Public Health, Transportation, & Land Use: Institutionalizing Partnerships and Practices to Create Healthier Communities

New Partners for Smart Growth
February 4, 2012

Presented by:
Public Health, Transportation, Land Use: Institutionalizing Partnerships & Practices for Healthier Communities

Barb Alberson
Chief, State & Local Injury Control Section - CDPH

Dawn Foster
SRTS Statewide Program Coordinator - Caltrans
State-Level Partnership
Safe Routes to School

- History of SRTS in CA
- Development of CDPH/Caltrans Partnership
- Start-up Challenges
- Benefits and Outcomes
- Sustainability
California Department of Health
Building Partnerships “M.O.”

- Hatch crazy schemes
- Entice others to play with you
  - Support activities that will help *them* shine
- Invest now for payoff later
Safe and Active Communities Branch, California Active Communities Unit

“More people,
More active,
More often”

- Anne Seeley
Joint Goal:

Create mixed use neighborhoods with pleasant nearby *safe* places to walk with many transportation options
1998: Launched SR2S Initiative

- For children who already bike & walk
  - Protect them
  - Encourage them

- To enable more children to safely bike and walk

- Ultimately – to create places for everybody to safely walk & bike
SRTS Led to New Partnerships

Began to Earn “Street Cred”
We found that injury (data) was the carrot to introduce public health to transportation engineers or city planners.
Public Health Invited to Table

Planning and Consultation
Input on Policies
Joint Training
Funding
Statewide Technical Assistance Resource Center (TARC)

- CDPH + UCSF (CDPH not able to adopt fed. Rules)
- Only formal SRTS partnership between a DOT & State Public Health in nation?
- Provide training and TA for:
  - NI projects
  - Communities that applied but were not successful
    Low-income communities that have not yet applied
- Connecting better with I projects (ideally, in tandem)
History of SRTS in California

1999 - CA first state to enact SRTS program (AB 1475)

2007 - CA SRTS extended indefinitely with funds to Caltrans from State Highway Account (AB 57)

2005 - Federal SRTS under SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users)

Each state designates a Program Coordinator (required under SAFETEA-LU)
Federal SRTS emphasizes community collaboration in development of projects, and the 5 “Es”

- Education
- Encouragement
- Engineering
- Enforcement
- Evaluation
Overall Program Goals

- Enable and encourage children to walk and bicycle to school
- Make walking and bicycling to school a safer and more appealing lifestyle choice
- Facilitate planning, development, implementation of projects to improve safety in vicinity of schools
Expected Outcomes

- Increased bike and pedestrian traffic safety around schools
- More children walking and bicycling to and from schools
- Decreased vehicular traffic congestion around schools
- Reduced childhood obesity
- Improved air quality, community safety and security and community involvement
- Improved partnerships among schools, local agencies, parents, and other stakeholders.
Developing State-level Partnership

- Understanding federal regulations
- Determining how best to implement new program under these regulations
- Ensuring that between 10-30% of Federal SRT Program to be spent on none-infrastructure (NI) activities (4 of the E’s)
Why Did Caltrans Partner?

#1 Reason:

Expertise to ensure Program success under federal requirements – all five E’s
Developing State-level Partnership con’t

How to implement the 4 Es?

- Award individual programs specific to local needs
- Award a statewide project to supplement state guidance and to support education and encouragement projects.

Statewide Technical Assistance Resource Center was provide by UC San Francisco in partnership with CDPH and was awarded funding in 2007.
SRTS Statewide TARC (CDPH/UCSF)

2007 – CDPH/UCSF awarded funds for TARC
3 years to get contract language approved and executed

2010 – Caltrans and TARC SRTS staff begin working together
Start-up Challenges

- Understanding each other’s department and program goals
- Understanding each other’s “culture”
- Trust and accountability
Goals in Common

Caltrans – safety and mobility, stewardship and service

CDPH – promote health and well-being

Both: Improve the lives of children & families
Terminology Quiz

1. What is Capacity?
   Caltrans – max. amount of traffic capable of being handled by a given highway section
   CDPH – ability to conduct public health functions (data, protect from disease, mobilize communities)

2. What is Level of Service?
   Caltrans – measure to determine the effectiveness of elements of transport infrastructure/traffic flow conditions
   Public Health – How many clients served by a program

3. What is a Barrier?
   Caltrans – an element to separate traffic
   Public Health – challenge that makes it difficult to be healthier (e.g., poverty, can’t speak English, no services close-by)
Benefits and Outcomes

- Improved communication with state & local stakeholders
- Development of statewide polices and procedures
- Identification of best practices
- Appropriate technical assistance
- Bridge gap between advocates and engineers
- Improved SRTS projects that provide sustainable solutions
Program and Partner Sustainability

Through our work to **improve** program and project delivery ($), the Federal Highway Administration (FHWA) and Legislators can see that the **SRTS Program** is not only a vital program, but one that is being **wisely used** to make families and communities more **healthy** and **safe** ensuring that **smart growth** and **complete streets** are achieved!
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Health Impact Assessment of Road (Congestion) Pricing Policy in San Francisco

