

# Healthy Comprehensive Planning In Practice

Beth Altshuler Raimi + Associates February 7, 2013









New Partners for Smart Growth





#### **OVERVIEW**

#### Healthy Planning Context

#### Raimi + Associates

- Worked with 9 cities and 2 counties to incorporate health into their general plan
- Incorporate health into other projects as well
  - TOD Corridor plans

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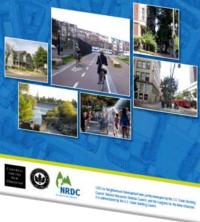
- Neighborhood / Specific plans
- Pedestrian Plans
- Climate Action Plans

#### **Publications**

#### Health and Climate Action Plans, General Plans, Regional Transportation Plans, LEED-ND



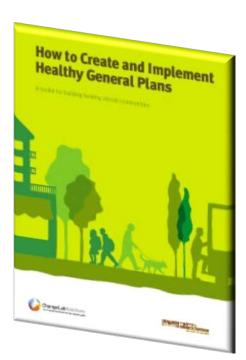
A Citizen's Guide to LEED for Neighborhood Development: How to Tell if Development is Smart and Green



Climate Action for Health: Integrating Public Health into Climate Action Planning



February 2012 California Department of Public Health



## Health Planning in California



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#### General Plans = Comprehensive Plans

- **7** required elements
- Health Element or policies are optional
- No official guidance
  - California Office of Planning and Research (OPR) updating guidelines:
    - Greenhouse Gas Emissions Reduction and Climate Adaptation
    - Renewable Energy
    - Infill Development
    - Regional Planning
    - Public Health
  - Recently added "complete streets" requirement



Supportive Health Policies

Existing Conditions / Health Indicators

Health Impact Assessment (HIA)

#### **GIS** Analysis

Health Survey

#### Public Workshop

Wellness Advisory Committee

Healthy Planning Tools

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### Raimi + Associates Health Projects

- □ South Gate, CA Healthy Communities Element
- El Monte, CA Health and Wellness Element
- Oakland, CA International Boulevard TOD Plan and Rapid HIA
- Riverside County, CA Healthy Communities Element
- D Murietta, CA Healthy Community Element
- Redwood City, CA General Plan Health and Sustainability
- Santa Monica, CA General Plan
- Los Angeles County, CA Florence-Firestone Vision Plan
- D Coachella, CA General Plan Public Health Element
- Encinitas, CA Public Health Element
- Fresno, CA Downtown Neighborhoods Community Plan and HIA
- Mountain View, CA General Plan (including health policies)
- San Diego, CA The Village at Market Creek, Health Planning for Cultural Village Plan and Brownfields Action Plan
- Santa Clara County, CA- Health Element
- Los Angeles City, CA Health and Wellness Chapter for the General Plan Framework
- Delano, CA Health and Sustainability Element

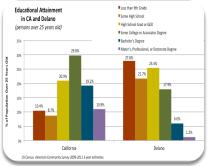
Raimi + Associates Public Health Projects	Project Status	Stand-Alone Health Element/Chapter	Supportive Health Policies	Existing Conditions Report	Health Indicators	Health Impact Assessment (HIA)	GIS Analysis	Health Survey	Public Workshop	Wellness Advisory Committee
South Gate, CA - Healthy Communities Element	Adopted	~	~	~			✓		~	
El Monte, CA - Health and Wellness Element	Adopted	~		~	~		~		~	~
<i>Oakland, CA</i> - International Boulevard TOD Plan and Rapid HIA	Adopted		~			~			~	~
Riverside County, CA - Healthy Communities Element	Adopted	~								~
Murietta, CA - Healthy Community Element	Adopted	~		~	~				~	
<b>Redwood City, CA</b> - General Plan Health and Sustainability	Adopted		~	~	~					
Santa Monica, CA - General Plan	Adopted		~							
<i>Los Angeles County, CA</i> - Florence-Firestone Vision Plan	Adopted		~	~	~				~	
<i>Coachella, CA</i> - General Plan Public Health Element	On-Going	~		~	~	~	~	~	~	~
Encinitas, CA - Public Health Element	Public Draft Released	~		~	~		✓	~	~	~
<i>Fresno, CA</i> - Downtown Neighborhoods Community Plan and HIA	Public Draft Released	~		~	~	~	~			
<i>Mountain View, CA</i> - General Plan (including health policies)	On-Going		~							
San Diego, CA - The Village at Market Creek, Health Planning for Cultural Village Plan and Brownfields Action Plan	Adopted		~	~	~	~	~	~		~
Santa Clara County, CA- Health Element	On-Going	~		~	✓		✓	~	✓	~
Los Angeles City, CA - Health and Wellness Chapter for the General Plan Framework	On-Going	~	~	~	~	~	~	~		
Delano, CA - Health and Sustainability Elements	On-Going	~		~	~		~		~	~

## Why Add a Health Lens?



#### 10







#### Tells a richer story

Humanizes "unhuman" topics (zoning, land use, transportation, buildings) Use data to understand "What is a healthy community?" Broadens stakeholders and partnerships

## "Healthy" Planning = More Equity?



## "Healthy" Planning = More Equity?

Justification for good planning, broadens the conversation, and co-benefits Human development must come with "physical" development

Redistribute risks and resources through policy and budgetary priorities

Equity!

