HEALTHY CITIES TOOLBOX

MAY 2021

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INTRODUCTION

Our ability to make healthy choices greatly depends on the conditions of communities where we live, learn, work, and play. The World Health Organization (WHO) defines a healthy city as "continually creating and improving physical and social environments and expanding resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential."[1]

The six-county Southern California Association of Governments (SCAG) region is home to a diverse population and a variety of built and natural environments. With this diversity comes a wide range of health outcomes and challenges, but also opportunities to plan for healthy communities and to prioritize policies that support healthy outcomes for people of all ages and socioeconomic backgrounds.

In the SCAG region, people of color currently represent approximately 70 percent of the region's population and are expected to make up an even larger share by 2045, when people of color will represent nearly 80 percent of the population. A range of economic and social impacts, such as health outcomes, education, employment, housing conditions, rates of incarceration, and life expectancy, vary vastly across the region based on race, income, and census tract. For example, there is a disproportionate burden of poverty on people

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1   World Health Organization. "Types of Healthy Settings". https://www.who.int/healthy_settings/types/cities/en/

of color relative to their white counterparts. The highest rates of poverty in the region are experienced in Black (21.5 percent), American Indian/Alaskan Native (19.4 percent), and Hispanic/Latinx (19 percent) communities compared to white (13.5 percent) populations.[2] Gaps in wealth between households reveal the effects of accumulated inequality and discrimination, as well as differences in power and opportunity.[3] The region's low-income families and communities of color also tend to reside in areas where they experience poorer air quality (e.g., areas near freeways and high traffic roads), resulting in more asthma emergency room visits. Analysis of regional conditions continues to reinforce that where a person lives matters.

The social determinants of health contribute to a wide range of disparate health outcomes, including different chronic disease burdens, such as diabetes, asthma, chronic respiratory illnesses, and many more. Communities of color have a greater chronic disease burden than white populations for the region as a whole. Racism and discrimination in social determinants of health are the root causes of health inequities.[4] They limit access to the same opportunities and resources each person needs for optimal health and well-being. According to research, lifetime stress associated with experiences of daily acts of discrimination and oppression plays a significant role in adverse health outcomes.[5]

SCAG presents a collection of recommended public health guiding practices and approaches through the **Healthy Cities Toolbox** to encourage collaboration and implementation of these practices and approaches and promote best practices for public health planning, in an effort to reduce and eliminate disparities and inequities in the region.

HEALTHY CITIES TOOLBOX

PURPOSE

The **Healthy Cities Toolbox** supports local planning or policy processes that are intended to identify and implement opportunities to advance equitable plans, projects, programs, and policies that improve community health. The toolbox presents recommendations that may be effective in addressing public health impacts. These actions and strategies were identified through a review of literature and recent planning activities. Proposed practices and approaches might be effective for addressing public health impacts both across the region as a whole and within disadvantaged and vulnerable communities.

DEFINITIONS

- **Public health** is the organized community effort to prevent disease and promote health. Health can be protected by promoting disease prevention, good health practices, and maintaining a clean, healthy, and safe living and working environment.[6]

- **Social Determinants of Health (SDOH)** are the circumstances in the environments in which people are born, live, work, play, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.[7]

- **Health disparities** are defined as "differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust."[8]

- **Health equity** describes the actions, policies, and practices that eliminate bias and barriers to create health opportunities for all people, and especially historically and systemically marginalized people, to be

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2   Larger census groupings conceal income inequalities within categories, depending on a variety of factors such as ethnic origin, experience (e.g., education), immigration status, length of time individuals and their families have lived in the US, and gender. For example, though Asians overall rank as the highest earning racial and ethnic group in the US, it is not a status shared by all Asians: nearly one in four Asians in California are working but struggling with poverty.

3   McIntosh, K., Moss, E., Nunn, R., & Shambaugh, J. (2020). Examining the Black-white wealth gap. The Brookings Institution. https://www.brookings.edu/blog/up-front/2020/02/27/examining-the-black-white-wealth-gap/

4   National Academies of Sciences, Engineering, and Medicine. (2017). Communities in action: Pathways to health equity.

5   Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. Psychological bulletin, 135(4), 531.

6   The Institute of Medicine of the National Academies. (2003). The Future of the Public's Health in the 21st Century. The National Academies Press, Washington D.C. https://www.nap.edu/read/10548/chapter/3

7   Healthy People 2020 – Office of Disease Prevention and Health Promotion. (2020). Social Determinants of Health. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

8   Whitehead, M. (1991). "The Concepts and Principles of Equity and Health". Health Promotion International 6, no. 3: 217-228.

healthy and prosperous and to participate fully in civic life.

- **Built environment** is the way in which communities are designed that impacts the likelihood of active travel, healthy food access, exposure to air pollutants, and access to parks and open space, and has a direct impact on opportunities for physical activity and reductions in chronic disease.

- **Accessibility and mobility** are often used interchangeably, but they have different connotations in the context of access or mobility to essential services. Accessibility to essential services is a measure of the amount of useful or valuable things you can do in a given time, while mobility to essential services is a measure of how far you can go in a given time to access what you need.[9] For example, if a new park, school, or grocery store opens near your home, that improves your accessibility to recreational space, education, or healthy foods so that you do not need as much mobility as before. If newly-built infrastructure helps ease traffic congestion near your home, then that improves your mobility.

- **Health in All Policies (HiAP)** is a collaborative strategy that aims to improve public health outcomes by including health considerations in the decision-making process across sectors and policy areas. This approach supports inter-agency collaboration and ensures decision-makers are informed to advance policies that improve the health of all people.[10]

- **Environmental justice (EJ)** means "the fair treatment of people of all races, cultures, and incomes with respect to the development, adoption, implementation, and enforcement of environmental laws, regulations, and policies," as defined in by the State of California Department of Justice and in **California State Senate Bill 115 (SB 115)**.

- **Disadvantaged Communities (DAC)**, as established by **California**

State Senate Bill 535 (SB 535), are defined as the top 25 percent scoring areas from CalEnviroScreen 3.0, an environmental health screening tool that ranks each of the state's 8,000 census tracts using data on 20 indicators of pollution, environmental quality, and socioeconomic and public health conditions. The SB 535 DAC map and various resources can be found on the Office of Environmental Health Hazard Assessment website.

LEGISLATIVE CONTEXT

- **California Government Code Section 11135** states that "No person in the State of California shall, on the basis of race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, or disability, be unlawfully denied full and equal access to the benefits of, or be unlawfully subjected to discrimination under, any program or activity that is conducted, operated, or administered by the state or by any state agency that is funded directly by the state, or receives any financial assistance from the state."

- **California State Senate Bill 1000 (SB 1000)** is legislation that made environmental justice (EJ) a new mandatory topic in the General Plan and applies to all cities and counties in California with disadvantaged communities, effective January 1, 2018. Each city or county is required to adopt a general plan which outlines a vision for how a community will grow and change and reflects community priorities and values in its goals, objectives, and implementation measures through the General Plan Requirements. EJ is required for those specific communities that have disadvantaged communities within their jurisdictions.[11]

A NOTE ON TERMINOLOGY

Language and terms are intricately connected to equity and representation and are evolving. The names of indicators used throughout this toolbox are drawn

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9 Walker, J. (2011). "Transit's Product: Mobility or Access?" Human Transit. https://humantransit.org/2011/01/transits-product-mobility-or-access.html

10 Centers for Disease Control and Prevention. Office of the Associate Director for Policy and Strategy. (2016). Health in All Policies. https://www.cdc.gov/policy/hiap/index.html

11 State of California Department of Justice. Office of the Attorney General. SB 1000 – Environmental Justice in Local Land Use Planning. https://oag.ca.gov/environment/sb1000

from the terminology used in the data source they are taken from. They do not always represent current best practice, and may in fact be offensive, triggering, or erasing to some communities. We aim to continue developing this toolbox as we receive feedback and become more aware of best practices.

Several terms are used to describe different EJ communities throughout this toolbox.

- "Disadvantaged Communities" refers to the census tracts within the top 25 percent scoring areas from CalEnviroScreen 3.0 and is described in more detail in the previous section.

- "Low-income" households or communities are referred to as a target of California State Assembly Bill 1550 (AB 1550; Gomez, Statues of 2016), which directs California Climate investments to invest at least 10 percent of the funds in projects within and benefitting low-income communities, in addition to at least 25 percent of funds for disadvantaged communities.

- "Minority" communities or populations refers to the Title VI guidance from the Federal Transit Administration definition of "minority persons"[12] which includes the following racial and ethnic groups:

  - American Indian and Alaska Native, which refers to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

  - Asian, which refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

  - Black or African American, which refers to people having origins in any of the Black racial groups of Africa.

  - Hispanic or Latino, which includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

  - Native Hawaiian or Other Pacific Islander, which refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

TOOLBOX USER GUIDE

The Healthy Cities Toolbox provides recommended practices and approaches and can be used as a checklist of possible considerations during plan, project, or program preparation to inspire planners to devise alternatives that are pertinent to local health conditions and needs. It examines seven different public health focus areas, including: accessibility of essential services, affordable housing, air quality, climate change, economic opportunity, physical activity, and transportation safety for the six counties in the SCAG region: Imperial, Los Angeles, Orange, Riverside, San Bernardino, and Ventura.

The recommended practices and approaches included in this toolbox may not be appropriate for all jurisdictions and should be adapted to meet the needs of local communities. The "Data and Information Sources" section at the end of the toolbox provides additional data and regulatory resources that may be useful for multiple topic areas.

As noted earlier, the Healthy Cities Toolbox is meant to be a dynamic document that will change with time. SCAG will continue to collect input from local jurisdictions, community-based organizations, and other stakeholders on an ongoing basis to ensure this toolbox is relevant and accurate.

COUNTY CONTEXT: SOCIODEMOGRAPHIC DATA

Prior to considering specific practices and approaches for improving public health, it is critical to assess a community's existing conditions, including sociodemographic data. In the section that follows, we have highlighted some key sociodemographic data for the region, broken down by county.