Opportunities and Challenges of Collaboration

Michael Schwartz – San Francisco County Transportation Authority
Megan Wier – San Francisco Department of Public Health

New Partners for Smart Growth Conference
February 4, 2012
Agenda

• Agency Backgrounds
• Overview of Mobility Access and Pricing Study (MAPS) and associated Health Impact Assessment
• Parallels between the studies
• Collaboration challenges, key lessons learned
• Next steps

NOTE: This presentation will not include a detailed discussion of either study. Focus is on lessons from the collaboration.
San Francisco County Transportation Authority

• Created in 1989 through voter approved sales tax; renewed in 2004
• Mission: strategic funding and planning for transportation-related projects in San Francisco
  • SF’s Congestion Management Agency (CMA)
  • Local sales tax (Prop K) and regional grant administrator Designated Treasure Island Mobility Management Agency (TIMMA)
• Facilitate program and project delivery of key San Francisco priorities
• History of progressive policies and projects
  • e.g., Van Ness and Geary BRTs, Presidio Parkway, Neighborhood Transportation Planning, Countywide Transportation Plan, etc.

Expenditures by Category

- Streets & Traffic Safety 24.6%
  - Bicycle and Pedestrian
  - Street Resurfacing
  - Signals and Signs
  - Major Capital Projects
- Strategic Initiatives 1.3%
  - Parking Management
  - Transportation / Land Use Coordination
- Paratransit 8.6%
- Transit 65.5%
  - MUNI
  - BART
  - Caltrain
  - Ferries
San Francisco Department of Public Health and the Program on Health, Equity and Sustainability

- **SFDPH Mission**: to protect and promote the health of San Franciscans

- **SFDPH-PHES, Health and Place Team**: 
  - Develops, applies and disseminates tools, research and expertise to assess environmental conditions and respond to *urban health inequities* and *environmental policy gaps*.
  - Work with *community stakeholders* and *government agencies* to inform project development and policy-making and to *improve the consideration of health and health inequities in decision-making*.

**Health status determined by:**
- genetics (5%),
- health care (10%),
- behavior (30%),
- social conditions (55%) *

*WHO Commission on the Social Determinants of Health (2008)*
Mobility Access and Pricing Study

• Study evaluates feasibility of congestion pricing in San Francisco
  • If and how program would work
  • Transportation system benefits/impacts
  • Economic, environmental, and equity benefits/impacts

• Package of congestion management
  • Fee assessed on motor vehicles entering/exiting SF downtown areas
  • Net revenues invested in transportation improvements
    – transit services, signal timing, bicycle access, streetscape enhancements, resurfacing

• Implementation decision has not yet been made
Health Impact Assessment of Road Pricing

Asks - What are potential health impacts of:
• a future with the “best performing” pricing scenario versus
• a future under “business as usual” compared to
• existing conditions?

Analyzes - Potential impacts on:
• Lives Saved from Walking/Cycling
• Air Pollution-related Premature Mortality
• Traffic Noise-Related Annoyance and Heart Attacks
• Pedestrian and Cyclist Injury Collisions
• Exposure to Traffic Density by Age and Income
• Economic Value of Health Benefits and Burdens

Recommends – Policy considerations for more health benefits:
   e.g., increase congestion pricing fees where they can reduce health risks; target walking and biking safety improvements where injuries are greatest; target deployment of quieter, low-emission hybrid buses in areas where noise and air pollution are worse

Funded by the Robert Wood Johnson Foundation’s Active Living Research Program
Synergies and Challenges

Both Studies:

• Innovative
  • No/few domestic examples
  • Potential paradigm shift for both disciplines

• Technically challenging
  • Refinement of tools

• Timely

• Proactive

Politically sensitive, skeptics
Careful messaging essential
Different languages between disciplines
Blending of innovative methods
Each study has own timeline, constraints
Different agency cultures, no previous blueprint for collaboration
So Why Collaborate?

SFCTA:
- Public health important in SF and for SF agencies
- Case studies show health benefits of pricing
- May help shape/inform policy in future phases of development
- Culture of curiosity, technical rigor, and innovation

SFDPH:
- Transportation decisions strongly correlated with multiple health outcomes
- Large-scale, controversial policy that could affect a large population
- Potential to inform debate, help shape/inform policy in future phases of development
- Opportunity to collaborate and develop, refine HIA analysis approach for future projects
Issue: Political and technical sensitivities

SFCTA:
- Lack of familiarity with HIA methods and potential for policy impact on MAPS
- Tension between collaboration and evaluation
- Messaging and outreach on study outcomes vs program impacts

SFDPH:
- Need to remain objective and independent
- Multiple stakeholders with diverse interests
- Community interest/familiarity with MAPS relative to HIA

Lesson Learned:
- Close coordination and strong, ongoing communication essential
- Both public agencies present at HIA stakeholder meetings helpful to maintain distinction and have appropriate expertise
Issue: Differences in agency culture, practices and authority

SFCTA:

• Agency reports to elected board who reviews and acts on studies, plans, and policies
• Monthly meetings with program-wide Citizens Advisory Committee
• 4 additional advisory committees dedicated to MAPS

SFDPH:

• Does not implement/lead planning studies – not decisionmaker; different oversight by electeds
• Strong history of community engagement
• Only recently invited to transportation Technical Advisory Committees (TACs)

Lessons Learned:

• Seek to understand agency culture, sensitivities, accountability – informs study content
• Develop opportunities for cross-participation in agency meetings, discussions to build trust, increase transparency
• Studies not developed in vacuum; agencies do not exist in isolation
Issue: Studies have different timelines and demands

SFCTA:
- Grant timeline
- Public/stakeholder feedback
- Looked at 100+ scenarios
- Numerous components of study
  - Economic, fiscal, transportation network, equity, etc.
- Board/political considerations

SFDPH:
- Timeline driven by one-year grant
- Analyses reliant on SFCTA study outputs
- HIA methods development, refinement
- Goal to provide input helpful for policy decision

Lessons Learned:
- Communication...
- Budget for agency collaboration, time when possible
- Anticipate these challenges and strategize contingency plans
- Level/scope of analysis should be right-sized to project development phase and timeline
Issue: Difference in Language/Terminology

SFCTA:

• Wonky policy
• Transportation speak (e.g., modeshare, VMT, VHT, OMG!!)
• Multiple audiences, but materials aimed at public and officials as ultimate forum for decisions

Lessons Learned:

• Multiple documents may be necessary for different audiences; but must have consistent messages and terminology
• Transportation planning staff can serve as examples of the public for public health review
• “Don’t bury the lede”

SFDPH:

• Nerdy analyses
• Environmental health speak (e.g., PM2.5/μg/m³, Ldn, attributable risk)
• Multiple audiences = multiple documents: decisionmakers, public, practitioners
Issue: Data and Methods

SFCTA:
• Larger scale/area analysis
• Trends
• Conditional language
• Transportation model limitations carried forward to HIA models

SFDPH:
• Prefer street level
• Absolutes, caveated
• Certainty assessment
• Desired inputs not always available – requires assumptions

Lessons Learned:
• Manipulation of data across disciplines takes time
• Understanding and buyoff on methods and sensitivities takes even more time... budget for it!
• Professional judgment and healthy skepticism of quantitative modeling appropriate
So Why Collaborate?

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• Health is important in SF and for SF agencies
• Case studies show health benefits of pricing
• May help shape/inform policy in future phases of development
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SFDPH:
• Transportation strongly correlated with multiple health outcomes
• Large-scale, controversial policy that could affect a large population
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Building and strengthening partnerships

• Determine synergies between departmental objectives
  • Understand context in which both agencies operate – larger goals
• Identify value add of collaboration on specific initiatives
  • Asking: when is an HIA more helpful, appropriate vs. other types of collaboration
• Define goals of partnership
  • Be outcome oriented
  • Use efficient means to achieve those goals
  • Align analysis timeframes with desired outcomes
• Seek funding resources for future collaboration
Thank You

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www.sfcta.org

megan.wier@sfdph.org

www.sfphes.org/HIA_Road_Pricing.htm

www.sfphes.org
She Said, She Said

Public Health, Transportation & Land Use: Institutionalizing Partnerships & Practices to Create Healthier Communities

2012 Smart Growth Conference
San Diego, CA
February 4, 2012
City of Tacoma + Tacoma-Pierce County Health Department = True Collaboration
KEEPE A LONG DISTANCE RELATIONSHIP.

DRIVE BETTER, TACOMA.
"When it really becomes institutionalized, there is always someone from both organizations at the Other Players table."

Mayor, Marilyn Strickland
Other Players

Tacoma City Council Members
Other Players

[Images of people in meetings and on bicycles]

Logos for JWC, bicycle club, Cascade, and Pierce Transit
Lessons Learned

- Learning each other’s culture, structures and how work gets done is significant. Build on our strengths.
- Benefits of collaboration broadens our outreach and expands our messaging.
- With enough planned and thoughtful work and momentum, there becomes a tipping point at which the work becomes institutionalized and a culture shift occurs.
Contact

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Joint Use in Los Angeles County Modeled After Tobacco Control

New Partners for Smart Growth Conference
Public Health, Transportation, & Land Use:
Institutionalizing Partnerships & Practices to Create Healthier Communities

Eloisa Gonzalez, M.D., M.P.H.
Director, Physical Activity and Cardiovascular Health Program
L.A. County Department of Public Health
Eight Outcome Objectives

1) Increase access to healthy food & beverages in 8 cities

2) Develop food procurement policies in 5 county agencies

3) Improve the nutritional content of school meals in 4 districts

4) Implement nutrition & physical activity policies in 60 preschools

5) Promote breastfeeding in county departments & other large employers

6) Increase teacher capacity to implement phys. ed. requirements

7) Strengthen joint use policies & establish joint use agreements

8) Adopt land use policies to increase pedestrian activity & biking
Structure of Joint Use in LA County

- **Joint Use Moving People to Play (JUMPP) Task Force**
  - Quarterly meeting
  - Broad range of stakeholders; a coalition that supports joint use efforts in Los Angeles County

- **Joint Use Steering Committee**
  - Represents key joint use stakeholders
    (i.e. Parks and Recreation, School Superintendents, PTA and Community-Based Organizations)
Joint Use Moving People to Play (JUMPP) Task Force

