Visit **www.dvrpc.org/health** for more information on DVRPC's interests in Public Health and Planning. Materials from this meeting and announcement of future meetings of the Healthy Community Planning Task Force will be posted.

DELAWARE VALLEY
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REGIONAL
PLANNING COMMISSION

8th Floor
190 N. Independence Mall West
Philadelphia, PA 19106
www.dvrpc.org

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INTEGRATING HEALTH *into* COMPREHENSIVE PLANNING

WORKSHOP

Tuesday, August 2nd, 2016

DVRPC | 8th Floor, ACP Building

190 N. Independence Mall West

Philadelphia, PA 19106

INTEGRATING HEALTH *into* COMPREHENSIVE PLANNING

8:30-9:00 am **Registration & Breakfast**

Welcome & Introductions

Barry Seymour, *Executive Director, DVRPC*
Patty Elkis, *Director of Planning, DVRPC*

Introductory Presentation

• Why incorporate health into planning?
• State enabling legislation
• Planning process + public health model alignment
• Tools (stand-alone element, plan, ordinances, guidelines, etc.)
• Health intersections with equity & sustainability
• Health planning in different place types / geographies

Process Initiation

• Points of entry to healthy planning / opportunities
• Funding strategies
• Justification & messaging

INTERACTIVE ACTIVITY:
Root Cause Mapping & Stakeholder Analysis

Existing Conditions / Community Profile

• Quantitative vs. qualitative data / Upstream vs. downstream
• What data is important, how do you find it, and what does it mean?
• Community engagement in data collection and analysis
• Setting the foundation for tracking and evaluation

INTERACTIVE ACTIVITY:
Data Literacy & Skills

Vision, Goals, & Strategies / Policies

• Different approaches
• Policies, projects, partnerships, and advocacy
• Content examples for different topics

12:00 pm **Lunch**

Remarks

Dr. Val Arkoosh,
Vice Chair of the Montgomery County Board of Commissioners,
Chair of the DVRPC Board, and
Co-chair of DVRPC's Healthy Communities Task Force

12:30-1:15 pm **Panel Presentation**

Planning for Montgomery County's Health
Anne Leavitt-Gruberger

Co-creation of Trenton's Health and Food Systems Master Plan Element:
Health Planning in NJ's Capital City
Jeffery Wilkerson and **Jennifer Senick, PHD**

INTERACTIVE ACTIVITY:
Site Plan Assessment

INTERACTIVE ACTIVITY:
Goal and Policy Writing

Action & Implementation

• Evaluating trade-offs
• Prioritization process

INTERACTIVE ACTIVITY:
Action & Implementation

Evaluation in Healthy Planning

• Process vs. outcome evaluation
• Evaluation and follow-up mechanisms

Discussion / Q&A

3:45-4:00 pm **Closing & Adjournment**

Amy Verbosky, *Planner, DVRPC*

Good Morning!

- ☐ Opening Remarks:
  - ◻ Barry Seymour, Executive Director, DVRPC
  - ◻ Patty Elkis, Director of Planning, DVRPC

- ☐ RAPID Introductions
  - ◻ Name and Organization / Agency

Guidelines for a Great Day

1. Self-care
   - ❑ Stand / stretch in the back anytime
   - ❑ Stay hydrated → use restroom

2. Questions? Critique? Challenge?
   - ❑ Please share – I want to learn/grow too! (It might go on the *bike rack* for later)

3. In small groups
   - ❑ Stay on topic
   - ❑ Step up, step back
   - ❑ Challenge ideas not people
   - ❑ One person speaks at a time

4. Don't stress about taking notes – we will send PPT to you

5. Disconnect to reconnect
   - ❑ If you need to check email, text, take a call, Tweet, please wait for a break or step outside
     ….smart phone checking spreads like an infectious disease ☺

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R+A's key service areas and deliverables include

- City/county general plans
- Health Plans + Elements
- Health in All Policies Initiatives (HiAP)
- Healthy Development Review Checklists + Healthy Zoning Codes
- Equitable Climate Action Plans
- LEED-ND Certifications
- Transit-oriented district / corridor plans
- Specific Plans/Neighborhood Plans
- Visioning
- Technical Assistance Trainings and Capacity Building
- Community Health Assessments +

- Health Impact Assessments (HIA)
- Grant Writing
- Quantitative Data Collection, Mapping & Analysis
- **Qualitative Data Collection & Analysis**
- **Strategic Planning**
- **Process and Outcome Evaluation**
- **Community Change/Community Initiative Evaluation**

APA
2015
NATIONAL PLANNING
AWARD RECIPIENT

Emerging Planning + Design Firm Award

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R+A Healthy Comprehensive Plans	Status
Ashland Cherryland, CA – Com. Health & Wellness Element	Adopted
Aurora, CO - Comprehensive Plan Update (Health and Equity)	Just starting
Coachella, CA - General Plan Public Health Element (hybrid)	Adopted
Delano, CA - Health and Sustainability Element	Adopted
East Palo Alto, CA General Plan (hybrid)	Public Draft
El Monte, CA- Health and Wellness Element	Adopted
Encinitas, CA- Public Health Element	Adopted
Fontana, CA - Health Element	In process
Kauaii County, HI (integrated)	In process
Los Angeles City, CA - Health Element	Adopted
Lynwood, CA - Health and Safety Element	Adopted
Mountain View, CA- General Plan (including health policies)	Adopted
Murietta, CA- Healthy Community Element	Adopted
Palm Desert, CA General Plan (hybrid)	Public Draft
Riverside County, CA- Healthy Communities Element	Adopted
Santa Clara County, CA- Health Element	Adopted
Seaside, CA - General Plan (hybrid)	In process
South Gate, CA- Healthy Communities Element	Adopted
Washington, DC - Comprehensive Plan (Health and Equity)	In process

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R+A Other Types of Healthy Plans	Status
Cathedral City, CA Health and Sustainability Plan	In process
Fresno, CA- Downtown Neighborhoods Community Plan and HIA	Adopted
Inglewood, CA Climate Action Plan	Adopted
Los Angeles County, CA- Florence-Firestone Vision Plan	Adopted
Oakland, CA- International Boulevard TOD Plan and Rapid HIA	Adopted
Palm Springs Sustainability Action Plan	Adopted
Rancho Cucamonga, CA - Sustainable Action Plan	In process
Redwood City, CA- General Plan Health and Sustainability	Adopted
Richmond, CA – Climate Action Plan	Public Draft
Salinas, CA - Economic Development Element	Adopted
San Diego, CA- The Village at Market Creek, Health Planning for Cultural Village Plan and Brownfields Action Plan	Adopted
Santa Clara County - Silicon Valley 2.0 Climate Adaptation	In process
Santa Monica, CA- General Plan Land Use and Transportation	Adopted
Numerous others…..	On-going

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Healthy Planning Overview

What is "Health"?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

- World Health Organization

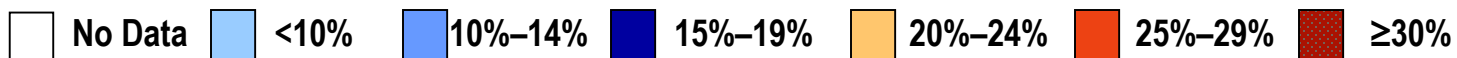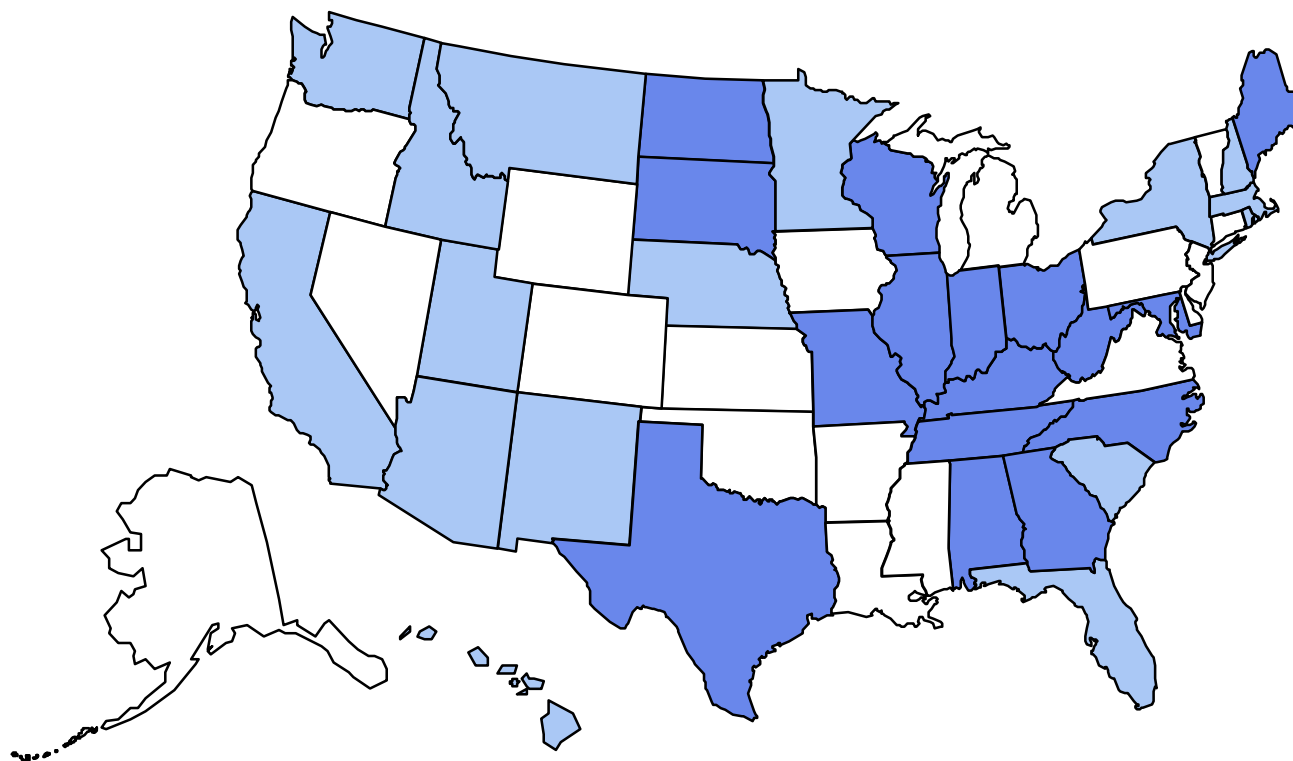*Photo Source: Badgeoflife.com*

What Shapes Health?

Health status is determined by:

Genetics:	up to 30%
Clinical care:	~15%
Health behaviors:	~20%
Environmental conditions:	~5%
Social and economic factors:	~30%

Booske, et. al. 2010. *County Health Rankings Weighting Methodology*

Obesity Trends* Among U.S. Adults, BRFSS, 1987

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

| | No Data | | <10% | | 10%–14% | | 15%–19% | | 20%–24% | | 25%–29% | | ≥30% |

Obesity Trends* Among U.S. Adults, BRFSS, 2009

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

| | No Data | | <10% | | 10%–14% | | 15%–19% | | 20%–24% | | 25%–29% | | ≥30% |

Obesity Numbers

- 34.9% (or 78.6 million) adults
- Behind leading causes of preventable death:
    - ✓ Heart disease
    - ✓ Stroke
    - ✓ Type 2 diabetes
    - ✓ Certain types of cancer
- Annual medical costs: $147 billion
- $1,429 higher than those of normal weight.

Relationship Between BMI and Risk of Type 2 Diabetes
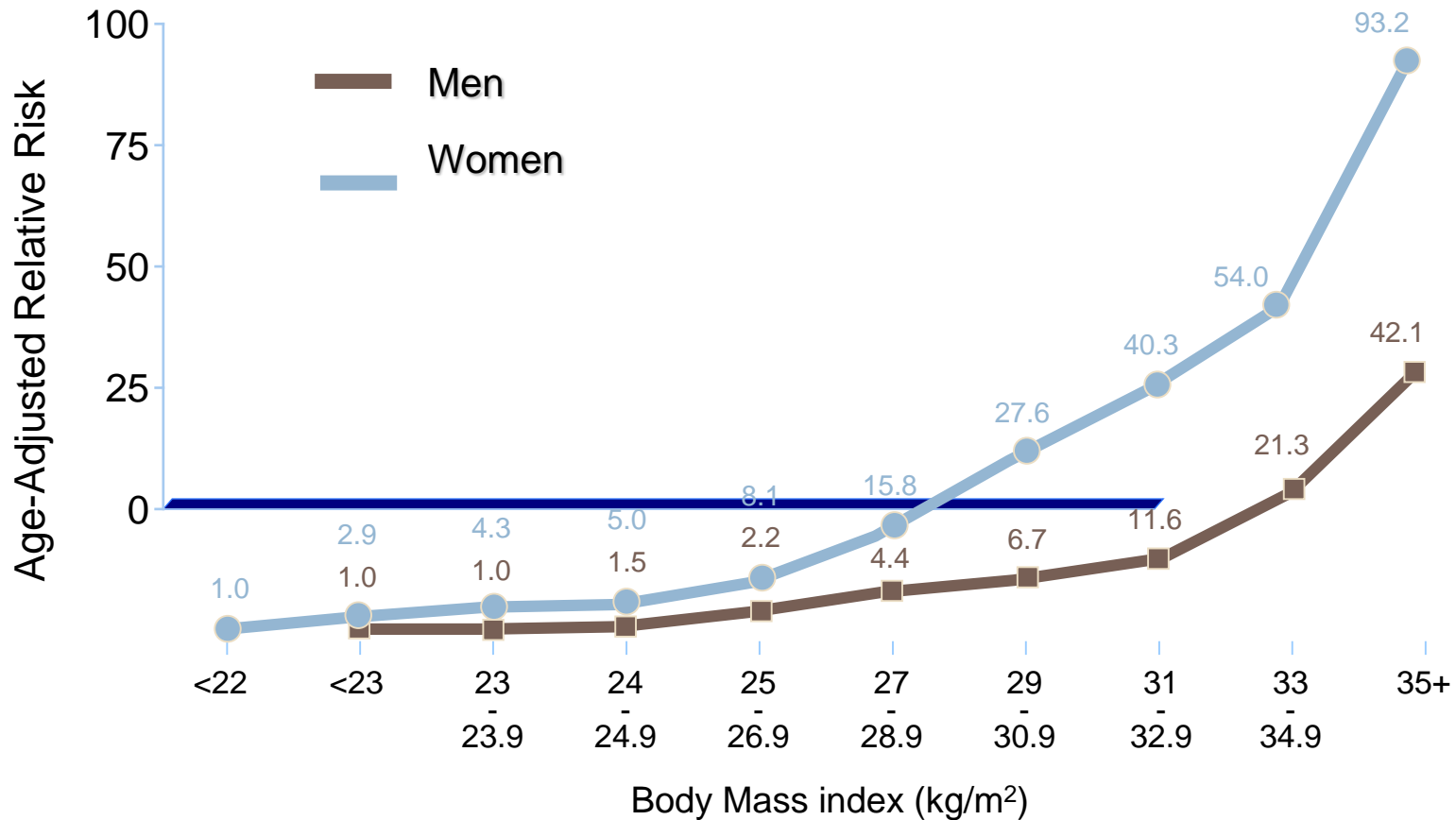
Chan J et al. *Diabetes Care* 1994;17:961.
Colditz G et al. *Ann Intern Med* 1995;122:481.

Diabetes

1994
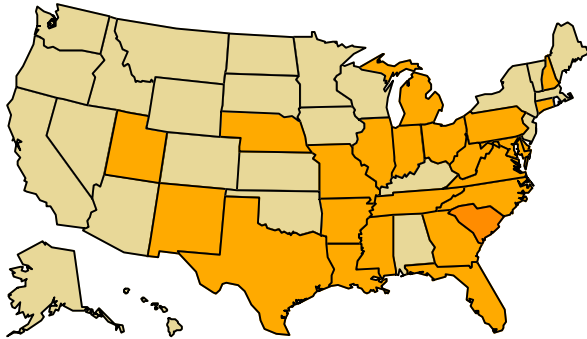
2000
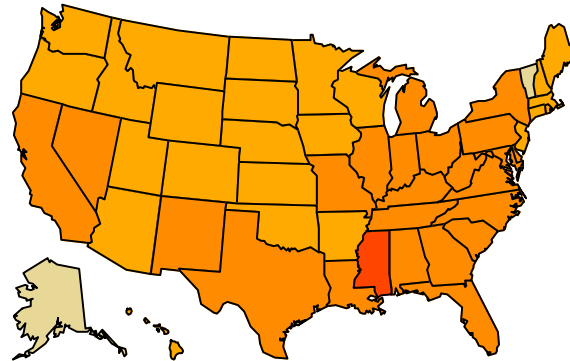
2013
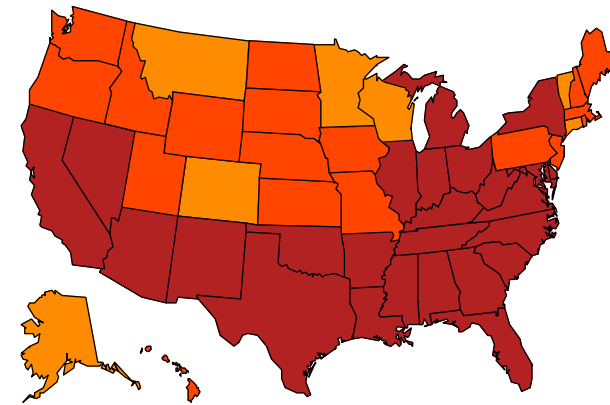
☐ No Data ☐ <4.5% ☐ 4.5%–5.9% ☐ 6.0%–7.4% ☐ 7.5%–8.9% ☐ >9.0%

Eating Trends

Average US Calorie Intake, 1970-2009

Source: authoritynutrition.com
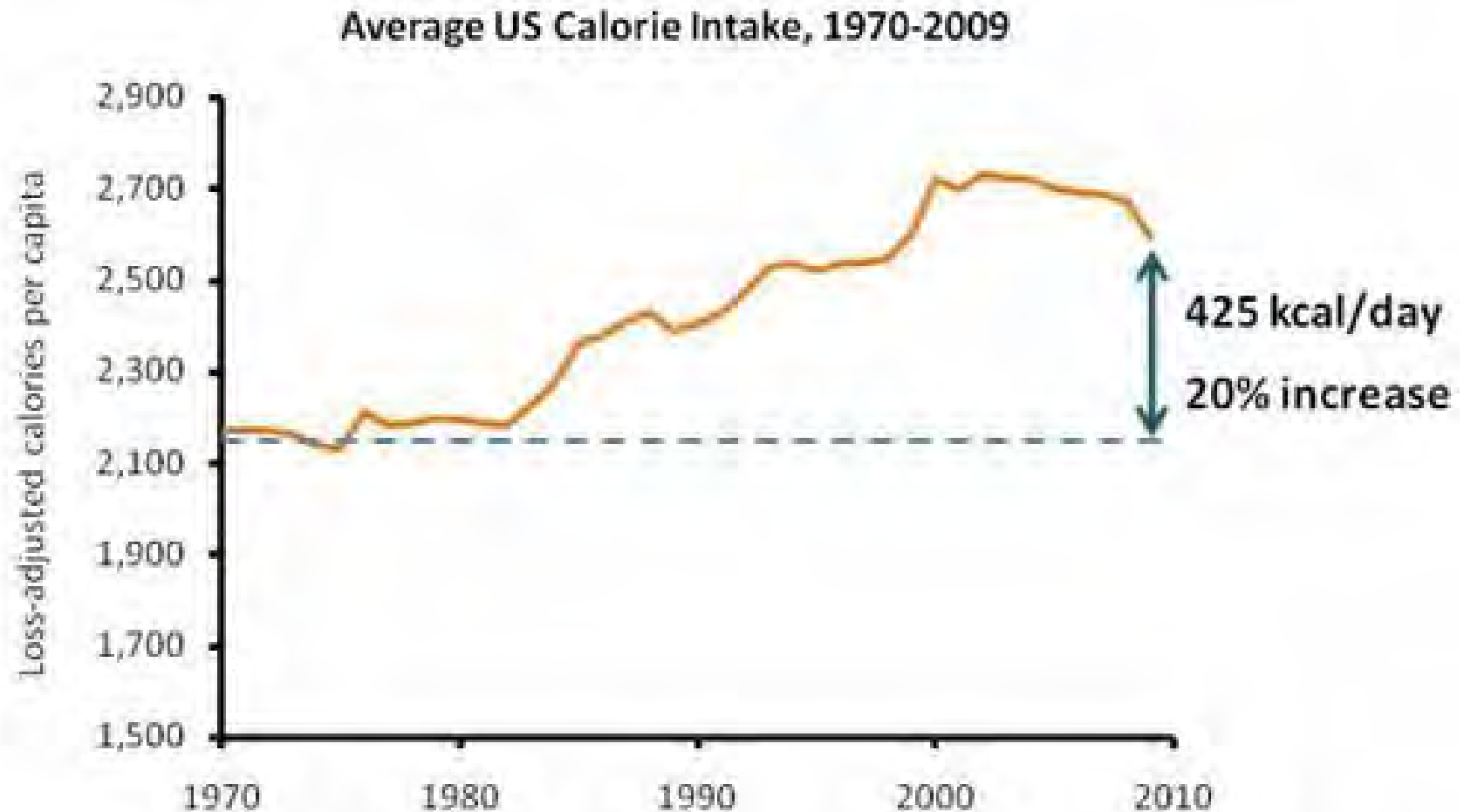
Driving Trends
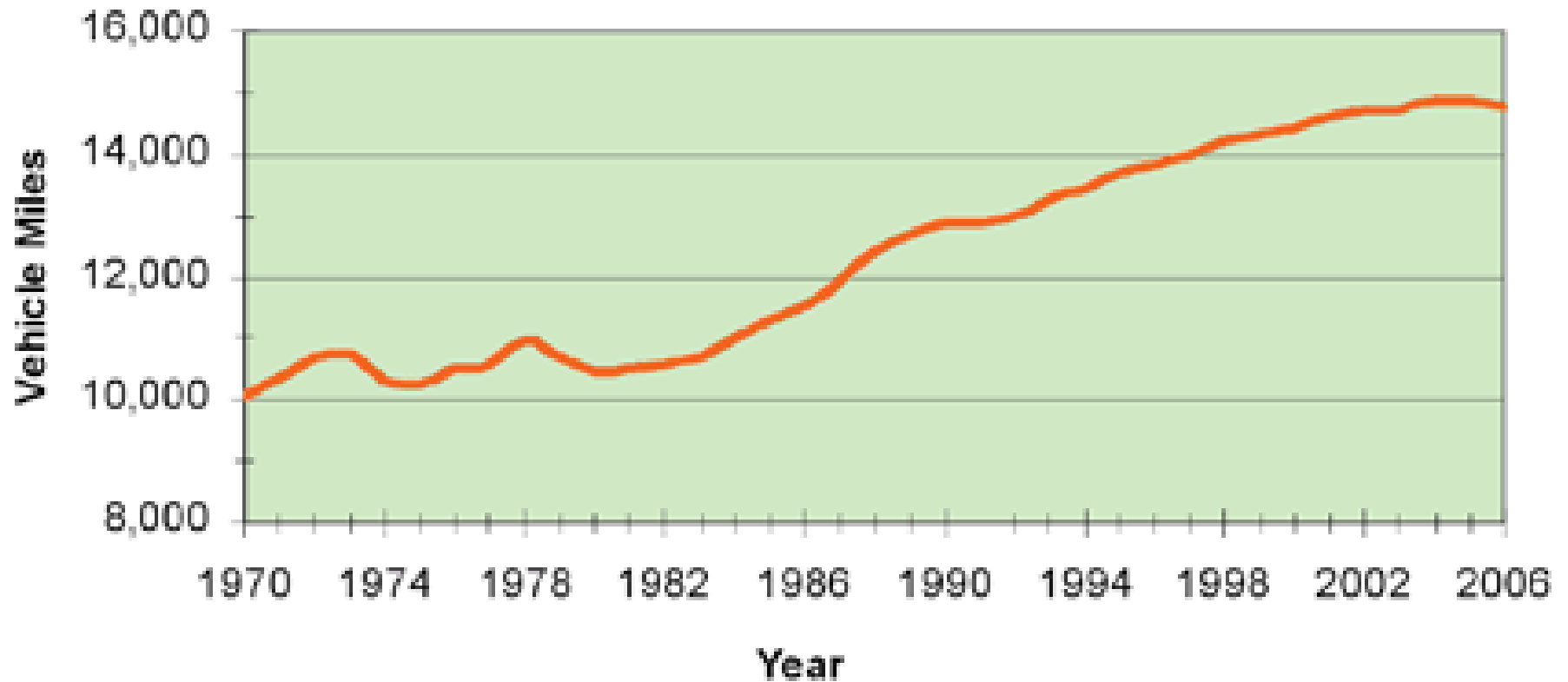
Source: https://www.fhwa.dot.gov/policyinformation/pubs/pl08021/fig4_4.cfm

National Health Expenditures per Capita, 1960-2010

Year	1960	1970	1980	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Per capita	$147	$356	$1,110	$2,854	$4,878	$5,241	$5,687	$6,114	$6,488	$6,868	$7,251	$7,628	$7,911	$8,149	$8,402
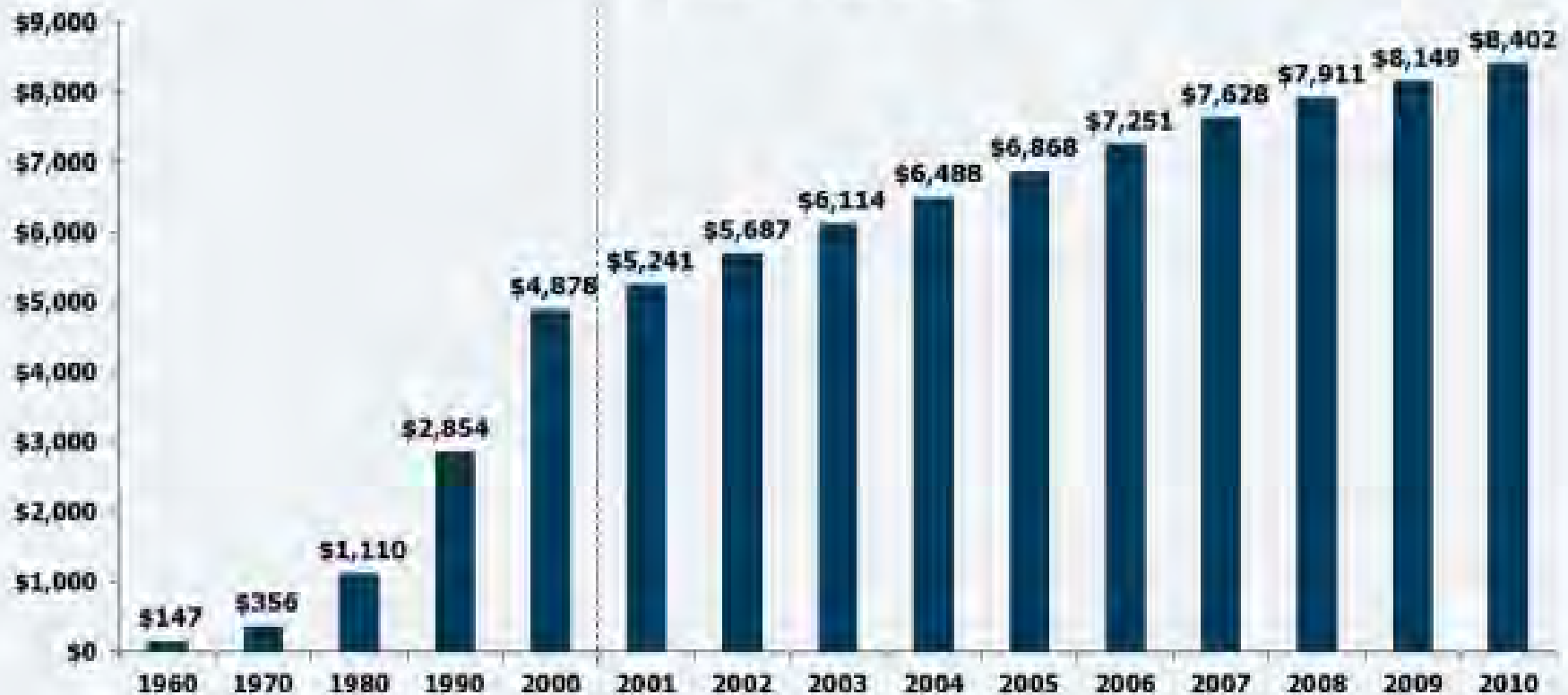
NHE as a Share of GDP

| 5.2% | 7.2% | 9.2% | 12.5% | 13.8% | 14.5% | 15.4% | 15.9% | 16.0% | 16.1% | 16.2% | 16.4% | 16.8% | 17.9% | 17.9% |

Notes: According to CMS, population is the U.S. Bureau of the Census resident-based population, less armed forces overseas.

Health Disparities

Asthma:

Death rates from asthma are almost three times higher for African Americans than for White Americans (US EPA 2003)

Traffic injuries:

African Americans represent only 12% of the US population, but more than 20% of pedestrian deaths (STPP 2002)

Opportunities for Physical Activity:

Low-income communities have less access to parks, recreational facilities, well-funded schools and playground structures, possibly contributing to disparities in physical activity rates (PolicyLink, 2002)

Social Determinants of Health
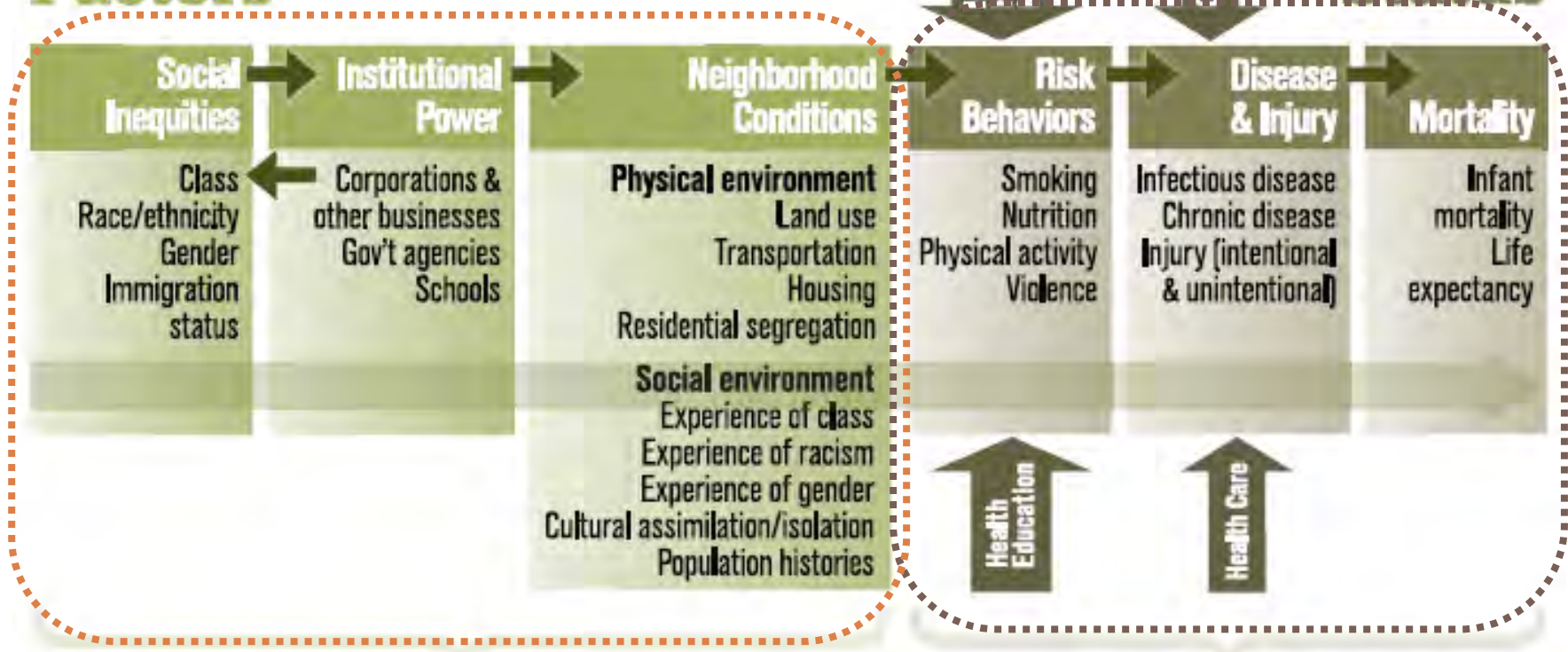
Social Inequities   Health Disparities

What are Social Determinants of Health?

Income / wealth	Education	Race/ethnicity	Gender
Built environment	Stress	Social support	Early child experiences
Employment	Housing	Transportation	Food environment
	Social standing	Immigration status*	

Wilkinson R, Marmot M, editors. Social determinants of health: The solid facts. 2nd ed. Copenhagen: WHO; 2003. Accessed 2010. Available from: http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf [PDF - 470 KB]

Cumulative Stressors of Unhealthy Neighborhoods

Chronic stress has known physical and mental impacts, from clogging arteries and heart disease, to overweight and diabetes, to chromosome damage and premature aging.

Racial Profiling — Stress

Poor Air Quality & Lack of Safe Recreation Space — Stress

Residential Segregation — Stress

Economic Insecurity — Stress

Stress — Street, Neighborhood, & School Violence

Stress — Overburdened Social Services

Stress — High Food Prices/ Lack of Healthy Foods

Stress — Lack of Affordable Health Care

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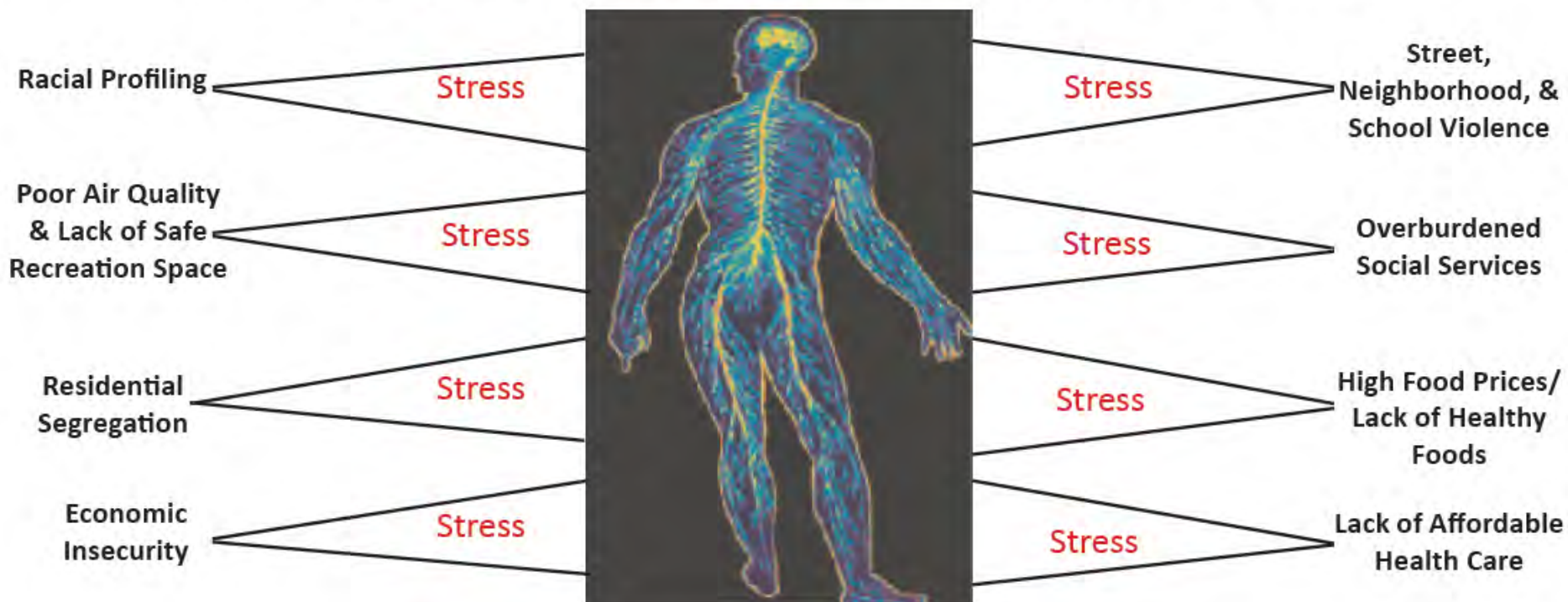
% Non-White & Hispanic Pop
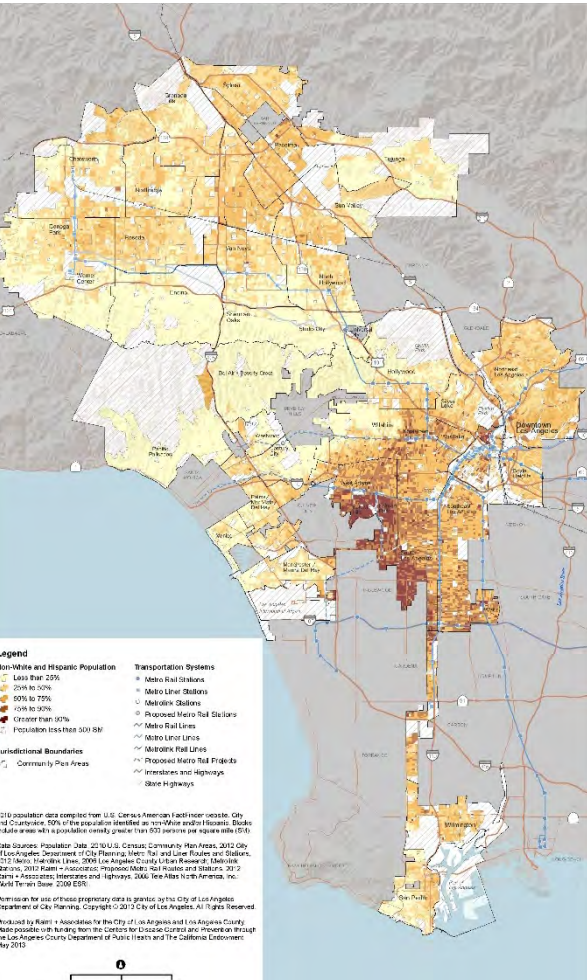
% of Pop Below Poverty Level
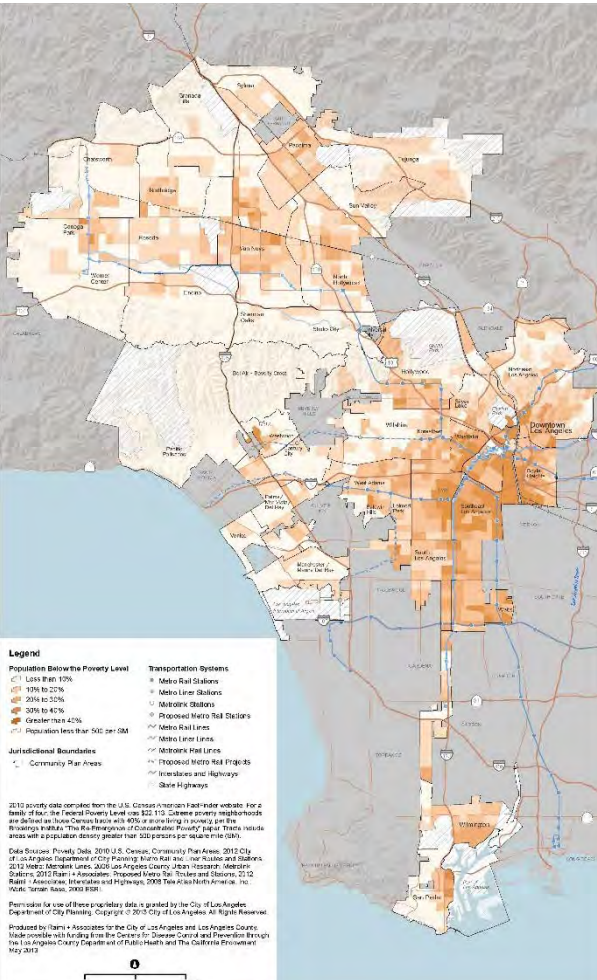
Ave Life Expectancy (years)

