California Wellness Plan Implementation

Health in Planning within California's Local Health Departments, 2015

Jointly produced by the California Department of Public Health,
the California Conference of Local Health Officers and
the County Health Executives Association of California
Chronic Disease Prevention Leadership Project

9/29/2015

California Department of PublicHealth

CCLHO CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS

CHEAC

This report was supported by the Centers for Disease Control and Prevention (CDC) Preventive Health and Health Services Block Grant. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

The content included in this report may be reproduced with the following citation:

California Department of Public Health and California Conference of Local Health Officers and County Health Executives Association of California Chronic Disease Prevention Leadership Project. 2015. California Wellness Plan Implementation: Health in Planning within California's Local Health Departments. Sacramento, California.

Cover Photo Credit: Network for a Healthy California

©2015 California Department of Public Health

Table of Contents

1. EXECUTIVE SUMMARY 1
2. INTRODUCTION/BACKGROUND 3
3. DATA COLLECTION METHODOLOGY 3
Electronic Survey 4
Key Informant Interviews 4
Literature Search 5
4. FINDINGS 5
Key Electronic Survey Findings 5
Key Informant Interviews: Elements for Successful Engagement 6
5. DISCUSSION: LHD CAPACITY BUILDING NEEDS 13
6. RECOMMENDATIONS FOR ACTION 14
7. CONCLUSION 15
8. APPENDICES 17
APPENDIX A: ACKNOWLEDGMENTS 18
APPENDIX B: CONTRIBUTING PARTNERS 19
APPENDIX C: ELECTRONIC SURVEY INSTRUMENT 23
APPENDIX D: ELECTRONIC SURVEY FINDINGS 32
APPENDIX E: KEY INFORMANT INTERVIEW PROTOCOL 45
APPENDIX F: KEY INFORMANT INTERVIEW FINDINGS 46
Contra Costa Health Services (CCHS) 46
Humboldt County Department of Health and Human Services, Public Health (HCDHHS-PH) 47
Lake County Public Health Department (LCPHD) 48
Monterey County Health Department (MCHD) 49
Orange County Health Care Agency (OCHCA) 51
County of Riverside Department of Public Health (CRDPH) 52
Sacramento County Public Health Department (SCPHD) 53
County of San Diego Health and Human Services Agency (SD-HHSA) 55
San Francisco Department of Public Health (SFDPH) 55

HEALTH IN PLANNING WITHIN CALIFORNIA'S LOCAL HEALTH DEPARTMENTS

1. EXECUTIVE SUMMARY

This report summarizes the results of an environmental scan conducted to assess local health department (LHD) involvement in creating healthy built environments through community design and land use planning in California. This report and its findings will inform work to expand LHD capacity to engage in these efforts to create healthy communities in alignment with Let's Get Healthy California priorities and California Wellness Plan goals. It was undertaken by the California Conference of Local Health Officers and the County Health Executives Association of California Chronic Disease Prevention Leadership Project (CCLHO-CHEAC CDPLP or CDPLP) in partnership with the California Department of Public Health (CDPH). Data were collected through an electronic survey, key informant interviews, and a review of publications.

At least forty-six LHDs responded to the electronic survey. Half of the LHDs reported having a person/program to work on health and planning. Multiple funding streams were reported to support efforts, nevertheless 17 percent of LHD respondents reported having no funding for this work. LHD respondents reported useful mechanisms in developing partnerships with planners, including convening stakeholders and providing comments to plans/project development. LHD challenges to working with planners included lack of dedicated staff time and funding (68 percent of respondents) and no mandate/ authorization for LHD to participate in planning (55 percent). Key needs of LHDs identified in order to interact more effectively with planners included: knowledge of funding/collaborative opportunities (85 percent of respondents), how to create opportunities to come together with planners to identify partnerships (72 percent), and models/approaches for incorporating health into planning (72 percent). The most important areas at the local level for public health to join planners in community design and built environment included food systems/access to healthy food retail (71 percent of respondents) and active transportation planning (56 percent). Emerging issues for LHDs (i.e., LHDs not yet involved, but issue locally relevant) included school districts planning/siting, climate change, and affordable housing.

Key informant interviews were conducted with nine LHDs representative of the diversity of California. The following elements for successful and effective engagement with planners were shared: foster partnerships with non-traditional public health sectors; develop internal infrastructures and capacity; adopt a comprehensive, integrated approach that addresses the social and community factors that impact chronic disease and health inequities; blend and leverage internal and external funding; incorporate planning into community health indicator projects and public health accreditation efforts; collaborate with partners to address the challenges of data, monitoring, and evaluation;

promote shared community values in communications and solutions to achieve mutual benefit among partners; and tailor approaches to respond to the local context. Concrete and detailed LHD experiences are provided in this report to encourage collaboration and innovation.

While advances are being made to engage planners around healthy community designs and land use planning, major gaps in LHD capacity need to be addressed. LHD skills building to consider include: increase understanding of planner language, processes, responsibilities, authority/mandates, data metrics, and measures; communicate and frame the need for healthy built environments in ways that will promote shared values and concerns; engage in more regular discussions with planners to identify new partnership prospects and possible collaborative funding; and share evidence-based LHD models/approaches for incorporating health into planning.

To sustain this work and build capacity, CDPH, in partnership with LHDs, can: support LHD efforts to leverage and blend funding streams at the local level; continue to develop and share tools in areas where the State has expertise (see www.casaferoutestoschool.org); support LHDs around their local data needs, including access to local community health data and non-traditional data that has relevance for public health; promote cross-sector communication, collaboration and partnerships with other State entities; and share information about opportunities to give input into state-level efforts that have local implications. The state Office of Health Equity and the Health in all Policies (HiAP) program staff can play a critical role, for example, in housing policies and equity issues. CDPLP will develop and conduct training and offer technical support and networking opportunities based on the findings in this report to work with LHDs to support their unique needs and concerns.

California LHDs have made significant strides in incorporating a public health perspective into planning, but many challenges remain. Lessons they have learned provide a foundation and a direction for integrating public health considerations into planning at the local, regional, and state levels. State and regional leaders need to work with local jurisdictions to create a coherent, cohesive approach statewide that will support local interests and concerns. CDPH can play a critical role in helping to support and disseminate promising approaches that link planning and public health. CDPH programs, such as Safe and Active Communities Branch (SACB) and HiAP, are critical to strengthen communication and partnerships with other State entities, and introduce public health into community design and land use planning processes at the state level.

2. INTRODUCTION/BACKGROUND

This report summarizes the results of an environmental scan conducted to assess local health department (LHD) involvement in creating healthy built environments through community design and land use planning in California. It builds on priorities outlined in the Let's Get Healthy California Taskforce Report[1] and goals of the California Wellness Plan (CWP),[2] California's chronic disease prevention and health promotion plan. CWP was created by the California Department of Public Health (CDPH) in collaboration with key stakeholders statewide. CWP's aim is to align common public health approaches to reducing chronic disease in California and create environments in which people can be healthy. The Advancing Prevention in the 21st Century, Commitment to Action 2014 (P21) meeting brought together statewide partners from public- and private-sector organizations to advance its strategies.

The California Conference of Local Health Officers and the County Health Executives Association of California Chronic Disease Prevention Leadership Project (CCLHO-CHEAC CDPLP or CDPLP) was actively involved in planning P21. Subsequently, CDPLP decided to focus its efforts on CWP's Goal Area 1 to "create healthy, safe, built environments that promote active transport, regular daily physical activity, healthy eating and other healthy behaviors, such as by adoption of health considerations into General Plans." This report will inform CDPH and CDPLP's efforts to build LHD capacity in this area.

A Partnership between Local and State Health Departments

CCLHO and CHEAC jointly established CDPLP in 2008.[3] CDPLP works to make chronic disease prevention a priority in California's LHDs and promote upstream policy, systems, and environmental changes to reduce chronic disease and related health inequities. The project is directed by a statewide cross-disciplinary leadership team representing twenty-four rural, urban, and suburban LHDs, with support from CDPH via funding from the Centers for Disease Control and Prevention (CDC) Preventive Health and Health Services Block Grant.

3. DATA COLLECTION METHODOLOGY

A work group comprised of CDPLP representatives, Bay Area Regional Health Inequities Initiative (BARHII) staff, and HiAP staff was convened to guide the environmental scan project process (see Appendix B for member list). The work group established the project's focus, helped design, pre-test and reviewed the survey

[1] www.cdph.ca.gov/data/informatics/Documents/Let's_Get_Healthy_California_Task_Force_Final_Report.pdf
[2] https://www.cdph.ca.gov/programs/cdcb/Pages/CAwellnessplan.aspx
[3] cclho-cheacchronicdiseaseleadershipproject.com/

findings, made suggestions for follow-up interviews, and gave input for the report's recommendations. CCLHO Chronic Disease Control Committee received updates at their quarterly meetings, and CHEAC was kept informed through its CDPLP representatives.

CDPLP collected information from California's LHDs about their level of involvement with community design, land use planning and other efforts to create healthy built environments. Information was gathered through an electronic survey, key informant interviews, and a review of pertinent literature and reports. The built environment was defined as the "physical spaces created or modified by humans, where we live, work, study or play, including homes, commercial or public buildings, streets, highways, parks and other open spaces and infrastructures" (adapted from definitions by the Centers for Disease Control and Prevention and National Association of County and City Health Officials[4]).

Electronic Survey

An electronic survey was sent to over two hundred LHD leaders from California's 61 jurisdictions, via CCLHO and CHEAC members and their statewide counterparts in nutrition, public health nursing, health education, data managers/epidemiologists, and Maternal, Child, and Adolescent Health directors (See Appendix C for survey instrument). In addition, a CDPLP member collected information from three of the non-responding jurisdictions.

Seventy-five staff from forty-six LHDs responded to the electronic survey between March 30, 2015, and May 4, 2015, (75 percent LHD response rate at minimum), including six respondents that did not identify their agency. The data were initially analyzed for all seventy-five responses, which included multiple surveys from eleven jurisdictions. Because these multiple responses from individual LHDs potentially skewed the results, the survey was re-analyzed using one response per LHD from the most senior-level staff person engaged in the work for those that identified their agency. The latter analysis was used for this report and included a total of 52 respondents (i.e., forty-six respondents who identified their agency and six respondents who did not identify their agency).

Key Informant Interviews

From April 1, 2015, to May 15, 2015, interviews were conducted with nine LHDs representative of California's diverse geographic regions, varying population sizes and demographics, as well as, rural, suburban, and urban communities.

[4] http://www.cdc.gov/nceh/publications/factsheets/ImpactoftheBuiltEnvironmentonHealth.pdf

The following nine Counties in California were selected for key informant interviews to collectively illustrate the range of involvement (from very little to extensive) in a variety of local planning issues, and to describe innovative LHD approaches, strategies, or models:

Contra Costa	Riverside
Humboldt	Sacramento
Lake	San Diego (only limited pre-approved information provided)
Mendocino	San Francisco
Orange	

Literature Search

CDPLP contacted the staff from the HiAP Task Force, the Center for Climate Change, the Governor's Office of Planning and Research, ChangeLab Solutions, and BARHII to identify materials on LHD involvement in planning. Case studies from CA4Health were reviewed,[5] as were the American Planning Association's National Planning and Community Health Research report (2012),[6] and the Metropolitan Area Transportation Planning for Healthy Communities reports.[7] Documents from the San Diego Health and Human Services Department were reviewed for inclusion.

4. FINDINGS

Key Electronic Survey Findings

Profile of Respondents

The survey responses came from: health officers (25 percent of respondents), public health directors (28 percent), senior agency managers (19 percent), chronic disease managers (18 percent), Data/Epidemiology Managers (6 percent), and Other (17 percent). Thirty-one percent of respondents had been with their LHD for five years or less.

Key findings from the LHDs that responded:

A. **Staff resources:** About half of LHD respondents reported having a point person (58 percent) while 44 percent of respondents reported having a program that works on health and planning (with another 27 percent reported having a program somewhat designated).

[5] http://www.ca4health.org/successes-to-date/

[6] Healthy Planning: An evaluation of comprehensive and sustainability plans addressing public health, American Planning Association, 2012 https://www.planning.org/research/publichealth/pdf/evaluationreport.pdf

[7] Metropolitan Area Transportation Planning for Healthy Communities, December 2012. http://www.planning.dot.gov/documents/Volpe_FHWA_MPOHealth_12122012.pdf

B. **Funding sources**: Respondents reported funding their work with planners through various funding streams, including local county funds (64 percent of respondents), Nutritional Education and Obesity Prevention (47 percent), CDC funding (e.g., 1422 Communities in Action 13 percent, Partnership to Improve Community Health 11 percent); and the California Department of Transportation (Caltrans 23 percent). 17 percent of respondents have no funding for this work.

