

Healthy Communities Through Collaboration: Advantages of Working Together

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Local Government Commission

Planning Directors and Public Health Officers Convening

Sacramento, CA
May 26, 2016

Local Government Commission

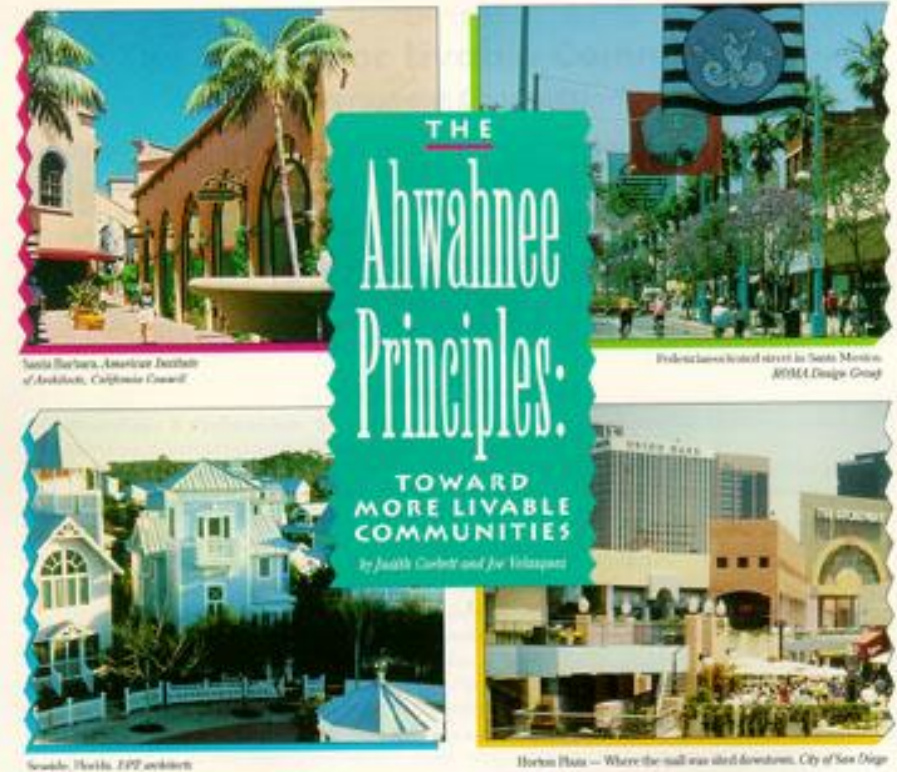
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The Ahwahnee Principles, 1991

- Planning complete and integrated communities with mix of uses
- Different uses should be in walking distance of one another
- Within walking distance of transit stops
- Should contain a diversity of housing types
- Should have a center focus



Cities everywhere are facing similar problems – increasing traffic congestion and worsening air pollution, the continuing loss of open space, the need for costly improvements to road and public services, the inequitable distribution of economic resources, and the loss of a sense of community. The problems seem overwhelming and we suffer from their consequences every day. City character is blurred until every place becomes like every other place, and all adding up to No Place.

Many of our social, economic and environmental problems can be traced to land use practices adopted since World War II. In the late 1940s we began to adopt a notion that life would be better and we would all have more freedom if we planned and built our communities around the automobile. Gradually, rather than increasing our freedom, auto-oriented land use planning has reduced our options. Now, it takes much more time than it used to carry out our daily activities. We must go

everywhere by car – there is no other option. We must take a car to the store for a gallon of milk, drive the children to Little League practice, even spend part of the lunch hour driving to a place to eat. And as roads become increasingly clogged and services farther from our home, we spend our time as anonymous individuals waiting for the traffic light to change rather than chatting with friends at the corner store or playing ball on the lawn with the neighborhood kids.

LEAGUE OF CALIFORNIA CITIES

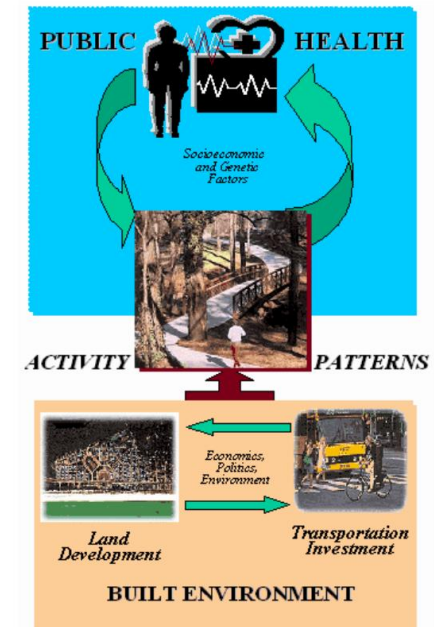


Connecting Health and the Built Environment

- 1998: Meeting convened by CDC to examine links
- 2000: Robert Wood Johnson Foundation commits to reversing childhood obesity epidemic by 2015
- California DHS staff begin work on health/built environment

