demystification**

Magic is taken out of planning and it becomes user-friendly

## **2. Deprofessionalization**

Not just professionals shaping the future of the neighborhood

## **3. Decentralization**

Decision making is not concentrated downtown

## **4. Democratization**

more people are involved directly in decision-making, especially those with a stake in the community's future (residents, business owners, civic institutions, etc.)

# Democratic Planning

- Planning
  - A process to learn about where you live, how to shape it for the better and how to sustain it for the long term.
  - Planning is an act of community participation and an expression of its belief in its future.
- Plan in two ways:
  - Proactively
  - Reactively



# Prepare for Engagement and Participation

- What are the issues? What is the planning process?
- What situational variables are at play?
  - History
  - Role of technical data or analysis
  - Communication patterns among parties
  - Power relationships
  - Resources for planning
  - External constraints
- What are the key decisions in the planning process?
- What information is needed from, or should be provided to participants at the time of each decision?
- Design participatory methods to provide what input or education is needed at each key decision point.

# Methods of Participation

- Presentations and workshops
- Citizen surveys
- Public meetings
- Media
- Official meetings
- Special events
- Interest groups

# Achieving Participation

## Outreach

- Personal Contact
- Media
- Field Office/Drop-in Center
- Utilize existing organizations
- Displays at key settings

## Mediated Participation Methods

- Large Community Meetings
- Small living room meetings
- Open house
- Workshops

## Data Collection

- Responsive Publication
- Individual Interviews
- Informal Consultation
- Direct observation
- Activity Log
- Behavioral Mapping
- Advisory Committee
- Walking tour
- Surveys

# Information Sharing

- Hi-Tech
  - E-government
  - Web summaries
  - Wikis
  - Web comment, discussions, etc.
- Low-tech
  - News letters
  - Bulletin boards
  - Community presentations

# *Effective* Communication

## Messaging:

- In order to be effective, messages should meet the following criteria:
  - Messages are enduring, long-lasting statements that should remain consistent regardless of the specific situation.
  - Messages should create an environment and a belief system among key audiences that will create support for planning and planners.
  - Messages should have two layers to be effective tools for communication – the **key message** and supporting **proof points**

# Proof Points

- Messages alone cannot tell the entire story. Proof points can:
  - Localize messages to important issues in the community
  - Emphasize what planners do and how the public perceives their role
  - Be factual statements about the actual and perceived benefits of planning such as a startling statistic, an anecdote, an endorsement of planning from an allied group, or an amplification of the core statement.

# Examples:

- Message: Exercise is critical to maintaining health.

## Proof Points:

1. Studies have shown that individuals who exercise at least 30 minutes a day will live on average four years longer than those who are sedentary.
  2. For every two hours a woman spends watching television each day, she has a 23 percent higher risk of becoming obese and 14 percent higher risk of developing diabetes.
- Message: Obey the speed limit.
    1. Speeding is a factor in 30 percent of all fatal crashes, killing an average of 1,000 Americans every month.
    2. When a car increases speed from 40 to 60 mph, the energy released in a crash more than doubles.

# Benefits of Messages and Proof Points:

- Gives you a strategic framework for communications about your projects or issues
- Provides you with answers for the very tough questions
- Brings consistency to how you communicate about a project or issue
- Provides a basis for press releases, written materials, web content, and presentations
- Ensures that everyone in your organization speaks with the same voice

# Importance of the Media

- The media provides one of the most effective, far-reaching, and credible ways to reach broad audiences with information about the work of planners.
- Proactive and Reactive Media:
  - Reactive: A reporter will call you about a story he or she is working on to get information, fact check, or to obtain a quote for the story.
  - Proactive: You contact a reporter about a story he or she might be interested in writing.

# Cultivating Relationships with the Media

- Become a resource
  - Do not wait for a reporter to call, be proactive and contact a reporter to introduce yourself
- Establishing a relationship with a reporter
  - Schedule a background briefing
  - Set up a meeting at your office or at a location affected by a plan or zoning change. Going to the location often adds valuable context.
  - Provide handouts: background information, a map, a rendering, before and after photos, etc.

# Preparing for a Media Interview

Keep the following points in mind:

- **Reporter's agenda:** Prior to calling you, the reporter has identified a story he or she wants to write. The reporter has made a list of people he or she plans to interview and has a good idea what these individuals will contribute to the story.
- **Your agenda:** You also have an agenda — perhaps it is information about a new master planning process, zoning update, or the planning perspective about the story the reporter is writing.
- **Prepare and practice:** Before getting on the phone with the reporter prepare your key messages, and practice saying them to a colleague or alone in your office. Have a coworker ask you a couple of practice questions. Practicing out loud will help you remember your key points.
- **Bridging:** Practice bridging techniques that you may need to use during an interview. Bridging allows a spokesperson to re-focus or re-direct the interview to what is most important, relevant, and critical by connecting back to your key messages. Remember, you do not have to answer every question you are asked.