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12 Title VI Circular 4702.1B. "Title VI Requirements and Guidelines for Federal Transit Administration Recipients". https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf
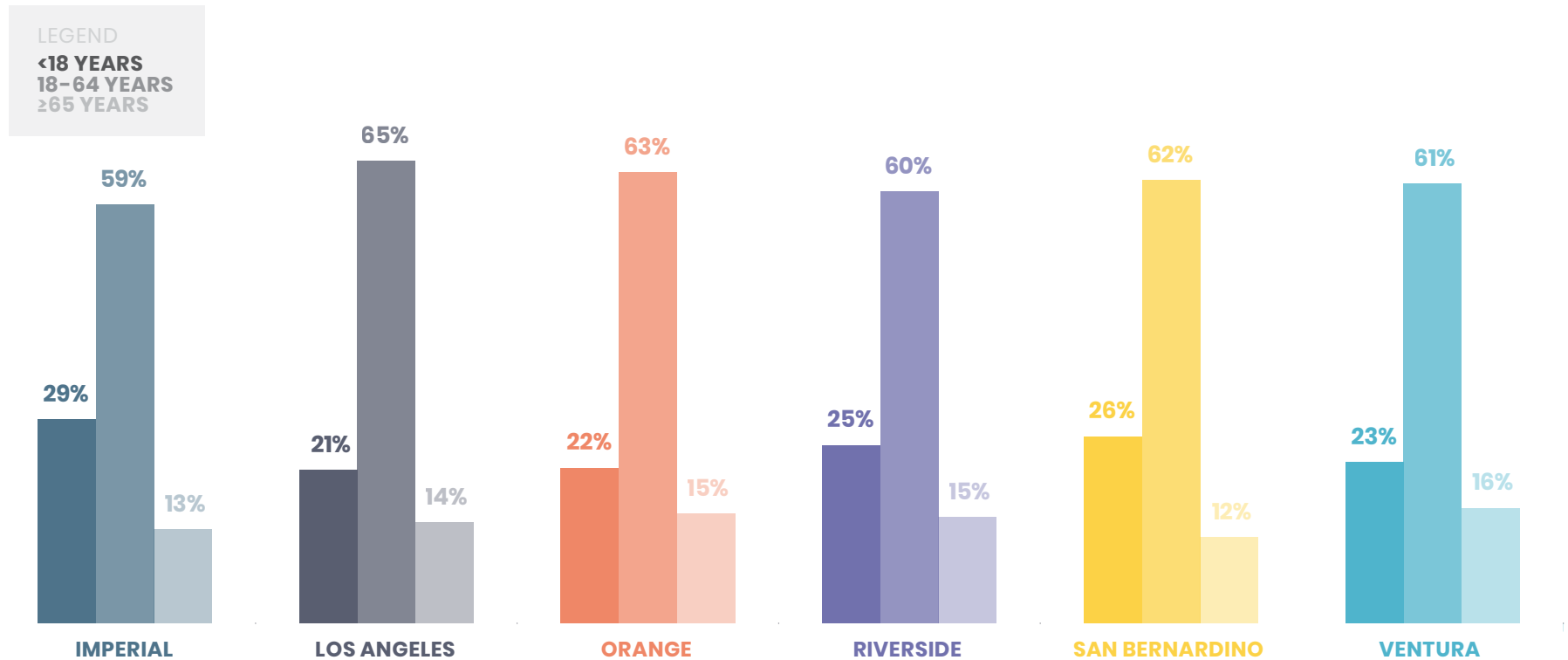
AGE DISTRIBUTION

The figure below shows the age distribution across the SCAG region. The distribution of those <18 years old were similar across all counties, with Imperial County having the largest children and young adult population. Likewise, the distribution of those ≥65 years old were similar across all counties, with Ventura County having the largest elderly population. Collectively, those aged <18 and ≥65 years old make up approximately half of the population for each county. Public and health services tailored to these age groups should be considered in policy and infrastructure development to better accommodate their needs.
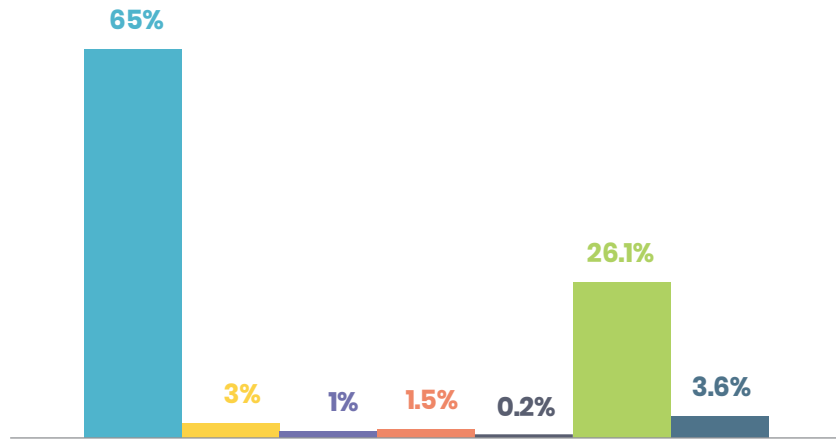
RACE/ETHNICITY

The following figures show the race and ethnic distribution across the SCAG region. In all counties, the population is predominantly white. However, as noted earlier, the region's demographics are expected to change so that more people of color are represented across the region. Race/ethnicity are important to consider when developing public health approaches and strategies as it is widely understood that health outcomes and life expectancy vary vastly across the region and the nation based on race/ethnicity.
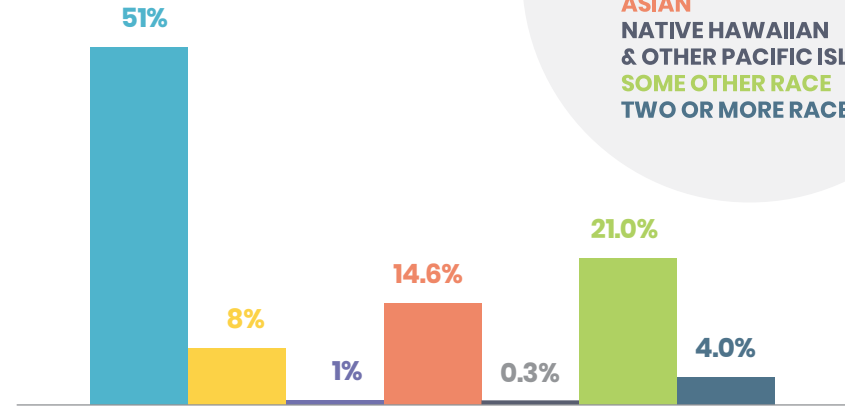
FIGURE 1 Age Distribution by County

LEGEND
<18 YEARS
18-64 YEARS
≥65 YEARS

IMPERIAL: 29%, 59%, 13%
LOS ANGELES: 21%, 65%, 14%
ORANGE: 22%, 63%, 15%
RIVERSIDE: 25%, 60%, 15%
SAN BERNARDINO: 26%, 62%, 12%
VENTURA: 23%, 61%, 16%

Source: American Community Survey (ACS) 2019

FIGURE 2 Race by County- Imperial

65%

3% 1% 1.5% 0.2% 26.1% 3.6%

Source: American Community Survey (ACS) 2019

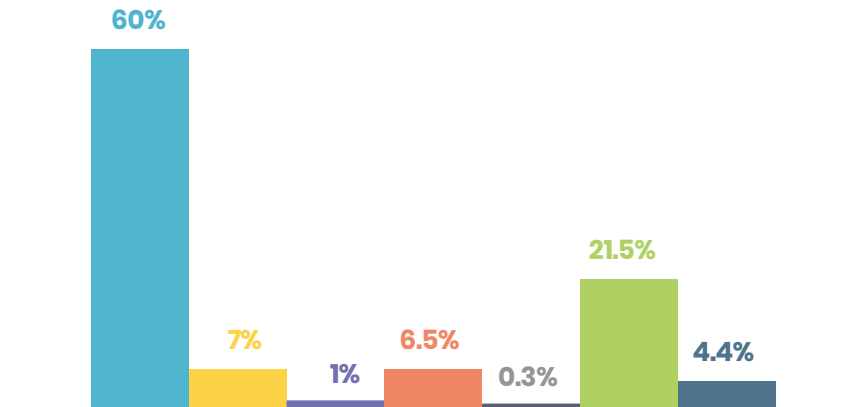**FIGURE 3** Race by County- Los Angeles

RACE BY COUNTY
WHITE
**BLACK OR
AFRICAN AMERICAN**
**AMERICAN INDIAN
& ALASKA NATIVE**
ASIAN
NATIVE HAWAIIAN
& OTHER PACIFIC ISLANDER
SOME OTHER RACE
TWO OR MORE RACES

51%

8% 1% 14.6% 0.3% 21.0% 4.0%

Source: American Community Survey (ACS) 2019

FIGURE 4 Race by County- Orange

61%

2% 1% 20.5% 0.3% 11.9% 4.1%
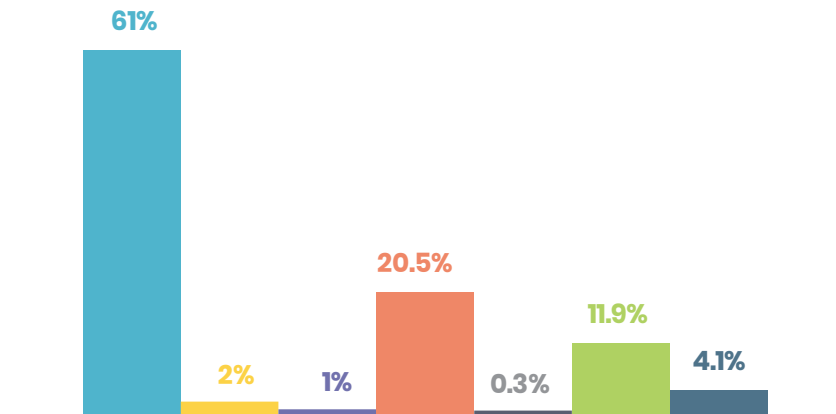
Source: American Community Survey (ACS) 2019

FIGURE 5 Race by County- Riverside

60%

7% 1% 6.5% 0.3% 21.5% 4.4%

Source: American Community Survey (ACS) 2019

FIGURE 6 Race by County- San Bernardino

57%
7%
1%
13%
0.3%
18.4%
4.2%
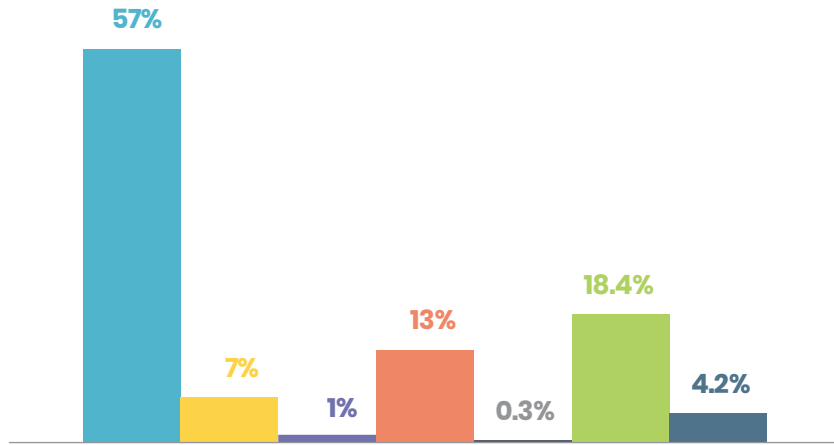
Source: American Community Survey (ACS) 2019

