Visit [www.dvrpc.org/health](http://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.
### Integrating Health into Comprehensive Planning

**Day:** Tuesday, August 2, 2016 | **Time:** 8:30 am – 4:00 pm

#### 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

#### 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

#### Panel Presentation
- **Planning for Montgomery County’s Health**
  - **Anne Leavitt-Gruberger**

**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
- **Amy Verbosky**, Planner, DVRPC

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### AICP Certification Maintenance Credit

The American Planning Association (APA) administers a Certification Maintenance (CM) program to guide continuing education for those that have received American Institute of Certified Planners (AICP) certification. DVRPC is a registered CM provider. This program has been approved for 6 AICP CM credits. Please be advised that, to earn credit for this activity, you will need to stay for the scheduled event duration and sign in.
Integrating Health Into Comprehensive Planning

Beth Altshuler | August 2, 2016  @RaimiAssociates
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

   - 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 😊
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

Emerging Planning + Design Firm Award
<table>
<thead>
<tr>
<th>Location</th>
<th>Plan Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashland Cherryland, CA</td>
<td>Com. Health &amp; Wellness Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>Aurora, CO</td>
<td>Comprehensive Plan Update (Health and Equity)</td>
<td>Just starting</td>
</tr>
<tr>
<td>Coachella, CA</td>
<td>General Plan Public Health Element (hybrid)</td>
<td>Adopted</td>
</tr>
<tr>
<td>Delano, CA</td>
<td>Health and Sustainability Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>East Palo Alto, CA</td>
<td>General Plan (hybrid)</td>
<td>Public Draft</td>
</tr>
<tr>
<td>El Monte, CA</td>
<td>Health and Wellness Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>Encinitas, CA</td>
<td>Public Health Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>Fontana, CA</td>
<td>Health Element</td>
<td>In process</td>
</tr>
<tr>
<td>Kauaii County, HI (integrated)</td>
<td></td>
<td>In process</td>
</tr>
<tr>
<td>Los Angeles City, CA</td>
<td>Health Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>Lynwood, CA</td>
<td>Health and Safety Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>Mountain View, CA</td>
<td>General Plan (including health policies)</td>
<td>Adopted</td>
</tr>
<tr>
<td>Murietta, CA</td>
<td>Healthy Community Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>Palm Desert, CA</td>
<td>General Plan (hybrid)</td>
<td>Public Draft</td>
</tr>
<tr>
<td>Riverside County, CA</td>
<td>Healthy Communities Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>Santa Clara County, CA</td>
<td>Health Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>Seaside, CA</td>
<td>General Plan (hybrid)</td>
<td>In process</td>
</tr>
<tr>
<td>South Gate, CA</td>
<td>Healthy Communities Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>Washington, DC</td>
<td>Comprehensive Plan (Health and Equity)</td>
<td>In process</td>
</tr>
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</table>
### R+A Other Types of Healthy Plans

<table>
<thead>
<tr>
<th>R+A Other Types of Healthy Plans</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cathedral City, CA Health and Sustainability Plan</td>
<td>In process</td>
</tr>
<tr>
<td>Fresno, CA- Downtown Neighborhoods Community Plan and HIA</td>
<td>Adopted</td>
</tr>
<tr>
<td>Inglewood, CA Climate Action Plan</td>
<td>Adopted</td>
</tr>
<tr>
<td>Los Angeles County, CA- Florence-Firestone Vision Plan</td>
<td>Adopted</td>
</tr>
<tr>
<td>Oakland, CA- International Boulevard TOD Plan and Rapid HIA</td>
<td>Adopted</td>
</tr>
<tr>
<td>Palm Springs Sustainability Action Plan</td>
<td>Adopted</td>
</tr>
<tr>
<td>Rancho Cucamonga, CA - Sustainable Action Plan</td>
<td>In process</td>
</tr>
<tr>
<td>Redwood City, CA- General Plan Health and Sustainability</td>
<td>Adopted</td>
</tr>
<tr>
<td>Richmond, CA – Climate Action Plan</td>
<td>Public Draft</td>
</tr>
<tr>
<td>Salinas, CA - Economic Development Element</td>
<td>Adopted</td>
</tr>
<tr>
<td>San Diego, CA- The Village at Market Creek, Health Planning for</td>
<td>Adopted</td>
</tr>
<tr>
<td>Cultural Village Plan and Brownfields Action Plan</td>
<td></td>
</tr>
<tr>
<td>Santa Clara County - Silicon Valley 2.0 Climate Adaptation</td>
<td>In process</td>
</tr>
<tr>
<td>Santa Monica, CA- General Plan Land Use and Transportation</td>
<td>Adopted</td>
</tr>
<tr>
<td>Numerous others.....</td>
<td>On-going</td>
</tr>
</tbody>
</table>
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 $\geq 30$, or ~ 30 lbs. overweight for 5’ 4” person)

- No Data
- <10%
- 10%-14%
- 15%-19%
- 20%-24%
- 25%-29%
- $\geq 30\%$
Obesity Trends* Among U.S. Adults, BRFSS, 2009

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

Eating Trends

Average US Calorie Intake, 1970-2009

- Loss-adjusted calories per capita
- 1970: 2,100 kcal/day
- 2010: 2,525 kcal/day
- 425 kcal/day increase
- 20% increase

Source: authoritynutrition.com
Driving Trends

Source: https://www.fhwa.dot.gov/policyinformation/pubs/pl08021/fig4_4.cfm
National Health Expenditures per Capita, 1960-2010

NHE as a Share of GDP

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

Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at https://www.cms.hhs.gov/NationalHealthExpendData/ (see Historical; NHE summary including share of GDP, CY 1960-2010; file nhegdp10.zip).
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*

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
- Poor Air Quality & Lack of Safe Recreation Space
- Residential Segregation
- Economic Insecurity

Stress

- Street, Neighborhood, & School Violence
- Overburdened Social Services
- High Food Prices/Lack of Healthy Foods
- Lack of Affordable Health Care
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
Tobacco use
Diet & exercise
Alcohol use
Access to care
Quality of care
Education
Employment
Income
Community safety
Built environment
Environmental quality

Policies and Programs
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
<table>
<thead>
<tr>
<th>Major Issues or Challenges</th>
<th>Public Health</th>
<th>City and Regional Planning</th>
</tr>
</thead>
</table>
| **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 |
What basic human needs are NOT being met in our community?
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)
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)

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

Too expensive to maintain infrastructure and services for current development patterns
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 physical activity
- Increased walking, biking, transit
  - Increased eyes on the street
Policies to increase access to local, healthy and sustainable food

- Decreased food miles
- Improved Air quality
- Healthy, fresher food
- Decreased cancer and birth defect risk
- Jobs (income for families)
- Revenue for the region

- Reduced pesticide exposure
- Local Economic Development
“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

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

Human development must come with “physical” development

Equity!

Fairly distributes risks and resources through policy and budgetary priorities

Gives elected officials the tools to demand “healthier” and “smarter” developments
Health and Racial 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
Policies, practices, and procedures that work better for White people than for people of color, often unintentionally.