How Land Use and Transportation Systems
Impact Public Health:

*A Literature Review of the Relationship Between Physical
Activity and Built Form*



It's the Community Design...



“Reliance on physical activity as an alternative to car use is less likely to occur in many cities and towns unless they are designed or retrofitted to permit walking or bicycling. The location of schools, work sites, and shopping areas near residential areas will require substantial changes in community or regional design.”

— Journal of the American Medical Association, Editorial, 10/27/99



DIABETES

It Strikes
16 Million
Americans

Are You
at Risk?

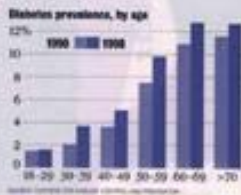
Computer drawing of a human insulin molecule

SOCIETY

An American Epidemic Diabetes

The silent killer: Scientific research shows a 'persistent explosion' of cases—especially among those in their prime
BY JERRY ADLER AND CLAUDIA KALB

SOMETHING TERRIBLE WAS HAPPENING TO YOLANDA BENTLEY'S eyes. They were being poisoned; the fragile capillaries of the retina attacked from within and were leaking blood. The first symptoms were red lines, appearing vertically across her field of vision; the lines multiplied and merged into a haze that shut out light entirely. "Her blood vessels inside her eye were popping," says her daughter, Jannette Roman, a Chicago college student. Bentley, who was in her late 40s when the problem began four years ago, was a cleaning woman, but she's had to stop working. After five surgeries, she has regained vision in one eye, but the other is completely useless. A few weeks ago, awakening one night in a hotel bedroom, she walked into a door, setting off a paroxysm of pain and nausea that hasn't let up yet. And what caused this catastrophe was nothing as exotic as pesticides or emerging viruses. What was poisoning Bentley was sugar.