FIGURE 7 Race by County- Ventura

57%
7%
1%
13%
0.3%
18.4%
4.2%

Source: American Community Survey (ACS) 2019

FIGURE 8 Hispanic or Latino by County

HISPANIC OR LATINO
NOT HISPANIC OR LATINO

84%
16%
IMPERIAL

49%
52%
LOS ANGELES

34%
66%
ORANGE

49%
51%
RIVERSIDE

53%
47%
SAN BERNARDINO

43%
57%
VENTURA
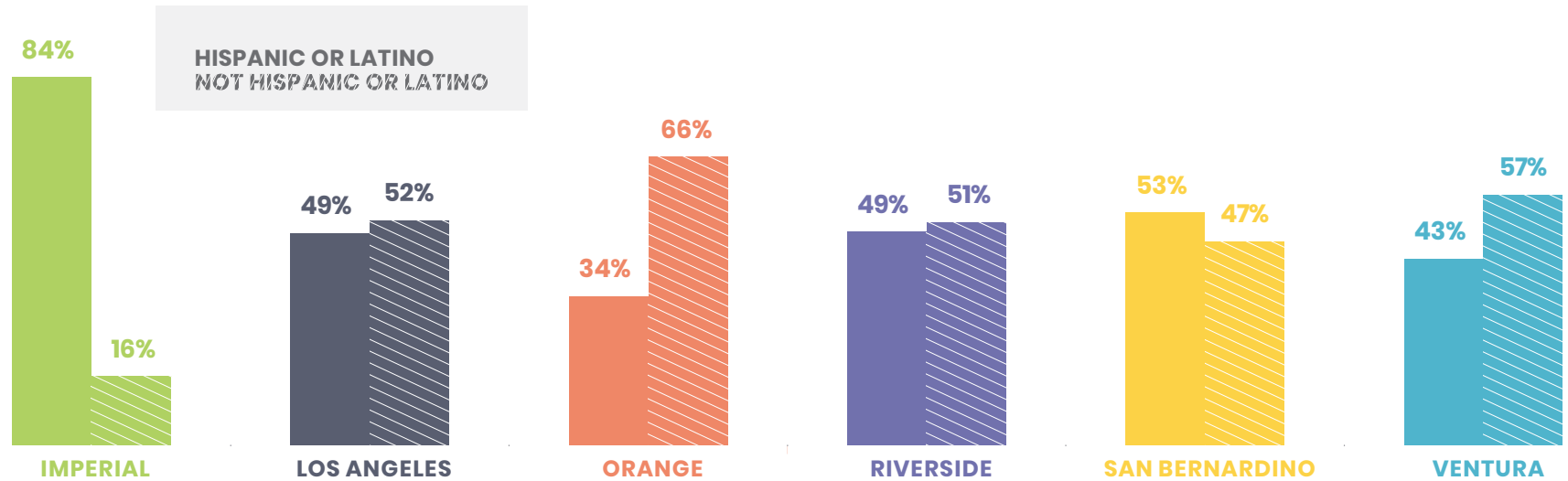
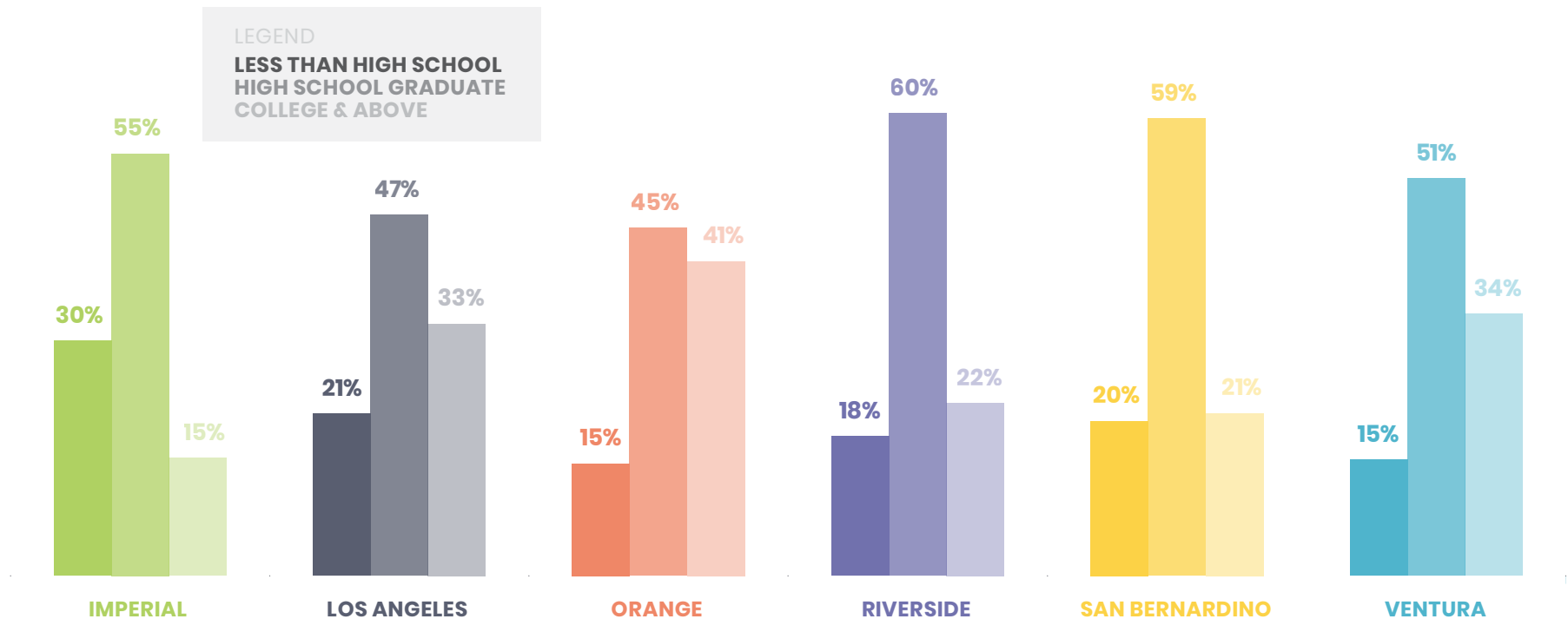*Source: American Community Survey (ACS) 2019*

EDUCATIONAL ATTAINMENT

Educational attainment is an important marker of economic success in the region, as individuals with higher education have higher earning potential. Throughout the SCAG region, there are varied levels of educational attainment, as shown in the figure below. Compared to other counties, Imperial County has the highest proportion of individuals with less than a high school education, while Orange County has the highest proportion of individuals with an associate degree or higher. Trends show that large portions of the population in all counties are obtaining a high school (HS) diploma, with at least 45 percent of the population in each of the six counties earning a HS diploma.

MEDIAN HOUSEHOLD INCOME

Attaining higher levels of education is correlated to securing higher paying jobs, and higher salaries reflect higher household income levels, which are directly related to improved health outcomes. In 2019, the median household income for the SCAG region was $71,000. Imperial County had the lowest median household income at $47,622 and Orange County had the highest at $90,234. Household income can be a marker of quality of life, and with a higher median household income, families have greater flexibility in economic opportunities, health care, and prevention spending.

FIGURE 9 Educational Attainment by County

LEGEND
LESS THAN HIGH SCHOOL
HIGH SCHOOL GRADUATE
COLLEGE & ABOVE

IMPERIAL: 30%, 55%, 15%
LOS ANGELES: 21%, 47%, 33%
ORANGE: 15%, 45%, 41%
RIVERSIDE: 18%, 60%, 22%
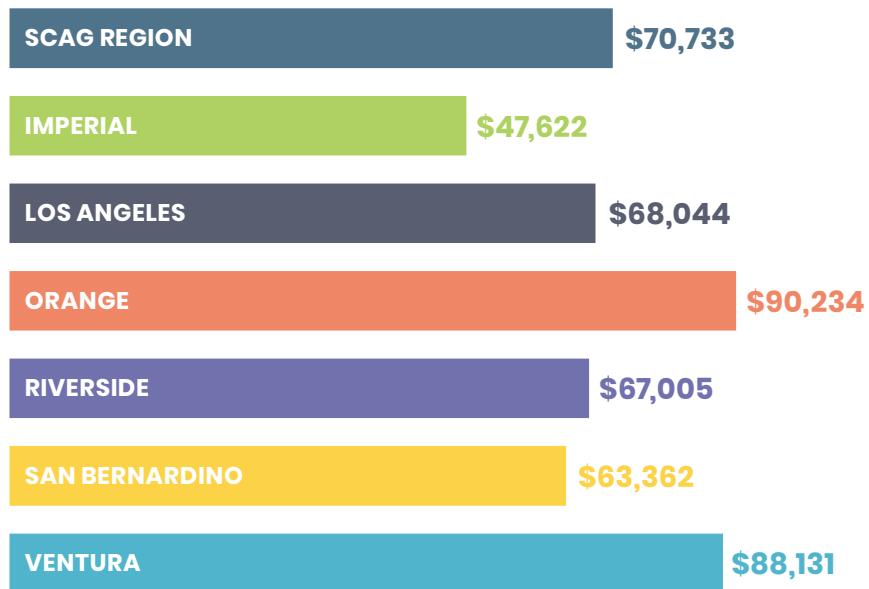SAN BERNARDINO: 20%, 59%, 21%
VENTURA: 15%, 51%, 34%

Source: American Community Survey (ACS) 2019

HOUSING OVERCROWDING

Overcrowded housing can lead to unsafe living conditions. Housing is considered overcrowded when there is more than one person per room in a given household (PRP).[13] Severe overcrowding is defined as more than 1.5 PRP in a given household. In the SCAG region, more renters than owners live in housing that is considered overcrowded, as shown in the graph below. The graph shows a combination of overcrowding and severe overcrowding to illustrate the severity of housing overcrowding in the region, especially among renters. Overcrowded housing is a dangerous public health issue, as it increases risk of infection from communicable diseases, prevalence of respiratory issues and vulnerability to homelessness.[14]

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13 California Department of Public Health. Office of Health Equity. (2017). Housing Crowding Narrative.
14 Ibid.

FIGURE 10 Median Household by County

County	Median Household
SCAG REGION	$70,733
IMPERIAL	$47,622
LOS ANGELES	$68,044
ORANGE	$90,234
RIVERSIDE	$67,005
SAN BERNARDINO	$63,362
VENTURA	$88,131

Source: American Community Survey (ACS) 2019

FIGURE 11 Housing Overcrowding by County

LEGEND
RENTER OCCUPIED
OWNER OCCUPIED

County	Renter Occupied	Owner Occupied
IMPERIAL	15%	9%
LOS ANGELES	17%	7%
ORANGE	16%	5%
RIVERSIDE	12%	5%
SAN BERNARDINO	14%	7%
VENTURA	13%	4%
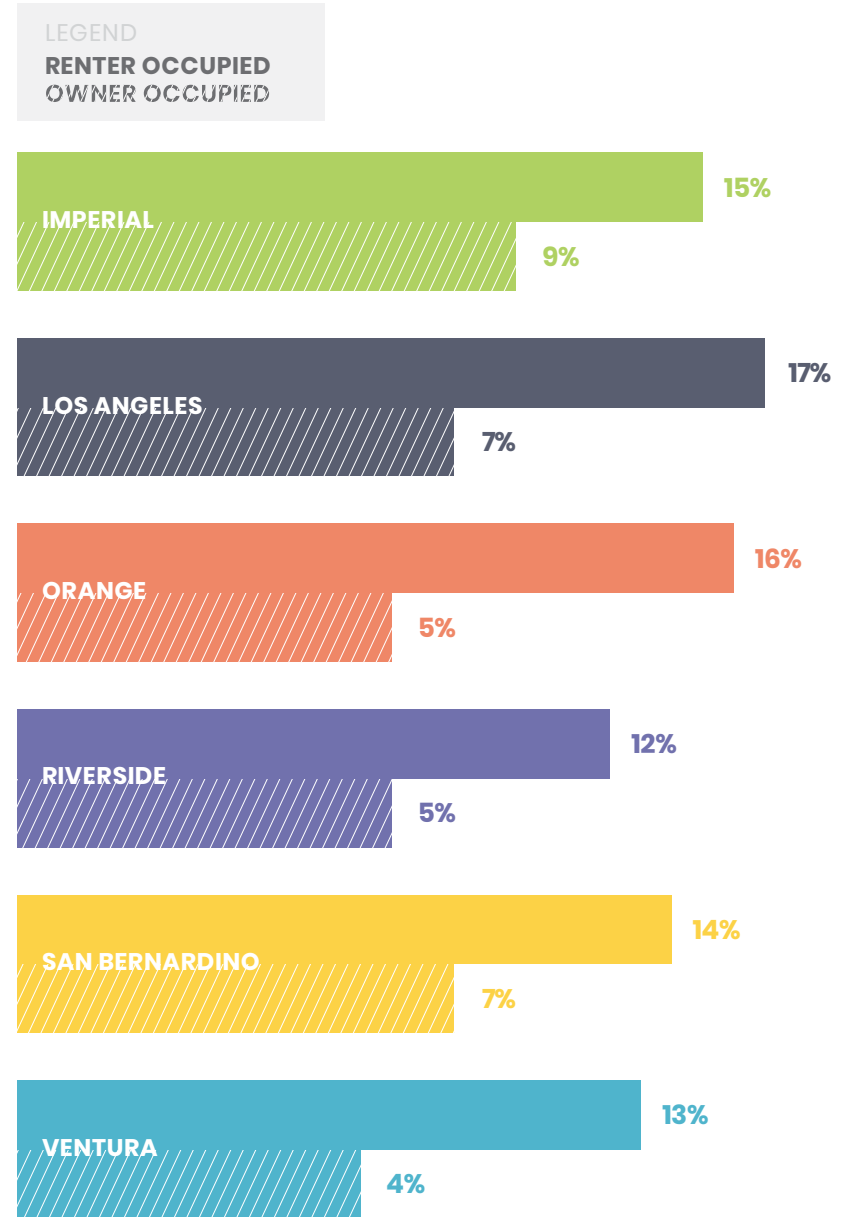
Source: American Community Survey (ACS) 2019

