

Public Health, Transportation, & Land Use: Institutionalizing Partnerships and Practices to Create Healthier Communities

**New Partners for Smart Growth
February 4, 2012**

Presented by:



Public Health, Transportation, Land Use: Institutionalizing Partnerships & Practices for Healthier Communities



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SRTS Statewide Program Coordinator - Caltrans



State-Level Partnership Safe Routes to School

- History of SRTS in CA
- Development of CDPH/Caltrans Partnership
- Start-up Challenges
- Benefits and Outcomes
- Sustainability

California Department of Health



Building Partnerships "M.O."

- Hatch crazy schemes
- Entice others to play with you
 - Support activities that will help *them* shine
- Invest now for payoff later

Safe and Active Communities Branch, California Active Communities Unit



“ More people,
More active,
More often”

- Anne Seeley

Joint Goal:

Create mixed use neighborhoods
with pleasant nearby **safe** places to walk
with many transportation options

1998: Launched SR2S Initiative

- For children who already bike & walk
 - Protect them
 - Encourage them
- To enable more children to safely bike and walk
- Ultimately – to create places for everybody to safely walk & bike



SRTS Led to New Partnerships

Began to Earn "Street Cred"

We found that injury (data)
was the carrot
to introduce
public health to
transportation engineers or city
planners





+



Public Health Invited to Table

Planning and Consultation
Input on Policies
Joint Training
Funding

Statewide Technical Assistance Resource Center (TARC)

- CDPH + UCSF (CDPH not able to adopt fed. Rules)
- Only formal SRTS partnership between a DOT & State Public Health in nation?
- Provide training and TA for:
 - NI projects
 - Communities that applied but were not successful
 - Low-income communities** that have not yet applied
- Connecting better with I projects (ideally, in tandem)

Caltrans



History of SRTS in California

1999 - CA first state to enact SRTS program (AB 1475)

2007 - CA SRTS extended indefinitely with funds to Caltrans from State Highway Account (AB 57)

2005 - Federal SRTS under SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users)

Each state designates a **Program Coordinator** (required under SAFETEA-LU)

History of SRTS *con't*

Federal SRTS emphasizes community collaboration in development of projects, and the 5 “Es”

- ∞ Education
- ∞ Encouragement
- ∞ Engineering
- ∞ Enforcement
- ∞ Evaluation

Overall Program Goals

- ⌘ Enable and encourage children to walk and bicycle to school
- ⌘ Make walking and bicycling to school a safer and more appealing lifestyle choice
- ⌘ Facilitate planning, development, implementation of projects to improve safety in vicinity of schools

Expected Outcomes

- ⌘ Increased bike and pedestrian traffic safety around schools
- ⌘ More children walking and bicycling to and from schools
- ⌘ Decreased vehicular traffic congestion around schools
- ⌘ Reduced childhood obesity
- ⌘ Improved air quality, community safety and security and community involvement
- ⌘ Improved partnerships among schools, local agencies, parents, and other stakeholders.

Developing State-level Partnership

- ⌘ Understanding federal regulations
- ⌘ Determining how best to implement new program under these regulations
- ⌘ Ensuring that between 10-30% of Federal SRT Program to be spent on none-infrastructure (NI) activities (4 of the E's)

Why Did Caltrans Partner?

#1 Reason:

Expertise to ensure Program success under federal requirements – all five E's

Developing State-level Partnership *con't*

How to implement the 4 Es?

- ⌘ Award individual programs specific to local needs
- ⌘ Award a statewide project to supplement state guidance and to support education and encouragement projects.

Statewide Technical Assistance Resource Center was provide by UC San Francisco in partnership with CDPH and was awarded funding in 2007.

SRTS Statewide TARC (CDPH/UCSF)

2007 – CDPH/UCSF awarded funds for TARC
3 years to get contract language approved
and executed

2010 – Caltrans and TARC SRTS staff begin
working together

⌘ Understanding each other's department and program goals

⌘ Understanding each other's "culture"

⌘ Trust and accountability

Start-up Challenges

Caltrans – safety and mobility, stewardship
and service

CDPH – promote health and well-being

Both: Improve the lives of children & families

Goals in Common

Terminology Quiz

1. What is Capacity?

Caltrans – max. amount of traffic capable of being handled by a given highway section

CDPH – ability to be conduct public health functions (data, protect from disease, mobilize communities)

2. What is Level of Service?

Caltrans – measure to determine the effectiveness of elements of transport infrastructure/traffic flow conditions

Public Health – How many clients served by a program

3. What is a Barrier?

Caltrans – an element to separate traffic

Public Health – challenge that makes it difficult to be healthier (e.g., poverty, can't speak English, no services close-by)

Benefits and Outcomes

- Improved communication with state & local stakeholders
- Development of statewide policies and procedures

- Identification of best practices
- Appropriate technical assistance

- Bridge gap between advocates and engineers
- improved SRTS projects that provide sustainable solutions

Program and Partner Sustainability

Through our work to **improve** program and project delivery (\$), the Federal Highway Administration (FHWA) and Legislators can see that the **SRTS Program** is not only a vital program, but one that is being **wisely used** to make families and communities more **healthy** and **safe** ensuring that **smart growth** and **complete streets** are achieved!

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Health Impact Assessment of Road (Congestion) Pricing Policy in San Francisco

Opportunities and Challenges of Collaboration



Michael Schwartz – San Francisco County Transportation Authority
Megan Wier – San Francisco Department of Public Health

New Partners for Smart Growth Conference
February 4, 2012



Agenda

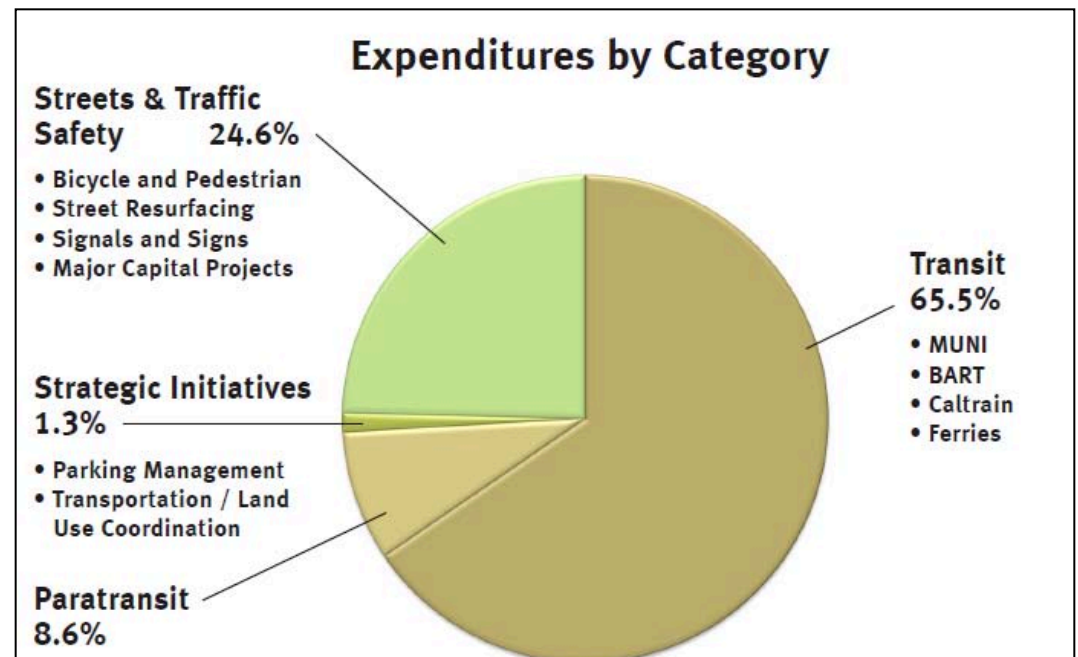
- Agency Backgrounds
- Overview of Mobility Access and Pricing Study (MAPS) and associated Health Impact Assessment
- Parallels between the studies
- Collaboration challenges, key lessons learned
- Next steps

NOTE: This presentation will not include a detailed discussion of either study. Focus is on lessons from the collaboration.



San Francisco County Transportation Authority

- Created in 1989 through voter approved sales tax; renewed in 2004
- Mission: strategic funding and planning for transportation-related projects in San Francisco
 - SF's Congestion Management Agency (CMA)
 - Local sales tax (Prop K) and regional grant administrator Designated Treasure Island Mobility Management Agency (TIMMA)
- Facilitate program and project delivery of key San Francisco priorities
- History of progressive policies and projects
 - e.g., Van Ness and Geary BRTs, Presidio Parkway, Neighborhood Transportation Planning, Countywide Transportation Plan, etc.



San Francisco Department of Public Health and the Program on Health, Equity and Sustainability

- **SFDPH Mission:** to protect and promote the health of San Franciscans
- **SFDPH-PHES, Health and Place Team:**
 - Develops, applies and disseminates tools, research and expertise to assess environmental conditions and respond to *urban health inequities* and *environmental policy gaps*.
 - Work with *community stakeholders* and *government agencies* to inform project development and policy-making and to improve the consideration of health and health inequities in decision-making.

