2017 Spring AICP Exam Review

Plan Making and Implementation (Part 3)

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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.”
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

1. Manipulation
2. Therapy
3. Informing
4. Consultation
5. Placation
6. Partnership
7. Delegated Power
8. Citizen Control
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.

<table>
<thead>
<tr>
<th>Haves</th>
<th>Have-nots</th>
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<tr>
<td>Resistance to Power Redistribution</td>
<td>Inadequate Political Power</td>
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<td>Paternalism</td>
<td>Socioeconomic Infrastructure and Knowledge</td>
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<td>Racism</td>
<td>Difficulties Organizing/Capital</td>
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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

• Jones (1990) Neighborhood Planning,
• APA Communication Guide
2. Public Engagement
# Public Engagement in Planning

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<thead>
<tr>
<th>Early 20\textsuperscript{th} Century</th>
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<tr>
<td>Planning generally used a public component in its processes, but this involvement was relatively minimal.</td>
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<th>1960s: Urban Problems</th>
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<td>Increase in activism on many social issues</td>
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<th>Federal Legislation responds</th>
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<td>Requires open processes in housing, transportation, and environmental programs, all with large planning components</td>
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<th>1970s and beyond</th>
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<td>Citizens came to expect more government accountability</td>
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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
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

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<thead>
<tr>
<th>Outreach</th>
<th>Mediated Participation Methods</th>
<th>Data Collection</th>
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<tbody>
<tr>
<td>• Personal Contact</td>
<td>• Large Community Meetings</td>
<td>• Responsive Publication</td>
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<td>• Media</td>
<td>• Small living room meetings</td>
<td>• Individual Interviews</td>
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<td>• Field Office/Drop-in Center</td>
<td>• Open house</td>
<td>• Informal Consultation</td>
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<td>• Utilize existing organizations</td>
<td>• Workshops</td>
<td>• Direct observation</td>
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<td>• Displays at key settings</td>
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<td>• Activity Log</td>
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<td>• Behavioral Mapping</td>
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<td>• Advisory Committee</td>
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<td>• Walking tour</td>
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<td>• Surveys</td>
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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.
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 Timeline

- 1850: John Snow, Mapping Cholera in London
- 1870: American Public Health Association, Founded
- 1890: Quarantine Act
- 1890: Columbian Exposition or Chicago World’s Fair
- 1910: The Jungle, Sinclair
- 1910: How the Other Half Lives
- 1910: World War I (1914-1918)
- 1910: First Census, 50%+ Urban
- 1910: 40 States have Health Departments
- 1930: Euclid vs. Ambler
- 1930: New York City Housing Tenement Acts (increasing light and air)
- 1930: Food and Drug Administration, Founded
- 1930: World War I (1914-1918)
- 1950: Centers for Disease Control and Prevention, Created
- 1950: World War II (1939-1945)
- 1950: Chlorine for continuous disinfection of municipal drinking water
- 1950: 1st National Conference on City Planning (and the Problems of Congestion)
- 1950: 40 States have Health Departments
- 1970: Federal Aid Highway Act of 1956
- 1970: Levi­town, PA
- 1970: Urban Renewal
- 1970: Civil Rights
- 1970: US Dept. of Housing and Urban Development, Created
- 1970: Clean Water Act (CWA) point source pollutants
- 1990: WHO Healthy Cities Movement, Established
- 1990: Safe Drinking Water Act (SDWA) public drinking water
- 2010: USGBC, Created
- 2010: "Future of Public Health" - IOM
- 2010: 27 HIA completed
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**

- Land Use Pattern → Walkability → Body Mass Index → Chronic Disease Rate

**Exposure Approach**

- Transportation Investment → Travel Patterns → Vehicle Emissions → Chronic Disease Rate
Epidemiologic Transition
Healthy Community Design
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 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

2016 Rural County Health Rankings: Health Outcomes
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 retain 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.

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<th>Active Living</th>
<th>Emergency Preparedness</th>
<th>Environmental Health</th>
<th>Food and Nutrition</th>
<th>Health and Human Services</th>
<th>Social Cohesion and Mental Health</th>
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<tr>
<td>• Active Transport</td>
<td>• Climate Change</td>
<td>• Air Quality</td>
<td>• Access to Food and Healthy Food Options</td>
<td>• Accessibility to Health and Human services</td>
<td>• Housing Equality</td>
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<td>• Recreation</td>
<td>• Natural and Human-caused Disasters</td>
<td>• Water Quality</td>
<td>• Water</td>
<td>• Green and Open Space</td>
<td>• Noise</td>
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<td>• Injury</td>
<td>• Infectious Disease</td>
<td>• Brownfields</td>
<td>• Land Use</td>
<td>• Aging</td>
<td>• Public Safety/Security</td>
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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
Morbidity: Obesity Trends

Obesity Prevalence by State

2008

CDC

Mortality (length of life)
Morbidity (quality of life)
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

- The State of Health Impact Assessment in Planning, July 2016
- The Two Georgias: Disparities in Rural Health and Healthcare, 2016