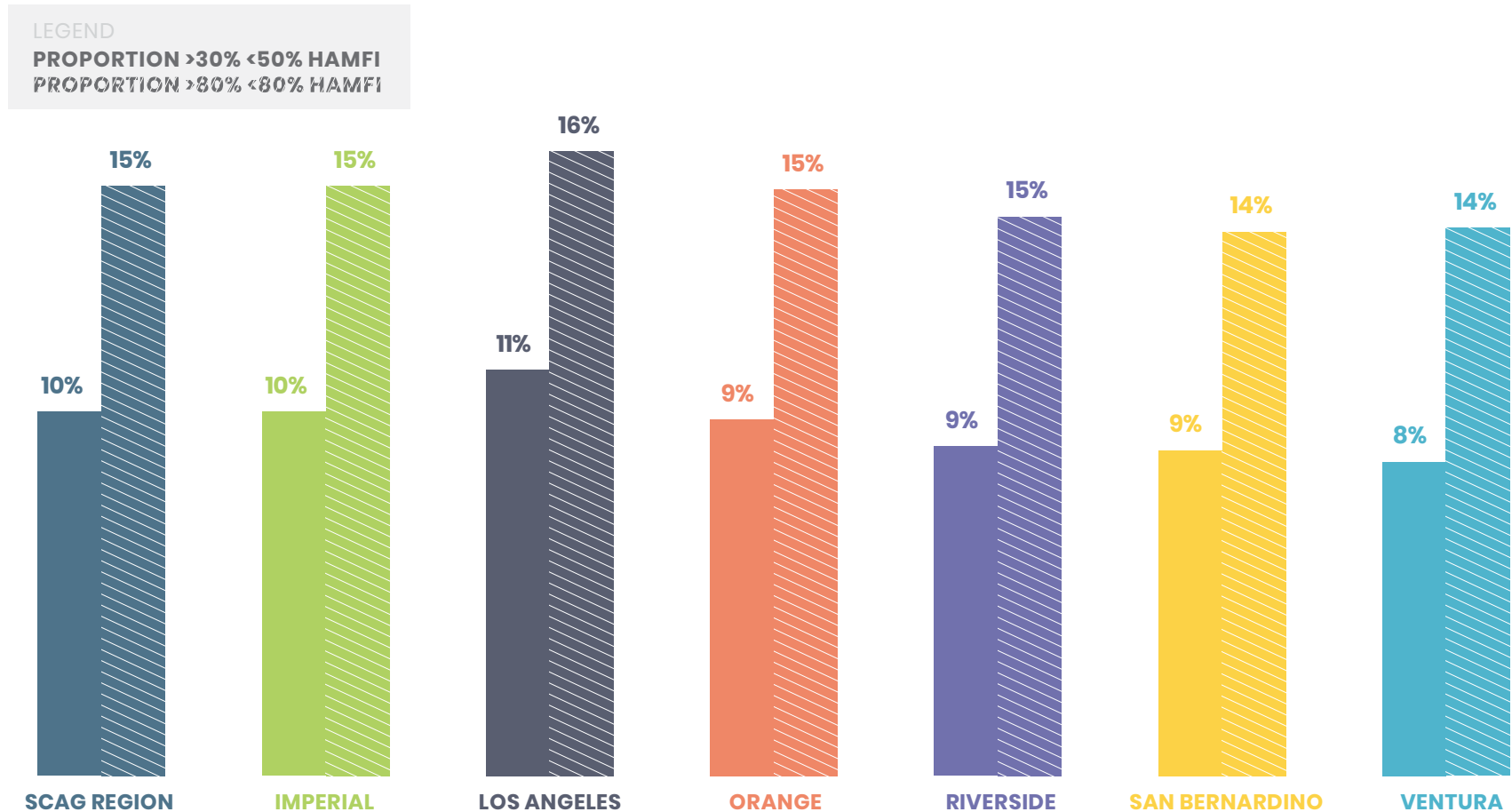# HOME OWNER SEVERE HOUSING COST BURDEN

Home owners in the SCAG region are having difficulties paying for the costs of housing. Homeowners have a higher proportion of cost-burdened and severe cost-burdened households, as 25 percent of homeowners are exceeding 30 percent of their income on housing costs.

FIGURE 12 Home Owner Severe Housing Cost Burden by County

LEGEND
PROPORTION >30% <50% HAMFI
PROPORTION >80% <80% HAMFI

	SCAG REGION	IMPERIAL	LOS ANGELES	ORANGE	RIVERSIDE	SAN BERNARDINO	VENTURA
Proportion >30% <50%	10%	10%	11%	9%	9%	9%	8%
Proportion >80% <80%	15%	15%	16%	15%	15%	14%	14%

Source: American Community Survey (ACS) 2019

PUBLIC HEALTH FOCUS AREAS

ACCESSIBILITY TO ESSENTIAL SERVICES

In order to maintain and improve public health, research has shown that people must be able to access essential services. These include services such as schools and educational institutions, healthy food options, jobs, parks and open space, and primary care, which are all necessary for healthy communities.

ACCESS TO EDUCATION

Education can lead to better jobs with higher salaries and other benefits, including health insurance, which in turn can lead to better access to quality health care. Higher earnings also allow workers to afford better quality housing and healthier diets. Moreover, reduced acute and chronic illnesses can be seen in more educated populations, particularly those with four years or more of higher education, who are less likely to be overweight or obese.[15],[16]

Racial segregation in the US was forged through historical practices, such as racially exclusive housing covenants and zoning laws, as well as discriminatory hiring and mortgage lending. These practices dispossessed communities of color and excluded them from economic prosperity while white communities accumulated wealth. The resulting geographic concentrations of wealth and poverty mean that students of color tend to attend high-poverty schools at much higher rates than white students.[17] Students from low-income families may need to frequently relocate or care for siblings or other family members, and students in high-poverty schools are twice as likely to be chronically absent as students in low-poverty schools — 16 percent of students compared to only 8 percent, respectively. Chronic absenteeism has been shown to have significant

negative impacts on student performance and graduation rates. Chronic absenteeism also diminishes one's eagerness to learn, increases feelings of isolation, and is an early indicator of dropping out of high school.[18] Moreover, youth of color can become disconnected — neither working nor in school — at higher rates than white youth due to disparities in school and neighborhood poverty rates, which are the primary contributors to disconnection. Native American and Black youth are more likely to be disconnected youth compared with other racial and ethnic groups, and this has persisted over time.[19]

RECOMMENDED PRACTICES AND APPROACHES

- Establish and maintain routes to schools that are convenient for low-income and disadvantaged populations by developing and sustaining Safe Routes to School (SRTS) programs that support safe ways for children to walk, bike, or take public transit to school. For example, in California, SRTS programs have been established through state and federal legislation. However, SRTS is not a one-size-fits-all. SRTS programs have activities and programs that can be customized by local jurisdictions to best fit the need of schools and local communities.[20] Safe Routes Partnership provides resources and information on current programs. Some local examples include: Regional SRTS program in San Bernardino County, City of Los Angeles SRTS program, Imperial County SRTS program, and City of Lancaster SRTS Plan. Consider applying for grants for Safe Routes to School or active transportation projects through California's Active Transportation Program.

- Expand affordable, local e-bike, and scooter share programs to increase access to school. For example, in 2018, the City of Santa Monica launched a new Shared Mobility Pilot Program with four operators – Bird, Lime, Lyft, and Uber – managing the City's

15 Robert Wood Johnson Foundation. (2013). Public Health and Prevention. Why Does Education Matter So Much to Health? Health Policy Snapshot.
16 Robert Wood Johnson Foundation. (2009). Commission on Health. Education Matters for Health. Commission to Build a Healthier America.
17 National Equity Atlas. (2020). School poverty: All youth should attend economically diverse, well-resourced schools.

18 Duncombe, C. (2017). Unequal opportunities: Fewer resources, worse outcomes for students in schools with concentrated poverty. The Commonwealth Institute.
19 Robert Wood Johnson Foundation. (2013). Public Health and Prevention. Why Does Education Matter So Much to Health? Health Policy Snapshot.
20 Metro. (2019). Safe Routes to School.

e-bike and scooter share.

- Provide free public transit access to children and youth. Riverside Transit Agency (RTA) is providing most college students and anyone 18 years old and younger free rides on all RTA buses. Metro's Fareless System Initiative is a pilot program that provides free rides on Metro buses and rail service for low-income riders and K-12 students starting in January 2022.

- Preserve and expand affordable housing in neighborhoods with high-performing schools through proactive policies (e.g., inclusionary zoning), enforcing fair housing laws, and dismantling exclusionary land-use policies.[21] For example, the City of Santa Monica passed an inclusionary zoning policy for its downtown area in 2017, which implemented a 20-30 percent inclusionary set-aside requirement for projects with 10 or more units. Some other local examples include: City of Claremont Inclusionary Housing Program and City of Irvine Inclusionary Housing Ordinance.

- Implement equitable growth policies such as ensuring employment equity, closing the racial wealth gap, fostering equitable economic growth, etc. These types of policies reduce poverty and increase the economic security of low-income families with children by connecting people with employment to good jobs. For example, the Weingart Foundation and other stakeholders developed a tool, The 2017 Equity Profile of the Los Angeles Region, that serves as a basis for ongoing dialogue about the equity challenges and opportunities that communities face. This report guides collective strategies, supports advocacy, and measures progress.

ACCESS TO HEALTH CARE AND HEALTH INFORMATION

Utilizing primary care services is crucial, as more serious and asymptomatic conditions can be detected and addressed at earlier stages and chronic conditions can be better managed to prevent complications. Access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location.[22] However, in the age of technology, telemedicine can provide high-quality health care services to evaluate, diagnose, and treat patients living in rural and urban areas and those with transportation or mobility difficulties by delivering remote health care services through the internet in places such as homes, workplaces and assisted living facilities. According to the National Health Interview Survey (NHIS), access to health information on the internet can promote precautionary care, such as more doctor visits and shorter hospital visits, which help to improve positive health outcomes.[23] With smartphone technology that enables high quality video, telemedicine has become more accessible. The benefits of telemedicine include decreased time away from work, zero travel time, and reduced greenhouse gas emissions, expenses, and exposures to potentially contagious individuals. Telemedicine also reduces mortality rates, complications, and hospital stays.[24] Rural areas that lack transportation access or areas that are heavily congested and difficult to navigate benefit from telemedicine. It allows for connections previously hindered due to physical land and/or transportation barriers. Incorporation of telemedicine also allows for more timely diagnosis and treatment, which leads to less costly treatments.

Access to the internet and different forms of technology vary among rural and urban populations, and across household income levels and different age groups. In the SCAG region, the majority of the population reportedly has availability of at least one high speed broadband provider. However, despite having at least one provider, low competitive intensity suggests that the broadband quality is likely poor. Furthermore, access to internet does not help those who are uninsured and unable to take advantage of health services. In the SCAG region, each county has a below 16 percent uninsured rate for the entire population, and among those 18–64 years old, the uninsured rate is higher by

21 National Equity Atlas. (2020). Disconnected youth: All young people should be educated, healthy, and ready to thrive in the workforce.

