

Partnering4Health
Ways the American Planning Association (APA)
Supported its 35 Communities

The [American Planning Association](#) is a membership association of planners, commissioners, educators, students, and engaged citizens who are committed to creating vital communities. APA’s component structure consists of 47 chapters and 21 divisions. The Plan4Health project leveraged planners’ roles as collaborators and conveners to improve health outcomes. The project brought APA members together with members of the [American Public Health Association](#) (APHA) by requiring its community coalitions to include APA and APHA members plus locally relevant others. The [Plan4Health](#) project’s thirty-five (35) community coalitions used a "health in all policies" approach for improving access to healthy food and increasing opportunities for physical activity. To help potential applicants, APA and APHA created an Application Form and Checklist, a Grantee Readiness Quiz, Community Action Plan (CAP) Guidance, and Award Type Guidance.

APA Table 1: Community Recruitment and Areas of Focus

	Cohort 1	Cohort 2	Total
# Applications Received	86	85	171
# of Communities Selected	18	17	35
# Addressing Healthy Food Procurement	1	0	1
# Working on Food Financing/food systems	4	4	8
# Strengthening Farmers Markets	3	1	4
# Improving retail/corner store offerings	5	3	8
# Creating Community Gardens	0	3	3
# Improving Walkability/Bikeability	13	12	25
# Negotiating Shared Use Agreements for Physical Activity	0	3	3
# Addressing Worksite Wellness Opportunities	0	2	2

APA’s partnership with APHA empowered public health professionals to participate in how cities are created and encouraged planners to make the connection between planning and health issues (i.e. safety and health, sidewalk width and obesity reduction). Planning in the United States originated with a public health focus, and joined public health in the shared purpose of urban reform and disease prevention. The two professions diverged, but these common roots reflected shared values: the built environment impacts all aspects of health. By leveraging the complementary skills and expertise of

planners and public health professionals, Plan4Health expanded innovative tactics to address tough problems. Staff from both the national APA and APHA supported the Plan4Health project and its community coalitions. At times, staff members worked on specific portfolios within the project (e.g. communications); at other times, staff worked collaboratively on all aspects of the project.

Throughout their funding period, Plan4Health coalitions submitted program reports once a month documenting their successes, challenges, and progress (both qualitative and quantitative) on project goals determined by their CAPs. They submitted financial reports quarterly. Each coalition's leadership had monthly calls with APA and APHA coalition management staff where they discussed the monthly reports, reviewed progress, and addressed technical assistance needs. When community coalitions needed more than generic training or technical assistance, Plan4Health's project staff helped them obtain individualized technical assistance from external technical assistance providers.

For Cohort One, APA and APHA held individual site visits with each coalition, traveling to the site and taking a deep dive into the project. This in-person engagement allowed for a deep understanding of each community and its players. For Cohort Two, APA and APHA held two regional site visits, bringing together half of the cohort for a day and a half of peer learning. Although APA and APHA project staff members did not immerse themselves in each community as they did for Cohort One, the regional meetings allowed communities to connect and develop bonds with their peers.

APA and APHA staff organized webinars at least once per month as well as monthly peer calls for each focus area (nutrition and physical activity). The webinars and calls addressed topics in which their Plan4Health community coalitions had expressed interest or challenges. During these training opportunities outside experts and partners working in the healthy communities' movement shared their experiences. As the project progressed, community coalitions shared their own work; this occurred more frequently during the second cohort, as representatives from the first cohort could provide insights and results from their projects.

The final iteration of Plan4Health, Planners4Health, showcase lessons learned from Cohorts One and Two. APA created the [Planners4Health curriculum](#) webinar series that was required of communities participating in Planners4Health and built throughout the project period.

A sampling of successes by Plan4Health communities includes:

- By engaging people who would be most affected, the [Baltimore \(MD\)](#) coalition discovered that its plans for expanding walking or biking trails generated fears of gentrification and loss of neighborhood cohesion. As a result it considered alternate routes.

- In Fort Worth (TX), the city council approved the [Tarrant County](#) coalition's request to amend the city code and zoning to allow mobile vendors to sell fresh produce in residential areas.
- Traffic calming on residential streets in [St. Louis](#) slowed traffic where speeding had been an issue.
- In [Ajo \(AZ\)](#), the project created a bicycle hub, bringing bikes to the community in partnership with the local schools, university, and bike shops.
- The Dane County (WI) coalition created the [Active Living Index](#) for measuring and mapping walkability and access to biking and walking at the census block group level and then applied the tool to three target communities in Madison (WI) to better understanding their needs and to empower decision makers, planning and public health professionals and residents.
- The [Eastern Highlands \(CT\)](#) coalition developed a toolkit that planning and zoning commissions in small, rural towns could use to enhance the quality of life in their communities through the prevention of illness, promotion of wellness, and protection of our human environment.

In addition to funding 35 coalitions across the country, APA and APHA also supported the health affinity group within APA called the Healthy Collaborative (HCC). The positive response from APA members to the original Plan4Health project announcement demonstrated that members were interested in learning more about the intersection of health and planning. The Planning and Community Health Center within APA spearheaded the development of the HCC as a mechanism for fostering conversations about health across the organization.