Health status determined by:

- genetics (5%),
- health care (10%),
- behavior (30%),
- social conditions (55%) *

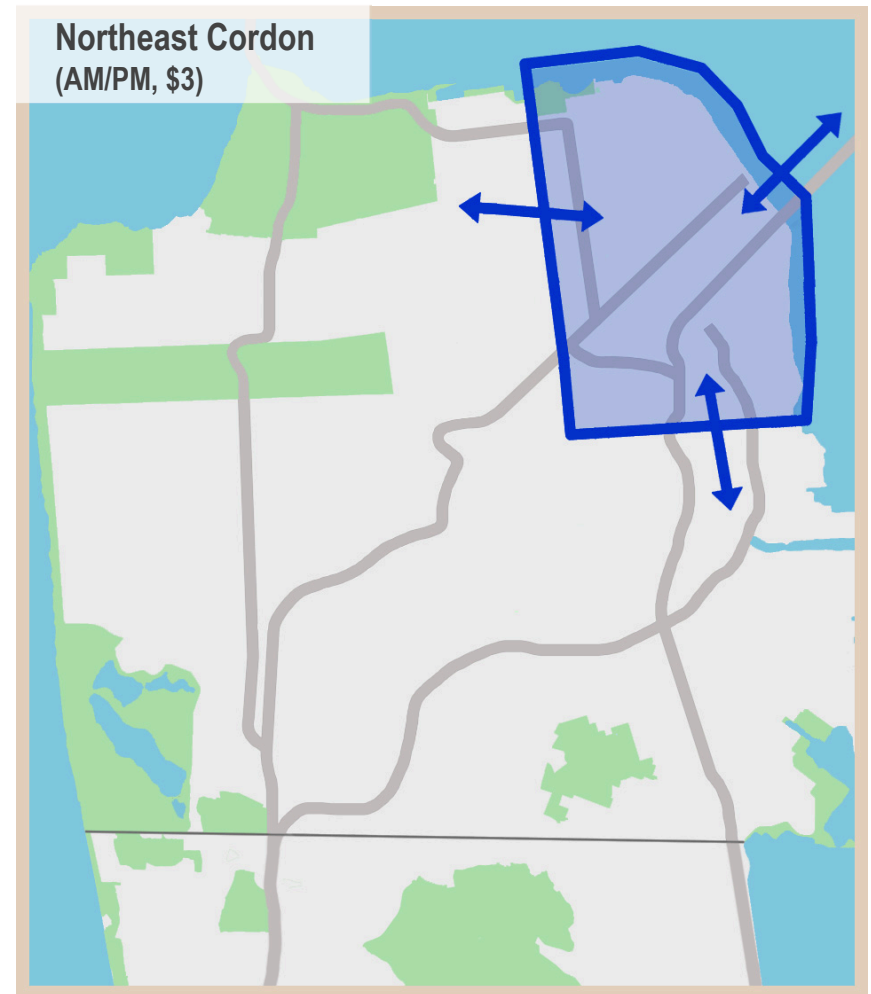


* WHO Commission on the Social Determinants of Health (2008)



Mobility Access and Pricing Study

- **Study evaluates feasibility of congestion pricing in San Francisco**
 - If and how program would work
 - Transportation system benefits/impacts
 - Economic, environmental, and equity benefits/impacts
- **Package of congestion management**
 - Fee assessed on motor vehicles entering/exiting SF downtown areas
 - Net revenues invested in transportation improvements
 - transit services, signal timing, bicycle access, streetscape enhancements, resurfacing
- **Implementation decision has not yet been made**



Health Impact Assessment of Road Pricing

Asks - What are potential health impacts of:

- a future with the “best performing” pricing scenario *versus*
- a future under “business as usual” *compared to*
- existing conditions?

Analyzes - Potential impacts on:

- Lives Saved from Walking/Cycling
- Air Pollution-related Premature Mortality
- Traffic Noise-Related Annoyance and Heart Attacks
- Pedestrian and Cyclist Injury Collisions
- Exposure to Traffic Density by Age and Income
- Economic Value of Health Benefits and Burdens

Recommends – Policy considerations for more health benefits:

e.g., increase congestion pricing fees where they can reduce health risks; target walking and biking safety improvements where injuries are greatest; target deployment of quieter, low-emission hybrid buses in areas where noise and air pollution are worse

Funded by the Robert Wood Johnson Foundation’s Active Living Research Program



Synergies and Challenges

Both Studies:

- **Innovative** -----> **Politically sensitive, skeptics**
 - No/few domestic examples -----> **Careful messaging essential**
 - Potential paradigm shift for both disciplines -----> **Different languages between disciplines**
- **Technically challenging**
 - Refinement of tools -----> **Blending of innovative methods**
- **Timely** -----> **Each study has own timeline, constraints**
- **Proactive** -----> **Different agency cultures, no previous blueprint for collaboration**



So Why Collaborate?

SFCTA:

- Public health important in SF and for SF agencies
- Case studies show health benefits of pricing
- May help shape/inform policy in future phases of development
- Culture of curiosity, technical rigor, and innovation

SFDPH:

- Transportation decisions strongly correlated with multiple health outcomes
- Large-scale, controversial policy that could affect a large population
- Potential to inform debate, help shape/inform policy in future phases of development
- Opportunity to collaborate and develop, refine HIA analysis approach for future projects



Issue: Political and technical sensitivities

SFCTA:

- Lack of familiarity with HIA methods and potential for policy impact on MAPS
- Tension between collaboration and evaluation
- Messaging and outreach on study outcomes vs program impacts

SFDPH:

- Need to remain objective and independent
- Multiple stakeholders with diverse interests
- Community interest/familiarity with MAPS relative to HIA

Lesson Learned:

- Close coordination and strong, ongoing communication essential
- Both public agencies present at HIA stakeholder meetings helpful to maintain distinction and have appropriate expertise



Issue: Differences in agency culture, practices and authority

SFCTA:

- Agency reports to elected board who reviews and acts on studies, plans, and policies
- Monthly meetings with program-wide Citizens Advisory Committee
- 4 additional advisory committees dedicated to MAPS

SFDPH:

- Does not implement/lead planning studies – not decisionmaker; different oversight by electeds
- Strong history of community engagement
- Only recently invited to transportation Technical Advisory Committees (TACs)

Lessons Learned:

- Seek to understand agency culture, sensitivities, accountability – informs study content
- Develop opportunities for cross-participation in agency meetings, discussions to build trust, increase transparency
- Studies not developed in vacuum; agencies do not exist in isolation



Issue: Studies have different timelines and demands

SFCTA:

- Grant timeline
- Public/stakeholder feedback
- Looked at 100+ scenarios
- Numerous components of study
 - Economic, fiscal, transportation network, equity, etc.
- Board/political considerations

SFDPH:

- Timeline driven by one-year grant
- Analyses reliant on SFCTA study outputs
- HIA methods development, refinement
- Goal to provide input helpful for policy decision

Lessons Learned:

- Communication...
- Budget for agency collaboration, time when possible
- Anticipate these challenges and strategize contingency plans
- Level/scope of analysis should be right-sized to project development phase and timeline



Issue: Difference in Language/Terminology

SFCTA:

- Wonky policy
- Transportation speak (e.g., modeshare, VMT, VHT, OMG!!)
- Multiple audiences, but materials aimed at public and officials as ultimate forum for decisions

Lessons Learned:

- Multiple documents may be necessary for different audiences; but must have consistent messages and terminology
- Transportation planning staff can serve as examples of the public for public health review
- “Don’t bury the lede”

SFDPH:

- Nerdy analyses
- Environmental health speak (e.g., PM_{2.5}/μg/m³, Ldn, attributable risk)
- Multiple audiences = multiple documents: decisionmakers, public, practitioners



Issue: Data and Methods

SFCTA:

- Larger scale/area analysis
- Trends
- Conditional language
- Transportation model limitations carried forward to HIA models

SFDPH:

- Prefer street level
- Absolutes, caveated
- Certainty assessment
- Desired inputs not always available – requires assumptions

Lessons Learned:

- Manipulation of data across disciplines takes time
- Understanding and buyoff on methods and sensitivities takes even more time... budget for it!
- Professional judgment and healthy skepticism of quantitative modeling appropriate



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Building and strengthening partnerships

- **Determine synergies between departmental objectives**
 - Understand context in which both agencies operate – larger goals
- **Identify value add of collaboration on specific initiatives**
 - Asking: when is an HIA more helpful, appropriate vs. other types of collaboration
- **Define goals of partnership**
 - Be outcome oriented
 - Use efficient means to achieve those goals
 - Align analysis timeframes with desired outcomes
- **Seek funding resources for future collaboration**



Thank You

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www.sfcta.org

megan.wier@sfdph.org

www.sfpbes.org/HIA_Road_Pricing.htm

www.sfpbes.org

She Said, *She Said*

**Public Health, Transportation & Land Use:
Institutionalizing Partnerships & Practices to
Create Healthier Communities**

2012 Smart Growth Conference
San Diego, CA
February 4, 2012

Tacoma, Washington



City of Tacoma + Tacoma-Pierce County Health Department = True Collaboration



**KEEP A LONG DISTANCE
RELATIONSHIP.**

DRIVE BETTER, TACOMA.