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

We hold many identities at once

- Race
- Gender
- Sexuality
- Class
- Nationality
- Religion
- Disability
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
Healthy Community Resolutions

Model ordinance available from ChangeLab Solutions
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.

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
Place Matters
Economic Argument

#DoTheMath

PRISON $62,300
SCHOOL $9,100
## Avoid Jargon with Community 😊

<table>
<thead>
<tr>
<th>Jargon</th>
<th>Plain Language</th>
</tr>
</thead>
</table>
| **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]                                                                       |
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.
Jason is sick

- Cut on leg
  - Fell on jagged steps
  - Playing in junkyard
  - Lack of nearby playground
  - Parent’s lack of knowledge about wound care
  - Low literacy
  - Education

- Infection
  - Lack of medical supplies to treat wound
  - No funds for purchase
  - Lack of income
  - Rental prices
  - Economic policies

- Outcome
  - Unsafe housing conditions
  - Poverty

- Root Causes
  - Economic policies
  - Parent's lack of knowledge about wound care
  - Lack of medical supplies to treat wound
  - No funds for purchase
  - Low literacy
  - Education

- Behaviors
  - Playing in junkyard
  - Lack of nearby playground

- Environment
  - Economic policies
  - Parent's lack of knowledge about wound care
  - Lack of medical supplies to treat wound
  - No funds for purchase
  - Low literacy
  - Education

- Policies
  - Economic policies
  - Parent's lack of knowledge about wound care
  - Lack of medical supplies to treat wound
  - No funds for purchase
  - Low literacy
  - Education
Outcome: Jason is sick

Contributing Factors:
- Cut on leg
- Fell on jagged steps
- Parent’s lack of knowledge about wound care
- Lack of medical supplies to treat wound

Root Causes:
- Playing in junkyard
- Lack of nearby playground
- Infection
- Lack of nearby playground
- Infection
- Parent’s lack of knowledge about wound care
- Lack of medical supplies to treat wound
- No funds for purchase
- Low income
- Lack of income
- Rental prices
- Economic policies
- Economic policies

Environments:
- Parks Dept.
- School Dist.
- Workforce
- Local Pharmacy
- Housing
- Code Enforcement

Outcomes: Povert

Behaviors: 

Policies: 

Health Clinic

Local Pharmacy
Root Cause Mapping: Example

- **Outcomes**
  - Obesity
  - Too many calories in

- **Factors**
  - Too few calories out
    - Sedentary work
    - Children can't walk to school
    - Little leisure-time physical activity
    - Limited nutrition knowledge and information
    - Access to calorie-dense, nutritionally poor foods

- **Root Causes**
  - No sidewalks
  - Fear of crime
  - Fast moving traffic
  - Many fast food outlets
  - Zoning rules
  - Consumer demand
  - Infrequent public buses
  - Unwilling to walk further
  - Deed restrictions
  - Disinvestment from poor neighborhoods
  - Both parents work
  - Time pressure
  - No sidewalks
  - Fear of crime

- **Resources**
  - Lack of access to healthy foods
  - No farmers’ market nearby
  - No full service grocery stores nearby
High Housing Costs ➔ Displacement

Families move = displacement

- Leave community
- Commute further

- Less social support system
- Lose child care assistance
- Unstable conditions for child development
- Time / Stress
- Transportation / gas costs
“Real Life” Root Cause Maps

Contributing Factor 1: Unable to walk, bike, or take public transit due to physical limitations.

Contributing Factor 2: Lack of social support.

- No sidewalk
- No bike lanes
- No place to rest
- Crime
- Make it (Accessibility)
- Weather
- Gated communities
- No access to outdoor spaces
- No endurance
- No time
- No access to computer/internet
- Have many kids
- Work, more than 1 job
- Part-time
- No benefits
- No support
- No safe
- Feared

Quick economic shift
- Jobs moving
- No access to new resources
- No jobs
- Substance abuse
- Addictions
- Rapid economic shifts
- Quick growth in housing cost
- Cheap land
- UIB agreements
- No priority
- No哇
- No support
- No safe
- Feared
- YOU
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)
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.
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 Health Indicators

- Environmental, social, or economic conditions that impact health
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## Upstream & Downstream Variables

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

<table>
<thead>
<tr>
<th>Size and Scale</th>
<th>size of a population number of people affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparisons</td>
<td>between locations or groups</td>
</tr>
<tr>
<td>Patterns</td>
<td>trends over time geospatial clusters</td>
</tr>
<tr>
<td>Relationships</td>
<td>correlation vs causation</td>
</tr>
</tbody>
</table>
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.

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.
Comparisons

This group vs. that group

Interpretation

- Gonzales and Greenfield have similar rates of free lunch eligibility.
- Soledad free lunch eligibility is 19 percentage points higher than Alisal’s.
Comparisons

- **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

Percent Unemployed Workers

Salinas
Monterey County
California

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

Unemployment Rate Salinas vs. California (2006-2013)
(Not-Seasonally Adjusted)

Patterns – Geospatial Clusters

Mapping Segregation

New government rules will require all cities and towns receiving federal housing funds to assess patterns of segregation.
Mapping Access: As the crow flies

Source: City of Lynwood

Lynwood Healthy Grocery Store Access (Half Mile)
Mapping Access: By walking routes
Correlation vs Causation

- **Dry, Hot and Sunny Summer Weather**
- **Ice Cream**
- **Sunburn**

Causation:
- From **Dry, Hot and Sunny Summer Weather** to **Ice Cream**
- From **Ice Cream** to **Sunburn**

Correlation:
- **Dry, Hot and Sunny Summer Weather** and **Sunburn**
Explore Associations

Santa Clara County Poverty Rate by Educational Attainment
(25 years and older)

- Non-High School Graduates: 17.2%
- High school graduates (includes equivalency): 9.9%
- Some College or Associate's Degree: 6.6%
- Bachelor's Degree: 3.4%

Data scales

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

Maps

Charts

Figure 2-2: Race/Ethnicity Comparison

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Lynwood</th>
<th>LA County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>85.6%</td>
<td>67.7%</td>
</tr>
<tr>
<td>Black or African</td>
<td>5.7%  8.3%</td>
<td>27.8%</td>
</tr>
<tr>
<td>American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>2.2%</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>13.5%</td>
<td></td>
</tr>
<tr>
<td>Other Race or</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>2.7%</td>
<td></td>
</tr>
</tbody>
</table>

Stories

Tables

Table 3-6: Adult and Childhood Obesity Rates

<table>
<thead>
<tr>
<th>Obesity Rate</th>
<th>Lynwood</th>
<th>LA County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Obesity Rates</td>
<td>37.8%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Childhood Obesity Rate</td>
<td>27.7%</td>
<td>23.0%</td>
</tr>
</tbody>
</table>

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
Vulnerable Communities

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

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 block groups with over 20% of population age 65 or older. Areas include where population exceeds 300 people per square mile.

Map created by Brian Fullerton and Associates.
Figure 2-7: Vulnerable Communities - High Proportions of Non-White Residents

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 900 people per square mile.