- Established January 2010
- Grass-tops and Grass-roots approach
- Grassroots: Based on Tobacco Control’s Policy Adoption Model
<table>
<thead>
<tr>
<th>Policy Type</th>
<th>1998-2003</th>
<th>Year of Policy Enactment</th>
<th>2004-2010</th>
</tr>
</thead>
</table>

Subtotal: 3 Subtotal: 27 Subtotal: 4 Subtotal: 28 Subtotal: 5 Subtotal: 12 Subtotal: 7

Total 7 82
The Policy Adoption Model

Phase I. Community Assessment

Phase II. Campaign Strategy

Phase III. Coalition Building/Broadening

Phase IV. Campaign Implementation

Phase V. Policy Implementation/Enforcement
<table>
<thead>
<tr>
<th>PHASE I</th>
<th>PHASE II</th>
<th>PHASE III</th>
<th>PHASE IV</th>
<th>PHASE V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Assessment</td>
<td>Develop Strategy</td>
<td>Coalition Building/Broadening</td>
<td>Implementation</td>
<td>Project Oversight</td>
</tr>
<tr>
<td>STEP 1. Document the problem</td>
<td>STEP 2. Examine the political environment</td>
<td>STEP 1. Identify goals for joint use project</td>
<td>STEP 1. Build/broaden the coalition</td>
<td>STEP 1. Celebrate success</td>
</tr>
<tr>
<td>STEP 2. Identify constituents, allies, and opponents</td>
<td>STEP 2. Identify key decision makers to target for support</td>
<td>STEP 1. Implement tactics from Phase II, Step 4</td>
<td>STEP 2. Educate the community about the agreement</td>
<td>STEP 2. Educate the community about the agreement</td>
</tr>
<tr>
<td>STEP 3. Identify key decision makers to target for support</td>
<td>STEP 3. Choose tactics for obtaining support</td>
<td>STEP 2. Obtain support of decision-makers from governing entities</td>
<td>STEP 3. Monitor use of recreational facility(ies) as per executed agreement</td>
<td>STEP 3. Monitor use of recreational facility(ies) as per executed agreement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STEP 3. Assemble a joint use tool kit for presentations to target stakeholders</td>
<td>STEP 4. Execute the agreement by obtaining all necessary signatures</td>
<td>STEP 5. Negotiate any necessary amendments with governing entities and prepare for signature</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>STEP 5. Implement the joint use agreement</td>
<td>STEP 6. Obtain all necessary signatures to execute amendments</td>
</tr>
</tbody>
</table>
Phase 1: Community Assessment

- Identify issues that will influence local policy makers
  - Document the public health problem
  - Investigate the political environment
### Policy Adoption Model for Joint Use Initiatives

#### PHASE I: Community Assessment

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Document the problem</td>
</tr>
<tr>
<td>2.</td>
<td>Examine the political environment</td>
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</tbody>
</table>

#### PHASE II: Develop Context

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assess the current context</td>
</tr>
<tr>
<td>2.</td>
<td>Identify stakeholders</td>
</tr>
<tr>
<td>3.</td>
<td>Set goals and objectives</td>
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</tbody>
</table>

#### PHASE III: Develop Strategy

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Define the joint use purposes</td>
</tr>
<tr>
<td>2.</td>
<td>Select appropriate facilities</td>
</tr>
<tr>
<td>3.</td>
<td>Establish joint use policies</td>
</tr>
</tbody>
</table>

#### PHASE IV: Legal and Economic Considerations

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Conduct feasibility study</td>
</tr>
<tr>
<td>2.</td>
<td>Assess legal implications</td>
</tr>
<tr>
<td>3.</td>
<td>Evaluate financial feasibility</td>
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</tbody>
</table>

#### PHASE V: Project Oversight

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Celebrate success</td>
</tr>
<tr>
<td>2.</td>
<td>Educate the community about the agreement</td>
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<tr>
<td>3.</td>
<td>Monitor use of recreational facility(ies) as per executed agreement</td>
</tr>
<tr>
<td>4.</td>
<td>Determine need for amending executed agreement</td>
</tr>
<tr>
<td>5.</td>
<td>Negotiate any necessary amendments with governing entities and prepare for signature</td>
</tr>
<tr>
<td>6.</td>
<td>Obtain all necessary signatures to execute amendments</td>
</tr>
</tbody>
</table>
Compton Unified School District Health Facts

Elementary Schools 24
Middle Schools 8
High Schools 3

District Enrollment by Ethnicity

Cities and Communities Health Data
- Preschool attendance: 27.7, 29.0, 23.3%
- Premature mortality from heart disease: 2,620, 1,913, 1,183
- Park area per capita: 0.9, 0.7, 0.6
- Total Enrollment: 26,221

Policy Recommendations for School Districts and Schools
- Improve the quality and increase the quantity of physical education instruction time.
- Establish district-wide policy outlining district commitment to physical activity and providing district support for physical activity programs.
- Establish safe routes to schools.
- Modify existing school wellness policies to ensure physical activity, support smart growth, and stronger communities.
- Site schools where they will promote physical activity and avoid adverse impacts on neighborhood traffic patterns.