# Social Media

- Connect and communicate with your key audience
- Opportunity for planners to increase public understanding of the planning profession itself
- Numerous platforms available
  - Research various platforms to see which are frequented by your target audience

# Social Media Strategies

- **Be informed.** Know your organization's code of conduct at all times, and follow it.
- **Be transparent.** Let the public know what's going on — take an open, honest stance on issues.
- **Be smart.** Keep confidential information off social media sites and never discuss private information online.
- **Be responsible.** Not only are you personally responsible for what you post, but your organization is responsible as well.
- **Be respectful.** Show respect for other posters and organizations, and be sure to respect copyright, fair use, and financial disclosure laws.
- **Be polite.** Avoid conduct that would not be acceptable in your organization's workplace — show consideration of others' privacy and feelings.
- **Be aware.** Ensure your profile and the content you post is consistent with your organizational goals.
- **Be informative.** Provide worthwhile, comprehensive information and fresh perspectives on topics.

## 3. Health Planning

# Health Planning

- Planning was rooted in the need to reduce congestion, improve public health, and support social reform in housing and sanitation.
- Rapid urbanization resulted in:
  - Overcrowded and poorly constructed housing
  - Noxious industrial and manufacturing uses
  - High levels of human and animal waste
  - Intensified outbreaks of infectious disease.
- Federal government responded to these issues through policy relating to zoning, housing, and transportation.
- Over time the professions diverged, with planner's focus more on land use and transportation than public health.

# Key Definitions

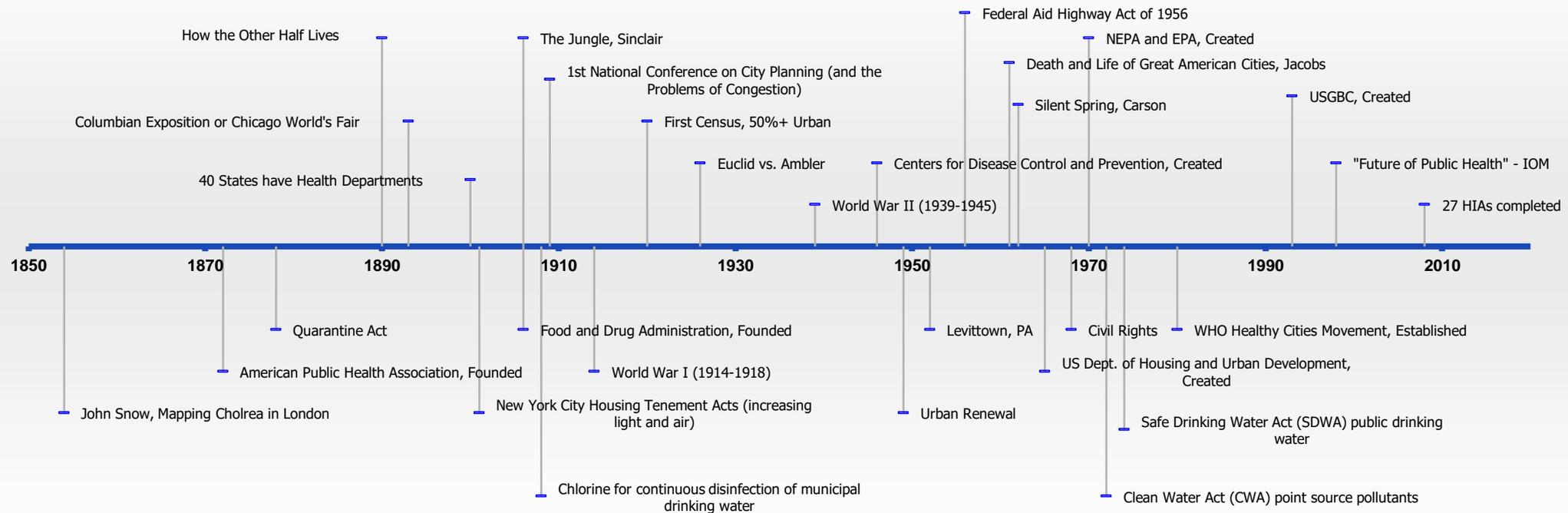
Health: The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (World Health Organization)

Built Environment: Settings designed, created, and maintained by human efforts – buildings, neighborhoods, public plazas, playgrounds, roadways, and more.

- Things that have been sited, designed, and constructed by people.
- It depends on supporting infrastructure systems for such necessities as energy, water, and transportation, so these systems – also a part of the built environment.