LA Health Atlas www.healthyplan.la

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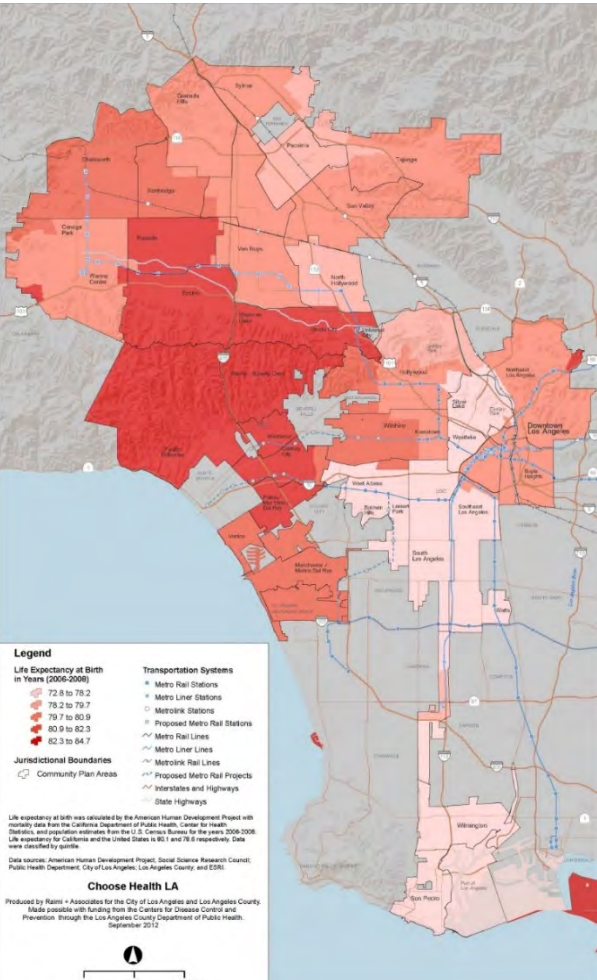
Zip Code and Life Expectancy

- 72.8 years (Watts)
- 84.7 years (Bel-Air Brentwood Pacific Palisades)
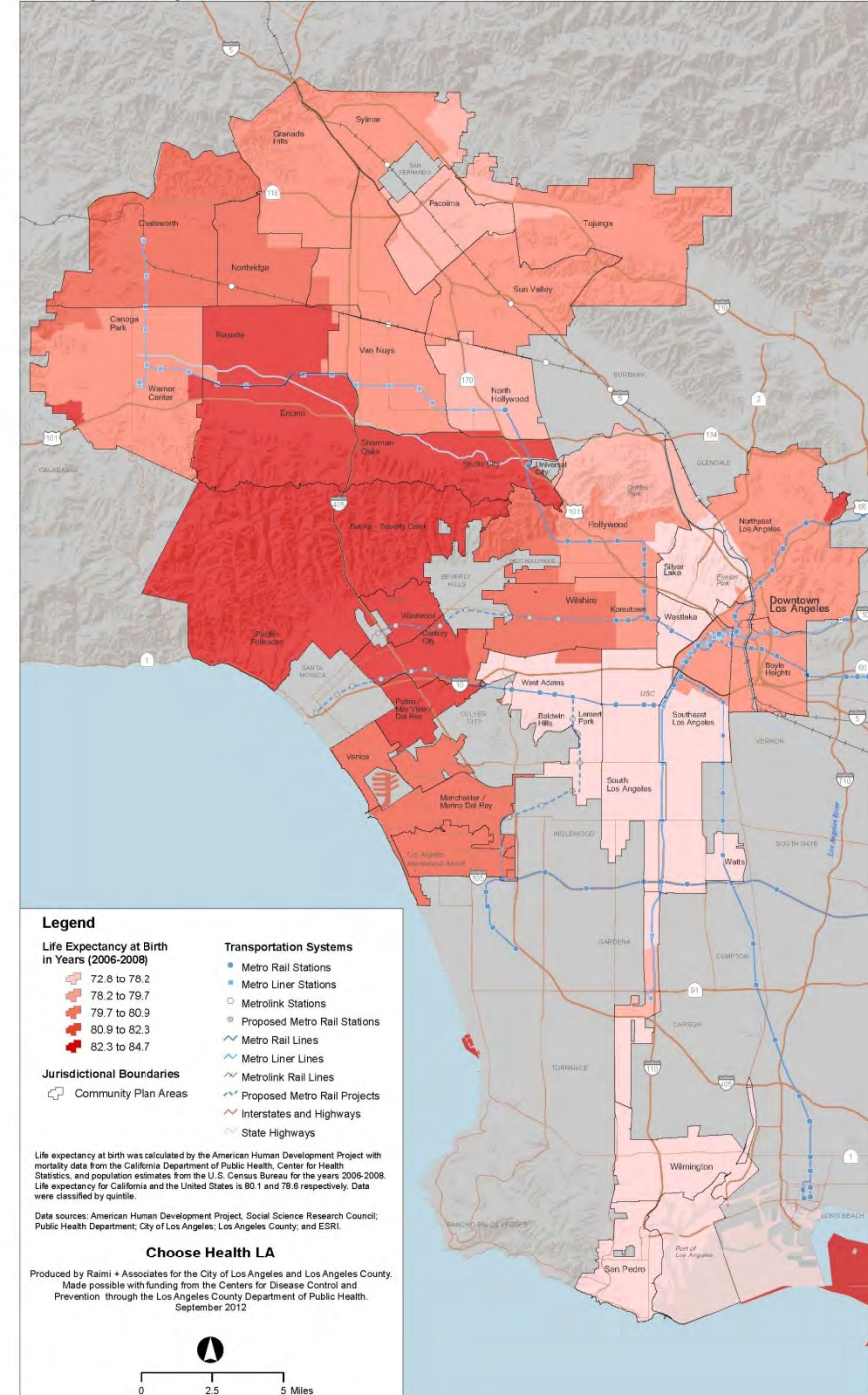
Public Health Framework

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

Health Factors

Policies and Programs

Health Behaviors
- Tobacco use
- Diet & exercise
- Alcohol use

Clinical Care
- Access to care
- Quality of care

Social and Economic Factors
- Education
- Employment
- Income
- Community safety

Physical Environment
- Built environment
- Environmental quality

Adapted from County Health Rankings

Typical Planning Process

- Project Definition / Initiation
- Community Profile
- Visioning
- Alternatives
- Plan Development
- Implementation

Community Engagement

Levels of Community Engagement

- Traditional planning engagement falls on the consult and involve spectrum.

- Principles:
  - Inclusion
  - Transparency
  - Democratic participation
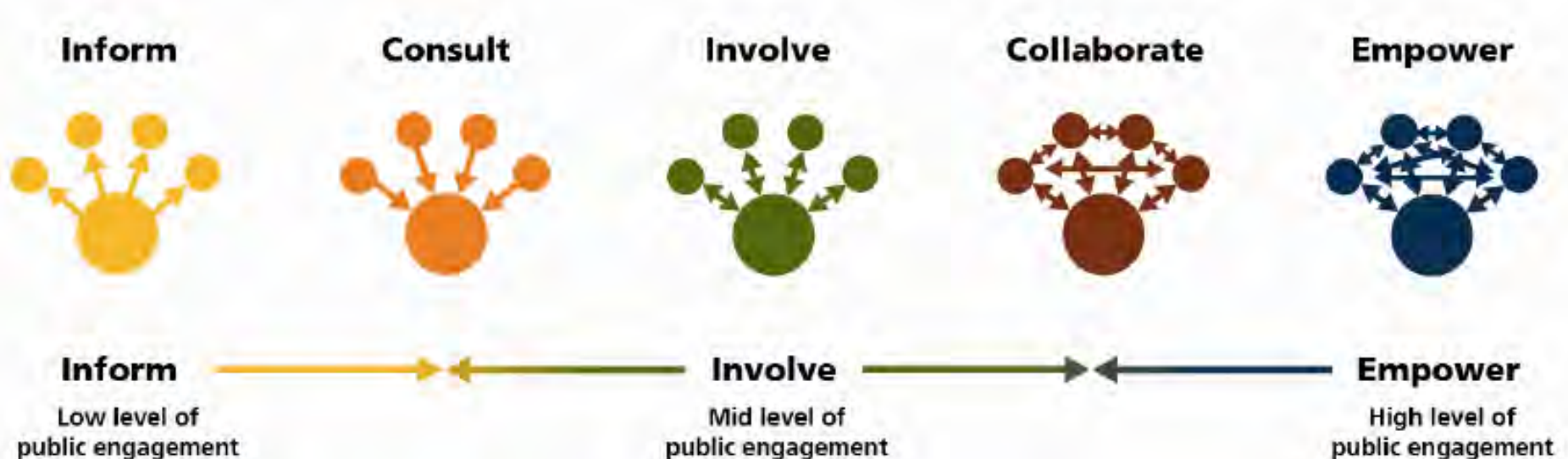
Major Issues or Challenges	Public Health	City and Regional Planning
Goals and Objectives	• Assuring the conditions in which people can be healthy. • Community-based health promotion and disease prevention.	• Physical, economic and social planning to create communities that offer better choices for where and how people work, live, and travel.
Major issues or challenges (Respond to immediate needs)	• Increasing rates of disease. • Decreased ability for people to find and pay for quality health care.	• Market volatility • Increasing service and maintenance costs.
Income sources	• Federal and State grants • Health care payments form medical / Medicaid • County general fund	• Sales tax • Property tax • Permitting fees
Regulations / Initiatives	• Affordable Care Act • Public Health Dept. Accreditation	• PA Municipalities Planning Code • New Jersey Municipal Land Use Law • NJ DOT Complete Streets Policy • The Pennsylvania Fresh Food Financing Initiative (FFFI)
Funding and Staffing	• Constrained	• Constrained
Paradigm Shifts	• Infectious Disease → Chronic Disease → Social Determinants of Health	• Subdivisions and Strip Malls → Smart Growth/Sustainability → Equitable Community Development

One

Simple

Question

What basic human needs are NOT being met in our community?

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Intervention Points

Neighborhood-specific interventions

Policy (plans, zoning, ordinances, resolutions, etc.)

Larger scale systems and institutional change

Healthy Planning Tools

Health in All Policies Initiative

Comprehensive / Master Plans

| Specific plans & Topical Plans *(Bike, Ped, Parks, Food)* | Zoning *(Revisions and Health District Overlay)* | Resolutions & Ordinances *(e.g., Tobacco, Healthy Vending)* | Healthy Development and Design Guidelines and Checklists |

Data Analysis (Descriptive Stats, Models, Community Survey, etc.)

Community Engagement / Qualitative Data

Project/plan analysis and evaluation (Health Impact Assessment)

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Why Plan with a Health Lens?
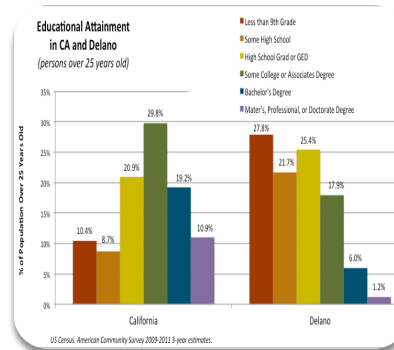
Responds to diverse community needs

Humanizes "unhuman" topics *(zoning, land use, transportation, economic development)*

Use health data to prioritize non-health policies

Broadens stakeholders and partnerships

Why Add a Health Lens?

Medical care costs are expensive and don't address root causes (people keep getting sick)

Too expensive to maintain infrastructure and services for current development patterns

Yet, expenditures don't result in high quality of life for all residents

NO
TRESPASSING

Social/Cultural

· Social status
· Social support networks
· Education
· Social environment
· Personal health practise
· Healthy child development
· Gender and culture

Nature/Environment

· Physical environment (clean air, clean and abundant water, food safety, etc.)

· Biological and genetic endowment

Economy

· Income
· Employment
· Working conditions
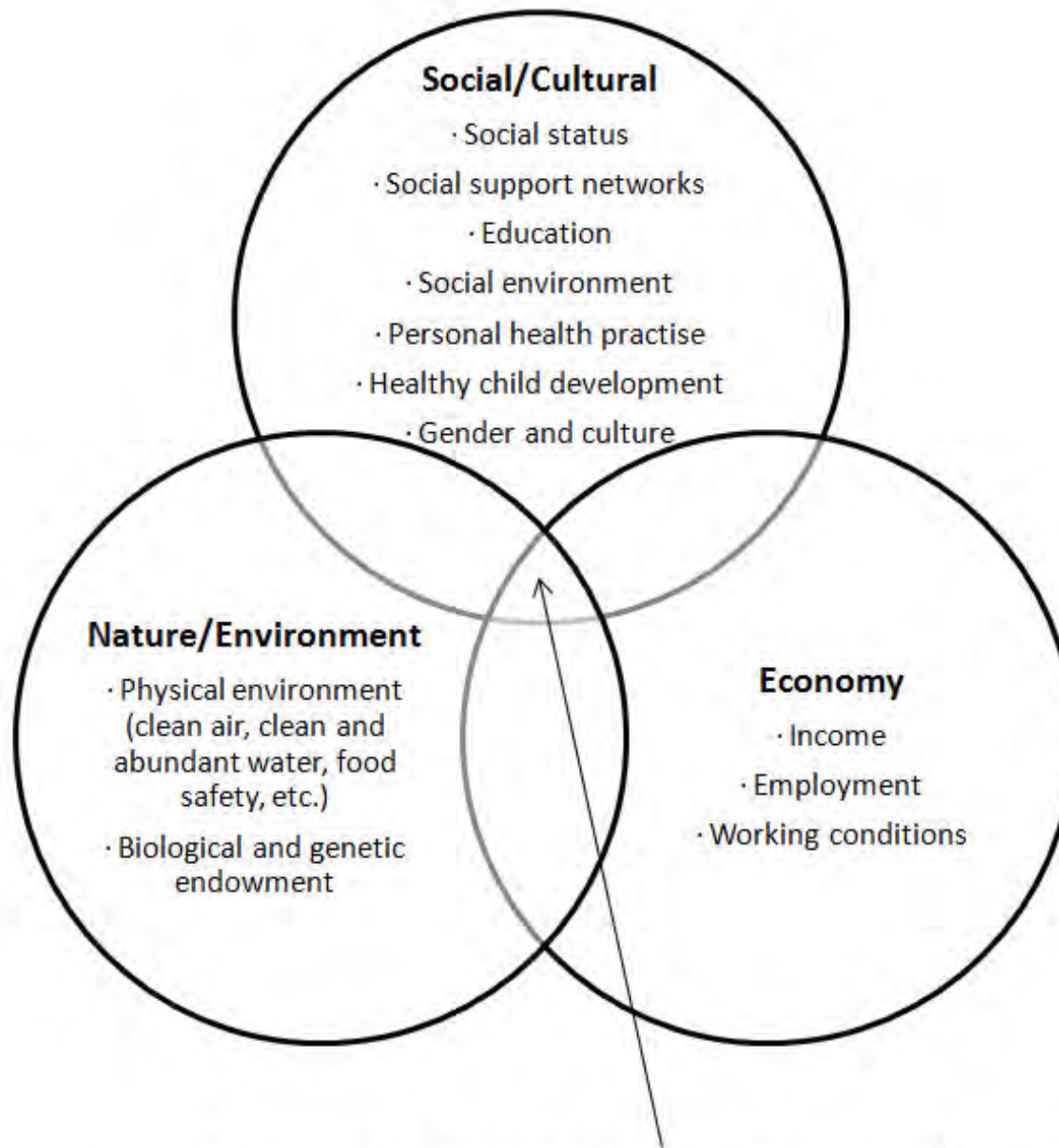
Sustainable Development = Sustainable and Healthy Communities

Health + Sustainability Co-Benefits

Better Bike and Pedestrian Facilities / Less Driving

- Improved Air Quality
  - Decreased Asthma
  - GHG Reduction
- Reduced Vehicle Injuries / Collisions
- Increased walking, biking, transit
  - Increased physical activity
  - Increased eyes on the street
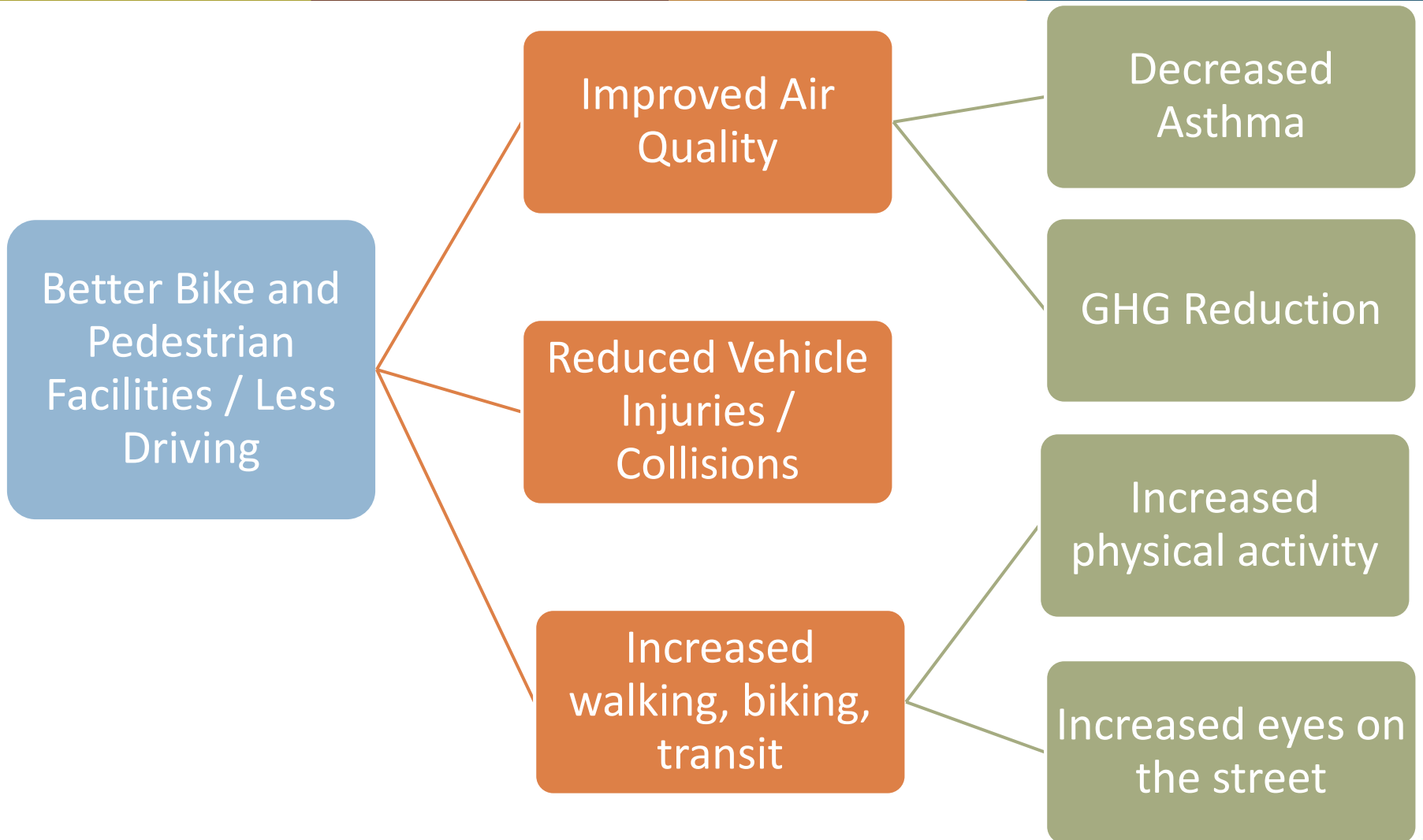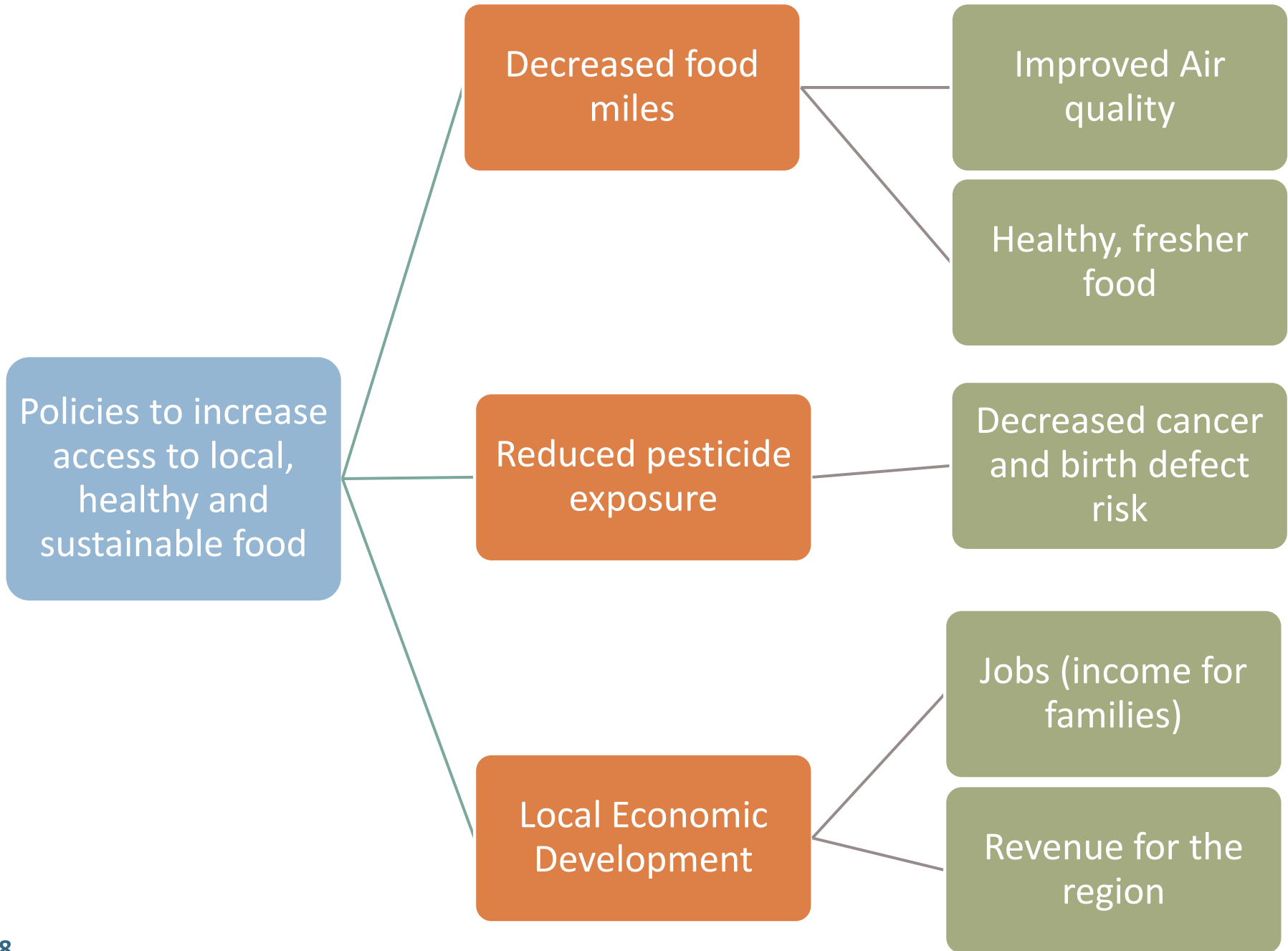
Health + Equity + Sustainability
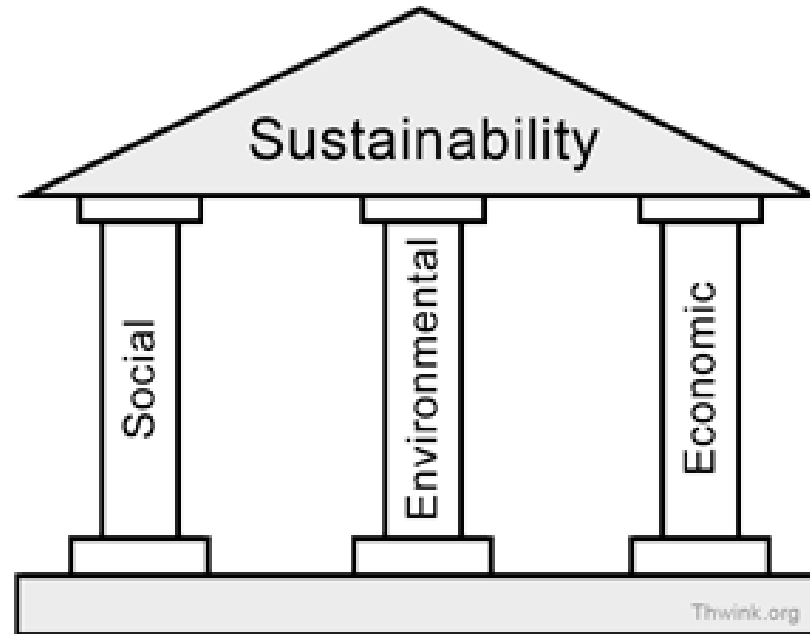
"If people are uncomfortable addressing the social pillars of sustainability, then perhaps those actions are not sustainable" – Carlton Eley, US EPA

"Healthy" Planning = More Equity?

YES!

IF policies are written with an equity focus

"Healthy" Planning = More Equity

Human development must come with "physical" development

Fairly distributes risks and resources through policy and budgetary priorities

Not just a justification for "good" planning. Must broaden the conversation.

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

Equity!

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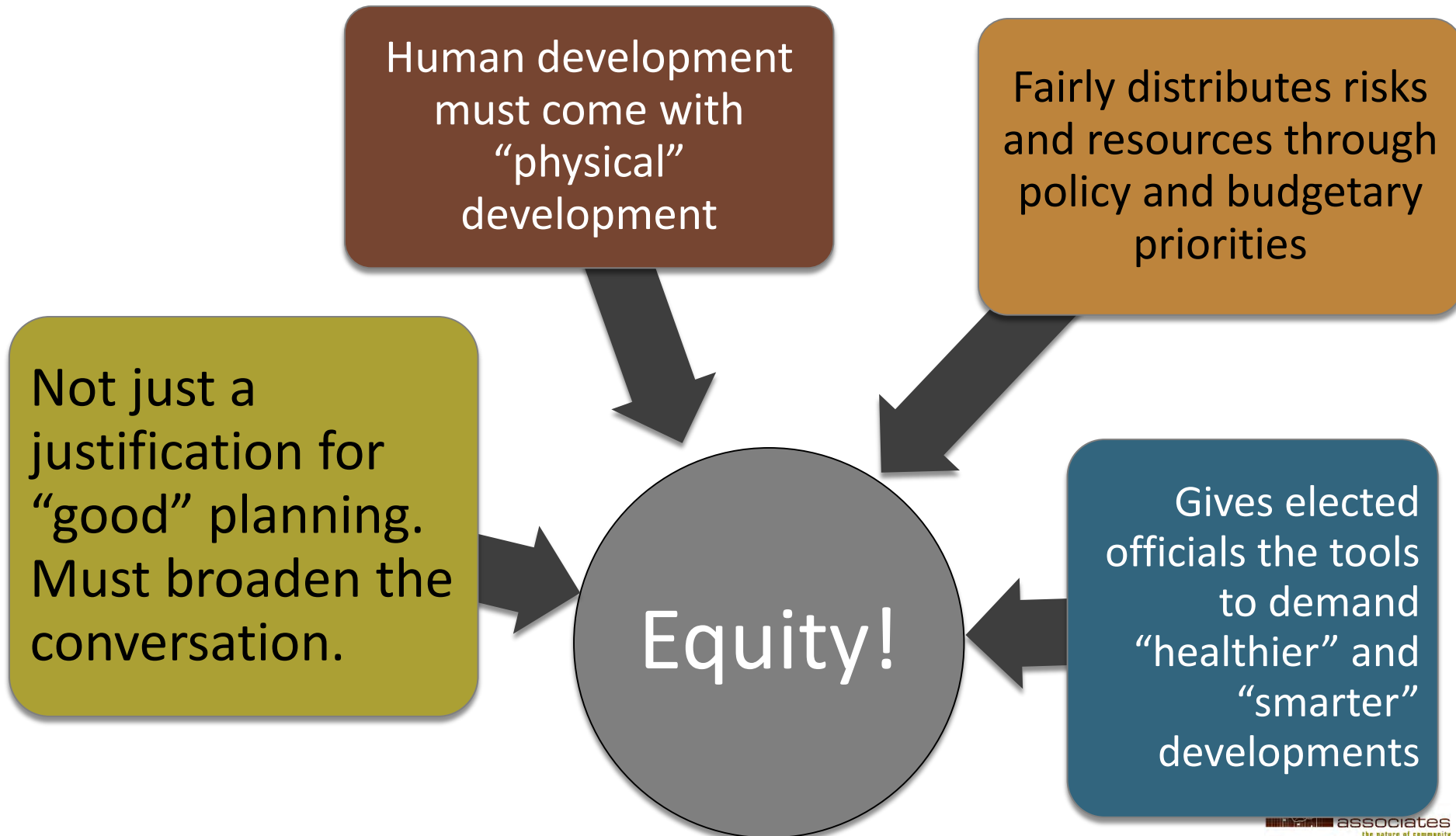
Health and Racial Equity

Equality doesn't mean **Equity**

Equality is about sameness. But this only works if everyone starts from the same place.

Equity is about fairness. Making sure people have access to the same opportunities. We need equity before we can reach equality.

Racial inequity in the U.S.

From infant mortality
to life expectancy,
race predicts how well
you will do…

Dimensions of Racism

INTERNALIZED
Beliefs within individuals
Stereotype Threat

INTERPERSONAL
Bigotry between individuals,
Racial Anxiety

INSTITUTIONAL
Bias within an agency, school. . .

STRUCTURAL
Cumulative among institutions,
durable, multigenerational

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Institutional Racism

Policies, practices, and procedures that work better for White people than for people of color, often unintentionally.

Structural Racism

A history and current reality of institutional racism across all institutions, combining to create a SYSTEM that negatively impacts communities of color.

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Racial Equity is Achieved When….

1) **race no longer is a determinant of life outcomes** and

2) in addressing racial inequity directly, we improve outcomes for everyone, including White people

Racial equity is both **our process** *and* **the outcome we seek to achieve**.

It is an *inclusive* approach to transform structures towards access, justice, self-determination, redistribution, and sharing of power and resources.

Categories of Equity Action (Portland)

Procedural
- processes are fair and inclusive.

Distributional
- resources, benefits, and burdens are distributed fairly and prioritized to those most in need.

Structural
- commitment to correct past harms and future unintended consequences.

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Governing for Racial Equity

Targeted universalism

- Develops goals and outcomes that will result in improvements for all groups using strategies that are targeted based on the needs of a particular group.

- will increase our collective success *and* be cost effective.

Racial Equity Toolkit
An Opportunity to Operationalize Equity

LOCAL AND REGIONAL
GOVERNMENT ALLIANCE ON
RACE & EQUITY

RACIALEQUITYALLIANCE.ORG

DANE COUNTY
WISCONSIN
Racial Equity Analysis
& Recommendations

GOVERNMENT ALLIANCE ON
RACE & EQUITY

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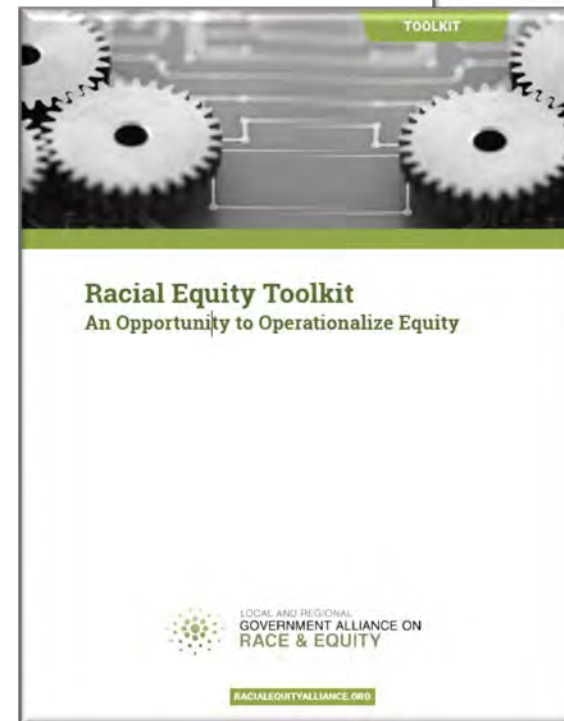
Intersectionality
We hold many identities at once
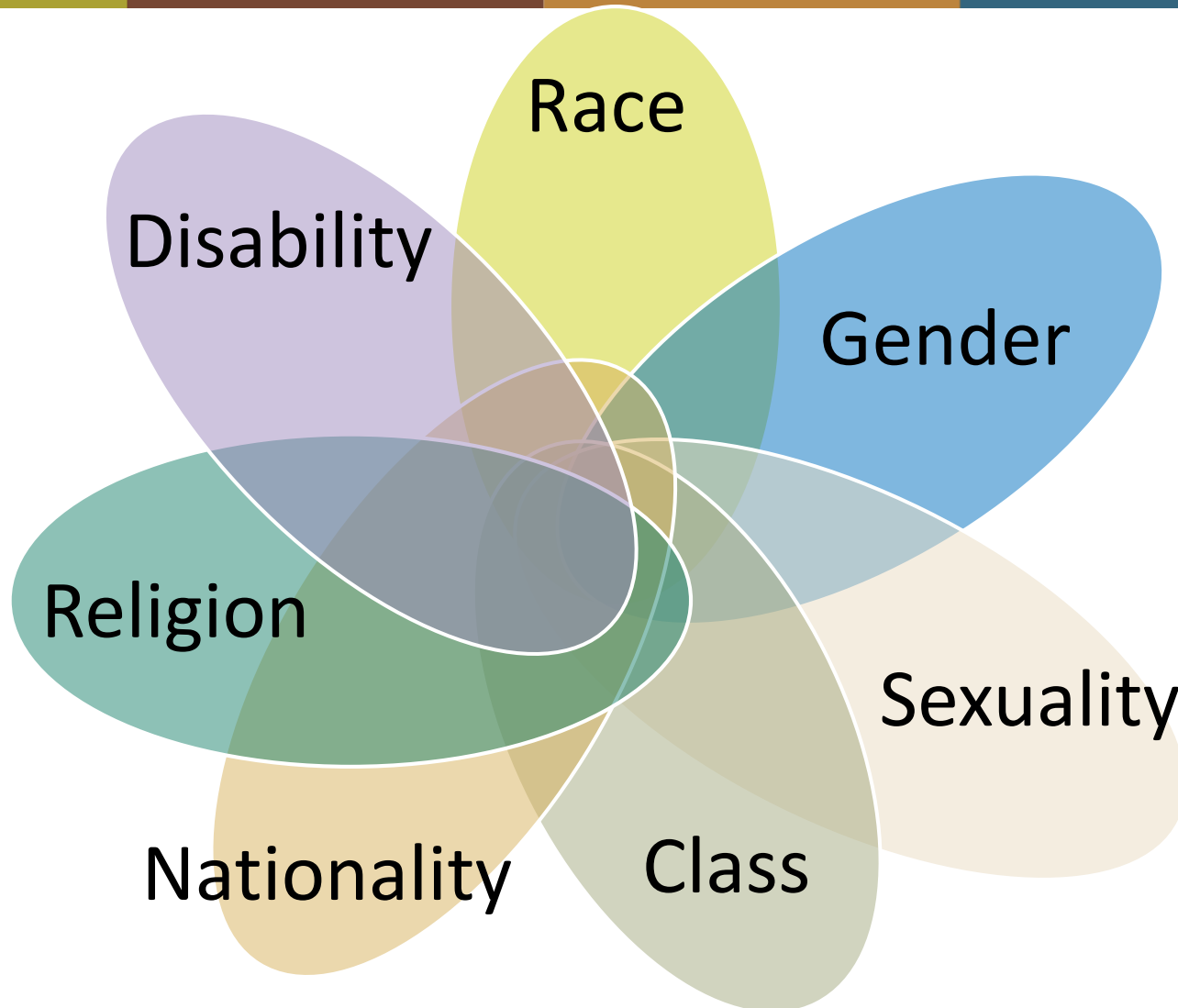
Geographic Locations / Place Types

Rural   **Suburbs**   **Urban Core**

Process Initiation

Jump on the healthy communities bandwagon whenever it comes by!