**DRIVE BETTER,
TACOMA.**



“When it really becomes institutionalized, there is always someone from both organizations at the work-overlap place, budgetary, budget permanent advocates”

“The fear really, for me, was that if any part of this work-overlap place, budgetary, budget permanent advocates”

“Other Players”



Mayor,
Marilyn
Strickland

Other Players



Tacoma
City
Council
Members



Other Players



Lessons Learned

- Learning each other's culture, structures and how work gets done is significant. Build on our strengths.
- Benefits of collaboration broadens our outreach and expands our messaging.
- With enough planned and thoughtful work and momentum, there becomes a tipping point at which the work becomes institutionalized and a culture shift occurs.

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Joint Use in Los Angeles County Modeled After Tobacco Control

New Partners for Smart Growth Conference
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Communities

Eloisa Gonzalez, M.D., M.P.H.

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L.A. County Department of Public Health





Eight Outcome Objectives

- 1) Increase access to healthy food & beverages in 8 cities
- 2) Develop food procurement policies in 5 county agencies
- 3) Improve the nutritional content of school meals in 4 districts
- 4) Implement nutrition & physical activity policies in 60 preschools
- 5) Promote breastfeeding in county departments & other large employers
- 6) Increase teacher capacity to implement phys. ed. requirements
- 7) Strengthen joint use policies & establish joint use agreements
- 8) Adopt land use policies to increase pedestrian activity & biking





Structure of Joint Use in LA County

- **Joint Use Moving People to Play (JUMPP) Task Force**
 - Quarterly meeting
 - Broad range of stakeholders; a coalition that supports joint use efforts in Los Angeles County

- **Joint Use Steering Committee**
 - Represents key joint use stakeholders
(i.e. Parks and Recreation, School Superintendents, PTA and Community-Based Organizations)



Joint Use Moving People to Play (JUMPP) Task Force

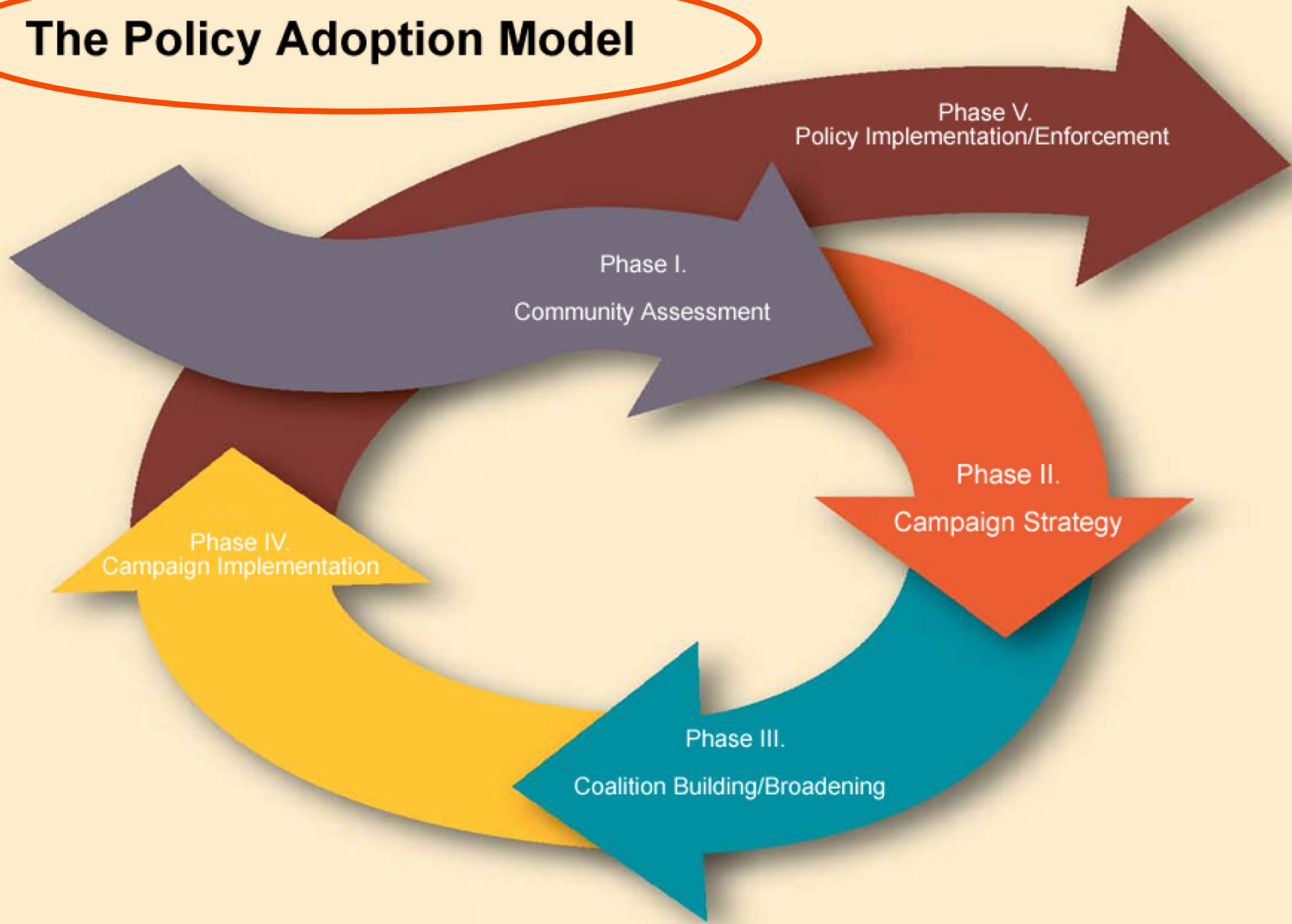
- Established January 2010
- Grass-tops and Grass-roots approach
- Grassroots: Based on Tobacco Control's Policy Adoption Model



Table 1. Tobacco Control Policies Enacted in Los Angeles County, 1998-2010

Policy Type	Year of Policy Enactment			
	1998-2003	2004-2010		
Tobacco Retail Licensing	El Segundo (2003) Lawndale (2003) Los Angeles city (2000)	Artesia (2009) Baldwin park (2008) Burbank (2007) Calabasas (2009) Carson (2006) Cerritos (2008) Compton (2007) Culver City (2009) Gardena (2008)	Glendale (2007) Hawthorne (2008) Inglewood (2007) La Canada Flintridge (2009) Lancaster (2006) Lomita (2007) Long Beach (2008) Montebello (2009) Monterey Park (2010)	Palmdale (2010) Pasadena (2004) San Fernando (2008) San Gabriel (2010) Santa Monica (2008) Sierra Madre (2007) South Pasadena (2009) Unincorporated area (2007) West Covina (2010)
	Subtotal: 3			Subtotal: 27
Multi-Unit Housing	0	Calabasas (2006)	Santa Monica (2009)	Glendale (2008)
				Subtotal: 3
Parks	Carson (2003) Hawthorne (2003) Huntington Park (2002) San Fernando (2001)	Alhambra (2008) Baldwin Park (2007) Burbank (2007) Calabasas (2006) Cerritos (2005) Claremont (2008) Culver City (2006) El Monte (2005) Gardena (2004) Glendale (2008)	Glendora (2008) La Puente (2004) Los Angeles city (2007) Lomita (2007) Manhattan Beach (2004) Maywood (2004) Monterey Park (2005) Palmdale (2006) Pasadena (2004)	Rancho Palos Verdes (2005) Redondo Beach (2008) Rosemead (2006) San Dimas (2007) San Gabriel (2010) Santa Clarita (2006) Temple City (2009) Unincorporated area (2009) Walnut (2005)
		Subtotal: 4		Subtotal: 28
Outdoor Dining	0	Beverly Hills (2007) Culver City (2008)	Los Angeles city (2010) Malibu (2009)	Sierra Madre (2009)
				Subtotal: 5
Beaches	0	El Segundo (2005) Hermosa Beach (2006) Long Beach (2005) Los Angeles city (2007)	Manhattan Beach (2004) Malibu (2004) Santa Monica (2006) Palos Verdes Estates (2006)	Rancho Palos Verdes (2005) Redondo Beach (2008) Torrance (2006) Unincorporated area (2005)
				Subtotal: 12
Comprehensive	0	Baldwin Park (2007) Burbank (2007) Calabasas (2006)	Glendale (2008) Pasadena (2008)	Santa Monica (2006) South Pasadena (2007)
				Subtotal: 7
Total	7		82	

The Policy Adoption Model



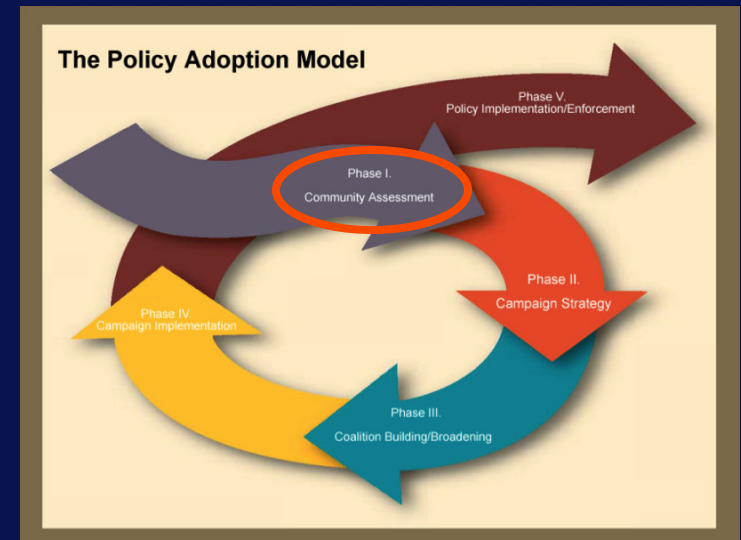
Policy Adoption Model for Joint Use Initiatives

