

Creating Healthy Built Environments:

Case Studies of Local Health Departments in California

CONTRA COSTA HEALTH SERVICES

CITY OF RICHMOND AND MIG, INC.



Port of Richmond



Prepared for the California Center for Physical Activity, Safe and Active Communities Branch, California Department of Public Health



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In 2004, the California Department of Public Health's (CDPH) California Center for Physical Activity (a unit of the State and Local Injury Control Section within the Safe and Active Communities Branch) established the Local Public Health and Built Environment (LPHBE) Network. Developed and implemented in partnership with Safe & Healthy Communities Consulting, the LPHBE Network was the first statewide effort in California to provide training, technical assistance, and grants to local public health departments interested in building capacity for promoting safe and active community environments. This document is one of three case studies profiling the healthy built environment work of local public health departments supported by the California Center for Physical Activity and trained by Safe & Healthy Communities Consulting. Each case study highlights how the public health department launched into working on these issues, project examples, and their approach to navigating the political, partnering, and capacity-building challenges posed by built environment work.

We look at the root causes — the environmental and social factors that impact health. When we sit at the table with planners, or anyone, our role as the health department is to frame the issues through the lens of health.

TRACEY RATTRAY, DIRECTOR
COMMUNITY WELLNESS & PREVENTION
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at a glance

Here's what you'll discover about Contra Costa Health Services (CCHS) and their healthy built environment efforts:

- Adopted the built environment as a focus for many of their prevention programs
- Formed and nurtured a long-standing coalition with cities and the transportation agency that provided the relationships and platform for expanding into transportation then land use work
- Helped the City of Richmond develop one of the country's first general plan health elements
- Targeted traffic engineers, planners, and elected officials with an educational campaign that included a policy paper, technical trainings, and a high-profile regional forum
- Turned a fiscal crisis into an opportunity to increase staff capacity for built environment work

getting started

Injury prevention was one of the issues that launched CCHS into addressing land use and transportation planning. While the agency had prior experience with policy and land use strategies (e.g., environmental justice, and affordable housing for the homeless to prevent HIV), this work was largely handled by other divisions within CCHS. Work on the built environment was generally new to CCHS's health promotion and prevention programs. Until 2001, when Nancy Baer, Injury Prevention and Physical Activity Program manager, and her colleagues wanted to expand their traffic safety efforts to address a new realm — the street environment. They secured funding for a comprehensive bike and pedestrian safety project in high-risk neighborhoods in the cities of Richmond and San Pablo. In addition to education and enforcement strategies, the project included collision mapping and the promotion of traffic calming to improve bike and pedestrian collision hot spots.

To implement the project, "we brought together a key group of new partners to establish the West Contra Costa Safe Communities Coalition," says Baer. Members included police and traffic engineering departments from the cities of Richmond and San Pablo, community organizations, neighborhood leaders, and representatives from the West Contra Costa Transportation Advisory Committee, the transportation planning entity for

West Contra Costa County (Transportation Agency). The project resulted in new bike lanes and street improvements in both cities. According to Baer, the partnerships formed between CCHS, Richmond, San Pablo, and the Transportation Agency have been equally valuable. "These early efforts and relationships helped fuel a new dialogue in Richmond and San Pablo on the role of street design in pedestrian and bicycle safety. They gave us our start, and they're the threads that tie our early work in traffic safety to the broader built environment work we're doing now."

two highlighted projects

Street WISE (Walking and Biking Information Strategy Exchange) Project

THE PROJECT

After a few years of promoting traffic calming, CCHS and the West Contra Costa Safe Communities Coalition were ready to tackle the upstream barriers to walkability in the cities of Richmond and San Pablo. "Rather than address the problem one-intersection-at-a-time, we wanted to target the policies and practices that perpetuate auto-oriented design," says Baer. "We kept hearing about all these great new ways other cities were

the place and agency

Contra Costa County houses over a million residents in the eastern part of California's San Francisco Bay Area. One of the county's defining characteristics is its footprint in three different worlds — West, Central, and East Contra Costa County. West County, along the eastern edge of San Francisco Bay, is historically urban and industrial. Central County, once a series of small towns, is now solidly suburban. And, East County is transitioning from rural and agricultural to suburban. Demographic differences across the county are equally striking. Central and East County, and their cities, are generally middle-income to affluent. West County's bayside cities of Richmond and San Pablo are older, more racially and culturally diverse, and have the highest rates of poverty in the county.^{1,2} They also have some of the highest rates of pedestrian injury, violence, asthma, and obesity in the county and the state.³