# Built Environment and Public Health

## Built Environment and Public Health Timeline



# Built Environment and Public Health

- Fields have begun to converge again as the ways the built environment is developed is increasingly linked to health outcomes.

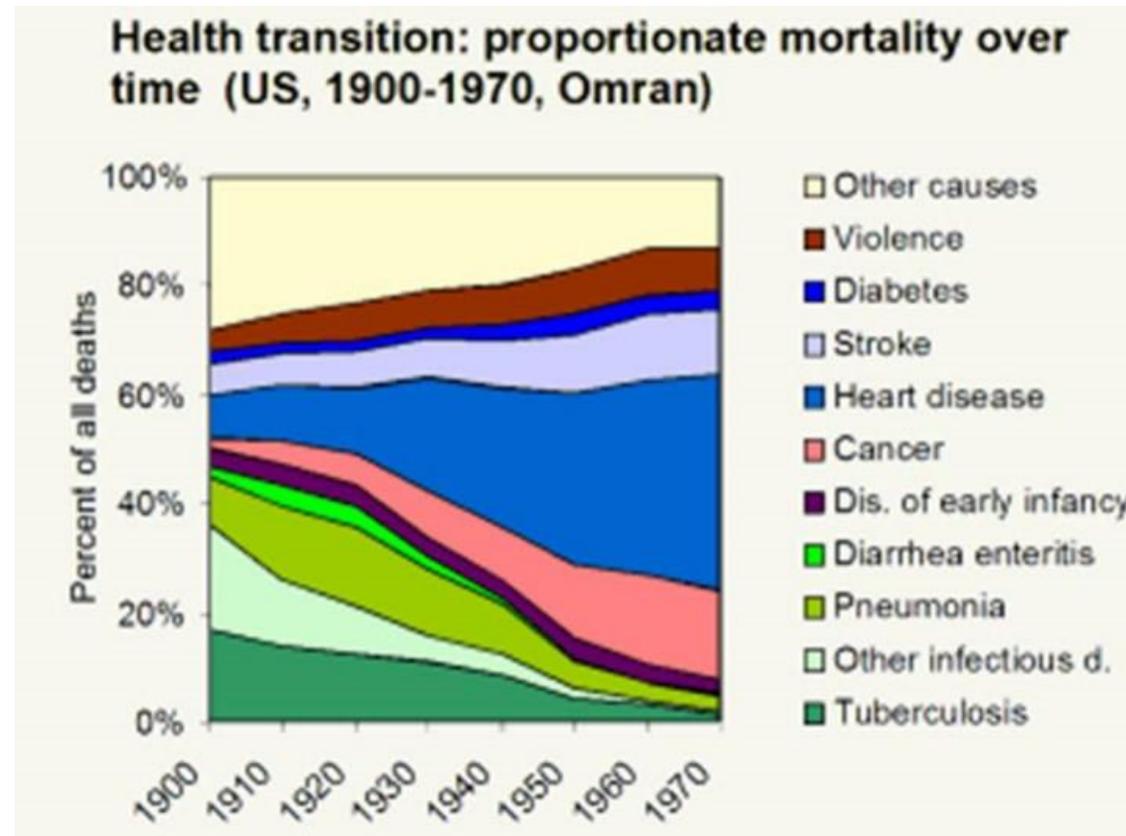
## Behavioral Approach



## Exposure Approach



# Epidemiologic Transition



# Healthy Community Design



**TRANSPORTATION ALTERNATIVES**



**PHYSICAL ACTIVITY SUPPORT**



**HEALTHY FOODS**



**HOUSING OPTIONS**



**SAFETY**



**SOCIAL ACTIVITY SUPPORT**

# Tools to Identify, Plan, & Maintain Healthy Places

- Growth Management: compact, mixed-use urbanism motivated by environmental sustainability.
  - Health is a new addition to the argument for GM.
- Zoning: police power of the city to regulate development
  - Conservation, inclusionary, and form based zoning
  - Subdivision regulations, special or conditional use permits, planned unit development
- Land-use: current and future land uses of a city or larger region, including transportation and public facilities
  - Public Meetings, charettes, etc. for public input
  - Density
  - Infill, brownfield development, TOD
  - New Urbanism, Traditional Neighborhood Design, Smart Growth
  - LEED, HIA

# Active Living

- Numerous factors have contributed to the increase in the rate of obesity and overweight in the U.S.
  - Diet and reliance on fast-food
  - Sedentary lifestyle
  - Location of neighborhoods that precludes walking, bicycling, or any mode of transportation other than automobile.

## Planning Strategies:

- Smart growth is directly supportive of goals to increase physical activity; specifically encouraging compact design, walkable neighborhoods, and the creation of more transportation options.
- Sidewalks, bike lanes, street furniture, recreational facilities
- Inclusion of health and activity policy, goals, and objectives in local comprehensive plan.

