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CASE STUDY

HEALTHY ROANOKE VALLEY

While the Roanoke Valley offers its residents a high quality of life, it too is plagued with obesity and associated health problems that threaten community health and well-being nationwide. For instance, obesity rates within the Roanoke MSA have trended higher than Virginia as a whole, with corresponding rates of inactive lifestyles. Yet, while the benefits of physical activity and healthy living are numerous and well documented, it remains challenging for communities to make comprehensive changes in policies and activities that will have meaningful impacts on individual behaviors and that are necessary to reverse these health trends.

Given these challenges, cities, counties, and regions are seeking to improve public health through policy reforms that address the barriers to active and healthy living. Some communities are looking holistically at their regulatory systems that have resulted in infrastructure patterns that did not support healthy living. Communities are also creating strategies, programs, and partnerships to facilitate healthier eating and active lifestyles. Other communities are developing plans that respond to the mounting evidence that physical characteristic and qualities of 'place' impact the choices, behavior, and lifestyle patterns that affect health.

We have identified two communities - Jefferson County, Colorado and Philadelphia, Pennsylvania – that are developing policies and programs with particular relevance to the Roanoke Valley. Jefferson County Public Health Department (JCPH), in Colorado, is setting a new standard for the State's mandated health assessment and health planning. JCPH is focusing on the longer-term impacts of strategies, implementation plans, and partnerships that will enable them to

more effectively manage health. The Community Health Improvement Plan includes guidance on how government and organizations can work together to affect some of the county's toughest health issues. Obesity and active living are issues that require inter-disciplinary strategies, which is one of the reasons why JCPH is independently going above and beyond the state mandate to address policy, environmental and system changes to improve the long-term health in the county.

The Get Fit Philly program is a collaborative initiative organized by Philadelphia's Department of Public Health that addresses the effects of land use, transportation, and the access to health care and fresh food on public health. The Nutrition and Physical Activity Program includes a variety of services, such as community food access and affordability, active living, healthy eating, and workplace policy changes. The following case studies provide information about the successes and challenges of these community initiatives that can serve as models in the efforts to promote a healthy Roanoke Valley.

CASE STUDY: JEFFERSON COUNTY PUBLIC HEALTH

Jefferson County lies west of Denver, at the foot of the Rocky Mountains. It is a relatively suburban county with an average density of 288 residents per square mile in the unincorporated areas.¹ A transect of the County from east to west includes

¹ *Healthy People Healthy Places Community Health Assessment 2013*, p. 9



Jefferson County is a suburban county outside of Denver, Colorado. The county seat is in Golden, Colorado (pictured here).

Source: flickr user rachaelvoorhees

first-tier urban neighborhoods near Denver whose origins date to the 1870s, to rural mountain properties. The County contains 11 municipalities, the largest of which is home to 145,000 residents.²

PROGRAM DESCRIPTION

In 2008, the State of Colorado passed Senate Bill 08-194, which requires local governments to establish a public health plan. The Jefferson County Public Health Department met the challenge by creating a five-year systematic initiative called Healthy People Healthy Places. The major steps to develop the Community Health Improvement Plan (CHIP) include: assessment of community health, assessment of community capacity, prioritization of health issues, selection of evidence-based strategies, and implementation and monitoring of the CHIP. Jefferson County's process is notable for the level of assessments that engage residents, local officials, and health professionals in the creation of a long term plan that targets the community's top health concerns. Their efforts are being furthered by a three-year Chronic Disease Prevention (CCPD) grant from the Colorado Department of Public Health and Environment (from tobacco tax revenues) intended to enhance planning and implementation of the CHIP process.³

IMPLEMENTATION

JCPH produced an in-depth Community Health Assessment and found that although Jefferson County is perceived as one of the healthiest counties in Colorado, their obesity rates have increased and there are high instances of cardiovascular disease. Specifically, the assessment found that 14% of county adults do not exercise, 59% are obese, and 24% of all deaths are related to cardiovascular disease.⁴

