Preventable Planning:
Day-to-Day Steps to Fit Communities

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July 29, 2016

APA Sacramento: Plan4Health
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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.
Health Framework

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

Health Factors
- Health Behaviors
- Clinical Care
- Social and Economic Factors
- Physical Environment

Policies and Programs
- Tobacco use
- Diet & exercise
- Alcohol use
- Access to care
- Quality of care
- Education
- Employment
- Income
- Community safety
- Built environment
- Environmental quality

Adapted from County Health Rankings
One Simple Question

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
<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 from medical / Medicaid  |
|                           | • Sales tax  
• Property tax  
• Permitting fees  |
| **New regulations**       | • Affordable Care Act Implementation  
• Public Health Department Accreditation  |
|                           | • Sustainable Communities Strategy (SB 375)  
• GHGs in CEQA  
• Complete Streets Act  |
| **Funding and Staffing**  | • Constrained / Silo-ed  |
|                           | • Constrained / Silo-ed  |
| **Paradigm Shifts**       | • Infectious Disease → Chronic Disease → Social Determinants of Health  |
|                           | • Subdivisions and Strip Malls → Smart Growth/Sustainability → Equitable Community Development  |
Racial inequity in the U.S.

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

- Education
- Jobs
- Housing
- Criminal Justice
- Arts and Culture
- Equitable Development
- Health
- Environment
<table>
<thead>
<tr>
<th><strong>Institutional Racism</strong></th>
<th><strong>Structural Racism</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies, practices, and procedures that work better for White people than for people of color, often unintentionally.</td>
<td>A history and current reality of institutional racism across all institutions, combining to create a SYSTEM that negatively impacts communities of color.</td>
</tr>
</tbody>
</table>
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.
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.
Intersectionality
We hold many identities at once
“Healthy” Planning = More Equity?

YES!

IF policies are written with an equity focus
“Healthy” Planning = More Equity

Human development must come with “physical” development

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

Fairly distributes risks and resources through policy and budgetary priorities

Gives elected officials the tools to demand “healthier” and “smarter” developments
Governing for Racial Equity

- Develops goals and outcomes that will result in improvements for all groups
  - strategies are targeted based on the needs of a particular group.
- **Targeted universalism** will increase our collective success and be cost effective.
State General Plan Guidelines
## State GP Requirements

<table>
<thead>
<tr>
<th>General Plan Elements</th>
<th>Required Health-Related Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land Use</td>
<td>Development location, intensity, and mix</td>
</tr>
<tr>
<td>Circulation</td>
<td>Street network and design; pedestrian and cycling facilities; transit</td>
</tr>
<tr>
<td>Housing</td>
<td>Affordable housing</td>
</tr>
<tr>
<td>Noise</td>
<td>Community noise levels</td>
</tr>
<tr>
<td>Open Space</td>
<td>Active and passive open spaces including parks</td>
</tr>
<tr>
<td>Conservation</td>
<td>Protection of open spaces and agricultural land</td>
</tr>
<tr>
<td>Safety</td>
<td>Seismic; dam failure</td>
</tr>
</tbody>
</table>
The last update to the General Plan Guidelines was in 2003, and there have been numerous new laws, requirements, resources, and research that affect general planning.

- SB 375- Sustainable communities strategies
- SB 5- Flood management
- SB 743-VMT
- SB 244- Island or fringe communities
- AB 52- Tribal consultation
- AB 2140- Local hazard mitigation plans
- Many more!!

Current draft does not reflect the 2015 legislative cycle, but final will
Reason for update of the GPG

- Incorporate State planning priorities with local needs
  - Promote infill
  - Protect natural and working lands
  - Develop in an efficient matter

- As of 2015, more than half of local jurisdictions have general plans that are over 15 years old.
- The process of adopting a new general plan can be time consuming and costly.
Vision for the GPG Update

*a suite of tools*

1. Policy Document: General Plan Guidelines
2. Online Data Mapping Tool
3. Updated Website
Policy Document

Chapter 5: Healthy Communities

Strategies
Potential partnerships
Relationship to other elements

Correlations among Elements

<table>
<thead>
<tr>
<th>Healthy Communities</th>
<th>Land Use</th>
<th>Circulation</th>
<th>Housing</th>
<th>Conservation</th>
<th>Open Space</th>
<th>Noise</th>
<th>Safety</th>
</tr>
</thead>
</table>
| Identified in statute
| Closely related to statutory requirements
Chapter 5: Healthy Communities

Clear descriptions and analysis of health and its relationship to planning
Links to data sources. Links to model policy
### Chapter 5: Healthy Communities

