

Creating Healthy Built Environments:

Case Studies of Local Health Departments in California

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH



ATWATER VILLAGE NEWBIE

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.

One of our core responsibilities is to shape policies and raise awareness of the long-term impact of the built environment on health.

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at a glance

Here's what you'll learn about Los Angeles County Department of Public Health (LACDPH) and their healthy built environment efforts:

- Created an action plan to guide the agency's approach to the built environment
- Established a new unit dedicated to promoting policies for active living environments
- Launched an over \$2 million initiative that gave grants to city/community partnerships to promote policy and environmental change
- Worked with the city of South Gate to develop a general plan health element
- Reassigned public health nursing positions to focus on building connections with cities and promoting healthy built environments

getting started

Promoting safe and healthy environments is not new to LACDPH. Over the years, the agency has worked to create settings for children and families that are free from firearms, alcohol, and second-hand smoke.¹ But in 2005, amid mounting evidence that place plays a role in obesity and chronic disease, and with a growing call from local advocates to make Los Angeles more livable, LACDPH took action. Director and health officer Jonathan Fielding formed a Physical Environment Work Group within the agency to craft a plan for LACDPH's approach to health and the built environment, specifically the promotion of healthy land use and transportation planning.

The Physical Environment Work Group was composed of thirty LACDPH staff from thirteen programs and eight SPAs. "It was important to include multiple programs given that the built environment affects many health issues," says Paul Simon, chair of the work group. In coming up with our priorities, continues Simon, "we considered many issues including, the breadth of potential health impacts, the degree to which we were already working in the area and could add value, which activities were legally mandated, how well prepared we were to work in an area, and the likelihood of success given resources and external stakeholder support. We came up with thirty-six action items that have guided the agency's built environment efforts."

One of the first "to dos" was taken up by Eloisa Gonzalez, director of the LACDPH Physical Activity and Cardiovascular Health Program. Under specific instructions from Fielding to identify strategies to "make Los Angeles County walkable," Gonzalez set forth to learn all she could about walkable communities and healthy built environments. After attending a CDPH LPHBE Network training conducted by Safe & Healthy Communities Consulting, Gonzalez says she quickly realized that she needed to educate and get buy-in from her cities. "In public health, we're the conveners, so we applied for a CDPH LPHBE Network seed grant designed to help counties engage in built environment work. We used it to bring our cities and the public health agency together for the first countywide conference on health and the built environment." And she planned big — after all Gonzalez was charged with trying to make all of Los Angeles County walkable.

The conference was held in May 2006 in partnership with UCLA and the Metropolitan Transportation Agency (MTA) — the region's transit agency, amongst others. Over 150 people attended including representatives from seventeen cities, LACDPH, community-based organizations, and elected officials. "Before the conference, we held a separate health/built environment 101 training just for our SPA and program staff. We wanted to build their capacity and introduce them to these concepts so they could handle follow-up calls from their cities and begin making connections with the planners," says Gonzalez. And it worked. The training and

the place and agency

Los Angeles County's 4,084 square miles are home to over 9.8 million residents who reside in the eighty-eight cities and the unincorporated areas of the county. Known for its sprawling development pattern, the county has experienced less population growth since 2000 than its neighboring southern California counties.² Still, in absolute numbers, Los Angeles County grew by over 650,000 residents, the largest increase in the state.

With over 224 languages spoken, Los Angeles County has the largest Hispanic, Asian, and American Indian/Alaskan Native populations of any county in the United States. Rates of home ownership are lower and rates of poverty are higher in Los Angeles compared to the state as a whole.³ With older urban neighborhoods and newer suburban communities, the county has great disparities in access to healthy community environments. Communities such as South Los Angeles, in the city of Los Angeles, are saturated with fast food outlets and liquor stores yet have few grocery stores, parks, or farmers markets.⁴

With more than 4,000 employees, the Los Angeles County Department of Public Health (LACDPH) oversees environmental health, disease control, and community and family health. To address the sheer size and diversity of the county, LACDPH has a decentralized structure with local planning and coordination managed by eight service planning areas called SPAs. LACDPH's work on the built environment is carried out largely by three overarching agency programs, all housed in the Division of Chronic Disease and Injury Prevention: the Policies for Livable Active Communities and Environments Program (PLACE); the Physical Activity and Cardiovascular Health Program; and the Senior Health Program. In addition, the Injury and Violence Prevention Program provides data support, including GIS mapping of collisions and injuries. At the local level, SPA field staff lead and implement built environment efforts in collaboration with the multiple cities and communities in their service areas.

conference, "spurred tremendous interest among our staff. It built a vocal group of SPAs clamoring for training on the built environment which allowed us to move this forward within the agency," notes Gonzalez. Of the cities, she adds, "we only got seventeen of our eighty-eight cities, but it created a buzz and helped us identify those cities that were really interested." In addition, several cities subsequently requested official participation from LACDPH in local planning processes.