Compton Unified School District Health Facts

<table>
<thead>
<tr>
<th>District 7</th>
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<tbody>
<tr>
<td>Academic Performance Index (API)</td>
</tr>
<tr>
<td>Grade Levels</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Grade 5</td>
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<tr>
<td>Grade 7</td>
</tr>
<tr>
<td>Grade 9</td>
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</table>

Schools

<table>
<thead>
<tr>
<th>School Name</th>
<th>School Enrollment</th>
<th>% of students not in HF2 Aerobic Capacity</th>
<th>% of students not in HF2 Body Composition</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson (K-5th)</td>
<td>534</td>
<td>52.2</td>
<td>70.0</td>
<td>790</td>
</tr>
<tr>
<td>Burche (K-5th)</td>
<td>454</td>
<td>25.6</td>
<td>76.6</td>
<td>768</td>
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<td>Bursh (K-5th)</td>
<td>301</td>
<td>43.9</td>
<td>83.9</td>
<td>839</td>
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<tr>
<td>Caltwell (K-5th)</td>
<td>301</td>
<td>44.4</td>
<td>78.0</td>
<td>796</td>
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<tr>
<td>Carter (K-5th)</td>
<td>359</td>
<td>46.6</td>
<td>75.0</td>
<td>757</td>
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<td>Clinton (K-5th)</td>
<td>801</td>
<td>56.5</td>
<td>828</td>
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<td>Dickson (K-5th)</td>
<td>862</td>
<td>37.9</td>
<td>79.0</td>
<td>799</td>
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<td>Emerson (K-5th)</td>
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<td>Fosler (K-5th)</td>
<td>684</td>
<td>39.4</td>
<td>732</td>
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<td>Jefferson (K-5th)</td>
<td>559</td>
<td>70.0</td>
<td>785</td>
<td>785</td>
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<td>906</td>
<td>39.9</td>
<td>795</td>
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<td>740</td>
<td>48.8</td>
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<td>King (K-5th)</td>
<td>601</td>
<td>33.3</td>
<td>632</td>
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<td>Laurel (K-5th)</td>
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<td>Lincoln Drew (K-5th)</td>
<td>316</td>
<td>46.8</td>
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<td>676</td>
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<td>Mayo (K-5th)</td>
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<td>Mcowray (K-5th)</td>
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<td>Mcnard (K-5th)</td>
<td>533</td>
<td>59.1</td>
<td>789</td>
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Schools (continued)

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</tr>
</thead>
<tbody>
<tr>
<td>Roosevelt (K-5th)</td>
<td>1,016</td>
<td>67.3</td>
<td>731</td>
<td>731</td>
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<td>Rogers (K-5th)</td>
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<td>35.4</td>
<td>804</td>
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<td>Tibby (K-5th)</td>
<td>404</td>
<td>36.4</td>
<td>793</td>
<td>793</td>
</tr>
<tr>
<td>Washin (K-5th)</td>
<td>478</td>
<td>62.4</td>
<td>724</td>
<td>724</td>
</tr>
<tr>
<td>Wilford (K-5th)</td>
<td>457</td>
<td>41.4</td>
<td>715</td>
<td>715</td>
</tr>
</tbody>
</table>

Middle Schools

<table>
<thead>
<tr>
<th>School Name</th>
<th>School Enrollment</th>
<th>% of students not in HF2 Aerobic Capacity</th>
<th>% of students not in HF2 Body Composition</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burch (6th-8th)</td>
<td>707</td>
<td>40.3</td>
<td>627</td>
<td>627</td>
</tr>
<tr>
<td>Davis (6th-8th)</td>
<td>1,307</td>
<td>67.4</td>
<td>566</td>
<td>566</td>
</tr>
<tr>
<td>Enterprise (6th-8th)</td>
<td>624</td>
<td>77.1</td>
<td>697</td>
<td>697</td>
</tr>
<tr>
<td>Whaley (6th-8th)</td>
<td>575</td>
<td>54.5</td>
<td>612</td>
<td>612</td>
</tr>
<tr>
<td>Whalen (6th-8th)</td>
<td>1,039</td>
<td>43.9</td>
<td>541</td>
<td>541</td>
</tr>
<tr>
<td>Willowbrook (6th-8th)</td>
<td>512</td>
<td>71.0</td>
<td>636</td>
<td>636</td>
</tr>
</tbody>
</table>

High Schools

<table>
<thead>
<tr>
<th>School Name</th>
<th>School Enrollment</th>
<th>% of students not in HF2 Aerobic Capacity</th>
<th>% of students not in HF2 Body Composition</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centennial (9th-12th)</td>
<td>1,396</td>
<td>90.1</td>
<td>532</td>
<td>532</td>
</tr>
<tr>
<td>Compton (9th-12th)</td>
<td>2,530</td>
<td>58.8</td>
<td>558</td>
<td>558</td>
</tr>
<tr>
<td>Dominguez (9th-12th)</td>
<td>2,688</td>
<td>59.1</td>
<td>563</td>
<td>563</td>
</tr>
<tr>
<td>North (9th-12th)</td>
<td>533</td>
<td>59.1</td>
<td>563</td>
<td>563</td>
</tr>
</tbody>
</table>