# Aging in Place

- Aging of America provides an extraordinary opportunity for planners to create plans and policies and help develop and redevelop communities that are more age friendly, and therefore, more livable.

## Planning Strategies:

- Land-Use
  - Integrating land use and transportation policy, transit-oriented development (TOD), Joint Use
- Transportation
  - Complete streets, pedestrian safety, rural access, human service transportation coordination, volunteer driver laws
- Housing
  - Affordability, building standards that promote accessibility, models to provide services at home.

# Environmental Justice

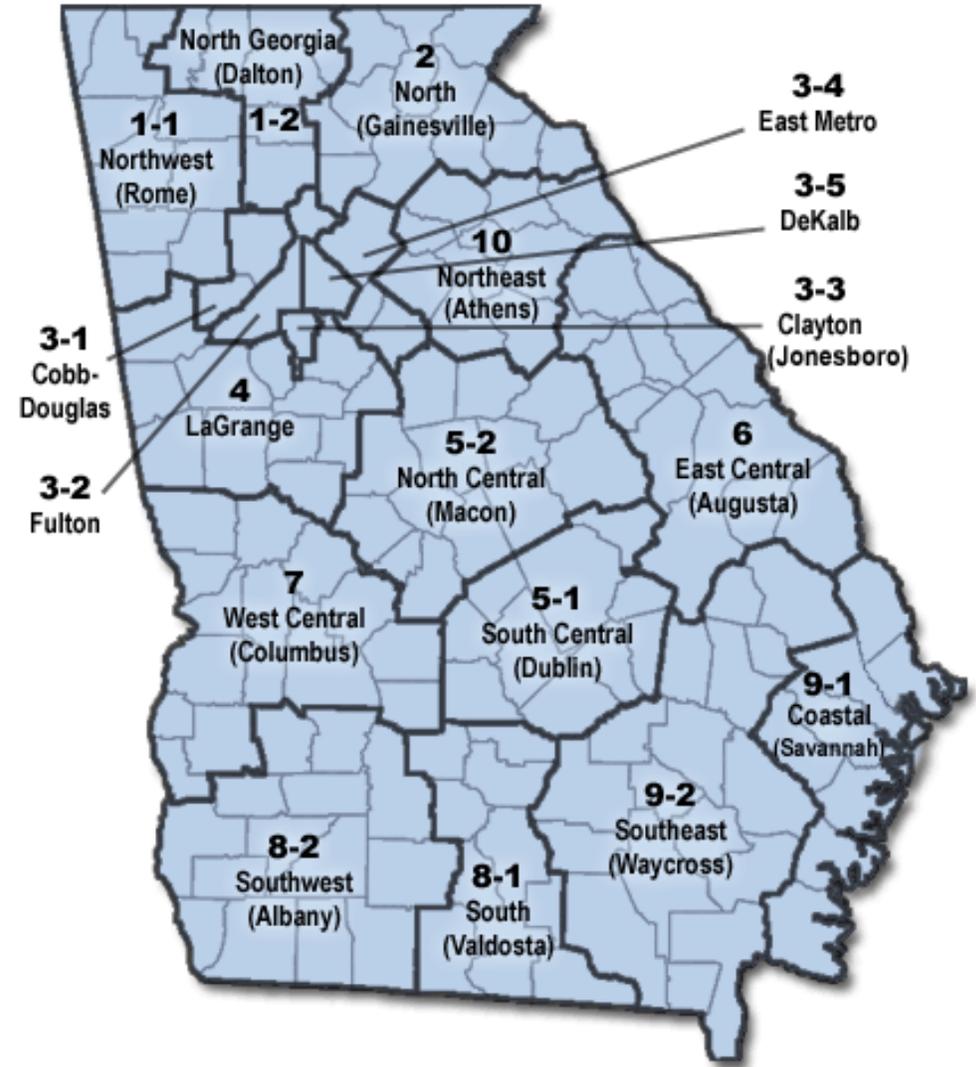
- Many factors that result in communities that may be underserved, under-resourced, and overburdened by pollution.