In 2006, LACDPH took another strategic step towards a policy and built environment approach when they established the Policies for Livable, Active Communities and Environments Program (PLACE) within the Chronic Disease and Injury Prevention Division. Originally conceptualized as a policy unit, the focus of PLACE shifted to the land use and transportation policies and practices of Los Angeles County's local and regional governments. "Focusing the new unit's efforts on built environment policy was a natural outgrowth of our increasing understanding and concern over the physical environment's impact on the health of our residents. It fit with the direction we were starting to take and it complemented the built environment efforts already underway by other programs in the division," says Jean Armbruster, director of PLACE.

We need to focus on the areas of greatest leverage — to have demonstration projects that create a ripple effect among our cities and provide the tools and technical assistance to help them move forward.

JONATHAN FIELDING, DIRECTOR & HEALTH OFFICER,
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two highlighted projects

The PLACE Grant Project

THE PROJECT

Given LACDPH's prior success with tobacco grant programs, the Los Angeles County Board of Supervisors allocated internal funds to apply the same strategy to chronic disease — giving grants to communities to promote policy change. In 2007, using these funds, LACDPH launched the PLACE grant project — an over \$2 million initiative that offered multi-year grants to city/community partnerships to increase physical activity by advancing city policies and implementing changes to the built environment.

Unlike the earlier tobacco funding, the new PLACE grant project had a twist. "We were proposing giving grants, on a competitive basis, directly to cities to do policy



work and make changes in their built environments, and this raised questions of how the county would go about doing such a grant program,” says Paul Simon, director of the Division of Chronic Disease and Injury Prevention. “It was a test case. The Request for Initiatives (RFI) we developed was so atypical from what we usually do – involving cities as grant recipients – that it was critically important to get it right. We spent lots of time with our contracts and grants staff, and with county counsel. It helped that we brought in members of Robert Wood Johnson’s Active Living by Design Program — outside experts and grantmakers — to advise us.”

To propagate the ripple effect desired by Fielding, the grant program needed to engage cities that were ready and committed to healthy community design. So, PLACE required cities be the lead applicant or a principal partner in the proposed project. “This would help ensure their success,” says Armbruster, “but it also meant that we — the public health agency — would be positioned in a supportive rather than an adversarial role with the cities.”

“Community organizations had to be at the table too,” says Armbruster. “We wanted to make sure projects were in line with what communities wanted — that any policies or infrastructure projects implemented (as a result of the grants) are supported by and will be used

by residents.” To foster these partnerships, LACDPH announced the upcoming RFI at a second countywide conference on health and the built environment, in May 2007. With over 200 city planners, community-based organizations, and LACDPH staff in-attendance, Armbruster, Gonzalez, and other conference planners structured the event to provide opportunities for networking and brainstorming on collaborative projects.

Of the twenty-two proposals received, PLACE selected five grantees from across the county to each receive approximately \$100,000 per year for three years to pursue policy change plus \$20,000 as seed money for a related “bricks and mortar” project. The selection process included proposal review by internal and external experts, including staff from the county planning department and Robert Wood Johnson’s Active Living by Design Program, as well as site visits to high-scoring applicants. The five PLACE grantees are: the cities of El Monte, Culver City, and Long Beach; and the non-profit organizations Pacoima Beautiful and the Los Angeles County Bicycle Coalition.*

* Additional information on PLACE grantees and other PLACE tools and activities can be found at <http://www.publichealth.lacounty.gov/place>



PLACE grants began July 2008 and include:

- Developing and implementing a bicycle and pedestrian master plan
- Developing a health element for a city's general plan
- Creating a greenway vision plan for a tributary of the Los Angeles River
- Creating a bike and pedestrian friendly route that connects to a light rail line under development
- Creating a circuit walking loop with signage to local destinations
- Developing bicycle boulevards that prioritize biking over cars

To ensure success of the grantees, the PLACE grant project includes a technical assistance component. PLACE contracts with Ryan Snyder Associates, a local transportation planning firm, to provide direct assistance to grantees, and to subcontract with other experts for technical assistance to grantees as needed. "It's been incredibly effective having a pot of money to provide technical assistance that is responsive and tailored to what grantees need," says Armbruster.