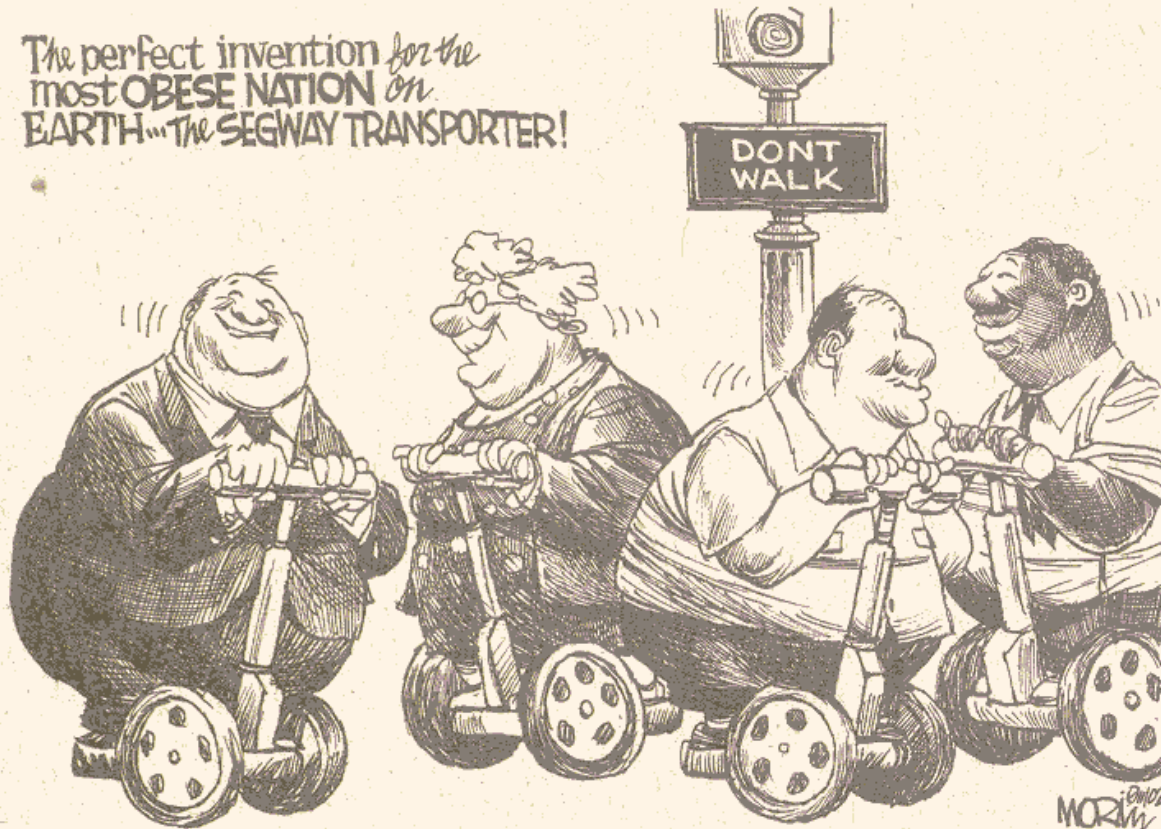
Heredity

Genes help determine whether you'll get diabetes. In many families, multiple generations are struck. But heredity is not destiny—especially if you eat well and exercise.

FAMILY PLAZA: Bentley (left) and Roman. Bentley's mother and two brothers died from complications of the disease.

Message is getting out

The perfect invention for the most OBESE NATION on EARTH... The SEGWAY TRANSPORTER!



The Miami Herald

Morin/Miami Herald

THE NATION'S NEWSPAPER

Flyers send Leafs home

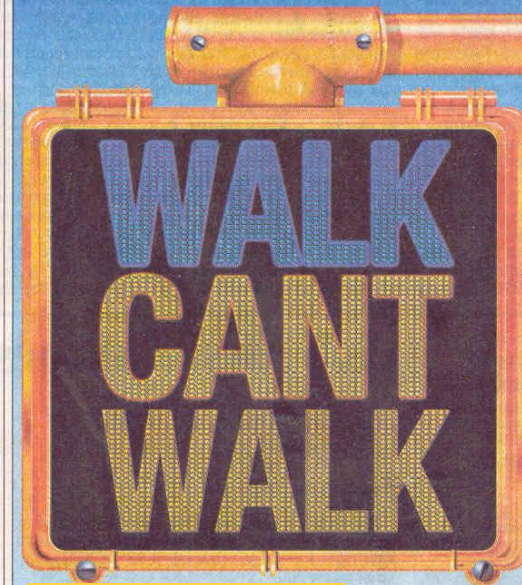
Philadelphia destroys Toronto 6-1 in Game 7. NHL. 1, 8C

USA TODAY

NO. 1 IN THE USA

Stop Think Then speak

Unless you Wanda Sykes



By Martha T. Moore
USA TODAY

Why don't Americans walk anywhere?

Old answer: They're lazy.

New answer: They can't.

There is no sidewalk outside the front door, school is 5 miles away, and there's a six-lane highway between home and the supermarket.

Many experts on public health say the way neighborhoods are built is to blame for Americans' physical inactivity — and the resulting epidemic of obesity.

The health concern is a new slant on the issue of suburban sprawl, which metro regions have been struggling with for a decade. These health experts bring the deep-pocketed force of private foundations and public agencies into discussions about what neighborhoods should look like.

The argument over whether suburbs are bad for your health will hit many Americans precisely where they live: in a house with a big lawn on a cul-de-sac.

"The potential for actually tackling some of these things, with the savvy of the folks who have tackled tobacco, is enormous," says Ellen Vanderslice, head of America Walks, a pedestrian advocacy group based in Portland, Ore.

A study by the national Centers for Disease Control and Prevention is tracking 8,000 residents of Atlanta to determine whether the neighborhood they live in influences their level of physical exercise. The Robert Wood Johnson Foundation in New Jersey,

Cover story

The way cities and suburbs are developed could be bad for your health

September 2008

Please see COVER STORY next page ▶

By Suzy Parker, USA TODAY

RWJF's Active Living Research

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MOVE! A BLOG ABOUT ACTIVE LIVING

Infographic: Run Errands on Foot or Bike - A Remedy for Adult Inactivity

Infographic shows solutions to increase physical activity and

Run errands on foot or bike:
A remedy for adult inactivity.

ACTIVE LIVING RESEARCH

EXPERTS RECOMMEND
150 minutes of physical activity per week

only 50% of U.S. adults meet the guideline.