PHASE I Community Assessment	PHASE II Develop Strategy	PHASE III Coalition Building/Broadening	PHASE IV Implementation	PHASE V Project Oversight
<ul style="list-style-type: none"> ➤ STEP 1. Document the problem ➤ STEP 2. Examine the political environment 	<ul style="list-style-type: none"> ➤ STEP 1. Identify goals for joint use project ➤ STEP 2. Identify constituents, allies and opponents ➤ STEP 3. Identify key decision makers to target for support ➤ STEP 4. Choose tactics for obtaining support 	<ul style="list-style-type: none"> ➤ STEP 1. Build/broaden the coalition ➤ STEP 2. Refine decision maker matrix and expand circles of influence ➤ STEP 3. Assemble a joint use tool kit for presentations to target stakeholders 	<ul style="list-style-type: none"> ➤ STEP 1. Implement tactics from Phase II, Step 4 ➤ STEP 2. Obtain support of decision-makers from governing entities ➤ STEP 3. Negotiate terms of agreement and prepare agreement for signature ➤ STEP 4. Execute the agreement by obtaining all necessary signatures ➤ STEP 5. Implement the joint use agreement 	<ul style="list-style-type: none"> ➤ STEP 1. Celebrate success ➤ STEP 2. Educate the community about the agreement ➤ STEP 3. Monitor use of recreational facility(ies) as per executed agreement ➤ STEP 4. Determine need for amending executed agreement ➤ STEP 5. Negotiate any necessary amendments with governing entities and prepare for signature ➤ STEP 6. Obtain all necessary signatures to execute amendments

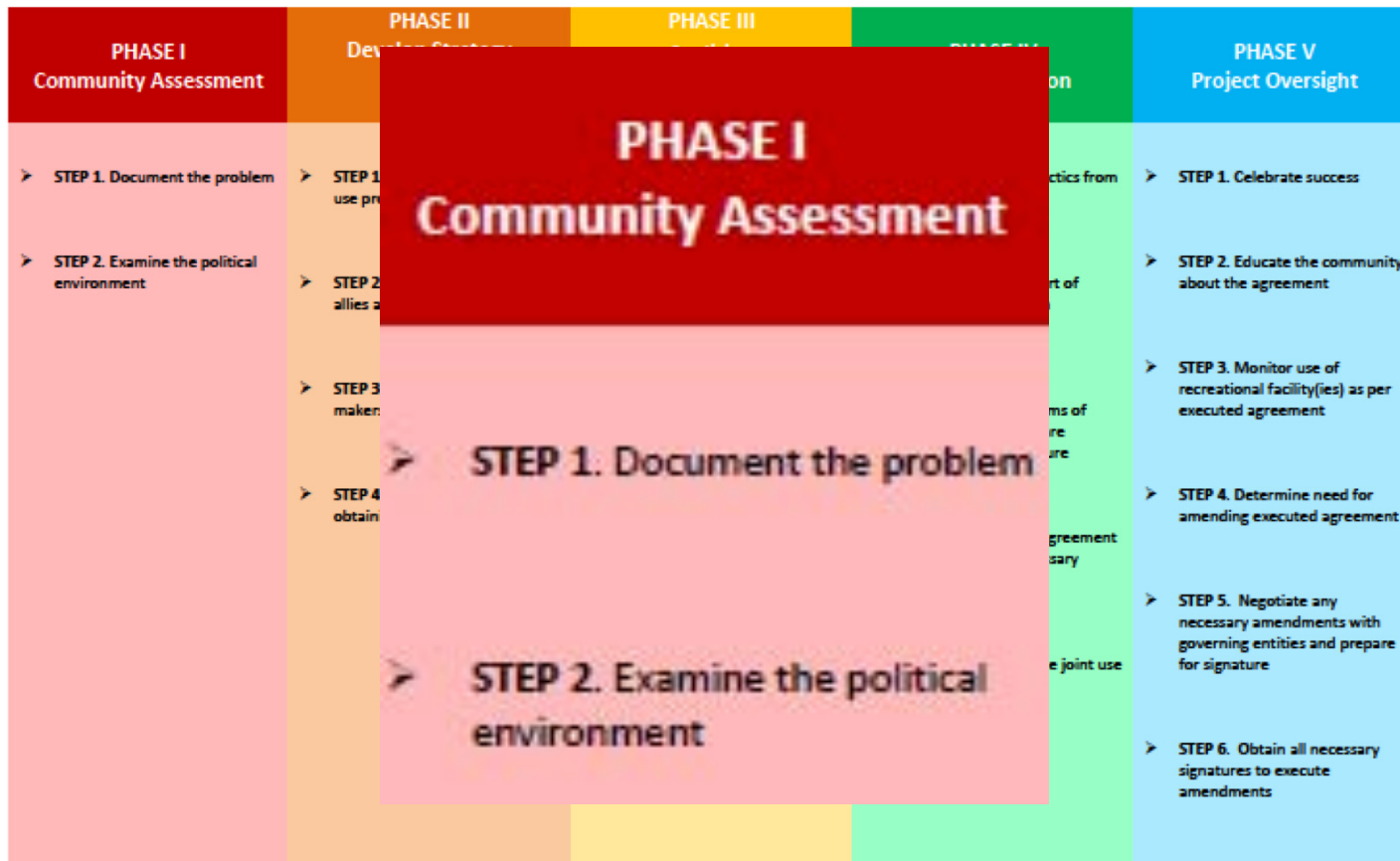


Phase 1: Community Assessment

- Identify issues that will influence local policy makers
 - Document the public health problem
 - Investigate the political environment



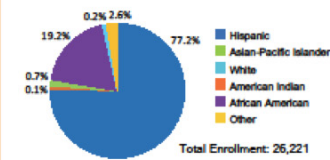
Policy Adoption Model for Joint Use Initiatives



Elementary Schools 24
Middle Schools 8
High Schools 3

Source: California Department of Education, 2008-09. <http://dq.cde.ca.gov/>

District Enrollment by Ethnicity



Source: California Department of Education, 2008-09. <http://dq.cde.ca.gov/>

Cities and Communities Health Data^{1,2,3}

	Compton	East Compton	Los Angeles County
Prevalence of childhood obesity ⁴	27.7	29.0	23.3%
Rank of childhood obesity prevalence (low to high out of 128)	94	107	—
Premature mortality from heart disease and stroke ⁵ (Years of Potential Life Lost)	2,620	1,913	1,183
Rank of premature mortality from heart disease and stroke (low to high out of 133)	129	122	—
Park area per capita ⁶ (acres/1K persons)	0.9	0.7	86
Rank of park area per capita (high to low out of 143)	88	94	—
Rank of economic hardship (least to most out of 142)	114	126	—

¹ Cities/Communities entirely within the District's boundaries include: Compton, and East Compton. Cities/Communities partially within the District's boundaries include: none.

² Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, *Preventing Childhood Obesity: the need to create healthy places: A Cities and Communities Health Report*, October 2007.

³ Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, *Premature Death from Heart Disease and Stroke in Los Angeles County: A Cities and Communities Health Report*, January 2008.

⁴ Childhood obesity is defined as having a gender-specific body mass index (BMI)-for-age ≥ 95th percentile. Prevalence of childhood obesity was determined by using BMI measurements of 5th, 7th, and 9th grade public school children from the 2005 annual California Physical Fitness Testing Program.

⁵ Premature mortality associated with cardiovascular disease was calculated by adding the total number of years of life lost before age 75 years for all deaths caused by heart disease or stroke from 2000–2002.

⁶ Parks include parks, beaches, historical parks, open spaces, recreational areas, forests, and wilderness areas. To account for the number of people parks serve, park area per capita was used to indicate park acres in each city/community per 1,000 persons.

⁷ The economic hardship index was measured by combining six indicators: crowded housing, percent of households living below the federal poverty level, percent of persons over the age of 16 years that are unemployed, percent of persons over the age of 25 years without a high school education, dependency, and median income per capita. The index compares 142 incorporated cities, communities (or Census-designated places), and Los Angeles city council districts. Data for these indicators were obtained from the 2000 U.S. Census.

Policy Recommendations for School Districts and Schools

- Improve the quality and increase the quantity of physical education instruction time.
- Establish district-level policy outlining district commitment to joint/shared use and providing district support for joint/shared use practice that goes beyond the Civic Center Act to provide community access to school recreational facilities after school hours.
- Establish district-level policies prohibiting the withholding of recess or use of physical activity as punishment.
- Establish safe routes to schools.
- Modify existing school wellness policies to ensure joint/shared and community use agreements are included.
- Site schools where they will promote physical activity, support smart growth and stronger communities, and avoid adverse impacts on neighborhood traffic patterns.