1-2 Source: California Department of Education, 2009-09; http://www.cde.ca.gov/
### Cities and Communities Health Data

<table>
<thead>
<tr>
<th></th>
<th>Compton</th>
<th>East Compton</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of childhood obesity</td>
<td>27.7</td>
<td>29.0</td>
<td>23.3%</td>
</tr>
<tr>
<td>Rank of childhood obesity prevalence</td>
<td>94</td>
<td>107</td>
<td>—</td>
</tr>
<tr>
<td>(low to high out of 128)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature mortality from heart disease and stroke (Years of Potential Life Lost)</td>
<td>2,620</td>
<td>1,913</td>
<td>1,183</td>
</tr>
<tr>
<td>Rank of premature mortality from heart disease and stroke (low to high out of 133)</td>
<td>129</td>
<td>122</td>
<td>—</td>
</tr>
<tr>
<td>Park area per capita (acres/1K persons)</td>
<td>0.9</td>
<td>0.7</td>
<td>86</td>
</tr>
<tr>
<td>Rank of park area per capita (high to low out of 143)</td>
<td>88</td>
<td>94</td>
<td>—</td>
</tr>
<tr>
<td>Rank of economic hardship (least to most out of 142)</td>
<td>114</td>
<td>126</td>
<td>—</td>
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</table>

### School District Health Facts

<table>
<thead>
<tr>
<th></th>
<th>School Enrollment</th>
<th>% of students not in Healthy Fitness Zone (HFZ)</th>
<th>% of students not in HFZ (Data: County)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elementary Schools</strong></td>
<td>1,018</td>
<td>67.3</td>
<td>37.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>731</td>
</tr>
<tr>
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### Compton Unified School District Health Facts

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<th>School Name</th>
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<th>% of students not in HFZ Body Composition</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson (K - 5th)</td>
<td>534</td>
<td>52.2</td>
<td>50.0</td>
<td>700</td>
</tr>
<tr>
<td>Bunch (K - 5th)</td>
<td>454</td>
<td>25.6</td>
<td>25.6</td>
<td>768</td>
</tr>
<tr>
<td>Bursch (K - 5th)</td>
<td>301</td>
<td>43.0</td>
<td>50.6</td>
<td>839</td>
</tr>
<tr>
<td>Caldwell (K - 5th)</td>
<td>301</td>
<td>44.4</td>
<td>37.8</td>
<td>706</td>
</tr>
<tr>
<td>Carver (K - 5th)</td>
<td>359</td>
<td>46.6</td>
<td>50.0</td>
<td>767</td>
</tr>
</tbody>
</table>
Phase II: Campaign Strategy

• Use information gathered in Phase I
• Develop a roadmap to organize the campaign and build the power necessary to influence local policy makers
  – Complete a “strategy chart”
Policy Adoption Model

PHASE II
Develop Strategy

STEP 1. Identify goals for joint use project
STEP 2. Identify constituents, allies and opponents
STEP 3. Identify key decision makers to target for support
STEP 4. Choose tactics for obtaining support

PHASE V
Project Oversight

STEP 1. Celebrate success
STEP 2. Educate the community about the agreement
STEP 3. Monitor use of recreational facility(ies) as per executed agreement
STEP 4. Determine need for amending executed agreement
STEP 5. Negotiate any necessary amendments with governing entities and prepare for signature
STEP 6. Obtain all necessary signatures to execute amendments
Phase III: Coalition Building/Broadening

- Engage a diverse group of community stakeholders to ensure the needed leadership and skills are available to achieve the campaign goal
  - Recruit members
  - Facilitate and sustain a local coalition
Policy Adoption Model

PHASE III
Coalition
Building/Broadening

- STEP 1. Build/broaden the coalition
- STEP 2. Refine decision maker matrix and expand circles of influence
- STEP 3. Assemble a joint use tool kit for presentations to target stakeholders

PHASE V
Project Oversight

- STEP 1. Celebrate success
- STEP 2. Educate the community about the agreement
- STEP 3. Monitor use of recreational facility(ies) as per executed agreement
- STEP 4. Determine need for amending executed agreement
- STEP 5. Negotiate any necessary amendments with governing entities and prepare for signature
- STEP 6. Obtain all necessary signatures to execute amendments

PHASE I
Community Assessment

- STEP 1. Document the problem
- STEP 2. Examine the political environment

PHASE II
Development

- STEP 1. Use problem
- STEP 2. Use resources
- STEP 3. Use allies

PHASE IV
Presentation

- STEP 1. Present problem
- STEP 2. Present solution
Phase IV: Campaign Implementation

• Implement activities designed to influence local policy makers
  – Review/update the “strategy chart”
  – Link targets to tactics to achieve policy goal
**Policy Adoption Model**

**PHASE IV**

**Implementation**

- **STEP 1.** Implement tactics from Phase II, Step 4
- **STEP 2.** Obtain support of decision-makers from governing entities
- **STEP 3.** Negotiate terms of agreement and prepare agreement for signature
- **STEP 4.** Execute the agreement by obtaining all necessary signatures
- **STEP 5.** Implement the joint use agreement