Walking or biking:

- to transit stops provides an average of 12-15 minutes of daily activity.
- to work is linked with 11% reduction in the risk of cardiovascular disease.

Most errands in the U.S. are within walking or biking distance.

27% are easy walking distance (<1 mile),
61% are easy biking distance (<5 miles).

People who live in:

NEIGHBORHOODS WITH SIDEWALKS ARE: **50%** more likely to meet physical activity guidelines

MIXED-USE NEIGHBORHOODS - WITH WORK, PLAY, AND SHOPPING NEARBY ARE: **33%** more likely to meet physical activity guidelines by walking for transportation

SLOWING DOWN TRAFFIC REDUCES CRASHES THAT CAUSE INJURIES BY:

10% on main roads
25% on residential streets

SOURCES: U.S. Department of Transportation, Federal Highway Administration. (2010). Our nation's travel. Analysis of the 2009 NHIS. In Transportation IDo. ed. Washington, DC: Rissel C. et al. (2012). Physical activity associated with public transport use-a review and modeling of potential benefits. Int J Environ Res Public Health, 9(7), 2454-2478. Harner M & Chida Y. (2008a). Active commuting and cardiovascular risk: A meta-analytic review. Prev Med, 46(1), 9-15. CDC National Center for Health Statistics. (2010). Exercise or Physical Activity. <http://www.cdc.gov/nchs/fastats/exercise.htm>. Sallis JF, et al. (2009). Neighborhood environments and physical activity among adults in 11 countries. Am J Public Health, 99(8), 1484-1490. Kerr J, et al. (2015). Perceived neighborhood environmental attributes associated with walking and cycling for transport among adult residents of 17 cities in 12 countries: the IPEDS study. Environ Health Perspect, DOI:10.1289/ehp.1409468. Tink R. (2012). Area-wide urban traffic calming schemes: a meta-analysis of safety effects. Accid Anal Prev, 53(3), 327-338.

Learn more about how policies impact active travel at activelivingresearch.org/ActiveTravelreview.