District¹

ACADEMIC PERFORMANCE INDEX (API)		643	
Grade Levels	% of students not in Healthy Fitness Zone (HFZ) Aerobic Capacity	% of students not in Healthy Fitness Zone (HFZ) Body Composition	
Grade 5	52.5	42.9	
Grade 7	63.9	48.5	
Grade 9	66.1	40.8	

Schools²

School Name	School Enrollment	% of students not in HFZ Aerobic Capacity	% of students not in HFZ Body Composition	API	School Name	School Enrollment	% of students not in HFZ Aerobic Capacity	% of students not in HFZ Body Composition	API
ELEMENTARY SCHOOLS					ELEMENTARY SCHOOLS —CONTINUED—				
Anderson (K - 5th)	534	52.2	50.0	700	Roosevelt (K - 5th)	1,018	67.3	37.2	731
Bunche (K - 5th)	454	25.6	25.6	768	Rosecrans (K - 5th)	453	35.4	44.8	804
Bursch (K - 5th)	301	43.0	50.6	839	Tibby (K - 5th)	404	36.4	53.0	793
Caldwell (K - 5th)	301	44.4	37.8	706	Washington (K - 5th)	478	62.4	54.8	724
Carver (K - 5th)	359	46.6	50.0	767	Willard (K - 5th)	457	41.4	40.1	716
Clinton (K - 5th)	801	56.5	44.3	828	MIDDLE SCHOOLS				
Dickison (K - 5th)	889	53.6	45.8	707	Bunche (6th - 8th)	797	40.3	42.6	627
Emerson (K - 5th)	627	76.5	39.1	716	Davis (6th - 8th)	1,327	87.8	48.9	566
Foster (K - 5th)	684	30.3	49.4	722	Enterprise (6th - 8th)	624	77.1	47.5	697
Jefferson (K - 5th)	559	75.0	36.3	765	Roosevelt (6th - 8th)	1,252	56.1	52.7	666
Kelly (K - 5th)	906	30.4	39.9	705	Vanguard (6th - 8th)	414	84.0	48.0	674
Kennedy (K - 5th)	740	48.8	48.8	725	Walton (6th - 8th)	575	54.5	44.4	612
King (K - 5th)	601	80.0	33.8	632	Whaley (6th - 8th)	1,039	43.3	55.1	541
Laurel (K - 5th)	425	48.6	45.7	834	Willowbrook (6th - 8th)	512	71.0	40.1	638
Lincoln Drew (K - 5th)	316	90.6	45.3	674	HIGH SCHOOLS				
Longfellow (K - 5th)	676	45.5	32.3	741	Centennial (9th - 12th)	1,396	90.1	39.9	532
Mayo (K - 5th)	579	—	—	776	Compton (9th - 12th)	2,530	58.8	44.3	558
McKinley (K - 5th)	497	58.6	41.4	658	Dominguez (9th - 12th)	2,688	59.1	37.9	563
McNair (K - 5th)	533	59.1	50.5	769	—	—	—	—	—

^{1,2} Source: California Department of Education, 2008-09; <http://dq.cde.ca.gov/>

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Source: California Department of Education, 2008-09. <http://sds.cde.ca.gov/edu/assess/>

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Premature mortality from heart disease and stroke ⁵ (Years of Potential Life Lost)	2,620	1,913	1,183
Rank of premature mortality from heart disease and stroke (low to high out of 133)	129	122	—
Park area per capita ⁶ (acres/1K persons)	0.9	0.7	86
Rank of park area per capita (high to low out of 143)	88	94	—
Rank of economic hardship ⁷ (least to most out of 142)	114	126	—

¹ Cities/Communities entirely within the District's boundaries include: Compton, and East Compton. Cities/Communities partially within the District's boundaries include: none.
² Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. *Prevalence of Childhood Obesity: the need to create healthy places: A Cities and Communities Report*, October 2007.
³ Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. *Premature Death from Heart Disease and Stroke in Los Angeles County: A Cities and Communities Report*, January 2006.
⁴ Childhood obesity is defined as having a gender-specific body mass index (BMI)-for-age ≥ 95th percentile. Prevalence of childhood obesity was determined by using BMI measurements of 5th, 7th, and 9th grade school children from the 2005 annual California Physical Fitness Testing Program.
⁵ Premature mortality associated with cardiovascular disease was calculated by adding the total life lost before age 75 years for all deaths caused by heart disease or stroke from 2000–2002.
⁶ Parks include parks, beaches, historical parks, open spaces, recreational areas, forests, and wetlands. Account for the number of people parks serve, park area per capita was used to indicate park availability per 1,000 persons.
⁷ The economic hardship index was measured by combining six indicators: crowded housing, percent of persons living below the federal poverty level, percent of persons over the age of 18 years that are unemployed, percent of persons over the age of 25 years without a high school education, dependency, and median income. Data for these indicators were obtained from the 2000 U.S. Census.

Cities and Communities Health Data ^{1,2,3}			
	Compton	East Compton	Los Angeles County
Prevalence of childhood obesity ⁴	27.7	29.0	23.3%
Rank of childhood obesity prevalence (low to high out of 128)	94	107	—
Premature mortality from heart disease and stroke ⁵ (Years of Potential Life Lost)	2,620	1,913	1,183
Rank of premature mortality from heart disease and stroke (low to high out of 133)	129	122	—
Park area per capita ⁶ (acres/1K persons)	0.9	0.7	86
Rank of park area per capita (high to low out of 143)	88	94	—
Rank of economic hardship ⁷ (least to most out of 142)	114	126	—

School District Health Facts				
Elementary Schools				
	643			
Elementary School	% of students not in Healthy Fitness Zone (HFZ) Body Composition			
	42.9			
	48.5			
	40.8			
Middle Schools				
School Name	School Enrollment	% of students not in HFZ Aerobic Capacity	% of students not in HFZ Body Composition	API
ELEMENTARY SCHOOLS —CONTINUED—				
Sevelton (8th)	1,018	67.3	37.2	731
Scraper (8th)	453	35.4	44.8	804
Yerkes (8th)	404	36.4	53.0	793
Hightower (8th)	478	62.4	54.8	724
Hardy (8th)	457	41.4	40.1	716
MIDDLE SCHOOLS				
Chapman (8th)	797	40.3	42.6	627
Sherman (8th)	1,327	87.8	48.9	566
Ripstein (8th)	624	77.1	47.5	697
Sevelton (8th)	1,252	56.1	52.7	666
Guard (8th)	414	84.0	48.0	674
Donner (8th)	575	54.5	44.4	612
Key (8th)	1,039	43.3	55.1	541
Woburn (8th)	512	71.0	40.1	638
HIGH SCHOOLS				
Annex (12th)	1,396	90.1	39.9	532
Porter (12th)	2,530	58.8	44.3	558
Iniguez (12th)	2,688	59.1	37.9	563
—	—	—	—	—

Elementary Schools 24

District ¹	
ACADEMIC PERFORMANCE INDEX (API)	643
% of students not in Healthy Fitness Zone (HFZ)	% of students not in Healthy Fitness Zone (HFZ)

School Name	School Enrollment	% of students not in HFZ Aerobic Capacity	% of students not in HFZ Body Composition	API
ELEMENTARY SCHOOLS				
Anderson (K - 5th)	534	52.2	50.0	700
Bunche (K - 5th)	454	25.6	25.6	768
Bursch (K - 5th)	301	43.0	50.6	839
Caldwell (K - 5th)	301	44.4	37.8	706
Carver (K - 5th)	359	46.6	50.0	767

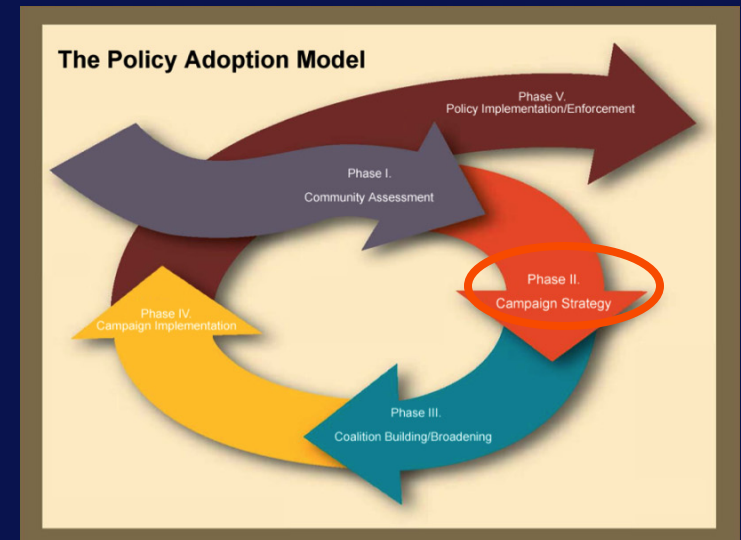
Prevalence of obesity
Rank obesity (low to high)
Premature heart disease (Years)
Rank mortality (low to high)
Parkland (acres)
Rank capita (high to low)
Rank hardiness (least to most)

¹ Cities/Communities
² Source: Los Angeles County Department of Public Health, October 2010
³ Source: Los Angeles County Department of Public Health, January 2011
⁴ Childhood obesity prevalence of school children
⁵ Premature mortality rate per 100,000
⁶ Parks include account for 8 community parks
⁷ The economic vitality index ranks cities and counties in California



Phase II: Campaign Strategy

- Use information gathered in Phase I
- Develop a roadmap to organize the campaign and build the power necessary to influence local policy makers
 - Complete a “strategy chart”

