

NOSSIM

The Public Health Institute promotes health, well-being, and quality of life for all people through research and evaluation, training and technical assistance, and by building community partnerships.

## PLANNING FOR Healthy Environments

JOAN M. TWISS

Planning for healthy environments brings to mind Yogi Berra's declaration, "It's like déjà vu all over again." The intertwined roots of public health and urban planning trace back to the 19th century when increasing industrialization and rapid urbanization spurred the demand for clean water, sewers and better housing. These environmentally-oriented solutions reflected an appreciation for how living conditions impact health. Following World War II, however, a series of economic incentives changed land use in the U.S. to favor sprawl. In addition, increasing specialization within the planning and public health disciplines resulted in the loss of important cross-sector dialogue. These developments are reflected in policy-making and resource allocation that fail to appreciate the health consequences of poor planning and design.

Fortunately, there is a growing acknowledgement among practitioners, the academic community and philanthropy of the need to return to a comprehensive view of what creates health. There is resounding agreement that place *matters*. In 1987, Public Health Institute's President and CEO Joe Hafey visited with World Health Organization officials who were launching their Healthy Cities initiative. Later that year, the seeds of California's Healthy Cities program found fertile soil in a state with a growing and increasingly diverse population, grass-roots advocacy and a strong ecological conscience.

Since then, California's Healthy Cities and Communities (CHCC), more than 70 in number, have pioneered many health-oriented improvements in the built environment including the installation of trails, bike lanes, and neighborhood pocket parks. Others have established and supported community gardens and farmers' markets. Involving residents who will use these amenities is critical to the healthy cities philosophy.

The need for better community design takes on greater urgency with the surge in the older adult population over the next 10 to 15 years. The CHCC program will be publishing a brief which will explore the magnitude of the challenge and recommend what city officials can do to prepare for the infrastructure and policy changes necessary to support healthy aging in place.

To learn more about California Healthy Cities and Communities, visit [www.civicpartnerships.org](http://www.civicpartnerships.org). ■

This year's California Healthy Cities and Communities conference will be held April 21–22 in Berkeley, California. "Healthy Cities and Smart Growth: Planning for Healthier Communities," will convene locally elected officials, administrators and non-profit professionals representing public health, planning, human services, housing, and the environment to examine the intersection of the smart growth and healthy cities movements.

# Land Use and Food Stamp Nutrition Education Project

MARICE ASHE



At first glance, municipalities may claim they have no role in obesity prevention or in ensuring healthy eating by their residents. Traditionally, this is the role of a local health department or the personal physician of an overweight individual. But with deeper probing, it becomes clear that municipalities have *unique and perhaps the most powerful contributions* to make toward obesity prevention in low-income communities.

Municipalities oversee both the economic expansion within a geographic area, and the development or redevelopment of the municipal infrastructure including appropriate zoning for commercial areas, inclusion of recreational facilities, parks, sidewalks, bike paths, routes for walking or biking to school or work, and safe streets and neighborhoods. They are ideally positioned to take action to improve community health and well-being.

The Land Use and Food Stamp Nutrition Education project is part of the Public Health Law Program at the Public Health Institute. Working with the California Nutrition Network for Healthy, Active Families

(Network), established by the California Department of Health Services to increase fruit and vegetable consumption, physical activity, and food security among the millions of Californians who are receiving or eligible for Food Stamps. The project provides model policies and technical assistance to Network leaders, enabling them to work more effectively with municipal and community representatives. By improving municipal and neighborhood-based built environments and strengthening local economic conditions, Food Stamp recipients have greater access to healthy food and to safe and accessible physical activity opportunities.

Three land use strategies represent the best opportunities to improve access to healthy food and physical activity in neighborhoods at high-risk for obesity, especially among children:

- Ensuring that goals and policies of **General Plans** address nutrition and physical activity needs of a community;
- Developing **zoning and conditional use permit regulations** (CUP) to control the location and density of food and physical activity choices that promote a healthy community; and
- Focusing on **redevelopment plans for low-income neighborhoods** to offer special incentives for new developments in these high-risk communities.

Local advocates can assist neighborhoods to change the built environment by setting goals and developing policies that will ensure accessibility for healthy food options as well as safe opportunities to engage in physical activity by using these well-grounded land tools: general plans, zoning and CUPs, and redevelopment plans. ■



Voices For A Healthy Future is a biannual publication of the Public Health Institute. This newsletter is posted at [www.phi.org](http://www.phi.org). For more information on the PHI community of programs and projects, contact:

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*"Public health practitioners and their allies must pay close attention to how they craft their arguments, and then see that those arguments get a fair hearing in public discussion."*

# FRAMING

# PUBLIC HEALTH

## [ MORE THAN A MESSAGE ]

LORI DORFMAN

**H**ow should public health advocates answer challenging arguments from companies that produce harmful products? Tobacco companies say they sell a legal product. Alcohol companies insist that most people drink responsibly and claim companies shouldn't be blamed if some people abuse their products. Junk food purveyors say it is the parents' responsibility to control what children eat. Car companies say that the key to greater safety on the road is changes in driver behavior.