Give elected officials the tools to demand "healthier" and "smarter" developments



#### POTENTIAL DELANO HEALTH AND SUSTAINABILITY ELEMENTS TOPICS

1. Social Wellbeing and Social Equity	Health	Sustainability
Vulnerable populations (poverty, race/ethnicity, seniors, young children, linguistic isolation, natality)	•	•
Equitable distribution of opportunity and risk	•	•
Educational access and opportunities	•	•
Civic engagement and community participation	•	•
Human relations / discrimination	•	
Real and perceived neighborhood violence	•	
Domestic violence	•	
Sense of community	•	
2. LAND USE AND COMMUNITY CHARACTER	Health	Sustainability
Development location	•	•
Development density/intensity	•	•
Transit-oriented development	•	•
Mix of uses / Proximity to goods and services	•	•
Walkable streets (building location and design)	•	•
Universal design	•	•
Historic buildings		•
Mixed-use and complete neighborhoods	•	•
Urban infill	•	•
Building design	•	•
Regional coordination	•	•
Siting, design, operations, and maintenance of public facilities	•	•
School siting, access, and design	•	•
3. TRANSPORTATION AND MOBILITY	Health	Sustainability
Street network and connectivity / Street design (including ADA compliance/ disabled access, universal design/ability to age in place)	•	•
Transit service and access	•	•
Alternative transit (paratransit, private employer shuttles, etc)	•	•
Pedestrian facilities	•	•
Bicycle facilities	•	•
Safe routes to schools	•	•
Collisions (vehicular, bicycle, pedestrian, and alcohol related)	•	•
Automobile traffic / Transportation demand management	•	•
2000 Hearst Avenue, Suite 306, Berkeley, CA 94709		www.raimiassociates.com

Major health and sustainability overlap

#### Process Components

### Healthy Planning Process



#### <sup>16</sup> Partnerships and Community Engagement

### Partnerships to Start the Process

- Elected officials need to see the demand and desire in the community:
  - City staff
  - Public Health Department
  - School District
  - Academics
  - Local Non-Profits
  - Businesses
  - Residents
- □ DIVERSITY is key!
  - Process will be taken more seriously if decision makers see unlikely partners teaming up.

## Wellness Advisory Committee

- □ Guide process
- Help with outreach
- Testing ground for policies
  - Public agency staff
  - Residents
  - Youth
  - Service providers
  - Businesses
  - Institutions
  - Community organization



## **Community Workshops**

- Pretend it's not a workshop.
  - Prizes
  - Live music
  - Kids activities
  - Food
  - Resource fair
  - Colorful displays
- Confirm what you "heard" at the last workshop
- Connect the dots....policy to personal



#### STATION 2: I COMMIT TO BE A MEALTHIER ME!

EXPACTOR 2: THE COMPROMETO A SER UN TO MAS SALUBABLE

Personalities (Print Print Print

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## **Community Workshops**



# <sup>21</sup> Vision and Guiding Principles

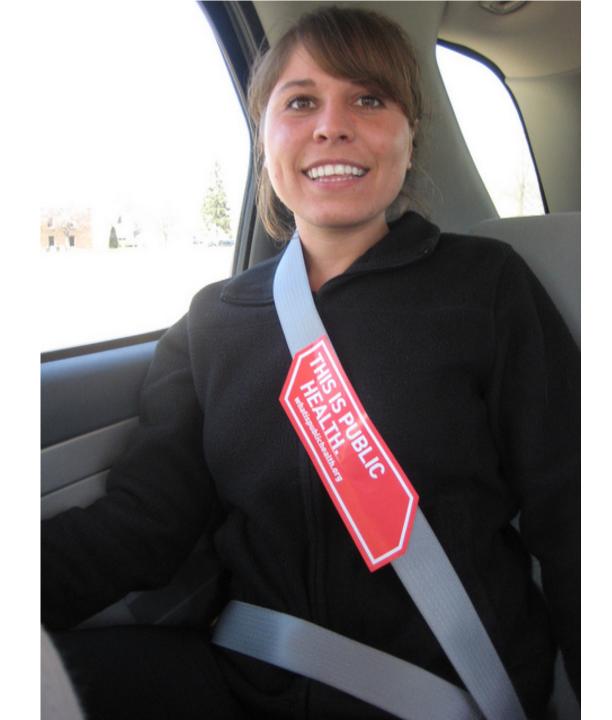
Vision and guiding principles...

