

Notes for Baker Center Panel – 4/30/2010 – John Lamb

1. Are public administrators public health officials? Why and how?

Some public administrators have a kinship with public health officials. I would limit the kinship to those that have some link to protecting and promoting the public health, safety and welfare. Take for example planners and zoning officials.

Tennessee state statutes provide the purpose of a community plan:

(to) ... best promote the health, safety, morals, order, convenience, prosperity and welfare of the inhabitants, as well as efficiency and economy in the process of development ...

State statutes provide the purpose of zoning, applicable also to other land use and development regulations:

Such regulations shall be designed and enacted for the purpose of promoting the health, safety, morals, convenience, order, prosperity and welfare of the present and future inhabitants of the state and of its counties ...

Compare this to the powers and duties of a county board of health from state statutes:

Through the county health director or the county health officer, or both, enforce such rules and regulations ... essential to the control of preventable diseases and the promotion and maintenance of the general health of the county

Adopt rules and regulations as may be necessary or appropriate to protect the general health and safety of the citizens of the county

Compare these provisions in state statutes to the definition of health provided by the World Health Organization:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

When you apply this definition in the public realm it easily becomes protecting and promoting the public health, safety and welfare. That is the core of kinship between public health officials and some public administrators, particularly planners and those concerned with land use and development regulation.

This kinship seems to have been more evident at the beginning of the 20th century. The field of public health and the developing field of city planning addressed many of the ills of cities and regions, particularly the unhealthy crowding of slums, the unhealthy juxtaposition of residences and polluting industry, and the lack of public sanitation in an ever growing urban society.

The paths of the two professions diverged several decades ago. Public health began to focus more on disease issues within populations, successfully addressing many of the scourges of disease with vaccination and sanitation programs. Planning began to focus more on the structure and efficient functioning of cities and regions, and on nuisance issues of land use.

The paths are again merging, with renewed interest by public health officials in environmental influences on individual and population health, and renewed interest by planners and other government

administrators in the health impacts of community design and structure - or the built environment.

2. Provide examples of existing policy barriers to healthy living.

The term “healthy living” implies a desired or ideal set of behaviors, and a desired or ideal environment in which such behaviors can occur. Individuals do not live in isolation from their natural environment, built environment and society, and healthy living by an individual can be impacted and frustrated by factors in the environment and society.

The purpose of planning, along with land use and development regulations, is to address such impacts and barriers in order to protect and promote the public health, safety and welfare. Consideration of planning and regulations brings us into the realm of public policy. Public policy has the potential to address substantial issues related to public health, safety and welfare. However, it often falls short. There are barriers to developing appropriate policies.

One of the policy barriers to healthy living is the fact that much depends on individual choice. The public policy realm can address safe roads, healthy food, provision of sidewalks and trails for walking and biking, and protection of the air we breathe, but an individual can behave in such a way to cause automobile accidents, eat excessively or unwisely, live a sedentary lifestyle, and smoke cigarettes – all leading to unhealthy outcomes.

If healthy living is a matter of individual choice and behavior, why should the public realm get involved? Taken further, individual choice and behavior is often wrapped in the cloak of freedom, and this is an ideal in our society. Discussions about land use and development regulations often revolve around the balance between concerns about health, safety and welfare on the one hand, and concerns about

government infringement on the individual's freedom or right to behave and use land as he or she wishes. If the case for health, safety or welfare is vague or weak or does not have wide public support, the arguments for individual freedom and rights often prevail.

Unclear or discounted externalities may also present barriers to policies that can promote healthy living. The historical development of cities and regions in a sprawling manner has negative health impacts. Separation of residential from other uses discourages walking as a means of transport. The scattering of residential development away from urban activity centers requires transport in cars over long distances. Scattered developments may be further isolated by lack of linkages between residential areas, thus again requiring transport by car to visit even geographically close friends. Many scattered developments are on rural infrastructure that can barely accommodate cars safely, much less pedestrians and bicycles. In addition, the scattering of development can eat away at the beneficial green infrastructure that supports health and wellbeing. All this is often discounted when weighed against affordable housing (cheaper land discounting transport costs), the capture of rural amenity (often temporary as more and more adjacent development occurs), and exclusivity or the closing off of the outside world (discounting the cost of overcoming isolation).