22 Agency for Healthcare Research and Quality. (2016). Access and Disparities in Access to Health Care.
23 Macher, J., Mayo, J.W., & Ukhaneva, O. (2016). Does the Internet Improve Health Behaviors and Health Outcomes? Evidence From the National Health Interview Survey.
24 California Telehealth Resource Center. Why are Telemedicine and Telehealth So Important in Our Healthcare System?

approximately 4 percent.

- Provide and ensure access to high-speed broadband internet services, especially in low-income and disadvantaged communities so that they can use telemedicine easily. In the City of Los Angeles, an initiative named CityLinkLA promises to provide reliable and even free internet service to the entire city. Orange County plans to spend nearly $2 million to provide wireless hotspots for their residents.

- Provide discounts or free-of-charge transit passes to patients for non-emergency hospitals and clinic visits. Riverside County Transportation Commission and its partner organizations launched a program named Blythe Wellness Express to provide medical transportation services (preventive health care only) for residents.

ACCESS TO HEALTHY FOODS

Access to essential services includes providing people with access to healthy foods and grocery stores. The presence of a grocery store and other healthy food options in a neighborhood is a community condition that impacts health. Improving supermarket access can be a key strategy in creating healthier places. Studies have shown that adults without a nearby grocery store are 25 to 46 percent less likely to have a healthy diet than those with one near their home.[25] This is especially true for low-income populations and communities of color, who are more likely to live in neighborhoods without a grocery store.[26] The Modified Retail Food Environment Index (MRFEI) is a value that provides data on the accessibility of healthy food retailers. This value is calculated by the number of healthy food retailers compared to the total number of all retailers to produce an index value, which shows the number of healthy food retailers per census tract. This value can then be used to compare different census tracts using the same metric.[27] Areas with low access to healthy foods are strong predictors of obesity and disproportionality burden low-income communities. Regionally, an average of 13.2 percent of all census tracts are designated as areas with insufficient access to healthy foods. Additionally, areas where fast-food and junk food retailers outnumber grocery stores are also associated with increased public health risks. These areas are also correlated with obesity, which is a rising issue across the SCAG region, especially in disadvantaged and low-income communities.[28]

- Conduct community assessments of access to healthy food and identify areas with low access to healthy foods around the region. For example, Los Angeles County assesses supermarkets in order to address poor-quality food with strengthened inspections and adopted multi-faceted strategies to improve access to high-quality fresh foods in underserved communities throughout the county.

- Make walking, biking, and transit a safer and more viable option to link people to where they can shop for healthy foods. Overcoming the transportation challenges to obtaining healthy foods can be part of the plan for Safe Routes to Healthy Food.

- Adopt ordinances to encourage the development of grocery cooperatives and bring farmers markets to neighborhoods. The City of Los Angeles passed an ordinance mandating EBT readers at all Farmers Markets in the city. This effort addresses both the availability and cost of healthy foods.

- Restrict the location and number of fast-food restaurants and other food retailers that promote low-nutrient-dense foods through land use

25 Moore, L.V., Diez Roux, A.V., Nettleton, J.A., & Jacobs Jr, D.R. (2008). Associations of the local food environment with diet quality—a comparison of assessments based on surveys and geographic information systems: the multi-ethnic study of atherosclerosis. American journal of epidemiology, 167(8), 917-924.

26 Morland, K., Wing, S., & Roux, A.D. (2002). The contextual effect of the local food environment on residents' diets: the atherosclerosis risk in communities study. American Journal of Public Health, 92(11), 1761-1768.

27 Cooksey-Stowers, K., Schwartz, M.B., & Brownell, K.D. (2017). Food swamps predict obesity rates better than food deserts in the United States. International journal of environmental research and public health, 14(11), 1366.

28 Cooksey-Stowers, K., Schwartz, M.B., & Brownell, K.D. (2017). Food swamps predict obesity rates better than food deserts in the United States. International journal of environmental research and public health, 14(11), 1366.

and other controls, especially near sensitive land uses. For example, in the City of Los Angeles, a one-year ordinance was passed in July 2008 that prohibited the establishment of new stand-alone fast-food restaurants in the South Los Angeles area.

- Promote Healthy Corner Store Initiatives that provide healthier food options at convenience stores, gas stations, and other food outlets that typically just sell pre-packaged and processed foods. The National Healthy Corner Stores Network is a clearinghouse of information about how to increase the availability and affordability of healthy foods in smaller-scale stores. In Los Angeles, the South Los Angeles Healthy Eating Active Communities initiative has been working to deliver fresh produce to corner stores in communities with limited grocery store access. The City of Baldwin Park, along with other partners, developed and adopted a citywide Healthy Corner Store Policy. The policy establishes guiding principles and practices so that small and large food retailers contribute to a healthier Baldwin Park through strategies such as healthy food promotion, displays, and store settings.

- Set up school- or community-based programs that integrate gardening and nutrition, and make a connection between healthy food choices and locally grown fresh produce. For example, in Los Angeles County, the Los Angeles Community Garden Council (LACGC) partners with 42 community gardens to take care of the business side of gardening. LACGC also offer gardening advice and workshops to more than 125 community gardens in the county. Riverside Garden Council strengthens communities by supporting a network of gardens where everyone can grow fresh food.

- Provide more transit-oriented affordable housing which will ensure that people can live near existing transit systems that provide access to healthy food options, jobs, and other essential destinations. Transit-oriented affordable housing is especially important for low-income households, who are more likely to take public transit and would benefit from more access to opportunities. Local governments can create transit-oriented housing policies as Los Angeles, Long Beach, Riverside, and many other cities have done, by prioritizing building

affordable housing near transit.

ACCESS TO PARKS AND OPEN SPACE

The SCAG region is home to many parks, including protected space, national parks, local parks, national forests, and state and federal open spaces. Parks and open space in the SCAG region help improve health outcomes by promoting physical activity, stress reduction, and improved mental health. Locating parks within walking distance to residents can have benefits for not only physical health, but also for mental health. Experiences in nature, even brief encounters, help to restore the mind from fatigue and can contribute to increased productivity in the workplace, fewer illnesses, and reports of higher job satisfaction.[29] As climate change increasingly affects our urban environments, there is a greater need for urban green spaces and trees to cool and offset warming temperatures.

RECOMMENDED PRACTICES AND APPROACHES

- Assess current park conditions and develop plans and policies to encourage equitable park access. Review Safe Routes Partnership resources on Safe Routes to Parks.

- Encourage collaboration among community partners, local government agencies, and transit providers for better transit access. Hold conversations with community members to better understand needs relating to transit to park access. Los Angeles County Metropolitan Transportation Authority's (Metro's) Transit to Parks Plan presents a vision for increasing access to parks and open spaces, especially for communities of need in Los Angeles County.

- Apply for Park Project grants, which provide funding to build, acquire, and refurbish parks. In California, the Office of Grants and Local Services (OGALS) develops grant programs that provide funding for local, state, and non-profit organization projects related to park,

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29 National Recreation and Park Association. (2017). The Health Benefits of Small Parks and Green Spaces.

recreation and resources.

Facilitate pedestrian and bicycle access to parks, open space, and other essential services in EJ communities through infrastructure investments and improvements, such as Buena Park's Complete Streets Master Plan.

ACCESS TO NEW MOBILITY

Transportation Network Companies (TNCs) are increasingly popular modes of transportation, with 24 percent of adults nationally using ride-hailing service on a weekly or daily basis, and 21 percent of adults generally using or having used a TNC service, such as Uber or Lyft (pre-pandemic). While TNCs can support First-Last Mile connectivity to transit, they do not provide this solution to all individuals equitably. The heavy reliance on technology by these services can be isolating to some populations who do not have access to or are not as comfortable using app-based technology. In addition to TNCs, the rise of e-scooters, bike share, including e-bikes, and other micro-mobility options provide convenient access to transit, transportation to and from work, recreation, and other destinations. While not all micro-mobility options provide physical activity benefits, the rise of e-scooters, bike share, and other micro-mobility options provide some First-Last Mile solutions and more transportation choices.

RECOMMENDED PRACTICES AND APPROACHES

- Engage with local private industries to strengthen public-private partnerships through a shared micro-mobility (bike/scooter share) program, such as Santa Monica Bike Share and Long Beach Bike Share.

- Develop or update First-Last Mile pathway wayfinding strategies. One example is Metro's First/Last Mile Strategic Plan.

- Adopt and implement Complete Streets policies requiring jurisdictions to design streets that are safe and accessible for all modes of travel. Complete Streets designs include traffic calming measures as well as reallocation of street space for people walking and bicycling. Examples include: LA County's Metro Complete Streets Policy, Santa Monica Complete Street Network Planning and Implementation, Walk Long

Beach, City of Ojai, Ventura County Complete Streets Master Plan, Complete Streets: Santa Ana, and City of Rancho Cucamonga, San Bernardino County Community Mobility Report.

- Improve coordination between new mobility companies, transit operators, and public agencies that oversee street and sidewalk design, and maintenance.[30] This can include providing designated micro-mobility parking locations and develop data analysis processes such as geo-fencing to regulate the parking of private sector micro-mobility devices to ensure compliance with ADA requirements.

- Adopt and implement Vision Zero Policies to create safer streets for all users. Examples include: Vision Zero LA County: A Plan for Safer Roadways, Safe Streets Long Beach Action Plan, and Safe Mobility Santa Ana – A Vision Zero Plan.

- Incorporate requirements for data sharing between new mobility providers and local jurisdictions.

- Adopt equity as a key component of micro-mobility systems to ensure access for low-income and disadvantaged communities. Develop equity strategies and incentives to ensure low-income and underserved communities can access micro-mobility devices.

ACCESS TO TECHNOLOGY

Access to broadband internet and new technologies varies across the SCAG region, depending on the urban and rural context, household income levels, age cohorts, and private/public investment. An individual's access to these technologies can have direct effects on their economic opportunities, travel behaviors, and health behaviors and outcomes. In addition to telemedicine, broadband telecommunications incorporate aspects of technology related to work, shopping, and even education. Telecommunications provide the opportunity for telework, which can be a healthy solution for long commutes, congestion, and provides equitable opportunities for individuals with

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30 Our County. (2018). Transportation Briefing. https://ourcountyla.lacounty.gov/wp-content/uploads/2018/08/Our-County-Transportation-Briefing_For-Web.pdf

chronic illnesses and/or disabilities. Teleworking can have a positive benefit on both the employee and the employer, as increased health outcomes of employees reduce absenteeism due to illness and promotes greater productivity among workers.[31]

RECOMMENDED PRACTICES AND APPROACHES

- Expand access to technological services for low-income households. The City of Los Angeles along with other government agencies, non-profit organizations, and large corporate partners launched a program named OurCycle LA. This program focuses on donating technology and promoting digital literacy with computer training.

- Increase access, outreach, and opportunities to technological services to help families obtain internet access and WiFi. Examples include: Los Angeles County Laptop Loaner Program, Printing, and Hotspots, Los Angeles County Public Library Free Parking Lot WiFi Access, and LA County Hotspot Locator. Local examples include University of Southern California's (USC's) Computing Center Laptop Loaner Program and University of California, Riverside's (UCR's) Loan2Learn Program.

- Distribute hotspots to the most underserved communities first. The Los Angeles Mayor announced the creation of the Angeleno Connectivity Trust (ACT), an initiative to help deliver internet access to vulnerable young people – including students experiencing homelessness, those in foster care, and youth with disabilities.