C. **LHD roles**: Respondents reported useful mechanisms in developing partnerships with planners: convene stakeholders (68 percent of respondents); provide comment to plans/project development (66 percent); schedule meetings with planners to give input on health issues in planning (59 percent); and contribute to grant proposals (59 percent).

D. **Challenges**: Staff time/funding (68 percent of respondents); participation is not mandated/authorized (55 percent); not informed about planning processes being undertaken (49 percent); planners do not understand how public health can contribute (44 percent); and, cannot provide geographic-level data to inform planning in a timely manner (38 percent).

E. **Capacity building needs**: Information on available funding/collaborative opportunities (85 percent of respondents); opportunities to come together with planners to identify partnerships (72 percent); models/approaches (72 percent); understanding what data, metrics, and measures planners use (63 percent); and understanding planner language, processes, responsibilities, authority, and legislative mandates (57 percent).

F. **Opportunities to work with planners**: Food systems/access to healthy food retail (71 percent of respondents) and active transportation planning (56 percent).

G. **Emerging issues (i.e., LHDs not yet involved, but issue locally relevant)**: School districts planning/siting, climate change, and affordable housing.

Key Informant Interviews: Elements for Successful Engagement

Eight elements were identified that need to be in place for LHDs to effectively engage with planners. While some are not new to public health, they are especially critical to address the complex factors that influence chronic disease. The elements are illustrated with real life examples drawn from small, medium, and large LHDs working on a variety of planning-related issues (See Appendix F for complete description).

A. Foster partnerships with non-traditional public health sectors to support shared agendas/goals for healthy communities.

Community design and land use planning for healthy built environments is a relatively new area for LHDs, requiring an increase in LHD capacity and expertise needed to take the lead. New partnerships are required with city and county government, regional planning bodies, and transportation, community development, housing and economic development planners. LHDs must learn the language of these new partners and how their interests align with community health goals. LHDs can offer public health expertise and support that links planning to health, lending credibility and accountability to plans and proposals. They have a legitimate role in helping planners to use community design to address the built environment elements that contribute to chronic disease and health inequities.

Despite having no dedicated funding**, Sacramento County Public Health Department (SCPHD)** has responded to planners' agendas and supported them with a public health perspective. When the Regional Parks Director launched a campaign to increase park utilization, the Health Officer (HO) produced a customized "parks prescription" included in a brochure sent to all County residents. When the County received an infrastructure grant to increase density around light rail corridor stations, the SCPHD helped engage WALKSacramento, the Local Government Commission, and others to raise awareness of the health benefits of walking to and from transit. The HO and County Planner later applied for and were accepted to participate as a local cross-sector team with the National Leadership Academy for the Public's Health program.[8] The team developed an easy-to spot icon for the Sacramento County Draft Zoning Code Development Standards that highlighted design guidelines with a health impact.[9] Judy Robinson, County Planner, observed, "We took planner language, and applied the health lens to it."

Monterey County Health Department (MCHD) works with other sectors to strategically use built environment, land use, and economic development planning opportunities to bring forward a public health

[8] http://www.dialogue4health.org/about/projects/national-leadership-academy-for-the-publics-health

[9] Sacramento County Adopted Design Guidelines including Active Design -
Zoning Code link:
http://www.per.saccounty.net/LandUseRegulationDocuments/Documents/ZoningCodes/FINAL%20ADOPTED%20ZONING%20CODE%20Sept%2025%202015/Zoning%20Code%20COMPLETE%20Effective%20September%2025,%202015.pdf
Design Guidelines link:
http://www.per.saccounty.net/LandUseRegulationDocuments/Documents/ZoningCodes/FINAL%20ADOPTED%20ZONING%20CODE%20Sept%2025%202015/Development%20Code%20Design%20Guidelines%20ADOPTEDJuly%2022,%202015.pdf

approach. When MCHD was asked to review the health impacts of wind turbines for a specific project, they focused on how they could contribute by identifying where a health perspective would be useful. They learned how to work together with planners to supplement the required planning process with a thorough health-focused research review. Prepared with valid science to address potential health impacts during planning commission hearings, the partnership helped get the green energy project approved. Relationships developed through this effort led to consideration of the health impacts of a County-wide ordinance for wind turbines (through a ministerial permit process) to increase green energy, and support the health of all residents.

B. Develop infrastructure capacity to sustain the work with planners.

LHDs need to be proactive in creating broad chronic disease prevention agendas and putting in place the infrastructures and staffing patterns needed to carry them out. By doing this work in advance, LHDs can position themselves to respond quickly to emerging opportunities with staff that can provide support to new community and city-led efforts.

Very small jurisdictions often lack the resources needed to develop and maintain this infrastructure capacity. They rely heavily on the long-term, trusting relationships they have built with partners who can help carry out the work, and don't always have the time or ability to rebuild relationships when staff members leave.

Monterey County Health Department (MCHD) developed a sustainable infrastructure by establishing a Health Equity Policy Unit and requiring its bureaus to financially support it. This Unit provides backbone staffing to local task forces working on planning. MCHD provides data to help planners prioritize what to fund; shares evidence-based approaches that could be used; conducts assessments to identify gaps and inform future planning; and helps to create a shared language among sectors and disciplines.

The **County of Riverside Department of Public Health (CRDPH)** has worked at multiple levels to build the Agency's capacity to advance its vision for a healthy community. Early on, CRDPH trained all staff on the links between health and built environment, setting the stage for launching the Healthy Riverside County Initiative in 2011,[10] which focuses on environmental factors influencing health and chronic disease. CRDPH then convened transportation and other planners in a cross-sector coalition that developed a Community Transformation Grant proposal. Although it was not funded, the effort developed strong working relationships they capitalized on when The California Endowment (TCE)

[10] http://www.healthyriversidecounty.org/

funded one of their partners for the Building Healthy Communities project. CRDPH successfully negotiated with TCE for funding to hire an urban planner. Housed in CRDPH, the urban planner consults with cities to develop health elements and incorporate a health perspective into other planning efforts. The urban planner was critical in supporting the development of the Healthy Cities Resolution Toolkit, which is helping cities to incorporate health in planning and built environment designs.

C. Adopt a comprehensive, integrated approach to address the social and community factors that influence chronic disease and health inequities.

Chronic diseases cannot be prevented without addressing the economic, environmental, social, and infrastructure conditions that keep communities from being healthy. LHDs in California are integrating models that promote policy, systems, organizational and environmental changes that will positively impact these factors and promote health in all communities.

The **San Francisco Department of Public Health (SFDPH)** spearheaded a comprehensive, integrated approach to address healthy nutrition and food access and reduce unhealthy influences,[11] by establishing a healthy retail program that linked economic development and public health. The program's initial pilots supported small independent businesses and corner stores to shift their business models and sell healthy products in two diverse, low-income communities.[12] SFDPH continues to support the coalitions leading the effort, and to staff the County's Healthy Retail San Francisco program in partnership with the Economic Development Department. With its emphasis on community leadership through local food justice advocates and food guardians, the project "is a marriage of economic development, workforce development and public health," observed Susana Hennessey Lavery, Health Educator.

D. Blend and leverage funding for broader impact.

LHDs use various approaches to increase funding to support health and built environment planning. Many blend internal categorical funding sources with common agendas, such as tobacco control programs, Safe Routes to School (SRTS), Supplemental Nutrition Assistance Program Education (SNAP-Ed), and state and federally funded chronic disease prevention programs. Others help their planning partners leverage and compete for external funding. Some larger LHDs use regional approaches to extend their impact more broadly. SRTS and Active Transportation Planning (ATP) grants have provided specific opportunities to join with planners to combine infrastructure and non-infrastructure projects.

[11] http://www.healthyretailsf.org.
[12] http://www.southeastfoodaccess.org/; and http://www.healthytl.org/

Contra Costa Health Services (CCHS) found that offering staffing support to proposals and grants enhanced public health's credibility, gave cities a strong economic incentive to engage with them, and helped bring significant outside funding into the County. As city improvement plans were adopted, CCHS helped identify opportunities for additional funding and laid the groundwork for cities to successfully compete for these funds. Its work with Richmond, San Pablo, and Concord helped bring in millions of dollars to fund community-identified improvements to built environments.

County of Riverside Department of Public Health (CRDPH) has supported the efforts of its external partners by using the Agency's powerful position to promote more comprehensive approaches to creating healthy built environments. They leveraged partnerships with County Transportation and Land Management Agencies and city Public Works Departments to secure more than $2.5 million in infrastructure and non-infrastructure funding to expand SRTS scopes of work.

Humboldt County Department of Health and Human Services, **Public Health (HCDHHS-PH)** built on its partnership with local Safe Routes to School task forces to bring public health into the County's ATP process. When ATP Round Two funding was announced, the HCDHHS-PH was invited to help the Humboldt County Association of Governments think about engaging them in the application process. The resulting funded proposals focus on a combination of infrastructure, encouragement, and education activities (e.g., traffic slow-down, bike safety education). With the two strong SRTS coalitions as co-collaborators, the HCDHHS-PH will work more extensively with planners and engineers to incorporate a public health perspective into the development of these strategies.

E. Legitimize public health involvement by incorporating planning into public health accreditation efforts and community health indicator projects.

LHDs are not specifically mandated by regulation or code to engage in work with planners. Some engage in the work despite this, on the assumption that community design for healthy built environments is implicit in their charge to protect the public's health. Others face significant challenges to making that case with local decision makers. Some LHDs have legitimized their role by incorporating planning in categorically funded grant work or agency strategic plans, or through community health assessments and national public health accreditation efforts.

Humboldt County Department of Health and Human Services, Public Health (HCDHHS-PH) is incorporating a healthy community's perspective and goals into its Community Health Improvement Plan (CHIP), which will inform the HCDHHS-PH's accreditation efforts. The CHIP outlines

community-identified concerns that lend themselves naturally to built environment objectives, including issues such as food access and placement of healthy stores, safety and walkable communities, and the need for increased sense of social cohesion. HCDHHS-PH is connecting these community health issues to community design interventions, establishing a legitimate role for public health to participate in local planning.

Monterey Public Health Department (MPHD) is imbedding built environment principles and a HiAP approach into its accreditation process. Prior to the onset of accreditation planning, the Health Director solicited more community engagement in developing the Agency's strategic plan. MPHD wove identified community priorities, such as transportation, affordable housing, and better jobs, into the plan. Presenting HiAP as a potentially unifying approach, staff created policy-specific actions, and proposed the creation of a policy unit within MPHD. With Board of Supervisors' approval, the strategic plan legitimized the Agency's role in working in this new area. MPHD has incorporated those issues into its accreditation process.

F. Work with partners to address data, monitoring, and evaluation challenges. Data on the links between community health and the built environment is critical to determine where to focus planning, prioritize interventions, and evaluate their impact on health. LHDs often do not have access to current community health data at the level needed for planning. They are not well informed about non-traditional public health data that may be pertinent to incorporating a health perspective into planning, such as local transportation use. Rural counties are challenged in a different way, with small population numbers making it challenging to use epidemiology to monitor statistically significant trends, identify and justify areas of need, and evaluate program impacts. LHDs must collaborate with the planning sector, academic institutions, and CDPH to identify new data sources and develop relevant tools for collecting and analyzing local data.

County of San Diego Health and Human Services Agency (SD-HHSA) partnered with San Diego State University (SDSU) and the San Diego Association of Governments (SANDAG), to sponsor the Bikes Count Project[13] to inform decisions on future bicycle-related improvements throughout the County. SDSU initially installed 28 bicycle-counter locations in 14 cities, and now has expanded to include 54 bike and pedestrian counters in 15 municipalities. Tracking bicycling and pedestrian trips has offered essential information leading to a more

[13] Healthy Works Grant Summary: Communities Putting Prevention to Work, December 2014.

balanced and healthy transportation system that supports active living, and helped justify critical investments to improve active transportation infrastructures. SDSU recently provided Bikes Count data to the City of San Diego as it prepared to approve the San Diego Bicycle Master Plan update. That plan - which will double the city's bicycle network during the next 20 years - was approved by the City Council.

G. Frame public health messages and healthy built environment solutions in ways that promote shared community values and achieve mutual benefit among partners.

Public health's commitment to healthy and vibrant communities is shared by planners, who want to design places where communities can thrive. This shared value offers an opportunity to partner together to look at communities holistically. LHDs have found that they also need to consider the impact of built environment interventions on other powerful and influential sectors at the local level if they are to be perceived as a legitimate partner. In many LHDs, the business or development communities are key players.