Relationship Building

Set up lunch / meetings with:

- Your counterpart in the planning or public health department
  - Planning consultants – get to know the public health consultants
- Non-profits working on social services, health, social justice issues
- Local hospital
  - ACA – requires Community Health Needs Assessments
- Local foundations
- Civic organizations

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Healthy Community Resolutions

Model ordinance available from ChangeLab Solutions

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Strategic Plan / Goals

- City Council – List Healthy Community as core goal or value

- Monterey County Health Dept (CA) included "Health in All Policies" as a strategy in their 5-year strategic plan

HiAP becomes part of Monterey County Health Dept's 5-year strategic plan

County adopts HiAP framework → Planning, Evaluation, and Policy Unit (PEP) gets created → HiAP manager position created for implementation

Health in All Policies (HiAP)

Health in All Policies is a **collaborative approach** to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.
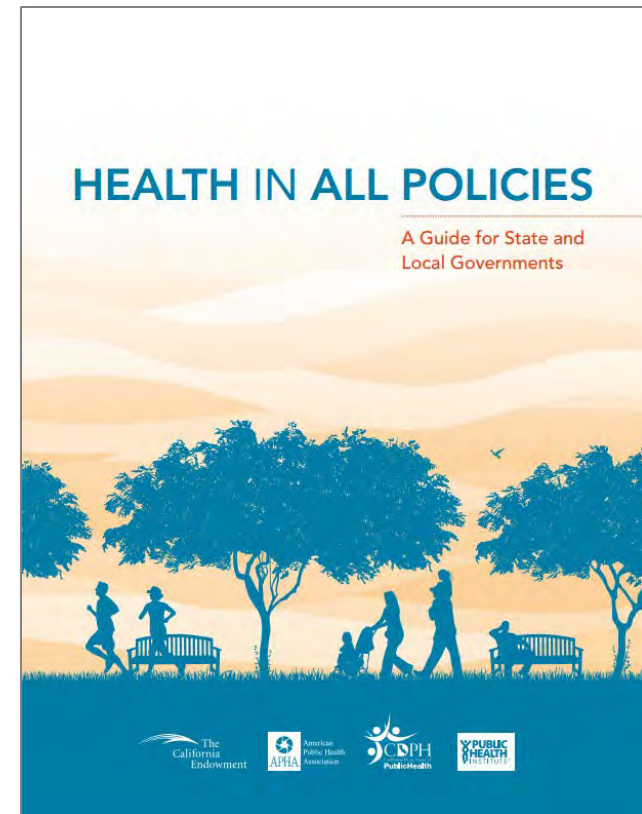
HEALTH IN ALL POLICIES

A Guide for State and Local Governments

http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf

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5 Key Elements of HiAP

1. Promote health and equity
2. Support intersectoral collaboration
3. Benefit multiple partners
4. Engage stakeholders
5. Create structural or procedural change

Executive Orders

❑ Rules or orders issued by the executive branch of a government and has the force of law

  ❑ **New York City:** July 2013 – Mayor Bloomberg required active design in city-funded development projects

  ❑ **California:** Feb 2010 – Governor Schwarzenegger established the Health in All Policies (HiAP) Task Force

  ❑ **Washington, DC:** Nov 2013 – Mayor Gray enacted the Sustainable DC Act, which covers healthy design topics and HiAP

Current & Upcoming Planning Processes

- ☐ Work with health stakeholders to shape scope of project

- ☐ Comprehensive Plan – Add Health Element

- ☐ Topical Plan
  - ◘ Do research on the connection between that topic and health
  - ◘ Document relevant health data

Staff Initiated

- Weekly lunchtime webinars /brownbags with staff on Healthy Community Planning

- Write new language for RFPs that includes health and equity as key components / goals of the project
  - Extra points for proposals that incorporate health

- Budget review with a health lens

- Funding organization? Make "potential health benefit" a grant scoring criteria

Funding Strategies

Add health into existing processes

- no or low cost, but might require additional professional skills

Apply for grant funding

- Tie health to sustainability or smart growth
- Co-write with CBO/ Health Dept / Planning Dept

Approach hospital

- Healthy planning = prevention

Swap staff / interns between planning and public health

Allocate $ from general fund

- Healthier city = more productive

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Place Matters

ZIP CODE 95219 Life Expectancy 73 < 88 ZIP CODE 92657 Life Expectancy

health happens here

Economic Argument

Avoid Jargon with Community ☺

Jargon	Plain Language
Health Equity	• Achieving the highest level of health for all people • When everyone has the support they need to thrive • When all people have the full opportunity to be healthy
Health Inequity	Avoidable and unfair differences in health
Social determinants of health	• Living and working conditions that shape opportunities to be healthy • Health begins where people live, work, and play
Vulnerable populations	[After cueing up the environmental framing of health...] People at the greatest risk for poor health, due (for example) to living conditions, discrimination, access to resources, etc.
Inequities btw populations	Differences in [type of conditions] between [specific groups of people]

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ACTIVITY! Root Cause Mapping

The Jason Story

Why is Jason Sick?

- *Why is Jason in the hospital?*
- *But why does he have an infection?*
- *But why does he have a cut on his leg?*
- *But why was he playing in a junkyard?*
- *But why does he live in that neighborhood?*
- *But why can't his parents afford a nicer place to live?*
- *But why ...?*

Citation: © Her Majesty the Queen in right of Canada, represented by the Minister of Public Works and Government Services Canada, 1999.

Root Causes

Outcome ← Contributing Factor ← Root Causes

Cut on leg ← Fell on jagged steps ← Playing in junkyard

Lack of nearby playground — **Parks Dept.**

Health Clinic

Parent's lack of knowledge about wound care ← Low literacy — **School Dist.** — Education

Jason is sick

Local Pharmacy

Lack of medical supplies to treat wound ← No funds for purchase ← Lack of income — **Workforce**

Infection

Rental prices — **Housing**

Code Enforcement

Unsafe housing conditions ← Poverty — **Econ Dev.** — Economic policies

Outcomes   Behaviors   Environment   Policies

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Root Cause Mapping: Example
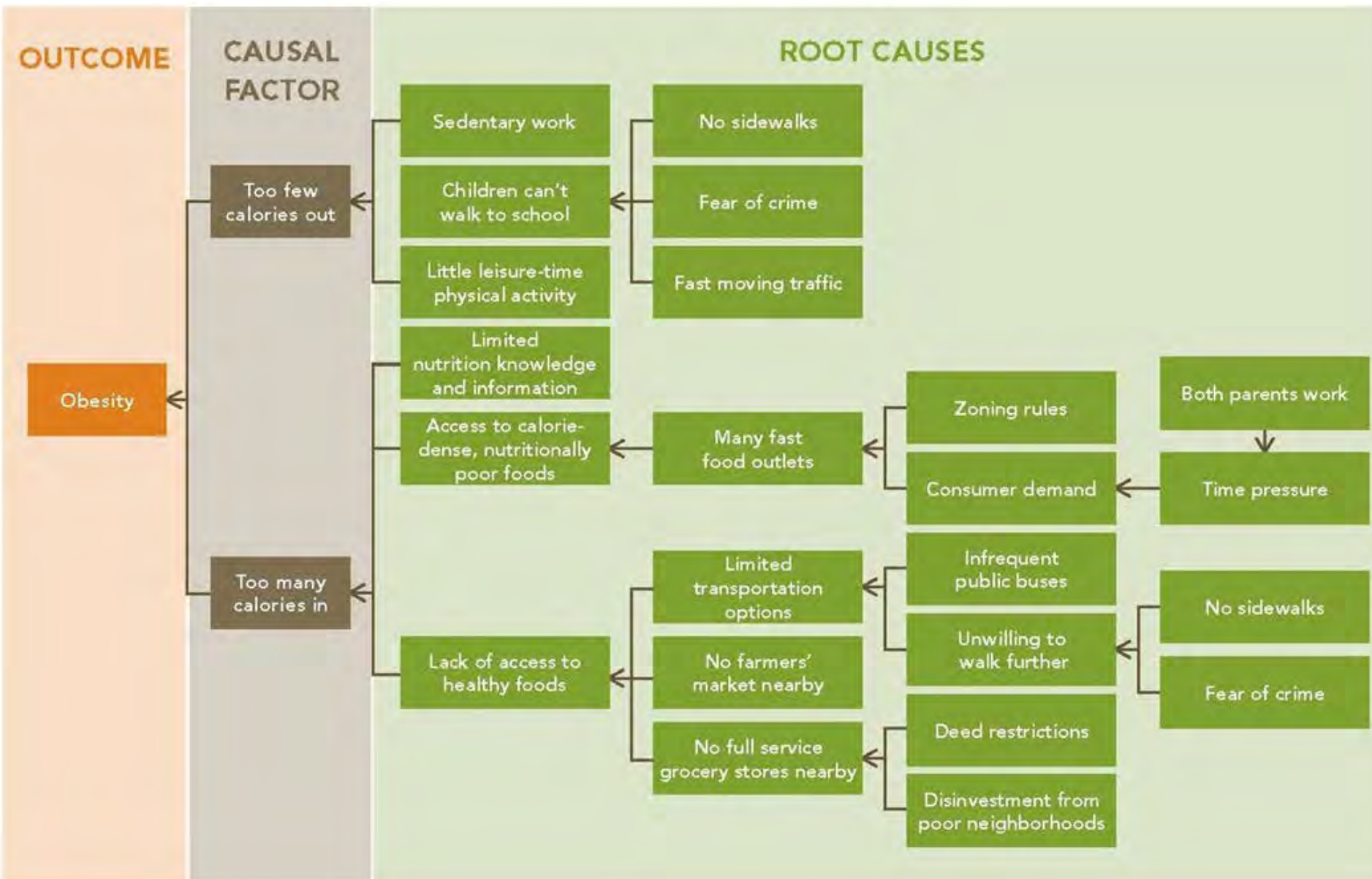
High Housing Costs → Displacement

Families move = displacement

- **Leave community**
  - Less social support system
  - Lose child care assistance
  - Unstable conditions for child development
- **Commute further**
  - Time / Stress
  - Transportation / gas costs

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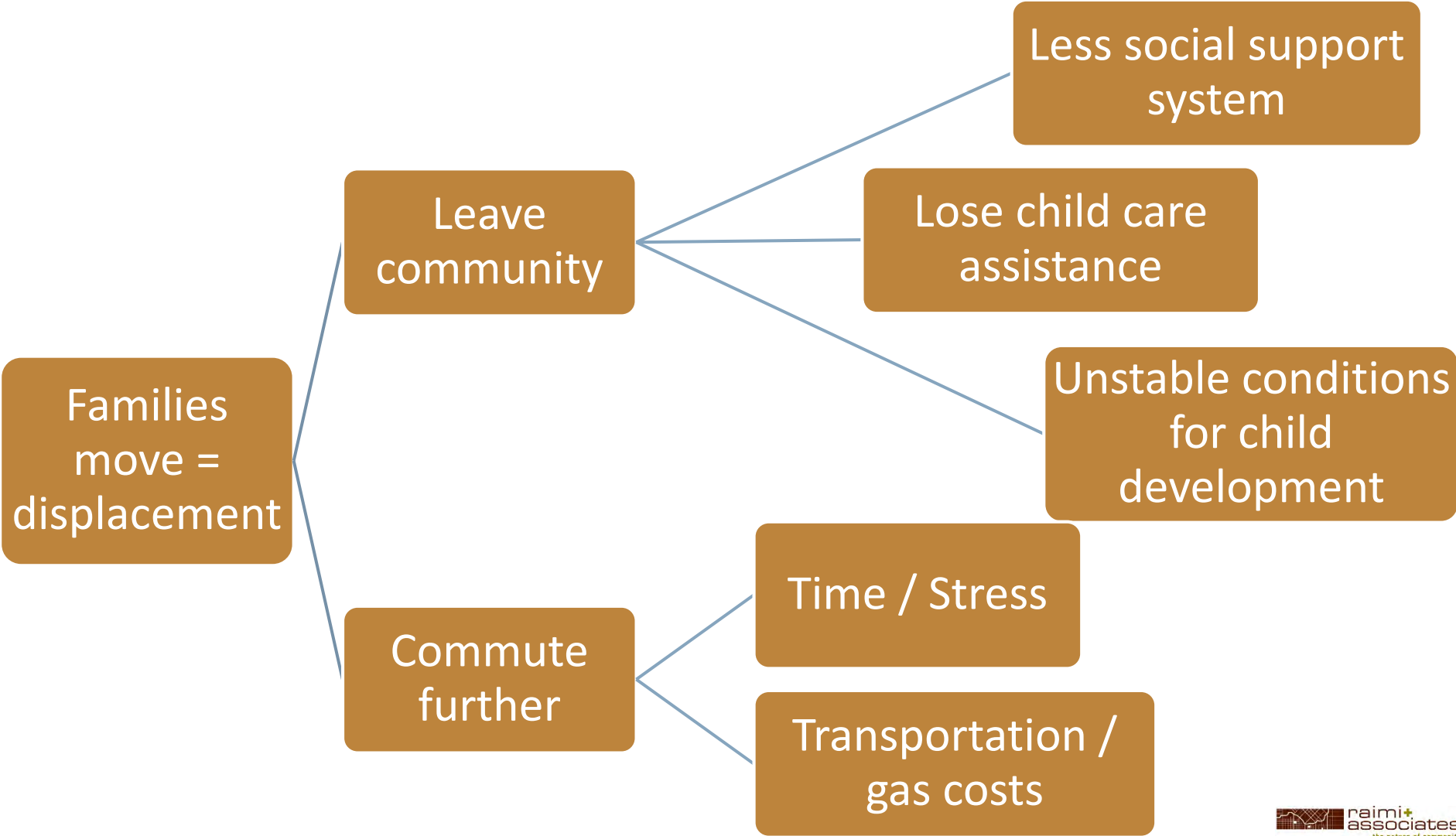
"Real Life" Root Cause Maps
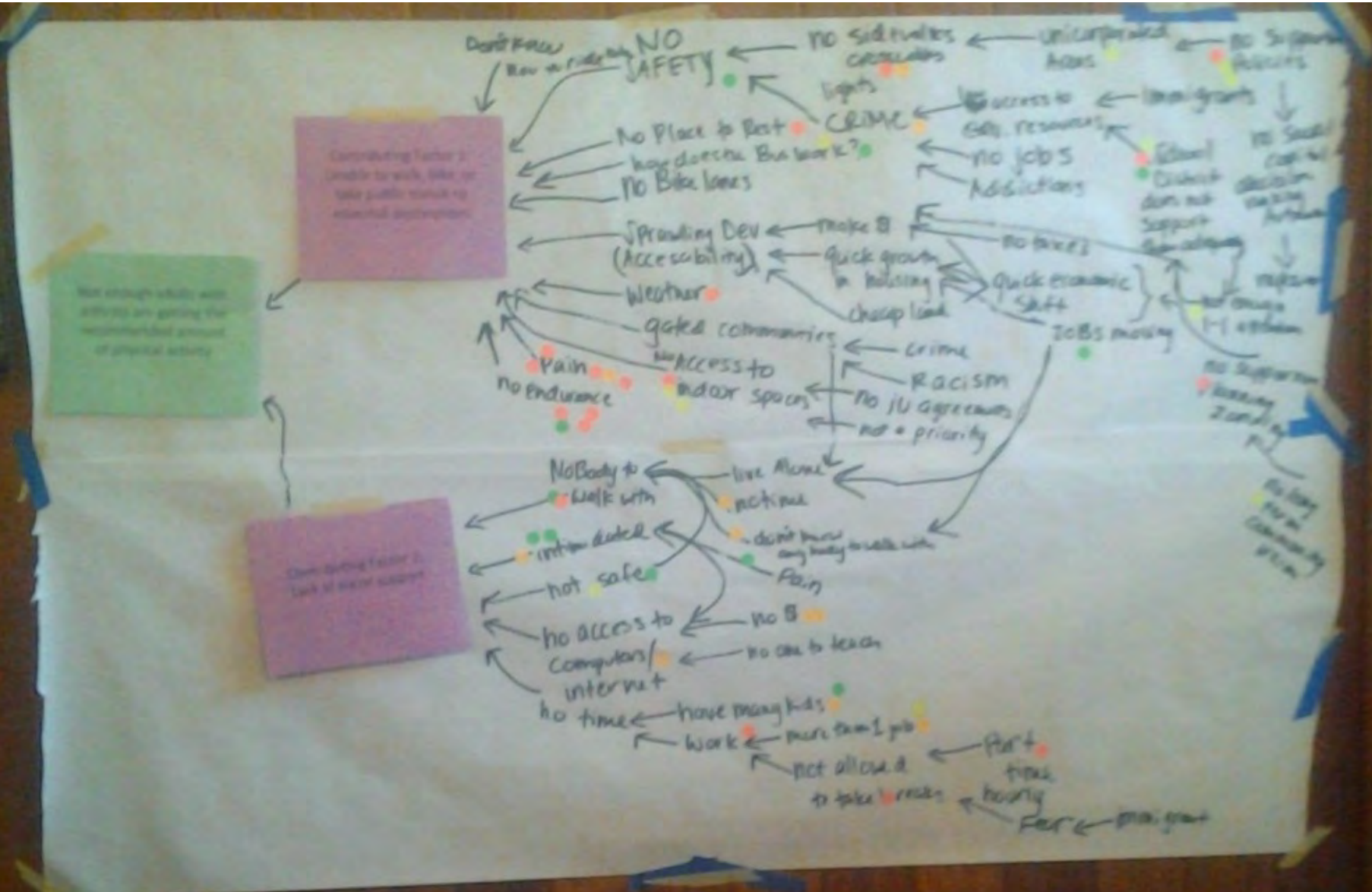
Root Cause Activity Instructions

Three different scenarios (each table does one)

- ☐ Choose mapper/scribe and read vignette (2 min)
- ☐ Draw your map (13 min)
  - ◻ Can have multiple pathways
- ☐ Identify stakeholders you could involve (5 min)
  - ◻ (Are you one of them?)
- ☐ Report back (10 min)

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7 minute break

Data for Community Profiles

Measure what you want to move

Community Profile Purpose

- ☐ Explore relationships between different topics

- ☐ Inform future policy and development direction

- ☐ Baseline to track progress and measure success

- ☐ Provide justification and background info for City, County, and community groups' grant applications

- ☐ ***Make data publically available for community use***
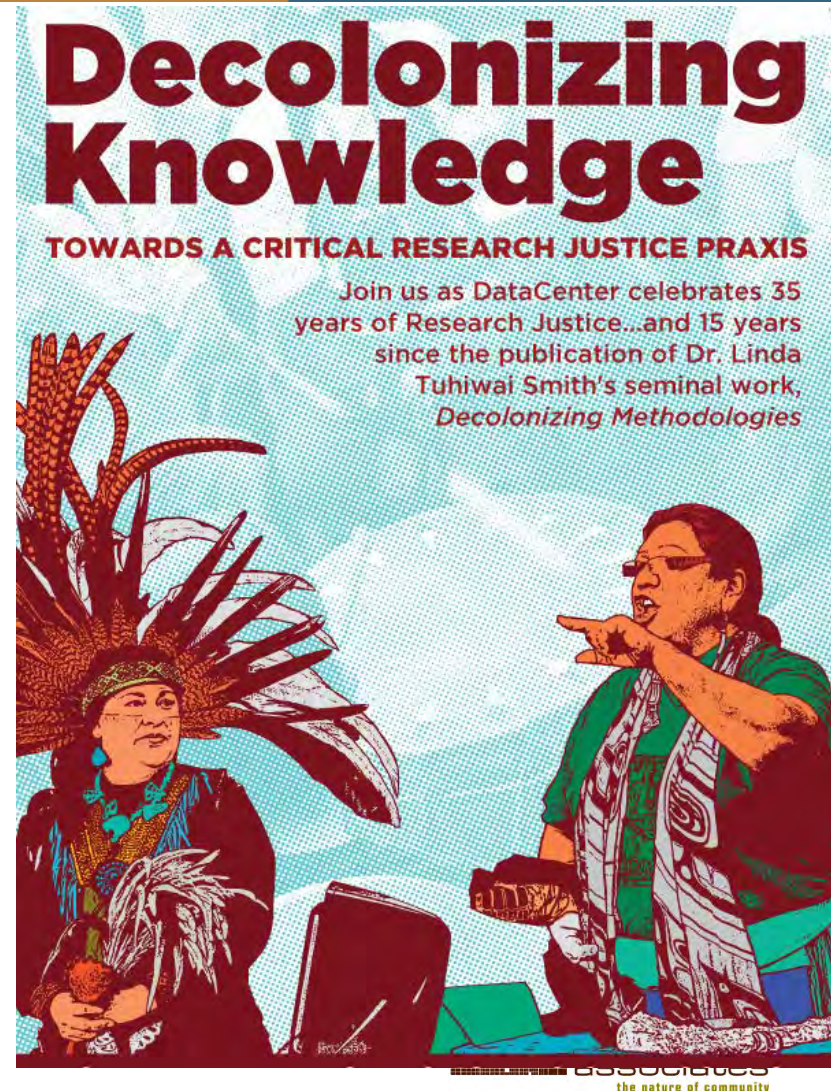
Qualitative Data - PhotoVoice

Collect Original Data: Walk Audit, Bike Count, Industrial Sites, etc.

Source: WALKSacramento

Community health Indicators

- **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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Community Health Indicators

- **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.

Community members should help define indicators

Upstream & Downstream Variables

83 *Downstream*	*Midstream*	*Upstream*
Individual Level Outcomes	**Individual or Group Behaviors**	**Community Conditions (resiliency or risk factor)**
Asthma ER Visits Asthma Diagnosis	Live with a family member who smokes indoors	# of poor air quality days Mold in home
High School Graduation Rates	Truancy Rate	Suspension policies School API Scores
Pedestrian / bicyclist injuries from car collisions	% of people who walk or bike to work or school	% of streets with bike lanes and sidewalks % of streets with speed limits above 25 mph
Diabetes rate Obesity rate	Eats 5 servings of fruits and vegetables per day # of sodas consumed per day	% of population who live within ½ mile of a supermarket Supermarkets per 10,000 people

Indicator Guidelines

1. Policy-relevant

2. Measure change over time (past to current)

3. Document where we're at now to track progress (current to future)

4. Include a comparison number (State, Health Standard, etc.)

5. Explore relationships between different topics

6. Measures inequities between populations and places

7. Considers context (rural vs. suburban vs. urban)

8. Contributing cause to health outcomes

9. Document assets and weaknesses

10. Results can provide justification and background info for City, County, and community groups' grant applications

11. Make data / report publically available for community / public use

Data Can Show

Size and Scale   size of a population
number of people affected

Comparisons   between locations or groups

Patterns   trends over time
geospatial clusters

Relationships   correlation vs causation

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Size and Scale

How big is a population?

52,011 Monterey County children received school meals in 2014, but only
6,741 received meals during the summer – potentially leaving
45,270 children to experience hunger for three months

How many people are affected by something?

Nearly **1** in **3** pregnant Monterey County women accessed a nutrition assistance program in 2012

CDPH Maternal & Infant Health Survey

1 in 10 Montery County public school children are **HOMELESS**

*Their primary nighttime residence at any point in the school year is: a shelter, motel or hotel; shared housing due to loss of housing, economic hardship, or similar reason; or no shelter.

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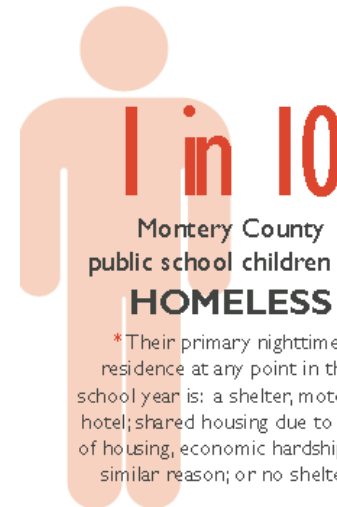
Comparisons

This group vs. that group

Interpretation

High school students eligible for free lunch 2010

100% | 75% | 50% | 25% | 0%

71% — Alisal
79% — Gonzales
80% — Greenfield
86% — King City
90% — Soledad
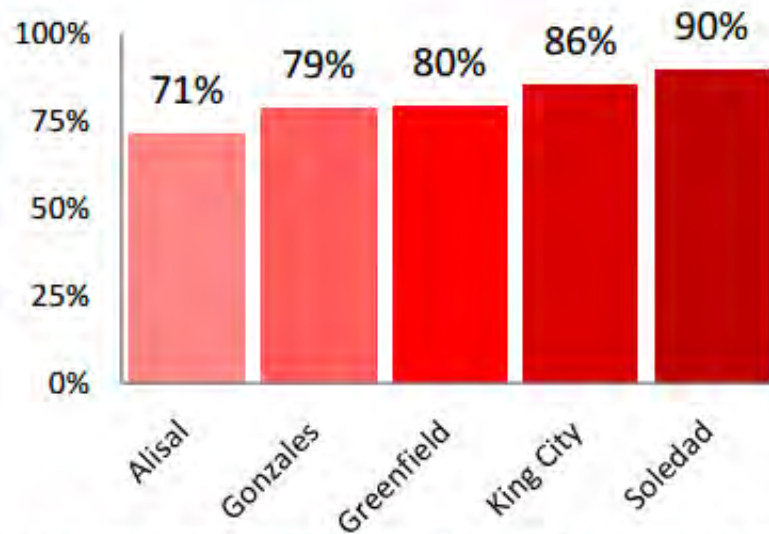
California Department of Education Nutrition Services

- ☐ Gonzales and Greenfield have similar rates of free lunch eligibility

- ☐ Soledad free lunch eligibility is 19 percentage points higher than Alisal's

Comparisons

Monterey County pregnant women with food insecurity by race/ethnicity
2010-2012
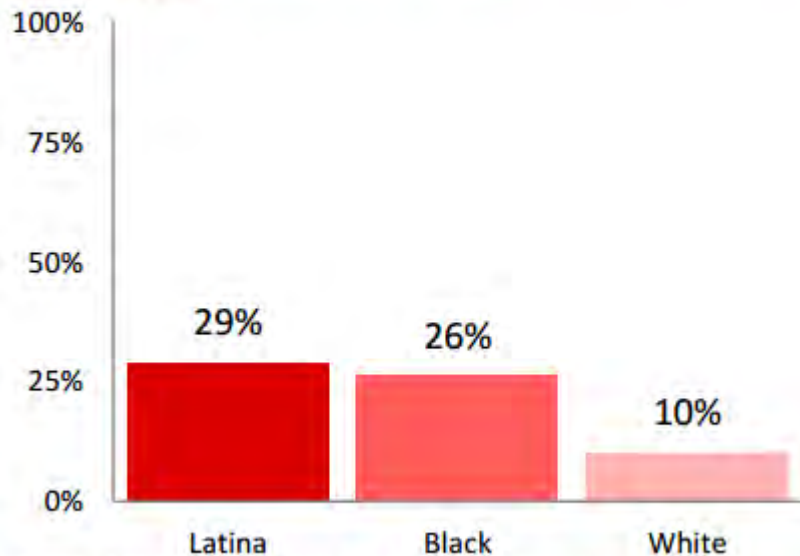
CDPH Maternal and Infant Health Survey

- **Relative Risk:** The ratio of the probability of an event occurring (for example, developing a disease, being injured) in an exposed group to the probability of the event occurring in a comparison, non-exposed group.

- **Hispanic and Black pregnant women are *more than twice as likely* to experience food insecurity *compared to* White women.**

Patterns – Trends over time

Can't afford enough food
2005-2011

CA Health Interview Survey

Less Detail: Data per Year

Unemployment Rate

Source: CA Employment Development Dept.
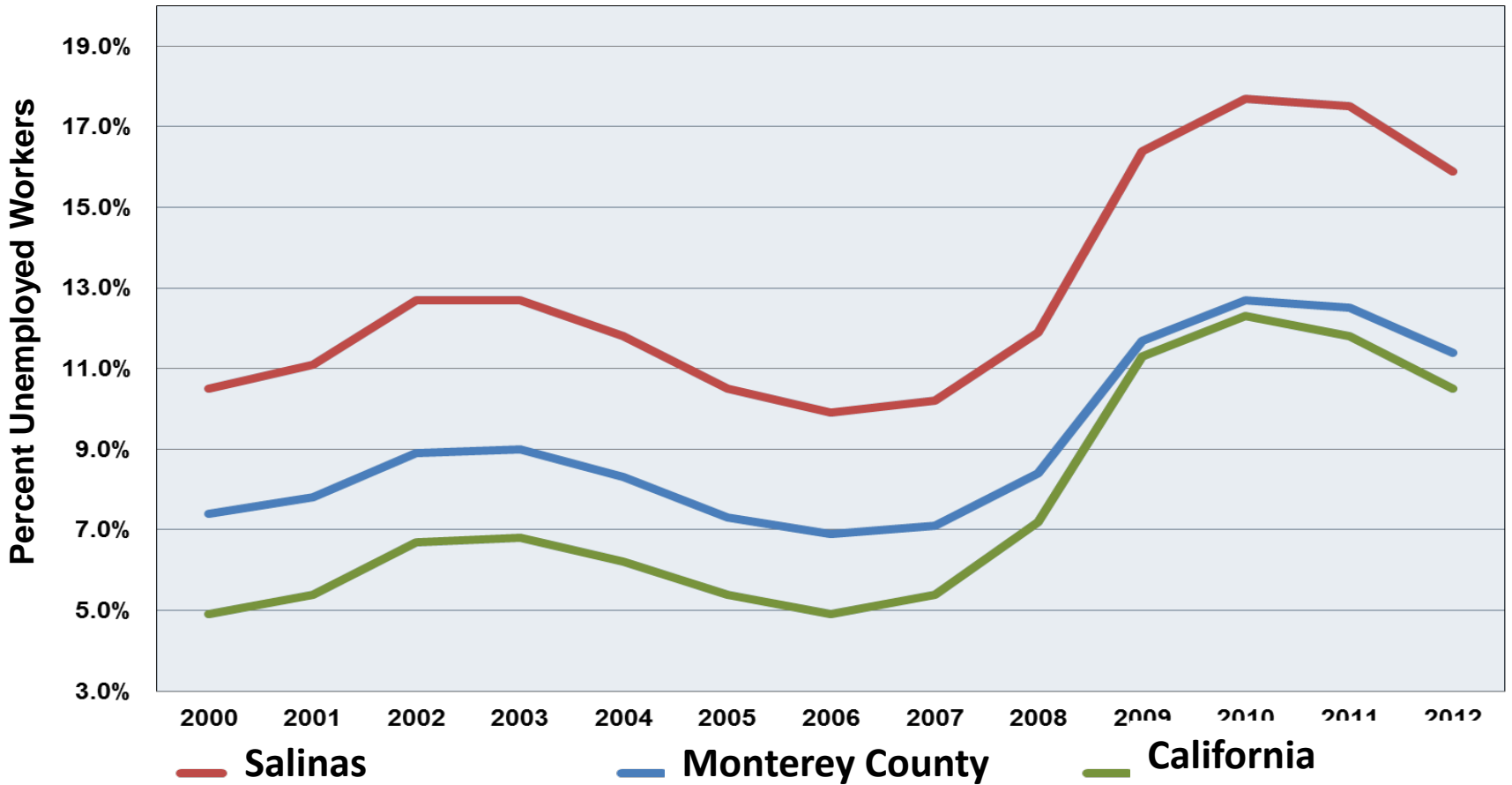
More Detail: Rate per Month

Unemployment Rate Salinas vs. California (2006-2013)
(Not-Seasonally Adjusted)
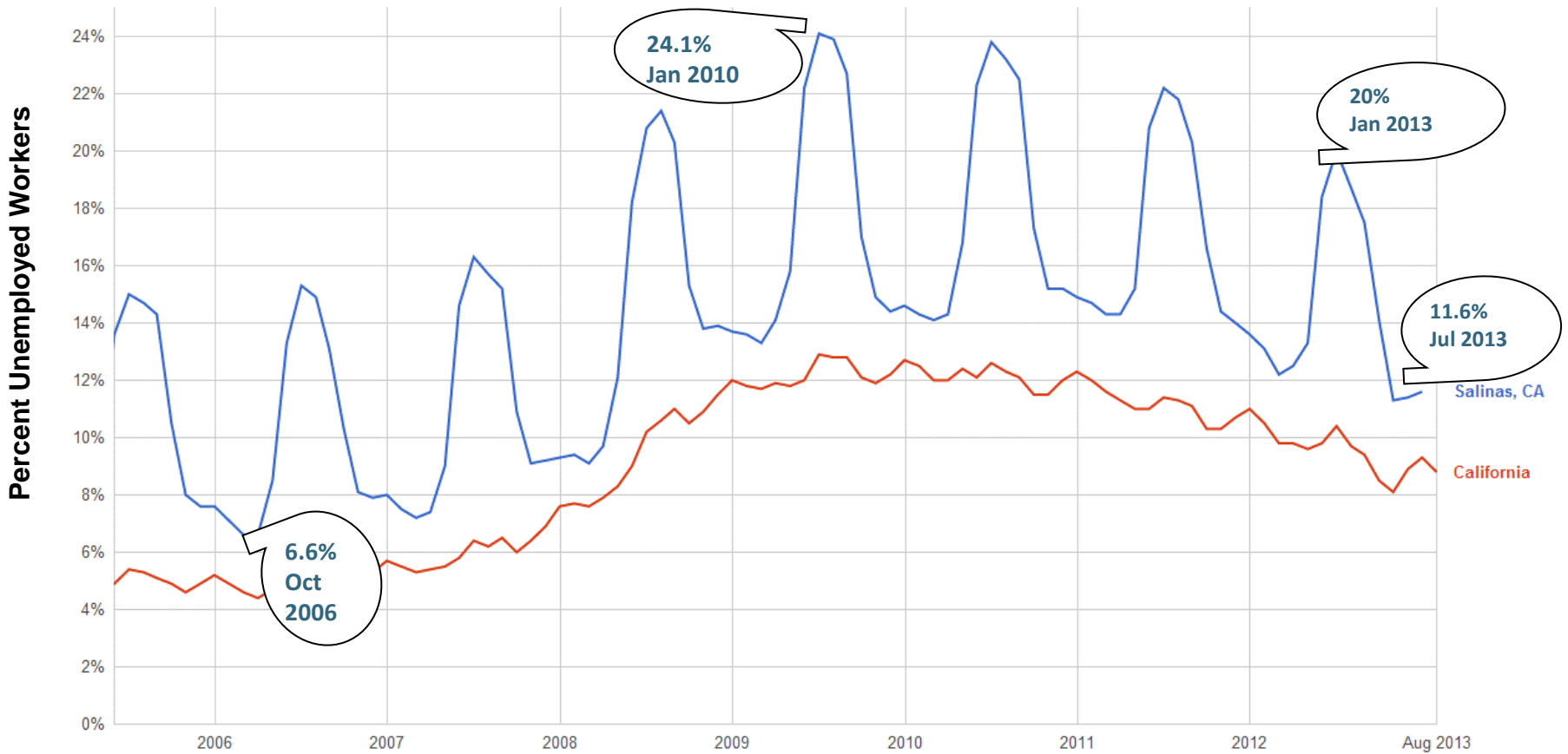
Source: U.S. Bureau of Labor Statistics.

Patterns – Geospatial Clusters

The New York Times
Published: July 8, 2015

Mapping Segregation

New government rules will require all cities and towns receiving federal housing funds to assess patterns of segregation.

Map Key

One dot = 60 people

CENSUS GROUP
- Black
- Hispanic
- Asian
- White
- Others

Mapping Access: As the crow flies

Source: US Census, City of Lynwood, California Department of Public Health, Network for a Healthy California - GIS Map Viewer. Map created by Raimi + Associates - June 2015.