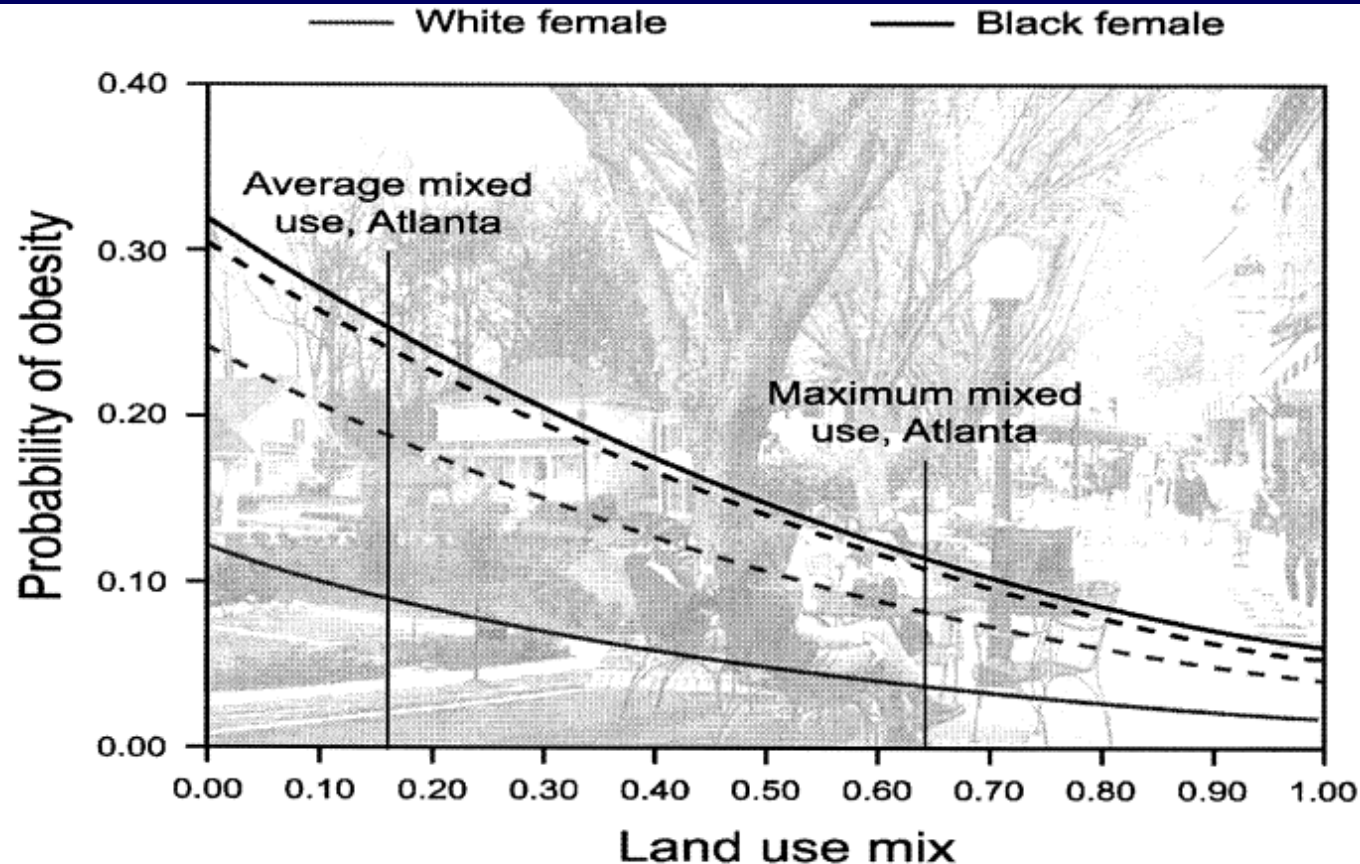
<http://activelivingresearch.org/>



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Higher density and connectivity: lower obesity — Atlanta study 2004



Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars

Lawrence D. Frank, PhD, Martin A. Andresen, MA, Thomas L. Schmid, PhD

Aspects of Built Environment that Impact Active Living/Health

- Land Use Mix
- Density/Compactness
- Site Design
- Connectivity
- Street Design



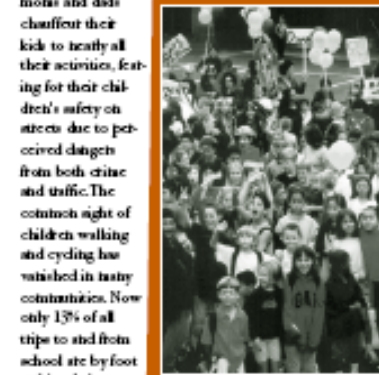
The California Story

- 1998-99: Early work by Department of Health Service
 - Collaboration with non-profits
 - Safe Routes to School
 - Walkable Community Workshops
 - Public Health and the Built Environment Network and mini-grants
 - Teleconferences, Trainings
 - Guides: Public Health Institute's "General Plans and Zoning: A Toolkit on Land Use and Health"

Safe Routes to Schools

Education, Engineering and Enforcement for California Communities.

Not so long ago, a vast majority of children routinely trained their neighborhoods on foot or bicycle almost as a title of passage. Today, a new generation of moms and dads chauffeur their kids to nearly all their activities, leaving for their children's safety on streets due to perceived dangers from both crime and traffic. The common sight of children walking and cycling has vanished in many communities. Now only 13% of all trips to and from school are by foot or bicycle.¹



With less kids on foot, there are more cars on the road. Parents driving their children to school make up 20-25 percent of the morning commute.² The more traffic increases, the more parents decide it is unsafe for their

children to walk, adding even more cars to the morning chase.

There is a way to break the cycle. A new movement is emerging that is

focusing on getting kids back on their feet and their bikes again. Parent and neighborhood groups, school and local officials, law enforcement officers and traffic engineers are working together to make streets safer for pedestrians and bicyclists along heavily traveled routes to school, while encouraging both parents and their kids to take advantage of the many benefits of getting around on foot or by bike. With new transportation funding available specifically for this purpose, communities all across California are discovering the many benefits of providing "Safe Routes to Schools."³

Walking + Biking = Healthy, Alert Children

Moderate to vigorous physical activity such as walking and biking positively affects academic performance and skill development. It stimulates and maintains muscular strength and good joint function. Children are better able to tackle the academic day. They have improved concentration, enhanced memory and learning, enhanced creativity and better problem solving ability. Studies have shown that their mood is improved for up to two hours following exercise.⁴



WHY WE NEED SAFE ROUTES:

CHILDREN ARE AT RISK FROM UNSAFE STREETS

- In California, as many as 5,000 child pedestrians are injured each year.⁵
- Pedestrian accidents are the second leading cause of fatal injuries among 5-12 year olds statewide; bicycle crashes a close third.⁶
- Children and seniors on foot and bike are at greatest risk relative to the overall population; children in low-income neighborhoods and communities of color are at even greater risk.⁷

CHILDREN ARE LOSING THEIR INDEPENDENCE

- Children are unfamiliar with their neighborhoods, isolated from people and the environment.
- Children are not acquiring traffic skills critical to their own safe mobility.
- When restricted by bus or parent schedules, youngsters who cannot bike or walk miss out on sports and enrichment programs after school.