- Invest in new and ongoing public wireless access points in the most underserved communities, particularly in and around high-need schools and public housing developments, and support school staff safety in the distribution of technology, providing additional staffing, supplies and alternatives to in-person distribution (e.g., mailing hotspots directly to families).

- Invest more in strong high-end micro-trenching underground fiber-

based broadband infrastructure to have uninterrupted and robust internet connection in the communities.[32] The California Broadband Cooperative's Digital 395 Middle Mile project proposes to build a new 553-mile, 10 Gbps middle-mile fiber network that would mainly follow US Route 395 between southern and northern California.

AFFORDABLE HOUSING

Access to affordable housing is critical for reducing the number of cost-burdened households and improving health outcomes in the SCAG region. When individuals have access to safe and affordable housing, they are able to spend more on health care, healthy food, and other preventive health-related costs, resulting in improved health outcomes. Throughout the SCAG region, there continues to be challenges with housing affordability. The cost of housing is out of reach for many residents in the SCAG region. In 2016, for an individual earning minimum wage, the average cost of rent consumed more than 60 percent of their income. Additionally, the cost of housing should be considered together with other household costs, such as transportation, when determining the true financial burden placed on households. The cost of housing and transportation are generally considered non-elastic portions of a household's budget that cannot be cut, and as such, can be significant financial burdens for many in the region.

In the SCAG region, the majority of households with a high housing cost burden are those that have a household income less than $35,000. Among these households, 63 percent pay more than 50 percent of their income to housing.[33] To put affordability into perspective, the minimum wage for most of the SCAG region is $11.00 an hour (except Los Angeles County, where the minimum wage is $13.25) when there are 26 or more employees. The median gross rental price is $1,321, meaning that an individual earning minimum wage spends over 60 percent of their income on housing costs. To reduce the burden of housing costs for individuals earning minimum wage, the minimum wage would have to

31 Steward, B. (2000). Fit to Telework – The Changing Meaning of Fitness in New Forms of Employment.

32 Community Networks. (2020). SiFi Networks Building Fiber Cities Coast-to-Coast.
33 Southern California Association of Governments. (2016). California Housing Summit: The Cost of Not Housing (2016) Mission Impossible? Meeting California's Housing Challenge.

be doubled. Minimum wage is expected to rise in California to $15.00 by 2023, presenting a step towards unburdening individuals earning minimum wage, assuming increases in the cost of housing do not outpace this wage growth.

- Local jurisdictions should provide policymakers with the data, information, and assistance they need to understand the housing needs of their community, such as housing costs, household income, home ownership, renter/owner housing cost burden, housing overcrowding, etc., using tools such as the American Community Survey, the Regional Housing Needs Assessment (RHNA), Imperial County's Community and Economic Development Housing Programs, and San Bernardino County's Family Self-Sufficiency Program and Homeownership Assistance Program.

- Learn more about relevant legislation, such as California Senate Bill 628 (Beall) and California Assembly Bill 2 (Alejo), which provide jurisdictions with an opportunity to establish funding sources to develop affordable housing, supportive infrastructure, and amenities.

- Create requirements to promote the construction of affordable housing in conjunction with market-rate development in disadvantaged communities, such as Riverside County's Community Planning and Development Programs Action Plan and Loma Linda Veterans' Village designed for military veterans.

- Create a housing trust fund that leverages developer and other fees to fund new affordable housing projects, such as Ventura County's Housing Trust Fund – Revolving Loan Fund.

- Consider developing Community Benefit Agreements (CBAs) between community groups and real estate developers, such as The Partnership for Working Families, Policy & Tools: Community Benefits Toolkit and the Los Angeles Alliance for a New Economy, LAX Community Benefit Agreement.

- Employ anti-displacement strategies, including:

  □ Inclusionary zoning, no net loss of affordable housing (within ½

mile of public investments), incentive rezoning regulations that fund inclusionary housing, jobs-housing linkage fees, replacement housing policies, or foreclosure assistance.

□ Adopt local hiring policies and training/apprenticeship programs for new transportation, housing, and real estate investments that are targeted to low-income residents.

□ Provide small business disruption funds to support local businesses in communities that are seeing new infrastructure investment.

□ Support programs and policies that incentivize local purchase (e.g., bicycle-friendly business districts, farmer's markets, walkable commercial centers near neighborhoods, etc.).

□ Adopt participatory budgeting for major transportation and transit-supportive infrastructure, with an emphasis on allowing historically marginalized groups to determine how best to allocate revenues to address their concerns.

□ Policy examples of existing anti-displacement strategies include the following:

  ▪ Anti-Eviction Mapping Project

  ▪ California Air Resources Board (CARB), Developing a New Methodology for Analyzing Potential Displacement (2017)

  ▪ California Strategic Growth Council Anti-Displacement Strategies Round 6 (2019-2020)

  ▪ Los Angeles Alliance for a New Economy, LAX Community Benefit Agreement

  ▪ Los Angeles Regional and Open Space Park District, Displacement Avoidance Strategy

  ▪ The Partnership for Working Families, Policy & Tools: Community Benefits Toolkit

  ▪ University of California, Berkeley Urban Displacement Project

AIR QUALITY

Greenhouse gas emissions, including ozone (O3), carbon dioxide (CO2), and fine particulate matter (PM 2.5) from fossil fuels pollute the breathable air along with climate change and cause many public health problems. Ozone and particulate matter contribute to the growth in smog across cities in the SCAG region. Ozone is associated with diminished lung function, cardiovascular illness, increased hospital admissions and emergency room visits for asthma, and increases in premature deaths.[34] Air quality continues to be a major public health concern in the region. Air pollutants exacerbate chronic conditions and disproportionately affect vulnerable populations (i.e., children, pregnant women, older adults, outdoor workers, and disabled populations). Rates of chronic diseases related to air quality in the region have been on the rise or remained constant over the course of roughly the past five years. Impacts from climate change further exacerbate air quality issues and affect the well-being of the residents. Increased CO2 can also influence health through increased exposure to pollen. Increased heat and CO2 enhance the growth of plants that produce pollen, which are associated with allergies.[35] Climate change affects weather events such as wind patterns, temperature, precipitation and frequency of wildfires. These changes in weather have an influence on air quality through the formation and location of air pollutants such as CO2, fine particulate matter including PM 2.5, and ground level O3.[36]

RECOMMENDED PRACTICES AND APPROACHES

- Include discussion of vehicle miles traveled (VMT) per capita reductions to reduce exposure to air pollutant emissions through strategic land use and transportation decisions.

- Limit the siting of sensitive land uses, including older adult populations, children, and people with existing health conditions, within 500 feet of freeways and urban roads carrying more than 100,000 vehicles per day. Los Angeles County Department of Public Health released guidance which includes recommendations for local jurisdictions to limit the siting of sensitive land uses at least 500 feet from freeways, including residences, school, and others.

- Implement mitigation strategies that reduce traffic emissions and the concentration of pollutants and help clear and improve quality of indoor air. Strategies could include speed reduction, signal management, urban design, vegetation, and indoor air filtration systems. Example: City of Los Angeles Air Filtration Project.

- Adopt ordinances to reduce the volumes of criteria pollutants through use of electric vehicles (EVs). In Southern California, customers of Southern California Edison (SCE), the main electricity supply company for most of Southern California, can apply for up to a $1,000 rebate with the Clean Fuel Reward Program if they purchase or lease an EV.

- Improve infrastructure to increase the number of trips by transit, walking, and biking through land use changes and transportation investments. The City of Los Angeles introduced a Transit--oriented Communities (TOCs) program, which promotes equity and sustainable living by offering a mix of uses close to transit to support households at all income levels, as well as building densities, parking policies, urban design elements, and First/Last Mile facilities that support ridership and reduce auto dependency.

- Provide air filtration for homes near freeways. The Los Angeles County Department of Public Health has released guidance on air quality recommendations for local jurisdictions and requirements for air filtration for new homes within 1,000 feet of a freeway.

- Identify opportunities to maximize additional health or quality of life benefits that can be achieved in addition to decreased pollution. For instance, **weatherization programs** can improve indoor air quality, reduce asthma triggers, provide job training opportunities, and save money for residents. Local governments can prioritize interventions

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34 Climate Nexus. How Air Quality & Pollution Impact Public Health.

35 Maizlish N., English D., Chan J., Dervin K., & English P. (2017). Climate Change and Health Profile Report: Los Angeles County, San Bernardino County, Orange County, Ventura County, Riverside County, Imperial County. Sacramento, CA: Office of Health Equity, California Department of Public Health.

36 Tagaris, E., Liao, K., Delucia, A.J., Deck, L., Amar, P., & Russell, A.G. (2009). Potential Impact of Climate Change Source: American Community Survey (ACS) 2016 on Air Pollution–Related Human Health Effects. *Environmental Science & Technology*, 43(13), 4979–4988.

that minimize risk in vulnerable communities, while maximizing co-benefits that meet community needs.[37] California's Low-income Weatherization Program (LIWP) provides low-income households with solar photovoltaic (PV) systems and energy efficiency upgrades at no cost to residents. The program reduces greenhouse gas emissions and household energy costs by saving energy and generating clean renewable power.

CLIMATE CHANGE

Climate change defines a change in the average conditions, such as temperature and rainfall, in a region over a long period of time.[38] The changing climate's effect on temperature, air quality, wildfires, droughts, and the spread of disease, including the West Nile Virus, threatens the health and well-being of everyone within the SCAG region, including increased incidence and premature deaths related to hyperthermia, cardiovascular, respiratory, and renal diseases, diabetes, chronic depression and stress, decreased lung function, asthma, allergies, burns, and neuro-invasive disorders. The populations that will be most affected by these outcomes are the elderly, children, chronically ill and disadvantaged communities. Low-income and disadvantaged communities often have higher rates of chronic diseases, which increases their susceptibility to climate threats.[39] It is projected that over the next century, the majority of people within the SCAG region will feel the effects of one or more of the results of climate change, but the magnitude of the effects on health can be mitigated by the ability to adapt to these changes. The ability to adapt to climate change will lead to disparities in health outcomes across different communities. Disadvantaged communities and EJ areas are at greater risk due to lack of resources to respond to and cope with changes in the climate and will shoulder a larger portion of the burden. Climate change threatens water supply, food security, and air quality and shelter. Empowering communities to fight climate change will help reduce health inequities by providing opportunities for

collaboration on climate resilience strategies.

RECOMMENDED PRACTICES AND APPROACHES

- Evaluate the impacts of climate change in the community and identify efforts to mitigate climate change impacts. Create and strengthen opportunities for regional resilience to future climate change. Consider ways to reduce vehicle miles traveled (VMT) per capita and greenhouse gas emissions.

- As climate change increasingly affects urban environments, there is a greater need for urban green spaces and trees to cool and offset warming temperatures from the impacts of climate change. The City of Los Angeles conducted a project with Google's new Tree Canopy Lab to track canopy density in the huge metropolis to determine which neighborhoods need more trees as a means of fighting extreme temperatures. The City aims to plant 90,000 trees by the end of 2021 and 20,000 each following year. Some other examples include: Ventura County Tree Protection Ordinance and City of Long Beach Tree Yourself Program.

- Encourage and incentivize people to consume more locally produced food and goods in order to reduce transportation activity, especially by light-duty vehicles.[40]

- Develop heat response plans to predict and communicate with the public about heat events and coordinate responses, including more local cooling centers. Partnerships with local public health departments in heat response planning can help ensure effective responses to support the needs of all people during heat events. The City of Los Angeles Cooling Center Program identifies free places where any member of the public can go to find relief during hot summer days43. Other examples include: City of Riverside Heat Response Plan, San Bernardino County Heat Wave Plan, and Orange County

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37 California Healthy Places Index. (2020). Public Health Alliance of Southern California.
38 National Aeronautics and Space Administration. (2021). Climate Kids.
39 Rudolph, L., Harrison, C., Buckley, L., & North, S. (2018). Climate change, health, and equity: a guide for local health departments. *Public Health Institute and American Public Health Association*.