Through the Health Assessment and the capacity assessment process, the JCPH identified five key drivers of poor health: tobacco use, poor diet, physical inactivity, alcohol abuse, and psychosocial stress. The community and stakeholders were surveyed to determine which of these issues are perceived as most pressing. These health drivers are being further evaluated in community workshops, stake-

holder committees, as well as within JCPH, to identify target populations, sites for interventions, strategies and measurable indicators based on state and national indicators. JCPH identified two key populations to target; children up to 18 years old and low-income families. This process will lead to the selection of evidence-based strategies that will support a mix of short-term and long-term improvements in health, such as increasing healthy food consumption and regular physical activity for these target groups. JCPH has found that the most effective strategies to accomplish the objectives are partnering with local governments, pursuing place-based funding, and a coalition approach. JCPH uses indicators that rely on survey data from the State Health Department to evaluate the success of the strategies. These indicators include physical activity rates, access to fresh food, and reduction of screen time. Once complete, JCPH will use the CHIP to advocate for specific health policy reforms on both a county and local level. It will be updated every three to five years.

FUNDING

Funding for the programs comes from three main sources: Jefferson County general fund, Colorado Department of Public Health, and the State's tobacco tax revenues. The State of Colorado outlines minimum requirements for the public health plan, but does not tie specific requirements to funding eligibility. The Colorado Department of Public Health provided \$55,000 over two years to prepare the initial Community Health Assessment. The County committed to earmarking \$100,000 from the general fund which goes toward completing and implementing the CHIP over the next three years, at which point the County will evaluate the program for continued funding. JCPH was awarded \$160,000 per year for three years through the CCPD grant, administered by the State Health Department and funded through tobacco tax revenues. The program is unique under the grant funding because their approach covers population-level policy, environments and systems rather than individual-level screening, incentive and educational programs. Because of this, Jefferson County's program requires a rigorous work and evaluation plan to qualify for funding.

PARTNERSHIPS

Strengths of the CHIP process include the strong partnerships and the broad public outreach undertaken to ensure that the plan captures the community's values and concerns.

² US Census Population Estimate 2012

³ The full name of the grant is Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Prevention, Early Detection, and Treatment Program ("CCPD grant program")

⁴ Cardiovascular disease is the leading cause of death in the County. Healthy People Healthy Places Community Health Assessment 2013, p. 5

Public input has been gathered through workshops and an online survey to prioritize health concerns and to target specific needs and approaches to health policy. JCPH works closely with LiveWell Colorado, a non-profit organization that works with communities to help remove policy barriers and increase access to healthy lifestyles. Under the State Health Department's CCPD grant program, JCPH created the Jefferson County HEAL Policy Team in 2013 to connect LiveWell Colorado, the City of Arvada, the City of Golden, and Jefferson County Open Space programs to expand the capacity to address policy, environments and systems related to healthy communities.

Relationships are further reinforced by teaming with local governments and organizations to apply for specific grant funding. For example, JCPH supported the City of Arvada in obtaining a \$1 million Colorado Health Foundation grant which has been used to facilitate an Urban Land Institute (ULI) Healthy Places Panel and report, and fund a city bicycle coordinator position. JCPH plans to support other local initiatives and pro-active communities in the future, while encouraging other communities to address issues at the local level.

JCPH has forged strong connections with organizations and municipalities through the creation of the Jefferson County Health Council to support implementation of the CHIP. The Health Council brings together stakeholders that influence public health to initiate discussion on the value of a more comprehensive public health system. The Council includes representatives from medical health centers, elected city councils and county commissioners, and representatives of land use, transportation, economic development, education, and human services sectors. The goal of the JCPH is to encourage collaboration and a regional approach to healthy living.

ASSESSMENT

The JCPH initiative is a major community undertaking that is still in early stages of implementation; the program will need to develop further before a rigorous assessment can be conducted. At this time, JCPH cited challenges with data availability and constrained resources to collect neighborhood level data to determine health trends and built environment opportunities and challenges. Determining earlier on the types of data that the plan might ultimately require would have economized and strengthened their initial assess-

ment of health issues. JCPH recommends investing in data sharing between communities, especially when the study area encompasses multiple jurisdictions.⁵

CASE STUDY: PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH

Philadelphia reached a population of 1.5 million people in 2010,⁶ and the Greater Philadelphia region is expected to grow from 6.3 million to about 7 million people by 2035.⁷ Although the city is one of the largest health education and research centers in the nation, promoting the health of Philadelphia residents remains a challenge. In 2010, 32% of adults and 20% of children were obese; both rates are higher than the national averages.⁸ Chronic diseases caused by poor diet and lack of physical activity are credited for 20,000 premature deaths in the past decade.⁹ While Philadelphia's automobile-based infrastructure creates barriers to safe walking and biking, which influences physical activity levels, additional health and equity problems are linked to Philadelphia's high rates of poverty.