Orange County Health Care Agency (OCHCA) has become conversant in linking economic benefits that are important to city and county officials with those important to health. OCHCA recognized early on the need to consider the impact on the business community of their recommendations around the built environment. For example, it was important for them to be in sync with Orange County's Metropolitan Planning Organization (MPO) plan priorities, to avoid recommending proposals that might lead to loss of local funds such as Measure M dollars. To avoid potential conflicts such as this, when they are asked to comment on regional planning documents and proposals, OCHCA sends their recommendations first to the County Planning Department for review and inclusion with the County Planning Department's comments. This gives the OCHCA greater credibility as a collaborative partner. Amy Buch, division manager, explained "We had to learn how to craft our messages carefully and knit our recommendations together so we didn't set up cities, the county and communities against each other. We needed to create mutually beneficial opportunities for all."

H. Tailor approaches to respond to local context, particularly in rural jurisdictions.

California's rural communities have very different built environment design issues than more urban or suburban areas. Residents of rural communities value the wilderness settings they live in, and can see the work of public health as a threat to that way of life. Built environment interventions that focus on complete street

designs, pedestrian sidewalks and bike paths, and plans to eliminate food deserts are not always relevant or desirable in these areas.

> **Lake County Public Health Department (LCPHD)** has found that walkable community and complete street designs are irrelevant in a jurisdiction that is trying to get paved streets wide enough for two-way traffic and where sidewalks are seen as destroying the environment that residents treasure. Parent concerns about mountain lions, bears, and unleashed dogs wandering near where kids wait for buses take precedence over SRTS concerns found elsewhere. Nonetheless, as the Lake County Area Planning Council was developing its Regional Blueprint 2030[14] for planning communities, open spaces, and transportation and population centers, they invited the HO to participate in the early phases. She offered a public health perspective that resulted in a plan that included active transportation elements to help residents get to distant services.

5. DISCUSSION: LHD CAPACITY BUILDING NEEDS

The environmental scan identified current activities, challenges and opportunities for public health to inform planning, and the support needed to help LHDs effectively engage with planners. While advances are being made to engage planners around healthy community designs and land use planning, major gaps in LHD capacity, knowledge, and relationships need to be addressed.

LHD skills building may be considered in the following key areas:

A. Knowledge: Gain better understanding of: planner language, processes, responsibilities, and authority/mandates; planner data, metrics, and measures; and, how to use epidemiology more effectively to monitor trends, identify needs, and evaluate programs, particularly in sparsely populated rural communities.

B. Communication skills: Learn how to effectively frame the need for healthy built environments in ways that will promote shared values and concerns.

C. Networking: Engage in more regular discussions with planners to identify new partnership prospects and possible collaborative funding. Explore non-traditional sources for funding, such as Cap and Trade (see Institute for Local Government site[15]) and Active Transportation Planning grants, which LHDs may be able to tap into.

[14] http://www.lakeapc.org/docs/Final%20Blueprint%202030-Phase%20III.pdf
[15] http://www.ca-ilg.org/cap-and-trade-resource-center

D. **Peer learning exchange**: Share concrete examples among LHDs of: evidence-based models/approaches for incorporating health into planning; how LHDs demonstrate the value and contribution of public health; and, how to incorporate health in planning into local community health improvement plans/accreditation efforts.

E. **Accessing non-traditional data resources**: Learn about and gain access to data collected by other sectors that is relevant to public health.

6. RECOMMENDATIONS FOR ACTION

CDPLP conducted this environmental scan to inform CDPH and CDPLP's decisions about priority areas to work on to increase LHD capacity in the next two years.

CDPH Role in Partnership with LHDs

The state-local health department partnership can continue to be an important resource to support LHDs to effectively engage with local planning. Several examples illustrate the potential for the State to support this work. Efforts by CDPH's HiAP and SACB staff to encourage Caltrans to include language requiring participation with LHDs in Round Two ATP funding led to many city and county agencies engaging their LHDs, lending tremendous legitimacy to their role. In addition, CDPH SACB continues to provide specialized technical assistance to LHDs to help ensure that ATP applicants and awardees have access to public health expertise. The California Tobacco Control Program's Healthy Stores for a Healthy Community (collaboration between tobacco, nutrition and alcohol programs) is giving LHDs flexibility to use that funding to integrate work in these areas.[16] Also, CDPH has produced key tools such as its Healthy Communities Data and Indicators and provided technical assistance to LHDs through programs like the Community Health Indicators Project.[17]

CDPH, in partnership with LHDs, can continue to encourage and advance this work in the following ways:

A. **Support LHD efforts to leverage and blend funding streams at the local level**. CDPH could help convene state funders and LHDs that are experienced with balancing categorical grant requirements with more comprehensive efforts, to discuss how the State can support this approach. California's experience with Emergency Services programs could be a model for how LHDs leveraged emergency preparedness funding to increase overall public health capacity through mass immunization exercises.

[16] County and regional healthy community data is available at http://www.healthystoreshealthycommunity.com/
[17] http://www.cdph.ca.gov/programs/pages/healthycommunityindicators.aspx

B. **Continue to develop and share tools in areas where the State has expertise**. LHDs may lack expertise in certain areas, such as epidemiology, and need help to adapt tools and approaches. Rural health departments, in particular, often lack this expertise.

C. **Support LHDs around their data needs**. CDPH can promote improved access to local community health data, help identify what exists in other sectors that could be accessed, and assist rural communities with ways to adapt epidemiology tools to monitor trends, identify needs and evaluate programs in their communities.

D. **Promote cross-sector communication, collaboration and partnerships with other State entities.** CDPH can help to legitimize the role of LHDs in community design and land use planning for healthy built environments

E. **Share information about opportunities to give input into state-level planning that has local implications**. This includes opportunities in the emerging areas of affordable housing, school district master planning, and climate change. The CDPH Office of Health Equity and the HiAP program staff can play a critical role here, especially in identifying opportunities to inform housing and equity issues.

CDPLP Role in Partnership with LHDs

With partial funding from CDPH, CDPLP will host a regional workshop for LHDs in Central California in September 2015 on using upstream, policy, systems, and environmental change approaches to incorporating health in planning and policy work. CDPLP also will organize at least one regional convening of LHDs and their planning counterparts to follow up on the issues identified in this report. It will also seek additional funding to develop and conduct training and offer technical support and networking in the remaining capacity-building areas outlined above, including working with rural LHDs to support their unique needs and concerns.

7. CONCLUSION

California LHDs have made significant strides in working with planners, but many challenges still exist. Lessons learned provide a foundation and a direction for incorporating public health considerations into future planning at the local, regional, and state levels. LHDs need to expand networking opportunities with other sectors and engage in peer-learning exchanges on promising practices. State and regional leaders need to work with local jurisdictions to create a coherent, cohesive approach statewide that will support local interests and concerns. CDPH can play a critical role in helping to

support and disseminate promising approaches that link planning and public health. CDPH programs such as SACB and HiAP are critical to strengthen communication and partnerships with other State entities, and introduce public health into community design and land use planning processes at the state level.

8. APPENDICES

A. Acknowledgements

B. Contributing Partners

C. Electronic Survey Instrument

D. Electronic Survey Findings

E. Key Informant Interview Protocol

F. Key Informant Interview Findings

APPENDIX A: ACKNOWLEDGMENTS

Report authors and project staff include CCLHO-CHEAC CDPLP director Mary Anne Morgan and principal investigator Dr. Wendel Brunner, MPH, with editing support provided by the California State University, Sacramento and staff from CDPH. Guidance in the development of the project survey, environmental scan, and report were provided by the members of the CCLHO-CHEAC CDPLP Health in Planning work group members and staff at CDPH listed in Appendix B. The Monterey County Health Department provided extensive support in the design and analysis of the survey, and the Alameda County Health Department provided additional analysis assistance. Staff from nine LHDs gave considerable time to being interviewed about their engagement in local planning and provided additional materials for review. Forty public health leaders from twenty-four jurisdictions generously donated time to inform this process and report. Report cover graphic design was provided by Mary N. Rodgers at CDPH.

APPENDIX B: CONTRIBUTING PARTNERS

CCLHO-CHEAC CDPLP Leadership Team

NAME AND CONTACT INFO	COUNTY/KEY AFFILIATES
Tomas Aragon, MD Tomas.aragon@sfdph.org San Francisco Department of Public Health Population Health and Prevention	San Francisco
Betsy Armstrong barmstrong@cheac.org County Health Executives Association of California	California Health Executives Association of California (CHEAC)
Jan Babb, MSN, RN, PNP jan.babb@yolocounty.org Yolo County Health Department	Yolo
Wendel Brunner, PhD, MD Wendel.Brunner@hsd.cccounty.us Contra Costa Health Services	Contra Costa; CCLHO Chronic Disease Control Committee
Sara Bosse sbosse@co.fresno.ca.us Fresno Health Department	Fresno
Amy Buch, MA ABuch@ochca.com Orange County Health Care Agency-Public Health Services	Orange
Naomi Butler naomi.butler@sdcounty.ca.gov Health and Human Services Agency San Diego	San Diego
Edith Cabuslay, MPH ecabuslay@smc.gov.org San Mateo County Health Department	San Mateo
Curtis Chan, MD, MPH Curtis.Chan@sfdph.org San Francisco DPH	San Francisco
Lindsey Cox McDermid, MS Lindsey.mcdermid@sdcounty.ca.gov Maternal, Child and Family Health Services Health and Human Services Agency San Diego	San Diego
Ken Cutler, MD kcutler@sbcglobal.net Nevada County Health and Human Services	Nevada; CCLHO Small Jurisdictions Committee
Tracy Delaney, PhD, RD tdelaney@phi.org Public Health Alliance of Southern California	Collaboration project of 10 LHDs
Terri Fields-Hosler, MPH, RD tfieldshosler@co.shasta.ca.us Health and Human Services Agency - Public Health, Shasta County	Shasta
Kathleen Grassi, RD, MPH kgrassi@co.merced.ca.us Merced County Department of Public Health	Merced; San Joaquin Valley Public Health Consortium member
Krista Hanni, MS, PhD hannikd@co.monterey.ca.us Planning, Evaluation, and Policy Unit Monterey County Health Department	Monterey

Susan Harrington, MS, RD SHarring@rivcocha.org Riverside County DPH	Riverside
Maridet Ibáñez, RD mibanez@ochca.com County of Orange Health Care Agency Nutrition Services-WIC	Orange
Olivia Kasirye, MD, MS kasiryeo@saccounty.net Sacramento County, DHHS	Sacramento
Leah Northrup, MPA, MAIS leah.northrop@cdph.ca.gov California Conference of Local Health Officers California Department of Public Health	State/CCLHO
Ed Moreno, MD morenoel@co.monterey.ca.us Monterey County Health Department	Monterey
Jessica Núñez de Ybarra, MD, MPH, FACPM Jnunez2@cdph.ca.gov California Department of Public Health	CDPH/California Wellness Implementation
Robert Oldman, MD roldham@placer.ca.gov Placer County Department of Health and Human Services	Placer; CCLHO Small Jurisdictions Committee
Caroline Peck, MD, MPH, FACOGH Caroline.peck@cdph.ca.gov California Department of Public Health	CDPH
Dan Peddycord Dan.Peddycord@PHD.SCCGOV.ORG Santa Clara County Public Health Dept. (PHD) **Alt: Aimee Reedy, EdD, MPH** Division Director-Programs Santa Clara County PHD	Santa Clara
Anaa Reese, DPA, MPH, RD anaa.reese@acgov.org Community Collaborations Community Health Services Division Alameda County PHD	Alameda
Judith Reigel jreigel@cheac.org County Health Executives Association of California (CHEAC)	CHEAC
Paul Simon, MD, MPH psimon@ph.lacounty.gov Division of Chronic Disease and Injury Prevention Los Angeles County DPH	Los Angeles
Michael Stacey, MD MWStacey@solanocounty.com Solano County Health and Social Services Department, Public Health Division	Solano
Laurie Sumerhausen, MS, RD Laurie.Sumerhausen@yolocounty.org Yolo County Health Department	Yolo
Lara Weiss, MPH lweiss@co.humboldt.ca.us Humboldt County Health and Human Services	Humboldt
Wilma Wooten, MD Wilma.wooten@sdcounty.ca.gov San Diego Health and Human Services	San Diego; CCLHO Chronic Disease Control committee