With over 3,200 employees, CCHS operates a comprehensive health system that includes a hospital, health insurance plan, community clinics, and public health and prevention programs. CCHS's programming to promote healthy built environments — beyond the traditional environmental health activities of their Environmental Health Division — is housed within the agency's Community Wellness & Prevention Program (CWPP), a unit that includes programs addressing injury prevention, physical activity, asthma, lead poisoning, tobacco, and nutrition.



designing and retrofitting neighborhoods to be more walkable and we wanted to bring that information to Richmond and San Pablo.”

With a mini-grant from the CDPH LPHBE Network, they held West Contra Costa County's first walkability workshop in the fall of 2005. The event created a buzz of interest, but more work was needed to change long-standing practices. “So, teaming up with the Transportation Agency, we got a California Kids Plates* grant to implement Street WISE — a two-year project to foster new design practices in West Contra Costa County by educating professionals and the decision-makers,” says Baer.

Educating Traffic Engineers and Planners

Street WISE included four 3-hour trainings targeting traffic engineers, planners, and advocates from West Contra Costa. Training topics spanned from the basics of bicycle and pedestrian design to broader policy and planning issues including Smart Codes and how to effectively engage the public in transportation planning. “We brought in outside experts to conduct the trainings, but we worked closely with them to develop learning objectives and ensure the presentations addressed our local circumstances,” says Baer. In addition to the trainings, the Transportation Agency published three traffic calming articles in their newsletter and established a *West County Walks* page on their website to post relevant articles about walking and bicycling.

CCHS couldn't have done this alone, says Baer. “Partnering with the Transportation Agency gave the trainings credibility among the region's cities and community design professionals.” It also helped that CCHS had already built a larger presence for themselves and educated key groups within the Transportation Agency. For example, several months prior to receiving the grant, Baer began attending meetings of the Transportation Agency's Technical Advisory Committee (TAC). The TAC consists of planners and engineers from all West Contra Costa cities and serves as a key advisory group to the Transportation Agency. “Having a public health representative at TAC meetings was new, so I slowly started the getting-to-know-you process,” recalls Baer. “I would chime in when the time was right, briefly mentioning public health concerns. I'd ask about the impact on pedestrians and could they consider this or that and I shared information about other activities. It wasn't a big presentation, just becoming an everyday part of their process.” By the time the Street WISE grant was secured, Baer had established enough rapport with the TAC that

* Supported by the sale of “Kids' Plates” license plates, the California Kids' Plates Grant Program (www.kidsplates.org) funds unintentional injury prevention efforts across California.



they were willing to work with her on implementing the grant including shaping training topics, and getting the word out to the region's engineers and planners.

Educating Policy Makers

The project's initiative to educate policy makers began with development of a policy paper. "Originally, the paper was intended to address the more narrow topic of built environment factors that promote physical activity and bike and pedestrian safety," says Baer, "but, there were so many important plans getting started in our region, including the city of Richmond's general plan update, that we saw this as an opportunity to address healthy planning in a more comprehensive way. So, the paper expanded to address asthma, healthy eating environments, and health disparities." This expansion also reflected changes in CCHS's own built environment programming. "We realized the paper could be a stepping stone for our future built environment efforts. It evolved as we evolved and ended up being much more comprehensive than originally intended," explains Baer.

After months of work that included internal and external review, CCHS produced *Planning Communities: What Health Has to Do with It*,* which provides a data profile of local health issues, explains the connections between health and the built environment, and outlines potential policy solutions. Baer says the paper has been a powerful local tool and addressed a need

for "something short, well-researched, produced by a local health department, and that looked at community design from a health perspective."

CCHS and their partners also held a forum to educate policy makers. Like the paper, "the forum evolved to address the multiple health links to land use/transportation planning and to introduce the notion of health as an issue in upcoming plans," says Baer. To plan the forum, CCHS and the Transportation Agency reached out to recognized local leaders from planning, policy, and environmental justice.

