Building Health in Suburban Counties: Two Case Studies in Shaping Local Plans

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New Partners for Smart Growth
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Objectives

• Identify a prevention framework that establishes the importance of equity.
• Identify land use and transportation policies health outcomes impacted.
• Understand strategies for integrating health equity in local planning processes.
San Mateo County Context

- Population of 725,000
  - 21 cities plus unincorporated County
  - Diverse environments, populations, languages
- Overall wealthy county
  - In-commuting, jobs
  - 83% solo commuters
- Significant health disparities
Leading Health Issues Are All Preventable

- #1 Cause of death in San Mateo County is heart disease -- 25% of all deaths
- In 10 years the # of adults with diabetes in San Mateo County has doubled
- 25% of San Mateo County children are overweight or obese
- 1/3 of SMC 7th graders meet physical fitness standards
Increased Number of Older Adults

**OLDER ADULTS IN SAN MATEO COUNTY**
By Age groups, over time

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Today</th>
<th>Year 2020</th>
<th>Year 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 to 74 Year Olds</td>
<td></td>
<td></td>
<td>53%</td>
</tr>
<tr>
<td>75 to 84 Year Olds</td>
<td>40K</td>
<td>40K</td>
<td>71%</td>
</tr>
<tr>
<td>85+ Year Olds</td>
<td>20K</td>
<td>20K</td>
<td>248%</td>
</tr>
</tbody>
</table>
Key Health Outcomes: Patterns by Income

Percentage

- Obesity
  - <200% FPL: 18.8%
  - 200-400% FPL: 8.2%
  - >400% FPL: 12.1%

- Diabetes
  - <200% FPL: 25.2%
  - 200-400% FPL: 25.2%
  - >400% FPL: 8.2%

- Depression
  - <200% FPL: 12.1%
  - 200-400% FPL: 25.2%
  - >400% FPL: 12.1%

- Fair/Poor Health
  - <200% FPL: 18.8%
  - 200-400% FPL: 12.1%
  - >400% FPL: 8.2%
Key Health Outcomes: Patterns by Race

Key Health Outcomes:

Patterns by Race

<table>
<thead>
<tr>
<th>Condition</th>
<th>African American</th>
<th>Hispanic</th>
<th>Asian/PI</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese</td>
<td>35%</td>
<td>25%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Diabetic</td>
<td>15%</td>
<td>5%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Depression</td>
<td>35%</td>
<td>25%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Fair/Poor Health</td>
<td>15%</td>
<td>5%</td>
<td>10%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Life Expectancy by Place and Race

Bay Area Life Expectancy by Race/Ethnicity
Data from 1999-2001
Obesity Trends* Among U.S. Adults


(*BMI ≥30, or about 30 lbs. overweight for 5’4” person)
Rolled Curbs with Cars Parked on Sidewalks

Poor striping for pedestrian crossing

Person with walker stuck in median

No Sidewalks
Changes in Bicycling and Walking Rates vs. Obesity and Overweight Rates in U.S.
We can create health by changing place

Obesity Prevalence

Walk + Bike + Transit Trips (% of total)
Mortality Social Inequalities Institutional Power Physical Environments Built Environment Transportation Housing Social Environments Experiences of class, race and culture Risk Behaviors Smoking Nutrition Physical Activity Violence Disease & Injury Infectious Dz Chronic Dz Injury Moving “upstream” Mortality

BARHII SDoH Model

Systems & Policy Individual Genetics & Access to Care

Social Inequalities Institutional Power

Physical Environments

Risk Behaviors

Disease & Injury

Mortality
Increasing Health System Involvement in Place

• 2004 – Prevention of Childhood Obesity Blueprint
• 2006 - BOS Adopts Healthy Communities Ordinance, Community Convenings
• 2008 – Grand Boulevard Initiative, Housing Elements, General Plan, North Fair Oaks Assessment
• 2009 – 3 General Plans, East Palo Alto Redevelopment, Station Area Plans
• 2010 – Practical resources and publications, Countywide Transportation Plan, Community-Based Transportation Plans, regional planning agency engagement
• 2011 – Rapid Health Impact Assessment, Sustainable Communities and Public Health
8-80 Rule

Source: 8-80 Cities
“Neighborhoods are where poverty, race/ethnicity, and other social factors converge with the physical environment to produce the overall conditions that affect health.”