**PHASE V**

**Project Oversight**

- **STEP 1.** Celebrate success
- **STEP 2.** Educate the community about the agreement
- **STEP 3.** Monitor use of recreational facility(ies) as per executed agreement
- **STEP 4.** Determine need for amending executed agreement
- **STEP 5.** Negotiate any necessary amendments with governing entities and prepare for signature
- **STEP 6.** Obtain all necessary signatures to execute amendments

**PHASE I**

**Community Assessment**

- **STEP 1.** Document the problem
- **STEP 2.** Examine the political environment
Phase V: Implementation/Enforcement

• Ensure that the provisions of the policy are implemented and enforced:
  – Maintain/build new relationships
  – Educate the public
  – Monitor enforcement
### PHASE V
Project Oversight

<table>
<thead>
<tr>
<th>STEP 1. Celebrate success</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP 2. Educate the community about the agreement</td>
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</table>
Status of PAM JUI in LA County

- Being pilot tested now in the Inglewood Unified School District
“Never doubt that a small group of thoughtful, committed citizens can change the world; Indeed it is the only thing that ever has.”

- Margaret Mead
Joint Use Resources

Statewide Joint Use Efforts: Promote healthy lifestyle choice through active living

www.jointuse.org
Contact: Eloisa Gonzalez, MD, MPH
elgonzalez@ph.lacounty.gov, 213.351.7887
Acknowledgements

• Monty Messex, MPH, Deputy Director
  Tobacco Control and Prevention
Difference between Joint Use Policy and Joint Use Agreements

Policy
- Outlines vision for joint partnerships
- Provides district directive for joint use that goes beyond the Civic Center Act
- Assigns management responsibilities for joint use at the district
- Remains in place, even if a joint use agreement ends

Agreements
- Assigns roles and responsibilities of named partners
- Provides details for implementation
- Contains site-level details

Source: California Department of Public Health, Project Lean, Safe and Active Communities
Joint Use in Los Angeles County

- ABC Unified
- Compton Unified
- El Monte City
- Los Angeles Unified
- Mountain View
- Pasadena Unified
- Pomona Unified
## Cities/Communities in LA County with Lowest and Highest Childhood Obesity Rates, 2008

### Top 10*

<table>
<thead>
<tr>
<th>City/Community Name</th>
<th>Obesity Prevalence (%)</th>
<th>Rank of Economic Hardship (1 - 128)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan Beach</td>
<td>3.4</td>
<td>2</td>
</tr>
<tr>
<td>Calabasas</td>
<td>5.0</td>
<td>8</td>
</tr>
<tr>
<td>Hermosa Beach</td>
<td>5.1</td>
<td>1</td>
</tr>
<tr>
<td>Agoura Hills</td>
<td>5.3</td>
<td>10</td>
</tr>
<tr>
<td>Beverly Hills</td>
<td>5.4</td>
<td>19</td>
</tr>
<tr>
<td>Malibu</td>
<td>5.9</td>
<td>4</td>
</tr>
<tr>
<td>Palos Verdes Estates</td>
<td>7.3</td>
<td>5</td>
</tr>
<tr>
<td>San Marino</td>
<td>7.8</td>
<td>15</td>
</tr>
<tr>
<td>Rolling Hills Estate</td>
<td>8.4</td>
<td>9</td>
</tr>
<tr>
<td>La Canada Flintridge</td>
<td>8.5</td>
<td>18</td>
</tr>
<tr>
<td><strong>Average 10 lowest</strong></td>
<td><strong>6.2%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Bottom 10*

<table>
<thead>
<tr>
<th>City/Community Name</th>
<th>Obesity Prevalence (%)</th>
<th>Rank of Economic Hardship (1 - 128)</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Athens</td>
<td>30.6</td>
<td>94</td>
</tr>
<tr>
<td>South Gate</td>
<td>30.7</td>
<td>110</td>
</tr>
<tr>
<td>Florence-Graham</td>
<td>31.0</td>
<td>128</td>
</tr>
<tr>
<td>West Whittier-Los Nietos</td>
<td>31.1</td>
<td>81</td>
</tr>
<tr>
<td>West Carson</td>
<td>31.4</td>
<td>56</td>
</tr>
<tr>
<td>Vincent</td>
<td>32.2</td>
<td>69</td>
</tr>
<tr>
<td>East Los Angeles</td>
<td>32.9</td>
<td>117</td>
</tr>
<tr>
<td>Hawaiian Gardens</td>
<td>33.4</td>
<td>107</td>
</tr>
<tr>
<td>South El Monte</td>
<td>34.5</td>
<td>111</td>
</tr>
<tr>
<td>Walnut Park</td>
<td>38.7</td>
<td>113</td>
</tr>
<tr>
<td><strong>Average 10 highest</strong></td>
<td><strong>32.7%</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Table excludes cities/communities where number of students with BMI data < 500.

Source: California Physical Fitness Testing Program, California Department of Education. Includes 5th, 7th, and 9th graders enrolled in LA County public schools.
Joint Use Defined
What is Joint Use?

- A **written agreement** that offers a way for school districts to open their facilities for community use.

- Unofficial **community-use agreements** also exist where school facilities are unlocked during non-school hours for general public recreational use.