Map created by Brian Holifield 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 20 people per square mile.

Map created by Brian Fullcrum and Associates.
Figure 5-5: Vulnerable Communities - High Proportions of Zero-Vehicle Households

Legend

- **Area 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 blocks groups with over 25% of households not owning a vehicle. Areas include where population exceeds 500 people per square mile.

Map created by Brian Fullroth and Associates.
Figure 3-24: Violent Crimes per Square Mile by Vulnerable Communities - August 1, 2010 - July 31, 2011

Source: Santa Clara County Planning Office and Public Health Department, 2012.
Pedestrian Collisions by Vulnerable Communities

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

- County Average: 1.34
- Low-Income: 2.33
- Non-White: 2.21
- Zero-Vehicle: 4.06
- Elderly: 0.87

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 overwork, overcommit, live in unsafe homes, or uproot themselves from the community. On the other hand, access to quality affordable housing improves resiliency 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 diseases, crime, 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 incomes on housing. These groups are more exposed to high housing costs, which increase their risk of eviction and displacement. The situation is exacerbated by a lack of affordable housing options, especially in areas with high demand and rising prices.

Demographics

- **Monterey County**: 386,374 population
- **California**: 39,582,580 population

The typical Monterey County public school child is **109**

1 in 10 Monterey County public school children are **homeless**

- **Homeless**: 10%
- **Homeless or unstable housing**: 6%
- **Rural**: 4%
- **Low-income**: 3%
- **Special education**: 3%
- **Serving**: 2%
- **Rural**: 2%
- **Elderly**: 2%
- **Children in foster care**: 1%

Meet Paulina

- **Age**: 63
- **Race**: Hispanic
- **Income**: Below poverty

Paulina and her family have been living in a car for the past two years due to housing instability. They face challenges accessing health care and education, which has impacted their well-being.

Housing in Monterey County

- **South County**: 65,249 population
- **10%** under age 5
- **13%** over age 65
- **37%** without a high school diploma
- **24%** with a bachelor's degree
- **20%** living in poverty

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

39% of owner-occupied households are housing cost burdened compared to 58% of renters-occupied households.

- **Monterey County**
  - **Bradley**: $14,000
  - **Chualar**: $19,500
  - **Gonzales**: $12,000
  - **Greenfield**: $12,000
  - **King City**: $12,000
- **Lockwood**:
  - **Bradley**: $14,000
  - **Chualar**: $19,500
  - **Gonzales**: $12,000
  - **Greenfield**: $12,000
  - **King City**: $12,000

The typical single-family home in Monterey County is **$236,502** per year whereas the typical median home price is **$3,500** per year.

**Home Sale Price**

- **Monterey County**
  - **Bradley**: $14,000
  - **Chualar**: $19,500
  - **Gonzales**: $12,000
  - **Greenfield**: $12,000
  - **King City**: $12,000
- **Lockwood**
  - **Bradley**: $14,000
  - **Chualar**: $19,500
  - **Gonzales**: $12,000
  - **Greenfield**: $12,000
  - **King City**: $12,000

The community seeks support in addressing issues related to overcrowding, housing instability, and limited access to affordable housing options. The Monterey County Health Department continues to collaborate with local partners to develop and implement policies that promote equitable housing opportunities for all residents.
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

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

- Data and maps validated what community members have always known
- Health and Equity Index focused community engagement
# LA Community Health & Equity Index

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

http://healthyplan.la/

South Los Angeles

TOTAL POPULATION
270,354 people
7% of Los Angeles

POPULATION DENSITY
17,497 per sq mile

POPULATION AGE
Under 5: 20,467
Under 18: 73,201
Over 65: 22,683

RACE & ETHNICITY
Non-white: 96%
Linguistically isolated: 20%

DEMOGRAPHIC AND SOCIAL CHARACTERISTICS

Race and Ethnicity
- White (4%)
- Latino (60%)
- African American (30%)
- Native American (0%)
- Asian American or Pacific Islander (4%)
- Other (2%)

Age of Population

Under age 5

Under age 18
Plan for a Healthy Los Angeles website

http://healthyplan.la/

ECONOMIC CONDITIONS

Per Capita Income

- South Los Angeles: $13,243
- Brentwood - Pacific Palisades: $95,032

Hardship Index

- South Los Angeles: 72
- Brentwood - Pacific Palisades: 25

Unemployment and Poverty

- South Los Angeles:
  - Unemployed workers age 16 and over: 8%
  - Population below federal poverty line: 20%
  - Population below 200% below poverty line: 82%
  - Population living in extreme poverty neighborhoods: 15%

- Brentwood - Pacific Palisades:
  - Unemployed workers age 16 and over: 5%
  - Population below federal poverty line: 7%
  - Population below 200% below poverty line: 12%
  - Population living in extreme poverty neighborhoods: 13%
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 times

Fast Food - 1/4 Mile Buffer
Parks

Sources: SANGIS / SANDAG, 2010 US Census,
Raimi-Associates, Map produced by Raimi + Associates
(March 2012) for JCNI.
ACTIVITY! Data Literacy
Three Community Profiles

- **RURAL:**
  - Gloucester County, NJ

- **SUBURBAN:**
  - Lower Marion, PA

- **URBAN:**
  - Chester City, PA
## Upstream & Downstream Variables

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

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**
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.
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.
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.

“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 Angeles 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.
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._  
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

### Existing Conditions

- **Community Gardens:** Encinitas currently has no community gardens. However, all elementary schools have a garden on-site. Some Home Owner’s Associations (HOAs) restrict food gardening in front yards. Over 80% of survey respondents feel that the City should provide more opportunities for community gardening, local growing programs, and farmers’ markets in Encinitas.

- **Healthy Food Retail:** Sixty-nine percent of households live within 1 km (0.6 miles) of at least one of the 16 healthy food sources in town (compared to 59% in SD County). 61% of all survey respondents said they would be more likely to eat fruits and vegetables if they knew they were grown locally.

- **Affordability and Food Security:** Of the 21 stores in Encinitas that accept SNAP/CalFresh (food stamps) only half of them are considered healthy. Less than 14% of households in Encinitas eligible for food stamps are enrolled in the SNAP/CalFresh programs.