CHILDREN ARE LESS ACTIVE

- 70% of children fall short of the recommended minimum dose of activity: 30-60 minutes a day plus 20 minutes of vigorous exercise.⁸
- 70% of children watch at least one hour of TV each day; 35% watch five hours or more.⁹
- One in five children and one in three teens is overweight or at risk of becoming overweight. These rates reflect a 50-100% increase in just the past 10 years.¹⁰

OUR ENVIRONMENT IS DEGRADED

- Auto emissions are the largest cause of air pollution in California.¹¹
- More than 50% of all Californians live in areas with unhealthy levels of air pollution.¹² Children's respiratory systems are especially at risk.

The California Story

- April 2004: Dr. Richard Jackson appointed State Health Officer
 - Gained support from Governor Schwarzenegger
 - Obesity task force
 - Educational work



The California Story

- County workshops on health and community design, early to mid 2000s
 - Contra Costa
 - Riverside
 - San Mateo
 - Shasta
 - Humboldt
 - Alameda
 - Los Angeles
 - San Diego
 - San Bernardino
 - Solano
 - Sacramento
 - Yolo
 - Amador
 - Calaveras
 - San Luis Obispo
 - San Joaquin
 - Kings
 - Fresno
 - Mendocino
 - Butte
 - Others...

Riverside County

- Health Strategic Plan 2003 – 2006
 - Goal #5 Creating more “Livable Communities”
 - Work with planners, transportation agencies, developers, schools and community organizations to ensure that health and safety factors are considered in community design



Vicinity Map
Not to Scale

Source: Riverside County
Health Department

Riverside County — Collaboration with Planning: Public Health Sponsored Trainings

- Community Design and Public Health
- LGC presented Pedestrian Design Standards
- Planning invited Public Health to participate in Field Trips



Source: Riverside County Health Department

Riverside County: Funding to Further Health Goals

- Program Coordinator funded by County General Fund
- California Center for Physical Activity – Mini Grants and Technical Assistance
- Caltrans SRTS non-infrastructure grant (\$460k)
- Caltrans Environmental Justice transportation planning grant for Mecca



Walkability Audit in town of Mecca

San Francisco Bay Area

- Alameda, Contra Costa, San Mateo and Solano Counties
 - Held educational workshops on health/community design
- Contra Costa County
 - Board Resolution
 - Walkable Community Workshops in low-income, Spanish-speaking neighborhoods
- San Francisco County
 - Health Impact Assessments
- City of Richmond
 - First to develop Health Element of General Plan

TO: **BOARD OF SUPERVISORS**
FROM: Mark DeSaulnier
DATE: June 20, 2006
SUBJECT: Built Environment



Contra
Costa
County

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) & BACKGROUND AND JUSTIFICATION

(1) RECOMMENDATION: Receive and accept presentation from Dr. Richard Jackson, former Public Health Officer for the State of California and author of "Urban Sprawl and Public Health: Designing, Planning, and Building for Healthy Communities".

(2) RECOMMENDATION: Direct the Ad Hoc Committee on Smart Growth to reconvene to consider the County's approach to the "built environment". Ask staff from the Community Development, Public Works, and Health Services Departments to participate to give input into the scope and substance of this effort.

(3) RECOMMENDATION: Direct the Ad Hoc Committee on Smart Growth to convene within 30 days from today. Ask the Community Development, Public Works, and Health Services Departments to work together to develop preliminary recommendations and report back to the Ad Hoc Committee on Smart Growth within 90 of the initial meeting.

FISCAL IMPACT: None to general fund.

BACKGROUND: Aspects of the environment that are human modified – from our homes, schools, communities and workplaces, to our parks, industrial areas, roads and highways – are more frequently being referred to as the "built environment". There is increasing evidence that this built environment affects our health in significant ways. Many modern health problems including obesity, heart disease and stroke, cancer, asthma, stress, and traffic related injuries are impacted by how and where we build our communities.