PROGRAM DESCRIPTION

In 2010, Philadelphia Department of Public Health (PDPH) obtained stimulus grant funding from the U.S. Center for Disease Control (CDC) through the Communities Putting Prevention to Work initiative (CPPW). The project proposal was intended to create a program to scale existing projects to more holistically combat obesity and lower tobacco consumption. The city undertook a two-year comprehensive Get Healthy Philly program to initiate reforms in public policies and systems that have led to strategic interventions in worksites, community food retail, the built environment and education institutions to promote healthy eating and active living. The Get Healthy Philly program focused on identifying policies with long-term impacts and programmatic initiatives that would be self-sustaining beyond the initial grant funding. To achieve this goal, interdisciplinary collaboration with partners outside the health sector was required. This case study

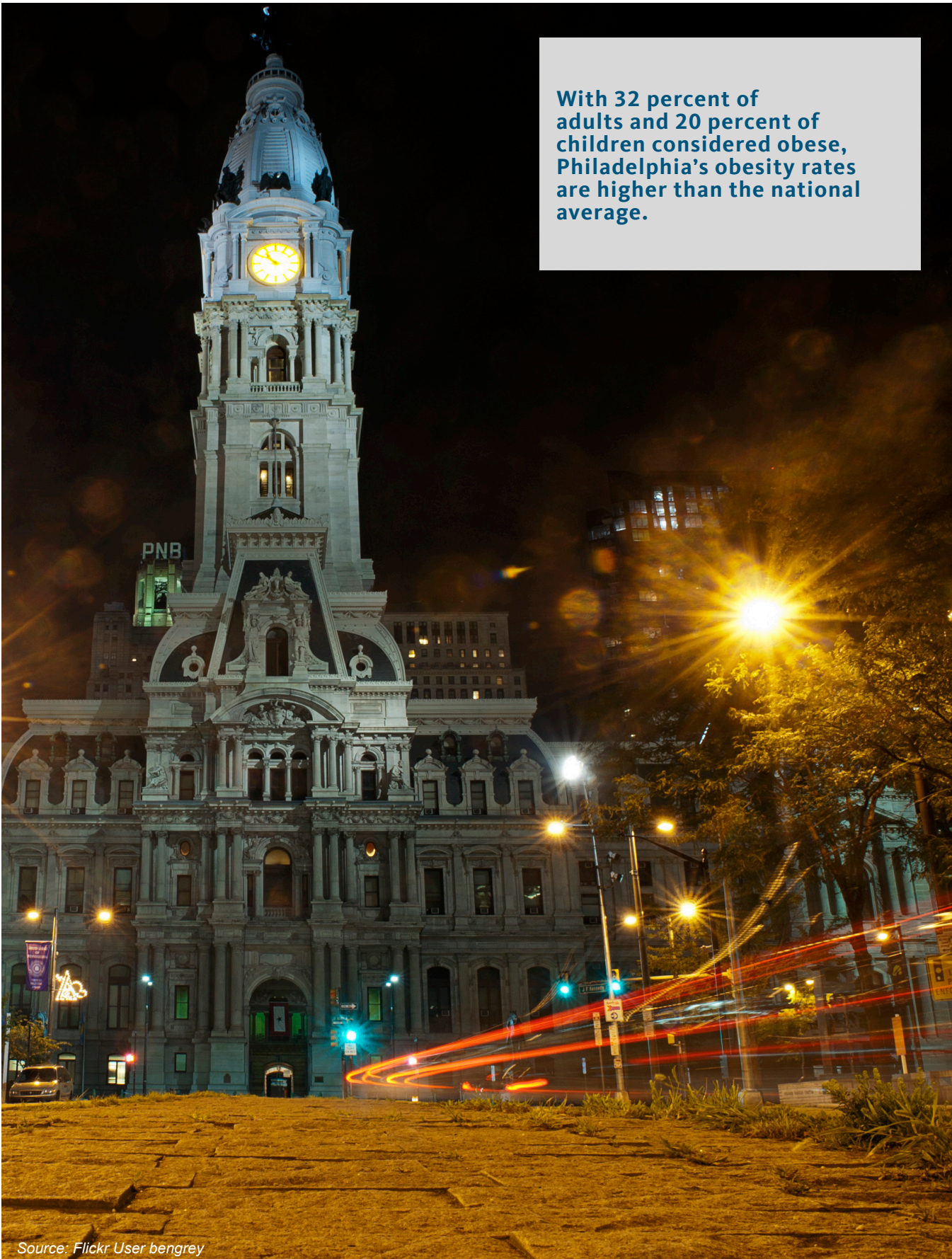
⁵ More information about Healthy People Healthy Places and the Community Health Improvement Plan can be found at www.healthypeoplehealthyplacesjeffco.com. Information about LiveWell Colorado can be found here at livewellcolorado.org.