Initially, most requests for technical assistance centered on training and skill-building in areas such as bike and pedestrian design and community engagement. Now PLACE grantees are using the technical assistance

service to bring in experts for specific tasks. Culver City, for example, used technical assistance funds to have a traffic engineer analyze several intersections and assess the feasibility of installing roundabouts. In addition, PLACE convenes grantees quarterly for Learning Network meetings. "We make it as interactive as possible, so participants can learn from and inspire each other. At some of the meetings, we'll focus on a particular issue or topic and have a panel of grantee coordinators make the presentations," says Armbruster.

RESULTS

The first task of PLACE grantees was developing very specific action plans with goals and objectives, including identifying what support they needed, and how they were going to get internal and external stakeholders to buy-in to their plans. "They've had some great successes," reports Armbruster. The city of El Monte got 150 people to a community meeting to give input on their general plan health element. Over ninety residents participated in the city of Glendale's history walk, and Long Beach drew over 2,000 participants to a two-day bicycle grand prix festival and race. "We've learned that community events are a great way to get people engaged and excited about walking and riding in their communities," says Armbruster.

While it's too soon to see policy change, some grantees are having early results. After extensive community engagement, Pacoima Beautiful developed the Pacoima Wash Vision Plan and convinced the city of Los Angeles to include language about the (river) wash in the community plan update for the area, including resident's vision for a multi-use path, way finding and interpretive elements, and habitat restoration areas.

Unintended policy and organizational changes are also occurring. Under the PLACE grant, the city of Glendale houses the grantee coordinator for the Los Angeles Bike Coalition in their offices. "Just having him there, with his expertise in bike planning, is infusing the city with more knowledge and attention on biking issues," says Armbruster. As an upshot, the city council mandated that all new plans for development and street improvements had to be routed to the grantee coordinator for his input on how to include bicycle and pedestrian-friendly features in the street design of proposed projects. "Glendale's staff were already on-board with these concepts," says Armbruster, "but this has been like a shot-in-the-arm for the city — it's kicked things into higher gear."

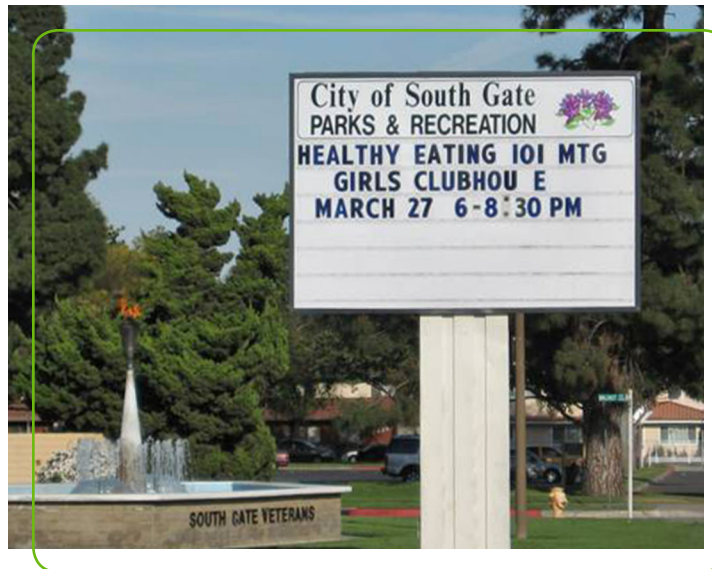
And there have been environmental changes too. The city of El Monte completed its physical project: a walking loop with wayfinding signage and a kiosk, etched sidewalks, and new trees.

CHALLENGES

Being the funder raised some unexpected issues for PLACE. The program's staff wear two hats: they participate in and support the grantees, but they are also responsible for ensuring progress is being made toward grant outcomes. "The fact is, we're the grant managers," explains Armbruster. "We're the ones that monitor their contracts and oversee their action plans. We're trying to build relationships with the cities, but this role makes it a bit more complicated." Conversely, she adds, the funder role "gives us some leverage to move things along."