- January 2006
 - Educational workshops with County medical association, Local Government Commission, private sector
- Public Health department created an internal Public Health Development Checklist to evaluate development proposals

Public Health Development Checklist

TYPE: ☐ Subdivision Site Map

☐ Commercial Site Map

☐ Other

1. Neighborhood Streets: ☐ Applicable ☐ Not Applicable

A. Connectivity

☐ Grid
☐ Cul-de-sac
☐ Curvilinear

B. Street Widths

☐ >26ft.
☐ <26ft.

C. Block Length

☐ >500
☐ <500

Healthy Design:

Streets with a grid pattern that have a width of less than 26 ft. which includes curb, gutter and informal parking and block length minimum of 200 ft and maximum of 500ft.

2. Traffic Calming: ☐ Applicable ☐ Not Applicable

A. Chicanes

Yes No

B. Bulb outs

☐ ☐

C. Traffic circles

☐ ☐

D. Raised street crossings

☐ ☐

E. Pedestrian signals

☐ ☐

F. Pedestrian crossings

☐ ☐

every 300-600ft.

Healthy Design:

Streets in and around residential areas incorporate traffic calming measures that make pedestrian and bicyclist safety a priority.

Other: _____

3. Commercial Project Features: ☐ Applicable ☐ Not Applicable

☐ Public Plaza
☐ Trees
☐ Clustered Parking
☐ Pedestrian walkways
☐ Lighting

Healthy Design:

Commercial projects offer clustered parking, public places and pedestrian walkways that are clearly marked.

4. Sidewalk Characteristics: ☐ Applicable ☐ Not Applicable

A. Continuity

B. Planter strips w/trees

C. Width

D. Sidewalks on both sides

☐ Yes
☐ No

☐ Yes
☐ No

☐ <5ft.
☐ >5ft.

☐ Yes
☐ No

Healthy Design:

Sidewalks are on both sides of the street and continuous throughout development. Are 5ft or greater in width, and contain planter strips that are no less than 6ft wide.

5. Trails: ☐ Applicable ☐ Not Applicable

A. Present

B. Connects surrounding uses

C. Trees present

☐ Yes
☐ No

☐ Yes
☐ No

☐ Yes
☐ No

Width: _____ Surface Type: _____

Healthy Design:

Trails are present, linked to surrounding uses, are 8-14ft wide with a 3ft clearance zone on either side, offer shade trees and contain a surface type such as decomposed granite or asphalt that allows for multiple uses.

Created by Minnie Sagar, MPH Shasta County Public Health. <https://www.shastacounty.org/branches/public-health/branches/cdi/branches/healthy-communities/developmentchecklist>

Shasta County
 Public Health
 Healthy Communities

Los Angeles County

- Policies for Livable Active Communities and Environments (PLACE)
 - Grant program to partnership of local jurisdiction and community organization
 - 5 grants of \$100,000 for three years, \$25,000 for physical project
- Conferences in 2006 and 2007
- Providing health information to cities

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Policies for Livable, Active Communities and Environments

PLACE
Policies for Livable Active Communities & Environments


Fostering Policy Change

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PLACE Resources

Welcome The PLACE Program is a policy change that supports the development of healthy communities for all Los Angeles County residents.

Spotlight

Smart Snacker's

Learn how you can snack healthier on your next trip to a County vending machine, meeting, or fundraising event. *Smart Snacker's* is the Los Angeles County Worksite Food Policy campaign. [Learn More...](#)



Biking in Los Angeles

Do you want to make the City of Los Angeles more bike-



County funded Mobility Coordinator in Long Beach. Implemented vision to make it "the most bicycle-friendly city in America"

MODEL *for*
DESIGN
MANUAL

LIVING
STREETS

Los Angeles County 2011



ATtribution STATEMENT

This manual is made possible by funding from the Department of Health and Human Services through the Los Angeles County Department of Public Health.

The sponsors include the following groups:



UCLA Luskin School of Public Affairs
Luskin Center for Innovation

The manual was coordinated by:



County Public Health sponsored development of
Design Manual for Living Streets

Collaborating with Public Health — 2005

- Credible voice
- Neutral and skilled convener
- Provide the “public health” rationale
- Bring the health data and scientific rigor
- Link to under-represented groups
- Access to new funding streams

Benefits of Collaborating with Public Health

- Public Health has relationships with community residents and CBOs and is able to get their feedback on planning processes
- Public Health provides portal into equity and advocacy planning
- Often are already in the field with boots on the ground (e.g. doing nutrition classes, parenting classes, etc.)
- Can coordinate with NGOs and other organizations that may not be in the Planner's realm (e.g. Diabetes, Lung and Heart Associations)
- Planning Commissioners/City Council look to them as experts
- Increasingly funding sources, like Caltrans, SACOG, MTC etc., are requiring a public health perspective in applications for funding

Challenges to Collaborating with Public Health

- Public Health practitioners need to learn about the planning process and how they can interject themselves into the process.
- Public Health continues to be perceived as health care
- Planners sometimes feel that Public Health is not a planning issue per se, or that it is already implicit in what they do
- Sometimes advocacy groups will do an end run around the planners to accomplish their objectives if government perceived as being non-responsive.