turn negative ISSUES into positive future dreams

	o 1970 - 1721 1761 18	
Healthy Enc	initas Visio	n
We are interested in your vision for a healthy E Think about what the ideal healthy city would b or economic, aspects of Encinitas that influence negatively or positively. Take five minutes to wri big, too small, too crazy, or too boring; we wan	be like. Think about any j your health or your comm te, draw, and/or list your	ohysical, social, and/ nunity's health – either
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encinitas	Table No.	Buddy No.
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# Encinitas Vision Exercise











#### LIBRAARY THIS IS PUBLIC HEALTH. Whatispublichealth.org



## <sup>30</sup> Existing Conditions

## **Existing Conditions Purpose**

- Inform future policy and development direction
- Baseline to track progress
- Explore relationships between different topics
- Provide justification and background info for City, County, and community groups' grant applications
  - Make data / report publically available for community / public use
- Help establish measures of success

## **Existing Health Conditions**

Environmental, social or economic conditions that impact health

- Vehicle collisions, locations of healthy food stores, parks, crime, bike lanes, etc.
- Individual behaviors or opinions about health
  - Smoking, nutrition, exercise, walking, perceptions of safety, etc.

#### Individual health outcomes

 Obesity, diabetes, cancer, injuries, depression, heart attack, asthma, etc.



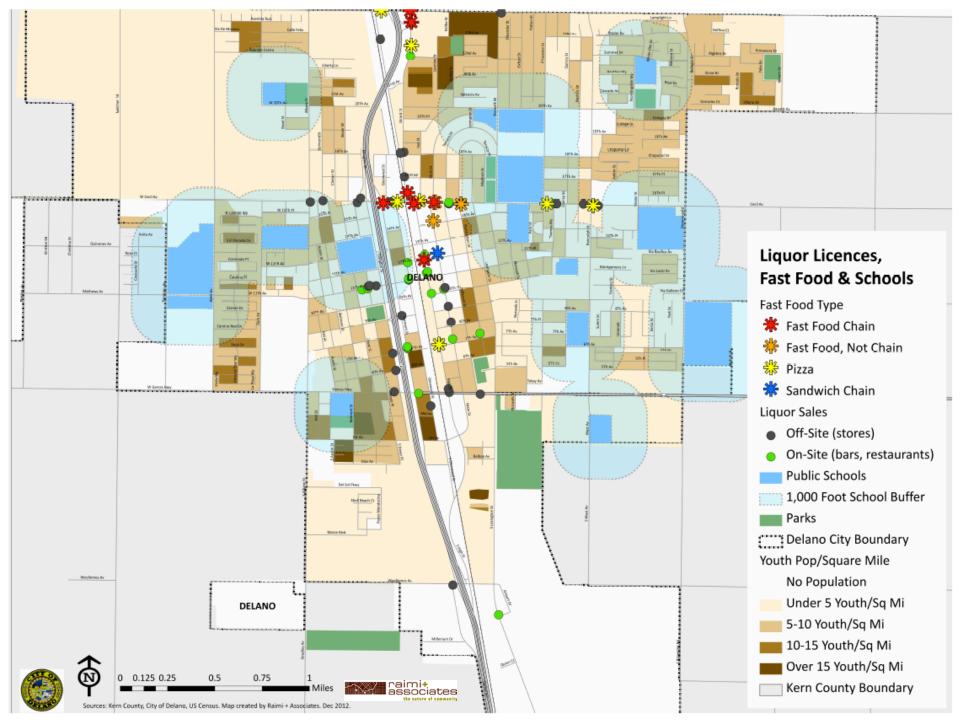
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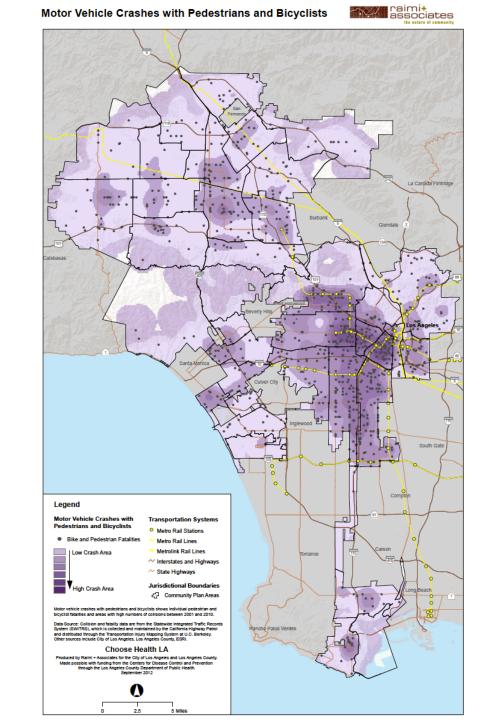
Buddy #8: Overweight 52 year old resident who works from home