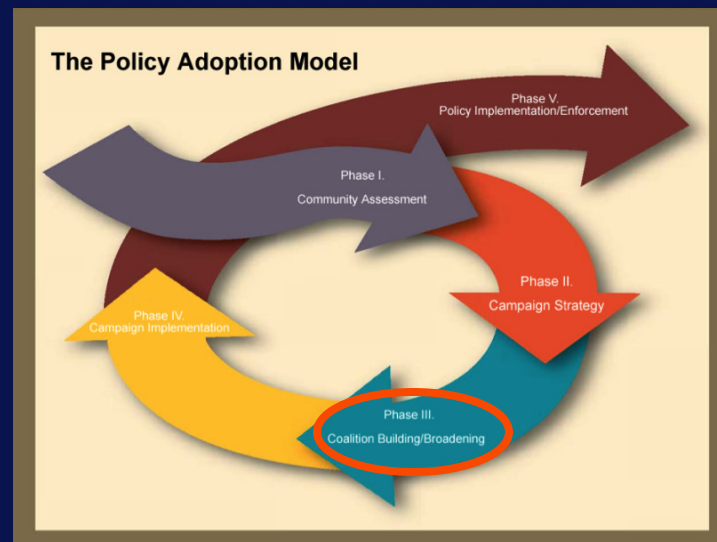


Policy Adoption Model

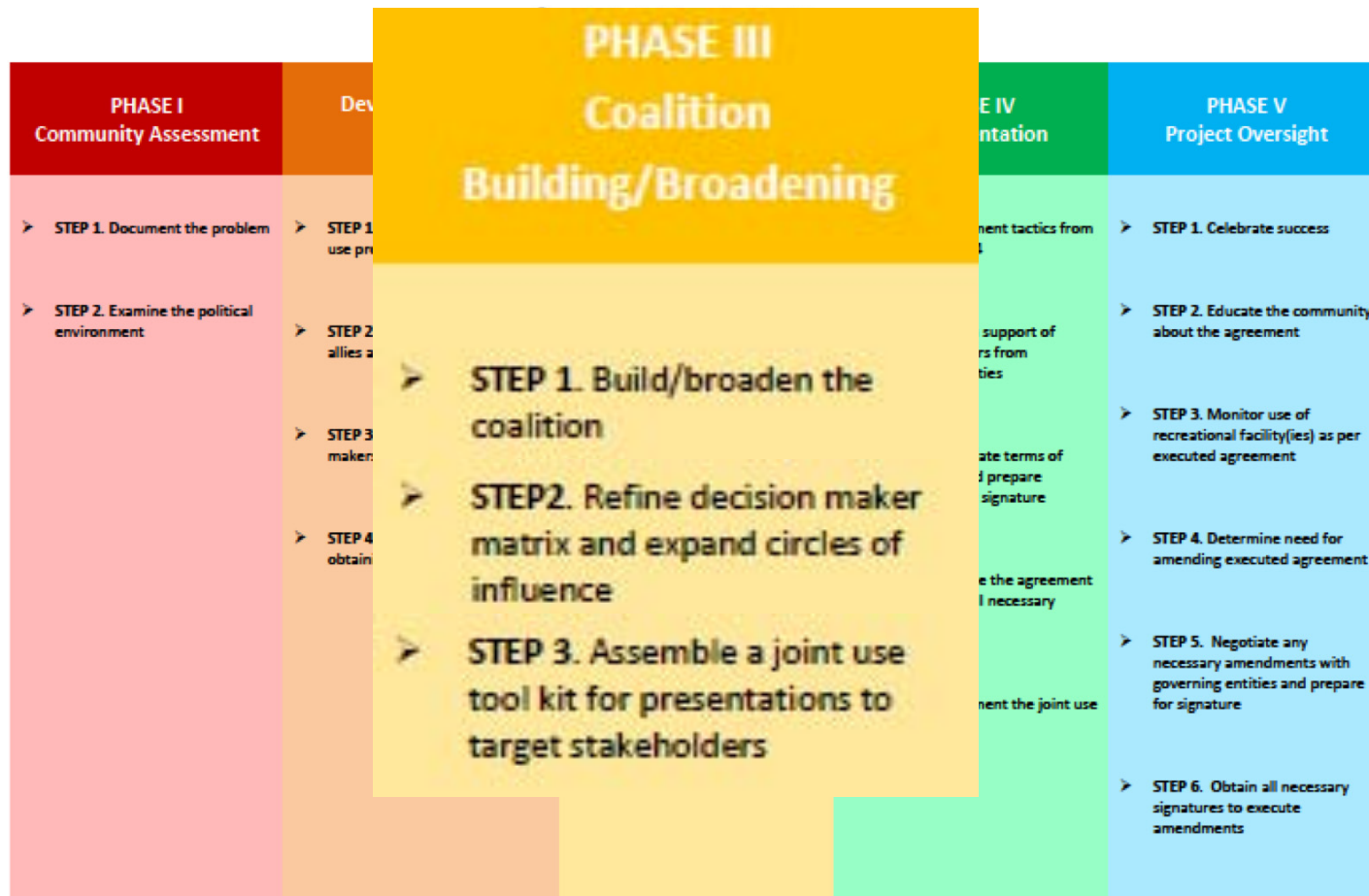


Phase III: Coalition Building/Broadening

- Engage a diverse group of community stakeholders to ensure the needed leadership and skills are available to achieve the campaign goal
 - Recruit members
 - Facilitate and sustain a local coalition

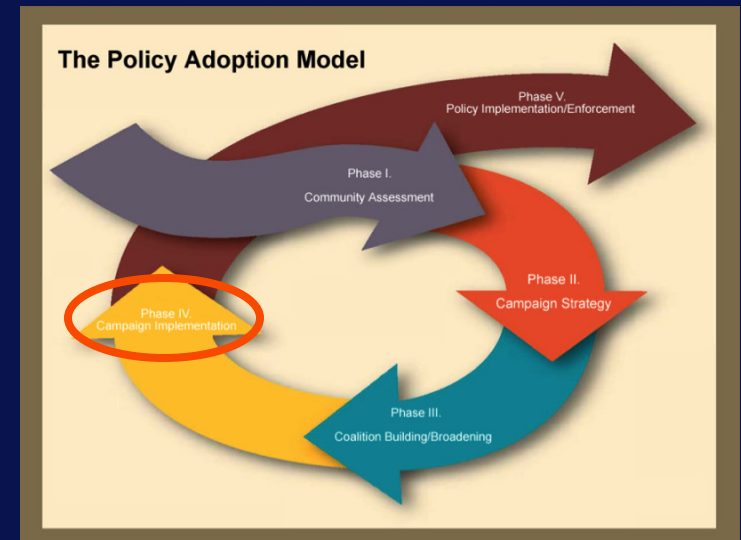


Policy Adoption Model

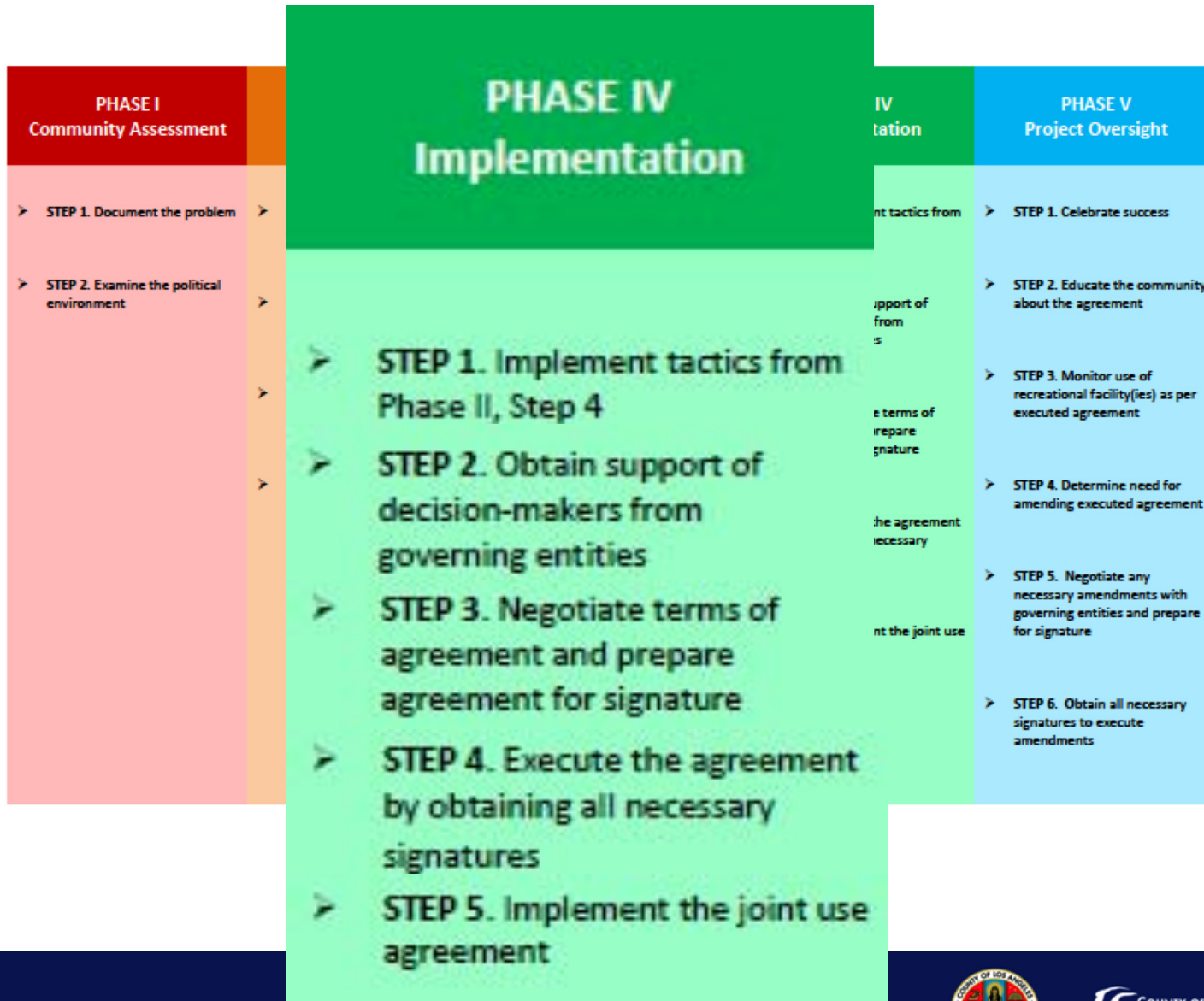


Phase IV: Campaign Implementation

- Implement activities designed to influence local policy makers
 - Review/update the “strategy chart”
 - Link targets to tactics to achieve policy goal