- **Unhealthy Food:** 53% of survey respondents think there should be a limit on the amount and/or location of convenience stores, drive-thrus, and/or fast food.
Present menu of policy options for discussion
Overall Health and Well-Being

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>GOAL:</strong> A physical, social, and civic environment that supports residents’ health, well-being, and equity.</td>
</tr>
<tr>
<td>1.1.</td>
<td><strong>Health in All Policies.</strong> Consider, and when appropriate incorporate, public health in all city policies and operations across all cities departments.</td>
</tr>
<tr>
<td>1.1.1.</td>
<td><strong>Health Impacts in Staff Reports.</strong> 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.</td>
</tr>
</tbody>
</table>
| 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
My vision for economic opportunity in Salinas is: To have a 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!
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
Discussed connection between economic development and health

- Small Group Discussions:
  1. Household Challenges & Solutions
  2. Neighborhood Conditions
  3. Future Job/Economic Opportunities
  4. Neighborhood Businesses
  5. Entrepreneurship
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
## Policy Verbs: Shall vs. Should

<table>
<thead>
<tr>
<th>Regulatory/Actionable</th>
<th>Visionary/Directionable</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Require</td>
<td>✓ Encourage</td>
</tr>
<tr>
<td>✓ Permit</td>
<td>✓ Improve</td>
</tr>
<tr>
<td>✓ Allow</td>
<td>✓ Promote</td>
</tr>
<tr>
<td>✓ Prohibit</td>
<td>✓ Strive</td>
</tr>
<tr>
<td>✓ Prioritize</td>
<td>✓ Seek to</td>
</tr>
<tr>
<td>✓ Develop</td>
<td>✓ Discourage</td>
</tr>
<tr>
<td>✓ Maintain</td>
<td></td>
</tr>
</tbody>
</table>
**TOPIC:** Transportation  
**GOAL:** A safe pedestrian network that provides direct connections between residences, employment, shopping & civic uses.

<table>
<thead>
<tr>
<th>#</th>
<th>Subtopic</th>
<th>Policy Text – Chester City, PA (Urban)</th>
<th>Policy Text – Lower Merion Township, PA (Suburban)</th>
<th>Policy Text – Gloucester County, NJ (Rural)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pedestrian Network</td>
<td><strong>Sidewalks.</strong> Require that the City provide wide sidewalks along all roadways which are built or</td>
<td><strong>Pedestrian access through gated communities.</strong> Require that all communities, regardless of the</td>
<td><strong>Trails.</strong> Develop a safe and convenient multi-use trail network for pedestrians, bicyclists,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>reconstructed in the City except in those instances in which there is insufficient right-of-way or</td>
<td>presence of gates and sound walls, provide pedestrian connections from external areas into the</td>
<td>equestrian, and other non-motorized users that improves connectivity between residential development,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>other physical limitations.</td>
<td>larger community.</td>
<td>open space recreation areas, retail, and schools.</td>
</tr>
</tbody>
</table>
**TOPIC:** Food  
**GOAL:** Safe and convenient access to healthy, affordable and culturally diverse foods with low concentrations of unhealthy food providers.

<table>
<thead>
<tr>
<th>#</th>
<th>Sub-topic</th>
<th>Policy Text – Chester City, PA (Urban)</th>
<th>Policy Text – Lower Merion Township, PA (Suburban)</th>
<th>Policy Text – Gloucester County, NJ (Rural)</th>
</tr>
</thead>
</table>
| 2 | Health 
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. |
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
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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Action Description</th>
<th>Timeline</th>
<th>Priority</th>
<th>Responsible Dept., Agency, Org.</th>
<th>Resources &amp; Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>Roadway reclassification. Repurpose and classify target corridors and roadways to fit the needs of adjacent land uses with focus on mode-specific transport options.</td>
<td>Ongoing</td>
<td>Yes</td>
<td>DCEO, Public Works, City of Los Angeles Complete Streets Manual</td>
<td>Los Angeles Great Streets</td>
</tr>
<tr>
<td>Multimodal Transportation</td>
<td>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.</td>
<td>Short</td>
<td>Yes</td>
<td>DCEO, Public Works, LA Vision Zero</td>
<td>SF Vision Zero, FHWA Bicycle and Pedestrian Program</td>
</tr>
<tr>
<td>Connectivity</td>
<td>Improvement prioritization. Establish a prioritization process for the improvement and development of public right-of-ways and active transportation infrastructures.</td>
<td>Medium</td>
<td>Yes</td>
<td>DCEO, Public Works</td>
<td>FHWA Project Prioritization and Funding Strategies</td>
</tr>
<tr>
<td>Connectivity</td>
<td>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.</td>
<td>Medium</td>
<td>No</td>
<td>DCEO, Public Works, Community Development</td>
<td>WalkThisWay/Gamipedia, Walk NYC</td>
</tr>
<tr>
<td>Mobility Programs</td>
<td>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.</td>
<td>Ongoing</td>
<td>No</td>
<td>DCEO, Community Development</td>
<td>Los Angeles Safe Routes to School Program</td>
</tr>
<tr>
<td>Mobility Programs</td>
<td>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.</td>
<td>Medium</td>
<td>No</td>
<td>DCEO, Public Works, Community Development</td>
<td>Metro Open Streets Grant Program</td>
</tr>
<tr>
<td>Mobility Programs</td>
<td>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).</td>
<td>Short</td>
<td>Yes</td>
<td>DCEO, Public Works</td>
<td>SCAG Go Human Campaign</td>
</tr>
<tr>
<td>Resources &amp; Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>ACTION DESCRIPTION</th>
<th>Goal</th>
<th>Time Frame</th>
<th>Responsible Department(s)</th>
<th>Key Partner(s)</th>
<th>Relevant Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>P65 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, 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.</td>
<td>Parks</td>
<td>Immediate</td>
<td>Bureau of Public Works, Department of City Planning, Department of Recreation and Parks</td>
<td></td>
<td>3.2 Los Angeles River</td>
</tr>
<tr>
<td>P66 Recreation for individuals 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.</td>
<td>Parks</td>
<td>Immediate</td>
<td>Department of Recreation and Parks and Department on Disability</td>
<td></td>
<td>3.4 Park and quality recreation programs</td>
</tr>
<tr>
<td>P67 Existing parks: Build on 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 and recreational opportunities for individuals of all ages. Prioritize refurbishment in the communities most under-served (opportunities for physical activity and recreation and ensure that parks, open spaces, and recreational facilities include restrooms and drinking fountains.</td>
<td>Parks</td>
<td>Mid-term</td>
<td>Department of Recreation and Parks</td>
<td></td>
<td>3.4 Park quality and recreation programs, 3.3 Park safety</td>
</tr>
<tr>
<td>P68 Los Angeles River Improvement Overlay: Implement the Los Angeles River Improvement Overlay (LA-IRC) 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.</td>
<td>Parks</td>
<td>Long-term</td>
<td>Department of City Planning and Board of Public Works</td>
<td></td>
<td>3.2 Los Angeles River</td>
</tr>
<tr>
<td>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.</td>
<td>Parks</td>
<td>Immediate</td>
<td>Port of Los Angeles</td>
<td></td>
<td>3.2 Expanding parks</td>
</tr>
<tr>
<td>P70 50 Parks Initiative: Implement the 50 Parks Initiative in the communities identified in the 2009 Citywide Community Needs Assessment.</td>
<td>Parks</td>
<td>Immediate</td>
<td>Department of Recreation and Parks</td>
<td></td>
<td>3.1 Park funding and association, 3.2 Expanded parks</td>
</tr>
<tr>
<td>P71 Recreation programming: Continue and enhance programming, expand the provision of free or low-cost recreational programs in the City's most under-served neighborhoods for Angelenos of all ages and abilities.</td>
<td>Parks</td>
<td>Immediate</td>
<td>Department of Recreation and Parks</td>
<td></td>
<td>3.4 Park quality and recreation programs</td>
</tr>
<tr>
<td>P72 Local partnerships: Continue to create and support partnerships with communities, businesses, and community-based organizations to improve park safety, maintain parks, develop and implement recreational programs, and similar strategies.</td>
<td>Parks</td>
<td>Immediate</td>
<td>Department of Recreation and Parks</td>
<td></td>
<td>3.4 Park quality and recreation programs, 3.6 Local partnerships</td>
</tr>
<tr>
<td>P73 Transit to parks and beaches: Develop or 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.</td>
<td>Parks</td>
<td>Short-term</td>
<td>Department of Transportation, Department of Recreation and Parks, Metro</td>
<td></td>
<td>3.7 Water recreation</td>
</tr>
<tr>
<td>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.</td>
<td>Parks</td>
<td>Short-term</td>
<td>Department of</td>
<td></td>
<td>3.2 Second parks, 3.3 Land for urban</td>
</tr>
</tbody>
</table>