“Policies that govern land use, transportation, economic development and redevelopment are health policies.”

- BARHII
Overview of North Fair Oaks

• Community Plan Update for Unincorporated Area
  – Plan last updated in 1979 and community has experienced significant change
  – Infrastructure, parking, safety, and circulation issues

• Community- and Partnership-driven
  – Community Council
  – County Planning, Housing, Public Health, and Sheriff, Sheriff
  – Redwood City
  – MTC grant support
Approach in North Fair Oaks

• Partnering
  – Leadership and Health Officer support
  – BARHII report, community needs assessment
  – Relationships with non-traditional partners

• Navigating the Political
  – Unincorporated versus cities
  – Meaningful Geographies

• Capacity-building Challenges
  – Cost constraints, staff resources
  – Ability to participate
Elements in North Fair Oaks Community Plan

- Land Use and Urban Design
- Circulation
- Parks, Recreation, and Open Space
- Community Facilities and Infrastructure
- Housing
- Economic Development
- Public Health and Safety
Nagging won’t work if the healthy choice is the hardest choice.
Nagging won’t work if the healthy choice is the hardest choice
Existing Health Conditions in North Fair Oaks

- 44% overweight; higher than county and state averages
- 25% obese; similar to county and state averages
- 26% of students tested (5th, 7th, 9th graders) overweight
- All rates have been increasing over the last 12 years
Existing Health Conditions in North Fair Oaks

• Chronic conditions leading causes of death
  – Heart disease, cancers, and hypertension

• Much higher than average rate of homicide*
  – Among the top ten causes of death in North Fair Oaks
  – 53rd cause of death Countywide

* 2005 to 2008
Emerging Policy Framework

• **GOAL HW1**: Support access for families and children to healthy affordable foods.

• **GOAL HW2**: Encourage and provide space for public amenities and retail daily goods and services within walking distance of a majority of residents while reducing physical barriers that limit access to these uses.

• **GOAL HW3**: Enhance access for all residents and employees, especially the most vulnerable in North Fair Oaks to local public transit, and establish access to regional public transit opportunities.
Emerging Policy Framework

• **GOAL HW4**: Improve medical facility options and capacity of existing clinics, which currently have a strong presence for families and children, to serve the extensive needs of residents.

• **GOAL HW5**: Support programs run by the Sheriff’s Office and other community groups, to create new strategies for deterring both violent and property crimes which are significant concerns affecting quality of life in the neighborhood.

• **GOAL HW6**: Improve conditions for residents in North Fair Oaks by reducing potential environmental impacts such as the incompatibility residential units along rail corridors and in close proximity to industrial uses.
## Comparison of Community Issues & Processes

<table>
<thead>
<tr>
<th>North Fair Oaks</th>
<th>East Palo Alto</th>
</tr>
</thead>
<tbody>
<tr>
<td>County, single process</td>
<td>City, parallel efforts</td>
</tr>
<tr>
<td>Technical Advisory, Steering Committee roles</td>
<td>Workshop participant, subject matter input; T.A. to YUCA</td>
</tr>
<tr>
<td>B.E. Health Measures, Health and Wellness Element in plan</td>
<td>Multiple, broad community health efforts; active community</td>
</tr>
<tr>
<td>Relationships and tensions</td>
<td>Relationships and tensions</td>
</tr>
<tr>
<td>Multiple issues, agreement on definition</td>
<td>Multiple issues, some defined differently</td>
</tr>
<tr>
<td>Transit, safety, connectivity</td>
<td>Transit, complete streets, infrastructure</td>
</tr>
<tr>
<td>Seeing health differently; quantifying impacts</td>
<td>Seeing health differently; economic development</td>
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