Held in April 2007, the day-long forum featured Richard Jackson, noted international expert on health and the built environment, and American Institute of Community Planning Fellow Daniel Iacofano. The forum attracted almost one hundred elected and appointed officials and high level city staff from West Contra Costa County, state legislative representatives, and key public and private funders. CCHS also used the forum to unveil their policy paper and to highlight their new role in promoting healthy built environments.

RESULTS

The Street WISE project and the preceding years of work on traffic calming built momentum for greater walkability and bikability in the cities of Richmond and San Pablo. Richmond included pedestrian and bicycle improvements in several redevelopment projects. San Pablo is piloting two traffic circles and installed other traffic calming measures in high-risk neighborhoods

* This and other CCHS tools and products can be found at www.cchealth.org/groups/prevention/

identified by the project. San Pablo also conducted an extensive study on the redesign of their street network. But, Baer notes, “None of this happened overnight. It took almost eight years to actually get the traffic calming improvements installed.”

CCHS gained recognition with the cities and became known as a “go-to” agency for promoting healthy built environments. “Our involvement with the cities keeps growing,” says Baer. “We’re now working with Richmond and San Pablo on a retrofit and streetscape project of a major corridor shared by both cities, including leading assessments of walking/bicycling conditions and identifying traffic calming options.”

Creating a Healthy General Plan for the City of Richmond

THE PROJECT

The Richmond general plan update was CCHS’s golden opportunity to incorporate public health priorities into the city’s overarching land use and policy blueprint. California state law requires local governments to develop a general plan that contains seven elements including land use, circulation, housing, conservation, noise, open-space, and safety. For the most part, general plans don’t address the public’s health. But when Richmond began their general plan update in 2006, they decided to include a health element. Richmond had a history of

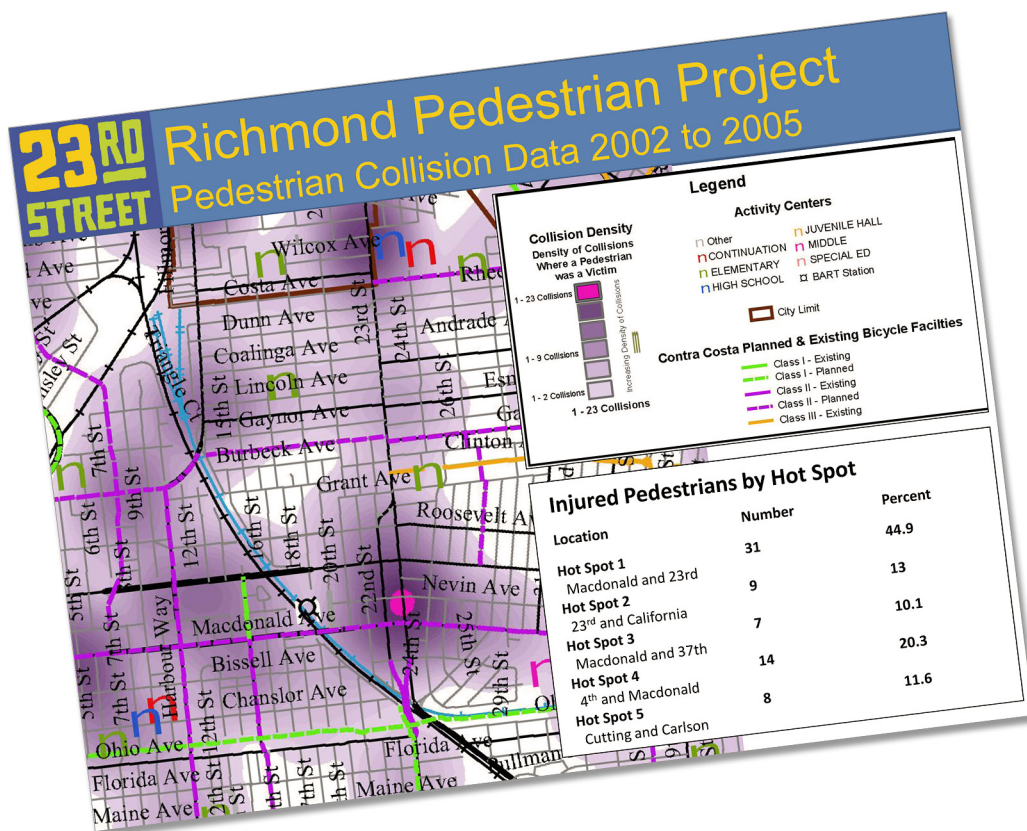
negative health impacts from the built environment, including environmental toxins from local industry (e.g., chemical plants, oil refineries) and some of the highest rates of pedestrian injury, violence, asthma, and obesity in the state. A health element would provide the city with a policy guide for addressing the health impacts of planning. “We needed a bureaucratic process for dealing with the long-standing health and environmental justice debate in our city,” explains Richard Mitchell, city of Richmond planning director. “The general plan update and new health element provided a forum for doing this.”