Health in Planning Work Group Members

Wendel Brunner, PhD, MD, Contra Costa
Amy Buch, MA, Orange County
Edith Cabuslay, MPH, San Mateo
Julia Caplan, MPP, MPH, Health in All Policies
Meredith Lee, MPH, Health in All Policies
Robin Cox, MPH, CPH, Solano County
Ken Cutler, MD, Nevada County
Tracey Delaney, PhD, RD, Public Health Alliance of Southern California
Sandi Galvez, Bay Area Regional Health Inequities Initiative (BARHII)
Krista Hanni, MS, PhD, Monterey County
Anaa Reese, DPA, MPH, RD, Alameda County
Paul Simon, MD, MPH, Los Angeles County
Lara Weiss, MPH, Humboldt County

California Department of Public Health

Stacy Alamo-Mixson, MPH
Lisa Cirill, MS, PAPHS
Jacquolyn Duerr, MPH
Meredith Lee, MPH
Jessica Nunez de Ybarra, MD, MPH, FACPM
Caroline Peck, MD, MPH, FACOG
Janet Bates, MD, MPH

Key Informant Interviews

Contra Costa Health Services
Coire Reilly, Manager
Injury Prevention and Physical Activity Promotion Projects
Community Wellness and Prevention Program

Humboldt County Department of Health and Human Services
Public Health Branch
Joan Levy, HHS-Program Services Coordinator
Healthy Communities Division
Lara Weiss, MPH, Deputy Branch Director

Lake County Health Services Department
Karen M. Tait, MD, Health Officer

Monterey County Health Department
Krista Hanni, MS, PhD, Planning, Evaluation, and Policy Manager

Orange County Health Care Agency
Amy Buch, MA, Division Manager
Health Promotion Division- Public Health Services

County of Riverside Department of Public Health
Michael Osur, Deputy Director
Susan Harrington, MS, RD, Director of Public Health

Sacramento County
Olivia Kasirye, MD, MS, Health Officer, Public Health Department
Judy Robinson, Sustainability Manager

San Francisco Department of Public Health
Susana Hennessey Lavery
Population Health Division
Community Health Equity and Promotion Branch

APPENDIX C: ELECTRONIC SURVEY INSTRUMENT

LHD HEALTH IN PLANNING

The California Conference of Local Health Officers (CCLHO) and County Health Executives Association of California (CHEAC) Chronic Disease Prevention Leadership Project is collecting information about local health department (LHD) experiences in incorporating public health considerations into community design and land use planning to create healthy built environments. In this survey we define the built environment as the "physical spaces created or modified by humans, where we live, work, study or play, including homes, commercial or public buildings, streets, highways, parks and other open spaces, and infrastructures" (adapted from Centers for Disease Control [CDC] and National Association of County and City Health Officials [NACCHO] definitions).

Your response will help us determine where work is currently underway, types of opportunities for public health to inform planning, and supports needed to help you effectively engage in the planning process. We are sending this survey to leaders and managers at all LHDs in California, and welcome multiple responses from each agency. Please consult with other staff if they can more appropriately answer a particular question.

A summary of survey responses will be shared with LHDs, and provided to the California Department of Public Health (CDPH) and other key state level programs to inform policy work at the State level. Results will also be used by the CCLHO-CHEAC project to target specific opportunities for future training and technical assistance. Responses will be deidentified unless you indicate in the survey your willingness to be identified. If you have questions concerning this survey or wish to speak with someone directly, please contact: Mary Anne Morgan at (510) 520-9584 or Anaa Reese at (510) 208-5909.

PLEASE RESPOND BY Wednesday April 15, 2015.

PARTICIPANT IDENTIFIERS

1. Which local health department (LHD) do you work in?
2. What is your position in the LHD? Select all that apply to the main person completing the survey.
    - ☐ Health Officer
    - ☐ Public Health Director,
    - ☐ Agency or Department Director Senior Level
    - ☐ Agency/Department Manager
    - ☐ Chronic Disease Program Manager Data/Epidemiology Manager
    - ☐ Other:

3. How long have you worked in the LHD? Select only one

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ More than 20 year

4. Are you/your LHD involved in any statewide or regional effort to bring LHDs together? Select all that apply

- ☐ Bay Area Regional Health Inequities Initiative (BARHII)
- ☐ Public Health Alliance of Southern California
- ☐ San Joaquin Valley Public Health Consortium
- ☐ California Convergence
- ☐ CA4Health
- ☐ CCLHO-CHEAC Chronic Disease Prevention Leadership Project
- ☐ None of the Above
- ☐ Don't know
- ☐ Other. Please specify:

ASSESSMENT OF CURRENT CAPACITY AND INVOLVEMENT IN PLANNING

5. How familiar are you with the relationship between the built environment and health? Select only one

- ☐ Not at all
- ☐ A little
- ☐ Pretty familiar
- ☐ Very familiar

6. If your health department is involved in planning for healthy built environments, please indicate its level of involvement in each of the following categories. We recognize this question may be difficult to answer, as you may be engaged with multiple jurisdictions on different initiatives in this list. Our goal is to get a sense of how many LHDs are working in any of these areas. Select all that apply.

Topic	**Not at all**	**Relevant, but not involved**	**Somewhat involved**	**Pretty involved**	**Very involved**
Economic Development (built environments to promote Smart Growth, vibrant economy and commercial/businesses; preservation of rural areas)					
Climate Change/ Environmental Sustainability (vulnerable community, resiliency planning; mitigation/adaptation planning; Urban Heat Islands)					
School Siting (facility quality, location, accessibility)					
Environmental Health/Exposures (noise and air pollution; toxics, pesticides exposures; clean water; toxics free soil)					
Housing Siting and Development/Redevelopment (including urban centers, rural hubs; Inclusionary, mixed income; displacement and gentrification)					
Community Design/Land Use Planning (including infill; transit oriented development; suburban sprawl; agricultural land preservation/water availability)					
Green/Open Spaces (community gardens, trees/maintaining urban canopy; connectivity, public access to parks)					
Transportation (public and active transportation, safe routes to schools and in communities, etc.)					
Safety/Crime Prevention (through environmental design such as street lights, crosswalks and bike lanes, vehicle speed controls, "eyes on street" designs)					
Food Systems/Access to Healthy Food Retail (farmers markets, healthy food zones, concentration of fast food/convenience store/liquor stores/tobacco outlets)					
Other planning categories. Please specify					

7. If your health department is involved in planning, please indicate its level of involvement in each of the following planning related processes. We recognize that General Plans, in particular, contain many elements specific to the above categories, but want to get a broader sense of how many LHDs are engaged in them more generally. Select all that apply and include efforts at county, region and/or city level.

Planning Process	**Not at all**	**Interested, not involved**	**Somewhat involved**	**Pretty involved**	**Very involved**
General Plan Revisions					
Health Elements					
Area Specific Plans					
Zoning/Ordinances/Conditional Use Permits					
Regional Transportation Plans/Sustainable Community Strategies					
Caltrans Active Transportation Program					
Master Bike/Ped Plans/SRTS					
Climate Action Plans					
School District Facilities Master Plans					
Park, Recreation/Open Space Plans					
Complete Streets Policies					

8. With which local organizations, agencies or institutions responsible for planning in the above areas has your LHD worked? Select all that apply

- ☐ Community Development Housing Authority or Agency
- ☐ Transportation agencies, Metropolitan Planning Organizations (MPOs) Planning Department
- ☐ Zoning Department Parks and Recreation Public Works Environmental Health School Districts
- ☐ Department of Agriculture, Ag Commission Air Quality Management District
- ☐ Community organizations, non-profits or advocacy groups Local Coalitions
- ☐ Local Government Associations I don't know
- ☐ Other organizations, agencies or institutions:

9. Do you have a point person(s) within the LHD to work on issues regarding planning? Select only one

- ☐ Yes
- ☐ No
- ☐ Don't know

10. Do you have a program(s) designated to work on issues around health and planning? Select only one

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Somewhat. Please explain:

11. How is your work with planners funded? Select all that apply

- ☐ Federal Highway Administration Caltrans
- ☐ Centers for Disease Control (CDC) Healthy Communities Housing and Urban Development (HUD)
- ☐ Local county funds (such as realignment or General Funds) Racial and Ethnic Approaches to Community Health (REACH) Partnership to Improve Community Health (PICH)
- ☐ CDPH 1422 Communities in Action funding CDPH 1305 Prevention First funds
- ☐ The California Endowment (TCE) Building Healthy Communities Nutritional Education and Obesity Prevention (NEOP)
- ☐ We currently have no funding that can be used to support this work Don't know
- ☐ Other funding. Please specify:

12. How has your work with planners influenced the LHD more broadly? Select all that apply

- ☐ Interdepartmental groups have been established to work on system changes for healthier built environments Health and planning have been incorporated into the LHD's mission, goals and/or objectives
- ☐ LHD leaders, planners and local elected officials are likely to consider and seek input on the health implications of policies and decisions that are being made
- ☐ Funding is dedicated to staff to support planning work
- ☐ New grants incorporate health and planning components into the deliverables
- ☐ Any work we have done with planners has not really influenced the LHD in a broad manner
- ☐ Don't know
- ☐ Other ways. Please specify:

PARTNERSHIPS

13. What mechanisms have you found useful in developing partnership with planners? Select all that apply

- ☐ Providing comment at planning commission meetings, city council meetings and on plans or projects in early phase of development Presenting customized health data
- ☐ Scheduling meetings with planners to provide input on health issues in planning
- ☐ Inviting Metropolitan Planning Organizations (MPO) representatives to serve on local coalitions or regional public health bodies Contributing to grant proposals and demonstrating that PH involvement helped get funding
- ☐ Incorporating issues that concern planners into required community needs assessments information Using National Public Health Accreditation processes to include and legitimize PH role in planning
- ☐ Convening agencies, organizations or assisting with other community engagement efforts
- ☐ Convening forums or summits of planners and public health leaders/experts to discuss issues
- ☐ Don't know
- ☐ Other mechanism you have used:

14. What have been the biggest barriers or challenges to working with planners? Select all that apply

    - ☐ Explicit health section or requirement to have LHD partner are not included in planning grants Planners see health as the job of the health department or up to the individual
    - ☐ We don't understand planning language, terms, acronyms, processes responsibility of agencies, legislative authority or mandates Taking the time in the process to learn planning language, terms, processes, authority and mandates
    - ☐ Not informed when planning processes are being undertaken
    - ☐ LHD participation in planning is not mandated or authorized in code Lack of support within own agency to participate
    - ☐ Lack of dedicated staff time and funding to participate Lack of support from elected officials
    - ☐ Planners don't understand what public health can do and how we can contribute to the process
    - ☐ We don't have the data they need that is timely and at the right geographic, neighborhood or city level. Don't know
    - ☐ Other. Please specify:

CAPACITY BUILDING AND TRAINING NEEDS AND RESOURCES

15. What knowledge, skills or other support do you need to interact more effectively with planners? Select all that apply

    - ☐ Understanding planner language, processes, agency responsibilities, authority, legislative mandates Knowledge of what funding is available and where collaborative opportunities are
    - ☐ Understand what data, metrics and measures are available to and used by planners Understand what public health measures are available to use
    - ☐ Create opportunities for planners and public health to come together and engage in conversation about the work and partnership opportunities
    - ☐ Models/approaches for incorporating health into planning Don't know
    - ☐ Other. Please specify:

16. A. What knowledge, experience or tools would your health department be willing to share with others? Select all that apply

- ☐ Information on health co-benefits, i.e., how specific actions in community design and land use planning can improve health outcomes Mechanisms you have used to successfully engage planners
- ☐ Examples of your success in integrating health into local planning Collaborative projects you have engaged in locally or regionally, with planners Don't know
- ☐ Others:

16. B. What models/approaches do you use to incorporate health and planning? Select all that apply

- ☐ Collective Impact
- ☐ Health Impact Assessments Health in All Policies
- ☐ American Planning Association 2006 report Integrating Planning and Public Health: Tools and Strategies to Create Healthy Places ChangeLab Solutions tools
- ☐ Other specific models you use:

16. C. If you use metric tools or measures for use with planning that are listed below, please indicate which ones. Select all that apply

- ☐ CDPH's Healthy Communities Data and Indicators
- ☐ San Francisco's Healthy Development Measurement Tool
- ☐ Other. Please specify:

17. What are the three most important areas at the local level where you see an opportunity to join with planners to insert public health considerations into community design and the built environment? Please think about areas where planning processes are underway or being considered, champions or partners are ready to engage, and your LHD would like to build your capacity to engage effectively in the planning process. PLEASE SELECT ONLY YOUR TOP THREE.