## Planning Strategies:

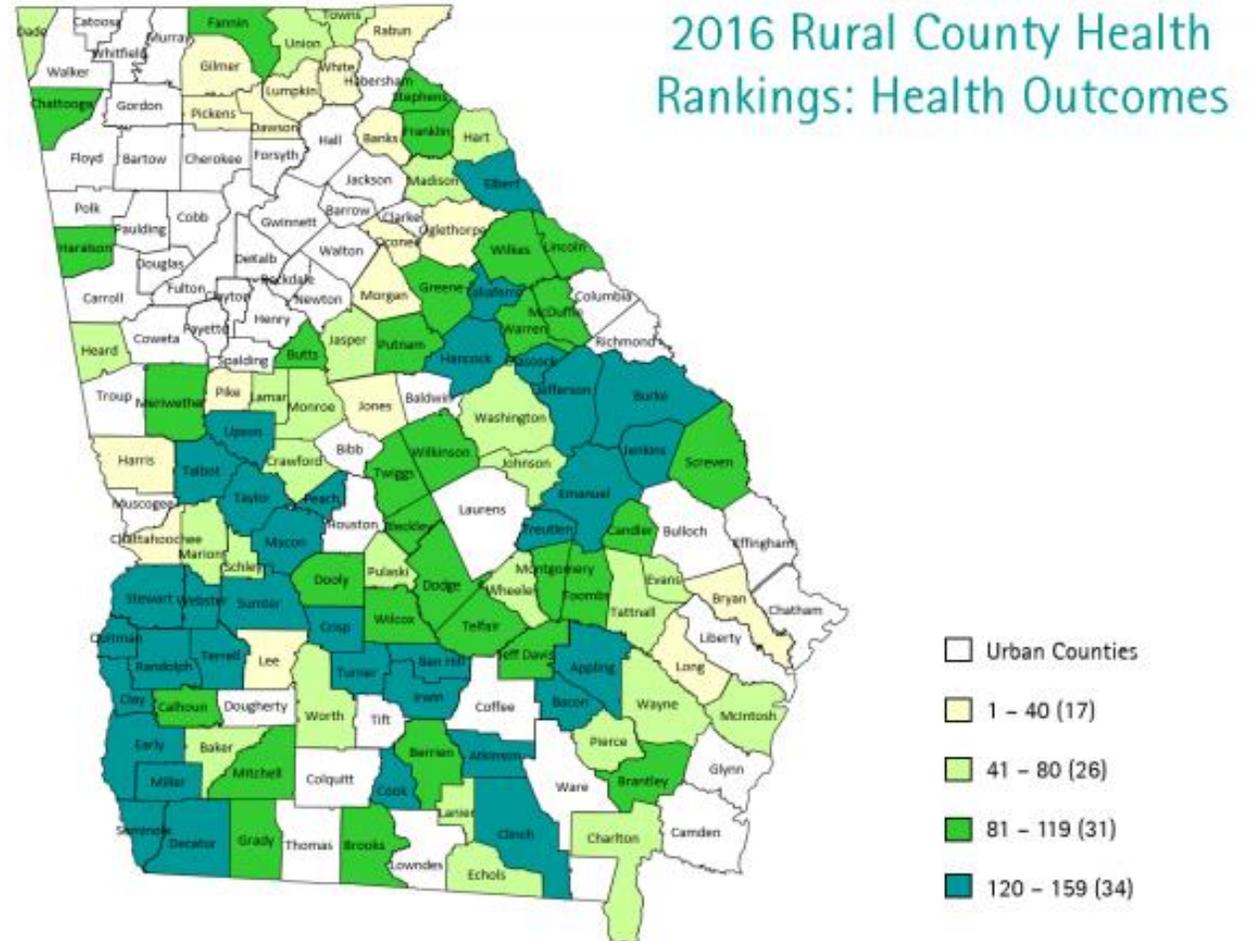
- Public Participation
  - Planning must seek out and consider the needs of those traditionally underserved by existing systems.
- Transportation
  - Focus on service equity, travel demand and forecasting, mobility options, and accessibility to jobs and services at regional transportation system level.
- Land-Use
  - Communities dealing with environmental concerns that were prompted by a failure to plan or a failure to enforce proper zoning.
  - Brownfield redevelopment

# Health Districts

- Health Districts are public entities that provide community-based care services to residents. They may include hospitals, clinics, nursing facilities or emergency medical services.
- The Georgia Department of Public Health (DPH) funds, and collaborates with 18 separate public health districts throughout the state.



# Service Distribution



# Health Impact Assessment

- A systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population (National Research Council, 2011)

# Types of Health Impact Assessment

1. **Rapid:** Can be completed in a short time frame (weeks or months), often focused on less complex decisions. Involve literature reviews and secondary data analysis, but can still retail an emphasis on stakeholder engagement.
2. **Desktop:** A rapid HIA that entails little or no stakeholder engagement.
3. **Intermediate:** Involves more time and resources and a more complex scope than rapid HIAs, using more detailed analysis and more stakeholder engagement than a rapid HIA. Typically do not involve collective new data.
4. **Comprehensive:** Requires the collection of new, primary data and involves a complex scope and extensive stakeholder engagement. Can take longer than a year to complete.