<table>
<thead>
<tr>
<th>Intent of Analysis</th>
<th>Recommended Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy can be a good proxy for general health and well-being in the community. Many low-income areas suffer from early mortality and morbidity.</td>
<td>Life Expectancy at Birth</td>
</tr>
<tr>
<td>Asthma can be worsened by environmental triggers such as poor air quality, poor housing quality, and climate change, examining baseline conditions can help inform siting decisions.</td>
<td>Asthma (Prevalence, ED visits, hospitalizations)</td>
</tr>
<tr>
<td>Obesity is caused by many factors, but lack of access to healthy foods and physical activity are significant contributors. Examining baseline status can help with policy decisions around active transportation, recreation priorities, and food system policies.</td>
<td>Obesity (child and adult prevalence)</td>
</tr>
<tr>
<td>These diseases, also caused by many factors, are often associated with obesity. Examining baseline status can help with policy decisions around active transportation, recreation priorities, and food system policies.</td>
<td>Secondary diseases from obesity (high blood pressure, high cholesterol, heart disease, type 2 diabetes prevalence)</td>
</tr>
<tr>
<td>Many accidents involving pedestrians and bicycles could be improved through infrastructure, design, and signage. Examining a baseline can inform policy and planning for transit routes, active transportation, and safety.</td>
<td>Unintentional injury such as pedestrian and bicycle accidents</td>
</tr>
<tr>
<td>Walk trips is a behavior that benefits health and is influenced by the environment. Examining a baseline number can help inform active transportation and for</td>
<td>Walk trips per capita</td>
</tr>
</tbody>
</table>
### OPR Recommended Policies

A full list of recommended policies can be found [here](#).

As is the case throughout the entire general plan, many of the policies have relation to other elements. This is particularly true with the health-related policies, below are some of the top priorities for consideration. A full appendix of example health related policies are in appendix A.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Example</th>
<th>Relation to other elements</th>
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<tr>
<td>[city, county] shall prioritize Transit-Oriented Development that connects housing to local jobs</td>
<td></td>
<td>Circulation, land use, housing, economic development, social equity, climate change</td>
</tr>
<tr>
<td>[city, county] shall provide job training opportunities that match resident skill to locally available jobs</td>
<td></td>
<td>Economic development, social equity</td>
</tr>
<tr>
<td>[city, county] shall require employment centers to provide traffic demand management to support alternate commutes to work</td>
<td></td>
<td>Circulation, land use, climate change</td>
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<tr>
<td>[city, county] shall site anchor institutions in transit-oriented corridors</td>
<td></td>
<td>Circulation, land use, housing, economic development, social equity, climate change</td>
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Chapter 6: Social Equity, Environmental Justice, and Community Resilience

- Definitions for equity and environmental justice
- Considerations in planning
- Potential mitigation strategies
Mapping Tool

- Layers of data from state and federal sources, local can be added in

http://maps.gis.ca.gov/demos/opr/genplan/webform1.aspx
Healthy General Plan Considerations

- Jurisdiction (if County)
- Responsibility (not just the planning department)
- Include social and economic policies vs. only built environment
- Level of detail (visionary yet implementable)
- Funding and staff to implement
- Build political support throughout process
- Partner with the Health Dept and other agencies from the start
- Ensure there is community support
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?
Salinas HiAP: Economic Development

Monterey County Health Dept. wanted Health Elements for county and cities

- Saw Economic Development as an opportunity to include HEALTH POLICIES in the Salinas General Plan

Inside-outside strategy with BHC and other CBOs from HiAP group

- Revised indicators
- Collaborated with BHC to engage low-income and communities of color in process
  - Set new standard for community planning processes
- Worked with city to incorporate health language into policies

Engage HiAP partners in EDE

- Trained HiAP members in the intersection of economic development and health
- Non-traditional Economic Development Partners saw their connection to the plan....and ways they could contribute ideas
BHC & Monterey County Health Dept. Support Salinas Econ Element Process

City of Salinas Staff and Econ Consultants

BHC Consultant (R+A)

Econ Equity Indicators Analysis and Element Policy Writing

BHC Economic Development workgroup of East Salinas CBOs

BHC Added Value
- East Salinas focused community outreach
- Policy direction
- Priority setting
My vision for economic opportunity in Salinas is: To have good career opportunities when I come back from college.

My vision for economic opportunity in Salinas is: Equity.

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

Private Investment & Development

Safety, Jobs & Health

Public Investment In Services & Infrastructure
Topic Areas

- East Salinas-specific policies
- Community engagement
- Criminal justice: Offender re-entry
- Food access
- Income inequality
- Workforce
- Youth
- Farmworker
Economic & Health Equity Outcomes

- Policies with a health equity framework
- Health and equity indicators included in evaluation metrics
- Influenced 5-year priority actions plan
- Demonstrated that East Salinas residents have valuable contributions
- Culturally-appropriate community engagement
- Planning Director and City Council now talk about health equity as an economic development goal

EDE received State-wide APA Merit Award, Award of Excellence from APA California Northern Section Award)
East Salinas BHC Reflections

Trade-offs between poverty abatement, smart growth, and health
- Annexation, sprawl, industrial development

Room of consultants and City staff NOT from Salinas scored priorities
- This perplexed East Salinas CBOs

Foundation had to fund the opportunity for marginalized community to participate in a city’s public process
- BUT the investment paid off!