179
Healthy Development Review Checklist

This Healthy Development Review Checklist was created to aid ICNI 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.

### A. Medical Access and Culture

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Meets Criteria</th>
<th>Possible Change</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the project provide dedicated space for a childcare facility?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If a new residential development, are there health care and/or social services within one-mile of the development?</td>
<td></td>
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</tr>
</tbody>
</table>

### B. Community Outreach, Education, and Engagement

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Meets Criteria</th>
<th>Possible Change</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Did the project’s planning process include opportunities for communities to provide written and oral comments on development plans?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does the project have a formal (e.g., meeting room) and/or informal (e.g., public plaza) place for social interaction?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. Does the project provide educational, afterschool, and other related opportunities for youth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Does the project have public community bulletin boards/information kiosks?</td>
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</tr>
</tbody>
</table>

### C. Healthy Food Access

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Meets Criteria</th>
<th>Possible Change</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Is there a supermarket, grocery store, or produce store within a 1/2 mile of the site?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Does the project create a supermarket, grocery store, or produce store?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. If the project creates a supermarket, grocery store, or produce store, does the new food retailer accept SNAP/CalFresh and/or WIC?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Does the project restrict unhealthy fast food businesses from opening on the site?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. If unhealthy fast food is allowed, is it located greater than 500 feet from a school, park or playground?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Is the project within 1-mile of a weekly farmer’s market?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
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
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.
<table>
<thead>
<tr>
<th>#</th>
<th>Action Text – Chester City, PA (Urban)</th>
<th>Action Text – Lower Merion Township, PA (Suburban)</th>
<th>Action Text – Gloucester County, NJ (Rural)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Sidewalk Inventory.</strong> Conduct a sidewalk inventory to identify gaps in pedestrian infrastructure.</td>
<td><strong>Subdivision Connectivity.</strong> Update zoning / development code to require that subdivisions / gated communities provide multiple practical pedestrian access points to the rest of the community.</td>
<td><strong>Identify destinations.</strong> 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.</td>
</tr>
</tbody>
</table>
Evaluate your neighbors’ actions!

<table>
<thead>
<tr>
<th>Action # &amp; Title</th>
<th>Notes</th>
<th>Co-benefits &amp; Win-Wins</th>
<th>Collaboration</th>
<th>Cost</th>
<th>Effectiveness</th>
<th>Equity</th>
<th>Feasibility</th>
<th>Jurisdiction</th>
<th>Magnitude of health impact</th>
<th>Political Will</th>
<th>Specificity</th>
<th>Systems Change</th>
</tr>
</thead>
</table>
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

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

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)?
<table>
<thead>
<tr>
<th></th>
<th>OUTCOME EVALUATION</th>
<th>IMPACT EVALUATION</th>
</tr>
</thead>
</table>
| **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 because 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
<table>
<thead>
<tr>
<th>Race/Raza</th>
<th>Hispanic or Latino Origin/Origen Hispano o Latino</th>
<th>Primary Language/Idioma principal que se habla en el hogar</th>
<th>Gender/Género</th>
<th>Age/Edad</th>
<th>Owner or Renter/Propietario o Inquilino</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>Yes/Sí</td>
<td>Spanish/Español</td>
<td>F</td>
<td>30</td>
<td>X</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>QUANTITATIVE</th>
<th>QUALITATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on numbers</td>
<td>Based on words and observations</td>
</tr>
<tr>
<td>Breadth - reaches many people</td>
<td>Depth - motivations, context, and the “why”</td>
</tr>
<tr>
<td>Instrument creation is time intensive but analysis takes less time</td>
<td>Time intensive data collection and analysis</td>
</tr>
</tbody>
</table>
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
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!
Goal

Building a Logic Model
Building a Logic Model

Strategies → Assumptions → Goal
Building a Logic Model

Strategies → Short-Term Outcomes + Indicators → Goal

Assumptions

External Factors
Building a Logic Model

- Strategies
- Activities/Campaigns
- Short-Term Outcomes + Indicators
- Goal

Assumptions
External Factors
Building a Logic Model

- Strategies
- Activities/Campaigns
- Short-Term Outcomes (1-2 years) + Indicators
- Long-Term Outcomes (3-5 years)
- Goal

Assumptions

External Factors
El Monte, CA – Sets Health Targets

**Parks, Trails, and Public Facilities**

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Existing Condition</th>
<th>Health Target 2020</th>
<th>Health Outcome, Behavior, or Determinant Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>% of population within 1 mile of a park</td>
<td>Citywide = 50% (Subrange range: 22-50%)</td>
<td>Citywide = 75% with no subarea lower than 50%</td>
<td>Physical activity, social cohesion, stress, depression, self-reported health, BMI, home property values</td>
</tr>
<tr>
<td>16</td>
<td>Acres of park land per 1,000 residents</td>
<td>Citywide = 0.94 (Subrange range: 0.94-0.00)</td>
<td>Citywide = 2.0 with no subarea lower than 1.0 acre per 1,000</td>
<td>Physical activity, social cohesion, stress, depression, self-reported health, BMI, home property values</td>
</tr>
<tr>
<td>17</td>
<td>% of adults engaged in leisure-time physical activity</td>
<td>El Monte = 36.1% LA County = 55.2%</td>
<td>52.0% (Healthy People 2020)</td>
<td>Early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colorectal cancers, falls, depression</td>
</tr>
<tr>
<td>18</td>
<td>% of children who do not participate in physical activity</td>
<td>El Monte = 17.1% LA County = 15.2%</td>
<td>15% (10% decrease)</td>
<td>Bone health, cardiopulmonary and musculoskeletal, obesity, falls, depression</td>
</tr>
</tbody>
</table>