These are tough arguments to counter. After all, each one is truthful — if incomplete. But each industry argument has a common feature: each frames the debate in terms of a single, widely-held, important American value: personal responsibility. Trouble is, when public health battles are framed solely in terms of personal responsibility, audiences can't see how the settings and circumstances surrounding individuals contribute to their health status. Public health advocates need to "reframe" the message so the landscape around individuals comes into view. When public health advocates make the landscape visible, they bolster their arguments for public health solutions.

Framing involves more than a message — knowing what changes will advance public health interests comes first, followed by a clear analysis of what it takes to create change, usually policy change. The next step is framing messages to make the case because, if the change is significant, it will be contested. Inevitably, environmental changes are more controversial than changes in personal behavior because they generally require a shift in resources or responsibility. How the message is framed can either strengthen support for healthy public policy, or reinforce the opposition.

Recent debates over whether to sell soda to school children is a good case in point. Berkeley Media Studies Group's study of that news coverage shows that public health advocates are good at explaining the complexities around the rise in childhood obesity — almost too good. By elaborating the various aspects of obesity, many advocates failed to focus on the value of the policy at hand, in this case, eliminating selling soda in schools.

Public health advocates need frames for messages that emphasize shared responsibility for health. In the case of sodas in schools, certainly students should be taught to make healthy choices and take responsibility to do so. But do students determine what is made available to them in the vending machines in their schools? Are students responsible for the food selections in other parts of campus? It is the adults who have the responsibility to ensure that schools are doing right by the children in their care. While the lack of adequate funding for schools is a fact, it is not the responsibility of students to pay for their education by purchasing sodas and other commercial products from their schools — particularly when those products are not good for health.

These issues will be debated in highly visible public settings such as school board hearings. Typically, the arguments surrounding the social changes — be they policies to restrict sodas in schools or create safe spaces for walking and play, among others — will be contested by well-financed opponents working feverishly to protect their profit margins. Public health practitioners and their allies must pay close attention to how they craft their arguments, and then see that those arguments get a fair hearing in public discussion. Protecting the marketplace is important, no doubt about it. But when market excesses lead to poor health, they can be fairly restricted. And we should say so, loud and clear. ■

# Diversity of Focus

## Youth Reproductive Health Advocacy in Guatemala

ESTHER TAHRIR

Locally and globally, PHI shares evidence, promotes prevention, and builds community in a broad range of public health areas, including:

- Aging
- Alcohol / Tobacco / Substance Abuse
- Chronic Diseases: Asthma, Cancer, Diabetes
- Communicable / Infectious Diseases, including HIV/AIDS
- Community Health
- Disability
- Environmental Health
- Family Planning / Reproductive Health
- Genetics
- Health Policy Research
- Homelessness / Indigent Care
- International Health
- Lead Poisoning Prevention
- Leadership Development
- Managed Care
- Maternal & Child Health
- Media Advocacy
- Mental Health
- Nutrition / Physical Activity / Obesity Prevention
- Occupational Health
- Pharmaceutical Access
- Program Evaluation
- Rural Health
- Social & Behavioral Science

With a grant from the Summit Foundation, International Health Programs will fund and support Centro de Investigación, Capacitación y Apoyo a La Mujer (CICAM) to strengthen the Inter-institutional Commission on Healthcare Policies for Youth and Adolescents coordinated by the Guatemalan Ministry of Health and Social Assistance. Danessa Luna will coordinate the project along with two additional young leaders in CICAM. They will coordinate a participatory planning process in policy advocacy in order to implement the Guatemalan national policy of youth and child health. They will also implement pilot projects in three rural areas of Guatemala where they will distribute the policy; strengthen youth groups; and create local chapters of the Commission. The projects aim to promote the policy nationally, and improve the quality of life for children and adolescents. Esther Tahrir is the PHI project director on this grant. ■

Jose Roberto Luna, Angel Menendez and Danessa Luna are the three project coordinators.



## California Project LEAN receives 2004 Innovation in Prevention Award

VICTORIA BERENDS

California Project LEAN (Leaders Encouraging Activity and Nutrition) (CPL) received the 2004 Secretary's Innovation in Prevention Award from the Department of Health and Human Services, Office of the Secretary in a ceremony held in Washington D. C. last December.

PHI has assisted the state in operating and expanding the CPL program for more than a decade. The award recognized CPL's work on the "Successful Students through Healthy Food Policies" project, in partnership with the California School Boards Association (CSBA), to increase school boards development and adoption of healthy nutrition policies.

This award program is part of President George W. Bush's Steps to a HealthierUS initiative and acknowledges innovative chronic disease prevention programs. The California Department of Health Services celebrated this accomplishment with CSBA and partners at a special event in February. ■



(Left to right) Martin Gonzalez, CSBA assistant executive director, policy services; Victoria Berends, CPL marketing manager; Tommy Thompson, former Health and Human Services Secretary; Peggy Agron, CPL program chief

# PROFILES

In this issue, we welcome two new PHI board members, and feature two program directors whose work of interest include planning for the healthy environments.



