

RESEARCH YOU CAN USE

Translational Research: The Next New Thing

In the standard categorization, there are just two types of research: basic research (also called fundamental or pure research) and applied research. But now we can also say there is a third kind.

Basic research is more speculative than applied research, and there is often a long gap—sometimes decades—before it can be used in a practical way. Much of the research that finds its way into academic planning journals is “basic” in this sense. An example is the plethora of studies on the relationship between the built environment and travel choices, each specific to a certain geographical area and not generalizable.

Applied research is different. It has the potential to affect practice within a relatively short time, although it often represents an incremental improvement rather than a radical breakthrough. A recent meta-analysis of the literature on the built environment and travel that appeared in the summer issue of the *Journal of the American Planning Association* is an example. In this case, the extent of the effects uncovered by the research could quickly be put to use in sketch plans.

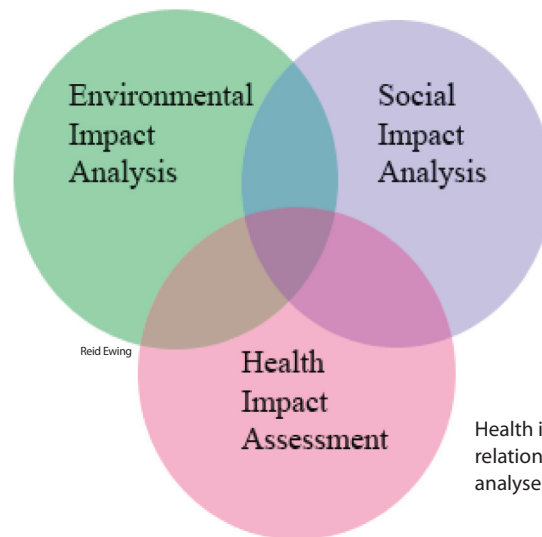
Now a third type of research has been added to the mix. It's called translational research, and it's all the rage in the health sciences. The term is used to describe studies that quickly and efficiently translate findings from basic research into medical practice. Translational research has become the darling of the National Institutes of Health and other funders that have spent vast amounts on basic research but have seen only modest returns on their investments. This sort of research bridge has come to be seen as the key, the missing component that will justify the huge amounts spent on basic research.

Translational research is often multidisciplinary. That's in contrast to the disciplinary silos in which researchers typically operate and that represent a definite barrier to quickly translating basic science into practice. Think of the Robert Wood Johnson Foundation's

Active Living Research Program, which has, among other things, funded interdisciplinary teams to study local policy innovations that lead to increased physical activity.

HIA tools

A great example of translational research is a review article in the most recent issue of the *Journal of Planning Literature*. It's titled “Health Impact Assessment (HIA) for Planners: What Tools Are Useful?” and the authors are Ann Forsyth of Cornell University, Carissa Schively Slotterback, AICP, of the University of Minnesota, and Kevin Krizek of the University of Colorado. In this and earlier work, these planners have crossed disciplinary boundaries to conduct research on public health.



Health impact assessment in relation to common planning analyses.

They note in their article that, despite much rhetoric about incorporating public health concerns into planning, there are few examples—at least in the U.S. They argue that HIAs are a convenient vehicle for integrating health into planning, and they show how it can be done.

The article draws parallels between HIAs and activities more familiar to planners—environmental and social impact analyses and sustainability indicators research. “Planners already address many health and social issues through EIA, SIA, and sustainability indicators,” they write. “HIA, however, provides additional opportunities . . . as well as potential allies from public health and related fields.”

Perhaps their most important contribution is to introduce practitioners to a set of tools developed at the University of Minnesota as part of the Design for Health project. The tools, which have been tested in Minnesota communities, focus on issues where planning has influence and clearly draw on research-based evidence.

This article could not be more timely. I recently reviewed 35 regional transportation plans prepared by leading metropolitan planning organizations. Most RTPs remain narrowly focused on relieving roadway congestion, with exhaustive documentation of estimated hours of driver delay, average travel speeds, and miles of congested travel with and without transportation investments. Yet, although a few

of the RTPs I reviewed acknowledged the potential impacts of transportation investments on human health, not one sought to quantify these impacts.

Thanks to translational research like that done by Ann Forsyth and her colleagues, I envision a day when progressive MPOs will move beyond average travel speed as the be-all and end-all of transportation planning and begin to deal with the larger issues of public health.

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