Buddy #9: Mid-20s employee of an Encinitas restaurant who lives in Escondido

Buddy #6: Family of 5 who can only afford 1 car

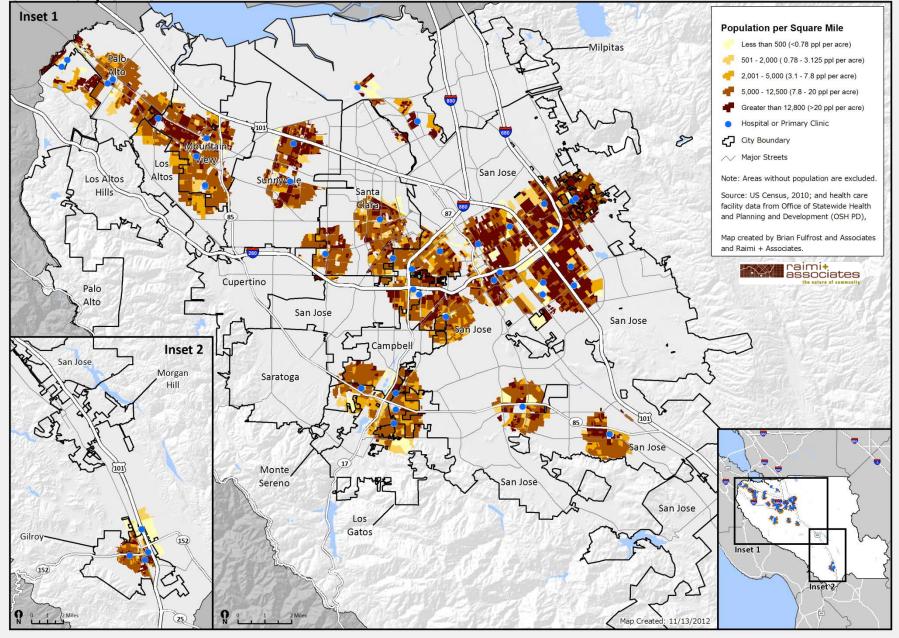
Buddy #3: A typical Encinitas teenager without a car





#### Population Density of Census Blocks within a Mile of a Hospital

#### or Primary Clinic



### 2. PARK SAFETY & ACCESS \* 2. PARQUE DE SEGURIDAD Y ACCESO

	Parks	DART Routes
	Park 1/4 Mile Service Area	Blue
	Delano City Boundary	-Green
•	Streetlights	Orange
=	DART stops	-Red

Place a numbered sticker dot in the park or near-by streets that need improvement. Then write the number and your comment on the large paper. / Coloque una etiqueta numerada punto en las calles o cerca de parque por las que necesita mejorar. A continuación, escriba el número y su comentario sobre el papel de gran tamaño.



**Cecil Park** 

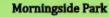
Cesar Chavez Park

**Jefferson Park** 



**Kalibo Park** 

**Memorial Park** 



Valle Vista Park



## Surveys



Santa Clara County 2012 Quality of Life Survey - English

#### \* HEALTH AND WELLNESS \*

Obtain original data for smaller geographic and statistical analysis

If you feel that your fast food choices have been less healthy than you would like, would you hav
eaten more balanced meals if (mark all that apply):

- Healthy foods were more affordable
- It was easier to get to the store
- The kinds of foods I wanted were available
- I had more time for shopping or cooking
- I wouldn't have changed my food choice

#### Do you think that there should be a limit on the amount and/or location of:

	Yes	No	Not sure
a. Convenience stores	$\bigcirc$	$\bigcirc$	$\bigcirc$
b. Liquor stores	$\bigcirc$	$\bigcirc$	$\bigcirc$
c. Bars	$\bigcirc$	$\bigcirc$	$\bigcirc$
d. Fast Food/Drive-Thrus	$\bigcirc$	$\bigcirc$	$\bigcirc$