Other, often unclear and sometimes hidden externalities relate to the effect of sprawl on long term health. This includes obesity and related health issues, which can be linked at least in part to a sedentary lifestyle. This sedentary lifestyle can be reinforced by the reliance on car transport in lieu of healthy walking or biking. In addition, the externalities of polluted air from reliance on car transport over long distances, can lead to respiratory and heart health issues for many in the population.

Lastly, uncertain effect may be a barrier to policies that can promote healthy living, particularly if the desired effect requires expenditure of public funds. For sidewalks, it is often assumed that if you build it, the public will come, and walk. Sometimes, this does not occur, and the encouragement to walk will require more than just a physical facility. A single failure of such a facility may lead to resistance to further requests for funding. In addition, public budgets are often a yearly battleground over priorities, and any uncertainty in effectiveness can reduce the chances of funding when other, “more important” and proven projects clamor for attention.

3. Provide examples of policy changes that have taken place, which facilitate healthy living.

How can we overcome these barriers? Solutions are often difficult to obtain, and difficult to sustain. However, community planning provides one avenue to overcome barriers and establish a policy framework that is health friendly. In Blount County, we have had some success.

The Policies Plan, adopted by the County Planning Commission in 1999 and updated in 2008, included a specific statement as one of five guiding principles:

The guiding policy in any government actions in relation to the use and development of land should be to limit regulations to specific public health, safety and welfare objectives balanced with responsible freedom in the use of land.

The principles in this guiding policy were the underpinning for adoption of the first zoning regulations in 2000, and have placed consideration of health, safety and welfare within the continuing dialog and deliberation on what our community should be and how it should develop.

The County Planning Commission adopted a Water Quality Plan, addressing health issues of clean water, safety issues of flood avoidance, and welfare issues of desirable environment related to waterways. As part of the plan, stormwater regulations were recommended, and were subsequently adopted.

The County amended its subdivision regulations and zoning regulations to limit major developments on roads considered substandard by being less than 18 feet of paved width with shoulders. The deliberations leading to adoption of this standard included specific reference to public safety concerns from standard engineering publications.

The County Planning Commission adopted a Green Infrastructure Plan which was based in part on consideration of public health and general welfare benefits of green and open space, thus providing a link to the broader definition of health as a state of complete physical, mental and social well-being.

The Director of Planning participated in local, regional and national venues to further enhance the links between planning and health.

The Environmental Health Action Team (EHAT) was formed under the auspices of the Blount County Community Health Initiative, assisted by the local and regional health departments. The EHAT secured a \$20,000 grant from NACCHO to implement the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH). PACE-EH provided the framework for exploring many links between community design and structure and probable health outcomes. The EHAT formulated an Action Plan that included recommendations on addressing outdoor air quality, water quality, and land use, growth and development, focusing on the health implications associated with eight issues: growth and sprawl, loss of rural land, roads and traffic, air quality, water quality, commercial and industrial uses, development

design, and tree preservation. Elements of the EHAT Action Plan were incorporated into the revised county Policies Plan adopted by the County Planning Commission in 2008.

The Director of Planning is presently partnering with a public health official from the Knox County Health Department in developing a healthy and livable communities theme for an upcoming “Plain Talk on Quality Growth: Tools for Action” conference association with the newly formed East Tennessee Quality Growth organization.

Lastly, the Director of Planning is presently a member of a group within the National Association of County and City Health Officials (NACCHO), in partnership with the American Planning Association (APA), which is formulating recommendations on how public health officials can better participate in local planning and land use decision making processes.

Planning will not necessarily address all the many issues of public health. However, securing a health friendly policy environment through general planning processes where such issues can be debated and addressed is important groundwork for appropriate policy responses to protect and promote the public health, safety and welfare.