# Health Impact Assessment Benefits

- HIA and planning share best practices and core values.
  - Data-informed decision making, community engagement and community building (especially for the most vulnerable), flexibility, and a dedication to process as well as outcomes are all foundational to HIA and to planning.
- HIA illustrates a number of connections between health and planning.
  - Not only can HIA be used as a tool to apply health data to planning, it can also illustrate links among health and current and future conditions as they relate to other important planning-related outcomes, such as economic benefits.
- HIA catalyzes and fosters cross-sector collaboration.
  - HIA offers a system for initial collaboration and builds capacity for future partnerships, which can lead to more synergistic efforts among planning and public health over time.
- HIA is evolving.
  - As a tool, HIA is evolving toward a more integrated process by providing a framework to include health considerations from the very beginning of the planning process, and supporting a “health in all policies” approach.



## 4. General Terminology of Public Health

# Public Health

- Community level
- Assuring conditions in which people can be healthy—effective health care systems to healthy environments.
- Lifestyles are defined by modifiable behaviors that exist within a broader context of health and the environment.

## Active Living

- Active Transport
- Recreation
- Injury

## Emergency Preparedness

- Climate Change
- Natural and Human-caused Disasters
- Infectious Disease

## Environmental Health

- Air Quality
- Water Quality
- Brownfields

## Food and Nutrition

- Access to Food and Healthy Food Options
- Water
- Land Use

## Health and Human Services

- Accessibility to Health and Human services
- Aging

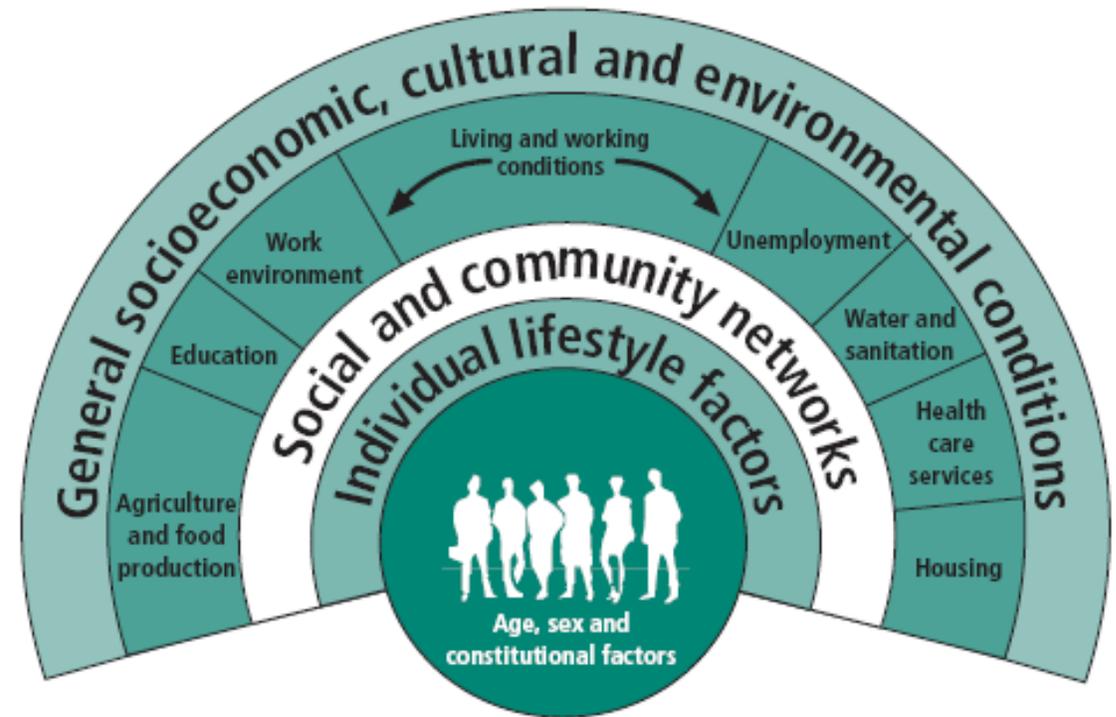
## Social Cohesion and Mental Health

- Housing Equality
- Green and Open Space
- Noise
- Public Safety/Security

# Health Determinants

- Health status determined by:
  - Genetics (5%)
  - Health care (10%)
  - Behavior (30%)
  - Social Conditions (55%)