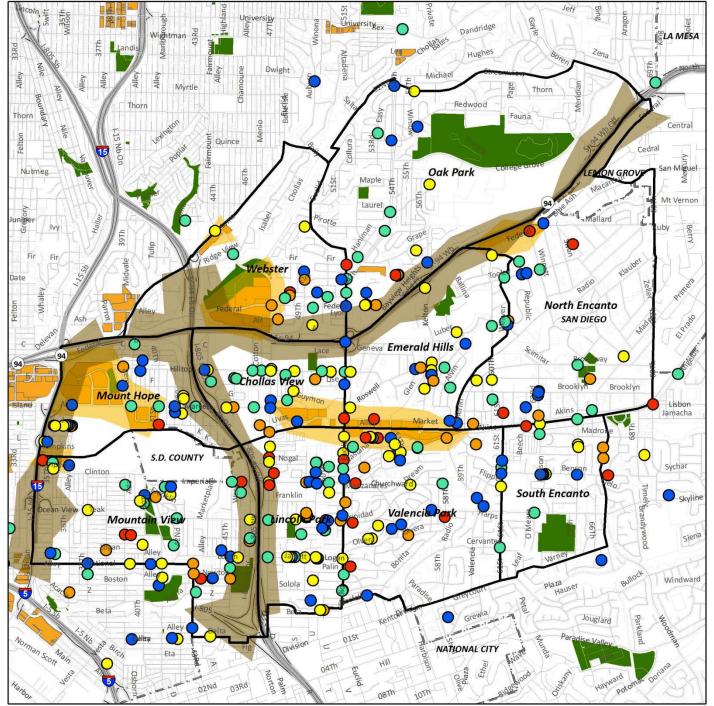
Do you have a regular source of health care (e.g., doctor, clinic, nurse practitioner, etc.)?

Yes
No
re do you go for health ca
Private practice
Kaiser
Community clinics
Non-Western/Alternative care pra

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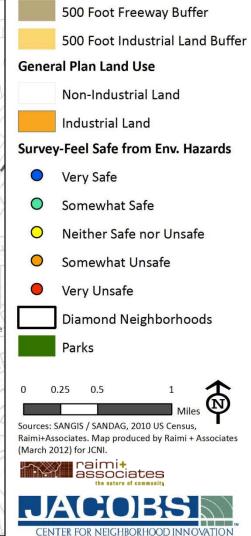
- ictices
- Urgent care clinics Emorgonou room

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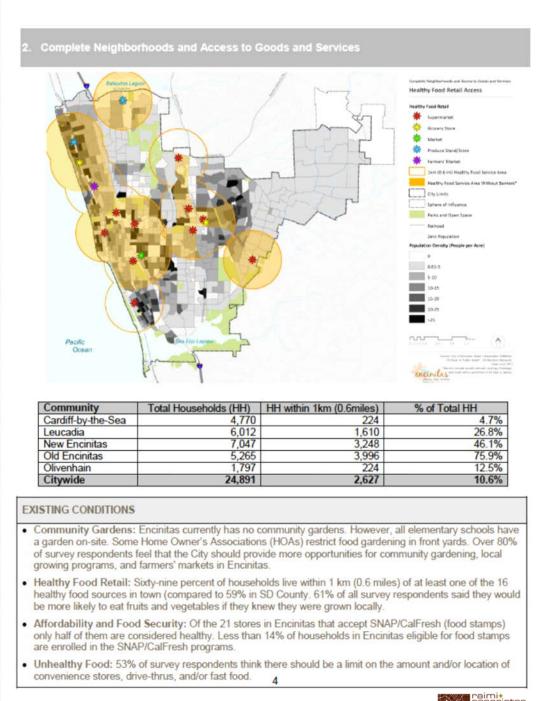


### Cultural Village Plan Health Element

#### Exposure to Pollution from Freeways and Industrial Sites



# <sup>40</sup> Policy Framework and Draft Plan



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#### Complete Neighborhoods and Access to Goods and Services

Please use a  $\checkmark$  to let us know whether you agree with, disagree with, or are not sure about the policy directions listed as proposed solutions to the questions below.

#### B. URBAN AGRICULTURE:

How, if at all, should the City address the public's desire for community gardens?	AGREE	NOT SURE	DISAGREE
B.1. Organize a garden-tool lending program, backyard garden bounty exchange program, and/or educational workshops on urban agriculture.			
B.2. Encourage HOAs to set aside land for community garden plots within the common areas of subdivisions or developments.			
B.3. Work with schools to create public access to school gardens and/or provide opportunities for joint-use of school gardens.			
B.4. Collaborate with vacant property owners to create public-private community garden partnerships.			
B.5. Create a partnership between the Public Works Department and a community group to plant and maintain edible landscaping in public rights-of-way or properties.			
B.6. Support the creation of a community-run urban farm.			
B.7. Create food growing opportunities or edible landscapes on public property (e.g. in existing parks, large rights-of way, and other public open spaces).			
Other ideas:			

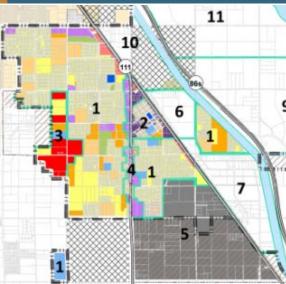
#### C. FAST FOOD:

How, if at all, should the City address concentrations of fast food establishments?	AGREE	NOT SURE	DISAGREE
C.1. Support California's current chain fast food restaurant menu labeling law, and encourage non-chain restaurants to provide nutrition facts as well.			
C.2. Create a business support program that incentivizes and assists fast food establishments in offering healthier menu items or smaller portion sizes.			
C.3. Consider limiting drive-thrus in new fast food restaurants.			
C.4. Consider banning new fast food restaurants near schools, parks, and playgrounds.			
Other ideas:			
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### **General Plan Overview and Structure**

### Elements include:

- GOALS: Desired long-range future end-state
- POLICIES: Principle or rule to guide decisions and achieve outcomes
- ACTIONS: (in the implementation chapter): Strategies that are specific proactive steps to achieve the goals following the instructional guidelines. Link between long-range planning and current-decision making.
- Some maps, figures and diagrams.

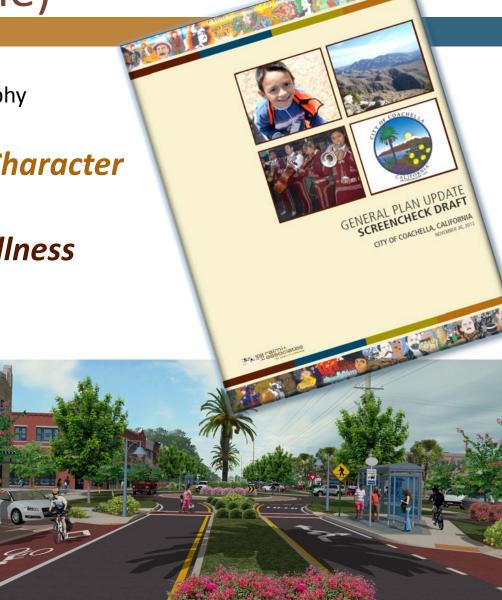


## General Plan Overview and Structure (Coachella Example)

- 0. Introduction
- 1. Vision, Guiding Principles, + Philosophy
- 2. Existing Conditions
- **3.** Land Use + Community Character
- 4. Circulation
- **5.** Community Health + Wellness
- 6. Sustainability + Natural Environment

### 7. Safety

- 8. Infrastructure + Public Services
- 9. Noise
- 10. Implementation Actions



Overall Health and Well-Being	Comments
1. GOAL: A physical, social, and civic environment that supports residents' health, well-being, and equity.	
1.1. Health in All Policies. Consider, and when appropriate incorporate, public health in all city policies and operations across all cities departments.	
1.1.1. Health Impacts in Staff Reports. Create and train staff to use a protocol with objective criteria that helps to assess and disclose the health co-benefits and impacts of new construction and capital improvement projects. Results should be included in City Council and Planning Commission staff reports. When appropriate, seek review assistance from the Riverside County Department of Public Health.	
<ul> <li>1.1.2. Healthy Budget Items. Create a process and criteria to prioritize funding and capital improvement projects to improve health equity and leverage other funding sources to improve the health of Coachella residents, especially items that may contribute to a long-term reduction in social services and/or health care demand and costs.</li> <li>A potential approach could include:</li> <li>Train department leadership on health equity</li> <li>Encourage each department to identify one or more health objectives for their annual budget</li> <li>Ensure budget items leverage opportunities to improve health co-benefits</li> </ul>	
1.2. Monitoring and Evaluation. Work with the County Public Health Department and community groups to monitor trends of the City's health and wellness conditions and outcomes.	
1.2.1. Community Oversight. Expand the role of an existing commission or partner with a local organization to advise the Council on the implementation of the Community Health and Wellness Element and other health-related issues.	
1.3. Health Equity. Identify and address health inequities within Coachella and between Coachella and the County on a regular basis and strive to facilitate a high quality of life for all residents.	
1.4. Workplace Wellness. Enhance the health and well-being of City employees through workplace wellness programs and policies to increase employee productivity, improve morale, decrease incidence of accidents and injuries, and decrease medical costs and aspire to become a model healthy organization for other cities in the region.	
1.4.1. Workplace Wellness Team. Identify a workplace wellness team to assess employee health needs and implement workplace wellness programs,	



# <sup>46</sup> Implementation

## El Monte, CA – Health Targets

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Indicator

### Existing Condition

### Health Outcome Impacted

PARKS, TRAILS, AND PUBLIC FACILITIES

Health Target 2020

Goal HW-9: Parks, trails, open spaces, and community facilities distributed throughout El Monte support active, healthy recreation, and activities.

