

Big Cities Chronic Disease Community of Practice

June 2017

How Maricopa County Blazed a Trail for Active Living and Transportation

The Role of Local Health Departments in Chronic Disease Prevention

Local health departments (LHDs) play an important role in developing healthy communities. LHDs serve as the authorities on public health, providing decision-makers from all sectors with strategic guidance on local health data and science-proven interventions.

The Big Cities Chronic Disease Community of Practice

Formed in 2007, the Big Cities Chronic Disease Community of Practice (BC-COP) comprises local health officials or senior-level chronic disease programmatic staff from LHDs representing the largest cities and metropolitan areas in the United States. The goals of the BC-COP are to identify common priorities related to healthy eating and active living, discuss evidence-based policy, system, and environment strategies, and share lessons learned during implementation. Peer sharing and support takes place through in-person meetings, webinars, phone calls, and resource sharing. The BC-COP guides the production of resources that are helpful to members and other communities seeking similar change.

Overview

The Centers for Disease Control and Prevention defines health equity as an opportunity for every person to attain their full health potential without disadvantages such as social status or other structural determinants.¹ Inequities occur when the distribution and/or allocation of a resources are not equal. In health, this can prevent both individuals and communities from gaining equal access to reaching their highest level of health.²

In 2014, Maricopa County, Arizona published its 2012 Maricopa County Community Health Assessment (CHA), which informed the identification of priority health issues included their 2012-2017 Community Health Improvement Plan (CHIP). The priorities included, diabetes, access to healthcare, cardiovascular disease, lung cancer, and obesity, all which are impacted by the social



determinants of health. Maricopa County Department of Public Health (MCDPH) understood the importance of addressing health equity in all communities, specifically those with higher chronic disease rates and lower access to public transportation. For example, inadequate transportation systems can lead to physical inactivity.

Understanding how the use of data could improve health outcomes, MCDPH leveraged Supplemental Nutrition Assistance Program (SNAP) education funding to hire a planner to incorporate health equity into transportation decisions throughout the county. The inclusion of data highlighting health inequities changed the context of transportation planning in Maricopa County which in turn, a transportation plan was adapted that truly reflected the needs of the community.

Challenge

Prior to hiring a planner in May 2016, MCDPH engaged in foundational transportation work, which coincided with broader societal changes related to transportation. MCDPH had been working on a Complete Streets program for over four years and was involved in built environment mapping projects, such as mapping city parks by SNAP-eligible populations. When county



voters approved the Maricopa County 2050 transportation master plan, which included developing 1,100 miles of additional bike lanes and 180 miles of sidewalks, MCDPH understood the importance of addressing health equity by examining transportation decisions that impact public health.

Seeking to incorporate health equity into the county's transportation plans, MCDPH became involved in the Maricopa Association of Governments (MAG) Bicycle and Pedestrian Committee but was challenged by the slow process of building trust with partners on the committee. MCDPH representatives attended meetings for two years before they started having success within the group. Many agencies that attended meetings were accustomed to dealing with the same people and organizations; gaining trust from partners required MCDPH

INFLUENCE OF BIG CITIES CHRONIC DISEASE COMMUNITY OF PRACTICE

Involvement in the Big Cities Chronic Disease Community of Practice allowed MCDPH to stay up-to-date with current trends and evidenced-based, innovative practices. The monthly webinars and group calls involving national organizations provided high-quality content and access to people and organizations that have engaged in great work.

staff to consistently attend meetings, contribute, and network. While attending meetings, MCDPH staff began to share unique public health data that were beneficial to the partners, such as chronic disease rates. Despite preliminary gains, MCDPH leaders realized that hiring a dedicated planner would allow the health department to more effectively incorporate health and health equity considerations into county transportation decision-making processes.