The California Endowment provided funding for the health element, but the city, their consultant, and CCHS were in uncharted waters. At the time, there were no existing stand-alone health elements and few

comprehensive models for integrating health into general plans. Further, CCHS had few examples of the role they should play as the public health agency. Tracey Rattray, CCHS’s Community Wellness & Prevention program director, recalls how “it was a learning process... we figured it out as we went along.”

The Health Element

To develop the health element, the city and their consultant — the firm of Moore, Iacafano & Goltsman (MIG) — convened a unique Technical Advisory Group (TAG) that included CCHS, other local and state-level public health and community development experts, community stakeholders, and city staff. CCHS pulled in



These efforts also triggered internal changes in the county. The County Board of Supervisors issued a *Board Order* directing the community development, public works, and health services departments to work together to provide the board with recommendations on the county’s approach to health, land use, and transportation planning. This effort evolved into the Planning Integration Team for Community Health (PITCH) — a permanent interdepartmental committee working to ensure that health concerns are integrated into the county’s planning and policy for land use and transportation.



Collaborate with the County Health Department, the Bay Area Air Quality Management District, and state agencies to establish baseline exposures and to the extent feasible, document health effects associated with monitored baseline exposures. Include provisions to hold businesses and operations financially accountable for their impacts on the environment or community due to air pollution exceeding legal thresholds.

IMPLEMENTING ACTION HW9.A
HEALTH AND WELLNESS ELEMENT,
CITY OF RICHMOND DRAFT GENERAL PLAN

several staff to work on the health element, including the public health director Wendel Brunner, Community Wellness & Prevention Program manager Tracey Rattray, Injury Prevention and Physical Activity Program manager Nancy Baer, and Asthma Program manager Cedrita Claiborne. In addition, CCHS served as a bridge between the TAG and local health coalitions, working with these groups to integrate their data and health priorities into the general plan.

Defining Existing Conditions and Healthy Community Indicators

The TAG'S first task was to develop the health element's existing conditions section, which describes the health status of city residents and provides a baseline on current conditions. Drawing from existing data sources, CCHS provided data from their hospital reports, including statistics on the prevalence of heart disease, cancer, obesity, and asthma. They also provided data from other specialized CCHS reports on pedestrian injuries, diesel truck emissions and asthma, and the availability of healthy foods.

The TAG's next step, and real challenge, was developing built environment indicators related to health. "We had to define, in measurable terms, the physical and spatial configuration of a healthy built environment," says Baer, and "MIG wanted the health element done in the same tradition as other elements, where the research and fact base are well established." By doing so, the city and residents would have a potent health element with mechanisms for accountability and measuring progress. Rajiv Bhatia, environmental health director of the San Francisco Health Department and member of the

TAG, offered up his *Healthy Development Measurement Tool*⁴ (HDMT) as a starting point. "The HDMT's health indicators provided a great basis for us," says Baer, "but it still took many, many conference calls, meetings, and revisions to clarify issues and adapt the indicators for local use."

Crafting Public Health Goals and Policies

Developing the health element's goals and policies proved no less challenging. One issue, in particular, illustrates how the TAG wrestled with the challenges, and how CCHS brought their expertise to bear. During the general plan process, Chevron applied for a permit from the city to expand their Richmond oil refinery facility. According to Mitchell, the city's existing general plan "lacked a strong policy basis or mechanism for considering or mitigating the multiple public health impacts of existing plant operations in Richmond, let alone an expansion."