    - ☐ Economic Development (physical environments to promote Smart Growth, vibrant economy and commercial/businesses, preserve rural areas, etc.)
    - ☐ Climate Change/ Environmental Sustainability (vulnerable community/resiliency planning, mitigation/adaptation planning, Urban Heat Islands)
    - ☐ School Siting (facility quality, location, accessibility)
    - ☐ Environmental Health/Exposures (such as related to noise, pollution, toxics, pesticides, outdoor air quality, toxic free soil)
    - ☐ Housing Development/Redevelopment (including urban centers, rural hubs; inclusionary, mixed income housing vs. displacement and gentrification)
    - ☐ Community Design/Land Use Planning (infill, transit oriented development (TOD), agricultural land preservation, water quality/availability; suburban sprawl, etc.)
    - ☐ Green/Open Spaces (planting community gardens, trees; maintaining urban canopy; connectivity/public access to parks) Transportation (public and active transportation, safe routes to schools and in communities, etc.)
    - ☐ Safety/Crime Prevention (street lights, crosswalks and bike lanes, vehicle speed controls, "eyes on street" designs)
    - ☐ Food Systems/Access to Healthy Food Retail (such as community gardens, farmers markets, healthy food zones, concentration of fast food/convenience store/liquor stores/tobacco outlets) related to environmental design or creating social cohesion.
    - ☐ Other planning categories: Please specify

18. Is there anything else you would like to add?

19. Would you be willing to talk with us more about your LHD's experiences, interests, partnerships, challenges or successes in working with planners and/or incorporating health in planning concepts more broadly in your own agency?

    - ☐ Yes
    - ☐ No

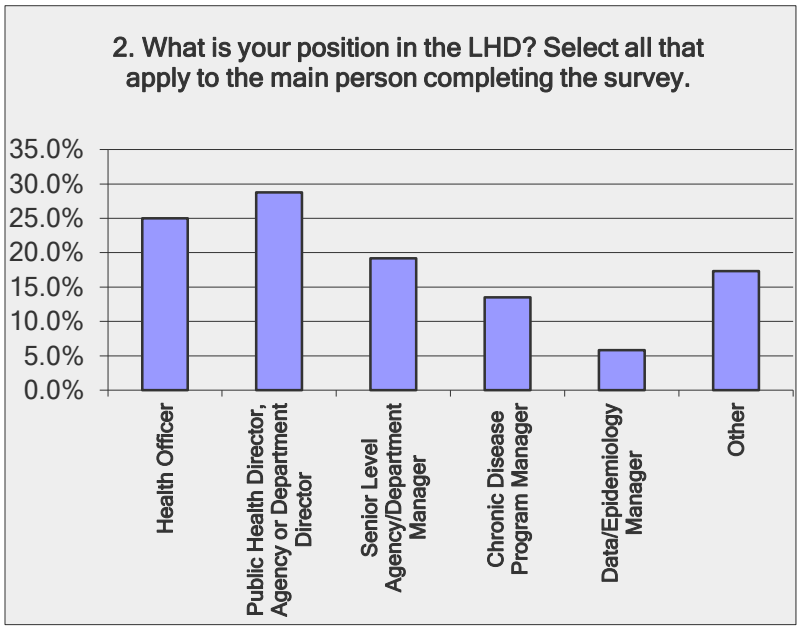
If yes, please provide name, email, and phone number:

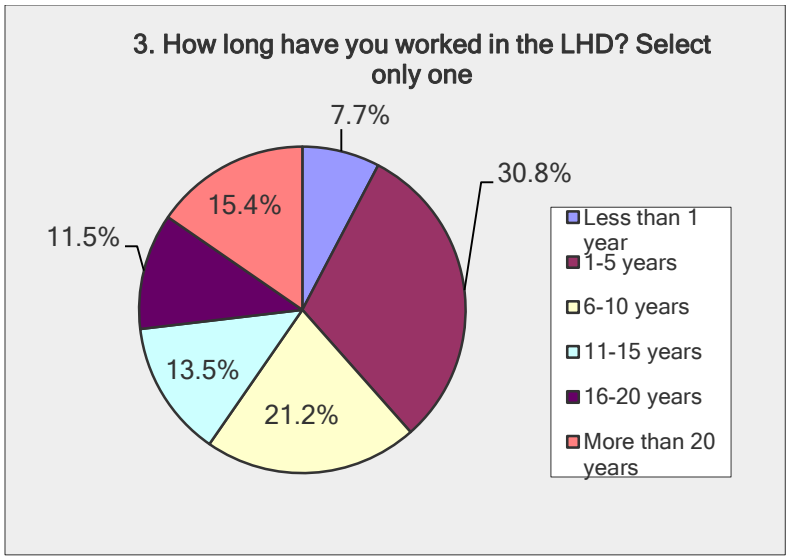
APPENDIX D: ELECTRONIC SURVEY FINDINGS

1. Which local health department (LHD) do you work in?*

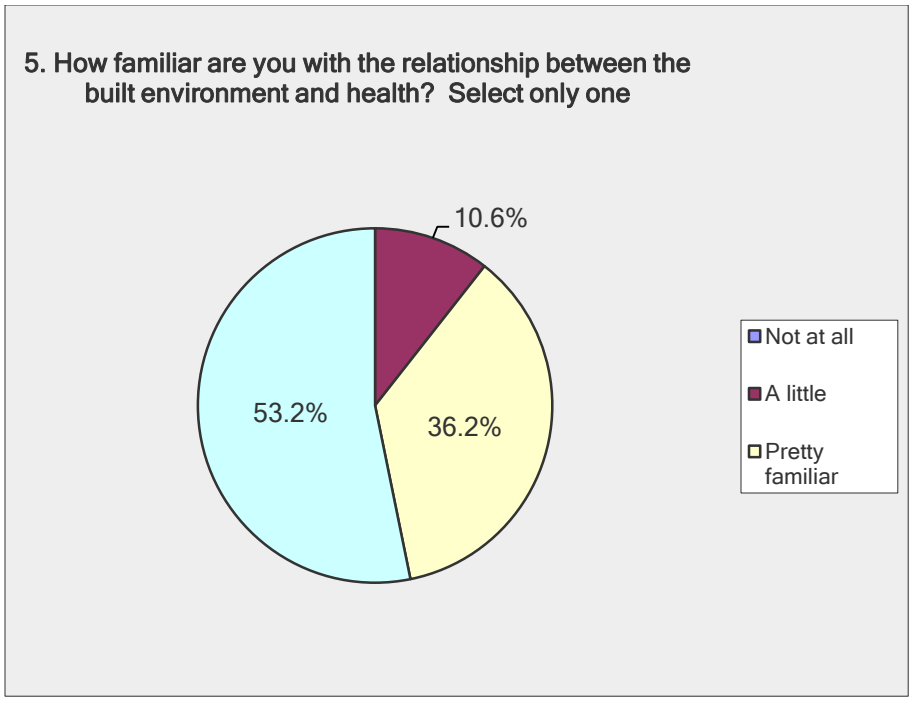
Alameda County	Alpine County	Amador County
City of Berkeley	Butte County	Contra Costa County
Fresno County	Glenn County	Humboldt County
Inyo County	Kern County	Kings County
Lake County	City of Long Beach	Los Angeles County
Madera County	Marin County	Mendocino County
Merced County	Modoc County	Monterey County
Nevada County	Orange County	City of Pasadena
Riverside County	Sacramento County	San Benito County
San Bernardino County	San Diego County	San Francisco City and County
San Joaquin County	San Luis Obispo County	San Mateo County
Santa Barbara County	Santa Clara County	Santa Cruz County
Shasta County	Sierra County	Siskiyou County
Solano County	Sonoma County	Stanislaus County
Sutter County	Trinity County	Ventura County
Yolo County		

*6 respondents did not identify a LHD.





4. Are you/your LHD involved in any statewide or regional effort to bring LHDs together? Select all that apply		
Answer Options	**Response Percent**	**Response Count**
CCLHO-CHEAC Chronic Disease Prevention Leadership Project	29.4%	15
CA4Health	23.5%	12
Bay Area Regional Health Inequities Initiative (BARHII)	21.6%	11
Public Health Alliance of Southern California	19.6%	10
California Convergence	15.7%	8
San Joaquin Valley Public Health Consortium	13.7%	7
None of the Above	19.6%	10
Don't know	3.9%	2
Other	21.6%	11


5. How familiar are you with the relationship between the built environment and health? Select only one
10.6%
53.2%
36.2%
Not at all
A little
Pretty familiar

6. If your health department is involved in planning for healthy built environments, please indicate its level of involvement in each of the following categories. We recognize this question may be difficult to answer, as you may be engaged with multiple jurisdictions on different initiatives in this list. Our goal is to get a sense of how many LHDs are working in any of these areas. Select all that apply

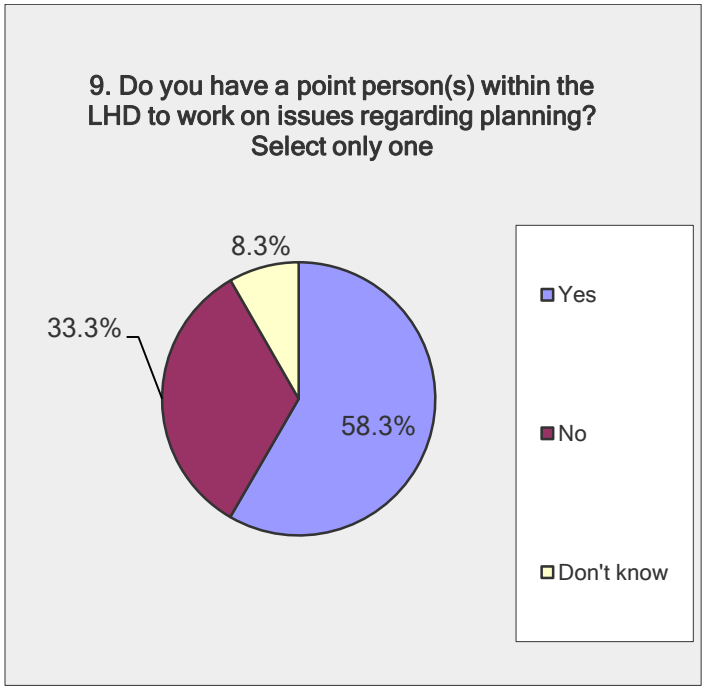
Answer Options	Not at all	Locally relevant, but not involved yet	Somewhat involved	Pretty involved	Very involved	Response Count
Economic Development (built environments to promote Smart Growth, vibrant economy and commercial/businesses; preservation of rural areas, etc.)	4	16	15	9	4	48
Climate Change/ Environmental Sustainability (vulnerable community/resiliency planning; mitigation/adaptation planning; Urban Heat Islands)	10	15	11	7	4	47
School Siting (facility quality, location, accessibility)	19	20	3	4	1	47
Environmental Health/Exposures (noise and air pollution; toxics, pesticides exposures; clean water; toxics-free soil)	7	5	16	11	8	47
Housing Siting and Development/Redevelopment (including urban centers, rural hubs; inclusionary, mixed income; displacement and gentrification)	12	15	12	5	4	48
Community Design/Land Use Planning (including infill; transit oriented development; suburban sprawl; agricultural land preservation/water availability)	7	10	12	10	9	48
Green/Open Spaces (community gardens, trees/maintaining urban canopy; connectivity/public access to parks)	6	6	14	10	11	47
Transportation (public and active transportation, safe routes to schools and in communities, etc.)	2	6	15	8	18	48
Safety/Crime Prevention (through environmental design such as street lights, crosswalks and bike lanes, vehicle speed controls, "eyes on street" designs)	8	9	9	13	8	47
Food Systems/Access to Healthy Food Retail (farmers markets, healthy food zones, concentration of fast food/convenience store/liquor stores/tobacco outlets)	2	3	5	19	19	48
Other planning categories						4

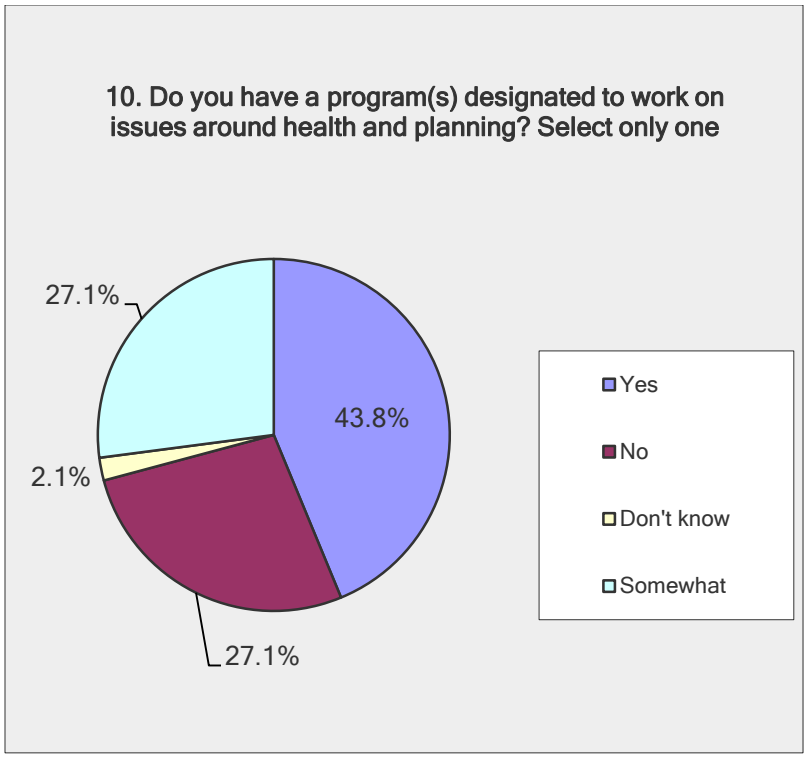
7. If your health department is involved in planning, please indicate its level of involvement in each of the following planning-related processes. We recognize that General Plans, in particular, contain many elements specific to the above categories, but want to get a broader sense of how many LHDs are engaged in them more generally. Select all that apply and include efforts at county, region and/or city level.