Lynwood Healthy Grocery Store Access (Half Mile)

Source: City of Lynwood
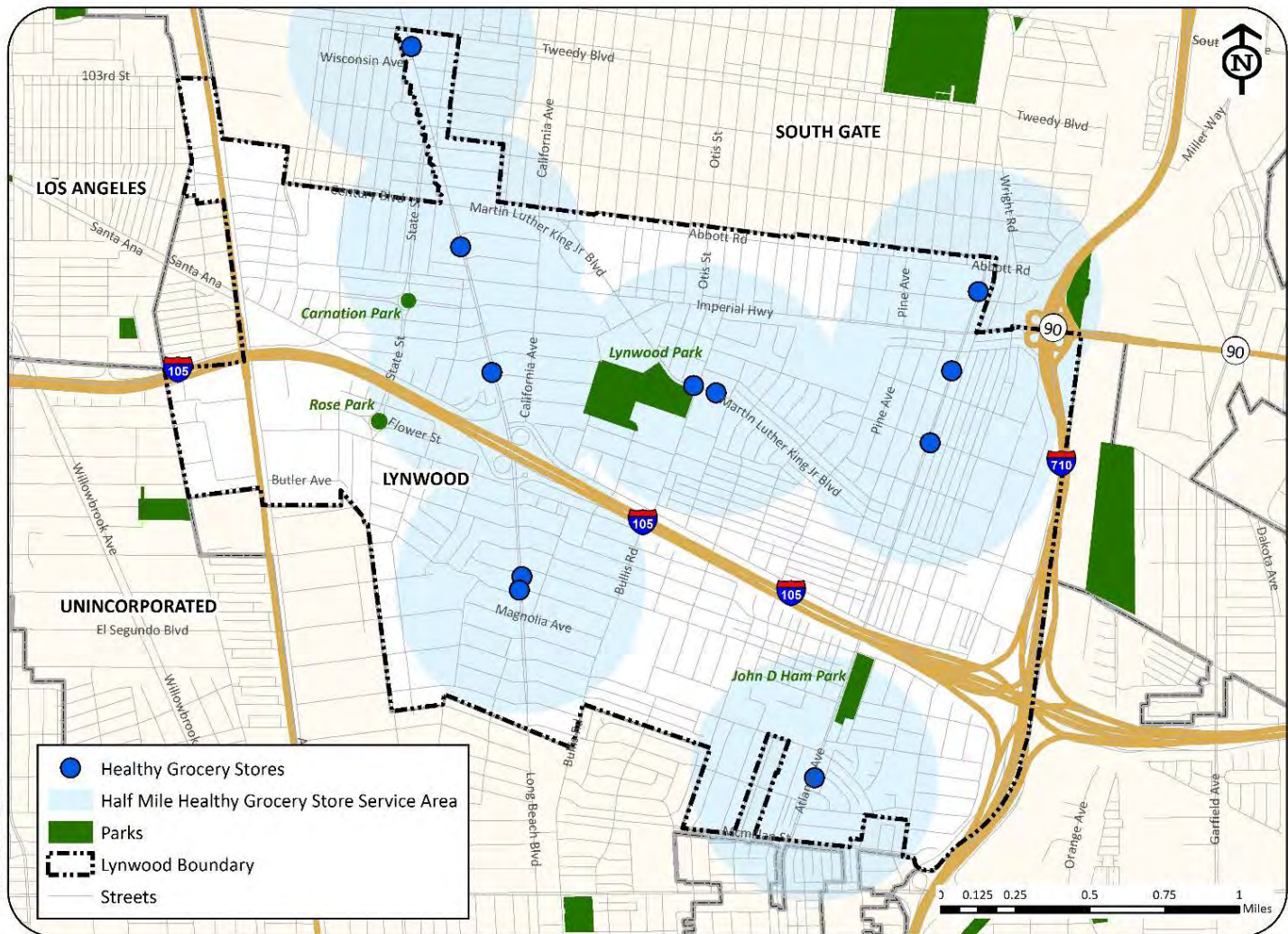
Mapping Access: By walking routes

Park Access

Source: Alameda County

Correlation vs Causation

Explore Assocations

Santa Clara County Poverty Rate by Educational Attainment
(25 years and older)
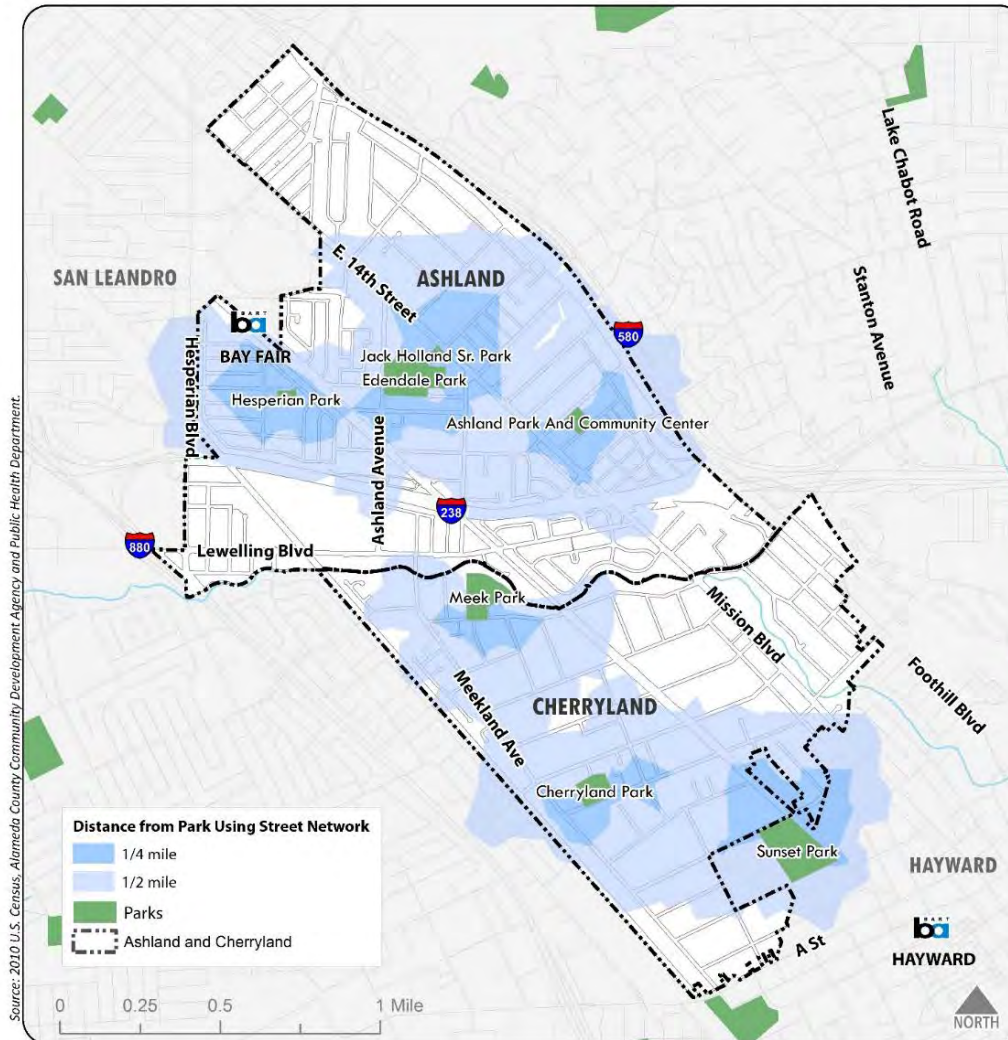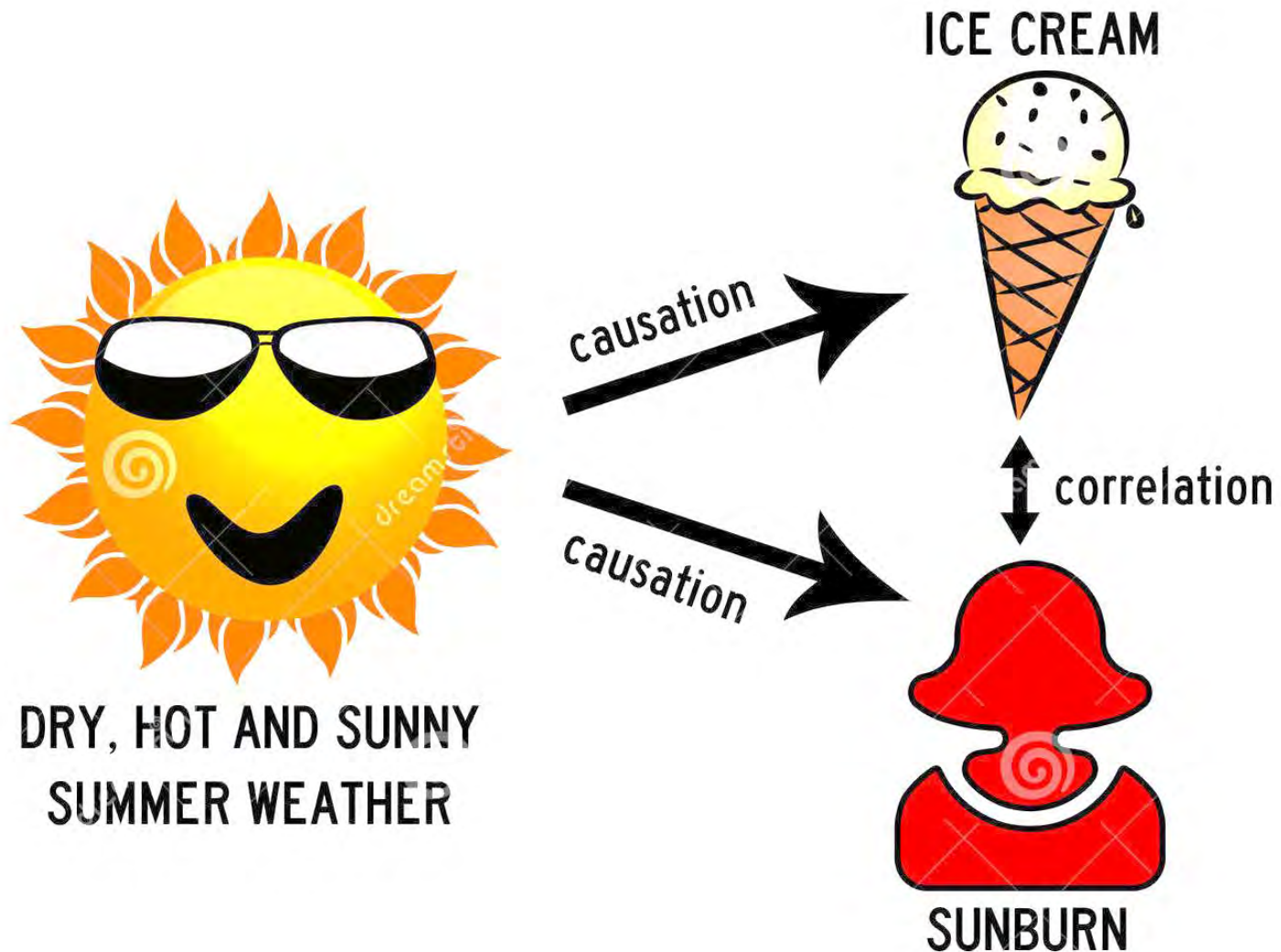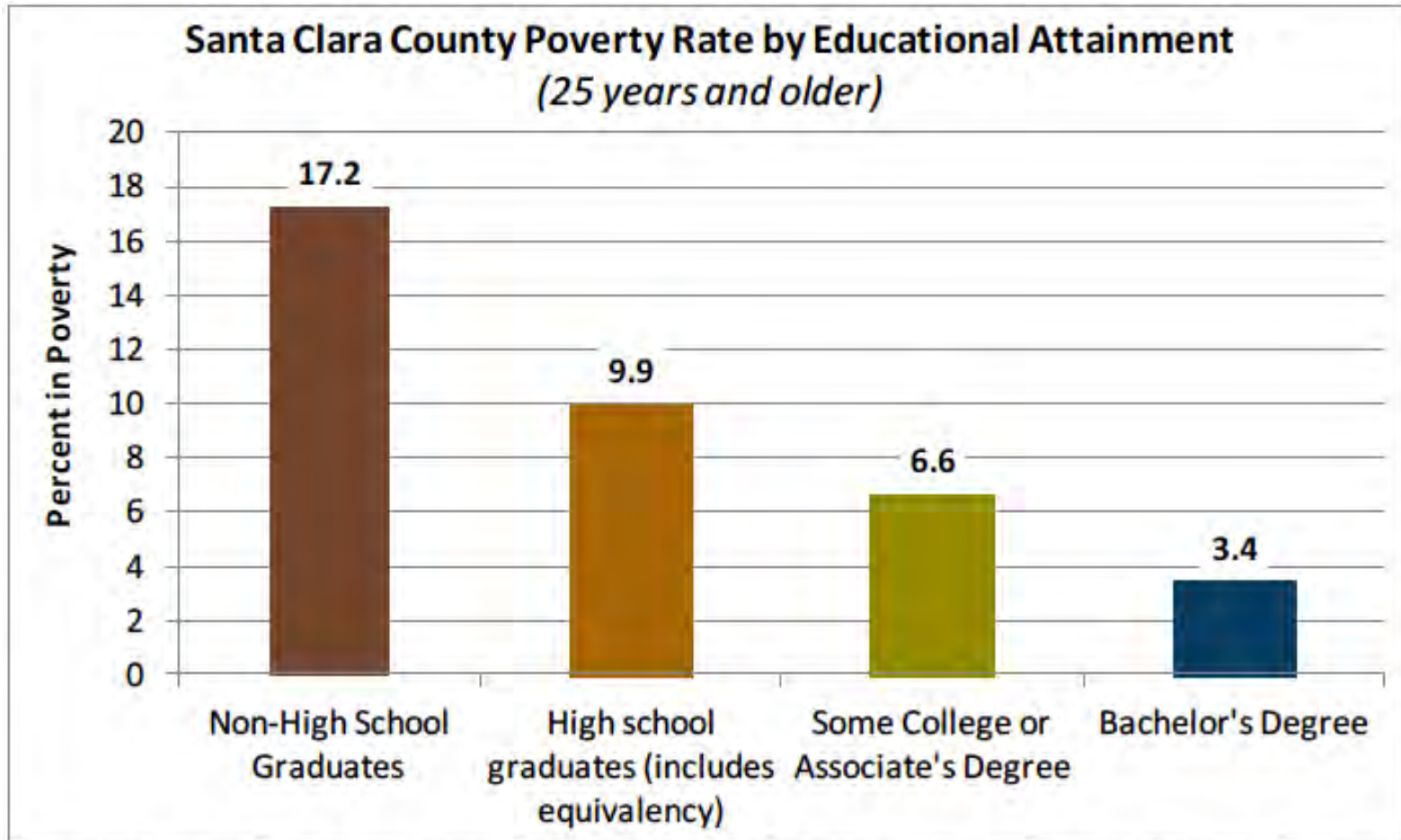
Source: US Census. American Community Survey 5-Year Estimates 2006-2010. Accessed from American Fact Finder. Compiled by Raimi + Associates.

Data scales

- Point source / Individual
- Census block
- Neighborhood
- Census tract
- City
- Service Planning Area
- County
- State

Small
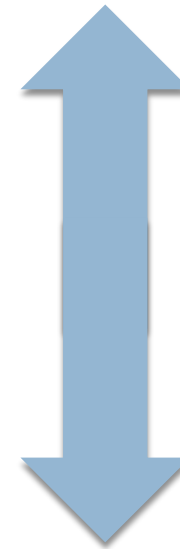
Large

Visually Show Results

Charts

Maps
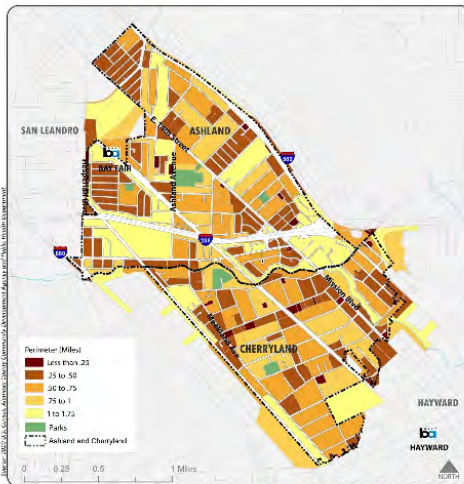
Stories

Figure 2-2: Race/Ethnicity Comparison

Walkability - Block Size
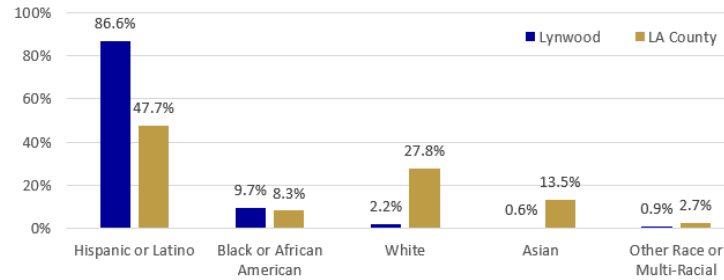
Tables

Table 3-6: Adult and Childhood Obesity Rates

	Lynwood	LA County
Adult Obesity Rates	37.8%	23.9%
Childhood Obesity Rate	27.7%	23.0%

Source: Los Angeles County Department of Public Health, 2007
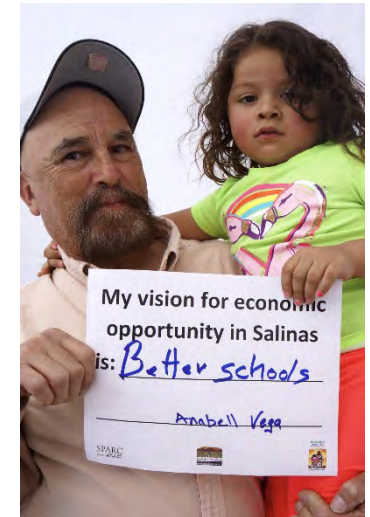
Vulnerable Populations and Data

Each community should define "vulnerable populations" in their own way depending on what is relevant for the project.

- Race/ethnicity
- Economic status
- Educational attainment
- Geography
- Sex
- Sexual Identity / Gender Identity
- Veterans

- Age (e.g., Under 5 or Over 55)
- Physical and mental disability status
- Immigrants and refugees
- Linguistically isolated
- Formally incarcerated
- Zero-Vehicle Household
- Pregnant women

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Vulnerable Communities

- ☐ Older Adults
- ☐ Non-White Residents
- ☐ Low Income Residents
- ☐ Zero Vehicle Households

Community Health Existing Conditions Report

For the
County of Santa Clara
General Plan Health Element

May 2013

Prepared for the County of Santa Clara, California
Department of Planning and Development Planning Office

Prepared by Raimi + Associates with support from
Brian Fulfrost and Associates, Nelson\Nygaard, & ChangeLab Solutions

This project was made possible by funding from the Health Trust, and from the
Santa Clara County Public Health Department Communities Putting Prevention
to Work grant from the Centers for Disease Control and Prevention

https://www.sccgov.org/sites/dpd/DocsForms/Documents/HealthElement_Existing_Health_Conditions_FINAL_May_2013.pdf

Figure 2-4: Vulnerable Communities - High Proportions of Older Adults

Legend

- Areas where 20% of pop is over 64
- Supervisor District Boundaries
- City Boundaries
- Major Streets

Source: US Census (2010). Older Adult Population Areas defined as census blocks with over 20% of population age 65 or older. Areas include where population exceeds 500 people per square mile.

Map created by Brian Fulfrost and Associates.

Map Created: 2/18/2013
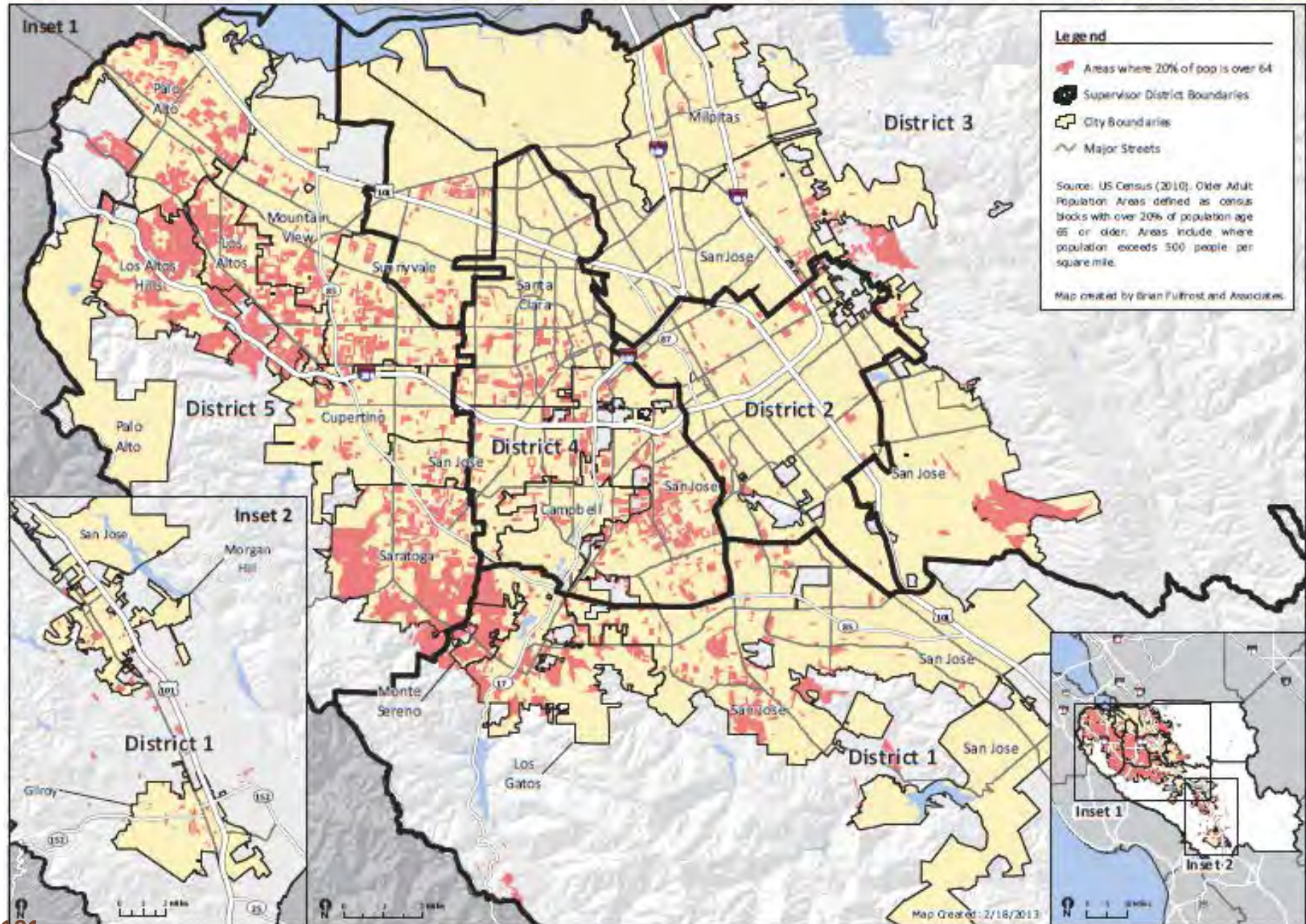
Figure 2-7: Vulnerable Communities -
High Proportions of Non-White Residents

Legend
- Areas where 70% of pop is non-White
- Supervisor District Boundaries
- City Boundaries
- Major Streets

Source: American Community Survey (2006-2010). Non-White population areas are defined as census blocks with over 70% Non-White or Hispanic population. Areas include where population exceeds 500 people per square mile.

Map created by Brian Fulfrost and Associates.

Figure 2-10: Vulnerable Communities -
High Proportions of Low-Income Residents

Legend

Areas where over 30% of population has incomes <200% of the FPL

Supervisor District Boundaries

City Boundaries

Major Streets

Source: American Community Survey (2006-2010). Low-income population areas are defined as a census block group with over 30% population with income less than 200 percent of federal poverty level. Areas include where population exceeds 500 people per square mile.

Map created by Brian Fulfrost and Associates.

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Figure 5-5: Vulnerable Communities – High Proportions of Zero-Vehicle Households

Legend

- Areas where over 25% of Households have Zero-Vehicles
- Supervisor District Boundaries
- City Boundaries
- Major Streets

Source: American Community Survey (2006-2010). Zero-Vehicle Household Areas defined as census block groups with over 25% of households not owning a vehicle. Areas include where population exceeds 500 people per square mile.

Map created by Brian Fulfrost and Associates.

Map Created: 2/18/2013

Figure 3-22: Violent Crime Density (Violent Crimes per Square Mile)

Legend:

- City Boundary
- Major Streets

Violent crimes per square mile

- 0.5-5.5
- 5.5-13.9
- 13.9-27.3
- 27.3-63.1
- 63.1-126.6

Note: Areas that are "non-urban" or have a population density of less than 500 people per square mile are excluded.

Source: Santa Clara County, 2012.

Map created by Matthew Thompson from Santa Clara County Planning & Development and Brian Fulfrost and Associates.

Map Created: 5/17/2013

Violent Crimes per Square Mile
(by Vulnerable Communities)

Source: Santa Clara County Planning Office and Public Health Department, 2012.

Figure 3-24: Violent Crimes per Square Mile by Vulnerable Communities - August 1, 2010 - July 31, 2011

Pedestrian Collisions by Vulnerable Communities

Average Annual Pedestrian Collisions per Square Mile by Vulnerable Communities (2005-2009)

Source: U.C. Berkeley Transportation Injury Mapping System. (2010). Statewide Integrated Traffic Records System.
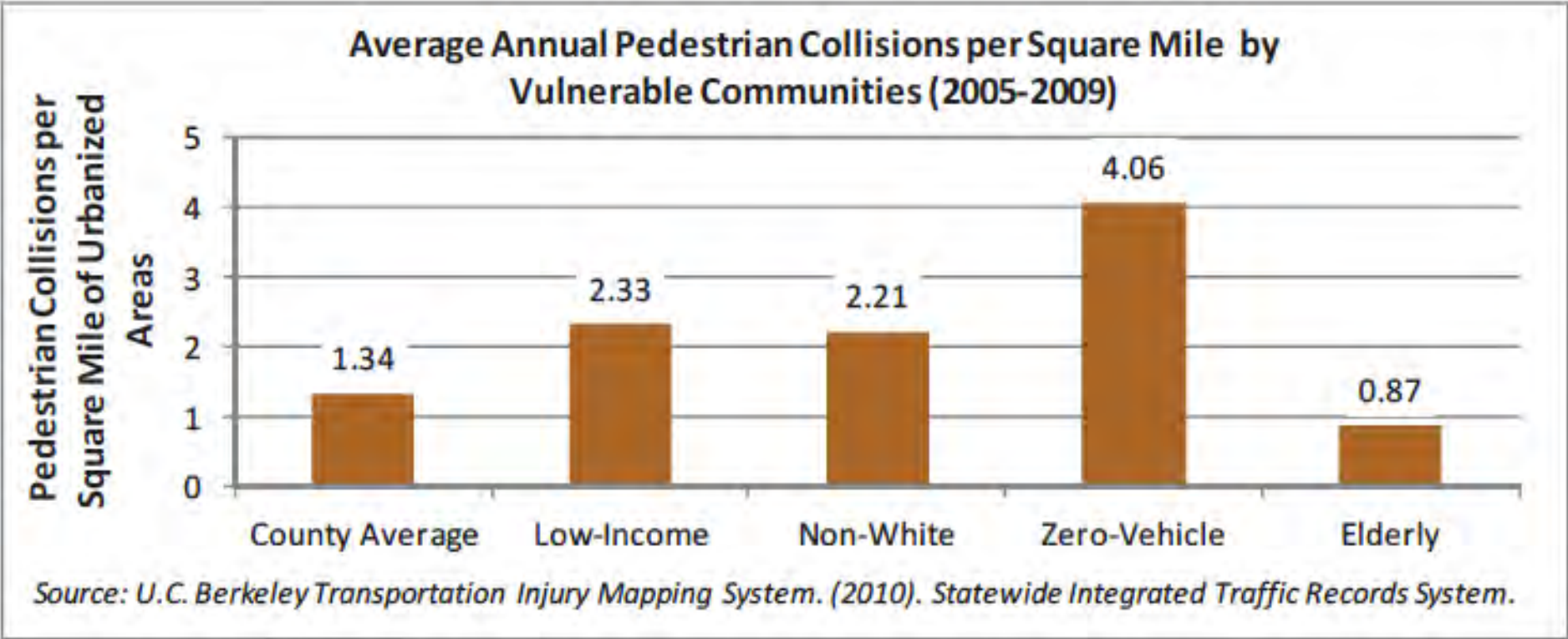
Why are violent crimes and pedestrian collisions most common in zero-vehicle areas?

?

HOUSING IN MONTEREY COUNTY

Where you live affects your health. High housing costs force families to overspend, overcrowd, live in unsafe homes, or uproot themselves from the community. On the other hand, access to quality affordable housing improves residential stability and the ability to accumulate savings. This reduces stress and related health problems, while spending less on housing allows families to spend more on nutritious food and health care. Affordable housing options also reduce the spread of infectious disease, noise, and stress due to overcrowding.

The shortage of affordable housing takes the hardest toll on low-income and people of color - the groups that spend the highest portion of their income on housing. These groups in turn are most pressed with difficult financial decisions around where to live and how to budget their remaining income. Short and long-term consequences related to housing unaffordability contribute to health inequities in our communities.

AVERAGE WESTERN U.S. ANNUAL SPENDING

- 35% Housing + Utilities
- 17% Transportation
- 12% Food
- 7% Healthcare
- 29% Other (Recreation, Clothing, Personal care, Education, Insurance)

DEMOGRAPHICS

CALIFORNIA POP. 38,802,500
- 38% White (Not Hispanic)
- 40% Hispanic/Latino
- 12%
- 6%
- 4%
- 3%

MONTEREY COUNTY POP. 431,344
- 55% Hispanic/Latino
- 33% White (Not Hispanic)
- 6%
- 3%
- 3%

Legend: Hispanic/Latino | White (Not Hispanic) | Black/African American | Asian | Other

POPULATION CHARACTERISTICS

Legend: California | Monterey County

Categories: Under age 18, Over age 65, Without HS diploma, With bachelor's degree, Poverty rate, Unemployed – Sep. 2014, Unemployed – Jan. 2015, Don't speak English at home, Limited English speaking households, Farmworkers
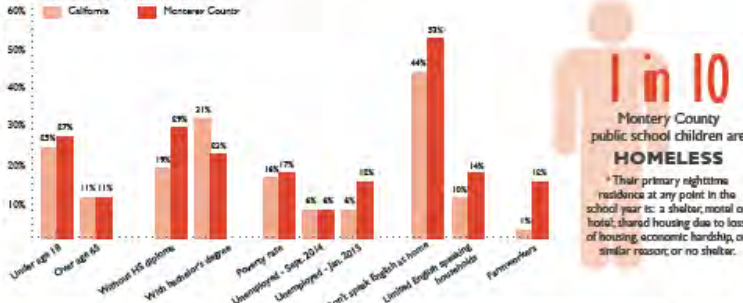
1 in 10

Monterey County public school children are **HOMELESS**

*Their primary nighttime residence at any point in the school year is: a shelter, motel or hotel; shared housing due to loss of housing, economic hardship, or similar reason; or no shelter.

MONTEREY COUNTY HEALTH DEPARTMENT – HEALTH IN ALL POLICIES

Contact the MCHD to find out how HiAP can improve your community's health! https://www.mtyhd.org/index.php/about/health-in-all-policies-hiap/

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SOUTH COUNTY

DEMOGRAPHICS

- 67,399 population
- 30% under age 18
- 5% over age 65
- 51% without high school diploma
- 5% with bachelor's degree
- 22% living in poverty

Pie chart: 81% Hispanic/Latino, 11% White, 5% Black/African American, 2% Asian, 1% Other

54% of households in **SOUTH COUNTY OWN THEIR HOME**

Monterey County	51%	Lockwood 60%
Bradley	43%	Pine Canyon 81%
Chualar	46%	San Ardo 34%
Gonzales	54%	San Lucas 54%
Greenfield	53%	Soledad 57%
King City	46%	

72% of white households own their home whereas 50% of person of color households own their home.

47% of households are **housing cost BURDENED**

Monterey County	47%	Lockwood 12%
Bradley	29%	Pine Canyon 42%
Chualar	26%	San Ardo 38%
Gonzales	61%	San Lucas 42%
Greenfield	45%	Soledad 49%
King City	44%	

*Households that are cost burdened spend more than 30% of their income on housing.

39% of owner-occupied households are housing cost burdened compared to 56% of renter-occupied households.

$236,502 is the typical **HOME SALE PRICE**

Monterey County	$415,000	Lockwood N/A
Bradley	N/A	Pine Canyon N/A
Chualar	$294,250	San Ardo $89,100
Gonzales	$262,500	San Lucas N/A
Greenfield	$205,000	Soledad $274,000
King City	$210,250	

The typical white household earns $86k per year whereas the typical person of color household earns $50k per year.

1 IN 4 (25%) households live in **OVERCROWDED conditions**

Monterey County	12%	Lockwood 0%
Bradley	0%	Pine Canyon 9%
Chualar	18%	San Ardo 23%
Gonzales	25%	San Lucas 25%
Greenfield	31%	Soledad 16%
King City	36%	

*Overcrowded households have more than 1 person per room, including dining and living rooms.

12% of owner-occupied households are overcrowded whereas 33% of renter-occupied households are overcrowded.

MEET PAULINA

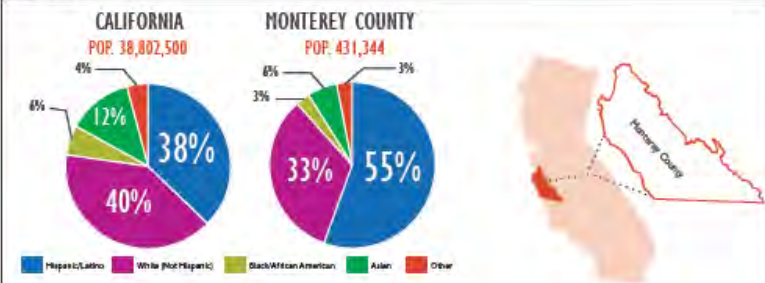My husband, three children, a niece, four adolescent grandchildren, and I all lived in a one bedroom, one bathroom apartment in Soledad for many years. We all worked in agriculture, so woke up early, however it was hard to get a good night's sleep in such crowded conditions. No matter how much we cleaned, our small home was infested with cockroaches. We had to make sure that our food was kept in the refrigerator at all times. One time I got up to get a drink of water and the table was completely covered with cockroaches...it was like a horror movie! When the kids wanted to play outside, they made the dirt roads their playground because there were no parks close by. We wanted the kids to be active and get fresh air, but we were always concerned about them getting hit by a car and the amount of dust they were inhaling.

These fact sheets were created by Raimi + Associates for MCHD PEP Unit in collaboration with HiAP Monterey County.

Los Angeles Health Atlas Purpose

- Point in time spatial analysis snapshot by neighborhood
- Identify locational disparities and inequities in over 100 mapped indicators:
  - Health problems
  - Environmental conditions
  - Socio-economics
- Point us to targeted outreach and policy development

- **Sets baseline measures for Plan's objectives**
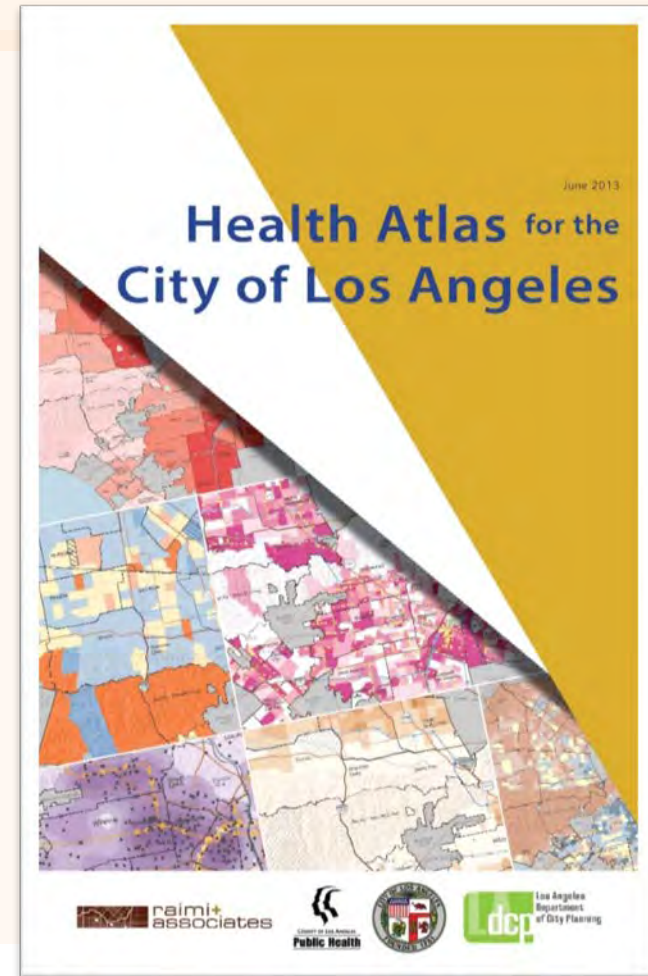
Health Atlas Topics –
Single Topic + Indices

LA ♥

- Demographic & Social Characteristics
- Economic Conditions
- Education
- Health Conditions
- Land Use and Employment
- Transportation
- Food Systems
- Crime
- Housing
- Environmental Health
- *COMMUNITY HEALTH & EQUITY INDEX*

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Community Health and Equity Index

☐ Data and maps validated what community members have always known

☐ Health and Equity Index focused community engagement

Community Health and Equity Index

- Less than 33.85
- 33.85 to 37.6
- 37.6 to 43.74
- 43.74 to 48.91
- Greater than 48.91
- Index Not Calculated
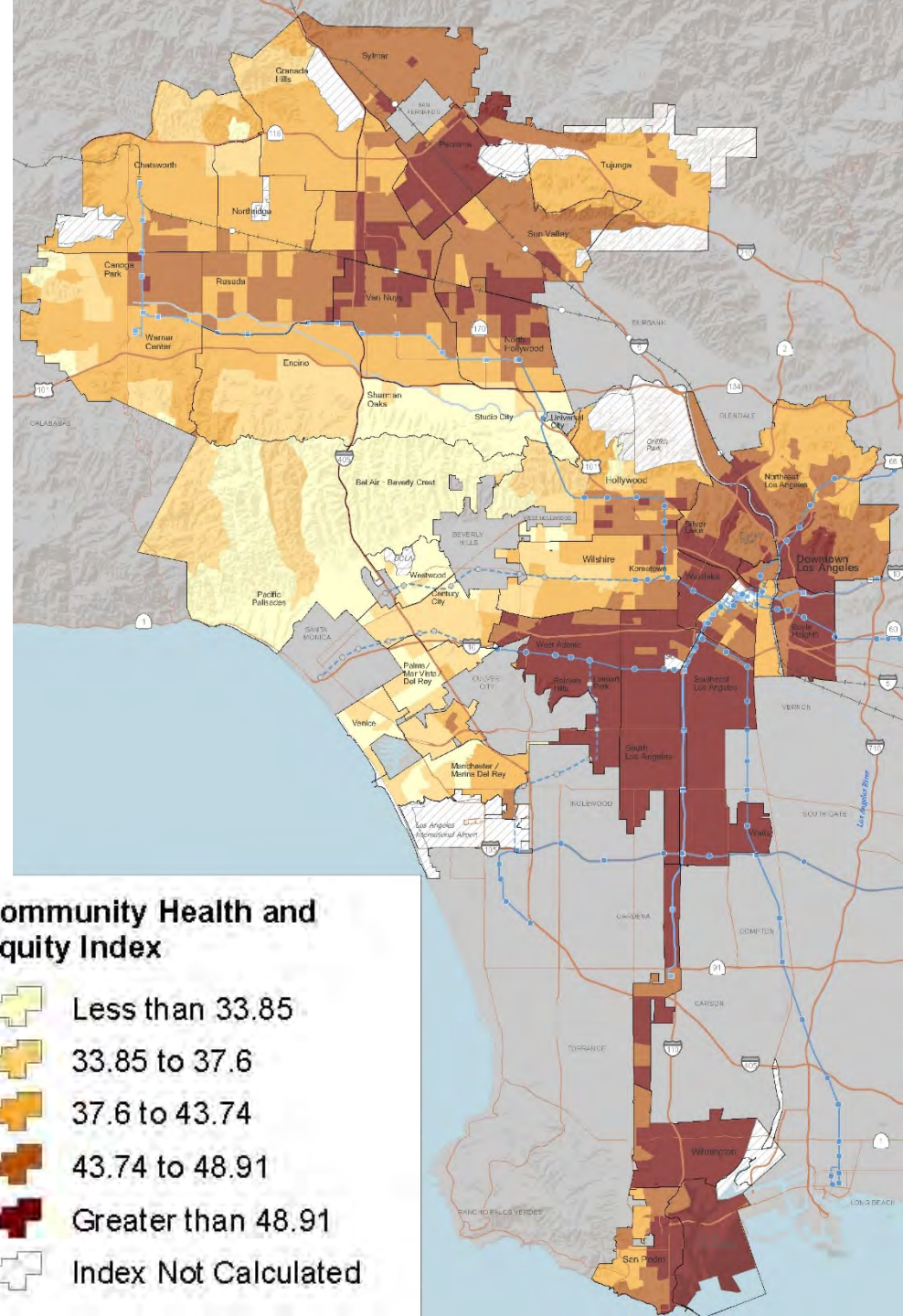
LA Community Health & Equity Index

INDEX OR VARIABLE	Topic	Weight
Hardship Index (Standardized Index Score for Overcrowding, Poverty, Employment Status, Educational Attainment, Age Dependency, and Income)	Demographic, Economic, Housing, and Education	35
Life Expectancy at Birth	Health	15
Health Variables (Childhood Obesity, Respiratory Disease, Heart Disease, Heart Attacks, Asthma, Low Birth Weight)	Health	10
Walkability Index (Standardized Index Score for Housing Density, Retail Density, Street Connectivity, and Land Use Mix)	Land Use	5
Complete Communities Index (Index Score of the Diversity of Amenities and Establishments)	Land Use	2.5
Multi-Modal Transportation Index (Walk and Bike Commuting, Transit Ridership, Street Connectivity, Bicycle Facilities, High-Frequency Transit Service, Collisions with Bicyclists and Pedestrians)	Transportation	7.5
Modified Retail Food Environment Index (Index Score of the Ratio of Healthy to Unhealthy Food Retailers)	Food	10
Crime Rate Index (Rate of Violent and Property Crime per 10,000 Residents)	Crime	7.5
Pollution Burden Index (Index Score for Pollution Exposure and Environmental Effects)	Environmental Health	7.5
Total		100

Plan for a Healthy Los Angeles website

http://healthyplan.la/

Plan for a Healthy Los Angeles website

http://healthyplan.la/

Surveys

- Small scale (city or neighborhood data is hard to find)

- Work with local university or health dept. to create a community health survey

  - Questions

  - Sampling

  - Outreach

  - Data analysis

- Combine survey data with built environment conditions in GIS

Cultural Village Plan
Health Element

Survey Respondents
Q9. Fast Food Consumption
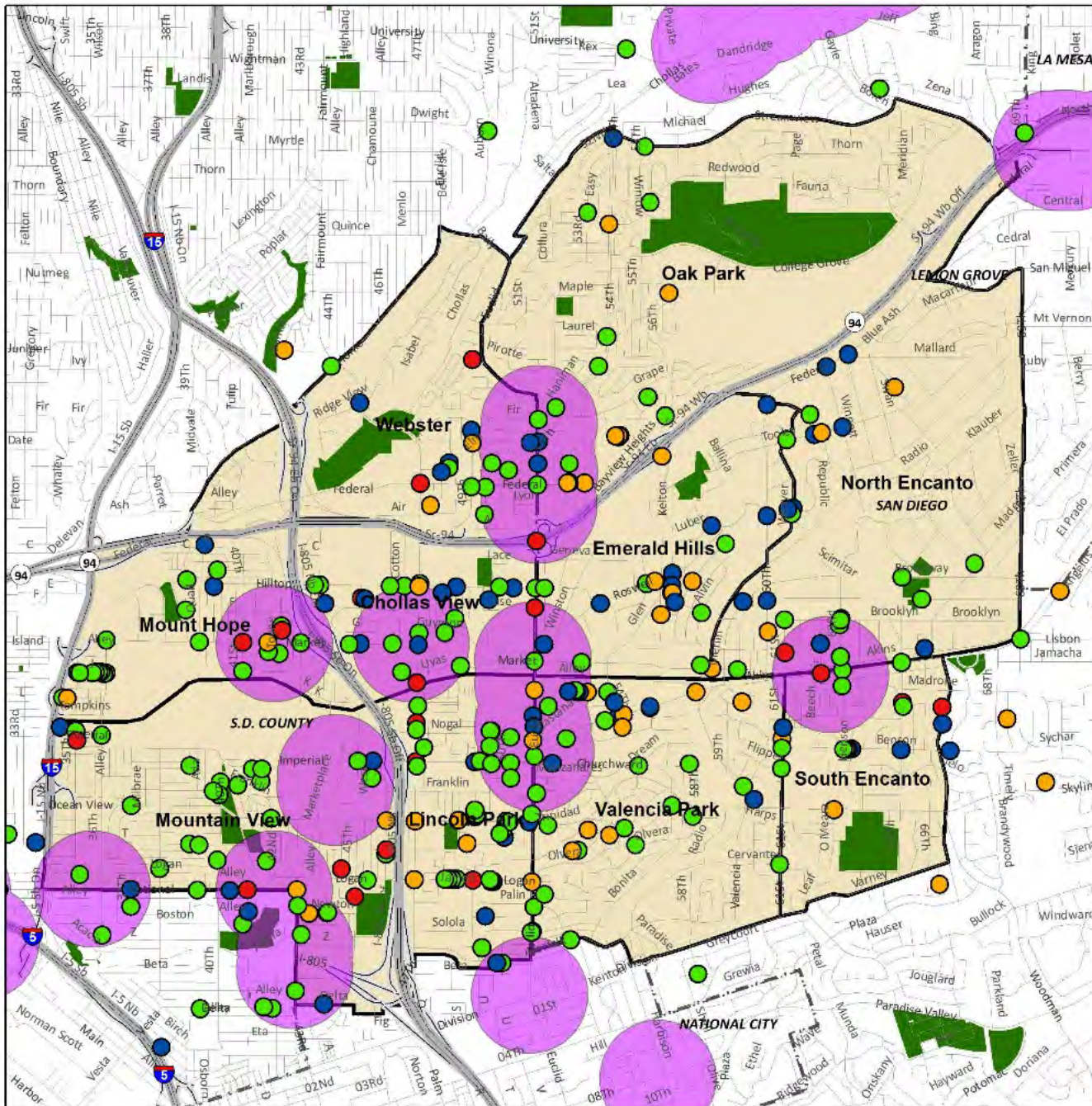
Survey Respondents

Times eaten fast food in past week

- 0 times
- 1 - 2 times
- 3 - 4 times
- More than 4 tiimes
- Fast Food - 1/4 Mile Buffer
- Parks

0   0.25   0.5   1   Miles
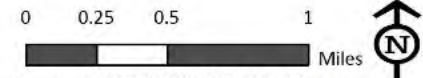
Sources: SANGIS / SANDAG, 2010 US Census,
Raimi+Associates. Map produced by Raimi + Associates
(March 2012) for JCNI.