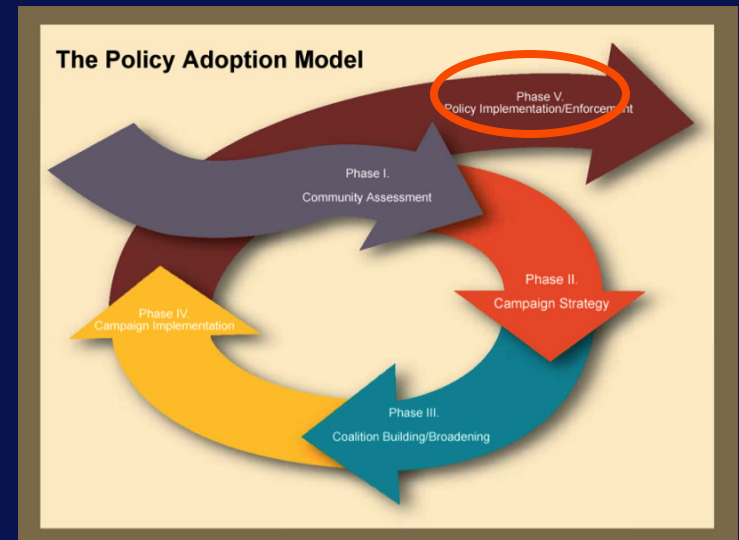


Policy Adoption Model

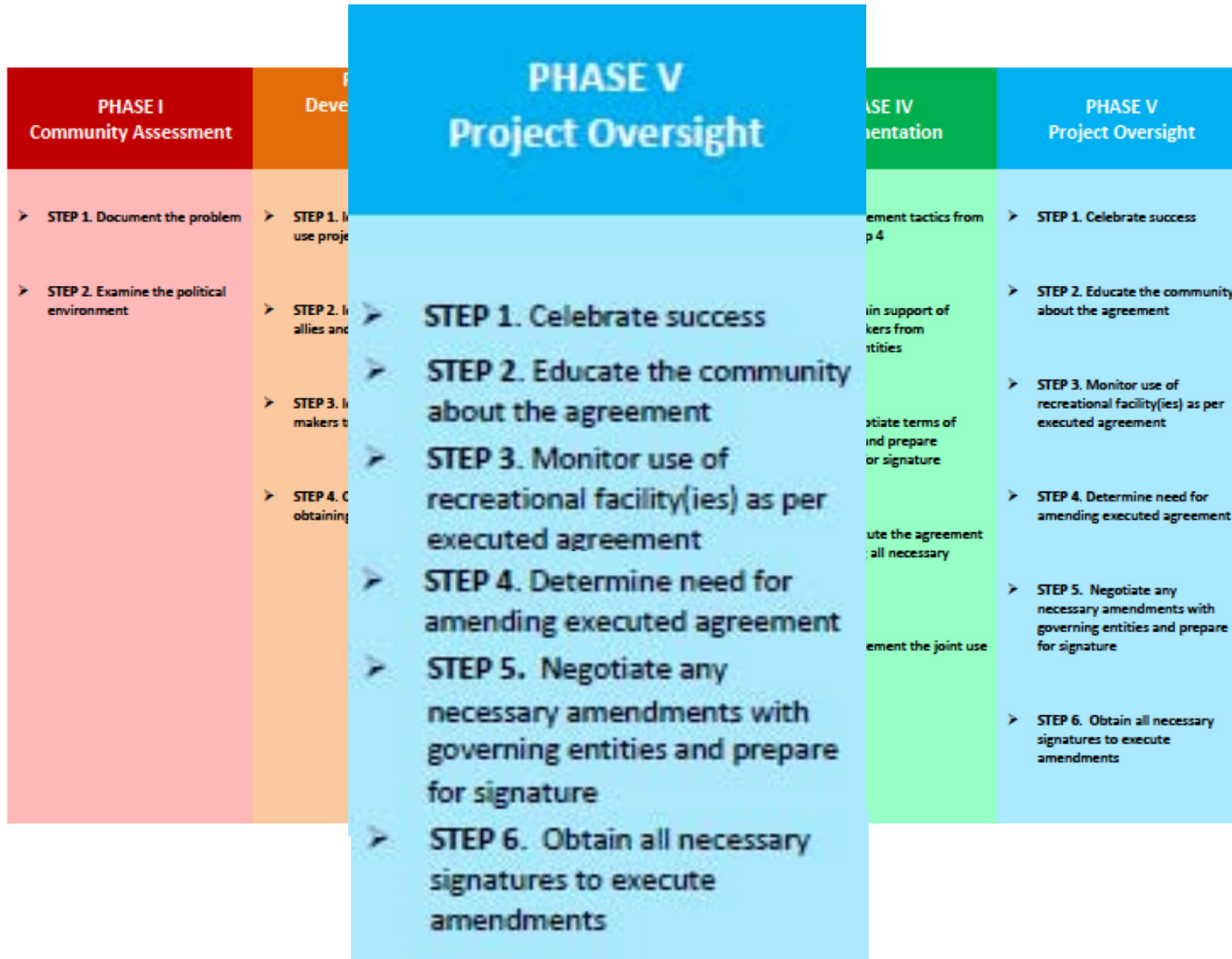


Phase V: Implementation/Enforcement

- Ensure that the provisions of the policy are implemented and enforced:
 - Maintain/build new relationships
 - Educate the public
 - Monitor enforcement



Policy Adoption Model



Status of PAM JUI in LA County

- Being pilot tested now in the Inglewood Unified School District



“Never doubt that a small group of thoughtful,
committed citizens can change the world;
Indeed it is the only thing that ever has.”



- Margaret Mead



**CHOOSE!
HEALTHIA!**

Joint Use Resources

Statewide Joint Use Efforts: Promote healthy lifestyle choice through active living

www.jointuse.org



COUNTY OF LOS ANGELES
Public Health

CHOOSE! HEALTH LA.COM



Contact: Eloisa Gonzalez, MD, MPH
elgonzalez@ph.lacounty.gov, 213.351.7887



Acknowledgements

- Monty Messex, MPH, Deputy Director Tobacco Control and Prevention





Difference between Joint Use Policy and Joint Use Agreements

Policy

- Outlines vision for joint partnerships
- Provides district directive for joint use that goes beyond the Civic Center Act
- Assigns management responsibilities for joint use at the district
- Remains in place, even if a joint use agreement ends

Agreements

- Assigns roles and responsibilities of named partners
- Provides details for implementation
- Contains site-level details





Joint Use in Los Angeles County

- ABC Unified
- Compton Unified
- El Monte City
- Los Angeles Unified
- Mountain View
- Pasadena Unified
- Pomona Unified



Diamond Ranch High School, Pomona Unified





Cities/Communities in LA County with Lowest and Highest Childhood Obesity Rates, 2008

Top 10*

Bottom 10*

City/Community Name	Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)	City/Community Name	Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)
Manhattan Beach	3.4	2	West Athens	30.6	94
Calabasas	5.0	8	South Gate	30.7	110
Hermosa Beach	5.1	1	Florence-Graham	31.0	128
Agoura Hills	5.3	10	West Whittier-Los Nietos	31.1	81
Beverly Hills	5.4	19	West Carson	31.4	56
Malibu	5.9	4	Vincent	32.2	69
Palos Verdes Estates	7.3	5	East Los Angeles	32.9	117
San Marino	7.8	15	Hawaiian Gardens	33.4	107
Rolling Hills Estate	8.4	9	South El Monte	34.5	111
La Canada Flintridge	8.5	18	Walnut Park	38.7	113
Average 10 lowest	6.2%		Average 10 highest	32.7%	

*Table excludes cities/communities where number of students with BMI data < 500.

Source: California Physical Fitness Testing Program, California Department of Education. Includes 5th, 7th, and 9th graders enrolled in LA County public schools.





Joint Use Defined

What is Joint Use?

- A **written agreement** that offers a way for school districts to open their facilities for community use.
- Unofficial **community-use agreements** also exist where school facilities are unlocked during non-school hours for general public recreational use.