Solution

MCDPH was able to fund the planner position primarily through the SNAP education program and a contract with the state of Arizona for work on health community design, built environment, and transportation projects. The work is supported because it is a part of the Arizona Health Improvement Plan and Maricopa County Community Health Assessment/Community Health Improvement Plan. Maricopa County's design assistance to strengthen bicycle and pedestrian master plans is funded through MAG, which in turn is supported by the U.S. Department of Transportation and the Arizona Department of Transportation.

Results

Over the course of 2016–2017, the planner worked with several jurisdictions on their active transportation plans, including bicycle master plans, and developed a toolkit that citizens and jurisdictions can use to revise their general plans. Some of MCDPH's most notable achievements include successfully

advocating for the inclusion of health equity language in transportation plans within the county and sharing public health data with transportation partners to validate bicycle and pedestrian master plans. MCDPH's strong relationships within its community has allowed it to serve as a liaison between the transportation community and hard-to-reach, vulnerable populations.

Cross-Sectoral Awareness

Policy, systems, and environmental (PSE) changes influence the social determinants of health and change how laws and regulations, social and institutional norms, and physical, social, and economic factors affect behaviors.³ Local health departments (LHDs) and their cross-sectoral collaborations with various community partners can make PSE changes to improve the health of communities and reduce the burden of chronic disease.⁴

The MCDPH planner worked with the Maricopa County Department of Transportation (MCDOT) and MAG, which were conducting similar action-planning activities related to active transportation. While both MCDOT and MAG prepared to hire consultants to perform and conduct their planning operations, MCDPH provided criteria related to health equity in the consultant solicitation process. The criteria ensured that consultants would engage all residents during the planning process, particularly those residents living in areas with higher chronic disease rates and less access to public transportation.

Similar to those active transportation plans, there is funding through MAG to support design assistance for bike and

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pedestrian master plans. In the design assistance applications, MCDPH was able to include chronic disease data to assist applicants with identifying health inequities in their communities to tailor bicycle and pedestrian plans to address specific community needs.

The MCDPH planner also collaborated with the Valley Metro Regional Public Transportation Authority, which operates Dial-a-Ride, the public bus, and light rail, on the First and Last Mile Project. The project ensures that transit stops are within reasonable walking distances or along clear bicycle paths. As part of the project, Valley Metro developed a survey and sought input from individuals with disabilities. MCDPH worked with Valley Metro to disseminate the survey by engaging in the dissemination efforts because of their relationship and ongoing contact with the community. The involvement of MCDPH resulted in an increase of the survey's response rate. Similarly,



MCDOT developed a survey to identify county islands, unincorporated areas that are surrounded by incorporated areas, in which bike lanes fall off and then pick back up in the next incorporated area of the jurisdiction. The survey was developed by a planner, and included barriers that would deter responses from hard-to-reach populations, such as not translating it into Spanish. Once MCDPH identified these barriers, they were able to provide input to make the survey understandable to the lay audience and provide translation services.

MCDPH became the bridge between MCDOT and the community to generate a good response rate and inform the decision-making. With the assistance of MCDPH, Valley Metro was able to significantly increase the survey's response.

Recommendations

LHDs can play a major role in the development of active transportation plans within their communities. Learning from MCDPH, it is essential to have a staff member, such as a planner, that can “speak the language” of planners. LHDs should also meet their transportation partners where they are by attending their planning meetings and being consistent when establishing relationships. Lastly, LHDs can share meaningful data that will provide context in the decision-making process. LHDs have access to a number of chronic disease data sources that transportation entities need to validate their work and ensure that their active transportation plans reflect the needs of their community.

References

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Acknowledgements

This document was made possible by the Centers for Disease Control and Prevention and is a product of NACCHO's Big Cities Chronic Disease Community of Practice. The views expressed within do not necessarily represent those of the sponsors.

With gratitude, NACCHO thanks the health department staff that participated in the key informant interviews during the development of this success story. The following NACCHO staff contributed to the interviews and development of this document: Sheree H. Keitt, MPH; Bridget Kerner, MS

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