

### Active Living Research: 2012 Translating Research to Policy Award

#### Award Recipients:



***Alan Melnick, MD, MPH, CPH, Health Officer, Clark, Cowlitz, Skamania and Wahkiakum Counties, Washington***

Alan Melnick, MD, MPH, CPH, is the Health Officer for Clark, Cowlitz, Skamania and Wahkiakum Counties, Washington, Chair of the Washington State Health Officers Forum and Adjunct Associate Professor in the Departments of Family Medicine and Public Health & General Preventive Medicine at Oregon Health & Science University. He earned his medical degree from Tufts University School of Medicine and his master's degree in public health from the University of Washington. He is Board Certified in Family Medicine and Public Health & General Preventive Medicine. Dr. Melnick was a Year 3 Scholar in the National Public Health Leadership Institute, past Chair of its alumni association, the National Public Health Leadership Society (PHLS) and is currently Co-Chair of the PHLS Ethics Committee. Dr. Melnick is a former Board member of the National Association of County and City Health Officials (NACCHO) and served four years on the Community Level Health Promotion Study Section of the National Institutes of Health. Currently, he is a member of the NACCHO Workforce Committee, the National Board of Public Health Examiners, the Free Clinic of Southwest Washington Board and the Project Access Northwest Oregon and Washington (PANOW) Board. He has experience conducting community-based research, especially related to health impact assessments and community prevention, and he serves as a primary mentor for the Council of State and Territorial Epidemiologists (CSTE) Applied Epidemiology Fellowship program. In addition, he has experience with geographic information systems, and is the author of a text, "Introduction to Geographic Information Systems in Public Health."



***Brendon Haggerty, MURP, Program Coordinator, Clark County Public Health***

Brendon Haggerty, MURP, is a Program Coordinator at Clark County Public Health. He earned a BA in Community and Environmental Planning at the University of Washington and holds a Master of Urban and Regional Planning degree from Portland State University. As a trained urban planner, Brendon's work focuses on the built environment and its influence on health. His recent projects include an equity analysis of the Portland Bicycle Master Plan, a health impact assessment of the Clark County Bicycle and Pedestrian Master Plan, and a health impact assessment on the City of Vancouver's Comprehensive Plan.



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### ***Marc Boldt, Board of Clark County Commissioners***

Born 1954 in Vancouver, Washington, Marc is a long-time resident of Clark County, residing in Hockinson, Washington since 1985. Marc and his wife Dawn have six children and three grandchildren. Marc Boldt served five terms as a Washington State Representative from the 17th legislative district prior to taking office as a County Commissioner in January 2005. Commissioner Boldt earned an associate degree in agriculture from Yakima Valley Community College and a American Farmer degree from Future Farmers of America. He has worked as a dairy farmer and managed a blueberry farm, in addition to driving concrete trucks for many years. Marc serves on the Washington State Farm Bureau board of directors. He has led a church mission trip to build housing in Mexico and twice conducted farm method training trips to Albania for SEND missions.



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### **The Problem**

Overweight and obesity are epidemic among youth and adults in Clark County. As of 2008, 64% of adults and 23% of tenth graders were overweight or obese.<sup>i</sup> As widely understood, this is a result of an energy imbalance stemming from over consumption of calories and lack of expenditure of energy. Physical activity through active transportation offers a way to help correct this imbalance, but in many communities, opportunities for active transportation are impractical or non-existent. Furthermore, research shows that the populations most at risk for obesity, including Black, Latino, and low socioeconomic status populations, have fewer opportunities to benefit from active transportation.

### **The Context**

Clark County, characterized by suburban and rural development patterns, has a population of approximately 435,000. Vancouver, the largest city, lies across the Columbia River from Portland, Oregon. Although the county has small ethnic and minority populations, with racial minorities comprising only 11% of the population,<sup>ii</sup> these historically disadvantaged populations are somewhat concentrated. Racial and ethnic minorities and households of low socioeconomic status make up a larger share of the population in the city of Vancouver, especially in the central and western parts of the city.