Benefits of Collaborating with Planning

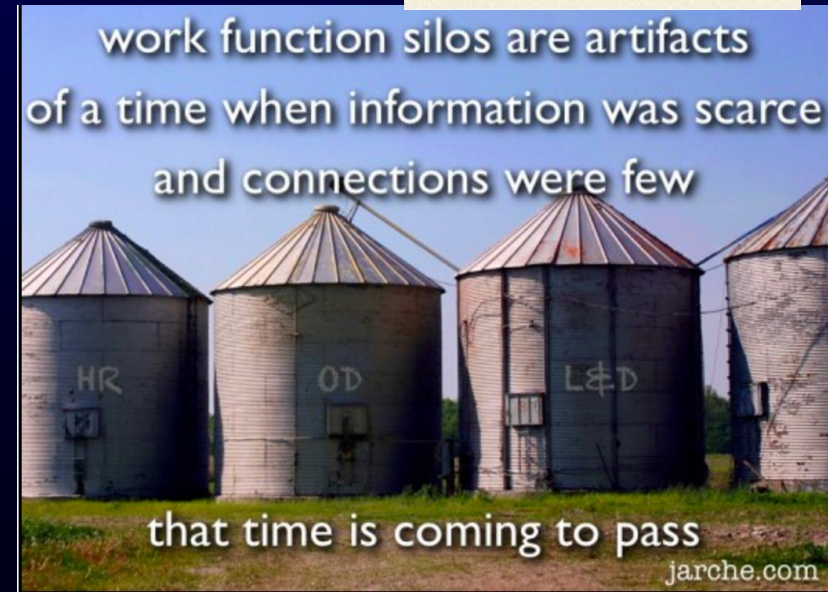
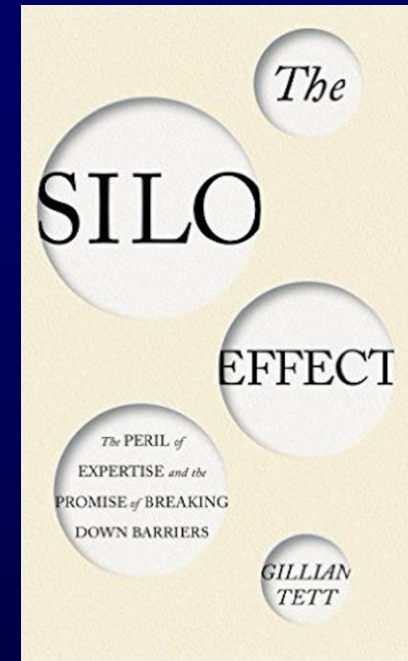
- Planning is the best public health ally for addressing upstream approaches and root causes of inequities through policy
- Keepers of the General Plan which contains goals and objectives all jurisdiction staff should be working toward
- Have authority to develop new ordinances that have potential to improve health
- Can help bridge conversations with other departments — like Public Works — that might be a little more difficult to partner with
- Real opportunity to put Health in All Policies into practice.
- Planners, in general, have similar values to public health professionals and have similar visions for a healthy community

Challenges to Collaborating with Planning

- Planners sometimes feel that “this is my turf” when talking about General Plan, Zoning, etc.
- Planners sometimes want public health staff to focus on health education rather than contributing to the conversation with policies and practices
- Including public health and community education and outreach into planning discussions can drag them out, making the process longer and more cumbersome
- Local elected officials and city staff may not be comfortable with health equity messages that public health brings

Mutual Benefits

- Broadens the way both professions see their work – integrate health in planning and built environment issues in health
- Maximize limited resources by working together to combat an issue or issues
- Allows you to approach an issue in multiple ways with area experts
- Expands our tool kits — learn from each other
- Policymaking developed by the two disciplines can be more powerful than if drafted independently



Thank you!



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