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# Essential Nexus

## How to Use Research to Inform and Evaluate Public Policy

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Scientific research often is not relevant to public policy. In the evolving field of active living, there are two primary reasons why: (1) a broad range of research may be necessary to advance science, and many research topics are not that relevant to policy; and (2) even with policy-relevant research, there is no guarantee that the research results will have clear policy implications or be conveyed in a way that highlights the policy relevance. This does not mean that all research should be designed to be relevant to policy applications. Rather, we need to acknowledge that policy-relevant research is facilitated by closer collaboration between researchers and policymakers in selecting appropriate topics and devising effective communication strategies to disseminate the results.

Active living research poses particular challenges because its policy issues are crosscutting and involve multiple sectors, such as health, environment, transportation, and education. The policy perspective of the health sector is not the only perspective that will affect how policy is made. It is a challenge to inform legislators, who sit on separate committees with different jurisdictions, of the policy links in a bill typically identified with another sector, such as transportation funding. There are two problems to solve: (1) to understand how to promote collaboration across issue jurisdictions, and (2) to be able to demonstrate that health is a stakeholder in policy deliberations traditionally outside the health realm. We need to develop and communicate evidence that a transportation bill also is a health bill.

Washington State Senator Rosa Franklin, a retired nurse, has demonstrated how the first problem can be overcome through passage of the Physical Activity Promotion Act.<sup>1</sup> The legislation links land use, transportation, recreation, education, and healthcare planning into a single construct. It requires cities and counties to consider policies that promote physical activity through community design when they amend their comprehensive plans. Although the primary focus was on the built environment, hearings were held in the transportation and health committees, and stakeholders included urban planners and public health professionals. The vetting process en-

sured that legislators understood the links between community design and public health benefits.

Designing and translating research to demonstrate the connection between a specific policy approach and actual public health benefits are more difficult. But this is where the active living field can have its greatest impact. Research undertaken by Lawrence Frank and his colleagues,<sup>2,3</sup> to cite but one example, has contributed useful evidence to policymakers. It has shown direct correlations between neighborhood design and walkability—with associated public health benefits from resultant increases in physical activity—and has suggested policy options that state and local government officials can use to achieve public health benefits from changes in the built environment.

In one study of metropolitan Atlanta, Dr. Frank and his colleagues<sup>2</sup> were able to demonstrate that “community design is significantly associated with moderate levels of physical activity,” and more importantly from a policymaker’s perspective, that “these results support the rationale for the development of policy that promotes increased levels of land-use mix, street connectivity, and residential density as interventions that can have lasting public health benefits.” In a second study in King County, Washington,<sup>3</sup> the researchers concluded that “our estimates of the change in each outcome measure associated with increases in walkability could inform policymakers who are considering changes in land-use and development regulations or investments in existing neighborhoods to increase walkability.”

To further gauge the potential public health impacts of proposed land use, transportation, and related public policies, state and local governments are beginning to examine the role of health impact assessments. A health impact assessment may be defined as “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”<sup>4</sup> The intent is to present policymakers with evidence-based recommendations about the potential health effects of a proposal or project.

Recent legislation considered, but not enacted, in California and Maryland illustrates alternative approaches. The California Healthy Places Act<sup>5</sup> would have required the Department of Public Health to provide technical

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assistance and funding to local public health agencies and community organizations to ensure that health concerns were addressed in transportation and land-use planning decisions. Maryland's Healthy Places Act<sup>6</sup> would have funded a pilot program in the Department of Health and Mental Hygiene to support state and local health officials' involvement to identify potential health concerns in community planning and land use decisions. The problem Maryland's legislation was designed to overcome is illustrated in the paper written by Nisha Botchwey and her colleagues and reported in this supplement to the *American Journal of Preventive Medicine*,<sup>7</sup> who note that despite the growing evidence of public health impacts associated with the built environment, there has been little interaction between land-use planners and public health officials.

The lack of collaboration between public health and urban planning professionals may be due to a lack of understanding as to how the professions can work together to achieve mutual objectives. Public health professionals may be reluctant to engage policymakers in a political process or they may simply not know how to do it. Urban planners and the city council members who vote on their recommendations may not be aware of the contributions public health research can make to public policy or their eyes may glaze over as research is presented at public hearings.

Active Living Research (ALR) has been at the forefront in recent years to help translate research into public policy and to build collaboration between policy sectors. I moderated a session at the ALR 2007 Annual Conference entitled From Research to Policy ([www.activelivingresearch.org/conference/2007](http://www.activelivingresearch.org/conference/2007)). The session was designed to promote a dialogue among state legislators, county supervisors and researchers about policymaker needs for data that documents links between active living interventions and reductions in childhood obesity and the public health benefits associated with specific policy options.

In that session, research presented by Joseph Schilling evaluated progress in implementing state legislation requiring Wisconsin cities to adopt traditional neighborhood ordinances that encourage more walkable mixed-use developments.<sup>8</sup> David Salvesen's work highlighted opportunities and obstacles facing Florida cities and school districts under state legislation requiring collaboration in siting new schools to make it easier for students to walk and bike to school.<sup>9</sup> Another session included an analysis of mandatory physical education legislation passed in Texas on the level of children's physical activity.<sup>10</sup> The National Conference of State Legislatures subsequently invited the author of the Texas study, Steven Kelder, to make a similar presentation at its own 2007 Annual Meeting,<sup>11</sup> further highlighting the importance of health-based research to public policy. Active Living Research supported all three studies through its grant program.

Active Living Research has continued to emphasize the need not only to translate research results into usable public policy applications, but also to consider the needs of policymakers in selecting the topics for research. The theme of ALR's 2008 Annual Conference was Connecting Active Living Research to Policy Solutions ([www.activelivingresearch.org/conference/2008](http://www.activelivingresearch.org/conference/2008)). It included sessions on Writing Research Papers for Impact, and Barriers to Translating Research into Effective Policy. ALR also conferred the first Translating Research to Policy Award at the conference. The award is designed to recognize research that has "informed policy or practice, or to a policymaker, decision-maker or advocate who has effectively used research in his or her work..." Former Speaker of the Arkansas House of Representatives Herschel Cleveland was included in the three-member team that received the award for work on Arkansas's BMI legislation, along with Dr. Joe Thompson, Arkansas Surgeon General, and Jim Raczynski, University of Arkansas.<sup>12</sup> The award acknowledges that policymakers can make effective use of research if they understand how public health benefits can be achieved through specific interventions that have practical policy applications.

The active living research field is taking positive steps to support research projects that are relevant to policymakers. It increasingly seeks to engage policymakers in selecting topics and providing feedback. Continued advancement will be measured by how well researchers can translate their findings into policy options and market the results so they are useful now.

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