To address health disparities related to its obesity epidemic, Clark County has embraced a new strategy based on increasing physical activity through active transportation. This strategy is challenging for a sprawling county defined by auto-oriented development. The prevalence of sedentary lifestyles associated with dependence on automobiles calls for measures to increase active transportation, but until recently there was no plan in place to do so. In the mid 2000's, a chain of events spurred interest in improving opportunities for active transportation, especially for populations most at risk. In 2003, the local non-profit Community Choices launched the Steps to a Healthier Clark County effort, which included a community walkability team. This early effort at improving active transportation in Clark County ended in 2008, but the momentum created continued to drive community action. In 2009, Clark County Community Planning initiated a planning process to create a bicycle and pedestrian master plan. The original plan focused narrowly on recreational cyclists and walkers. However, based on input from nonprofit groups and the county health department, county leadership has now become interested in addressing utilitarian active travel, health, and equity.

### **Working Towards Solutions**

In 2010, Clark County Community Planning invited Clark County Public Health (CCPH) to conduct a Health Impact Assessment (HIA) on the proposed Clark County Bicycle and Pedestrian Master Plan. In partnership with Community Planning, CCPH conducted a rapid HIA and a comprehensive HIA. In addition, CCPH actively participated throughout the planning process. The HIAs used findings from research to recommend programs, policies and projects with three goals: (1) promote active transportation; (2) maximize physical activity; (3) increase opportunities for populations most at risk.

The HIA used findings from research on physical activity and the built environment to recommend various strategies aimed at increasing physical activity. Part of this work included calculating a walkability index for Clark County using a method developed by researchers that incorporates variables associated with active transportation.<sup>iii</sup> This index included four variables: street network connectivity, land use mix, residential density, and retail Floor-Area Ratio. The index helped identify areas of high walkability potential where infrastructure improvements were likely to increase physical activity. It also allowed county staff to visualize areas in which poor walking conditions overlapped with socioeconomic disadvantage. CCPH used research on disparities to demonstrate the increased risk for obesity faced by racial and ethnic minorities and low socioeconomic status populations. Through GIS analysis, CCPH identified low-income school attendance areas that were in need of additional active transportation infrastructure.



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As a result of the HIA, the plan Clark County adopted in November 2010 includes language addressing the importance of active transportation in improving community health, goals that promote active transportation, and project prioritization criteria that emphasize health equity. In addressing these priorities, the adopted plan places over half of the bicycle and pedestrian projects in the most disadvantaged neighborhoods or near low-income schools. Screening for all new bicycle and pedestrian projects now use criteria that prioritize projects located in low-income neighborhoods or improve measures of the built environment associated with physical activity.

### Lessons Learned

The partnership that emerged between CCPH and Community Planning was strengthened by regular communication and involvement early in the planning process. The relationship developed between CCPH staff and Community Planning has led to requests for additional HIAs and collaboration on a Health Element to be included in the next revision of the county's Comprehensive Growth Management Plan. These efforts have moved Clark County closer to a health-in-all-policy approach.

Following adoption of the plan, CCPH evaluated the HIA through key informant interviews with elected officials and planning committee members. From this evaluation, we learned that health research and health data are instrumental in reframing policy and planning discussions. Informants described how the HIA redirected the plan from one focusing on serious recreational cyclists to one encompassing active transportation for everyone, both cyclists and pedestrians. In addition, informants shared that the HIA was an effective way to introduce equity into the planning process, and that in the absence of the HIA, decision makers would not have considered equity concerns.

Finally, we learned that health information is useful to decision makers, who reported that they used health information to promote, justify, and on some occasions defend the plan to expand active travel options. Decision makers came to see public health practitioners as highly credible, and stakeholders' view of public health changed after exposure to the HIA and its associated research. As one elected official put it, "you couldn't argue with the assessment of health."

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<sup>i</sup> Clark County Public Health (2010). *Community Assessment Planning and Evaluation Report*. Retrieved August 2011 from <http://www.co.clark.wa.us/public-health/reports/facts.html>

<sup>ii</sup> U.S. Census Bureau. (2010). 2010 Census. Table QT-P3: Race and Hispanic or Latino Origin. Retrieved August 2011 from <http://factfinder2.census.gov>

<sup>iii</sup> Sallis, J. F. et al. (2009). Neighborhood built environment and income: Examining multiple health outcomes. *Social Science and Medicine*, doi: 10.1016/j.socscmed.2009.01.017