JACOBS
CENTER FOR NEIGHBORHOOD INNOVATION

ACTIVITY! Data Literacy

Three Community Profiles

- RURAL:
  - Gloucester County, NJ
- SUBURBAN:
  - Lower Marion, PA
- URBAN:
  - Chester City, PA
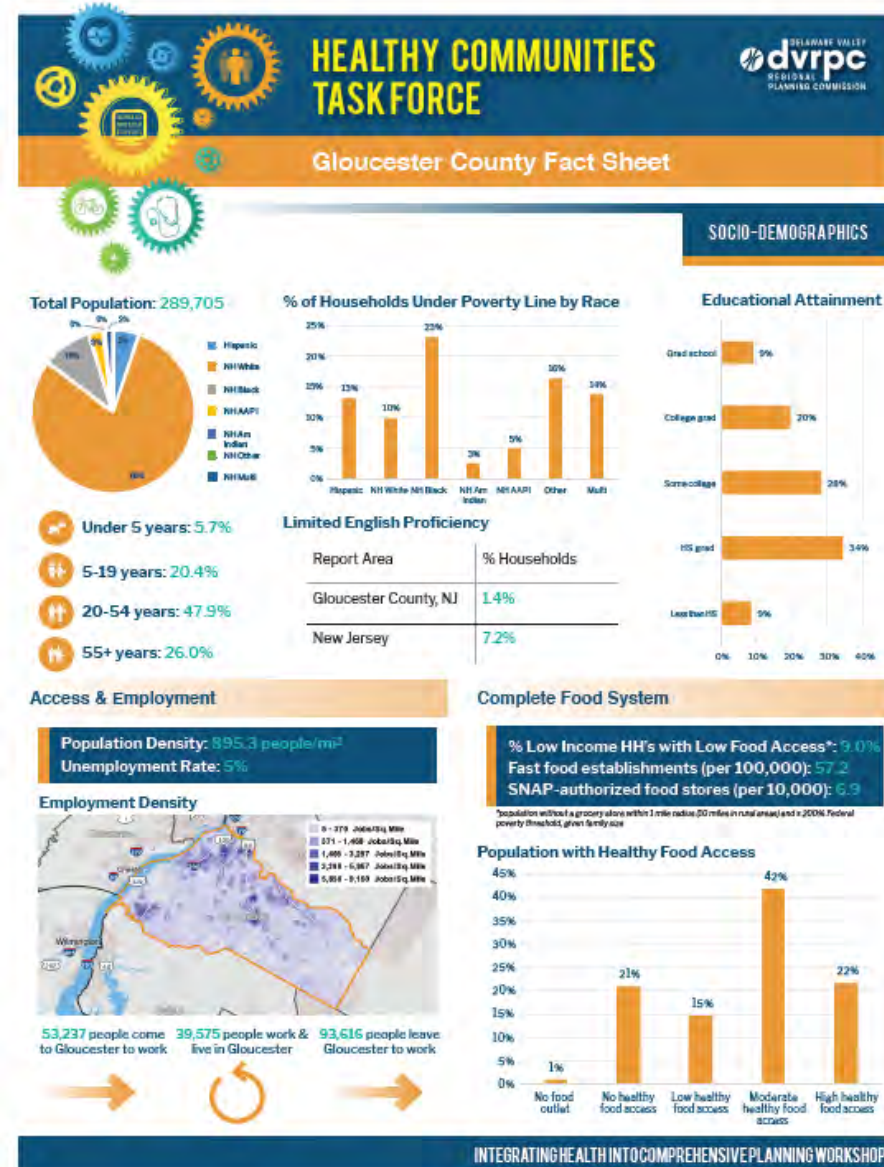
Upstream & Downstream Variables

Downstream	Midstream	Upstream
Individual Level Outcomes	**Individual or Group Behaviors**	**Community Conditions (resiliency or risk factor)**
Asthma ER Visits Asthma Diagnosis	Live with a family member who smokes indoors	# of poor air quality days Mold in home
High School Graduation Rates	Truancy Rate	Suspension policies School API Scores
Pedestrian / bicyclist injuries from car collisions	% of people who walk or bike to work or school	% of streets with bike lanes and sidewalks % of streets with speed limits above 25 mph
Diabetes rate Obesity rate	Eats 5 servings of fruits and vegetables per day # of sodas consumed per day	% of population who live within ½ mile of a supermarket Supermarkets per 10,000 people

Questions

(20 min discussion, 10 min report back)

1. Based on the given data, what are some of the health-related issues in your table's community?
2. Based on the given community profile, what might be some the vulnerable populations in your table's community?
3. What topics covered on this sheet would you like to see broken down by smaller geography (map), race/ethnicity, income, age, sex, etc.?
4. **What input would you want to hear from community members? Which ones? How would you get it?**
5. **What upstream, midstream, or downstream indicators would be helpful to analyze/document related to the suspected issues you identified in question #1?** *(It's okay if you can't think of an down-, mid-, and upstream indicator for each topic)*
6. **How would this data be most effective for residents? Elected officials? Colleagues?**
   What format: Report with narrative explaining the documented connections in the literature? PowerPoint? Video? Infographic? Website? Why?

Vision, Goals, Strategies, Policies

CA State General Plan Guidelines

- Acknowledgement that General Plans should not *only* focus on the physical environment but must consider the social, economic, health, and equity impacts of city policies, programs, and actions

- **Healthy Communities Element**
  - 1) Stand-alone health element
  - 2) Integrated approach – health woven throughout all elements
  - 3) Hybrid approach – weaves health throughout the General Plan AND has a health element

CA Office of Planning and Research. General Plan Guidelines Update. Public Draft, Oct. 2015.
https://www.opr.ca.gov/docs/DRAFT_General_Plan_Guidelines_for_public_comment_2015.pdf

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Supportive Health Policies

- A health lens can / should also be applied in non-general planning process
  - Economic development plans
  - Specific plans
  - Transportation plans
  - Master plans
  - Neighborhood plans
  - Corridor plans
  - Safe Routes to School / Safe Passageways

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**

GENERAL PLAN UPDATE
SCREENCHECK DRAFT
CITY OF COACHELLA, CALIFORNIA
NOVEMBER 26, 2012

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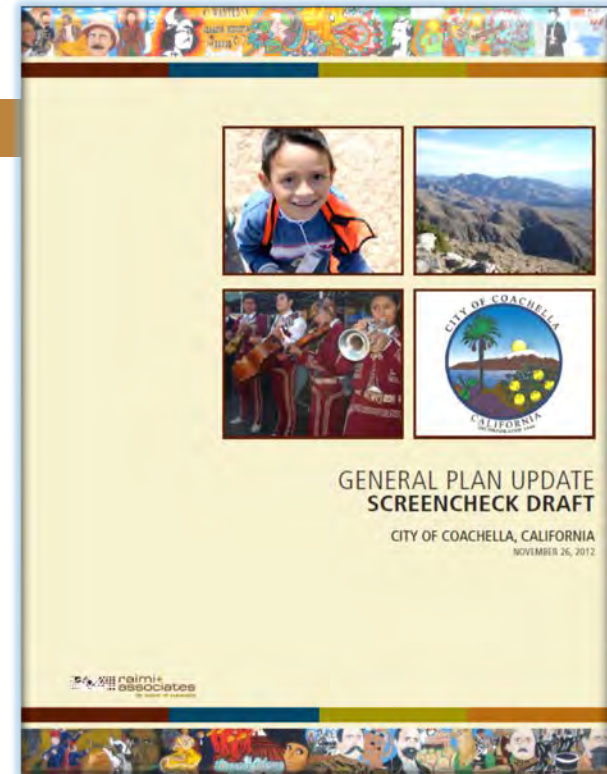
Health Element Structure

- **VISION or GUIDING PRINCIPLES**
- **GOALS:** Desired long-range future end-state.
- **POLICIES:** Principle or rule to guide decisions and achieve outcomes.
- **ACTIONS:** Specific strategies to achieve the goals. Link between long-range planning and current-decision making / budgeting.
- *Some maps, figures, and diagrams as needed.*
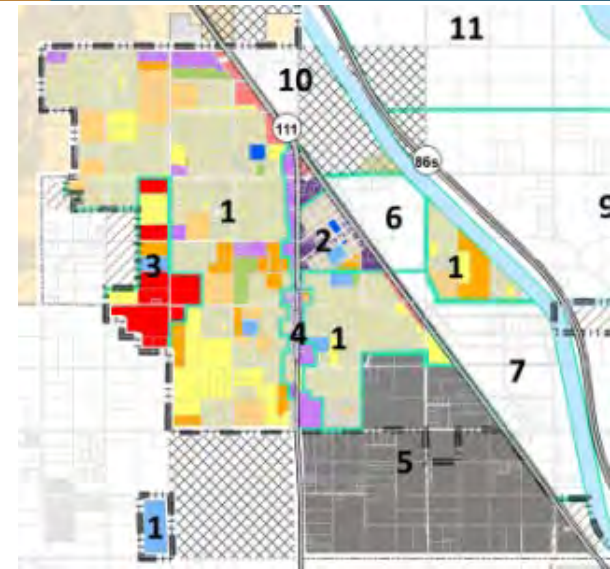
Vision and guiding principles...

turn negative ISSUES into positive future dreams

Healthy Encinitas Vision

We are interested in your vision for a healthy Encinitas. Take a minute and close your eyes. Think about what the ideal healthy city would be like. Think about any **physical, social, and/ or economic**, aspects of Encinitas that influence your health or your community's health – either negatively or positively. **Take five minutes to write, draw, and/or list your ideas.** No idea is too big, too small, too crazy, or too boring; we want to hear it all!
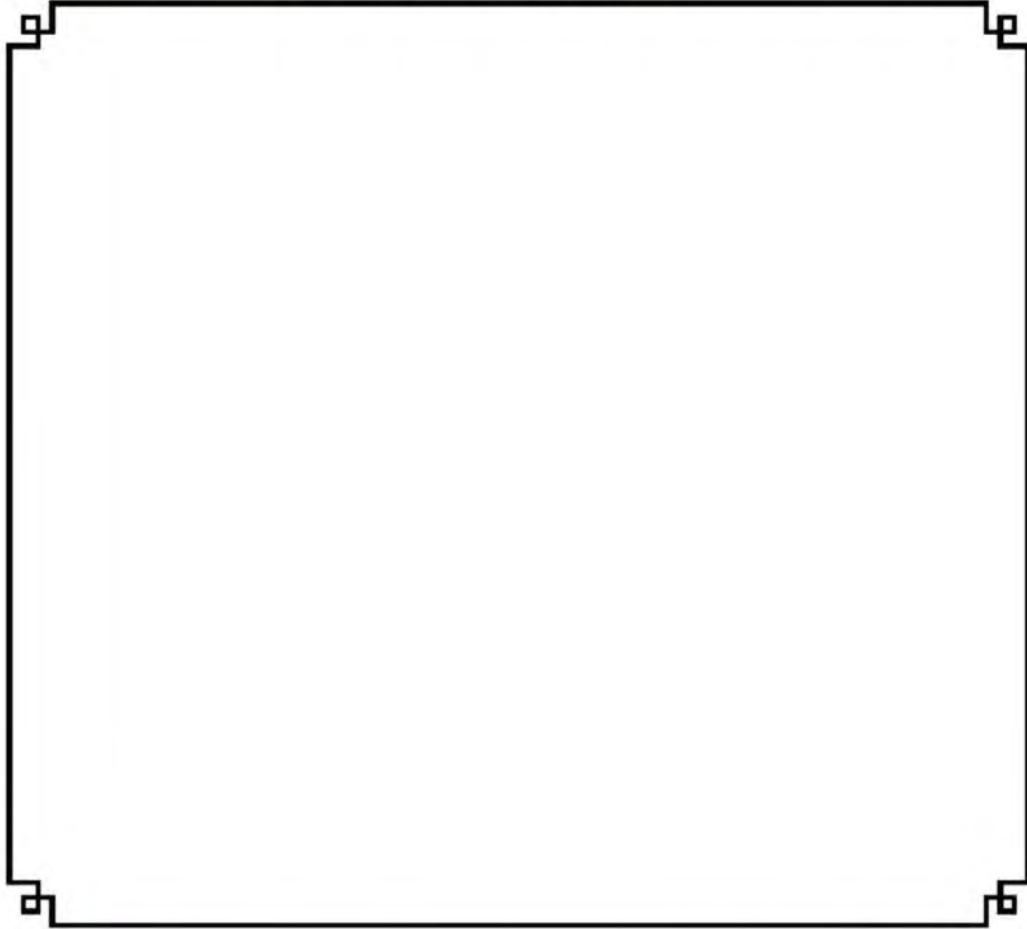
Table No.

Buddy No.

encinitas

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Encinitas Vision Exercise

Buddy #1:
75 year old
who lives alone

Buddy #2:
8 year old
with asthma

Buddy #3:
A typical Encinitas
teenager without
a car

Buddy #4:
Spanish-speaking
immigrant who works
at one of the
local greenhouses

Buddy #5:
Parent of 3 school-aged
kids who commutes to
San Diego for work

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

Buddy #7:
Nanny who lives
with a family in
New Encinitas

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

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

Coachella envisions a future which includes thriving physical, emotional and spiritual health for the entire community and is committed to provide a supportive environment so this can occur. The City's distinctive and family-friendly neighborhoods will inspire an appreciation of Coachella's history and create unity among community members. Neighborhoods will provide opportunities for residents to improve their physical and mental health while meeting daily needs – walking to the store, meeting friends, bicycling to school, taking transit to work and having access to nutritious and affordable foods that can be purchased or grown in the neighborhood. The City will find innovative solutions to ensure its streets, parks and public spaces are safe, accessible and inviting for all. There will be ample choices for team sports, exercise programs, entertainment and civic participation for people of all ages in public spaces.

Coachella Health & Wellness Vision (2 of 2)

The City will encourage local businesses to pay living wages and offer safe, meaningful employment for people of all ages and abilities. Residents will have access to educational opportunities that expand their professional skills, foster creativity and provide tools to support a healthy lifestyle. When preventive health is not enough, residents will be served by first class health providers and social services in the City. Coachella acknowledges a healthy planet directly improves human health, and the City is committed to clean air, water, and soil; conservation of resources; and protection of natural areas. Youth are honored as leaders of tomorrow and are an integral part of the City's robust community planning and civic engagement process. The City will consider health and equity in its actions and decisions, supporting the concept that all community members can live healthy, meaningful lives.

City of Coachella, CA General Plan 2035. Community Health and Wellness Element Intro.
http://www.coachella.org/Home/ShowDocument?id=3221

Baltimore County Master Plan 2020 Vision

"To achieve a sustainable society, we should provide equitable access to all community services such as safety from perils, superior educational, recreational and health services, and adequate public infrastructure including water, sewer and transportation."

Plan for a Healthy LA Vision

The City of Los Angeles' Vision of Health

The City's goals for a healthy Los Angeles are founded on the following vision of health that was articulated with the assistance of residents, community leaders, and staff from various City and County departments, and other local government agencies.

A vision of a healthy Los Angles includes:

- Complete neighborhoods that meet residents' basic needs, including:
  - Access to health-promoting goods and services, which include affordable grocery stores, comprehensive medical services for both physical and mental health, park space, and childcare, among others.
  - Community design that promotes healthy living for people of all ages, income levels, cultural backgrounds, and geographies.
  - Access for individuals with disabilities and across the age spectrum.
  - Use of community resources such as schools and underused assets to promote health and well-being.

- Access to affordable and safe opportunities for physical activity, particularly for park poor communities.
- Safe and just neighborhoods that are free of violence, where residents feel safe pursuing healthy activities, promote trust between law enforcement and local stakeholders, and where every resident has access to economic and educational opportunities that help support public safety in all neighborhoods.
  - A balanced, multi-modal, and sustainable transportation system that offers safe and efficient options for all users.
  - Access to affordable, healthy, and safe housing for residents of all ages and income levels.

- Access to healthy and sustainable environments with:

- Clean air, soil, and water.

- Tobacco- and smoke-free environments.

- Ample green and open space, including a robust tree canopy in all neighborhoods and opportunities for urban agriculture.

- Minimized toxins, greenhouse gas emissions, and waste.

- Climate resilience that protects residents from the public health effects of climate change.

- Opportunities for economic, educational and social development, including:
  - A thriving economy that provides all residents with the opportunity to access good jobs that offer the financial resources needed to lead healthy lives.
  - Educational resources and workforce development that prepares residents for the jobs of the future at every stage of their lives.

The vision is based on a set of guiding principles that were developed during the initial community outreach phase and are available in Appendix 1.

Plan for a Healthy Los Angeles.
http://healthyplan.la/wordpress/wp-content/uploads/2014/11/PlanforHealthyLA_Web-11.pdf

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Santa Clara County Guiding Principles

1. **Prevention:** Preventive and holistic approaches to health and well-being result in better long-term health outcomes, which lower costs by effective and efficient use of taxpayer dollars.

2. **Leadership:** County officials, public agencies and employees are guided by best practices in public health decision-making and have an interest in the greater good. The County is also uniquely situated to provide leadership and serve as a model for public health.

3. **Community Empowerment:** Awareness, collaboration, and community-based implementation are key components in the success of health-focused and environmental interventions that can result in positive behavioral changes and improvement.

4. **Equity and Inclusion:** Santa Clara County is one of the healthiest areas in the country; however, there are disparities among different groups. The County seeks to eliminate health inequities by addressing the root causes of inequitable health outcomes and creating policies and programs that are responsive to diversity.

Santa Clara County Guiding Principles

5. **Sustainability and Co-Benefits:** By creating healthier communities we can also improve residents' quality of life, reduce private and public sector costs, improve social cohesion, and provide a stronger foundation for environmental sustainability and resiliency.

6. **Strategic Roles:** The County plays a major role in managing and delivering health care and many other services important to public safety and welfare. It can be a major strategic partner in improving health conditions with hospitals and community health organizations.

7. **Responsibility:** Community health is a public and private responsibility that requires the collective effort of both institutions and individuals.

8. **Healthy Choices:** The County and other organizations work to ensure that healthier choices are the easier ones for residents and employees. Providing better options results in positive health behaviors and reduced negative health impacts.

9. **Promote the Public Interest:** The County and other entities engaged in community health have a responsibility to promote policies necessary to protect the public's health, safety, and welfare, while fairly considering the interests of businesses and industries whose products and services may pose risks to human health and community well-being.

Santa Clara County, CA General Plan Health Element.
https://www.sccgov.org/sites/dpd/DocsForms/Documents/HealthElement_20150825_Adopted_Final.pdf

Goals: Desired end state

- Often organized by "planning topic" (Land Use, Transportation, Parks) but could be organized by health outcome / behavior

□ Present relevant data while having policy discussions

Present menu of policy options for discussion

2. Complete Neighborhoods and Access to Goods and Services

Please use a ✓ 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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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.	
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. A potential approach could include: Train department leadership on health equity Encourage each department to identify one or more health objectives for their annual budget Ensure budget items leverage opportunities to improve health co-benefits	
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.	

EXAMPLE: Salinas Economic Development Element

ORIGINAL Economic Frame

- Prime Salinas for outside investment from Silicon Valley and become the agricultural technology capitol

Building Healthy Communities Questions @ Econ Dev Focus Group

- Training for transitioning ag workers?
- Reducing poverty?
- Local businesses and entrepreneurship?
- Better community engagement?
- Education and youth?
- Economic indicators by place, race, and income?

BHC & Monterey County Health Dept. Support Salinas Econ Element Process

City of Salinas Staff and Econ Consultants

BHC Consultant (R+A)

BHC Economic Development workgroup of East Salinas CBOs

Econ Equity Indicators Analysis and Element Policy Writing

BHC Added Value

- East Salinas focused community outreach
- Policy direction
- Priority setting

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My vision for economic opportunity in Salinas is: To have good career opportunities when I come back from college.

My vision for economic opportunity in Salinas is: Equity & Equality

My vision for economic opportunity in Salinas is: People together investing in each other, working together to share the wealth!

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East Salinas BHC EDE Workshop

- Co-hosted by ES BHC & the Monterey County Health Dept.
- MC-ed by East Salinas Residents
- Attended by:
  - Youth and adult residents, business owners, CBOs, educational institutions, and elected officials
- Conducted in Spanish with English translation

East Salinas BHC EDE Workshop

☐ **Discussed connection between economic development and health**

Our environments cultivate our, communities and our communities nurture our health.

When inequities are high and community assets are low, health outcomes are worst.

When inequities are low and community assets are high, health outcomes are best.

Figure adapted from Anderson et al, 2003; Marmoetal, 1999; and Wilkinson et al, 2003.

● **Small Group Discussions:**

1. Household Challenges & Solutions
2. Neighborhood Conditions
3. Future Job/Economic Opportunities
4. Neighborhood Businesses
5. Entrepreneurship

WORKFORCE & EDUCATION

LAND USE

QUALITY OF LIFE & PUBLIC SERVICES

Workforce Investment, Education & Training

Private Investment & Development

EDE
Safety, Jobs & Health

Public Investment In Services & Infrastructure
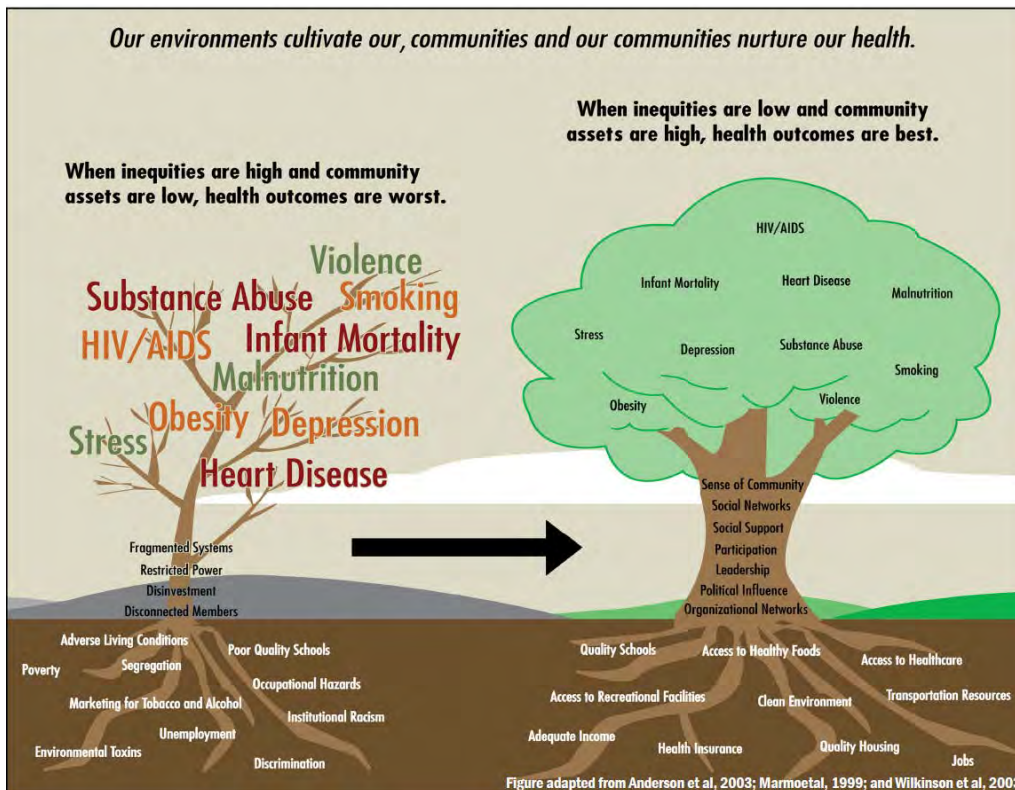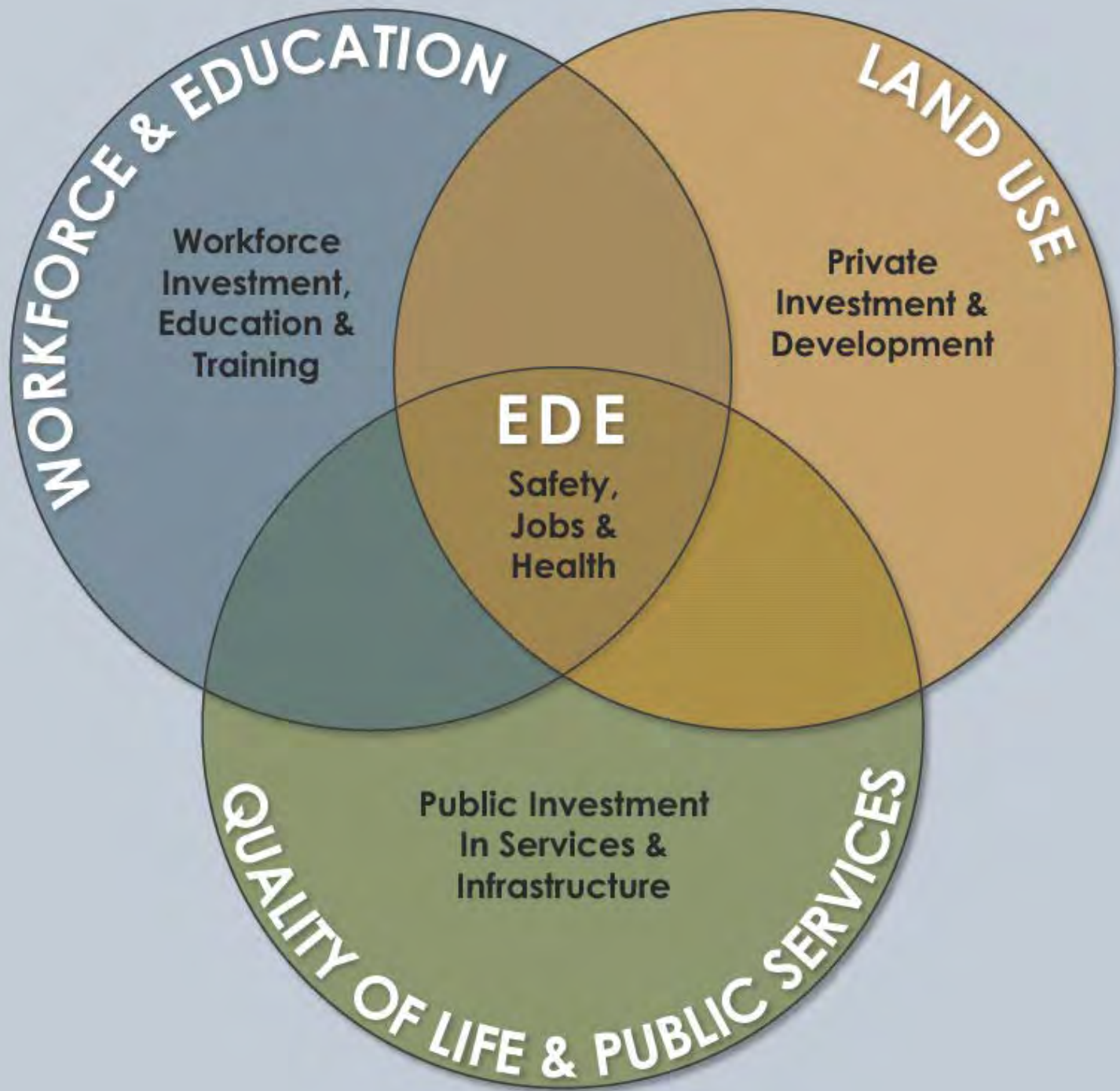
Topic Areas
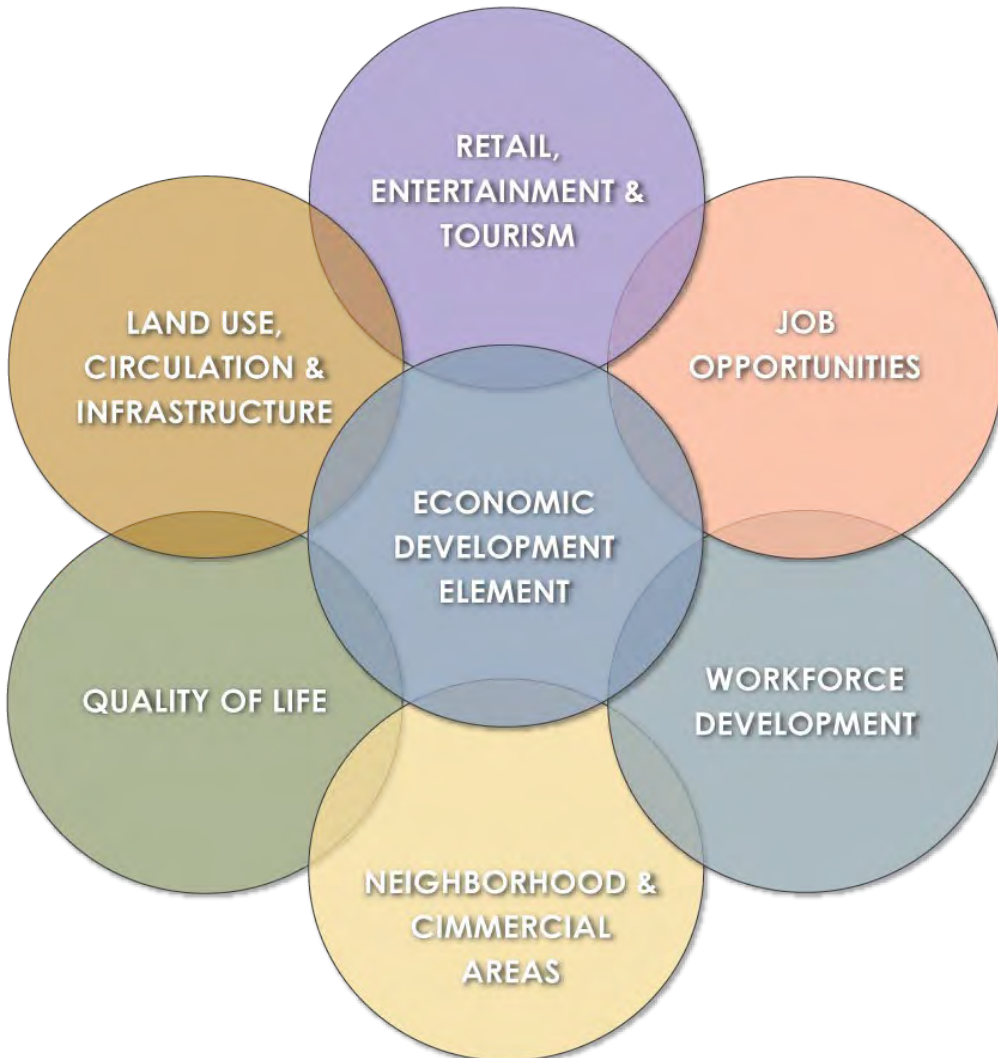
- East Salinas-specific policies
- Community engagement
- Criminal justice: Offender re-entry
- Food access
- Income inequality
- Workforce
- Youth
- Farmworker

Economic & Health Equity Outcomes

- Policies with a health equity framework

- Health and equity indicators included in evaluation metrics

- Influenced 5-year priority actions plan

- Demonstrated that East Salinas residents have valuable contributions

- Culturally-appropriate community engagement

- Planning Director and City Council now talk about health equity as an economic development goal
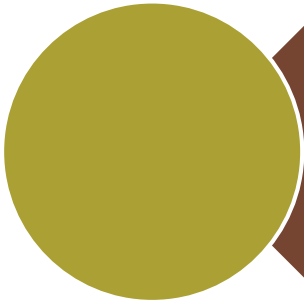
EDE received *State-wide APA Merit Award, Award of Excellence from APA California Northern Section Award)*

East Salinas BHC Reflections
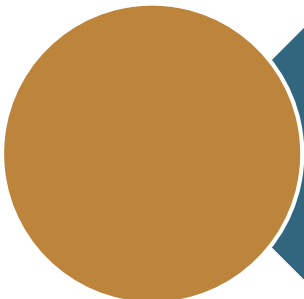
Trade-offs between poverty abatement, smart growth, and health

- Annexation, sprawl, industrial development

Room of consultants and City staff NOT from Salinas scored priorities

- This perplexed East Salinas CBOs

Foundation had to fund the opportunity for marginalized community to participate in a city's public process

- BUT the investment paid off!

Lunchtime Panel: Successful Healthy Planning in the DVRPC Region

- *Dr. Val Arkoosh*

- *Anne Leavitt-Gruberger*

- *Jeffery Wilkerson & Jennifer Senick*

ACTIVITY! Site Plan Review

Site Plan Activity

☐ Two developments

1. Ellis Preserve- Newtown Square, PA

2. Garden State Park- Cherry Hill, NJ

☐ Pretend you're a staff planner reviewing the development proposal. Work with your group to raise concerns and create suggestions that could improve the healthfulness of the development.

Ellis Preserve, Newtown Square, PA

Ellis Preserve, Newtown Square, PA

Ellis Preserve Town Center

Ellis Preserve

Garden State Park, Cherry Hill, NJ

Garden State Park

- 1.3 miles
- 25 min walk

Garden State Park

ACTIVITY! Writing Healthy Plans

Goals and Policies

Goals: Desired end state

- A specific target, an end result or something to be desired.

- It is a major step in achieving the vision

- Can start with an adjective or noun OR "As city that…"

Policies: Action-Oriented Statements

- Begin each policy statement with a verb.

- Include a short-hand subject statement/policy title
  - Helps users navigate the document

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Policy Verbs: Shall vs. Should

Regulatory/Actionable
- ✓ Require
- ✓ Permit
- ✓ Allow
- ✓ Prohibit
- ✓ Prioritize
- ✓ Develop
- ✓ Maintain

Visionary/Directionable
- ✓ Encourage
- ✓ Improve
- ✓ Promote
- ✓ Strive
- ✓ Seek to
- ✓ Discourage

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TOPIC: _Transportation_ **GOAL:** _A safe pedestrian network that provides direct connections between residences, employment, shopping & civic uses._

#	Subtopic	Policy Text – Chester City, PA (Urban)	Policy Text – Lower Merion Township, PA (Suburban)	Policy Text – Gloucester County, NJ (Rural)
1	Pedestrian Network	**Sidewalks.** Require that the City provide wide sidewalks along all roadways which are built or reconstructed in the City except in those instances in which there is insufficient right-of-way or other physical limitations.	**Pedestrian access through gated communities.** Require that all communities, regardless of the presence of gates and sound walls, provide pedestrian connections from external areas into the larger community.	**Trails.** Develop a safe and convenient multi-use trail network for pedestrians, bicyclists, equestrian, and other non-motorized users that improves connectivity between residential development, open space recreation areas, retail, and schools.

TOPIC: <u>Food</u> GOAL: <u>Safe and convenient access to healthy, affordable and culturally diverse foods with low concentrations of unhealthy food providers.</u>

#	Sub-topic	Policy Text – Chester City, PA (Urban)	Policy Text – Lower Merion Township, PA (Suburban)	Policy Text – Gloucester County, NJ (Rural)
2	Healthy Food Access	**Food access.** (Same as suburban) **Food innovation.** Encourage and promote innovative food microenterprises in low-income neighborhoods, create economic development opportunities for entrepreneurs and improve access to affordable, healthy food in the most underserved neighborhoods.	**Food access.** Strive for the majority residents to be in close proximity to a supermarket or other healthy food retail establishment. Underserved areas and neighborhoods with multi-family properties should be considered for edible landscapes, community gardens, urban farms and the like.	**School food.** Work with school districts to improve the nutritional quality of food and beverages served on campus through connections with local farms.

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Policy Topics (and Subtopic)

1. Food
2. Transportation
3. Housing
4. Land Use
5. Parks and Open Space
6. Environmental Health
7. Social Environment
8. Education & Economic Development
9. Public Health

#	Policy Text – Chester City, PA (Urban)	Policy Text – Lower Merion Township, PA (Suburban)	Policy Text – Gloucester County, NJ (Rural)

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2 groups of 4 per table	- Write TOPIC (Table # = Topic #)
Write goal	- Don't obsess over wording
Choose a subtopic to address on the first line	- Can be from the list or your own idea
Write policies related to that subtopic/goal for our 3 communities	- Same, N/A are ok

Policy Evaluation Questions

- □ Is the policy clear?