Answer Options	Not at all	Interested, but not involved yet	Somewhat involved	Pretty involved	Very involved	Response Count
General Plan Revisions	6	8	12	11	9	46
Health Elements	3	6	13	11	13	46
Area Specific Plans	10	8	10	13	5	46
Zoning/Ordinances/Conditional Use Permits	7	11	13	12	4	47
Regional Transportation Plans (RTP)/Sustainable Community Strategies	6	8	14	10	7	45
Caltrans' Active Transportation Program (ATP)	7	11	7	10	12	47
Master bike and pedestrian plans/SRTS plans	5	10	11	10	10	46
Climate Action Plans	14	13	9	5	4	45
School District Facilities Master Plans	17	17	9	1	1	45
Park, Recreation/Open Space Plans	12	8	15	9	3	47
Complete Streets Policies	12	8	9	12	6	47

8. With which local organizations, agencies or institutions responsible for planning in the above areas has your LHD worked? Select all that apply

Answer Options	Response Percent	Response Count
Local Coalitions	87.5%	42
Planning Department	83.3%	40
Environmental Health	83.3%	40
Community organizations, non-profits or advocacy groups	81.3%	39
Transportation agencies, Metropolitan Planning Organizations (MPOs)	75.0%	36
Parks and Recreation	70.8%	34
School Districts	70.8%	34
Housing Authority or Agency	64.6%	31
Community Development	60.4%	29
Air Quality Management District	58.3%	28
Public Works	56.3%	27
Local Government Associations	45.8%	22
Department of Agriculture, Ag Commission	39.6%	19
Zoning Department	29.2%	14
I don't know	0.0%	0
Other organizations, agencies or institutions	4.2%	2





11. How is your work with planners funded? Select all that apply		
Answer Options	Response Percent	Response Count
Local county funds (such as realignment or General Funds)	63.8%	30
Nutritional Education and Obesity Prevention (NEOP)	46.8%	22
Caltrans	23.4%	11
CDPH 1422 Communities in Action funding	12.8%	6
Partnership to Improve Community Health (PICH)	10.6%	5
The California Endowment (TCE) Building Healthy Communities	8.5%	4
Centers for Disease Control (CDC) Healthy Communities	4.3%	2
Racial and Ethnic Approaches to Community Health (REACH)	4.3%	2
CDPH 1305 Prevention First funds	2.1%	1
Federal Highway Administration	0.0%	0
Housing and Urban Development (HUD)	0.0%	0
Don't know	4.3%	2
Other funding	29.8%	14
We currently have no funding that can be used to support this work	17.0%	8

12. How has your work with planners influenced the LHD more broadly? Select all that apply		
Answer Options	Response Percent	Response Count
Interdepartmental groups have been established to work on system changes for healthier built environments	45.7%	21
New grants incorporate health and planning components into the deliverables	43.5%	20
Health and planning have been incorporated into the LHD's mission, goals and/or objectives	37.0%	17
LHD leaders, planners and local elected officials are likely to consider and seek input on the health implications of policies and decisions that are being made	37.0%	17
Funding is dedicated to staff to support planning work	32.6%	15
Don't know	10.9%	5
Other ways	8.7%	4
Any work we have done with planners has not really influenced the LHD in a broad manner	26.1%	12

13. What mechanisms have you found useful in developing partnership with planners? Select all that apply		
Answer Options	Response Percent	Response Count
Convening agencies, organizations or assisting with other community engagement efforts	68.2%	30
Providing comment at planning commission meetings, city council meetings and on plans or projects in early phase of development	65.9%	29
Scheduling meetings with planners to provide input on health issues in planning	59.1%	26
Contributing to grant proposals and demonstrating that PH involvement helped get funding	59.1%	26
Presenting customized health data	54.5%	24
Convening forums or summits of planners and public health leaders/experts to discuss issues	45.5%	20
Incorporating issues that concern planners into required community needs assessments information	36.4%	16
Inviting Metropolitan Planning Organizations (MPO) representatives to serve on local coalitions or regional public health bodies	29.5%	13
Using National Public Health Accreditation processes to include and legitimize PH role in planning	15.9%	7
Don't know	9.1%	4
Other mechanism you have used		10

14. What have been the biggest barriers or challenges to working with planners? Select all that apply

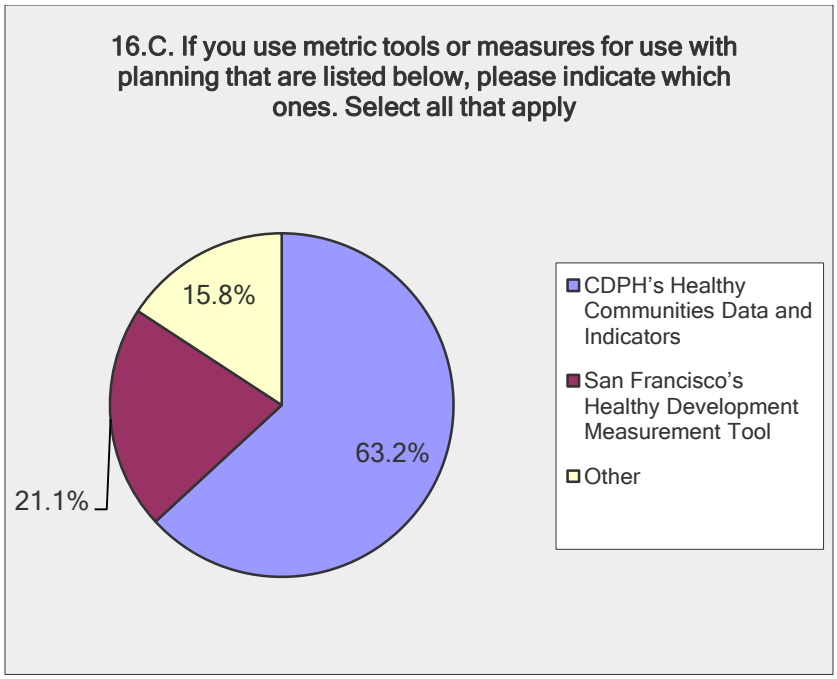
Answer Options	Response Percent	Response Count
Lack of dedicated staff time and funding to participate	68.1%	32
LHD participation in planning is not mandated or authorized in code	55.3%	26
Not informed when planning processes are being undertaken	48.9%	23
Planners don't understand what public health can do and how we can contribute to the process	40.4%	19
Taking the time in the process to learn planning language, terms, processes, authority and mandates	34.0%	16
Explicit health section or requirement to have LHD partner are not included in planning grants	29.8%	14
We don't understand planning language, terms, acronyms, processes responsibility of agencies, legislative authority or mandates	27.7%	13
Planners see health as the job of the health department or up to the individual	23.4%	11
Lack of support from elected officials	17.0%	8
Lack of support within own agency to participate	10.6%	5
We don't have the data they need that is timely and at the right geographic, neighborhood or city level.	38.3%	18
Don't know	2.1%	1
Other	17.0%	8

15. What knowledge, skills or other support do you need to interact more effectively with planners? Select all that apply

Answer Options	Response Percent	Response Count
Knowledge of what funding is available and where collaborative opportunities are	85.1%	40
Create opportunities for planners and public health to come together and engage in conversation about the work and partnership opportunities	72.3%	34
Models/approaches for incorporating health into planning	72.3%	34
Understand what data, metrics and measures are available to and used by planners	63.8%	30
Understanding planner language, processes, agency responsibilities, authority, legislative mandates	57.4%	27
Understand what public health measures are available to use	36.2%	17
Don't know	2.1%	1
Other	17.0%	8

16.A. What knowledge, experience or tools would your health department be willing to share with others? Select all that apply		
Answer Options	Response Percent	Response Count
Mechanisms you have used to successfully engage planners	51.3%	20
Collaborative projects you have engaged in locally or regionally, with planners	51.3%	20
Examples of your success in integrating health into local planning	48.7%	19
Information on health co-benefits, i.e., how specific actions in community design and land use planning can improve health outcomes	33.3%	13
Don't know	33.3%	13
Others	5.1%	2

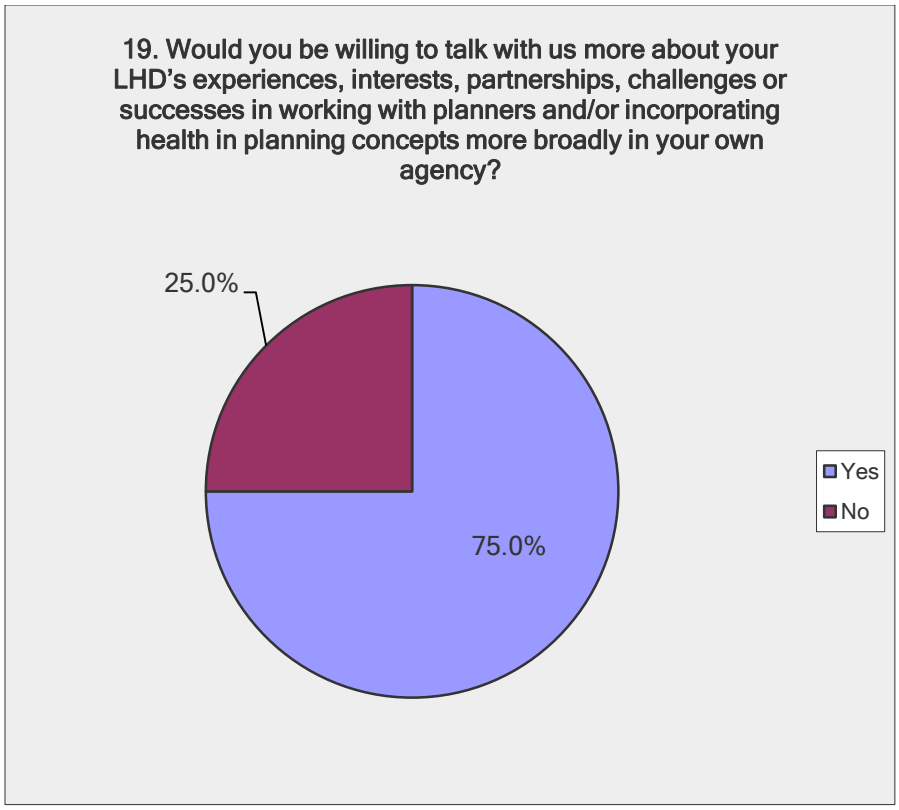
16.B. What models/approaches do you use to incorporate health and planning? Select all that apply		
Answer Options	Response Percent	Response Count
Health in All Policies	70.7%	29
ChangeLab Solutions tools	63.4%	26
Collective Impact	46.3%	19
Health Impact Assessments	29.3%	12
American Planning Association 2006 report Integrating Planning and Public Health: Tools and Strategies to Create Healthy Places	22.0%	9
Other specific models you use	17.1%	7


16.C. If you use metric tools or measures for use with planning that are listed below, please indicate which ones. Select all that apply
15.8%
63.2%
21.1%
CDPH's Healthy Communities Data and Indicators
San Francisco's Healthy Development Measurement Tool
Other

17. What are the three most important areas at the local level where you see an opportunity to join with planners to insert public health considerations into community design and the built environment? Please think about areas where planning processes are underway or being considered, champions or partners are ready to engage, and your LHD would like to build your capacity to engage effectively in the planning process. PLEASE SELECT ONLY YOUR TOP THREE.