**Access to Healthy Foods**

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Existing Condition</th>
<th>Health Target 2020</th>
<th>Health Outcome, Behavior, or Determinant Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Number of healthy food stores per 1,000 population</td>
<td>Citywide = 0.24 (Subrange range: 0.00-0.30)</td>
<td>Citywide = 0.27 with no subarea lower than 0.1</td>
<td>Cheaper and healthier foods, obesity, diabetes, fruit and vegetable consumption, undernutrition, hunger</td>
</tr>
<tr>
<td>20</td>
<td>% of residential parcels within 1 mile of healthy food</td>
<td>Citywide = 43% (Subrange range: 23-75%)</td>
<td>Citywide = 60% with no subarea lower than 50%</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>% of fast food stores within 1 mile of healthy food</td>
<td>Citywide = 21% (Subrange range: 0-21)</td>
<td>Citywide = 1% with no subarea lower than 1.0%</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>% of unhealthy food sources within 1 mile of schools</td>
<td>Citywide = 51% (Subrange range: 20-100%)</td>
<td>Citywide = 20% with no subarea lower than 50%</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Number of liquor stores per 1,000 population</td>
<td>Citywide = 0.65 (Subrange range: 0.58-2.99)</td>
<td>Citywide = 0.5 with no subarea over 1</td>
<td>Alcohol driving (violations, pedestrail safety), violence, mortality from firearms, alcoholism</td>
</tr>
<tr>
<td>24</td>
<td>% of residential parcels within 1 mile of liquor stores</td>
<td>Citywide = 46% (Subrange range: 50-100%)</td>
<td>Citywide = 30% with no subarea over 5%</td>
<td>Cheaper and healthier foods, obesity, diabetes, fruit and vegetable consumption, undernutrition, hunger</td>
</tr>
<tr>
<td>25</td>
<td>% of healthy food stores that accept SNAP Food Assistance EBT cards</td>
<td>16 of the 33 healthy food stores accept SNAP (48.48%)</td>
<td>66.67% (22/33 accept SNAP)</td>
<td>Leadership / role model in healthy eating</td>
</tr>
<tr>
<td>26</td>
<td>Healthy foods at City events</td>
<td>TBD</td>
<td>List of preapproved healthy food vendors and sample menus for various event budgets and sizes. 100% of City events have healthy food options.</td>
<td></td>
</tr>
</tbody>
</table>

**Air Quality**

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
<th>Existing Condition</th>
<th>Health Target 2020</th>
<th>Health Outcome, Behavior, or Determinant Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>% of residential parcels &lt;600 feet from freeways and truck routes</td>
<td>Citywide = 5% (Subrange range = 1-15%)</td>
<td>&lt;5% of new parcels in any subarea are located &lt;500 feet from freeways and truck routes (with no more than 3% in any subarea)</td>
<td>Asthma prevalence and hospitalizations, lung function, bronchitis, cardiovascular disease, coronary heart disease</td>
</tr>
<tr>
<td>28</td>
<td>% of residential parcels &lt;500 feet from heavy industrial land</td>
<td>Citywide = 1% (Subrange range = 2-70%)</td>
<td>&lt;5% of new parcels in any subarea are located &lt;500 feet from heavy industrial land (with no more than 3% in any subarea)</td>
<td>Cardiovascular outcomes, cancer</td>
</tr>
</tbody>
</table>
Western Riverside COG Climate Action Plan Dashboard: Public Health Component
3. Public Health

All Cause Mortality
56.2 deaths per 10,000 residents

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

Collisions
60.7 pedestrian and bicycle injuries and fatalities per 100,000 resident

<table>
<thead>
<tr>
<th>Indicator Implementation Progress*</th>
<th>Most Recent</th>
<th>Local</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Health Status</td>
<td>75.1%</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Heart Disease Mortality</td>
<td>14.0%</td>
<td>11.8</td>
<td></td>
</tr>
<tr>
<td>Diabetes Mortality</td>
<td>2.1%</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>COPD Mortality</td>
<td>3.3%</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Adult Asthma Prevalence</td>
<td>13.0%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Asthma Hospitalizations</td>
<td>63.2%</td>
<td>70.7</td>
<td></td>
</tr>
<tr>
<td>Adult Physical Activity</td>
<td>28.2%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>32.1%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Park Level of Service</td>
<td>11.7%</td>
<td>11.7</td>
<td></td>
</tr>
<tr>
<td>Park Access</td>
<td>11.0%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Collisions</td>
<td>60.7%</td>
<td>43.0</td>
<td></td>
</tr>
<tr>
<td>Street Connectivity</td>
<td>72.8%</td>
<td>80.1</td>
<td></td>
</tr>
</tbody>
</table>

*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

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

Increased Physical Activity
10 minutes per resident annually

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>School &amp; Work Days</td>
<td>6</td>
</tr>
<tr>
<td>Asthma Attacks</td>
<td>2</td>
</tr>
<tr>
<td>Hospitalizations &amp; Emergency Visits</td>
<td>0</td>
</tr>
<tr>
<td>Economic Value</td>
<td>$528,074</td>
</tr>
</tbody>
</table>

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
Question & Answer / Discussion
Beth Altshuler, MCP MPH CPH
Epidemiologist & Urban Planner
510.200.0522
beth@raimiassociates.com

www.raimiassociates.com
@RaimiAssociates
PLANNING FOR MONTGOMERY COUNTY’S HEALTH

Integrating Health into Comprehensive Planning
August 2, 2016
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
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

Rutgers

Edward J. Bloustein School of Planning and Public Policy

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

August 2, 2016
Integrating Health into Comprehensive Planning
Master Plan Framework
5 Pillars of Sustainability - 2013

TRENTON 250
1792-2042
Plan4Health
The Perfect Storm

TRENTON 250
1792-2042

PLAN4Health
An American Planning Association Project

Trenton Health Team
BACKGROUND

Trenton Health Team

Partnerships and Collaborations

St. Francis Medical Center
Capital Health
HJA
Reliance Medical Group
OMH
Mercer County
J.S. Viterbo Institute for Public Policy
Thomas Edison University
Rider University
HomeFront
Mission of Trenton
Mercer Street Friends
Isles
Catholic Charities
Mercer Alliance to End Homelessness
The Martin House
The Children's Home Society of New Jersey
Planned Parenthood
Children's Futures
Trinity Episcopal Cathedral
Background

Trenton Health Team
A City-wide Unified Assessment

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

- Community Health Improvement Plan - January 2014
Vision Element Adopted
Guiding Principles - 2014

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

Eight Guiding Principles
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. Reinforce high-Quality Neighborhoods and a 24/7 Downtown Trenton
8. Capitalize on Location and urban Form to Support a Multi-modal Transportation Network
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
NEW MODEL TO INTEGRATE PUBLIC HEALTH INTO THE COMPREHENSIVE PLANNING PROCESS

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)

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
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
Trenton’s Plan4Health Coalition

New Jersey Health Impact Collaborative, facilitated by Rutgers University

New Jersey PHA

APA - NJ Chapter

City of Trenton
Planning
Housing & Economic Development
Health & Human Services

Trenton Health Team
and other Trenton community based organizations

Serves as project advisory group

PLAN4Health
An American Planning Association Project
Project Video

Video Link: http://www.plan4health.us/pln-videos/
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 practitioners
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 Plan
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
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 to promote good nutrition and healthy eating
- Increase access to healthy food through government policies and programs
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
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
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
La leche materna es preferible para los bebes durante los primeros 6 meses. Cuando estén listos—busque comidas para bebes con alto contenido de Hierro y Zinc.