District Level Joint Use Policy



**Joint Use
Agreement at
School #1**



**Joint Use
Agreement at
School #2**



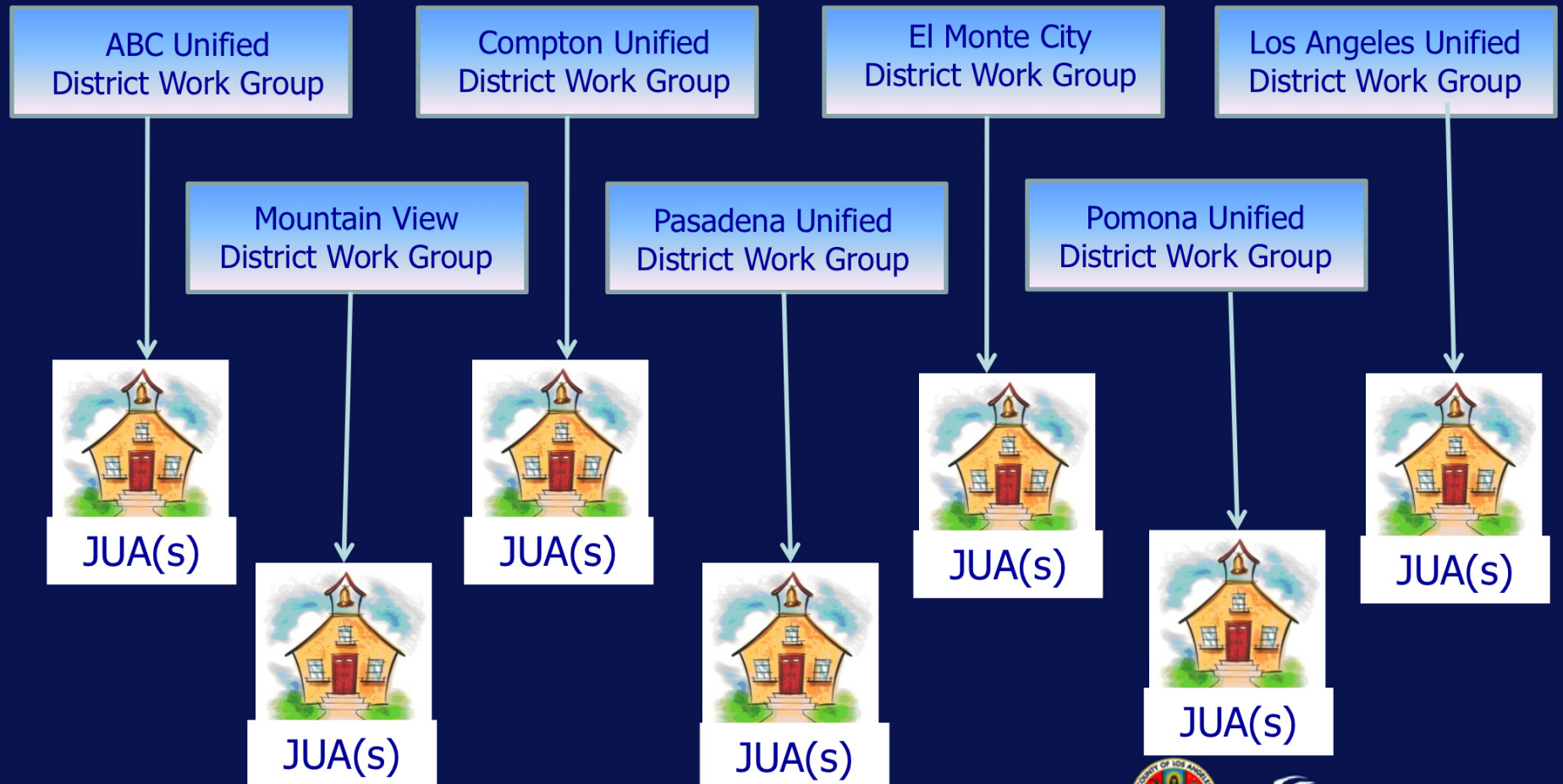
**Joint Use
Agreement at
School #3**



**Joint Use
Agreement at
School #4**



JUMPP: *Joint Use Moving People to Play*





Institutionalizing Built Environment Work Through Partnerships

**Terri Fields Hosler, MPH, RD
Shasta County Health and Human Services
Deputy Director - Public Health
February 4, 2012**



Shasta County

- Rural and remote
- I-5 corridor
- Politically Conservative
- 3 Incorporated Cities



Cast a Vision....



- 2010 Strategic Plan
- Garnered political support
- Identified specialized staff
- Committed funding
- Invested in training

Identify Partners...



The McConnell Foundation



Shasta County
Regional Transportation
Planning Agency



Healthy Shasta Collaborative



HEALTHY SHASTA

Vision: A community where the healthy choice is the easy choice.

Mission: We are a partnership and a movement that promotes healthy eating and physically active lifestyles through environmental, policy and organizational change.

5 Year Outcomes

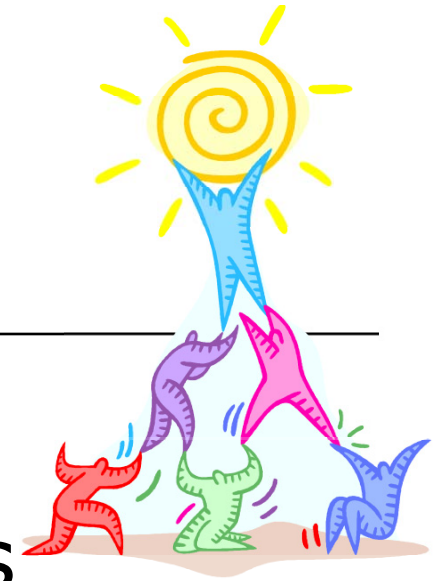
Initiatives

<p>Healthy Schools</p> <p>Improve the health status of students and their families in Shasta County schools by students adopting life-long, healthy habits.</p>	<p>Food Systems</p> <p>Inspire a culture that values healthy food and promotes healthy eating.</p>	<p>“Walk the Talk”</p> <p>Create environmental, policy, and organizational changes among partners of Healthy Shasta to make healthy eating and physical activity choices easier for the people each organization serves.</p>	<p>Walking/Biking</p> <p>Create environments that make bicycling and walking easier, safer and more convenient for transportation and recreation.</p>	<p>Healthy Communities/ Built Environment</p> <p>Create a community design that supports healthy and active lifestyles.</p>
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After 5 years, this is what we’d like to see in Shasta County...

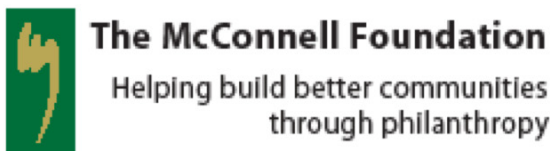
<p>Healthy Schools</p> <p><u>Healthy Students Initiative:</u></p> <p><i>In selected schools ...</i></p> <p>Students and families with school-aged children are more physically active.</p> <p>Students have access to and consume healthier food and beverages on school campuses.</p> <p>Families and other stakeholders have increased knowledge about healthy lifestyle practices, and they advocate for environments that support healthy eating and physical activity.</p> <p>Schools implement policies and systems that support healthy physical activity and nutrition environments.</p>	<p>Food Systems</p> <p>Worksites, after-school programs, and organizations that serve children and families implement food policies that ensure all meals, snacks, beverages, and vending machines include healthy, affordable choices.</p> <p>An increase of healthy, affordable foods available and/ or promoted at restaurants, cafeterias, vending machines, corner stores, and grocery stores.</p> <p>Strong support of local foods and farmers markets among community members and leaders.</p>	<p>“Walk the Talk”</p> <p>More organizations and governmental agencies take healthy eating and physical activity into consideration when making decisions and setting policies.</p> <p>Healthy Shasta partners serve as role models in providing convenient, affordable, and enticing choices for healthy eating and physical activity for their employees and customers.</p>	<p>Walking/Biking</p> <p>The needs of bicyclist and pedestrians are incorporated in all new road construction, road rehabilitation, and development projects.</p> <p>Increased connectivity within cities and neighborhoods (people can conveniently and safely walk or bike between home, work, errands, etc).</p> <p>More people walking and bicycling for both recreation and transportation.</p>	<p>Healthy Communities/ Built Environment</p> <p>Residents understand and embrace the concept of healthy community design.</p> <p>All four jurisdictions within the county will adopt and implement standards, codes, and regulations that support healthy and active lifestyles.</p>
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Build Support...



- Smart Growth Conferences
- \$10,000 mini-grant for GIS layer
- Support for Parks, Trails and Open Space Plan
- 6 Keys to a Healthier Community Video
- Support efforts of Shasta Forward

Healthy Shasta Collaborative



Healthy Shasta Collaborative



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After 5 years, this is what we’d like to see in Shasta County...

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The next 5 years...



- Strategic Plan Development/Outcomes
- Updated Website

www.healthyshasta.org

- Expanding use of Social Media
- Capacity Building for Regional Community Leaders
- Leverage Funding Opportunities
- Supportive Campaigns' - *Share the Road*

Lessons Learned...

- Partnerships are essential
- Set measurable goals/objectives
- Connect to health
- Speak the language
- Meet them where they're at
- Understand the other side
- After the policy...



Group Breakouts & Facilitated Discussions