District Level Joint Use Policy

- Joint Use Agreement at School #1
- Joint Use Agreement at School #2
- Joint Use Agreement at School #3
- Joint Use Agreement at School #4
JUMPP: Joint Use Moving People to Play

ABC Unified District Work Group

Compton Unified District Work Group

El Monte City District Work Group

Los Angeles Unified District Work Group

Mountain View District Work Group

Pasadena Unified District Work Group

Pomona Unified District Work Group

JUA(s)

JUA(s)

JUA(s)

JUA(s)

JUA(s)

JUA(s)

JUA(s)
Institutionalizing Built Environment Work Through Partnerships

Terri Fields Hosler, MPH, RD
Shasta County Health and Human Services
Deputy Director - Public Health
February 4, 2012
Shasta County

- Rural and remote
- I-5 corridor
- Politically Conservative
- 3 Incorporated Cities
Cast a Vision....

- 2010 Strategic Plan
- Garnered political support
- Identified specialized staff
- Committed funding
- Invested in training
Identify Partners...
## Healthy Shasta Collaborative

### HEALTHY SHASTA

**Vision:** A community where the healthy choice is the easy choice.

**Mission:** We are a partnership and a movement that promotes healthy eating and physically active lifestyles through environmental, policy and organizational change.

### 5 Year Outcomes

#### Initiatives

<table>
<thead>
<tr>
<th>Healthy Schools</th>
<th>Food Systems</th>
<th>“Walk the Talk”</th>
<th>Walking/Biking</th>
<th>Healthy Communities/Built Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the health status of students and their families in Shasta County schools by students adopting life-long, healthy habits.</td>
<td>Inspire a culture that values healthy food and promotes healthy eating.</td>
<td>Create environmental, policy, and organizational changes among partners of Healthy Shasta to make healthy eating and physical activity choices easier for the people each organization serves.</td>
<td>Create environments that make bicycling and walking easier, safer and more convenient for transportation and recreation.</td>
<td>Create a community design that supports healthy and active lifestyles.</td>
</tr>
</tbody>
</table>

### After 5 years, this is what we’d like to see in Shasta County...

<table>
<thead>
<tr>
<th>Healthy Schools</th>
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</thead>
<tbody>
<tr>
<td>Healthy Students Initiative:</td>
<td>Worksites, after-school programs, and organizations that serve children and families implement food policies that ensure all meals, snacks, beverages, and vending machines include healthy, affordable choices.</td>
<td>More organizations and governmental agencies take healthy eating and physical activity into consideration when making decisions and setting policies.</td>
<td>The needs of bicyclist and pedestrians are incorporated in all new road construction, road rehabilitation, and development projects.</td>
<td>Residents understand and embrace the concept of healthy community design.</td>
</tr>
<tr>
<td>In selected schools... Students and families with school-aged children are more physically active. Students have access to and consume healthier food and beverages on school campuses. Families and other stakeholders have increased knowledge about healthy lifestyle practices, and they advocate for environments that support healthy eating and physical activity. Schools implement policies and systems that support healthy physical activity and nutrition environments.</td>
<td>An increase of healthy, affordable foods available and/or promoted at restaurants, cafeterias, vending machines, corner stores, and grocery stores. Strong support of local foods and farmers markets among community members and leaders.</td>
<td>Healthy Shasta partners serve as role models in providing convenient, affordable, and enticing choices for healthy eating and physical activity for their employees and customers.</td>
<td>Increased connectivity within cities and neighborhoods (people can conveniently and safely walk or bike between home, work, errands, etc.). More people walking and bicycling for both recreation and transportation.</td>
<td>All four jurisdictions within the county will adopt and implement standards, codes, and regulations that support healthy and active lifestyles.</td>
</tr>
</tbody>
</table>

www.HealthyShasta.org
Build Support…

- Smart Growth Conferences
- $10,000 mini-grant for GIS layer
- Support for Parks, Trails and Open Space Plan
- 6 Keys to a Healthier Community Video
- Support efforts of Shasta Forward
# Healthy Shasta Collaborative

**HEALTHY SHASTA**

Vision: A community where the healthy choice is the easy choice.

Mission: We are a partnership and a movement that promotes healthy eating and physically active lifestyles through environmental, policy and organizational change.

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www.HealthyShasta.org
Partners “Walk the Talk”

- Updated Bike Plan- Redding Parks & Rec.
- Visioning Sessions and General Plan Language- Anderson and HEAC
- Community Health Assessment and Visioning Sessions- City of Shasta Lake’s
- “Healthier Cities” Designation- Redding and Anderson
- Complete Streets Projects- Redding
The next 5 years...

- Strategic Plan Development/Outcomes
- Updated Website [www.healthyshasta.org](http://www.healthyshasta.org)
- Expanding use of Social Media
- Capacity Building for Regional Community Leaders
- Leverage Funding Opportunities
- Supportive Campaigns’- *Share the Road*
Lessons Learned...

- Partnerships are essential
- Set measurable goals/objectives
- Connect to health
- Speak the language
- Meet them where they’re at
- Understand the other side
- After the policy...
Group Breakouts & Facilitated Discussions