40 National Research Council. (2010). Advancing the Science of Climate Change.

Extreme Heat Resources.

- Install cool roofs on public buildings, lowering community temperatures and helping drive demand and capacity for cool roof installation firms. Jurisdictions can explore partnerships with energy companies to use public dollars to offer cool roof incentives. California has cool roof guidelines in its Statewide Title 24 standards, but local jurisdictions can expand on these standards in their local energy codes. Los Angeles Green Building Code requires that roofing material used in residential buildings meet minimum values for 3-year aged solar reflectance and thermal emittance. The Union City Climate Action Plan promotes the use of cool roof technology.

- Develop cool pavements, provide incentives, or include them in development and parking standards. StreetsLA started the cool pavement pilot program in 2017 by installing it on 15 residential blocks (one in each Council District). Los Angeles was the first city in California to test cool pavement on public streets. The City of Martinez is mitigating their urban heat island by promoting cool community strategies- cool roofs, cool pavements and urban vegetation in their climate action plan.

- Implement Capacity Building and Technical Assistance Programs to strengthen the skills, knowledge, relationships and power of communities to participate in decision-making processes related to climate resilience. These programs may take many forms and should be tailored to a community's existing capacities and objectives. They should be targeted in communities likely to be impacted by climate events, conducted in relevant languages, and designed with leaders from the community.[41]

- Improve infrastructure to increase the number of trips by transit, walking, and biking through land use changes and transportation investments. Metro established the Transit-oriented Community Program, which promotes equity and sustainable living by offering a mix of uses close to transit to support households at all income levels, as well as building densities, parking policies, urban design elements, and First/Last Mile facilities that support ridership and reduce auto-dependency.

ECONOMIC OPPORTUNITY

Household income levels and access to jobs have a significant impact on the quality of life, educational attainment, and financial stability. These measures help to define the quality of life of the region and have a direct connection to public health outcomes. Public health outcomes tend to improve when income and educational attainment rise. As discussed previously, educational attainment is an important marker for economic success in the region. Attaining higher levels of education is correlated to securing higher paying jobs, and higher household incomes levels are directly related to improved health outcomes.

RECOMMENDED PRACTICES AND APPROACHES

- Support efforts to ensure zoning helps retain quality mid-wage jobs, such as preserving industrial zones in appropriate locations.

- Incentivize local hiring in large infrastructure projects.

- Promote and support small businesses in city planning processes, and identify opportunities and tools for retaining small businesses, such as Riverside County's Small Business Assistance service.

- Develop economic recovery strategies that include racial and social equity considerations, such as SCAG's Inclusive Economic Recovery Strategy (IERS).

- Support job training and placement programs for groups that face barriers to employment, such as formerly incarcerated people, low-income communities, communities of color, and youth in foster care systems. Examples include: City of Santa Ana Youth Employment Services, Homeboy Industries, Los Angeles Regional Reentry Partnership, Ventura County's accredited Cal Fire Training Center, San

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41 California Healthy Places Index. (2020). Public Health Alliance of Southern California.

Bernardino and Riverside County Workforce Development Boards, New Hope to Prison to Employment service, and A New Way of Life Reentry Project.

PHYSICAL ACTIVITY

Physical activity has many benefits, including reduced risks of chronic diseases, such as cardiovascular disease, type 2 diabetes, and several types of cancer.[42] To encourage physical activity, it is important that the built environment provide opportunities to be active in the course of everyday life. The U.S. Department of Health Guidelines emphasize interventions in the built environment that can make being physically active the easy choice in all the places where people live, learn, work, play and age. Design interventions in the built environment can make it easier for people to be active and can have a significant impact on public health. Examples of interventions include locating destinations such as schools, stores, or public transportation options near homes or workplaces so that people can easily walk, bike, or have wheelchair access. Promoting active transportation is one strategy to increase physical activity. Encouraging active transportation for travel to and from school for children and teens is an effective way to build healthy habits from a young age. Investment in active transportation infrastructure can help increase the mode share of walking and biking, which can result in improved rates of obesity, hypertension, and other chronic diseases.

RECOMMENDED PRACTICES AND APPROACHES

- Partner with local school districts, non-profit organizations, and community-based organizations to offer bicycle education and traffic safety training. Improve access by providing bicycles, helmets, and other related equipment for lower-income families and promoting joint use of school properties for parks and recreational facilities. Consider using the following existing projects and organizations to plan your own program: Metro's Go Bike Riding classes, the Los Angeles County Bicycle Coalition (LACBC), Youth Pedestrian and Bicycle Safety Education Program, Focus Cities Program, and California Walks.

- Use checklists similar to Riverside County's Healthy Development Checklists to develop complete streets and healthier communities when reviewing new development projects, as neighborhoods within reasonable walking distance to destinations are linked to increased total physical activity of residents.

- Develop infrastructure, such as sidewalks, bicycle lanes, and street lighting, to encourage active transportation within communities as recommended by The Community Preventive Services Task Force Recommendation for Combined Built Environment Approaches to Increase Physical Activity. Additionally, the Los Angeles County Bicycle Coalition (LACBC) works with TRUST South Los Angeles and the Los Angeles Department of Transportation (LADOT) to engage the community members in designing bicycle-friendly streets.

TRANSPORTATION SAFETY

It is critical that the region work towards reducing traffic-related fatalities and serious injuries. On average, 136,300 people are injured, 6,300 are seriously injured, and 1,600 die in traffic collisions in Southern California every year.[43] Low-income and disadvantaged communities are at greater risk for bicycle and pedestrian crashes. Sixty-six percent (66%) of the regional High Injury Network is located in Disadvantaged Communities.[44] Households at the poverty level have higher pedestrian-involved and bicycle-involved collisions at double their regional share.

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42 U.S. Department of Health and Human Services (2018). Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services.

43 Southern California Association of Governments. (2021). SCAG Resolution 2021. https://scag.ca.gov/sites/main/files/file-attachments/scag_resolution_no_21-629-1.pdf

44 Southern California Association of Governments. (2020). SCAG Transportation Safety and Security Technical Report. https://scag.ca.gov/sites/main/files/file-attachments/0903fconnectsocal_transportation-safety-and-security.pdf?1606002153

RECOMMENDED PRACTICES AND APPROACHES

- Adopt and implement Vision Zero plans and policies to create safer streets for all road users. Examples include: Vision Zero LA County: A Plan for Safer Roadways, Safe Streets Long Beach Action Plan, and Safe Mobility Santa Ana – A Vision Zero Plan.

- Determine geographic areas where crashes are concentrated and the causes of these crashes so that efforts can be focused on the most challenging areas and crash factors. Apply for safety planning funds from SCAG's Sustainable Communities Program, Caltrans Local Road Safety Plan solicitations, or California's Active Transportation Program.

- Strengthen collaboration to focus street improvements and education campaigns along with High Injury Networks. Prioritize investments within these areas to reduce collisions.

- Promote and implement engineering best practices for streets and safe speeds and setting speed limits that are safe and reasonable. Review the Rand Corporation: The Road to Zero report and NACTO's Setting Safe Speed Limits on Urban Streets Guide.

- Implement infrastructure improvements including, but not limited to, clearly marked crosswalks, median sanctuaries for pedestrians, signalization at problematic non-signalized intersections, advanced stop bars and sharks' teeth, yield markings, and changing intersection geometries to improve safety. Apply for funding for infrastructure projects from California's Active Transportation Program or the Highway Safety Improvement Program.

- Encourage collaboration among local elected officials to support collision-reducing strategies, inform elected officials and practitioners about traffic safety issues and solutions in the region, and motivate action at the local level through SCAG's Go Human Safety Pledge.

- Partner with SCAG's Go Human outreach and education campaign.

- Establish Safe Routes for Seniors programs that engage older adults, with a focus in areas with older adult serving uses (e.g., community centers, senior housing, and others), to identify physical and programmatic barriers to mobility, including safe pedestrian access,

lack of shade and/or seating, and Americans with Disabilities Act (ADA)/universal access concerns. Los Angeles Walks engages older adults through its Safe Routes for Seniors program to assess communities' needs, then supports seniors to become agents of change.

- Conduct bicycle education in lieu of fines for bicyclists and motorists who commit bicycle-related traffic violations. Los Angeles County Bicycle Coalition (LACBC) offers bicycle education classes once a month.

DATA AND INFORMATION SOURCES

This section provides a list of resources on existing databases, programs, and other health initiatives and plans to help policymakers, community leaders, and others to incorporate health analysis and tools into their planning processes. It is organized by local, regional, state, and national contexts.

LOCAL

- **Riverside University Health System – Public Health (RUHS-PH)** established the initiative to advance the County's efforts of working with local cities to adopt Healthy City resolutions, Healthy Eating and Active Living (HEAL) resolutions and to encourage the incorporation of health elements in general plans. The Healthy Cities Network has also established community profiles and fact sheets providing city-level data summaries. Since the inception of the initiative, over 27 jurisdictions in the county have adopted a health element, established HEAL resolutions or have a health element in progress.[45]
  Public Health Focus Areas: accessibility to essential services, physical activity

- **San Bernardino County Community Vital Signs** is an initiative to support the Wellness Element in the Countywide Vision Plan, guided by the San Bernardino County Community Transformation Plan, which is a county-wide plan that includes an analysis of the social determinants of health. The Vital Signs initiative established a community health improvement framework to align resources and improve health outcomes.[46]
  Public Health Focus Areas: accessibility to essential services

- The **University of Southern California (USC) Price Center for Social Innovation – Neighborhood Data for Social Change (NDSC)** hosts a platform to help Los Angeles County community stakeholders

track measurable change, improve local policies and programs, and ultimately advocate for a better quality of life within their communities through maps, charts, and data analysis. The NDSC platform supports strong local policy that is data informed and relevant to a wide range of local stakeholders, including: local governments, media, nonprofit organizations, advocacy groups, and the general public.[47]
Public Health Focus Areas: accessibility to essential services, affordable housing, air quality, climate change, economic opportunity, physical activity, transportation safety

REGIONAL

- The **Regional Housing Needs Assessment (RHNA)**, as mandated by State Housing Law as part of the periodic process of updating local housing elements of the General Plan, RHNA quantifies the need for housing within each jurisdiction during specified planning periods. For example, RHNA uses a rent-to-income ratio to assess cost burdens at the household level, regardless of the median income of the area. Communities can use the RHNA in land use planning, prioritizing local resource allocation, and in deciding how to address identified existing and future housing needs resulting from population, employment, and household growth. The RHNA does not necessarily encourage or promote growth, but rather allows communities to anticipate growth, so that collectively the region and subregion can grow in ways that enhance quality of life, improve access to jobs, promotes transportation mobility, and addresses social equity, fair share housing needs..
  Public Health Focus Areas: accessibility to essential services, affordable housing

- The **Southern California Association of Governments (SCAG) Environmental Justice Technical Report to Connect SoCal**, included as an appendix to SCAG's 2020 RTP/SCS, or Connect SoCal, which is

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45 Riverside University Health System Public Health. (2017). Healthy Cities Network.
46 San Bernardino County. (2013). Community Vital Signs Final Report.