A medida que avanza la edad, necesito más alimentos ricos en calcio como el yogur descremado y leche para ayudar a combatir la pérdida de hueso.

Comiendo muchas frutas, verduras y granos enteros me ayuda a controlar la presión arterial.

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

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

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.

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!

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

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´.
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
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
THT has been awarded a 5-year $2.5 million grant 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.

Project Resources

TRENTON HEALTHY COMMUNITIES INITIATIVE

Websites:
http://www.trenton250.org/
http://www.plan4health.us/plan4health-coalitions/trenton-healthy-communities-initiative/
CONTACT US

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Executive Director
Rutgers Center for Green Building
Facilitator, Planning Healthy Communities Initiative
jsenick@rci.rutgers.edu
848-932-2904

Jeffrey Wilkerson, AICP/PP
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)

<table>
<thead>
<tr>
<th>Downstream</th>
<th>Midstream</th>
<th>Upstream</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOPIC 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOPIC 2:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOPIC 3:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Access & Employment

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

Employment Density

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

Total Population: 34,007

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 Other NH Multi

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%

INTEGRATING HEALTH INTO COMPREHENSIVE PLANNING WORKSHOP
Environmental Health

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

Air Quality

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Average Daily Ambient Particulate Matter 2.35</th>
<th>% Days Exceeding National Standards (population-adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester, PA</td>
<td>10.4</td>
<td>0%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>10.5</td>
<td>0.01%</td>
</tr>
<tr>
<td>United States</td>
<td>9.1</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

Health Outcomes

Low Birth Weight

<table>
<thead>
<tr>
<th>Report Area</th>
<th>% Low Birth Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware County, PA</td>
<td>8.5%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>8.3%</td>
</tr>
<tr>
<td>United States</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chester, PA</td>
</tr>
<tr>
<td>Pennsylvania</td>
</tr>
<tr>
<td>United States</td>
</tr>
</tbody>
</table>

Transportation & Mobility

Journey to Work Mode Share

61.9% drove alone
9.3% carpooled
16.8% took transit

Average Commute to Work Times

<table>
<thead>
<tr>
<th>Time</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 15 minutes</td>
<td>32%</td>
</tr>
<tr>
<td>15-29 minutes</td>
<td>36%</td>
</tr>
<tr>
<td>30-44 minutes</td>
<td>18%</td>
</tr>
<tr>
<td>45-59 minutes</td>
<td>9%</td>
</tr>
<tr>
<td>60+ minutes</td>
<td>5%</td>
</tr>
</tbody>
</table>

% Carless Households

<table>
<thead>
<tr>
<th>Units per Housing Structure</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 unit</td>
<td>72%</td>
</tr>
<tr>
<td>2-4 units</td>
<td>13%</td>
</tr>
<tr>
<td>5-19 units</td>
<td>8%</td>
</tr>
<tr>
<td>20-49 units</td>
<td>3%</td>
</tr>
<tr>
<td>50+ units</td>
<td>3%</td>
</tr>
<tr>
<td>Mobile home</td>
<td>0%</td>
</tr>
<tr>
<td>Boat, RV, Van, etc.</td>
<td>0%</td>
</tr>
</tbody>
</table>

Housing Indicators

Housing Tenure

39% owner occupied
61% renter occupied

Housing Tenure by Race/Ethnicity

<table>
<thead>
<tr>
<th>Hispanic</th>
<th>NH White</th>
<th>NH Black</th>
<th>NH AAPI</th>
<th>NH Am Indian</th>
<th>Other</th>
<th>Multi</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>48%</td>
<td>18%</td>
<td>42%</td>
<td>35%</td>
<td>22%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Number of Units per Housing Structure

<table>
<thead>
<tr>
<th>1 unit</th>
<th>2-4 units</th>
<th>5-19 units</th>
<th>20-49 units</th>
<th>50+ units</th>
<th>Mobile home</th>
<th>Boat, RV, Van, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>72%</td>
<td>13%</td>
<td>8%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Lower Merion, PA Fact Sheet

Socio-Demographics

Total Population: 58,114

- 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

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

Educational Attainment

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

Population with Healthy Food Access

- Limited English Proficiency: 1.2%
- Fast food establishments (per 100,000): 80.6
- SNAP-authorized food stores (per 10,000): 4.03

Complete Food System

- % Low Income HH’s with Low Food Access*: 1.2%

Access & Employment

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

Employment Density

- 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

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

Integrating Health into Comprehensive Planning Workshop
Environmental Health

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

### Air Quality

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Average Daily Ambient Particulate Matter 2.35</th>
<th>% Days Exceeding National Standards (population-adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Merion, PA</td>
<td>10.6</td>
<td>0%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>10.5</td>
<td>0.01%</td>
</tr>
<tr>
<td>United States</td>
<td>9.1</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

### Housing Indicators

#### Housing Tenure

- 76% owner occupied
- 24% renter occupied

#### Housing Tenure by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Owner Occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic NH White</td>
<td>53%</td>
</tr>
<tr>
<td>NH Black</td>
<td>79%</td>
</tr>
<tr>
<td>NH AAPI</td>
<td>55%</td>
</tr>
<tr>
<td>NH Am Indian</td>
<td>64%</td>
</tr>
<tr>
<td>Other</td>
<td>56%</td>
</tr>
<tr>
<td>Multi</td>
<td>48%</td>
</tr>
</tbody>
</table>

#### Number of Units per Housing Structure

<table>
<thead>
<tr>
<th>Units</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 unit</td>
<td>69%</td>
</tr>
<tr>
<td>2-4 units</td>
<td>6%</td>
</tr>
<tr>
<td>5-19 units</td>
<td>6%</td>
</tr>
<tr>
<td>20-49 units</td>
<td>5%</td>
</tr>
<tr>
<td>50+ units</td>
<td>14%</td>
</tr>
<tr>
<td>Mobile home</td>
<td>0%</td>
</tr>
<tr>
<td>Boat, RV, Van, etc.</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Health Outcomes

#### Low Birth Weight

<table>
<thead>
<tr>
<th>Report Area</th>
<th>% Low Birth Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery County, PA</td>
<td>7.2%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>8.3%</td>
</tr>
<tr>
<td>United States</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

#### Life Expectancy

- 78.2 for men
- 82.2 for women

#### Violent Crime

- Rate per 100,000 people
  - Lower Merion, PA: 182.1
  - Pennsylvania: 362
  - United States: 395.5

#### Transportation & Mobility

#### Journey to Work Mode Share

- 65.5% drove alone
- 5.7% carpooled
- 11.0% took transit

#### Average Commute to Work Times

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 15 minutes</td>
<td>24%</td>
</tr>
<tr>
<td>15-29 minutes</td>
<td>33%</td>
</tr>
<tr>
<td>30-44 minutes</td>
<td>29%</td>
</tr>
<tr>
<td>45-59 minutes</td>
<td>9%</td>
</tr>
<tr>
<td>60+ minutes</td>
<td>5%</td>
</tr>
</tbody>
</table>