#	Indicator	Existing Condition	Health Target 2020	Health Outcome, Behavior, or Determinant Impacted
15	% of population within ¼ mile of a park	Citywide=36% (Subare a range=21-58%)	Citywide = 75% with no subarea lower than 50%	Physical activity, social cohesion, stress, depression, self-reported health, BMI, home property values.
16	Acres of park land per 1,000 residents	Citywide= 0.94 (Subarea range=0.0-4.03)	Citywide = 2.0 with no subarea lower than 1.0 acre per 1,000	Physical activity, social cohesion, stress, depression, self-reported health, BMI.
17	% of adults engaged in no leisure-time physical activity	El Monte=36.8% LA County=36.2%	32.6% (Healthy People 2020)	Early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, depression
18	% of children who do not participate in physical activity	El Monte=17.1% LA County=15.2%	15% (10% decreaœ)	Bone health, cardiorespiratory and muscular fitness, body fat, depression.

#### ACCESS TO HEALTHY FOODS

Goal HW-10: Safe and convenient access to healthy foods for all residents with low concentrations of unhealthy food providers.

Goal HW-11: Healthy eating habits are encouraged and supported through healthy eating messages.

#	Indicator	Existing Condition	Health Target 2020	Health Outcome, Behavior, or Determinant Impacted		
19	Number of healthy food stores per 1,000 population	Citywide=0.24 (Subarea range=0.00-0.38)	Citywide=0.27 with no subarea lower than 0.1			
20	% of residential parcels within ¼ mile of healthy food	Citywide=43% (Subarea range=23-78%)	Citywide= 60% with no subare a lower than 50%	Cheaper and healthier foods, obesity, diabetes, fruit and vegetable		
21	Number of fast food store s per 1,000 population	Citywide=1.23 (Subarea range=0.53-2.42)	Citywide=1 with no subarea over 1.75	consumption, undernutrition, hunger.		
22	% of unhealthy food sources within ¼ mile of schools	Citywide=71% (Subarea range=25-100%)	Citywide=60% with no subare a higher than 50%			
23	Number of liquor stores per 1,000 population	Citywide=0.65 (Subarea range=0.35-2.99)	Citywide=0.5 with no subarea over 1	Drunk driving (collisions, pedestrian safety), violence, mortality from liver cirrhosis, alcoholism		
24	% of residential parcels within ¼ mile of liquor stores	Citywide=66% (Subarea range=50-100%)	Citywide= 50% with no subare a over 75%			
25	% of healthy food stores that accept SNAP food assistance EBT cards	16 of the 33 healthy food stores accept SNAP (48.48%)	66.67% (22/33 accept SNAP)	Cheaper and healthier foods, obesity, diabetes, fruit and vegetable consumption, unde mutrition, hunger.		
26	Healthy foods at City events	TBD	List of preapproved healthy food vendors and sample menus for various event budgets and sizes. 100% of City events have healthy food options.	Leadership / role model in healthy eating		
	AIR QUALITY					
Goal HW-12: Land use patterns reduce driving, enhance air quality, and improve respiratory health.						
#	Indicator	Existing Condition	Health Target 2020	Health Outcome, Behavior, or Determinant Impacted		
27	% of residential parcels < 500 feet from freeways and truck routes	Citywide=5% (Subarea range=3-19%)	<5% of <b>new</b> parcels in any subarea are located <500 feet from freeways and truck routes (with no more than X% in any subarea)	Asthma prevalence and hospitalizations, lung function, bronchitis, cardiovascular disease, coronary heart disease		
28	% of residential parcels < 500 feet from heavy industrial land	Citywide=19% (Subarea range=2-70%)	<5% of <b>new</b> parcels in any subarea are located <500 feet from heavy industrial land (with no more than X% in any subarea)	Cardiovascular outcome s, cancer		

## Healthy Development Review Checklist

#### Jacobs Center for Neighborhood Innovation (JCNI) Healthy Development Review Checklist - revised 04.04.12

#### raimi+ associates

This Healthy Development Review Checklist was created to aid JCNI staff and community members evaluate the "healthfulness" of development proposals. While the checklist helps stakeholders evaluate specific attributes of development plans and projects, the priority and adequacy of development targets within the checklist should be considered in light of specific neighborhood needs and conditions. The Development Checklist is organized by the same topics as the Cultural Village Plan Health Element, and attempts to translate those goals and strategies into tangible development project evaluation items. Many of the numerical metrics are based off of San Francisco Department of Public Health's <u>Healthy Development Measurement Tool</u>, the US Green Building Council's <u>LEED for Neighborhood Development's Rating System</u>, the Natural Resources Defense Council's <u>Citizen's Guide to LEED-ND</u>. The checklist is primarily geared towards assessing multi-family residential, commercial, multiple single-family houses or mixed-use residential/commercial development projects. It is not intended for assessing very small commercial projects or single new house or an addition to an existing house.