⁶ US Census 2010

⁷ Philadelphia2035, p. 22

⁸ Tobacco, Obesity, and Chronic Disease Report, June 2013

⁹ Get Healthy Philly Annual Report 2012, p. 7



With 32 percent of adults and 20 percent of children considered obese, Philadelphia's obesity rates are higher than the national average.

Source: Flickr User bengrey

focuses on the innovative collaboration between PDPH and City Planning Commission to achieve public health objectives.

Prior to the adoption of Philadelphia2035 in 2011, the last citywide comprehensive plan was issued in 1960. It was based on outdated approaches to land use that have not adequately reflected changes in the urban environment. Through the Get Healthy Philly initiative, the new comprehensive plan has been updated to address the health consequences of Euclidian-based land use plans and to promote more active living. Through a partnership between PDPH and the City Planning Commission, the grant funded a full-time city planner to act as a health advocate within the planning department. Health Impact Assessments were incorporated into the planning process to provide recommendations for several of the District Plans. The Comprehensive Plan now includes health-promoting provisions throughout, and acknowledges public health as a major reason for comprehensive planning. The planning position continues to be partly funded by the Planning Commission and PDPH.

In conjunction with Philadelphia2035, Get Healthy Philly accelerated the development of important policy and environmental changes that support human health through the update of the City Zoning Code in 2011. New controls promote more active living by encouraging less parking and greater density around transit stations, with density bonuses for the inclusion of mixed-income housing around public transit. Bicycle parking is now required for developments exceeding certain sizes and vehicle parking can be replaced with bicycle parking. The zoning code also created a greater number of mixed-use districts that encourage pedestrian-friendly neighborhood development. A new Civic Design Review process was established to ensure the consideration of safety and walkability in new development projects.

Through collaboration with the Mayor's Office of Transportation and Utilities, and the Bicycle Coalition of Greater Philadelphia, significant infrastructure improvements to promote bike use have been identified and funded since 2010. To encourage bicycling as a safe and convenient alternative to driving, 1,800 bicycle racks, 350 bicycle way-finding signs, and over 27 miles of new bicycle lanes were installed throughout the city, including conventional bike lanes, buffered bike lanes, green bike lanes, and shared lanes. A new Pedestrian and Bicycle Plan identifies current facilities and future infrastructure needs for commuting and recreation.

A key aspect of any preventative measure is education and partnerships. To this end, PDPH partnered with Philadelphia Parks and Recreation, the Philadelphia School District, and two community-based organizations, the Food Trust and the Bike Coalition of Greater Philadelphia, to implement a bicycle and pedestrian safety training, a Safe Routes to School program, and new standards for increased physical activity. Schools created 160 local Wellness Councils that championed bottom-up changes, such as daily physical activity in the form of classroom movement breaks, structured recesses, and more athletic clubs. Additionally, all 2nd and 5th graders receive education regarding pedestrian and bicycle safety.