Seizing the opportunity to craft effective policy, Mitchell told the TAG, "If there's anything you can help us add, this is our moment to put language into the health element that would guide the city in these situations." He asked CCHS for information on how other jurisdictions were mitigating refinery expansions and how to build this into the health element. "So much of what we were dealing with was new and uncharted. CCHS brought in research and information on health issues that informed the process. They were able to draw inferences and parallels between what was happening here and what was happening in other places," notes Mitchell. Public Health Director Brunner, upon Mitchell's request, wrote a letter to the Richmond City Council outlining the health

implications of Chevron's expansion and proposing language in the health element that would provide a legal basis for requiring greater public health mitigations. "The council and city manager were open to strongly worded language coming from the health department. It was another example of how a local health department can provide a health framing that lends credibility the planners don't have," said Brunner.

Rattray recalls the TAG's excitement at being able to address long-standing health and environmental justice issues in Richmond. "It was an opportunity to grapple with the issue and mitigate the effects of the Chevron expansion ... it re-framed the whole conversation from 'Chevron and expansion' to 'industry and the health of children,'" says Rattray. CCHS also presented testimony at subsequent public hearings on the expansion.

After nearly a year of work, the TAG produced a draft health element that emphasizes health disparities and social inequities, and comprehensively addresses public and mental health factors including: physical activity, nutrition, bicycle and pedestrian safety, hazardous materials and contamination, air and water quality, housing quality, preventive medical care, homelessness, and violent crime.

The health element is going to be our shining star... a real tool for dealing with the long-standing issues of health and industry in the City of Richmond. Contra Costa County Health Services has to get the gold star on this one... they've been a driving force behind it.

RICHARD MITCHELL
PLANNING DIRECTOR, CITY OF RICHMOND

The Circulation Element

CCHS targeted the circulation element as another place to integrate health and safety into Richmond's general plan. Prior to the plan's update, at a meeting to kick-off a joint pedestrian safety project with the city, Baer pitched an idea: "We can have a longer-lasting impact on walkability in Richmond by constructing streets differently. We raised the idea of addressing pedestrian issues and walkability in the general plan update." Mitchell and the city manager were both in-attendance, and their interest was sparked. Mitchell recalls how it took CCHS's initiative to raise the bar and get the city's attention. "On a daily

basis, we're working down in the trenches and aren't always looking around to see who or what else is out there. Unless someone comes to us and says, hey, here's an opportunity, then we're not likely to see the chance to work with new partners." The following year, CCHS secured funding to build goals and policies in support of safe, active transportation into Richmond's general plan circulation element.

RESULTS

The Richmond City Council approved the *Community Health and Wellness Element** as an official chapter of the city's draft general plan. However, there have been delays in the council's review and decision on the full general plan update.

At the time of this case study publication, the City Council is expected to vote on the plan in summer 2010.

On reflection, Brunner cautions, "Doing the health element was the easiest part. Implementing it and having an impact on the ground is at least five years down the road." But he notes that the process laid the groundwork for implementation: "We've built strong working relationships with several city departments — engineering, planning, redevelopment, and parks & landscaping — in addition to the city manager's office. The city is beginning to think more naturally of the health department as a planning partner." For his part, Mitchell envisions a much expanded partnership between CCHS and the Planning Department. "I want to bring their expertise into several planning processes, including development review and advising on complex permitting and policy decisions," says Mitchell. He also proposed having a CCHS staff member out-stationed to the city a few hours a week to serve as a liaison, educate his department, and assist with implementing the health element.

* Tools and more information on Richmond's *Community Health and Wellness Element* can be found at www.healthycommunitiesbydesign.org and www.cityofrichmondgeneralplan.org

CITY OF RICHMOND AND MIG, INC.



navigating new territory

For most local health departments, working on the built environment brings three typical challenges: navigating the politics, establishing a legitimate role for the agency in land use and transportation planning, and building relationships with non-traditional partners.⁵ The following provides a glimpse of how CCHS is managing these challenges.

The Politics and Establishing Public Health as a Player

CCHS was one of the first local health departments in California and nationally to target land use and transportation planning as a prevention strategy for injuries and chronic disease. They were able to do this and have made progress, in part, because they didn't perceive the political nature of planning as an insurmountable barrier, nor have they been uncertain about the role of the public health agency in planning. Two intrinsic factors made these nonissues for CCHS: 1) the agency is experienced at addressing policy and controversial land use issues with local elected bodies and 2) they have an organizational culture that permits trying new approaches.