- □ Is the policy measurable?

- □ Is the policy logically connected with the goal and topic/subtopic?

7 minute break

Action & Implementation

Implementation Actions

- An implementation recommendation should be a specific example of an action, program, ordinance, or other measure that DIRECTLY furthers the goal, strategy, or policy in question.

- It is different than a policy in that it is something that can be completed.

- "Workplan" – for staff and community to realize vision

"I Commit to be a Healthier Me!"

- Run until I almost faint
- Stop drinking Coca Cola
- Morning stretch and exercise
- Walk 5 times a week at the park
- Morning stretch and exercise with family
- Fix my bike and ride it after I finish my homework
- Eat healthier and have more family time
- Get enough sleep through the night
- Run once a week, eat more greens and don't skip breakfast

Lynwood Safe & Healthy Communities Element

Goal	#	Action Description	Timeline	Priority	Responsible Dept.	Resources & Notes

Goal	#	Action Description	Timeline (Ongoing, Short, Medium, Long)	High Priority (yes, no)	Responsible Dept, Agency, Org.	Resources and Notes		
Mobility								
Multimodal Transportation	M-1.1	**Roadway reclassification.** Repurpose and classify target corridors and roadways to fit the needs of adjacent land uses with focus on mode-specific transport options.	Ongoing	Yes	DCES, Public Works,	City of Los Angeles Complete Streets Manual	Los Angeles Great Streets	
Multimodal Transportation	M-1.2	**Multimodal transportation planning.** Institute a requirement that the planning, design, and construction of all transportation projects consider the needs of all modes of travel and provide clearly marked, convenient, safe, and accessible pedestrian facilities and transit stops.	Short	Yes	DCES, Public Works	LA Vision Zero	SF Vision Zero	FHWA Bicycle and Pedestrian Program
Connectivity	M-2.1	**Improvement prioritization.** Establish a prioritization process for the improvement and development of public right-of-ways and active transportation infrastructures.	Medium	Yes	DCES, Public Works	FHWA Project Prioritization and Funding Strategies	Sidewalk Inventory Study	
Connectivity	M-2.2	**Active transportation inventory.** Complete an inventory of areas with damaged or missing pedestrian and bicycle facilities and actively pursue sources of funding and programming opportunities aimed at improving connectivity for public transportation, bicycle, and pedestrian travel modes.	Ongoing	Yes	DCES, Public Works	MyLA311 Data https://catalog.data.gov/dataset?tags=myla311 http://portraitsofla.ascjweb.com/2014/community/jpittaway/	Metro Bike Map http://media.metro.net /riding_metro/bikes/im ages/bike_map_la.pdf	Bicycle and Pedestrian Funding
Connectivity	M-2.3	**Wayfinding signage.** Develop a citywide way-finding signage system that will navigate travelers to parking infrastructure, transit facilities, local and regional bicycle facilities, pedestrian facilities, civic amenities, and local and regional parks.	Medium	No	DCES, Public Works, Community Development	Walk This Way/Caminale	Walk NYC	NACTO Bicycle Signage Design Guide
Mobility Programs	M-3.1	**Bicycle and pedestrian education.** Provide bicycle and pedestrian safety education in schools, at worksites, and at public venues and events, and support neighborhood walk-to-school efforts.	Ongoing	No	DCES, Community Development	Los Angeles Safe Routes to School Program	Traffic Safety Training: Walking and Bicycling Programs	California Active Transportation Resource Center
Mobility Programs	M-3.2	**Open streets.** Sponsor "open streets" events to promote active transportation. Open streets are community events where specific streets are closed to traffic and open to people to walk and bicycle and experience their community car-free.	Medium	No	DCES, Public Works, Community Development	Metro Open Streets Grant Program	CICLAVIA	
Mobility Programs	M-3.3	**Roadway safety education.** Raise awareness of important rules of the road through implementing a "Roadmap for Safety" initiative that will provide tips on safe travel behaviors, particularly for new roadway features and commonly misunderstood traffic laws and policies (e.g., Go Human campaign program).	Short	Yes	DCES, Public Works	SCAG Go Human Campaign	FHWA Safety Program	

Prioritization Process

☐ Work with community stakeholders to identify prioritization criteria

HiAP Prioritization Criteria

1. **Co-benefits & win-wins.** Does the proposed solution solve multiple problems at once, provide benefits to multiple partners, or help government achieve multiple policy goals?

2. **Collaboration.** Does the proposed solution require or facilitate collaboration across agencies?

3. **Cost.** What will it cost to implement the proposed solution? What are government costs, private sector costs, short- and long-term costs, and both direct and indirect costs?

4. **Effectiveness.** Is there evidence that the proposed solution is effective?

HiAP Prioritization Criteria

5. **Equity.** Will the proposed solution reduce inequities or change the distribution of burdens and benefits?
   a. What will be the impact of this proposed solution on sub-groups of a population, on vulnerable or under-resourced groups and communities, and on specific geographic regions?
   b. Will it shift burdens or benefits from one generation to another?

6. **Feasibility.** In some ways, feasibility is a combination of many of these criteria. Often it is a proxy for resources, jurisdiction, and support from decision-makers. Essentially, is it possible to implement this proposed solution?

7. **Jurisdiction.** Who has the authority to take action—including regulation, guidance, funding, and convening?

HiAP Prioritization Criteria

8. **Magnitude of health impact**. What is the likely impact of the proposed solution on the illness/injury, health risk, or behavior of interest and what is the likely magnitude of that impact?
   a. Can the impact be quantified?
   b. What is the evidence for the effectiveness of the proposed solution in addressing identified problems or improving outcomes?
   c. Who will be affected by the proposed solution, and will different groups be affected differently?

9. **Political will.** Is the proposed solution acceptable to or desired by the involved agencies, policy leaders, and the general public?
   a. Are there leaders who are prepared to champion the proposal?
   b. Are there powerful or influential people or groups who are likely to oppose the idea?

HiAP Prioritization Criteria

10. **Specificity.** Is the proposed solution specific enough to allow implementation?

10. **Systems change.** Will the proposed solution lead to the institutionalization of Health in All Policies efforts or embed health into decision-making?

Implementation Programs

Initial programs

- Parks fee ordinance
- Continuing regular Health-in-all-Policies meetings
- Community Plan Strategic Plan
- Healthy Building and Design Guidelines

Plan for a Healthy Los Angeles Implementation Programs

#	ACTION DESCRIPTION	Goal	Time Frame	Responsible Department(s)	Key Partner(s)	Relevant Policies
P55	Los Angeles River: Actively pursue grant funding to build out the bicycle and greenway trail system identified in the 2007 LA City Council adopted Los Angeles River Revitalization Master Plan (LARRMP), and support campaigns, such as Greenway 2020, that pledge to help fund and raise awareness for this effort which will increase opportunities for access to nature, multi-generational community gathering spaces, physical activity, and psychological respite.	Parks	Immediate	Board of Public Works, Department of City Planning, Department of Recreation and Parks		3.3 Los Angeles River
P56	Recreation for individual with disabilities and special needs: Continue to evaluate available internal and external resources and partnership opportunities to increase the number of Recreation and Parks staff that can assist and enable and increase the number of individuals with disabilities and special needs to engage in City recreational activities.	Parks	Immediate	Department of Recreation and Parks and Department on Disability		3.4 Park and quality and recreation programs
P67	Existing parks: Build off of the Recreation and Parks 2009 Citywide Community Needs Assessment to develop a strategic plan with an implementation timeline that identifies opportunities to refurbish existing parks with amenities and programming that facilitate physical activity and recreation with considerations for individuals of all ages and abilities. Prioritize refurbishment in the communities most underserved in opportunities for physical activity and recreation and ensure that parks, open spaces, and recreational facilities include restrooms and drinking fountains.	Parks	Mid-term	Department of Recreation and Parks		3.4 Park quality and recreation programs, 3.5 Park safety.
P68	Los Angeles River Improvement Overlay: Implement the Los Angeles River Improvement Overlay (LA-RIO) district and develop similar ordinances along all waterways within the City to encourage the build-out of healthy, multipurpose trail systems connected to natural open spaces and safer streets.	Parks	Long-term	Department of City Planning and Board of Public Works		3.3 Los Angeles River
P69	China Shipping Community Aesthetics Mitigation Trust Fund: Continue to implement the China Shipping Community Aesthetics Mitigation Trust Fund to landscape and create new open space for the port communities.	Parks	Immediate	Port of Los Angeles		3.2 Expand parks
P70	50 Parks: Continue to implement the 50 Parks Initiative in the communities identified in the 2009 Citywide Community Needs Assessment.	Parks	Immediate	Department of Recreation and Parks		3.1 Park funding and allocation, 3.2 Expand parks
P71	Recreation programming: Continue, and as funding permits, expand the provision of free or low-cost recreational programs in the City's most underserved neighborhoods for Angelenos of all ages and abilities.	Parks	Immediate	Department of Recreation and Parks		3.4 Park and quality and recreation programs
P72	Local partnerships: Continue to create volunteer opportunities for Angelenos, businesses, and community based organizations to improve park safety, maintain park spaces, develop and implement recreational programs, and similar strategies.	Parks	Immediate	Department of Recreation and Parks		3.4 Park quality and recreation programs, 3.6 Local partnerships
P73	Transit to parks and beaches: Develop a Transit to Parks and Beaches system to improve transit access to regional, state, and federal parks and beaches for underserved communities. Identify and implement strategies to improve existing transit connections (bus, shuttle, and rail) or create new service. Develop and implement a robust marketing campaign to advertise the availability of transit and shuttle services.	Parks	Short-term	Department of Transportation, Department of Recreation and Parks	Metro	3.7 Water recreation
P74	Community gardens and parks: Explore the feasibility of permitting by-right community gardens and parks that are operated by not for profits in residential zones by-right.	Parks	Immediate	Department of		3.2 Expand parks, 4.1 Land for urban

Healthy Development Review Checklist

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

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 Healthy Development Measurement Tool, the US Green Building Council's LEED for Neighborhood Development's Rating System, the Natural Resources Defense Council's Citizen's Guide to LEED-ND. 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.

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 Level	Meets Criteria	Possible Change	Comments
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)?				
6. Does the project have a formal (e.g., meeting room) and/or informal (e.g., public plaza) place for social interaction?				
7. Does the project provide educational, afterschool, and other related opportunities for youth?				
8. Does the project have public community bulletin boards/information kiosks?				
C. Healthy Food Access				
9. Is there a supermarket, grocery store, or produce store within a 1/2 mile of the site?				
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?				
16. 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?				

Oakland Healthy Development Guidelines (DRAFT)

- Provides a framework for healthy and equitable development with specific standards and guidelines for future development projects

- Topics:
  - Environmental health
  - Economic opportunity
  - Culture, community and safety
  - Healthy food
  - Transportation
  - Housing
  - Open space, recreation and active design

CITY OF OAKLAND

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Other Implementation Actions

- ☐ Topic specific trainings for staff and residents
- ☐ Health commission to oversee and guide implementation
- ☐ Health in All Policies Committee / Inter-agency health working group (e.g., School District, City, and County Health Dept.)
- ☐ Health and equity budget / grant criteria

ACTIVITY! Action & Implementation

Writing Actions

Implementation Actions

An implementation recommendation should be a specific example of an action, program, ordinance, or other measure that DIRECTLY furthers the goal, strategy, or policy in question. It is different than a policy in that it is something that can be completed.

Writing Actions for Your Policies
Same Groups of 4

#	Action Text – Chester City, PA (Urban)	Action Text – Lower Merion Township, PA (Suburban)	Action Text – Gloucester County, NJ (Rural)
1	Sidewalk Inventory. Conduct a sidewalk inventory to identify gaps in pedestrian infrastructure.	Subdivision Connectivity. Update zoning / development code to require that subdivisions / gated communities provide multiple practical pedestrian access points to the rest of the community.	Identify destinations. Work with community members to create a list of key destinations that they would like to access via trails. Use this list to prioritize trail development.

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Swap with Your Neighbor

Evaluate your neighbors' actions!

TOPIC: _____   GOAL: _____

Action # & Title	Notes	Co-benefits & Win-Wins	Collaboration	Cost	Effectiveness	Equity	Feasibility	Jurisdiction	Magnitude of health impact	Political Will	Specificity	Systems Change

Swap with Your Neighbor

For each criteria score:

+ = positive

/ = neutral

— = negative

(High cost = negative, Low cost = positive)

Evaluation in Healthy Planning

What is Evaluation?

A systematic process to collect, analyze, and use information to answer questions about programs, campaigns, policies, and initiatives.

Underlying Values

Evaluation research should be

- Collaborative

- Inclusive

- Accessible

- Action oriented

- Equity focused

Two (participatory) peas in a pod

POPULAR EDUCATION ("Pop Ed")

- Participants engage with and learn from each other
- Participants critically reflect on the issues in their community
- Participants take action to address issues

EVALUATION

Evaluation should actively involve those who have a stake in the campaign (for example, providers, community members, partners).

Common Reasons to Do an Evaluation

- To understand who is (and is not) participating in a campaign, program, or process

- To improve a campaign or project

- To understand the effects of a campaign or project

Basic Types of Evaluation

Process evaluation

- What are we doing?
- With whom?
- For how long?
- How well?

Outcome evaluation

- What are the effects?
- What has changed (knowledge, beliefs, beliefs, behavior, environment)?

Is a PLAN or PROJECT **Effective**?

194	**OUTCOME** EVALUATION	**IMPACT** EVALUATION
Explores	• How well is the plan/project meeting its objectives? • How is the target population's knowledge, attitudes, behaviors, or environment different at the end of the plan/project?	• How much of the outcomes happened <u>because</u> of the plan/project (rather than due to other reasons)? • What would have happened without the plan/project?
Pros	• Flexible -- indicators should be feasible to track given available resources • Tracks change in shorter period of time • Practical for limited budgets	• Tracks change over many years (long-term) • Strong evidence that funding the plan/project is a good "return on investment"
Cons	• Some funders think that it's not "scientific"	• Requires significant resources and time

Developmental Evaluation

- An approach to understanding the activities of a program operating in dynamic, novel environments with complex interactions.

- Focuses on innovation and strategic learning rather than standard outcomes

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Inclusion Sign In Sheet
Hoja de Inclusión

Event: _____

Date: _____

Race Raza	Hispanic or Latino Origin *Origen Hispano o Latino*	Primary Language Spoken in the Home *Idioma principal que se habla en el hogar*	Gender *Género*	Age *Edad*	Owner or Renter *Propietario o Inquilino*	
Example: African American	Yes / Sí	Spanish / Español	F	30		X

Demographic Sign In Sheet

- This form helps us understand who we are reaching to ensure we're doing the best job at connecting with all in a community
- All information is anonymous
- Participation is voluntary

Can adjust engagement approach to ensure representative participation

Trainings / Education

- Community members felt intimidated to participate in a HUD Consolidated Planning Process

- Community groups conducted trainings with residents to prepare them to attend public workshops

Typical Evaluation Methods

- Mixed methods

- Review secondary data

- Collect primary data

  - Survey

  - Focus groups

  - Key leader interviews

  - Participatory video or PhotoVoice project

Quick Comparison

QUANTITATIVE

- Based on numbers

- Breadth - reaches many people

- Instrument creation is time intensive but analysis takes less time

QUALITATIVE

- Based on words and observations

- Depth - motivations, context, and the "why"

- Time intensive data collection <u>and</u> analysis

Mixed Methods = BOTH

Quantitative

How?
- Closed-ended questions (select one or all that apply)

What can you learn?
- General understanding about what is happening, trends
- Who experiences the event
- How many people have the experience

Qualitative

How?
- Open-ended questions (what, how, why)

What can you learn?
- In-depth responses about people's experiences, perceptions, feelings, and knowledge
- Examples of the experience

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How do we decide which evaluation methods to use?

- Information you want (and what info is most important for you to get)

- Budget

- Timeframe

- Internal capacity and knowledge
- External evaluation support

What are logic models?
Why are they useful?

What:

☐ Visual map that links goals to strategies

Why:

☐ Confirm agreement about how to achieve change

☐ Help identify best ways to EVALUATE!
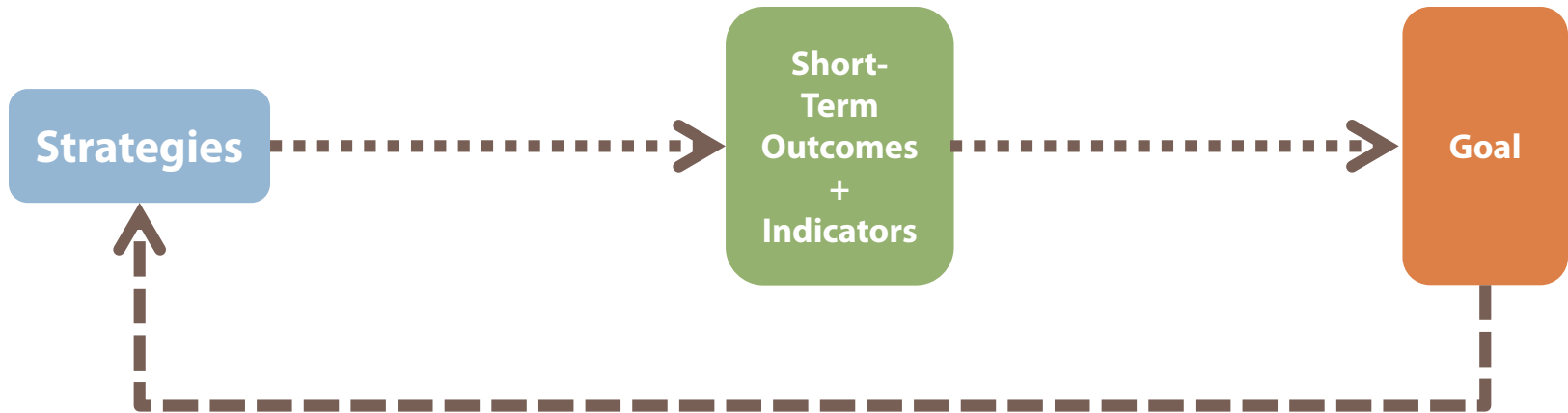
Building a Logic Model

Goal

Building a Logic Model
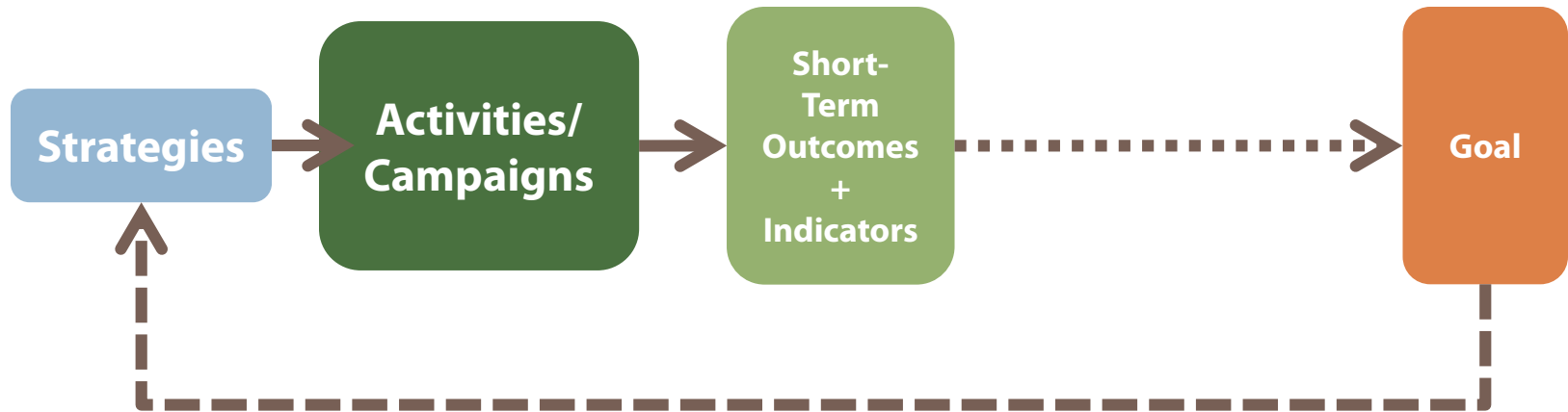
Building a Logic Model

Building a Logic Model

Building a Logic Model
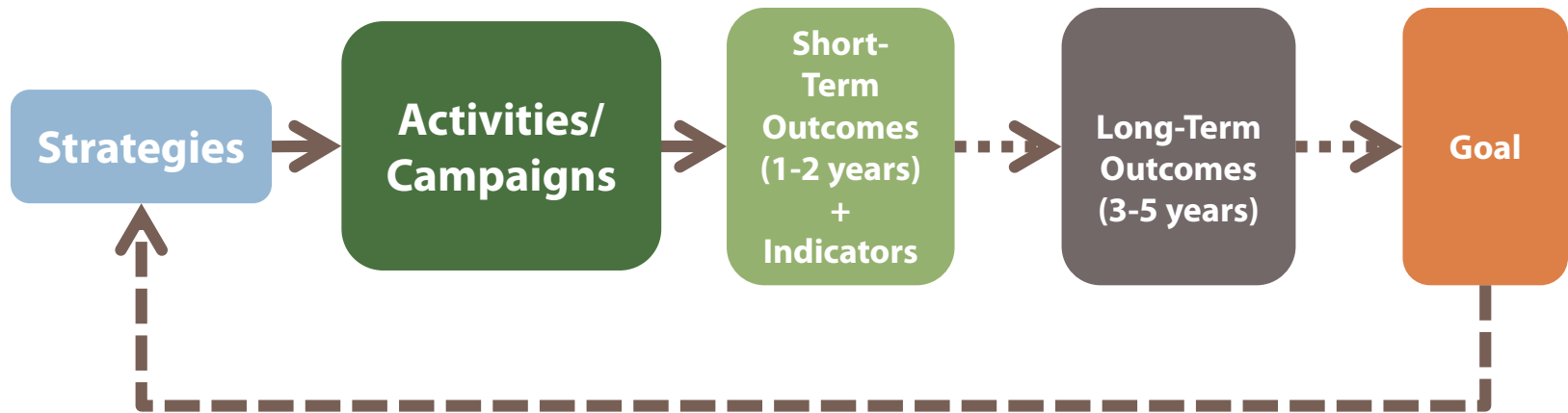
El Monte, CA – Sets Health Targets

Indicator **Existing Condition** **Health Target 2020** **Health Outcome Impacted**

PARKS, TRAILS, AND PUBLIC FACILITIES			
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

#	Indicator	Existing Condition	Health Target 2020	Health Outcome, Behavior, or Determinant Impacted
15	% of population within ¼ mile of a park	Citywide=36% (Subarea 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% decrease)	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	Cheaper and healthier foods, obesity, diabetes, fruit and vegetable consumption, undernutrition, hunger.
20	% of residential parcels within ¼ mile of healthy food	Citywide=43% (Subarea range=23-78%)	Citywide= 60% with no subarea lower than 50%	
21	Number of fast food stores per 1,000 population	Citywide=1.23 (Subarea range=0.53-2.42)	Citywide=1 with no subarea over 1.75	
22	% of unhealthy food sources within ¼ mile of schools	Citywide=71% (Subarea range=25-100%)	Citywide= 60% with no subarea 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 subarea 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, undernutrition, 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 *new* 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 *new* parcels in any subarea are located <500 feet from heavy industrial land (with no more than X% in any subarea)	Cardiovascular outcomes, cancer

Western Riverside COG Climate Action Plan Dashboard: *Public Health Component*

Return to Subregional Health Dashboard

All Cause Mortality
56.2
deaths per 10,000 residents

All Cause Mortality Comparison

Adult Physical Activity
28%
percentage of adults who walked at least 150 minutes per week

Collisions Comparison

Collisions
60.7
pedestrian and bicycle injuries and fatalities per 100,000 resident
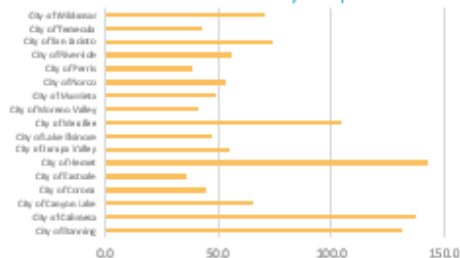
Indicator Implementation Progress*

Indicator	Most Recent	Local	Progress
Adult Health Status	75.1%	73%	
Heart Disease Mortality	14.0	11.8	
Diabetes Mortality	2.1	1.9	
COPD Mortality	3.3	2.8	
Adult Asthma Prevalence	13.0%	12%	
Asthma Hospitalizations	83.2	70.7	
Adult Physical Activity	28.2%	34%	
Adult Obesity	32.7%	29%	
Park Level of Service	11.7	11.7	
Park Access	71.0%	78%	
Collisions	60.7	49.0	
Street Connectivity	72.8	80.1	

*Implementation progress is independent of greenhouse gas reduction measures.
**Local target - The local target is set using the methodology established for WRCOG.

4. Public Health Co-Benefits
Estimated health co-benefits from the implementation of CAP measures. Estimate based implementation progress reported by local jurisdiction

Prevented Deaths
0
from an increase in walking and biking & better air quality

Increased Physical Activity
10
minutes per resident annually

School & Work Days	Asthma Attacks	Hospitalizations & Emergency Visits	Economic Value
6	2	0	$528,074
annual lost days avoided	annual asthma exacerbations avoided	annual hospital visits avoided	estimated savings of avoided health impacts

211

Public Health Data Entry

What public health indicator? do you want to enter data for?

- **Asthma Prevalence**
- **Adult Physical Activity**
- **Adult Obesity**
- **Health Status**
- **Asthma Hospitalizations**
- **Heart Disease Mortality**
- **Diabetes Mortality**
- **CRLD Mortality**
- **Body Composition (5th)**
- **Body Composition (7th)**
- **Body Composition (9th)**
- **Park Level of Service**
- **Park Access**
- **Collisions**
- **Street Connectivity**

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Question & Answer / Discussion

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PLANNING FOR MONTGOMERY COUNTY'S HEALTH

Integrating Health into Comprehensive Planning
August 2, 2016

MCPC

WHY HEALTH? WHY MONTCO?

- Many health-related activities (and decisions) take place at the planning commission.
  - Trail development
  - Open space acquisition
  - Farmland preservation
  - Transportation projects
  - Review development proposals
- Other departments – outside of the health department – do health-related work as well.
  - Assets and Infrastructure, which oversees our park system and county-owned roads/bridges
  - Housing and Community Development, which builds and maintains senior/affordable housing
  - Aging and Adult Services, which provides services across the county to seniors
  - Commerce, which (among other things) provides grants to new businesses and workforce training

OUR COMPREHENSIVE PLAN: MONTCO 2040

- The county planning section sought much feedback on not just the content of the plan, but also the structure of the plan.

- **We made the conscientious decision to base the plan around actions that the county's departments (or other local agencies) have some influence over and could ultimately implement.**

- We also sought input from local residents via a survey, and health-related topics made a strong showing:
  - *It is essential that we allow individuals to homestead and encourage local farmers to practice sustainable farming practices in our community. We should encourage small businesses and buy/sell locally. (It takes a village.)*
  - *Loss of open space and continued sprawl development are the two biggest threats to keeping Montgomery County an attractive place to live and maintaining decent environmental quality.*
  - *Don't forget public health as you develop the plan!*
  - *A new Audubon YMCA facility is essential.*
  - *Transportation for seniors is a key issue. Roads are busier and the population is aging. In order to live independently as long as possible, seniors need transportation assistance.*

OUR STEERING COMMITTEE

– A new aspect of our comprehensive plan to-date

– 28 members who lived and/or worked in the county

– With representation from:
  – Montco SAAC
  – A local farm(er)
  – Freedom Valley YMCA
  – North Penn Community Health Foundation
  – Pottstown Health and Wellness Foundation
  – SEPTA
  – Several members of local municipal administrations and/or committees

SINCE THE COMPREHENSIVE PLAN...

- The plan was adopted in early 2015.

- We track our progress, along with healthier outcomes, annually
  - Walk Montco, and health department education and outreach
  - New trail openings along Pennypack Trail, open space preserved by Wissahickon Valley Watershed Association, new county bikeshare program
  - Hazardous waste collection events
  - Preserved two farms

2016 IMPLEMENTATION UPDATE
MONTCO 2040: A SHARED VISION

Montgomery County, Pennsylvania 2016

WALK MONTCO

- Our county-wide walkability plan

- Adopted by the commissioners as official county policy

- Contains case studies as well as sidewalk/crosswalk/trail design standards

- Perhaps most importantly, this has been the impetus for an ongoing dialogue with the county's health department

LOCAL FOOD GUIDE

- A guide to Montgomery County farmers markets & farmstands...

- Does not touch upon questions of access or health, but we do want as many people as possible to have this knowledge
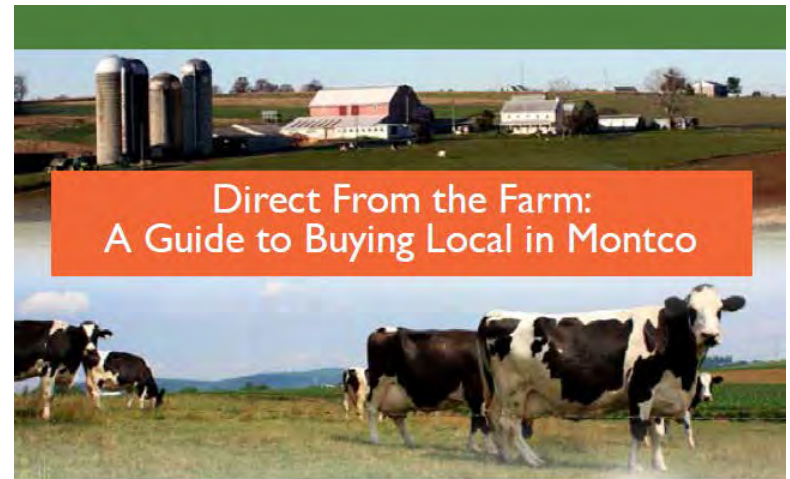
NEXT STEPS

– Continue our work authoring sustainability plans

– Green building and alternative energy ordinances

– County Parks and Trail Assets Inventory

– Bike Montco

New Jersey's First!

PLANNING FOR HEALTH

Incorporating Health Considerations into the City's Master Plan

TRENTON HEALTHY COMMUNITIES INITIATIVE

TRENTON DIVISION *of* PLANNING

TrentonHealthTeam

NJ Public Health Association

TRENTON 250
1792-2042

SEAL OF THE CITY OF TRENTON 1792

PLAN4Health
An American Planning Association Project

RUTGERS
Edward J. Bloustein School
of Planning and Public Policy

APA NJ
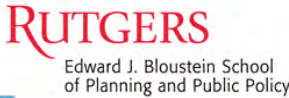
Jeffrey Wilkerson, AICP/PP
Planning Director, City of Trenton - Division of Planning

August 2, 2016
Integrating Health into Comprehensive Planning

BACKGROUND

Master Plan Framework
5 Pillars of Sustainability - 2013

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Land Use

EFFICIENCY
- Transportation and Circulation
- Emergency Management
- Intergovernmental
- Technology

ECONOMY
- Economic Development
- Education
- Housing
- Arts & Culture
- Historic Preservation
- Public Safety

EQUITY
- Health
- Community Engagement
- Community Facilities and Services

ENVIRONMENT
- Climate
- Parks, Open Space and Recreation
- Energy Use and Greenhouse Gases
- Solid Waste & Recycling

EFFECTIVE ACTION
- Capital Plan
- Work Plans
- District Plans
- Utilities
- Stormwater Management

Plan4Health
The Perfect Storm

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+

TrentonHealthTeam

→

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Trenton Health Team

Partnerships and Collaborations

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BACKGROUND

Trenton Health Team
A City-wide Unified Assessment

- ☐ Community Health Needs Assessement - July 2013
  - 300 One-on-one interviews
  - 30 Community Forums

- ☐ Community Health Improvement Plan - January 2014

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Vision Element Adopted
Guiding Principles - 2014

Trenton First: A Premier Economic and Cultural Center built on Arts, Industry and Education

<u>Eight Guiding Principles</u>
1. Foster Social Opportunity and a Vibrant Economy through Education
2. Establish a Preeminent Arts and Culture Destination
3. Build a Safe City
4. Advance Good Governance

5. Promote Civic Unity and Pride
6. Cultivate a Healthy City
7. Reinfoce high-Quality Neighborhoods and a 24/7 Downtown Trenton
8. Captalize on Location and urban Form to Support a Multi-modal Transportation Network

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THE OUTREACH

Engagement of Residents
2015 - 2016

☐ **Community Meetings**
- Interactive meetings in each ward of the City
- Issues and Opportunities Report
- Public Comment Period on Draft Documents

☐ **Convened Stakeholders**
- Leveraged Trenton Health Team
- Participatory Meetings
- Review Draft Documents
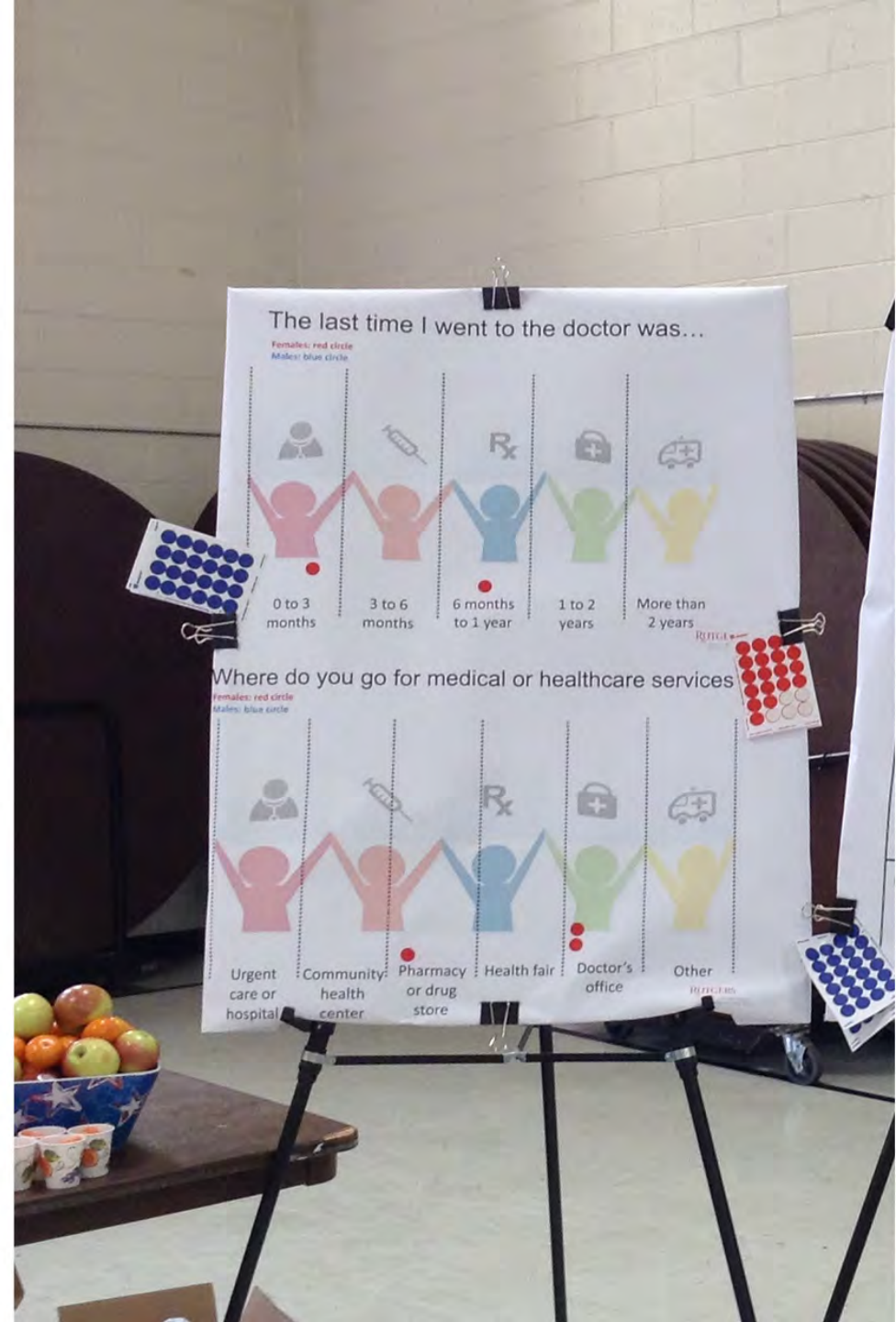
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Figure 2. Comprehensive Planning for Health Process Model

Mission/Purpose: Improve community health by integrating health into comprehensive planning and implementation

Organizing for Change

- Incorporate health into enabling legislation
- Tap health-related funding sources
- Hire staff with public health expertise
- Include health partners/ champions

Developing the Comprehensive Plan

**Phase 1:
Where are we now?**
- Incorporate health data and indicators
- Include health in community surveys

**Phase 2:
What do we want to be?**
- Incorporate health into vision of future change
- Include health goals and objectives

**Phase 3:
How do we get there?**
- Include stand-alone health element
- Integrate health into policies and action plan
- Establish health metrics and targets

Implementing the Plan

- Form implementation partnerships
- Advance health goals and objectives through new regulations, capital investments, and programs

Evaluation: Measure progress using health metrics and qualitative measures (e.g., surveys)

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Source: Healthy Plan Making, APA

NEXT STEPS

Updates
Cultivate a Healthy City

Further Refinement of the Health Element

- ☐ Updates based on Stakeholder Reviews and Public Comment Period

- ☐ Integration into Trenton250

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Co-Creation of New Jersey's 1st Health and Food Systems Municipal Master Plan Element: Metrics for Implementation

Jennifer Senick, Ph.D., Executive Director, Rutgers Center for Green Building Facilitator, Planning Healthy Communities Initiative

Project Video

TRENTON HEALTHY COMMUNITIES INITIATIVE

Video Link: http://www.plan4health.us/pln-videos/

PLAN4Health
An American Planning Association Project

Trenton Healthy Communities Initiative

- **Health and Food Systems Element (HFSE) for the Trenton250 Masterplan**

- **Associated Health Literacy Toolkits**

- **HiAP training for Trenton City decision-makers and Departments**

- **Statewide knowledge transfer**
  - Model Health and Food Systems Element
  - HiAP/HIA cross training of planners and public health practioners