PARTNERSHIPS

Political leadership and inter-agency partnership have been credited as being pivotal to the success of the program, most notably the commitment of Mayor Nutter and the Health Commissioner to secure the initial grant. The Mayor chaired a 14-member Leadership Team, which brought together elected officials and representatives from three universities, the Department of Health, the School District, and various health providers. The Leadership Team helped strategize, support, and give feedback to guide the direction of Get Healthy Philly. Capacity-building through collaboration with different city agencies, non-profits and the public amplified the possibilities to influence change in schools, workplaces and the daily lives of Philadelphians. Of the 30 partners listed in the Annual Report, the most influential partnerships for environmental changes included the Department of Public Health, the City Planning Commission, the Mayor's Office of Transportation and Utilities, the Police Department, and the Bicycle Coalition of Greater Philadelphia.

FUNDING

Get Healthy Philly was funded through a \$25 million CPPW grant, with \$15 million allocated toward obesity and \$10 million to tobacco use control. The funds originated from American Recovery and Reinvestment Act (ARRA), and were awarded through the U.S. Center for Disease Control. The grant provided PDPH approximately \$5.60 per capita, the largest amount awarded to any CPPW community. The guidelines set by the CDC required the use of evidence-based strategies, which PDPH tailored within a cooperative agreement to more effectively address Philadelphia's goals.

The CPPW grant was intended for communities with infrastructure in place that would enable rapid implementation. To meet the terms of the grant, 85 new full-time employees and subcontracts were in place within the first 6 months. At the completion of the grant in 2012, PDPH used other forms of funding to maintain Get Healthy Philly due to the success achieved and commitment to further the program. Current and projected funding sources include local, state, and federal revenues, as well as leveraging funds awarded to their non-governmental partners. Successful fundraising efforts are underway; PDPH has been awarded \$1.5 million per year for 5 years through the Community Transformation Grant and \$2 million over 4 years through the National Public Health Infrastructure Grant. Both are programs of the CDC under the Prevention and Public Health Fund of the Affordable Care Act.

ASSESSMENT

With minimal challenges and setbacks, Get Healthy Philly has successfully fulfilled the program's basic objectives to promote active living and healthy eating. There were some difficulties related to transparency, coordination between partners, and collection of data to identify health indicators. While the process was generally transparent, Project Manager Sara Solomon notes that it would have been beneficial to have dedicated personnel to manage the community outreach and build community demand in the engagement process.

The Get Healthy Philly program is particularly notable for the collaboration and shared funding resources that occurred between partnering agencies and organizations that do not typically engage in public health. The capacity-building realized through Get Healthy Philly was crucial to achieving the mutually constructive agreements to promote public health goals across agencies. Political leadership helped champion Get Healthy Philly's objectives, as did the strategic engagement of key decision makers. Cultivating constructive relationships allowed the program to more directly influence standards for schools, for-profit businesses, and work places.

Access to complete, consistent, and reliable data complicated initial analysis and subsequent evaluation efforts to secure continued funding. City agencies had different methodologies for data collection that had to be addressed at the start of the program and it took almost two years for PDPH to develop a consistent scoring system for food access. However, savings in time and resources should be achieved as PDPH is now

aware of the forms of data most effective in the evaluations for health indicators.¹⁰

CONCLUSION

While advancing their own approach to a healthy Roanoke Valley, the Partnership can take into account the successes and challenges of the initiatives in Jefferson County and Philadelphia. Although the two communities took different approaches, both cite the importance of strategic partnerships, cross-disciplinary and inter-agency coordination, as well as reliable technical and statistical support. In order to maximize the impact of often short-term funding sources, both communities indicated a mix of long-term policy changes as well as immediate physical investments. The Partnership can continue to leverage existing relationships and identify new partners, possibly through dedicated staff to manage outreach and coordination. Building capacity in local leaders, partners, and stakeholders is essential to developing and sustaining health initiatives across multiple agencies and disciplines.

¹⁰ Additional information about Get Healthy Philly can be found online at www.phila.gov/health/Commissioner/Nutrition.html, as well as the 2011-2012 Annual Report at www.phila.gov/health/pdfs/commissioner/2012AnnualReport_Nutrition.pdf. Health and demographic statistics came from the 2010 US Census, and a Tobacco, Obesity, and Chronic Disease Report produced by Philadelphia Department of Public Health in June 2013