Framework for Policy. For over twenty years, "we've promoted policy level solutions for public health problems — from tobacco laws to environmental justice to affordable housing for the homeless," says Brunner. "Our use of the *Spectrum of Prevention*⁶ as a framework is crucial to our ability to do this work. We developed and have internalized this framework, and so expect that we will work at the policy level. As a result, we've built the know-how and the expectation among local elected officials that public health will weigh-in on the health impacts of land use and development," explains Brunner. Backed by the agency's history and values, CCHS program staff had confidence and a sense of legitimacy when forging new relationships with local governments and pushing for healthy built environment policies and practices.

We're the health department — if planning affects health then we should be at the table. We don't look to specific state policy or laws to define our work. We develop public health strategies we think will work and build relationships to help accomplish them.

WENDEL BRUNNER,
PUBLIC HEALTH DIRECTOR, CONTRA COSTA
HEALTH SERVICES

Open to New Approaches. Program staff also had support from the highest levels in the agency in trying promising, but untested strategies. "We've identified chronic diseases as a key health issue of the twenty-first century. These are difficult issues to address. We know that traditional approaches aren't enough so we're going to have to try things that, in the past, we never would have considered trying," says Brunner.



Building New Relationships

CCHS didn't have to elbow their way to the table. To the contrary, "it's been easier than expected to collaborate with cities. Our roles are complimentary, so it has minimized turf issues and questioning of our agency's role," notes Rattray. CCHS was already a known entity with many local cities, and, as the official public health agency to the county's nineteen cities, they have a sanctioned link to these municipalities. Even so, says Brunner, "We had to work to build new relationships with local and regional planning and transportation entities. Over the years, we've gone to our cities with ordinances related to tobacco and HIV and, more recently, emergency planning. We knew each other and they were used to us coming to them on health issues." However, Baer notes, "We hadn't yet worked with many city planning departments. We didn't yet have a profile of being interested and having the capacity to address issues of health and community design." To foster these new partnerships, CCHS used several strategies.

Establish a Presence. CCHS devoted considerable time and effort to become a recognized and trusted entity with new planning and transportation partners. Rattray, Baer and other staff attended meetings, served on committees, and became consistent and familiar faces. Since 2001, Baer has been a member of the Bay Area regional planning agency's Pedestrian Committee. She also serves on the Technical Advisory Committee (TAC) to the West Contra Costa Transportation Advisory Committee. "Nancy [Baer] has done a lot of the tireless, down-in-the-trenches, low visibility work of building relationships and a reputation of the health department as an expert in healthy planning and transportation. This is the behind-the-scenes work that's helped us build a greater presence," says Brunner.

Explain the Relationship. Baer says that even though planning and other city departments were interested in working with public health, "their interest didn't necessarily translate into immediate action. Sometimes it took sitting down to spell out the actual mechanics of how the two agencies and staff could communicate and work together, including what CCHS could provide." Mitchell adds, "I wasn't sure what a partnership with the public health agency would look like. The health agency had to explain to me how we could partner — and how the partnership would function."



Offer Something Meaningful. CCHS brought relevant and mutually beneficial information, data, and assistance to their new partners and to the process. "You get a place at the table when you come with something to offer. You have to be useful to the work," says Brunner. CCHS also helped cities write and secure grants to install bike/pedestrian improvements and to conduct community-based planning. When administering the grant presents a barrier to partner cities, "we've served as the fiscal entity and contracted out to the city for implementation of specific functions," says Baer.

building organizational capacity

Staffing

Ironically, a budget crisis in 2004 helped CCHS build their capacity for built environment work. Severe budget cuts necessitated downsizing the agency's injury prevention and traffic safety efforts. At the same time, the obesity epidemic was making daily headlines and CCHS wanted to expand into broader land use planning and policy issues. As the CWPP director, Rattray merged two categorical funding streams — injury prevention and physical activity promotion — to create the Injury Prevention and Physical Activity Program with a focus on healthy built environments, and retooled Baer's position with a new set of job duties. At the time, Rattray says, "I didn't see this as a high level political strategy. It was an efficient way to combine programs that had overlapping strategies and limited funding. But, it ended up being a significant redirection for the department."



Building Staff Capacity

“We took advantage of every single training opportunity offered in California,” says Rattray. “We attended all of workshops put on by the CDPH LPHBE Network and Safe & Healthy Communities Consulting — that gave us our introduction and got us looking for opportunities to work with our cities on integrating health,” adds Baer. They also attended the New Partners for Smart Growth Conference for the past six years. Early on, to educate and build support within their agency, CCHS brought in a speaker to present to agency managers. Two years later, they held a similar training agencywide. The learning curve, says Rattray, “has been steep. I had to hear things three or more times to get it and be able to articulate the issues.” Baer stresses, “It takes time and commitment to build staff expertise.