COLIN BOGART



City of South Gate's Health Element

THE PROJECT

LACDPH's 2006 training for program and SPA staff "sparked a paradigm shift within Service Planning Area 7," says Christine Gibson, former community liaison public health nurse with SPA 7. "There was no official top-down directive from the agency," continues Gibson, "but our managers came back saying, 'Let's look around and see what we can do.'" They directed Gibson to develop a training on the built environment for the public health nurses and supervisors within SPA 7, and to explore what was happening with general plan updates among the twenty-two cities and five unincorporated areas within SPA 7.

Gibson didn't have to search for long. She quickly learned that the city of South Gate — located southeast of downtown Los Angeles and within SPA 7's service area — had started updating their general plan. With over 102,000 residents in 7.5 square miles, South Gate has a young and majority Latino population (94 percent),⁵ high levels of poverty, and some of the highest rates of obesity and diabetes in the county.⁶ The city was also still recovering from a political and organizational crisis in the early 2000s that contributed to unseating most of the city council and vast cut-backs in city staffing, including the planning department. Looking to start fresh, the new city council "saw the general plan update as an opportunity to connect in a positive way with residents and to shape a new and forward-looking vision for the city," says Matt Raimi, principal of Raimi + Associates and member of the city's general plan consulting team.

SPA 7 jumped into the process by making a phone call. After attending a general plan community forum, Gibson asked the team of consultants for a teleconference. She remembers feeling uncomfortable about making

the call. "It wasn't that the call was politically awkward," says Gibson, "SPA 7 has a history of taking initiative and trying new approaches. But we'd never dealt with cities or planners. I didn't know what to expect, and despite a glimmer of why healthy built environments were important, I felt fairly clueless about the specifics of what was needed." The purpose of her call, in fact, was to let the consultants know SPA 7 was interested in promoting healthy built environments, to learn about the general plan process, and to explore the role SPA 7 could play to foster inclusion of health in the general plan.

Gibson found an open door with the city's general plan consulting team. In fact, Raimi + Associates is nationally recognized for its work on healthy general plans, and the Transportation and Land Use Collaborative (TLUC) had worked on issues of equity in urban planning in the region. "We'd already talked with and convinced the city to weave health-related policies into several of the general plan's elements — it was already a priority," says Raimi. "But once the health department got involved, it gave added momentum and credibility for addressing health more comprehensively in South Gate by creating a stand-alone health element," adds Raimi.

Yet, two issues initially stalled the effort: funding for developing a health element, and the city's concern that the health department would dictate policy to the city. To solve the first issue, TLUC took the lead, and with help from Gibson and Raimi + Associates, secured a \$75,000 grant from Kaiser Permanente to develop the general plan health element. The funding went to the consultants, and with an in-kind match from SPA 7, supported three community workshops and the technical writing of the health element. The second issue, says Raimi, "was really a matter of the city feeling cautious — this was a new type of cross-jurisdictional relationship. TLUC and I talked with city staff and explained how it would be a collaborative effort, yet the city would retain total control over the health element's content." In the end, the city fully supported developing a health element and agreed to having the health department be an integral partner.

Planning and conducting the health element workshops and community outreach was a collaborative effort between SPA 7, the consultants, and outside experts

brought in to lead some of the workshop sessions. TLUC led outreach and coordinated logistics, while Gibson and Raimi focused on shaping the format of the workshops. "We created a workshop experience that wasn't just educational, but was interactive and gave residents a chance to give input," says Gibson. Each workshop drew from 40 to 150 attendees and dealt with a different health topic: introduction to the links between health and community design; planning for healthy eating; and creating walkable/bikeable communities. In addition to the public, many city council and planning commission



members attended the workshops to learn about the issue and participate in the discussions.

Gibson spoke at the first workshop — presenting health data for South Gate and helping residents see the connection between health and their neighborhood environments. "Christine presented this data in a way that made everyone's jaw drop," says Raimi. "She showed a slide with ten stick figures for children, then highlighted five of them saying, 'five of these ten children in South Gate are obese or overweight.' It was a simple way to present data, but with statistics like that, it's all you need. After hearing the data, participants would basically turn to us, the planning team, and say, 'Okay, what do we need to do?' " Of the workshops, Gibson says she was amazed "how invested attendees were in their community and by the practical ideas they offered. I

didn't need to say much. The residents brought up the need to have safe places to walk, to be able to get out of their cars, and to have safe parks."