Answer Options	Response Percent	Response Count
Food Systems/Access to Healthy Food Retail (such as community gardens, farmers markets, healthy food zones, concentration of fast food/convenience store/liquor stores/tobacco outlets) related to environmental design or creating social cohesion.	70.8%	34
Transportation (public and active transportation, safe routes to schools and in communities, etc.)	56.3%	27
Economic Development (physical environments to promote Smart Growth, vibrant economy and commercial/businesses, preserve rural areas, etc.)	37.5%	18
Community Design/Land Use Planning (infill, transit oriented development (TOD), agricultural land preservation, water quality/availability; suburban sprawl, etc.)	37.5%	18
Safety/Crime Prevention (street lights, crosswalks and bike lanes, vehicle speed controls, "eyes on street" designs)	27.1%	13
Environmental Health/Exposures (such as related to noise, pollution, toxics, pesticides, outdoor air quality, toxic-free soil)	25.0%	12
Green/Open Spaces/(planting community gardens, trees; maintaining urban canopy; connectivity/public access to parks)	20.8%	10
Climate Change/ Environmental Sustainability (vulnerable community/resiliency planning, mitigation/adaptation planning, Urban Heat Islands)	16.7%	8
Housing Development/Redevelopment (including urban centers, rural hubs; inclusionary, mixed income housing vs. displacement and gentrification)	16.7%	8
School Siting (facility quality, location, accessibility)	2.1%	1
Other planning categories	2.1%	1

18. Is there anything else you would like to add? Results have been archived.


19. Would you be willing to talk with us more about your LHD's experiences, interests, partnerships, challenges or successes in working with planners and/or incorporating health in planning concepts more broadly in your own agency?
25.0%
75.0%
Yes
No

APPENDIX E: KEY INFORMANT INTERVIEW PROTOCOL

Protocol for Key Informant Interview

Ten local health departments were contacted by email for availability to interview, based on prior indication in the health in planning survey that they were willing to be interviewed. Of these, nine responded. Telephone interviews were scheduled, and four respondents invited other key staff to the interview. Notes were taken and respondents were encouraged to send follow-up information, documents, and links to websites. Respondents reviewed, edited and approved the final descriptions.

Goals of Interviews

- Collect more in-depth information on the LHD's experiences in areas identified in the survey.
- Provide a picture of the range of experiences and engagement of LHDs around community design and land use planning for healthy built environments.
- Identify common themes, experiences, and needs for LHD capacity building.
- Analyze findings to present to CDPLP to inform future capacity building activities.

Script for Interviews

Introduction/Background
Depending on LHD's familiarity with the project, background and historical information was provided, particularly in terms of the purpose of the interviews and how the information would be used.

Interview Questions

Describe your LHD's effort to incorporate a public health perspective into planning (particularly in the areas you identified that you work most intensively, e.g., food systems/access, active transportation, community design, economic development).

1. What were the "entry points" to working with planners? How did you develop the relationships? Who were your champions?
2. What challenges did you face and how did you overcome them?
3. What opportunities did you leverage?
4. If you have local funding to support the work, how did you establish that? How extensive is that funding?
5. What outcomes have resulted (in community, agency, others)?
6. What lessons have you learned, and how would you advise others going down this path?

APPENDIX F: KEY INFORMANT INTERVIEW FINDINGS

LHD CASE STUDIES

Contra Costa Health Services (CCHS)

Contra Costa Health Services (CCHS) has a long history of providing strong and innovative leadership to identify public health problems and promote their solutions. CCHS's interest in connecting planning and public health dates back to at least 2007, when CCHS Public Health Division authored a position paper on the role of public health in planning and the built environment[18] and organized a presentation to the County Board of Supervisors to make the case for incorporating a public health lens into planning. The Board established the Planning Integration Team for Community Health (PITCH), including the Department of Conservation and Development, the Public Works Department, and CCHS, which meets regularly to develop smart growth recommendations and provide input into various planning issues. Last year, CCHS worked on the county's draft Climate Action Plan, writing an entire chapter on public health and a health co-benefit for each element in the plan.

While CCHS had been the lead and expert in public health matters for many years, its work with planning required it to redefine its role, providing technical assistance and support in working with cities on various planning processes. In Richmond, CCHS staff served on a technical assistance advisory committee for the city's general plan, including a health element into it, and collaborated on the city's successful application to the Transit Development Authority (TDA) for a bicycle plan. CCHS also collaborated with San Pablo on two successful Caltrans planning grants. Subsequently, CCHS and the City of Concord applied together for a Safe Routes to Transit grant and were funded to prepare the City's first ever Bicycle, Pedestrian, and Access to Transit Plan. San Pablo and Richmond subcontracted with CCHS to lead the project's community outreach and education activities. In Concord, CCHS led "walk audits" and held resident workshops to develop recommendations for streetscape improvements for a very busy street in the Monument Corridor. CCHS worked closely with city planners and city council members to incorporate resident feedback and develop a comprehensive plan for the street. The competitive One Bay Area Grant (OBAG) Program then awarded the City a $2.15 million grant for construction improvements. CCHS has helped Contra Costa cities bring in millions of dollars in outside funding for built environment initiatives.

Contra Costa cities have found that including a health perspective and community input in plans, proposals, and grants makes those efforts more competitive. This success

[18] http://cchealth.org/injury-prevention/pdf/planning_healthy_communities.pdf

gives cities strong economic, as well as community health, incentive to engage the health department.

Humboldt County Department of Health and Human Services, Public Health (HCDHHS-PH)

Despite significant challenges, HCDHHS-PH has continued to engage around built environment planning. Successes have included work with the planning sector through educational opportunities and allying PH staff and programs with like-minded community partners. HCDHHS-PH continues to build its own capacity and legitimacy by incorporating built environment into the Agency's Community Health Improvement Plan (CHIP) and specific program scopes of work, when possible.

HCDHHS-PH has struggled with unpredictable grant funding and the lack of a comprehensively funded chronic disease approach. In some sectors of this rural community, regulation and government are not trusted and the work of public health is not understood. Relationships between the built environment and health have been seen as a threat to the rural way of life. Some models and tools that work elsewhere are not applicable here, especially in the outlying, rural areas of the County. The HCDHHS-PH first engaged the planning sector in 2009 through funding by The California Endowment and in close partnership with Redwood Community Action Agency (RCAA). RCAA has been a critical partner in advancing a public health perspective in planning and has proven to be more nimble at talking with local officials about the importance of considering the health impacts of proposed plans.

Through this partnership, complete street workshops with the Local Government Commission were offered locally and were well attended by planners and engineers. HCDHHS-PH staff has presented at the local American Planning Association chapter's monthly meetings. Attended by planners, engineers and public health staff, topics included presentations on public health issues such as nutrition, Communities of Excellence and Safe Routes to School (SRTS).

Currently, the City of Eureka is updating its General Plan. HCDHHS-PH's Tobacco Prevention Program has identified the City of Eureka's General Plan Update (GPU) as a policy strategy related to its Healthy Stores initiative. The Director of Community Development for the City of Eureka remembered public health's SRTS presentation at a local American Planning Association meeting and requested staff from that program be included in GPU discussions. ChangeLab Solutions demonstrated its ability to add value to the process by sharing their expertise, via telephone, at a meeting. This helped inform the planners' thinking about how health can be included in the general plan process. Now, as part of an Advisory Panel, Public Health, RCAA and other community partners are providing input by suggesting language that connects community health

with the built environment. Specific areas of input include healthy retail, community gardens and active transportation.

The State's Active Transportation Program requires applicants for funding to contact local public health departments. HCDHHS-PH staff was invited to talk to the Humboldt County Association of Governments to help jurisdictions consider ways their proposed projects could benefit community health. The resulting proposals focus on a combination of infrastructure and encouragement and education activities (traffic slow-down, bike and safety education). In building its own capacity, HCDHHS-PH is incorporating a healthy community's perspective and goals into its Community Health Improvement Plan (CHIP). Priority areas identified in the CHIP include: healthy food access and placement of healthy stores; safety and walkable communities; and a need to increase the sense of social cohesion. Strategies that influence the built environment could help Humboldt County meet these objectives.

Lake County Public Health Department (LCPHD)

Lake County is a rural jurisdiction in the Northern California Coast region, with a population estimated at 64,184, mostly residing in two incorporated cities and a number of small towns. LCPHD grapples with a very different local context and landscape compared with those of other counties in California. A legislative and policy approach is often looked upon with suspicion in this area dominated by a self-determined community perspective. There are great concerns that policies will have unintended negative consequences to the local tourism and recreation-based economy and the independent way of life. Best-practice models for walkable community designs and complete streets are not relevant when the County is still trying to get paved streets wide enough for two-way traffic and where sidewalks are often seen as destroying the very environment that many residents are seeking. Parents must consider mountain lions, bears, and unleashed dogs wandering near where kids walk and wait for buses. LCPHD is very small, with all of its work categorically funded, limiting its ability to have a broader vision for community health. Nonetheless, the health officer (HO) has been alert to opportunities to contribute public health expertise to planning processes and to build relationships with other sectors that can be a foundation for future efforts.

One advantage in a very small county is that people already know each other, making it easy to connect. When developing Lake County's Regional Blueprint 2030[19] for planning communities, open spaces, and transportation and population centers, the Lake County Area Planning Council invited the HO to be involved in the early phases. She participated in meetings with community representatives and provided public health perspectives to justify the need for a vision guiding future healthy-community

[19] http://www.lakeapc.org/docs/Final%20Blueprint%202030-Phase%20III.pdf

development. The resulting plan included active transportation elements to help residents get to distant services. Based on the HO's contributions, planners invited her to participate in other transportation planning efforts, most recently the Active Transportation Program's grant, written by the Area Planning Council. She was able to give a public health perspective at planning meetings, raise issues that would not otherwise have been identified, and provide statistical support.

Opportunities to engage in planning have often come from unexpected places. LCPHD joined forces with local Native American tribes to kill harmful cyanobacterial blooms in the lake where they fish and conduct ceremonies. The health department's ability to work on this issue has been severely limited in part by concerns that admission of a possible environmental health threat could impact on tourism. The tribes' own environmental health programs are actively pursuing funds to do some of the testing the County cannot do. The tribes are also conducting focus groups to create and test a uniform message about the problem of cyanobacterial blooms. They are better positioned to disseminate this message than the public health department. This is an example of strategic leveraging of a partnership based on the priorities of one sector where there is mutual benefit.

LCPHD has learned to focus on values and strategies that will resonate with its communities and elected officials and intersect with public health priorities. For example, the department has had some success in focusing on issues that lead to the highest rates of accidents, because tourists expect certain amenities and protection in the physical environment. While residents may see lighting as pollution rather than a safety feature, they recognize the importance of good lighting for tourists. Another area of potential mutual interest is the development of safe and accessible bike routes for organized events. Public health has to fit into what is working already. It has to identify goals but let the community specify how to get there; public health has to have flexibility to respond accordingly.

Monterey County Health Department (MCHD)

In Monterey County, sectors other than public health have led the work around local planning, while the Monterey County Health Department (MCHD) has provided a public health perspective and approach to guide the implementation. MCHD has worked with stakeholders to strategically use built environment, land use, and economic development planning opportunities to bring forward or weave in a HiAP approach and to address health equity. MCHD serves in a support role to provide health impact reviews to planning-related projects, share evidence-based approaches that could be used, conduct assessments to help identify gaps, set priorities and inform future planning, and create a shared language among sectors and disciplines. Simultaneously, MCHD has developed its own infrastructure and capacity to make

health in policy work sustainable, establishing a Planning, Evaluation, and Policy Unit and using a mixture of realignment funds, grants, and charges to all Department Bureaus to financially support its work. This has enabled the Unit to provide backbone staffing to key efforts, including several local task forces' work on HiAP as well as transportation planning.

MCHD prioritizes opportunities to insert a public health perspective into existing or proposed planning processes. The multi-sector Impact Monterey County assessment process intentionally collects information that can be used to help identify gaps and set priorities for planning. In one specific example, the County is experiencing a surge of neighborhood revitalization and doing a considerable amount of work on housing development policies. Cities are updating their housing elements and developing economic elements in their city plans. MCHD has provided them with input to illustrate the links between the social determinants of health (such as housing and economic development) and community health outcomes.

MCHD has also incorporated built environment principles and a HiAP approach into its accreditation process. Prior to the onset of accreditation planning, their new Health Director sought more community engagement in developing the Agency's strategic plan. They wove identified community priorities such as transportation, affordable housing, and better jobs, into their Plan. Staff presented HiAP as a potentially unifying approach and used it to create policy-specific actions and to propose the development of a policy unit within the department. With approval of the board of supervisors, the strategic plan legitimized MCHD's role in this new area. They have since incorporated those community-identified issues into its accreditation process.