We started working on these issues as early as 2001. It’s taken me seven years to develop this body of knowledge — it’s incremental — and I’m still learning.”

CCHS also actively fosters cross-programmatic coordination among staff working on the built environment. For example, “a health educator from our Physical Activity & Injury Prevention Program brings her knowledge of pedestrian issues and participates in one of our asthma project workgroups, and our Asthma Program manager collaborates with the Tobacco Program to ensure new military housing in

the area has a high percentage of non-smoking units,” says Rattray. To encourage even greater coordination,” continues Rattray, “we recently co-located key staff working on built environment issues, but from different programs, into the same office suite.”

next steps

Over the next few years “we plan to play an even greater role in advancing healthy community design in Contra Costa County,” says Brunner. With the city of Richmond, CCHS will help implement general plan goals and policies related to health, including assisting with development of a pedestrian master plan, staffing the city’s new Bicycle and Pedestrian Committee, and serving on the Technical Advisory Committee for improvements in one of Richmond’s redevelopment areas. With the port of Richmond, CCHS will work to reduce diesel emissions that contribute to asthma. Recently, the city of Richmond was selected as one of fourteen communities in the state to be funded by The California

Today, CCHS has integrated built environment work into the duties of several additional staff members, creating a solid base of capacity across multiple programs including nearly three full-time staff (two managers and one health educator) in the Asthma Program and the Injury Prevention and Physical Activity Program, 0.25 FTE in the Nutrition and Food Systems Program, 0.5 FTE for the Community Wellness and Prevention Director, and almost 10 percent of the Public Health Director’s time.

Our approach is to use multiple programs — injury prevention, nutrition, physical activity, and asthma — to address built environment issues. The same built environment interventions can impact all of these public health programs.

TRACEY RATTRAY, DIRECTOR
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Funding

CCHS receives only about 10 percent of their funding for built environment work from county general funds. To close the gap they’ve creatively integrated this issue into several existing categorical programs. Additionally, they target multiple outside funding sources and are increasingly bringing in larger grants to support built environment work. Since 2001, these grants have included:

- A Safe Communities grant from CPDH’s Safe and Active Communities Branch
- Three separate CDPH LPHBE Network grants including funds for their policy paper
- Three grants from the California Kids’ Plates Program
- Two California Endowment grants: one for implementation of the Richmond health element, and one for policy and environmental approaches to asthma prevention
- Two California Department of Transportation grants: one for Safe Routes to School and one for work on Richmond’s Pedestrian Master Plan
- Support from the San Francisco Foundation to work on cumulative air quality impacts

Endowment's ten-year Building Healthy Communities Initiative. "We plan to work with others in Richmond to identify how we can build on existing efforts to achieve the initiative's built environment goals," says Baer. CCHS will also increase their work with other cities and areas of the county. "We'll continue to work with San Pablo on updating their circulation element. Also, with our new Safe Routes to School grant, we're partnering with the Transportation Agency to address walkability for school kids throughout West Contra Costa County," reports Baer.

Despite this momentum, CCHS is adjusting their expectations given the current economic crisis. Health programs continue to be vulnerable, and many of their local planning and public works departments are experiencing drastic cuts. "We don't really know what the next few years will bring or how fast we're going to be able to move on our work with cities and with [PITCH] our interdepartmental working group," says Baer. Nevertheless, she adds, "CCHS has made a commitment to improving health through land use and transportation planning. We've built a strong base of staff capacity and strong external partnerships. We expect to maintain this through these tough times."





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THE CASE STUDY PROJECT

The *Creating Healthy Built Environments: Case Studies of Local Health Departments in California* series is intended to assist local public health agencies in California and other states with developing strategies and overcoming common barriers to policy and built environment work. It is also meant to inform the growing number of private foundations and government agencies that provide public health departments with funding and support to promote healthy community design. Copies of the case studies are available for download at www.safehealthycommunities.com and www.caphysicalactivity.org/lphbe. The California Center for Physical Activity website also includes information on the CDPH LPHBE Network and resources.

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