**Rajiv Bhatia, MD, MPH**, is the director of the San Francisco Department of Public Health Section for Occupational and Environmental Health and its Program on Health,

Equity, and Sustainability. In addition to practicing clinical medicine, Bhatia performs environmental health program development and evaluation; environmental epidemiology, health impact assessment of urban planning policies and projects; and participatory research with communities for environmental and social justice. Working with PHI provides Bhatia with an environment conducive to inter-disciplinary partnerships and innovative projects, and the support necessary for developing, funding, and managing research initiatives.



**Anthony B. Iton, MD, JD, MPH**, a new PHI board member, is the Alameda County Health Officer in California.

As a local health officer, Iton developed a school health database that serves as the template for several programs including a health insurance enrollment program, an asthma home environmental assessment and intervention program, and a school-based dental sealant program. He also initiated a chronic disease prevention program focused on involving an inner-city community.

He has worked as an HIV disability rights attorney, a health care policy analyst, and as a physician and advocate for the homeless.

Iton received his medical degree from the Johns Hopkins University and his law degree and master's degree in public health from the University of California at Berkeley.



**Alicia Lara, BA**, a new PHI board member, consults for non-profits and foundations in program development, operations, and organizational effectiveness.

During the previous eight years, she served in several capacities at The California Endowment (TCE), most recently as vice president of programs.

Responsible for strategic direction and daily operations of all grant making programs, Lara facilitated annual payout of approximately \$165 million to more than 800 grantees.

Prior to joining TCE, she served as program director for the California Pan-Ethnic Health Network where she cultivated and led a statewide network of healthcare experts to affect health policies in the area of cultural competency at the state and local levels.

Lara has worked in the policy arena as a senior aide for San Francisco Supervisor Carole Migden developing legislation for city departments.

She currently serves on several boards including St. Joseph Health System Foundation, Grant Makers in Health, Women in Philanthropy, and Los Angeles United Methodist Urban Foundation.



**Joan M. Twiss, MA**, is the executive director of the Center for Civic Partnerships, a support organization that strengthens individuals, organizations, and

communities by facilitating learning, leadership development, and networking. Twiss has extensive expertise in program planning, implementation, technical support, training and evaluation from more than 25 years of experience at all levels of government and in the private sector. She designed, and continues to direct, the first and largest healthy cities and communities program in the United States. She has a master's degree in health education from the University of Maryland and a bachelor's degree in public health from the University of Massachusetts.

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## New Awards

### ■ Medicine for People in Need (Medpin)

Project Director: Kathryn Duke, JD, MPH  
Funded by: The California Wellness Foundation

As part of its work on drug pricing and access issues for low-income Californians, Medpin engages with policy makers on relevant legal and program issues and provides training and support to "safety net" providers serving primarily low-income patients. To best meet the needs of the California's "safety net" system, Medpin collaborates with leaders in academia, policy analysis organizations, the private and nonprofit health care delivery sectors, as well as government agencies.

### ■ Prenatal Organochlorine Exposure and Male Reproduction

Principal Investigator: Barbara Cohn, PhD  
Funded by: National Institutes of Health/Columbia University

This project examines the relationship of prenatal exposure to organochlorines and male reproduction, including semen quality, endocrine regulation, and fecundability. This study is a collaborative effort with Kaiser Permanente Division of Research, Mt. Sinai School of Medicine, and the Child Health and Development Studies (CHDS) program at PHI. The grant supports unique and innovative research based on the now-adult children in families who participated in a longitudinal CHDS study.

Pregnant women were enrolled between the years of 1959 and 1967 and were members of the Kaiser Permanente Health Plan. CHDS is a unique source for research on intergenerational determinants of health over the life-span. It is one of only two such studies in the United States, and forms the basis of an ongoing research program to determine how events in early life, including before birth, may influence health as children become adults.

### ■ Womenspeak: Community Health Education and Prevention

Project Director: Renetia Martin, MSW  
Funded by: Community Technology Foundation

The purpose of this Women's Health Collaborative program (WHC) at PHI is to raise awareness of and improve the physical, mental, and emotional well-being of low income/underserved women and girls in California. WHC proposes to develop brief radio spots and, eventually, longer radio programs on health issues relevant to underserved women and girls of color. According to Renetia Martin, the project's director, one of the most effective ways to reach communities is through "womenspeak" -- culturally appropriate messages aired on radio stations people listen to at home, and at or enroute to work.

## Recent Publication

### Understanding Nutrition: A Primer on Programs and Policies in California

*Understanding Nutrition: A Primer on Programs and Policies in California* is one in a series of primers offered to assist practitioners and policy leaders in advancing their basic knowledge of complex social service systems. This Primer offers a statistical profile of the weight, dietary practices, and physical activity of Californians, a review of the relevant federal and state governmental structures and laws, a description of the programs supporting nutrition and community food security, and a review of the key policy issues. The Primer was produced by the California Center for Research on Women and Families (CCRWF), a PHI program. To download a copy of the Primer, go to [www.ccrwf.org](http://www.ccrwf.org). Kate Karpilow is the Center's executive director.