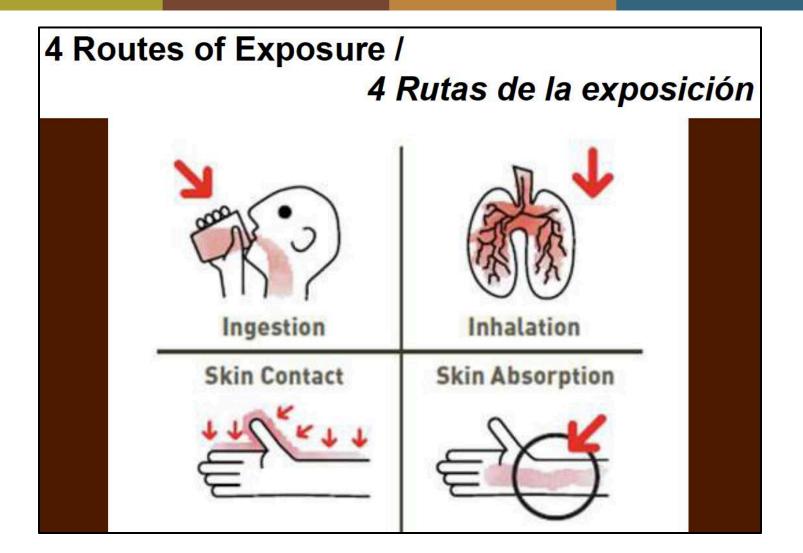
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Priority – Helps prioritize/focus the checklist analysis. Mark "0" if the checklist item is not applicable, "1" if it's applicable but not a high priority, and "2" if it is very important or a high priority.
Meets Criteria – Mark "1" for Yes, the project meets the checklist item criteria and "0" for No, the project does not meet the criteria. Mark "X" if there is insufficient information to evaluate the project.
Possible Change – Place an "X" for items where the project plan does not currently meet the item, but it may be possible to modify the plan to meet the item in the future. Leave blank otherwise.
Comments – Write assumptions, sources, possible change idea, or

other critical information.

Priority Meets Possible Comments Level Criteria Change A. Medical Access and Culture 1. If there is health care, mental health, or social services offices on-site, is there a transit or bus stop within 1/8 of a mile of the facility's entryway? 2 Does the project provide dedicated space for a childcare facility? 3. If a new residential development, are there health care and/or social services within one-mile of the development? B. Community Outreach, Education, and Engagement 4. Did the project's planning process include opportunities for communities to provide written and oral comments on development plans? 5. During the project/development's planning process, were there appropriate language and cultural translations and interpretation services for demographics of the affected community (i.e., translated/interpreted for youth/low literacy, non-hearing, or non-English speaking populations)? Does the project have a formal (e.g., meeting room) and/or informal (e.g., public plaza) place for social interaction? 6. Does the project provide educational, afterschool, and other related opportunities for youth? 7. Does the project have public community bulletin boards/information kiosks? 8. C. Healthy Food Access Is there a supermarket, grocery store, or produce store within a 1/2 mile of the site? 9. 10. If you answered yes to #9, does the supermarket, grocery store, or produce store accept SNAP/CalFresh (food stamps) and/or WIC EBT cards? 11. Does the project create a supermarket, grocery store, or produce store? 12. If the project creates a supermarket, grocery store, or produce store, does the new food retailer accept SNAP/CalFresh and/or WIC? 13. Does the project restrict unhealthy fast food businesses from opening on the site? 14. If unhealthy fast food is allowed, is it located greater than 500 feet from a school, park or playground? 15. Is the project within 1-mile of a weekly farmer's market? Does the project create and maintain a community garden on-site or provide access to off-site community garden resources within a 1/4 mile?

## Brownfields Environmental Health Training



## **Other Implementation Actions**

- Create a health commission
  - **Continue the WAC**
  - Oversee / guide implementation
- Richmond, CA
  - Health and equity budget criteria
  - Working group of School Dist, City, and Health Dept.

### Healthy Planning Trends

# Healthy Planning Trends

- More common to see the word "HEALTH" in State and foundation grant guidelines
- Stand alone health element more common than integrated
  - …because of special \$\$\$
- Not your momma's general plan (new topics addressed)
- New tools to analyze land use and transportation decisions
  - HIA, development checklists, predictive modeling

## **Tensions in Health Planning**

- Regulate vs. Incentivize vs. Expand Choice
- Tea Party
  - Questions the role of government in health
- Planning / participation burn out
  - Many similar processes at the same time (Public Health Accreditation, Community Organizations, etc.)
- Ownership
  - What departments / agencies are responsible for the process and the implementation?





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