MCHD needed to address the fact that their non-traditional partners are used to working with them in a very specific capacity which may be different from how they'll work together around local planning. They acknowledge the expertise planners bring, and focus on how the LHD can contribute to the process, by helping identify where a health perspective, community engagement approaches and risk communication can be useful. Staff needs to research the issues ahead of time, learn about best practices, and share the information in a non-controversial, diplomatic way that stresses commonly shared values such as quality standards. For example, when MCHD was asked to review the health impacts of wind turbines for one specific project, planners and MCHD staff learned how to work together to supplement the required planning process with a thorough health-focused research review. Prepared with valid science to address potential health impacts during planning commission meetings, the partnership was able to help get the green energy project approved. Relationships developed through this process resulted in the consideration of the health impacts of a

draft County-wide ordinance for wind turbines to increase green energy, thus incorporating a HiAP approach and supporting the health of all residents.

Orange County Health Care Agency (OCHCA)

Orange County Health Care Agency' Health Promotion Division (HPD-OCHCA) has worked on policy, systems and environmental change approaches for nearly ten years, since their injury prevention program sought to reduce pedestrian fatalities through modifications to the built environment. The program worked with planners and local decisions makers to engage community residents around pedestrian safety issues related to the built environment, matching community input and experience with local injury data. These efforts gave staff the experience to be able to translate these skills to other areas of livability.

HPD-OCHCA then established their Fifteen in 2020 (FIT) Cities program through which they would partner with jurisdictions by providing a health perspective on planning issues. HPD-OCHCA sought opportunities to approach jurisdictions based on current projects that planners might be working. For example, when the Housing Elements needed to be updated, the FIT Cities program reached out to all Orange County cities with an offer to sit on their review committees. Based on the relationships established through this work, Santa Ana invited them to collaborate on the update of the City's housing element, leading to inclusion of more language about open spaces and safe places to play, and later the consideration for the addition of smoke free environment language, especially options in multi-unit housing developments.[20]

HPD-OCHCA has used multiple strategies and leveraged additional opportunities to incorporate a public health perspective into local planning. Early on, they established an advisory committee with elected officials and planners that helped them determine how to partner most effectively with local planning. Later, when the cities were updating their housing elements, program staff sent them their "Healthy Places People Healthy Places Cities" [21] report that described a variety of social determinants of health (SDHO) indicators and their relationship to a community's health and wellbeing. They used the report in follow-up presentations at Planning Commission meetings, as a springboard for further discussion.

Staff began attending the local American Planning Association (APA) chapter "Lunch and Learn" sessions, and approached them about presenting on health and planning at one of their monthly "Lunch and Learn" sessions. The presentation opened the door to staff helping to plan their annual meeting on the nexus between health and planning. Later, when Orange County applicants were unsuccessful in securing Active

[20] http://www.ci.santa-ana.ca.us/housingelement/2014-2021HousingElementUpdate.asp
[21] http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=14814

Transportation Project funding the Orange County Transit Authority organized a workshop to analyze where there were opportunities for improvement on the Active Transportation Program Round One funding applications. HPD-OCHCA was invited to talk about how they can be a resource in the Round Two applications. It is very engaged in the planning for the round two application process, providing assistance in nearly twenty applications from the County.

HPD-OCHCA emphasizes its public health perspective in providing guidance on proposed planning and development options, offering their expertise in engaging communities, and has enhanced their credibility by bringing in other experts, such as resources such as documents from ChangeLab Solutions. They have become conversant in linking economic benefits that are important to city officials with the co-benefits to health and other sectors. Public Health has come to recognize the need to consider the business and economic impact of their recommendations around the built environment and the importance of being in sync with Orange County's Metropolitan Planning Organization (MPO) plan priorities as well, in order to not make recommendations that might cause jurisdictions to lose local funds such as Measure M funding, to protect associated city tax dollars. "We had to learn how to craft our messages carefully and knit our recommendations together so we didn't set up cities, the county and communities against each other and create mutually benefitting opportunities for all," according to Amy Buch, Health Promotion Division Manager.

County of Riverside Department of Public Health (CRDPH)

With 2.3 million residents, Riverside is the fourth largest county in California and ranks fifth in the United States in population growth. By 2003, the County was growing rapidly with little planning for sustainable and healthy communities. Crowded freeways, air pollution, and disconnected cities with no downtown hubs resulted. "It was exactly the model for how not to do good growth," said Susan Harrington, Public Health Director. While attending the New Partners for Smart Growth Conference in 2003, the County Public Health Director and Health Officer recognized the critical nexus among healthy community design, active and walkable communities, and obesity prevention. At the conference, the public health department leadership adopted a strategic and deliberate approach to develop a countywide vision that would promote healthy community design.

Over the next several years, the County of Riverside Department of Public Health (CRDPH) worked at multiple levels to advance its vision for a healthy community. It trained staff internally on the links between health and built environment; developed partnerships with local elected officials, planners, and others; and launched the Healthy

Riverside County Initiative[22] in 2011, focused on environmental factors influencing health and chronic disease. CRDPH convened meetings of transportation experts and other planners and established a cross-sector coalition to develop a Community Transformation Grant proposal. Although the proposal wasn't funded, the effort paid off in allowing these new partners to develop working relationships. When The California Endowment (TCE) funded a partner to implement the Building Healthy Communities project, CRDPH negotiated the hiring of an urban planner to be housed in their building. That planner is currently consulting with several of the County's twenty-eight cities to help develop health elements and incorporate a health perspective into other planning efforts. The urban planner also supported the development of the Healthy Cities Resolution Toolkit, which will help cities incorporate health into planning and built environment designs.

CRDPH's involvement in local planning has been facilitated by its creativity in blending funding from multiple sources, including general county funds. These efforts have extended to supporting external partners. For example, it leveraged its partnerships with County Transportation and Land Management Agencies and city Public Works Departments to secure more than $2.5 million in infrastructure and non-infrastructure funding to expand Safe Routes to School (SRTS) scopes of work. CRDPH example illustrates the power of bringing local health department leadership together to identify shared priorities and develop and leverage chronic disease prevention approaches with local relevance and applicability.

Sacramento County Public Health Department (SCPHD)

Despite having no funding designated to work with planners, Sacramento County Public Health Department (SCPHD) has found ways to insert a public health perspective into local planning. The Health Officer has adopted the strategy of responding promptly to requests for input and to lend the credibility of public health when needed to advance planning efforts, being present in the community as often as possible, and taking advantage of opportunities to partner. The effort to engage public health with planners has been based on the relationships built over the last several years and in particular, with one planner who has an appreciation of the importance of engaging public health.

Several joint efforts between the SCPHD and planning solidified a strong working relationship that continues today. The first effort focused on improving the public's utilization of the County's 18 regional parks. When the Regional Parks Director launched a "Parks Make Life Better" campaign, the Health Officer produced a customized "parks prescription" that was included in a brochure sent to all County residents. When the County Planner later received a grant for infrastructure work for a

[22] http://www.healthyriversidecounty.org/

light rail corridor intended to increase density around stations, the SCPHD helped engage WALKSacramento, Local Government Commission and others to raise awareness of the health benefits of walking to and from transit. Subsequently, the Health Officer and Planner put together a cross-sector team which applied for and was accepted into the National Leadership for the Public Health program. Committing to work together for one year on shared deliverables, the team began by reviewing existing local policies that were being updated. Later they moved on to drafting policies that included a health lens. In order to easily identify health-promoting active design elements in plans, they developed an icon to put next to those design guidelines that had a health impact.[23] Judy Robinson, Sustainability Manager, observed, "We took the best of the health piece, used planner language, and applied a health lens to it."

SCPHD also supported County efforts to improve economic development, reinforcing the important role it played in chronic disease prevention and health equity. The Health Officer presented on the link between health and the built environment at an economic development summit, setting the stage for future opportunities to collaborate. The County recently became a recipient of the federally designated Promise Zones, having applied with an economic development and built environment focus. SCPHD provided information for the application, bringing a public health voice to the process. The Promise Zone designation has opened the door for federal government assistance and preferential consideration for future funding.

SCPHD attributes its success working in a relatively conservative and minimally resourced environment to their approach of starting small, letting another take the lead while maintaining a low profile, and fitting the work in with existing local priorities. They found it essential to carefully craft their messages about issues impacting health, emphasizing the importance of improving health and safety in neighborhoods, increasing opportunities for physical activity, and reducing health hazards, without initially pointing to specific solutions that might alienate powerful interests such as business or the community developers. By stressing the economic impact of overweight and obesity reflected in expenses for health care they kept the focus on a shared concern among various stakeholders.

[23] Sacramento County Adopted Design Guidelines including Active Design -
Zoning Code link:
http://www.per.saccounty.net/LandUseRegulationDocuments/Documents/ZoningCodes/FINAL%20ADOPTED%20ZONING%20CODE%20Sept%2025%202015/Zoning%20Code%20COMPLETE%20Effective%20September%2025,%202015.pdf
Design Guidelines link:
http://www.per.saccounty.net/LandUseRegulationDocuments/Documents/ZoningCodes/FINAL%20ADOPTED%20ZONING%20CODE%20Sept%2025%202015/Development%20Code%20Design%20Guidelines%20ADOPTEDJuly%2022,%202015.pdf

County of San Diego Health and Human Services Agency (SD-HHSA)

The County of San Diego Health and Human Services Agency (SD-HHSA) provided only limited pre-approved information as previously listed in the Section 4 Key Informant Interview Findings of this report.

San Francisco Department of Public Health (SFDPH)

The San Francisco Department of Public Health (SFDPH) spearheaded a comprehensive and integrated approach to addressing healthy nutrition and food access and reducing unhealthy influences,[24] by establishing a healthy retail program that links economic development and public health to address health and equity. The program's initial pilots supported small independent businesses and corner stores to shift their business models and sell healthy products in two diverse, low-income communities in the Bayview-Hunters Point and Tenderloin neighborhoods. With its emphasis on community leadership through local food justice advocates and food guardians, the project, "…is a marriage of economic development, workforce development and public health," observed Susana Hennessey Lavery, Health Educator.[25]

The San Francisco Retail Program originated as a small youth development project to encourage neighborhood corner stores to stock and sell healthy food. The concept grew when SFDPH helped start the Southeast Food Access (SEFA) project in Bayview-Hunters Point in 2011, with support from Shape Up SF. Later, SFDPH used Kaiser Permanente HEAL funds to recruit a consultant to help redesign three stores in the Bayview-Hunters Point community. At the same time, youth from a Tenderloin development center adapted the SEFA model to map seventy neighborhood stores, indicating how healthy they were in terms of sale of alcohol, tobacco, and food, as well as level of loitering. A store with a positive score received an apple icon by it. Both coalitions now do community-wide assessments at all stores and produce shopping guides. A member of the San Francisco Board of Supervisors became interested in the work and, in collaboration with the community coalitions, passed the Healthy Retail Incentives Program Ordinance to support small businesses and promote healthy corner stores in 2013. This city-wide program became known as Healthy Retail San Francisco. Over time, a comprehensive model, visualized as a three-legged stool, was developed to describe this work: 1) Strengthen store operations, using small business development consultants to teach owners about maintaining and sourcing healthy products and acquiring tools to strengthen their businesses; 2) Improve the physical environment of stores; and, 3) Engage community residents and market the effort.

[24] http://www.healthyretailsf.org
[25] http://www.southeastfoodaccess.org/ and http://www.healthytl.org/

Initially, SFDPH's role in the healthy retail program was to pull together the structure for the planning and programming, to engage the community as a partner in determining the program focus, and to provide backbone staffing. Once SEFA was established, SFDPH presented the idea to the Tenderloin community and supported its leaders as they developed a revised version. SFDPH continues to staff or support the coalitions and staff the Healthy Retail SF program in partnership with the Economic Development Department, where it is housed. Funding and support services are bundled through SFDPH and the Office of Economic and Workforce Development (OEWD), with funding that includes OEWD funding, SFDPH funds, and Kaiser Permanente grants, including those for tobacco research. SFDPH has learned that, by using a HiAP approach that encourages partnerships with community coalitions, city government can be effective in helping neighborhoods grow in healthy, vibrant ways. SFDPH can play a critical role in helping to broker or bundle together the government services and resources that are relevant to small businesses, focusing on environmental health, street cleaning, and lighting and maintenance of physical infrastructures. Local government should be encouraged to set up and support thriving programs for communities to access healthy foods through the small local businesses that are part of the fabric of the community.