A growing tradition of health focused plan elements

– Identified 8 example health elements – most from communities in California

– Many more communities are in drafting phase

– Topics include: access to healthy foods and nutrition, opportunities for physical activity and active living, access to healthcare services, public safety, availability of healthy housing, economic opportunity, environmental quality, and health literacy
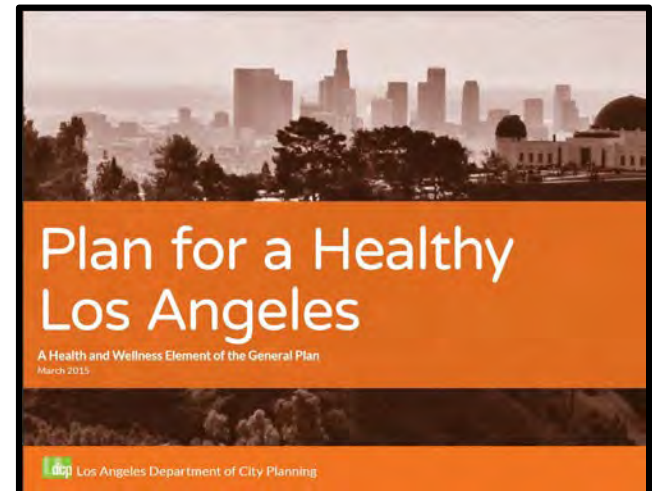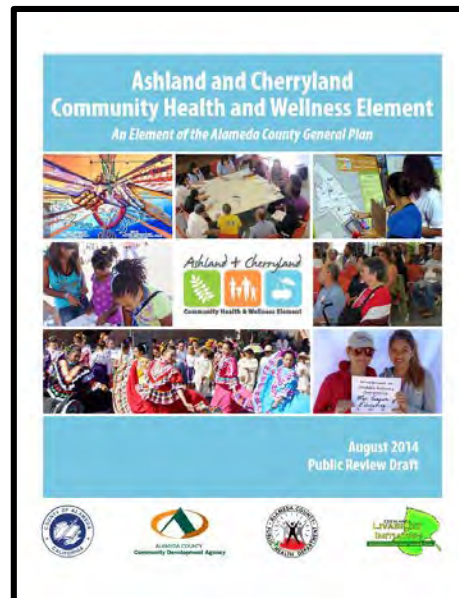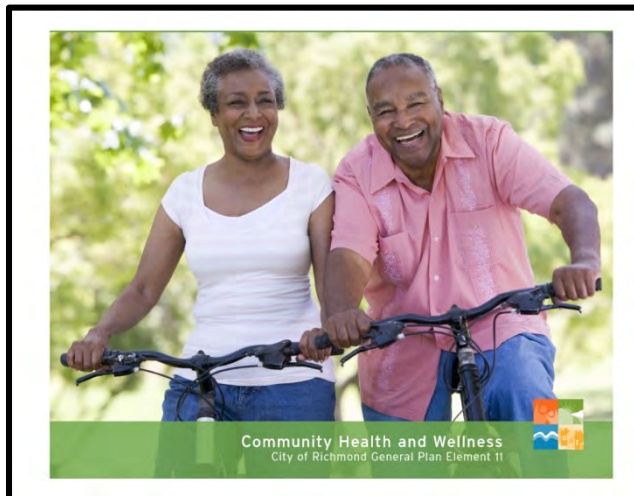
Overview of HFSE

- **Hybrid approach**
  - Health-related vision and goals
  - Health-informed mandatory elements
  - Voluntary, stand-alone health element

- **Incorporates health data and priorities**

- **Focuses on addressing the social and environmental determinants of health**

- **Includes Action Plan with: Policy, Project, Program, Partnership and Advocacy recommendations with responsibilities, timelines, milestones and potential implementation resources**

Incorporation of health focused studies and data in Trenton to motivate focus and measure outcomes

- Health of Trenton Population: obesity and healthy lifestyles, chronic diseases, and safety and crime
- Health Determinants: physical activity opportunities, available healthy foods, access to medical services, healthy housing, and environmental quality
- Utilizing metrics identified by the Trenton Health Team through the Community Health Needs Assessment and the Community Health Improvement
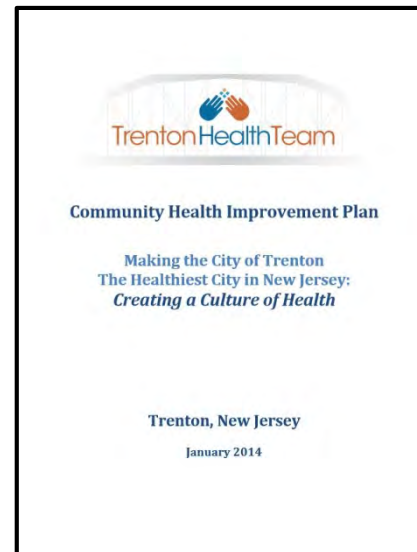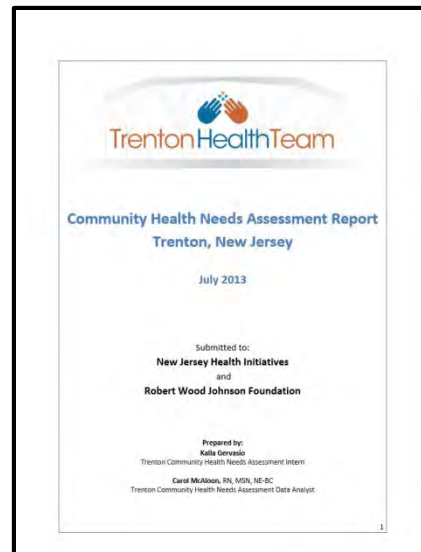
HFSE Outline

- **Introduction**
  - Background
  - Purpose
  - Legal Authority

- **Trenton Today**
  - Current Health Status of Trenton Population
  - Social and Environmental Determinants of Health in Trenton

- **Trenton's Health Vision**

- **Nexus Between Health and Other Trenton 250 Master Plan Elements**
  - Economic Development & Education
  - Land Use & Housing
  - Circulation
  - Environment

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HFSE Outline

Increase access to healthy foods and Nutrition

- **Expand access to healthy food outlets**

- **Expand access to locally grown fresh food**

- **Work with the Trenton Public School System promote good nutrition and healthy eating**

- **Increase access to healthy food through government policies and programs**

HFSE Outline

Increase physical activity among Trenton residents

- **Make it easier and safer to walk and bike in the City**

- **Improve access to parks, recreational facilities and natural areas**

- **Promote physical activity through school-based initiatives**

- **Support physical activity and healthy lifestyle choices through government plans, policies and programs**

Pedestrian and Bicycle Safety in Trenton, NJ

Legend

- Municipality
- Planning District
- Park

Trails
- Existing Trail (2014)
- Planned Trail (2014)
- Bike Trail (2011)
- D & R Canal (2014)
- ★ D & R Canal Access Point

Crash Incidents (2010 – 2014)
- Bicyclist

Pedestrian Incidents within 1000ft
- 1 - 3
- 4 - 5
- 6 - 7
- 8 - 9

Bicycle Level of Service (2010)
- A
- B
- C
- D
- E
- F
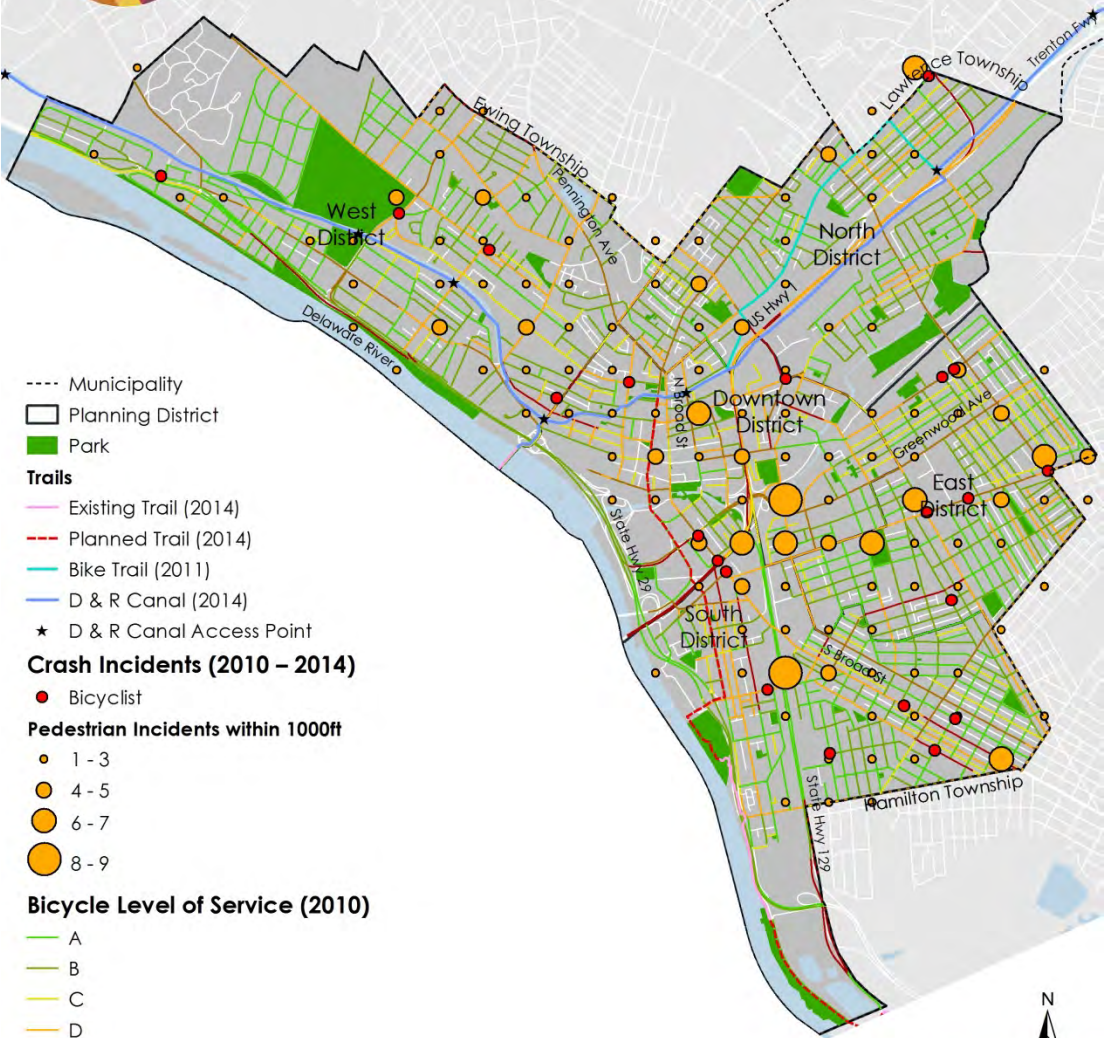
Prepared by Bloustein School Planning Healthy Communities Initiative, Jan 2016
Sources: NJOIT - OGIS, U.S. Census Bureau, DVRPC, NJTPA, NJ State Park Service, Plan4Safety

RUTGERS

Access to Healthcare Services in Trenton, NJ

HFSE Outline

Improve access to healthcare and health literacy

- **Expand primary care provider capacity**

- **Expand Youth Access to Primary Healthcare**

- **Expand/integrate mental, behavioral and substance abuse services in primary care settings**

- **Improve transit accessibility to healthcare facilities**

- **Promote non-traditional settings for health care services**

- **Promote health literacy**
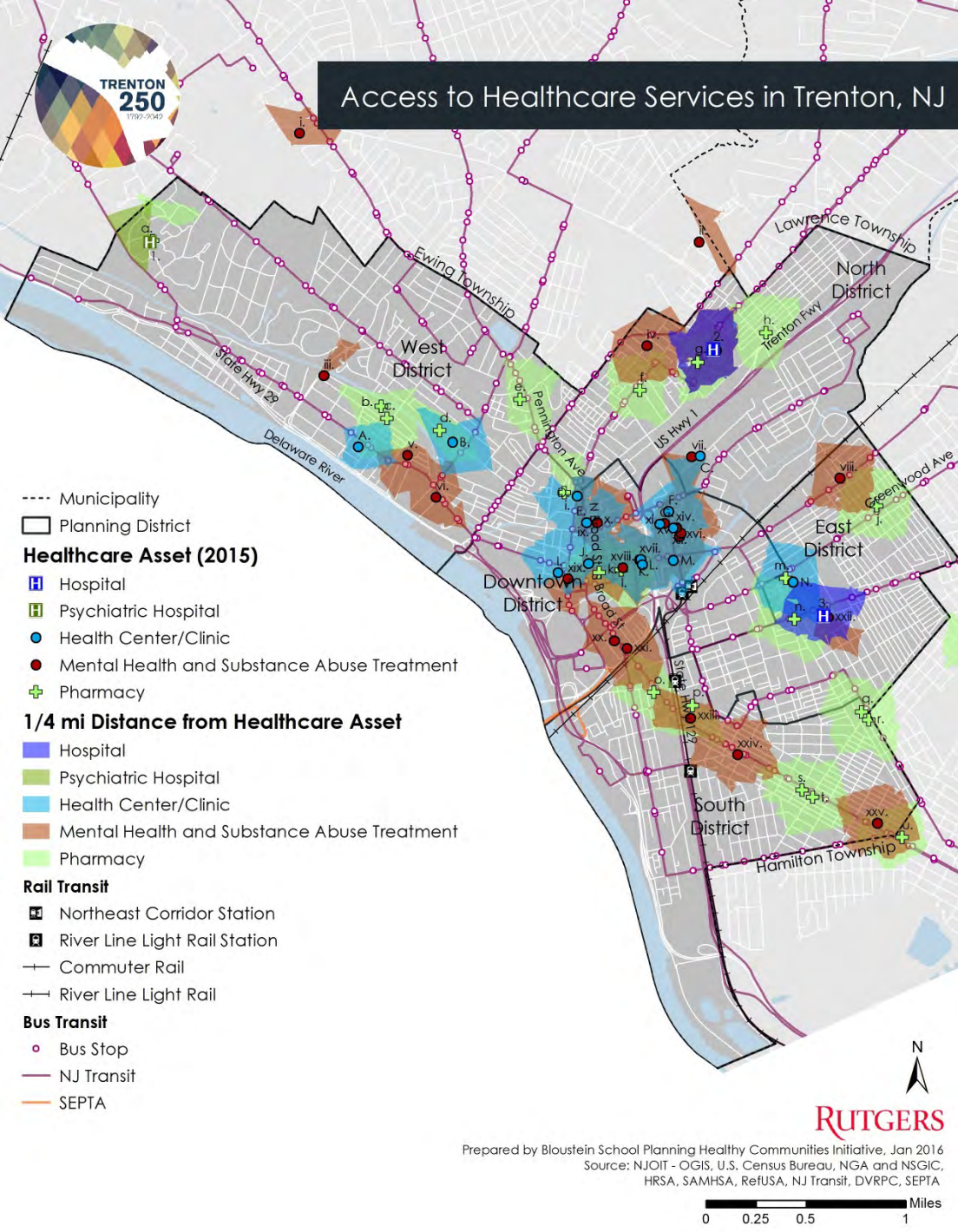
Proxy measures for Indoor Air Quality in Trenton, NJ

Legend

- - - - Municipality
▭ Planning District
● Known Contaminated Site (2015)

Emission Statement Facility
CO Emissions (tons/year) (2012)
● 0.08 - 0.23
● 0.56
● 2.30 - 2.90
● 4.92
● 41.08

Flood Zone (2015)
▪ 1% Annual Chance Flood Hazard
▪ 0.2% Annual Chance Flood Hazard

Emission Statement Facility
A.   NJDOT Trenton Headquarters Complex
B.   Homasote Co
C.   Trenton Psychiatric Hospital
D.   Capital Health System @ Mercer
E.   Capital Health Systems at Fuld Campus
F.   Veolia Energy Trenton, L.P.
G.   Kayline Processing, Inc.

Prepared by Bloustein School Planning Healthy Communities Initiative, Jan 2016
Source: NJOIT - OGIS, U.S. Census Bureau, NJDEP, DVRPC, FEMA

RUTGERS

HFSE Outline

Promote healthy housing conditions

- **Adopt healthy and green building guidelines for new housing and rehabilitation of existing housing**

- **Improve the condition of Trenton's existing housing stock to promote the health of Trenton residents**

- **Improve the conditions of vacant and abandoned properties that are health hazards to neighboring homes and residents.**

HFSE Implementation

- **HFSE integrates with Trenton250 One Plan portal**
- **Strong partnership with Trenton Health Team and THT collaborators**
- ***Health in All Policies*** **approach to City government decision-making**

Literacy Toolkits

Mi Familia
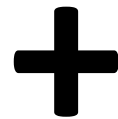
La leche materna es preferible para los bebes durante los primeros 6 meses. Cuando esten listos—busque comidas para bebes con alto contenido de Hierro y Zinc *1*

Las adolescentes necesitan más hierro a medida que crecen - patatas al horno, frijoles y carne magra!2

Los adultos deben pensar en un corazón sano y consumir alimentos altos en fibra y bajos en grasas saturadas!!3

En edad de procrear, es importante comer alimentos ricos en folato, como verduras de hoja verde oscuro y granos fortificados, incluyendo a muchos de mis cereales favoritos!3

Comer como el *arco iris* es una buena manera de obtener todas las vitaminas que necesito! Alimentos con mucho color como las zanahorias y los pimientos rojos son un gran comienzo!1

A medida que avanza la edad, necesito mas alimentos ricos en calcio como el yogurt descremado y leche para ayudar a combatir la pérdida de hueso!4

Comiendo muchas frutas, verduras y granos enteros me ayuda a controlar la presión arterial!4
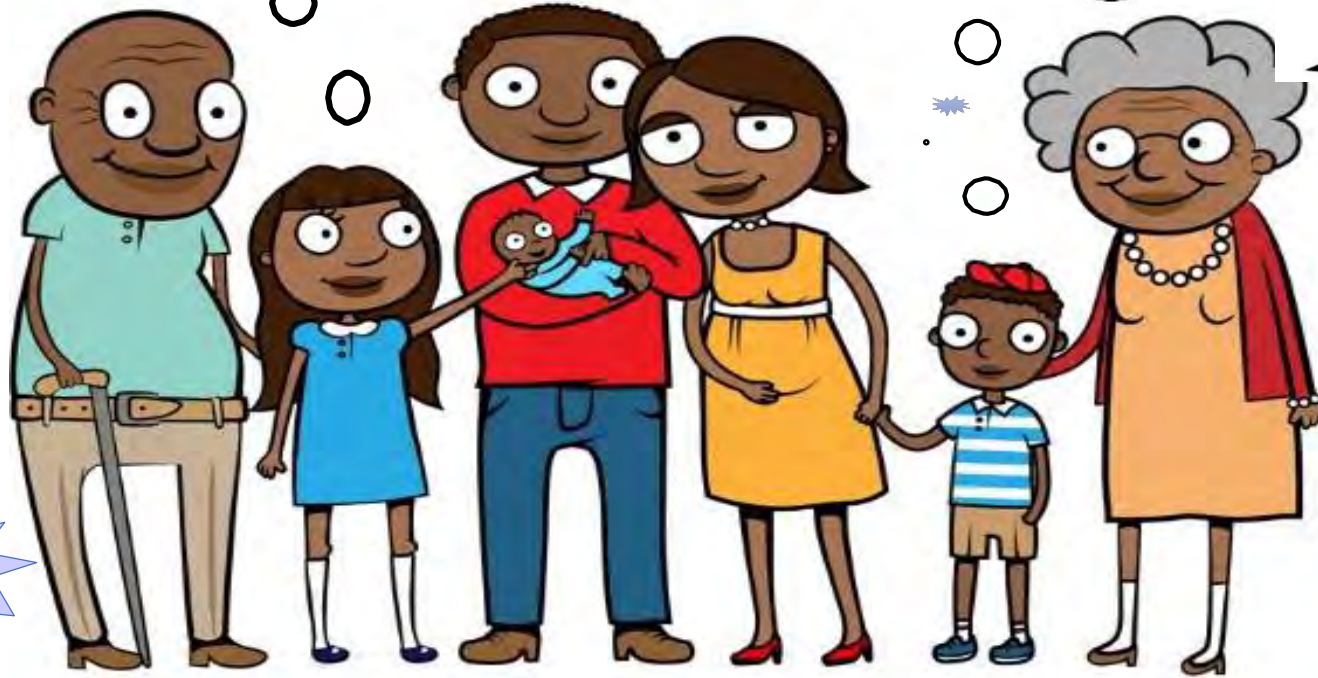
Al comenzar a crecer, tu cuerpo tiene más hambre! Consume alimentos ricos en fibra y proteína para ayudarte a sentirse lleno - arroz y frijoles, o pan con `peanut butter'!2

Health in All Policies Training

- **Department of Administration**
- **Finance Department**
- **Fire Department**
- **Health & Human Services**
- **Housing & Economic Development**
- **Inspections Department**
- **Law Department**
- **Municipal Court**
- **Police Department**
- **Public Works Department**

- Continue the conversations started at the recently completed one-on-one and small group meetings with Department and Division heads

- Consider the social determinants of health and how policy decisions can impact health outcomes

- Explore in more detail what it means to incorporate a Health in All Policies (HiAP) approach in local government decision-making

- Identify opportunities to incorporate HiAP approaches in the work you do

- Hear about the recommendations found in the proposed Trenton 250 Health and Food Systems Element

TRENTON HEALTHY COMMUNITIES INITIATIVE

TRENTON MAKES — THE WORLD TAKES

CITY OF TRENTON, NJ

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Project Outcomes

– **Health and Food System Element and Model for New Jersey municipalities conforming with the Municipal Land Use Law**

– **A CHNA update that names land use planning as a new focus area**

– **Synchronized Trenton-specific strategies and evaluation metrics for improving health and wellness**

– **Training of next generation of planning and public health practitioners (NJ APA, NJPHA), student internships and lectures in landscape architecture, environmental planning, nutritional science**

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More Outcomes!!!

THT been awarded a 5-year $2.5 million by Trinity Health to build on collaborative efforts aimed at improving the health and well-being of the Trenton community

THT is one of 15 finalists in a RWJF Culture of Health Prize, which honors communities that place a demonstrably high priority on health and collaboration

In both of these cases, THT was able to share the experience of co-creating the HFSE as an evidence-based collaborative approach of health planning

Photo credits: Trenton Health Team, website, accessed June 13, 2016

Project Resources

Websites:

http://www.trenton250.org/

http://www.plan4health.us/plan4health-coalitions/trenton-healthy-communities-initiative/

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CONTACT US

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Planning Director
City of Trenton – Division of Planning
jwilkerson@trentonnj.org
609-989-3502

Activity #1:
Root Cause Mapping

Example:

In the Jason is sick example, a contributing factor was the infection and a possible root cause explanation is that lack of medical insurance. A question to ask once you note the lack of medical insurance is: "What causes people to lack healthcare coverage?"   Once those answers are mapped, you can keep identifying root causes to right.
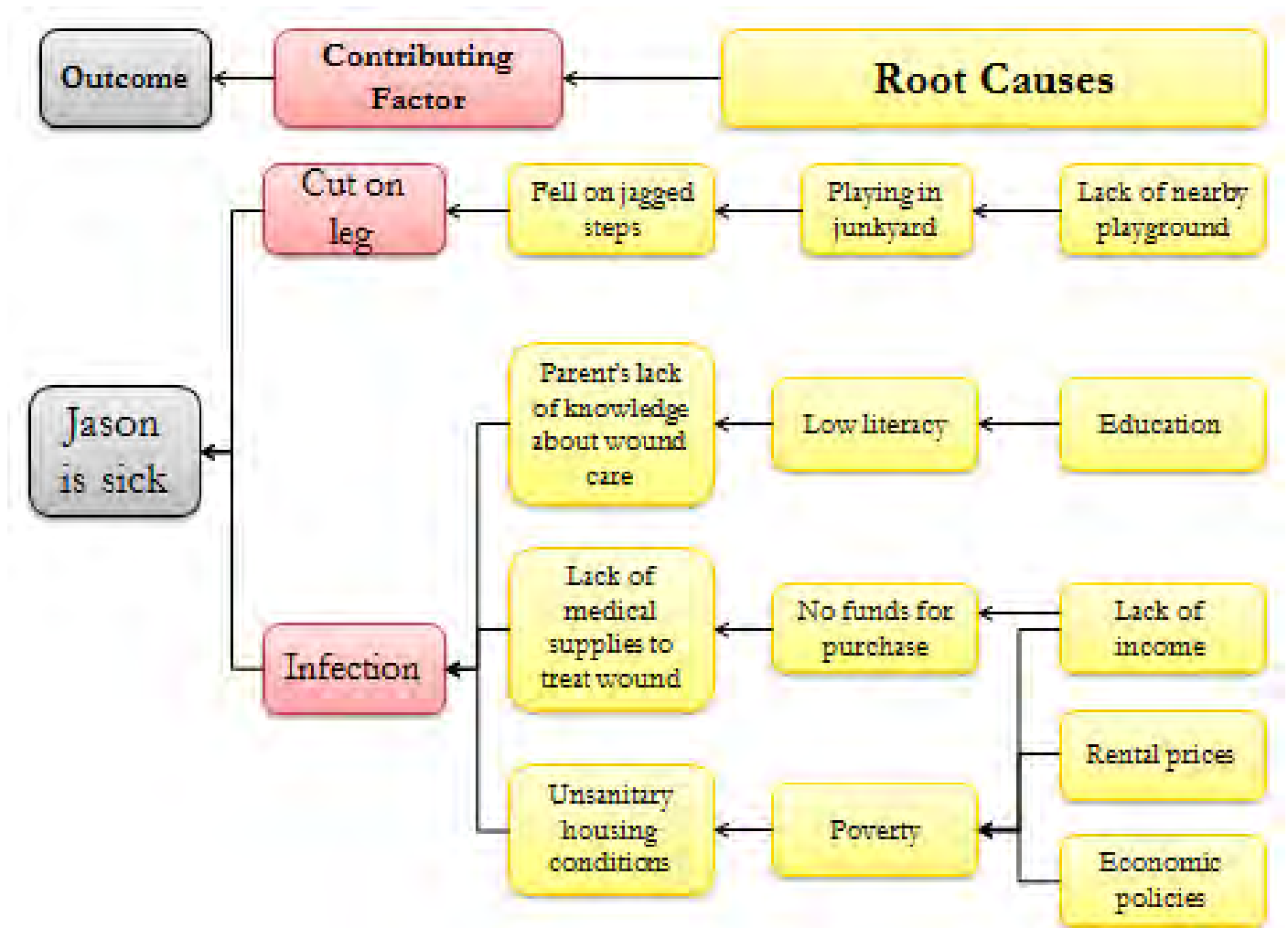
Instructions

- Three different scenarios (each table does one)
- Read vignette
- Drawing your map (Can have multiple pathways)
- Identify stakeholders you could involve (Are you one of them?)
- Large group report back

Scenario A: Maria

Maria is a 26 year old pregnant woman expecting her third child. She and her children are on Medicaid. She is separated from her husband due to his alcoholism and domestic violence. She lives in a small rental in a high density neighborhood with limited access to positive social supports. Her two elementary school-aged children have been sick a lot and recently tested positive for high blood lead levels. Maria is suffering from depression. She currently works part-time as a waitress, attends community college part-time but is uncertain how long she will be able to work or go to school due to her high risk pregnancy. She depends on public transportation to get to and from school, shopping and work and recently learned that the bus route she depends on will be re-routed to another high demand area.

Outcome: Maria has depression.

- Contributing Factor 1: Children have high levels of lead in their blood.
- Contributing Factor 2: Low attendance in school

Scenario B: Joey

Damon and Kimmy are a young couple who are both employed in a low wage jobs that do not provide health insurance. They have 2 children – Nicole and Joey. Nicole is 3 years old and has asthma. Joey is 17 and is currently in Juvenile Detention because he got caught stealing alcohol from a neighborhood liquor store. When Joey was in Middle School, he had additional supports because he was diagnosed with a learning disability and was on an Individual Educational Plan (IEP). Those services were not made available to him in High School. The family lives in a small trailer hooked up to the grandparents' house in a rural community. The family struggles to pay their portion of the rent, buy gas for their cars to get to and from work, and buy groceries. Due to their jobs, they often buy dinner for the family at a local fast food restaurant. Together they earn just slightly over the eligibility limit for Medicaid.

Outcome: Joey is in Juvenile Detention

- Contributing Factor 1: Low high school attendance
- Contributing Factor 2: Alcohol abuse

Scenario C: Gloria

Juan and Gloria own a home in a middle class neighborhood. Gloria works for a local business as an accountant. Juan owns a small auto repair business with only 3 employees so he cannot afford to offer health insurance benefits for them. They recently learned that the health insurance that they purchase for their family through Gloria's work will have a significant increase in premium cost and that the deductible will also have increase. While they earn enough money to live comfortably, they have no savings because they financially support Gloria's parents. Gloria struggles with being overweight but says she doesn't have much time to exercise or prepare healthier meals for her and her family. She has type 2 diabetes and is on dialysis every other week. Juan and Gloria want to be able to afford items such as summer camp, music lessons, and college for their 3 children but currently, they are struggling to pay their mortgage.

Outcome: Gloria is sick.

- Contributing Factor 1: Severely overweight
- Contributing Factor 2: Diabetes runs in her family

Activity #2: Data Literacy

1. Based on the given data, what are some of the health-related issues in your table's community?

2. Based on the given, what might be some the vulnerable populations in your table's community?

3. What topics covered on this sheet would you like to see broken down by smaller geography (map), race/ethnicity, income, age, sex, etc.?

4. What input would you want to hear from community members? Which ones? How would you get it?

5. What upstream, midstream, or downstream indicators would be helpful analyze/document related to the suspected issues you identified in question #1?
    (It's okay if you can't think of an down-, mid-, and upstream indicator for each topic)

Downstream	Midstream	Upstream
TOPIC 1:		
TOPIC 2:		
TOPIC 3:		

6. How would this data be most effective for residents? Elected officials? Colleagues? Report with narrative explaining the documented connections in the literature? PowerPoint? Video? Infographic? Website? Why?

Chester, PA Fact Sheet

Total Population: 34,007

Population pie chart:
- 0%, 0%, 2%, 1%, 10%, 15%, 72%
- Hispanic: 10%
- NH White: 15%
- NH Black: 72%
- NH AAPI
- NH Am Indian
- NH Other
- NH Multi
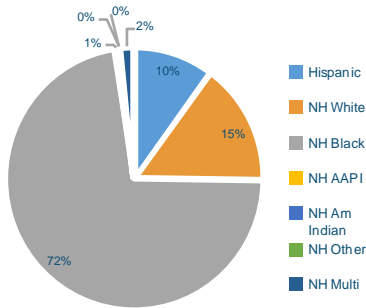
- **Under 5 years:** 6.6%
- **5-19 years:** 22.2%
- **20-54 years:** 47.1%%
- **55+ years:** 24.1%

% of Households Under Poverty Line by Race

Hispanic	NH White	NH Black	NH Am Indian	NH AAPI	Other	Multi
49%	35%	36%	82%	22%	64%	61%
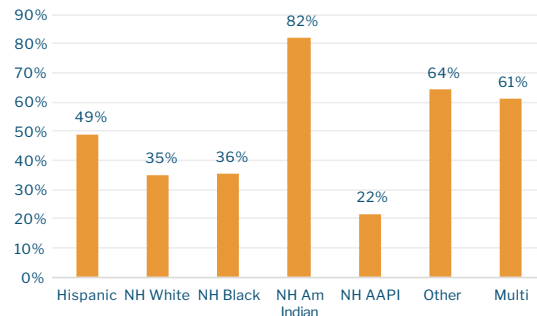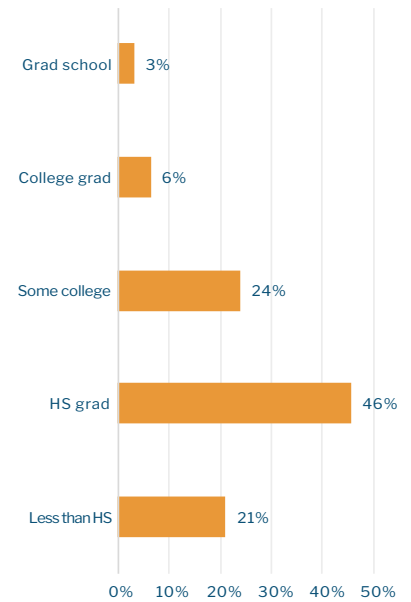
Limited English Proficiency

Report Area	% Households
Chester, PA	2.0%
Pennsylvania	2.3%

Educational Attainment

- Grad school: 3%
- College grad: 6%
- Some college: 24%
- HS grad: 46%
- Less than HS: 21%

Access & Employment

Population Density: 7,020.3 people/mi²
Unemployment Rate: 20.5%

Employment Density

- 5 - 255 Jobs/Sq.Mile
- 256 - 1,008 Jobs/Sq.Mile
- 1,009 - 2,262 Jobs/Sq.Mile
- 2,263 - 4,019 Jobs/Sq.Mile
- 4,020 - 6,277 Jobs/Sq.Mile
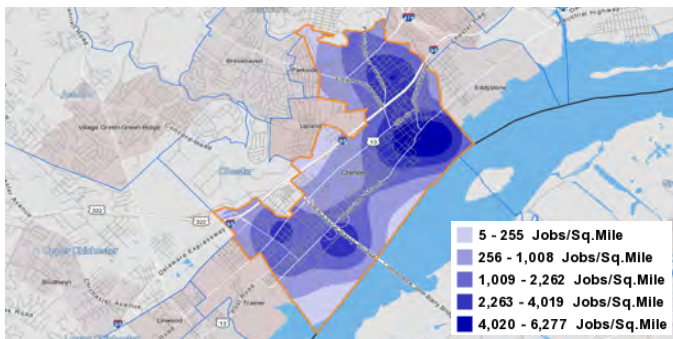
9,131 people come to Chester to work

9,798 people work & live in Chester

1,181 people leave Chester to work

Complete Food System

% Low Income HH's with Low Food Access*: 37.1%
Fast food establishments (per 100,000): 73.5
SNAP-authorized food stores (per 10,000): 15.6

*population without a grocery store within 1 mile radius (10 miles in rural areas) and ≤ 200% Federal poverty threshold, given family size

Population with Healthy Food Access

Modified Retail Food Environmental Index Score by Tract, DNPAO 2011
- Index Score Over 30 (High Access)
- Index Score 15 - 30 (Moderate Access)
- Index Score 5 - 15 (Low Access)
- Index Score Under 5 (Poor Access)
- No Healthy Retail Food Outlet (No Access)
- No Retail Food Outlets Present (Food Desert)

Environmental Health

Traffic Proximity: 98th percentile in PA
Superfund Sites: 74th percentile in PA

Air Quality

Report Area	Average Daily Ambient Particulate Matter 2.35	% Days Exceeding National Standards (population-adjusted)
Chester, PA	10.4	0%
Pennsylvania	10.5	0.01%
United States	9.1	0.10%

Housing Indicators

Housing Tenure

39% owner occupied

61% renter occupied

Housing Tenure by Race/Ethnicity

	Hispanic	NH White	NH Black	NH AAPI	NH Am Indian	Other	Multi
Owner	22%	48%	38%	42%	35%	22%	32%
Renter	78%	52%	62%	58%	65%	78%	68%

■ Renter ■ Owner

Number of Units per Housing Structure

- 1 unit: 72%
- 2-4 units: 13%
- 5-19 units: 8%
- 20-49 units: 3%
- 50+ units: 3%
- Mobile home: 0%
- Boat, RV, Van, etc.: 0%

Health Outcomes

Low Birth Weight

Report Area	% Low Birth Weight
Delaware County, PA	8.5%
Pennsylvania	8.3%
United States	8.2%

Leading Causes of Death

1. Heart disease
2. Cancer
3. Stroke
4. Respiratory Disease
5. Accidents
6. Flu and pneumonia
7. Diabetes
8. Kidney disease
9. Septicemia (infection)
10. Alzheimer's

Life Expectancy

75.1 for men   **80.4** for women

Violent Crime

Rate per 100,000

- Chester, PA: 535
- Pennsylvania: 362
- United States: 395.5

Transportation & Mobility

Journey to Work Mode Share

61.9% drove alone

9.3% car-pooled

16.8% took transit

Average Commute to Work Times

- < 15 minutes: 32%
- 15-29 minutes: 36%
- 30-44 minutes: 18%
- 45-59 minutes: 9%
- 60+ minutes: 5%

% Carless Households

Households with No Vehicle, Percent by Tract, ACS 2010-14
- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed

HEALTHY COMMUNITIES TASK FORCE

DVRPC DELAWARE VALLEY REGIONAL PLANNING COMMISSION
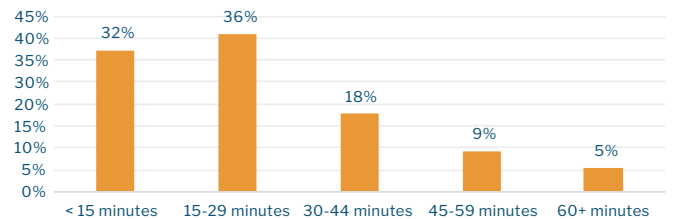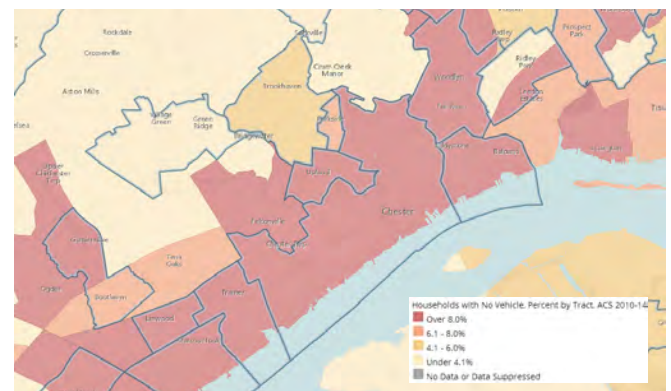
Lower Merion, PA Fact Sheet

SOCIO-DEMOGRAPHICS

Total Population: 58,114

Legend:
- Hispanic
- NH White
- NH Black
- NH AAPI
- NH Am Indian
- NH Other
- NH Multi

Pie values: 0%, 0%, 0%, 7%, 6%, 3%, 4%, 80%
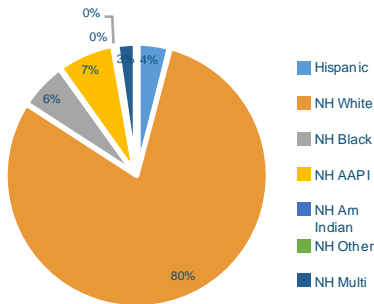
- **Under 5 years: 5.0%**
- **5-19 years: 21.5%**
- **20-54 years: 49.6%%**
- **55+ years: 34.0%**

% of Households Under Poverty Line by Race

Race	%
Hispanic	13%
NH White	10%
NH Black	23%
NH Am Indian	3%
NH AAPI	5%
Other	16%
Multi	14%
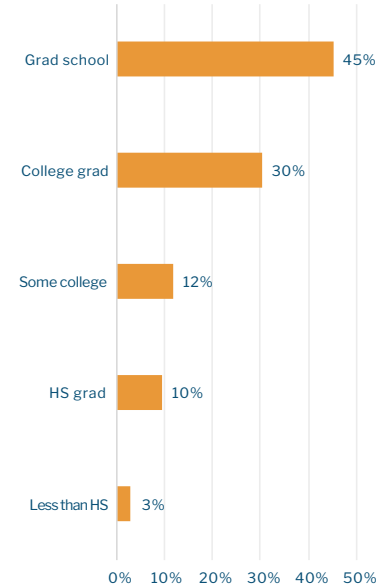
Limited English Proficiency