#### % Carless Households

- Household with no vehicle, percent by tract
- 6% - 40%
- 41% - 49%
- 50% - 60%
- 61% - 64%
- 65% - 70%
- 71% - 75%
- 76% - 80%
- 81% - 85%
- 86% - 90%
- 91% - 95%
- 96% - 100%

INTEGRATING HEALTH INTO COMPREHENSIVE PLANNING WORKSHOP
**Total Population:** 289,705

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

**% of Households Under Poverty Line by Race**

- **Hispanic:** 25%
- **NH White:** 10%
- **NH Black:** 8%
- **NH AAPI:** 5%
- **NH Am Indian:** 2%
- **NH Other:** 2%
- **NH Multi:** 2%

**Access & Employment**

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

**Employment Density**

- **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 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%

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

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

Air Quality

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Average Daily Ambient Particulate Matter 2.35</th>
<th>% Days Exceeding National Standards (population-adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloucester County, NJ</td>
<td>9.7</td>
<td>0%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>9.2</td>
<td>0%</td>
</tr>
<tr>
<td>United States</td>
<td>9.1</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

Housing Indicators

Housing Tenure

- 80% owner occupied
- 20% renter occupied

Housing Tenure by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Owner Occupied</th>
<th>Renter Occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>NH White</td>
<td>64%</td>
<td>16%</td>
</tr>
<tr>
<td>NH Black</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>NH AAPI</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>NH Am Indian</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>Other</td>
<td>66%</td>
<td>33%</td>
</tr>
<tr>
<td>Multi</td>
<td>61%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Number of Units per Housing Structure

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

Health Outcomes

Low Birth Weight

<table>
<thead>
<tr>
<th>Report Area</th>
<th>% Low Birth Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloucester County, NJ</td>
<td>8.1%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>8.4%</td>
</tr>
<tr>
<td>United States</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>159.7</td>
</tr>
<tr>
<td>NH White</td>
<td>302</td>
</tr>
<tr>
<td>NH Black</td>
<td>395.5</td>
</tr>
<tr>
<td>NH AAPI</td>
<td>55%</td>
</tr>
<tr>
<td>NH Am Indian</td>
<td>84%</td>
</tr>
<tr>
<td>Other</td>
<td>59%</td>
</tr>
<tr>
<td>Multi</td>
<td>61%</td>
</tr>
</tbody>
</table>

Transportation & Mobility

Journey to Work Mode Share

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

Average Commute to Work Times

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

% Carless Households

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

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
## Transportation

**Goal:** A safe pedestrian network that provides direct connections between residences, employment, shopping & civic uses.

<table>
<thead>
<tr>
<th>#</th>
<th>Subtopic</th>
<th>Policy Text – Chester City, PA (Urban)</th>
<th>Policy Text – Lower Merion Township, PA (Suburban)</th>
<th>Policy Text – Gloucester County, NJ (Rural)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pedestrian Network</td>
<td><strong>Sidewalks.</strong> 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.</td>
<td><strong>Pedestrian access through gated communities.</strong> Require that all communities, regardless of the presence of gates and sound walls, provide pedestrian connections from external areas into the larger community.</td>
<td><strong>Trails.</strong> 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.</td>
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</tbody>
</table>

## Food

**Goal:** Safe and convenient access to healthy, affordable and culturally diverse foods with low concentrations of unhealthy food providers.

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<thead>
<tr>
<th>#</th>
<th>Subtopic</th>
<th>Policy Text – Chester City, PA (Urban)</th>
<th>Policy Text – Lower Merion Township, PA (Suburban)</th>
<th>Policy Text – Gloucester County, NJ (Rural)</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Healthy Food Access</td>
<td><strong>Food access.</strong> 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. <strong>Food innovation.</strong> 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.</td>
<td><strong>Food access.</strong> 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.</td>
<td><strong>School food.</strong> Work with school districts to improve the nutritional quality of food and beverages served on campus through connections with local farms.</td>
</tr>
</tbody>
</table>
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.

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<tr>
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<th>Action Text – Chester City, PA (Urban)</th>
<th>Action Text – Lower Merion Township, PA (Suburban)</th>
<th>Action Text – Gloucester County, NJ (Rural)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Sidewalk Inventory. Conduct a sidewalk inventory to identify gaps in pedestrian infrastructure.</td>
<td>Subdivision Connectivity. Update zoning / development code to require that subdivisions / gated communities provide multiple practical pedestrian access points to the rest of the community.</td>
<td>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.</td>
</tr>
</tbody>
</table>

Health in All Policies Prioritization and Decision Making 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?
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?
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Evaluate your neighbors’ actions!

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SUBTOPIC: __________________________________________ GOAL: __________________________________________

|------------------------|---------------|------|---------------|--------|-------------|--------------|-----------------------------|----------------|-------------|----------------|
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)
Pennsylvania Leading Health Indicators Report for SEPA (2014)
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
Pennsylvania Uniform Crime Reporting
- http://ucr.psp.state.pa.us/UCR/Reporting/Monthly/Summary/MonthlySum ArrestUI.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
Tri-County Health Assessment Collaborative Community Health Needs Assessment for Gloucester, Camden, and Burlington Counties (2013)

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
Philadelphia Community Health Assessment (2015) slides
HIV/AIDS surveillance report (2014)
Philadelphia Air Quality Report (2014)
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)

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)

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=c19b492d5dfe4976b9437092f5a4359
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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandra</td>
<td>Ernst</td>
<td>Public Health Management Corporation</td>
</tr>
<tr>
<td>Alexandra</td>
<td>Smith</td>
<td>Philadelphia City Planning Commission</td>
</tr>
<tr>
<td>Alexis</td>
<td>Williams</td>
<td>McCormick Taylor</td>
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<tr>
<td>Amy</td>
<td>Bernknopf</td>
<td>Delaware Valley Regional Planning Commission</td>
</tr>
<tr>
<td>Amy</td>
<td>Confair</td>
<td>Drexel Dornsife School of Public Health</td>
</tr>
<tr>
<td>Amy</td>
<td>Verbofsky</td>
<td>Delaware Valley Regional Planning Commission</td>
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<tr>
<td>Andrea</td>
<td>Trabelsi</td>
<td>Whitman, Requardt &amp; Associates, LLP</td>
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<tr>
<td>Anne</td>
<td>Leavitt-Gruberger</td>
<td>Montgomery County Planning Commission</td>
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<tr>
<td>Anne Bradley</td>
<td>Mitchell</td>
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<td>Charlie</td>
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<tr>
<td>Charlotte</td>
<td>Castle</td>
<td>City of Philadelphia Office of Transportation &amp; Infrastructure Systems (oTIS)</td>
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<td>David R.</td>
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<td>Dion</td>
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<td>Jeffrey</td>
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<tr>
<td>Kristin</td>
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<td>Matthew</td>
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