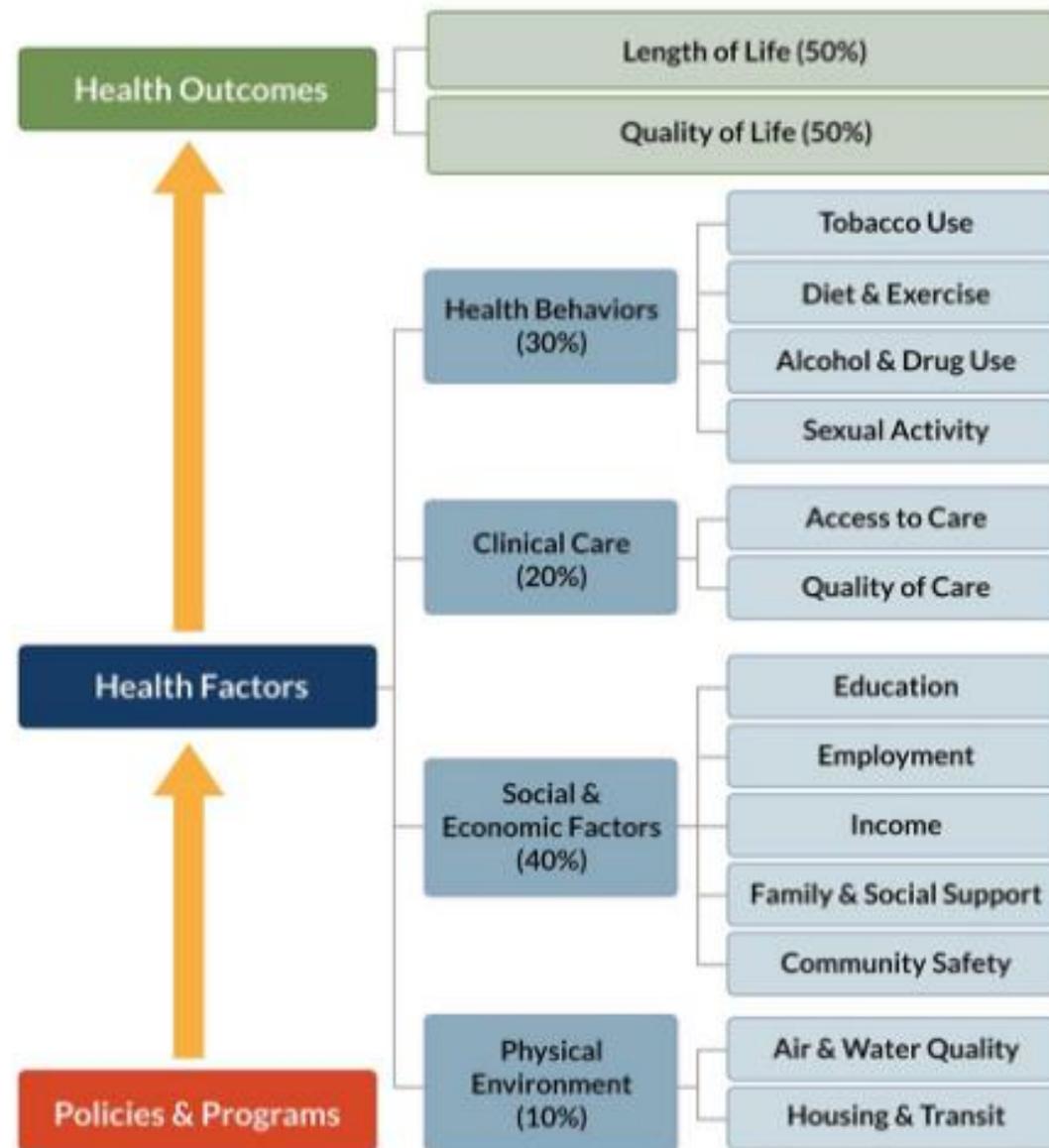
(WHO Commission on the Social Determinants of Health, 2008)



# Health Outcomes Model

Health status determined by:

- Genetics (5%)
- Health care (10%)
- Behavior (30%)
- Social conditions (55%)
  - WHO Commission on the Social Determinants of Health 2008