47 University of Southern California (USC) Price Center for Social Innovation. (2020). Neighborhood Data for Social Change.

designed to create region-wide benefits that are distributed equitably, while ensuring that any one group does not carry the burdens of development disproportionately. It's particularly important that Connect SoCal considers the consequences of transportation projects on low-income and minority communities, and avoids, minimizes, or mitigates disproportionately high and adverse human health and environmental impacts on low-income and minority populations (also referred to as EJ communities).
Public Health Focus Areas: accessibility to essential services, affordable housing, air quality, climate change, physical activity, transportation safety

- **Southern California Association of Governments (SCAG) Public Health Technical Report to Connect SoCal** included as an appendix to SCAG's 2020 RTP/SCS, or Connect SoCal. Provides an overview of health outcomes in the SCAG region as they relate to the built environment and the impacts of the RTP/SCS. The multimodal transportation and land use strategies of Connect SoCal include many co-benefits for improving health outcomes and present opportunities to ensure investments result in equitable health outcomes and benefit all populations in the region.
  Public Health Focus Areas: accessibility to essential services, affordable housing, air quality, climate change, economic opportunity, physical activity, transportation safety

- The **South Coast Air Quality Management District (AQMD) California State Assembly Bill (AB 617) Community Programs** requires extensive community-based efforts that focus on improving air quality and public health in EJ communities.[48] California Assembly Bill 617 (AB 617) requires the state board to select highest priority communities for the deployment of community air monitoring systems. In the SCAG region, there are currently seven EJ communities engaged in the development of Community Emission Reduction Plan (CERP), including South Los Angeles-South Central Los Angeles-Hyde

Park, East Los Angeles-Boyle Heights-West Commerce, Wilmington-Carson-West Long Beach, South East Los Angeles, San Bernardino-Muscoy, Eastern Coachella Valley, and El Centro-Herber-Calexico.
Public Health Focus Areas: air quality, climate change

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- The **2017 Regional Transportation Plan Guidelines for Metropolitan Planning Organization**, released by the California Transportation Commission (CTC), provides guidance for MPOs when preparing their RTP/SCSs, including promoting public health and health equity as well as an appendix that details policies and examples from MPOs across the state.
  Public Health Focus Areas: air quality, climate change, transportation safety

- The **2017 State of California General Plan Guidelines**, published by the Office of Planning and Research (OPR), provides guidance to local jurisdictions when they are updating their General Plans. The updated guidelines contain new requirements and guidance relating to public health, health equity and the built environment. OPR also provides additional guidance on planning for healthy communities and how to integrate health into the General Plans. This includes incorporating health as a separate element, as an integrated approach woven across multiple elements, or as a hybrid approach that weaves health throughout the General Plan.[49]
  Public Health Focus Areas: affordable housing, air quality, climate change, economic opportunity, physical activity

- The **California Air Resources Board (CARB) Pollution Mapping Tool** allows users to locate, view, and analyze emissions of greenhouse gases, criteria pollutants, and toxic air contaminants from large facilities in California. Data are presented on a district, census tract, zip code, city, and county level.

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48 South Coast Air Quality Management District (AQMD). (2020). AB 617 Community Air Initiatives.

49 Governor's Office of Planning and Research. (2017). General Plan Guidelines: 2017 Update.

Public Health Focus Areas: air quality

- **California Building Resilience Against Climate Effects (CalBRACE)** hosts a collection of resources that includes tools, reports, and guides to help local health departments assess, plan, and monitor climate vulnerabilities to reduce and prevent health risks associated with climate change. Climate change indicators are compiled from the data available from the California Department of Public Health. Climate vulnerabilities are assessed and used to provide insights on the most pressing climate issues.
Public Health Focus Areas: climate change

- The **California Heat Assessment Tool** helps local and state health practitioners to better understand dimensions of heat vulnerability driven by climate changes and where action can be taken to mitigate the public health impacts of extreme heat in the future.
Public Health Focus Areas: climate change

- **CalEnviroScreen 3.0**, released on behalf of the California Environmental Protection Agency (CalEPA), incorporates recent data to reflect environmental conditions or a population's vulnerability to environmental pollutants[50] and ranks communities based on data that are available from state and federal governmental sources. CalEnviroScreen is a science-based mapping tool that helps identify California communities that are most affected by many sources of pollution, and that are often especially vulnerable to pollution's effects. This tool uses environmental, health, and socioeconomic information to produce a numerical score for each census tract in the state. The scores are mapped so that different communities can be compared. An area with a high score is one that experiences a much higher pollution burden than areas with low scores.
Public Health Focus Areas: air quality, climate change

- The **California Healthy Places Index (HPI)** is a data visualization tool, developed by the Public Health Alliance of Southern California, to assist communities in exploring local factors that measure life expectancy and compares health outcomes across the state. The HPI provides indexed scores as well as more detailed data on specific policy action areas that shape health, including housing, transportation and education.[51]
Public Health Focus Areas: accessibility to essential services, affordable housing, air quality, climate change, economic opportunity, transportation safety

- **California Household Travel Survey (CHTS)**, conducted by the California Department of Transportation (Caltrans) every ten years, CHTS obtains detailed information about the socioeconomic characteristics and travel behavior of households statewide.
Public Health Focus Areas: accessibility to essential services

- **California State Assembly Bill 441 (AB 441)** requires the California Department of Transportation (Caltrans) Regional Transportation Plan (RTP) Guidelines to identify planning practices that promote health and well–being for Californians. AB 441 provides guidance for MPOs developing regional transportation plans to include programs, policies and practices that promote health and guidelines supporting analysis of aging populations, climate change and health equity.
Public Health Focus Areas: climate change, physical activity, transportation safety

- **California State Senate Bill 1000 (SB 1000) – Environmental Justice Element 2020 Guidance**, is legislation that made EJ a new mandatory topic in the General Plan and applies to all cities and counties in California with disadvantaged communities, effective January 1, 2018. Each city or county is required to adopt a general plan which outlines a vision for how a community will grow and change and reflects community priorities and values in its goals, objectives, and implementation measures through the General Plan Requirements.
Public Health Focus Areas: accessibility to essential services,

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50 Office of Environmental Health Hazard Assessment (OEHHA). (2018). CalEnviroScreen 3.0.

51 Public Health Alliance of Southern California. (2018). California Healthy Places Index.

affordable housing, air quality, physical activity, transportation safety

- The **Health in All Policies (HiAP) Task Force** is a project of the Strategic Growth Council, which brings together over 20 agencies and departments. The HiAP Task Force supports collaboration on health-related outcomes and moves forward a range of health initiatives across the state. The Task Force has published a number of new action plans identifying actions state agencies can take to implement solutions that will improve health across the state, including the Equity in Government Practices Action Plan[52],[53] and the Land Use, Schools, and Health Work Group 2016-2018 Action Report.[54]
  Public Health Focus Areas: accessibility to essential services

- The **Office of Health Equity (OHE)** moved forward with the implementation of the Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity.[55] Example action items include advancing climate change and health equity research, supporting the California Building Resilience Against Climate Effects (CalBRACE) Framework through research, and publishing new reports such as, Safeguarding California: Implementation Action Plan – Public Health Sector Plan.
  Public Health Focus Areas: air quality, climate change

- **Statewide Integrated Traffic Records System (SWITRS)** is a database that serves as a means to collect and process data gathered from a collision scene. The SWITRS application is a tool by which California Highway Patrol (CHP) staff and members of its Allied Agencies throughout California can request various types of statistical reports in an electronic format. Custom reports can be created by the user to capture data relevant to specified criteria such as jurisdiction, location, or annual or quarterly reports by date.
  Public Health Focus Areas: transportation safety

- **Transportation Injury Mapping System (TIMS)** has been developed over the past five-plus years by SafeTREC to provide quick, easy, and free access to California crash data, the Statewide Integrated Traffic Records System (SWITRS), that has been geo-coded by SafeTREC to make it easy to map out crashes.
  Public Health Focus Areas: transportation safety

- **University of California, Los Angeles (UCLA) – California Health Interview Survey (CHIS)** developed by the UCLA Center for Health Policy Research and the UCLA Fielding School of Public Health, CHIS is the nation's largest state health survey that offers free data files and health statistics via its data tool, AskCHIS. It provides comprehensive data on the health of Californians and helps policymakers, researchers, health professionals, and others build healthy communities.
  Public Health Focus Areas: accessibility to essential services, physical activity, transportation safety

- National

- The **Comprehensive Housing Affordability Strategy (CHAS)** demonstrates the extent of housing problems and housing needs, particularly for low-income households. Each year, the U.S. Department of Housing and Urban Development (HUD) receives custom tabulations of American Community Survey (ACS) data from the U.S. Census Bureau, known as the CHAS data.
  Public Health Focus Areas: affordable housing

- The U.S. Census Bureau **American Community Survey** is a nationwide annual survey that collects sociodemographic and health information for public officials, policymakers, city/state planners, and entrepreneurs to help build their community plans for hospitals and schools, support school lunch programs, improve emergency services, build infrastructure, inform businesses to provide more economic opportunity and expand to new markets, and more. It also includes regional and state data.
  Public Health Focus Areas: accessibility to essential services, affordable housing, air quality, economic opportunity, physical activity, transportation safety

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52 Health in All Policies Task Force (2018). Equity in Government Practices Action Plan.
53 California Strategic Growth Council. (2018). HiAP Task Force Action Plans and Reports.
54 Health in All Policies Task Force. (2018). Land Use, Schools and Health Work Group 2016–2018 Action Report.
55 California Department of Public Health. (2015). Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity.

- The **American Heart Association (AHA)** released the [American Heart Association Active Transportation Policy Statement](#) in July 2017 and stated the Association's commitment to equitable strategies to promote and improve active transportation for all Americans. The policy includes recommendations, research, and resources to embed health within transportation policy to engage a wide range of stakeholders and address community planning, housing, gentrification, street scale-design, health equity, crime, and safety to improve health outcomes.
  Public Health Focus Areas: affordable housing, physical activity, transportation safety

- The **American Public Health Association (APHA)** serves as a national resource for public health research on issues such as environmental health, climate change, health equity and other emerging topics. In 2018, APHA adopted national policy statements, which include goals such as advancing health equity and supporting food security. In 2017, APHA released a [report](#) which outlines how MPOs, such as SCAG, can partner with public health practitioners to advance healthy communities, which includes a core recommendation to integrate public health data into the scenario planning modeling processes.[56]
  Public Health Focus Areas: accessibility to essential services, air quality, climate change

- The **Healthy People 2020** and the **Healthy People 2030 Framework** address issues of health equity across the nation by tracking and providing interactive data tools relating to rates of illness, death, chronic conditions, behaviors and other types of outcomes in relation to demographic factors including race and ethnicity, gender, disability status or special health care needs, and geographic location (rural and urban).
  Public Health Focus Areas: accessibility to essential services, physical activity

- The **Federal Highway Administration (FHWA)** developed tools to help MPOs and other agencies integrate public health into their planning activities.[57] This [framework](#) includes definitions of the social determinants of health and health equity. It also includes a step-by- step process to guide planners as they move through the implementation process.
  Public Health Focus Areas: transportation safety

- The **National Parks Service (NPS)** released the [Healthy Parks Healthy People 2.0 Strategy Plan](#) in June 2018, serving as a framework for connecting parks to health and well-being. Established in 2011, Healthy Parks Healthy People promotes all parks and public lands as physical, mental, and social health resources for communities.[58] NPS outlines eleven ways for collaboration, ranging from supporting community engagement, technology tools, and improving local access to parks and urban green spaces.
  Public Health Focus Areas: accessibility to essential services, physical activity

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56 American Public Health Association (APHA).

57 U.S. Department of Transportation. Federal Highway Administration. Health in Transportation Corridor Planning Framework.

58 U.S. Department of the Interior. Natural Park Service. (2018). Healthy Parks Healthy People 2018–2023 Strategic Plan.

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