Report Area	% Households
Lower Merion, PA	2.3%
Pennsylvania	2.3%

Educational Attainment

	%
Grad school	45%
College grad	30%
Some college	12%
HS grad	10%
Less than HS	3%

Access & Employment

Population Density: 2,442.9 people/mi²
Unemployment Rate: 3.7%

Employment Density

Legend:
- 5 - 606 Jobs/Sq.Mile
- 607 - 2,410 Jobs/Sq.Mile
- 2,411 - 5,417 Jobs/Sq.Mile
- 5,418 - 9,627 Jobs/Sq.Mile
- 9,628 - 15,040 Jobs/Sq.Mile
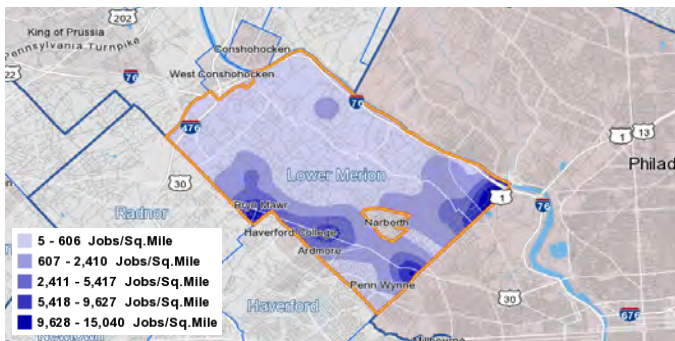
35,629 people come to Lower Merion to work

20,970 people work & live in Lower Merion
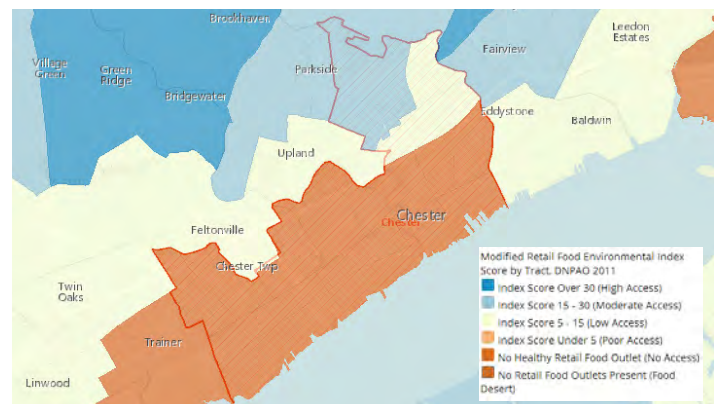
2,903 people leave Lower Merion to work

Complete Food System

% Low Income HH's with Low Food Access*: 1.2%
Fast food establishments (per 100,000): 80.6
SNAP-authorized food stores (per 10,000): 4.03

*population without a grocery store within 1 mile radius (10 miles in rural areas) and ≤ 200% Federal poverty threshold, given family size

Population with Healthy Food Access

Modified Retail Food Environmental Index Score by Tract, DNPAO 2011
- Index Score Over 30 (High Access)
- Index Score 15 - 30 (Moderate Access)
- Index Score 5 - 15 (Low Access)
- Index Score Under 5 (Poor Access)
- No Healthy Retail Food Outlet (No Access)
- No Retail Food Outlets Present (Food Desert)
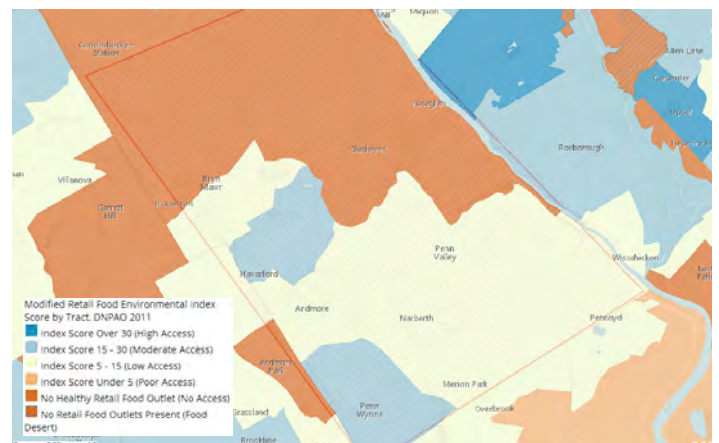
Environmental Health

Traffic Proximity: 51st percentile in PA
Superfund Sites: 64th percentile in PA

Air Quality

Report Area	Average Daily Ambient Particulate Matter 2.35	% Days Exceeding National Standards (population-adjusted)
Lower Merion, PA	10.6	0%
Pennsylvania	10.5	0.01%
United States	9.1	0.10%

Housing Indicators

Housing Tenure

76% owner occupied

24% renter occupied

Housing Tenure by Race/Ethnicity

	Hispanic	NH White	NH Black	NH AAPI	NH Am Indian	Other	Multi
Owner	53%	79%	55%	64%	56%	48%	55%
Renter	47%	21%	45%	36%	44%	52%	45%

■ Renter ■ Owner

Number of Units per Housing Structure

1 unit	2-4 units	5-19 units	20-49 units	50+ units	Mobile home	Boat, RV, Van, etc.
69%	6%	6%	5%	14%	0%	0%

Health Outcomes

Low Birth Weight

Report Area	% Low Birth Weight
Montgomery County, PA	7.2%
Pennsylvania	8.3%
United States	8.2%

Leading Causes of Death

1. Heart disease
2. Cancer
3. Stroke
4. Respiratory Disease
5. Accidents
6. Alzheimer's
7. Flu and pneumonia
8. Diabetes
9. Kidney disease
10. Septicemia (infection)

Life Expectancy

78.2 for men   **82.2** for women

Violent Crime

Rate per 100,000 people

Lower Merion, PA	Pennsylvania	United States
182.1	362	395.5

Transportation & Mobility

Journey to Work Mode Share

65.5% drove alone   **5.7%** car-pooled   **11.0%** took transit

Average Commute to Work Times

< 15 minutes	15-29 minutes	30-44 minutes	45-59 minutes	60+ minutes
24%	33%	29%	9%	5%

% Carless Households

Households with No Vehicle, Percent by Tract.
ACS 2010-14
- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed

HEALTHY COMMUNITIES TASK FORCE

DVRPC DELAWARE VALLEY REGIONAL PLANNING COMMISSION
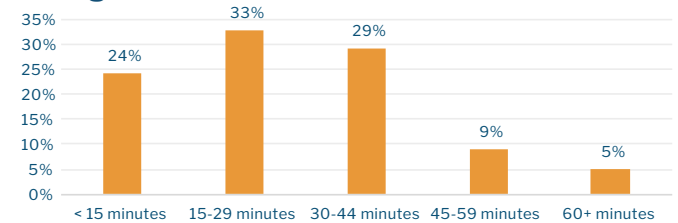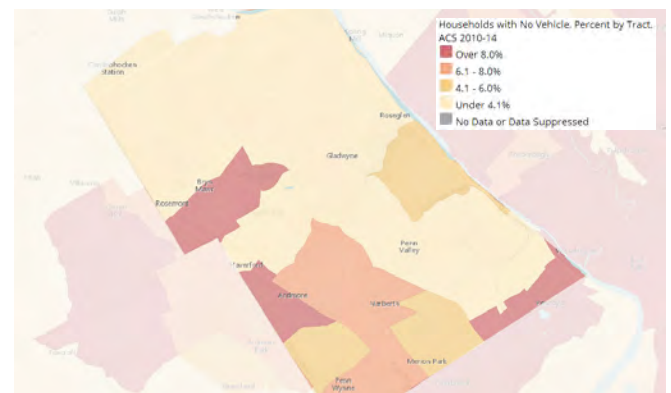
Gloucester County Fact Sheet

SOCIO-DEMOGRAPHICS

Total Population: 289,705

Pie chart legend:
- Hispanic — 2%
- NH White — 80%
- NH Black — 10%
- NH AAPI — 3%
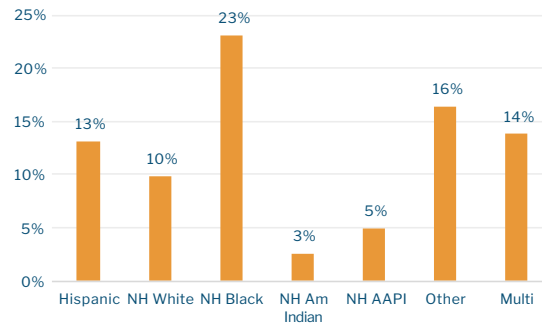- NH Am Indian — 0%
- NH Other — 0%
- NH Multi — 5%
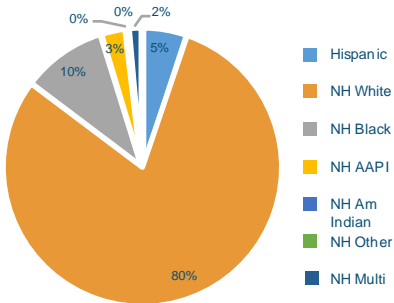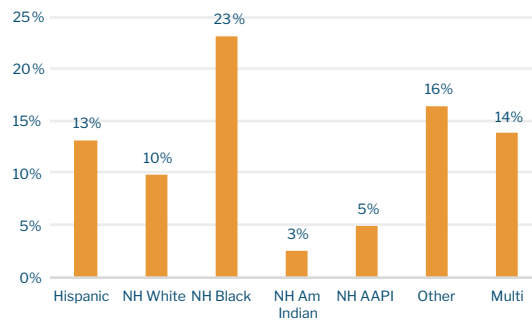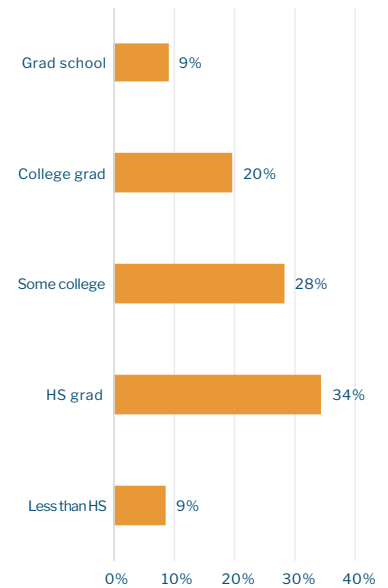
- **Under 5 years: 5.7%**
- **5-19 years: 20.4%**
- **20-54 years: 47.9%**
- **55+ years: 26.0%**

% of Households Under Poverty Line by Race

- Hispanic: 13%
- NH White: 10%
- NH Black: 23%
- NH Am Indian: 3%
- NH AAPI: 5%
- Other: 16%
- Multi: 14%

Limited English Proficiency

Report Area	% Households
Gloucester County, NJ	1.4%
New Jersey	7.2%

Educational Attainment

- Grad school: 9%
- College grad: 20%
- Some college: 28%
- HS grad: 34%
- Less than HS: 9%

Access & Employment

Population Density: 895.3 people/mi²
Unemployment Rate: 5%

Employment Density

- 5 - 370 Jobs/Sq.Mile
- 371 - 1,468 Jobs/Sq.Mile
- 1,469 - 3,297 Jobs/Sq.Mile
- 3,298 - 5,857 Jobs/Sq.Mile
- 5,858 - 9,150 Jobs/Sq.Mile
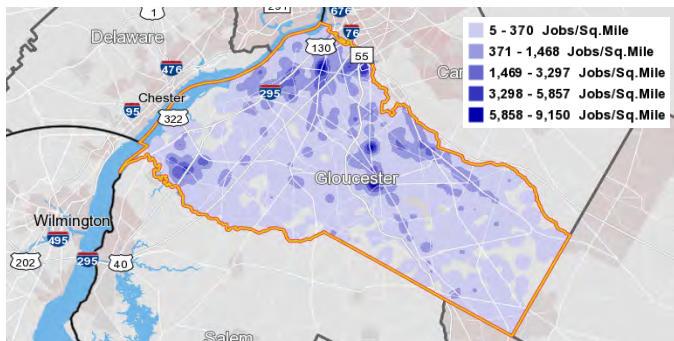
53,237 people come to Gloucester to work

39,575 people work & live in Gloucester

93,616 people leave Gloucester to work

Complete Food System

% Low Income HH's with Low Food Access*: 9.0%
Fast food establishments (per 100,000): 57.2
SNAP-authorized food stores (per 10,000): 6.9

*population without a grocery store within 1 mile radius (10 miles in rural areas) and ≤ 200% Federal poverty threshold, given family size

Population with Healthy Food Access

- No food outlet: 1%
- No healthy food access: 21%
- Low healthy food access: 15%
- Moderate healthy food access: 42%
- High healthy food access: 22%

INTEGRATING HEALTH INTO COMPREHENSIVE PLANNING WORKSHOP
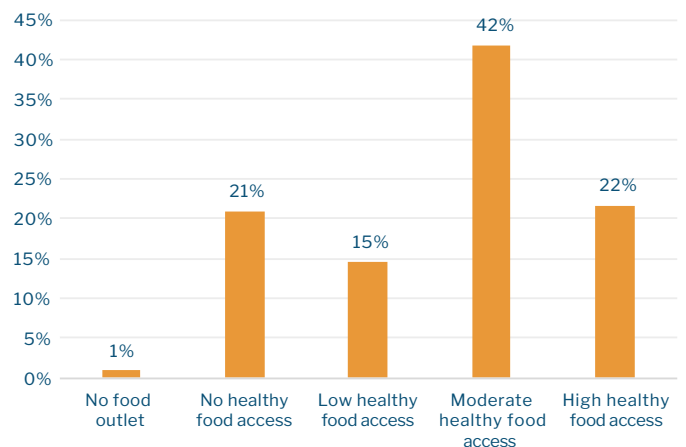
Environmental Health

Traffic Proximity: 51st percentile in NJ
Superfund Sites: 64th percentile in NJ

Air Quality

Report Area	Average Daily Ambient Particulate Matter 2.35	% Days Exceeding National Standards (population-adjusted)
Gloucester County, NJ	9.7	0%
New Jersey	9.2	0%
United States	9.1	0.10%

Housing Indicators

Housing Tenure

80% owner occupied

20% renter occupied

Housing Tenure by Race/Ethnicity

	Renter	Owner
Hispanic	45%	55%
NH White	16%	84%
NH Black	41%	59%
NH AAPI	19%	81%
NH Am Indian	34%	66%
Other	39%	61%
Multi	36%	64%

Number of Units per Housing Structure

1 unit	2-4 units	5-19 units	20-49 units	50+ units	Mobile home	Boat, RV, Van, etc.
81%	6%	7%	2%	2%	2%	0%

Health Outcomes

Low Birth Weight

Report Area	% Low Birth Weight
Gloucester County, NJ	8.1%
New Jersey	8.4%
United States	

Leading Causes of Death

1. Heart disease
2. Cancer
3. Respiratory Disease
4. Stroke
5. Accidents
6. Diabetes
7. Alzheimer's
8. Kidney disease
9. Septicemia (infection)
10. Cardiovascular disease

Life Expectancy

75.9 for men   **80.5** for women

Violent Crime

Rate per 100,000 people

Gloucester County, NJ	New Jersey	United States
159.7	302	395.5

Transportation & Mobility

Journey to Work Mode Share

86% drove alone   **7%** car-pooled   **2%** took transit

Average Commute to Work Times

<15 minutes	15-29 minutes	30-44 minutes	45-59 minutes	60+ minutes
24%	30%	24%	11%	11%

% Carless Households

Households with No Vehicle, Percent by Tract. ACS 2010-14

- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed
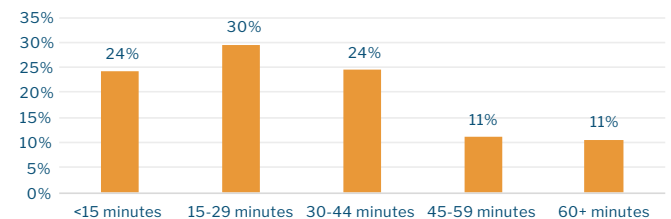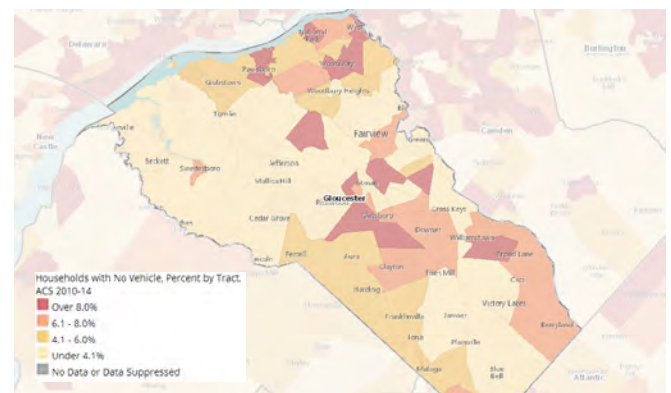
Activity #3: Site Plan Review

Ellis Preserve at Newtown Square, PA

The accompanying site plan shows a proposed 218-acre development located near the intersection of Route 252 (Newtown Road) and Route 3 (West Chester Pike) in the heart of Newtown Square, Pennsylvania. The proposed development will include (from east to west on the site plan):

- **Residential**: Ellis Preserve will offer a choice of townhome, cottage and apartment community living. Both rental and purchase opportunities are available. (purple)
- **Retail**: A Whole Foods, a 136 room Hilton Garden Hotel, and 60,000 sq ft of shopping and dining venues.
- **Corporate Office**: With more than 800,000 sq ft of existing space. Current offerings range from 2,600 sq ft up to 5,500 sq ft in existing office buildings. Build to suit opportunities of up to 270,000 sq ft are also available.
- **Ellis Athletic Center**, a full service, professionally operated fitness center offers more than 20,000 square feet of state of the art exercise facilities and includes 3 outdoor running/ walking trails with incorporated exercise stations, full size parquet basketball court, and group fitness classes.
- **Site-adjacent amenities**: Bryn Mawr Hospital Health Center, a 15-acre Community Green, a hotel, and a Whole Foods.
- **Transportation**: Ten minute walk to two bus routes SEPTA's Route 104 (West Chester University to 69th Street Transportation Center) and the 118 (Newtown Square to Chester Transportation Center.)

The Exercise

The local government has been provided with the initial development application for the project and has called together a team of experts (you!) to review the project and make recommendations from the perspective of health.

Instructions

- Break into small groups.
- Review project details and the accompanying site plan.
- Have a group discussion about the health performance of the site: **Questions are on the other side of this page.**
- Have someone in the group record your discussions to report back to the larger group.
- The exercise should last about 25 minutes: 15 minutes for small-group discussion and 10 minutes for reporting back.

Discussion Questions

Land Use and Design
- Is the overall development pattern and location supportive of health outcomes?
- Does the project have a diverse mix of uses and are the uses integrated or segregated?
- Does the density of the project achieve desired health outcomes?
- Is the project well-connected (both to itself and the surrounding community)?

Active Transportation
- Does the transportation network support walking and biking?
- How could the project improve opportunities for walking and biking?
- Is public transit a viable option for the project?
- How could the project improve opportunities for physical activity?

Parks and Open Space
- What opportunities exist for physical activity?
- Are there sufficient public parks and open spaces?
- Are there parks and open spaces with walking distance of the residents?
- Does their design promote exercise and easy access?

Healthy Food
- Is there access to healthy food?
- Does the project impact local food security?

Air Quality and Environmental Health
- What are the potential air quality issues?
- Are there other environmental health issues?

Social Equity
- How will the project help to build social capital and community connectedness?
- How will the project promote social and economic diversity?

Overall
- What are the project's main weaknesses for supporting health?
- What are its main strengths for supporting health?
- What recommendations would you make to improve the project's overall health benefits?

Ellis Preserve

252

3

N

0   0.05   0.1   0.2
                                    Miles

Activity #3: Site Plan Review

Garden State Park, Cherry Hill, NJ

The accompanying site plan shows a proposed mixed use development located in New Jersey. The proposed development will include over 530,000 square feet of retail, office and restaurants and high end townhomes and condominiums.

- **Residential**: luxury townhomes, apartments and condominiums for purchase.
- **Retail**: at 530,000+ sq ft of leading retail and restaurants including large retail stores like Bed, Bath & Beyond, Nordstrom's, Wegman's Wine and Liquor, and Barnes and Noble.
- **Transportation**: Public transportation to Center City Philadelphia.

The Exercise
The local government has been provided with the initial development application for the project and has called together a team of experts (you!) to review the project and make recommendations from the perspective of health.

Instructions
- Break into small groups.
- Review project details and the accompanying site plan.
- Have a group discussion about the health performance of the site: **Questions are on the other side of this page.**
- Have someone in the group record your discussions to report back to the larger group.
- The exercise should last about 25 minutes: 15 minutes for small-group discussion and 10 minutes for reporting back.

Discussion Questions

Land Use and Design
- Is the overall development pattern and location supportive of health outcomes?
- Does the project have a diverse mix of uses and are the uses integrated or segregated?
- Does the density of the project achieve desired health outcomes?
- Is the project well-connected (both to itself and the surrounding community)?

Active Transportation
- Does the transportation network support walking and biking?
- How could the project improve opportunities for walking and biking?
- Is public transit a viable option for the project?
- How could the project improve opportunities for physical activity?

Parks and Open Space
- What opportunities exist for physical activity?
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Healthy Food
- Is there access to healthy food?
- Does the project impact local food security?

Air Quality and Environmental Health
- What are the potential air quality issues?
- Are there other environmental health issues?

Social Equity
- How will the project help to build social capital and community connectedness?
- How will the project promote social and economic diversity?

Overall
- What are the project's main weaknesses for supporting health?
- What are its main strengths for supporting health?
- What recommendations would you make to improve the project's overall health benefits?

Cherry Hill Mall

38

Cherry Hill

Garden State Park

70

N

0   0.05 0.1   0.2
Miles

Activity #4: Writing Goals and Policies for Healthy Comprehensive Plans

Policies: Action-oriented Statements

Begin each policy statement with a verb. The one exception is when a qualifying statement is warranted as a preface the policy action statement itself. For each policy, include a short-hand subject statement in bold that very succinctly summarizes the topic of the policy itself. The statement could be only a noun and at most an adjective plus a noun, or a short simple sentence. This will help users navigate the document and will also be helpful in document review.

Useful Verbs for Policy Writing

Regulatory/Actionable

· Require
· Recommend
· Permit
· Allow
· Prohibit
· Provide
· Incentivize
· Support
· Work with
· Coordinate with

· Expand
· Preserve
· Identify
· Create
· Prioritize
· Develop
· Maintain

Visionary/Directionable

· Transform
· Encourage
· Establish
· Improve
· Promote
· Ensure
· Strive
· Seek to
· Strengthen
· Discourage

General Policy Evaluation Questions

- Is the policy clear?
- Is the policy measurable?
- Is the policy logically connected with the goal and topic?

Policy Topic and Subtopics

1. Food
   - Commercial and urban agriculture
   - Community gardens
   - Local food systems
   - Farmers market
   - Nutrition education
   - Healthy food access
   - Unhealthy food/fast food
   - Liquor stores
   - Composting

2. Transportation
   - Bicycle infrastructure
   - Pedestrian infrastructure
   - Bike share
   - Complete Streets
   - Active Transportation programming
   - Safe Routes to Schools / Safe passages
   - Connectivity
   - Complete (end-of-trip) facilities
   - Cars / parking
   - Public transportation

3. Housing
   - Affordability
   - Overcrowding
   - Displacement
   - Homelessness
   - Healthy building
   - Universal design
   - Housing quality/ code enforcement
   - Special needs housing (Seniors, supportive housing)

4. Land Use
   - Mixed Use Development/Zoning
   - Infill / Compact Development
   - Repurpose underutilized spaces
   - Active design
   - Gathering spaces
   - Healthy goods and services
   - Complete neighborhoods

5. Parks and Open Space
   - New parks
   - Park access
   - Park safety
   - Active spaces
   - Passive spaces
   - Park programming
   - Recreation centers
   - Muli-use trails

6. Environmental Health
   - Air, water, soil pollution
   - Brownfield remediation
   - Industrial uses
   - GHG emission reduction
   - Climate change resilience
   - Environmental justice
   - Freight (trucks, ships, rail, warehouses)

7. Social Environment
   - Gang prevention programs
   - Policing and public safety
   - Community policing
   - Reintegration of formerly incarcerated persons
   - Mental health / rehab centers
   - Youth activities
   - Senior programming
   - Social equity

8. Education and Economic Development
   - Childcare / Early childhood education
   - Higher education / Lifelong learning
   - Art and culture
   - Libraries
   - School planning and development
   - Workforce training
   - Youth employment
   - Small business support
   - Retail
   - Industry / clusters

9. Public Health
   - Health in all Policies
   - Partnerships for health
   - Health education
   - Prevention
   - Evaluation
   - Healthcare access
   - Healthcare coverage

TOPIC: _Transportation_ **GOAL:** _A safe pedestrian network that provides direct connections between residences, employment, shopping & civic uses._

#	Subtopic	Policy Text – Chester City, PA (Urban)	Policy Text – Lower Merion Township, PA (Suburban)	Policy Text – Gloucester County, NJ (Rural)
1	Pedestrian Network	_Sidewalks._ Require that the City provide wide sidewalks along all roadways which are built or reconstructed in the City except in those instances in which there is insufficient right-of-way or other physical limitations.	_Pedestrian access through gated communities._ Require that all communities, regardless of the presence of gates and sound walls, provide pedestrian connections from external areas into the larger community.	_Trails._ Develop a safe and convenient multi-use trail network for pedestrians, bicyclists, equestrian, and other non-motorized users that improves connectivity between residential development, open space recreation areas, retail, and schools.

TOPIC: _Food_ **GOAL:** _Safe and convenient access to healthy, affordable and culturally diverse foods with low concentrations of unhealthy food providers._

#	Subtopic	Policy Text – Chester City, PA (Urban)	Policy Text – Lower Merion Township, PA (Suburban)	Policy Text – Gloucester County, NJ (Rural)
2	Healthy Food Access	_Food access._ Strive for the majority residents to be in close proximity to a supermarket or other healthy food retail establishment. Underserved areas and neighborhoods with multi-family properties should be considered for edible landscapes, community gardens, urban farms and the like. _Food innovation._ Encourage and promote innovative food microenterprises in low-income neighborhoods, create economic development opportunities for entrepreneurs and improve access to affordable, healthy food in the most underserved neighborhoods.	_Food access._ Strive for the majority residents to be in close proximity to a supermarket or other healthy food retail establishment. Underserved areas and neighborhoods with multi-family properties should be considered for edible landscapes, community gardens, urban farms and the like.	_School food._ Work with school districts to improve the nutritional quality of food and beverages served on campus through connections with local farms.

Implementation Actions

An implementation recommendation should be a specific example of an action, program, ordinance, or other measure that DIRECTLY furthers the goal, strategy, or policy in question. It is different than a policy in that it is something that can be completed.

#	Action Text – Chester City, PA (Urban)	Action Text – Lower Merion Township, PA (Suburban)	Action Text – Gloucester County, NJ (Rural)
1	Sidewalk Inventory. Conduct a sidewalk inventory to identify gaps in pedestrian infrastructure.	Subdivision Connectivity. Update zoning / development code to require that subdivisions / gated communities provide multiple practical pedestrian access points to the rest of the community.	Identify destinations. Work with community members to create a list of key destinations that they would like to access via trails. Use this list to prioritize trail development.

Health in All Policies Prioritization and Decision Making Criteria

(from http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf)

1. **Co-benefits & win-wins.** Does the proposed solution solve multiple problems at once, provide benefits to multiple partners, or help government achieve multiple policy goals?
2. **Collaboration.** Does the proposed solution require or facilitate collaboration across agencies?
3. **Cost.** What will it cost to implement the proposed solution? What are government costs, private sector costs, short- and long-term costs, and both direct and indirect costs?
4. **Effectiveness.** Is there evidence that the proposed solution is effective?
5. **Equity.** Will the proposed solution reduce inequities or change the distribution of burdens and benefits?
   a. What will be the impact of this proposed solution on sub-groups of a population, on vulnerable or under-resourced groups and communities, and on specific geographic regions?
   b. Will it shift burdens or benefits from one generation to another?
6. **Feasibility.** In some ways, feasibility is a combination of many of these criteria. Often it is a proxy for resources, jurisdiction, and support from decision-makers. Essentially, is it possible to implement this proposed solution?
7. **Jurisdiction.** Who has the authority to take action—including regulation, guidance, funding, and convening?
8. **Magnitude of health impact.** What is the likely impact of the proposed solution on the illness/injury, health risk, or behavior of interest and what is the likely magnitude of that impact?
   a. Can the impact be quantified?
   b. What is the evidence for the effectiveness of the proposed solution in addressing identified problems or improving outcomes?
   c. Who will be affected by the proposed solution, and will different groups be affected differently?
9. **Political will.** Is the proposed solution acceptable to or desired by the involved agencies, policy leaders, and the general public?
   a. Are there leaders who are prepared to champion the proposal?
   b. Are there powerful or influential people or groups who are likely to oppose the idea?
10. **Specificity.** Is the proposed solution specific enough to allow implementation?
11. **Systems change.** Will the proposed solution lead to the institutionalization of Health in All Policies efforts or embed health into decision-making?

SUBTOPIC: _____   GOAL: _____

#	Policy Text – Chester City, PA (Urban)	Policy Text – Lower Merion Township, PA (Suburban)	Policy Text – Gloucester County, NJ (Rural)

#	Action Title	Action Text – Chester City, PA (Urban)	Action Text – Lower Merion Township, PA (Suburban)	Action Text – Gloucester County, NJ (Rural)

Evaluate your neighbors' actions!

SUBTOPIC: _____   GOAL: _____

Action # & Title	Notes	Co-benefits & Win-Wins	Collaboration	Cost	Effectiveness	Equity	Feasibility	Jurisdiction	Magnitude of health impact	Political Will	Specificity	Systems Change

HEALTHY COMMUNITIES TASK FORCE
Integrating Health Into Comprehensive Planning

LOCAL DATA RESOURCES

REGIONAL OR MULTI-COUNTY RESOURCES

Pennsylvania
Public Health Management Corporation's Southeastern Pennsylvania (SEPA) Household Health Survey
- *http://www.chdbdata.org/index.php/mapping*

Pennsylvania and County Health Profiles (2015)
- *http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/County_Health_Profiles_2015.pdf*

Pennsylvania Leading Health Indicators Report for SEPA (2014)
- *http://assessment.communitycommons.org/UserContents/CHNA_Contents/CHNA25292RPT.pdf*

Pennsylvania Health Care Cost Containment Council (PHC4) databases and reports
- *http://www.phc4.org/*

PA Department of Health Enterprise Data Dissemination Informatics Exchange (EDDIE)
- *http://www.statistics.health.pa.gov/StatisticalResources/EDDIE/Pages/EDDIE.aspx#.V3v-xfkrKig*

Pennsylvania Youth Survey (PAYS) web tool
- *http://www.bach-harrison.com/payswebtool/Categories.aspx*

Pennsylvania Uniform Crime Reporting
- *http://ucr.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySumArrestUI.asp?rbSet=4*

PA Department of Environmental Protection Interactive Map
- *http://www.depgis.state.pa.us/emappa/*

New Jersey
NJ Department of Environmental Protection interactive map
- *http://njwebmap.state.nj.us/NJGeoWeb/WebPages/Map/FundyViewer.aspx?THEME=Sapphire&UH=True&RIDZ=636033278825062615*

NJ Department of Environmental Protection Data Miner
- *http://datamine2.state.nj.us/dep/DEP_OPRA/index2.html*

New Jersey Health Indicator Reports
- *https://www26.state.nj.us/doh-shad/indicator/index/Categorized.html*

New Jersey Custom Dataset Query
- *https://www26.state.nj.us/doh-shad/query/Introduction.html*

Tri-County Health Assessment Collaborative Community Health Needs Assessment for Gloucester, Camden, and Burlington Counties (2013)
- *https://www.lourdesnet.org/wp-content/uploads/2013/11/CHNA-Tri-County-Final-Report_Our-Lady-of-Lourdes.pdf*

Both
Federally Qualified Health Centers map (2015)
- *http://maps.communitycommons.org/viewer/?action=open_map&id=26329*

The Reinvestment Fund Policy Map
- *https://www.policymap.com/*

PENNSYLVANIA – INDIVIDUAL COUNTY RESOURCES

Philadelphia County
Philadelphia Vital Statistics
- *http://www.phila.gov/health/commissioner/VitalStatistics.html*

Philadelphia Community Health Assessment (2015) slides
- *http://www.phila.gov/health/commissioner/DataResearch.html*

HIV/AIDS surveillance report (2014)
- *http://www.phila.gov/health//pdfs/2014%20Surveillance%20Report%20Final.pdf*

Philadelphia Air Quality Report (2014)
- *http://www.phila.gov/health//pdfs/AQR_2013_FINAL.pdf*

Montgomery County

Montgomery County Annual Health Statistics Report (2014)
- *http://www.montcopa.org/DocumentCenter/View/7777*

Chester County

Chester County Community Health Improvement Plan
- *http://webapps.chesco.org/webapps/health/cha/Files/RoadMAPP%20to%20Health%20CHIP%20December%202014.pdf*

Chester County maps (residential housing density, density of housing likely to have lead-based paint)
- *http://www.chesco.org/950/Maps*

NEW JERSEY – INDIVIDUAL COUNTY RESOURCES

Camden County

Camden Health Explorer
- *http://explorer.camdenhealth.org/dashboard.html#/health_insurance/geo*

Tri-county Health Assessment Collaborative Community Health Needs Assessment (2013)
- *http://www.camdencounty.com/sites/default/files/files/CHNA%20Tri-County%20Final%20Report_Camden%20County%20NJ(1).pdf*

Gloucester County

Health and Wellness Alliance of Gloucester County (and others not in DVRPC's region) CHNA
- *http://gethealthycumberlandsalem.org/CHNA_assessment_strategies*

Health and Wellness Alliance Community Health Data Finder
- *http://gethealthycumberlandsalem.org/community-health-data*

Tri-county Health Assessment Collaborative Community Health Needs Assessment (2013)
- *https://www.inspirahealthnetwork.org/upload/docs/11_13_Gloucester_Community_Health_Needs_Assessment.pdf*

Mercer County

Mercer County Community Health Assessment
- *http://www.slrc.org/pdf/gmphpcha.pdf*

Burlington County

Tri-county Health Assessment Collaborative Community Health Needs Assessment (2013)
- *https://www.lourdesnet.org/wp-content/uploads/2013/11/CHNA-Tri-County-Final-Report-Lourdes-Burlington.pdf*

DVRPC DATA

Traffic Counts, including bicycle, pedestrian, and trails data
- *http://www.dvrpc.org/Traffic/*

Interactive Maps, including the Circuit, Philly FreightFinder, CyclePhilly, Municipal Energy and Emissions Profiles, Indicators of Potential Disadvantage, and Smart Growth Database
- *http://www.dvrpc.org/Mapping/Webmaps/*

Equity Through Access Beta Map Toolkit
- *https://dvrpcgis.maps.arcgis.com/apps/MapSeries/index.html?appid=c19b492d5dfe4976b9437092fe5a4359*

Data Navigator, includes census data, population and employment forecasts, crash data, and HMDA data
- *http://www.dvrpc.org/asp/DataNavigator/*

HEALTHY COMMUNITIES TASK FORCE
Integrating Health Into Comprehensive Planning

WORKSHOP ATTENDEES

First Name	Last Name	Organization
Alexandra	Ernst	Public Health Management Corporation
Alexandra	Smith	Philadelphia City Planning Commission
Alexis	Williams	McCormick Taylor
Amy	Bernknopf	Delaware Valley Regional Planning Commission
Amy	Confair	Drexel Dornsife School of Public Health
Amy	Verbofsky	Delaware Valley Regional Planning Commission
Andrea	Trabelsi	Whitman, Requardt & Associates, LLP
Anne	Leavitt-Gruberger	Montgomery County Planning Commission
Anne Bradley	Mitchell	West Chester University Nursing
Ashley	Richards	Philadelphia City Planning Commission
Brean	Flynn	GVFTMA
Brian	Styche	Chester County Planning Commission
Cassidy	Boulan	Delaware Valley Regional Planning Commission
Charlie	Guttenplan	Whitemarsh Township
Charlotte	Castle	City of Philadelphia Office of Transportation & Infrastructure Systems (oTIS)
Christina	Arlt	Delaware Valley Regional Planning Commission
Christina	Miller	Health Promotion Council
Christopher	Leswing	Lower Merion Township
David	Heller	SJTPO
David	Kanthor	City of Philadelphia
David R.	Guinnup	Guinnup Planning Services
Dion	Lerman	Pennsylvania Integrated Pest Management Program/Penn State
Elizabeth	Hamby	NYC Department of Health
Erika	Reinhard	Clean Air Council
Esmeralda	Reyes	Cooper's Ferry Partnership
Giselle	Babiarz	Delaware Valley Regional Planning Commission
Jackie	Huston	Gloucester County Public Works
Jeff	Turner	PHMC's Research and Evaluation Group
Jeffrey	Wilkerson	City of Trenton
Jen	Segelken	YMCA of Burlington & Camden Counties
Jennifer	Russell	Ralston Center
Jennifer	Senick	Rutgers University
Jon	Lesher	Montgomery County Planning Commission
Justin	Dula	Delaware County Planning Department
Justin	Spencer-Linzie	YMCA of Burlington & Camden Counties
Karin	Morris	Delaware Valley Regional Planning Commission
Keith	Davis	Philadelphia City Planning Commission
Keri	Salerno	Health Promotion Council

First Name	Last Name	Organization
Kimberly	Labno	Health Promotion Council
Kristin	Curtis	Rutgers University-Camden, The Senator Walter Rand Institute for Public Affairs
Latifiah	Griffin	City of Chester
Laura	An	Delaware Valley Regional Planning Commission
Laurel	Schwab	WRT
Lauren	Nocito	Health Promotion Council
Leslie	Floyd	Mercer County Planning Department
Lisa	Fritzinger	County of Mercer
Loretta	Kelly	New Jersey Department of Health
Lori	Devlin	Delaware County Dept. of Intercommunity Health
Maggie	Dobbs	Montgomery County Planning Commission
Manuel	Portillo	Welcoming Center for New Pennsylvanians
Marisa	Mule Van Horn	County of Mercer
Marlon	Williams	NYC Department of Health
Matthew	Bodnar	Michael Baker International
Michael	Roedig	Bucks County Planning Commission
Nupur	Chaudhury	NYC Department of Health, Center for Health Equity
Patty	Elkis	Delaware Valley Regional Planning Commission
Paul	Smith	Rutgers University-Camden, The Senator Walter Rand Institute for Public Affairs
Rebecca	Ross	Delaware County Planning Department
Rickie	Brawer	Jefferson University Hospitals
Robin	Waddell	NJ SNAP-Ed
Ryan	Mawhinney	AECOM
Shoshana	Akins	Delaware Valley Regional Planning Commission
Sophie	Bryan	The Reinvestment Fund
Susan	Felker	AmeriHealth Caritas
Valeria	Galarza	Cooper's Ferry Partnership
Wes	Bruckno	Chester County Planning Commission