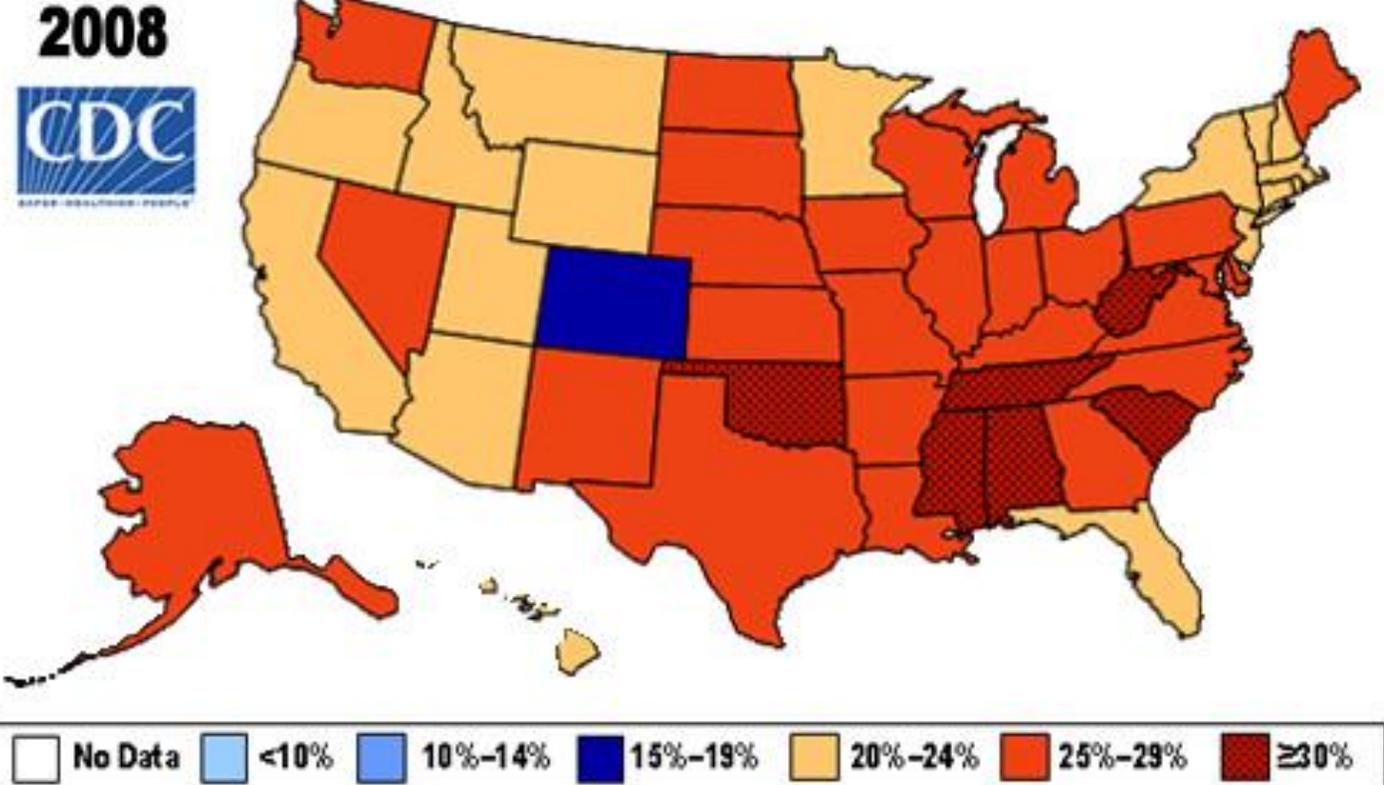


**Health Outcomes**

**Mortality (length of life)**

**Morbidity (quality of life)**

## Morbidity: Obesity Trends



### Obesity Prevalence by State

# Public Health Terminology

- **Population Health:** the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, racial or ethnic groups, people with disabilities, prisoners, or any other defined group.
- **Chronic Disease:** The U.S. National Center for Health Statistics defines a chronic disease as one lasting three months or more. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. Examples of chronic illnesses include diabetes, heart disease, arthritis, kidney disease, HIV/AIDS, lupus, and multiple sclerosis.
- **Social Determinants of Health:** The World Health Organization defines the social determinants of health as the conditions in which people are born, grow, live, work, and age. As described in Healthy People 2020, “our health is . . . determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.”
- **Health Disparities:** differences in health status among distinct segments of the population, including differences that occur by race or ethnicity, sex, sexual identity, age, disability, education, income, or living in various geographic localities.

# Public Health Terminology Continued

- **Social Equity:** an approach to fairness that gives everyone what they need to be successful and ensures everyone has the same access to community assets and opportunities for health. Using a social equity approach acknowledges differences and responds to disadvantage accordingly. In contrast, equality aims to ensure that everyone gets the same treatment and resources, which would work if everyone started from the same place and needed the same resources to succeed.
- **Health in All Policies:** a collaborative approach to improving health that integrates and articulates health considerations into policy making across sectors, and at all levels.
- **Incidence:** Rate of new (or newly diagnosed) cases of the disease. More meaningful when the incident rate is reported as a fraction of the population at risk of developing the disease.
- **Prevalence:** Actual number of cases alive, with the disease either during a period of time (period prevalence) or at a particular date in time (point prevalence).
- **Policy, Systems, and Environmental Change:** Approaches that seek to go beyond programming into the systems that create the structures in which we work, live and play. Rarely linear, and seek to be sustainable.

# Helpful Resources

- Planning for Public Health: *“Healthy Plan Making: Integrating Health into the Comprehensive Planning Process—An analysis of seven case studies and recommendations for change.”* 2013.
- Aging in Place: A State Survey of Livability Policies and Practices. AARP Public Policy Institute. 2011.
- The State of Health Impact Assessment in Planning, July 2016
- The Two Georgias: Disparities in Rural Health and Healthcare, 2016