Incorporating the health agency's data into the actual health element proved a bit more challenging. To develop the existing conditions section, "Raimi sent us a 'wish list' of the health data he wanted," says Gibson. But most of the data available to the SPA was grouped by health district, a much larger unit than an individual city. "The health data was too broad, it didn't allow us to look at variations or disparities across the city," says Raimi. Reworking the health data would take significant effort. Nevertheless, Sylvia Prieto, SPA 7 area health officer, directed her data analyst to work with LACDPH's

hearing about the community's health issues. It was so much more powerful for them to hear this message and to have it come from the health department."

RESULTS

Educating the decision-makers worked. In September 2009, South Gate's planning commission unanimously approved the draft general plan, including the *Healthy Community Element*, and the city council approved the plan two months later (with the exception of the general plan's housing element). In addition, even before the official policy document was adopted, addressing health in the general plan influenced planning practice in South Gate. In one example, draft general plan policies related to drive-thrus were used to steer a proposed gas station with drive-thru fast food away from an area near a school.

Significant internal changes evolved out of SPA 7's work. "Our experience in South Gate was shared throughout the agency — it made us look at our workforce, what was involved with doing this type of work with cities, and how we were going to meet the need," says Gibson. For SPA 7, the effort caused a change in Gibson's job duties to include a greater focus on the built environment and building relationships with cities.

For LACDPH, lessons learned from South Gate, other SPAs, and internal working groups produced a parallel result. In May 2009, the agency reassigned over thirty-five public health nurse positions within the SPAs to function as community liaisons with direct responsibility for building relationships with cities and communities and promoting

healthy communities, including healthy built environments. The details of these new community liaison positions are being worked out, but it reflects a shift in resources and an expanded commitment to work locally on healthy community environments.

CHALLENGES

Because South Gate's planning department had lost most of its staff, SPA 7's work on the general plan was almost solely done in conjunction with the city's consultants. Hence, while SPA 7 played an integral part in developing the city's health element, the effort did not provide an opportunity to build close working relationships with South Gate's staff. In hindsight, Gibson says, "I should have contacted the city first instead of going



data unit to disaggregate the data. After almost three months, and despite technical complications and the loss of their analyst, SPA 7 provided enough data to the consultants to develop a solid existing conditions section for the general plan.

To smooth the way for approval, the consulting team decided to further educate the South Gate Planning Commission on the health/built environment connection. At one of the regular meetings to update the commission on general plan content, Gibson and Raimi co-presented the draft health element. While the meeting covered many general plan topics, the majority of the attention and discussion revolved around the health element. "Most of the Commissioners' questions were to Christine," says Raimi. "They were very interested in

directly to the consultants, even though they were the ones working on the general plan update.” Gibson notes it’s important to “develop contacts within the cities and build a foundation for doing built environment work so that they aren’t seeing me for the first time when I testify at a city council meeting.”

navigating new territory

For most local health departments, working on the built environment brings three challenges: navigating the politics, establishing a legitimate role for the agency in land use and transportation planning, and building relationships with non-traditional partners.⁷ The following provides a glimpse of how LACDPH is managing these challenges.

The Politics and Establishing Public Health as a Player

Leadership. “Leadership is very important,” says Simon. As director and health officer, Fielding built support for allocating funds and establishing a Division of Chronic Disease and Injury Prevention with a strong focus on policy, and a strategic plan addressing the social and physical environment. Fielding also steps in at critical points when his professional clout is needed. He discussed how health could be addressed in the county’s general plan and has met or communicated with other county agency directors smoothing the way for cross-agency collaboration. Gonzalez notes, “These director-to-director meetings were absolutely necessary in the beginning when we needed to make the health department’s involvement ‘official.’”

A Sense of Direction. While not formal or elaborate, recommendations from the Physical Environment Work Group have been used because “there were so many people and programs involved in their development,” says Simon. “Of the thirty-six recommendations, we’ve begun working on twenty-three of them. Public health staff are working on the built environment because it’s interesting and exciting. Staff understand it and we’ve outlined some very defined actions.”

Grounded in Data and Research. “We’ve been injecting ourselves into [planning and transportation] conversations, but making sure we stay science-based,” says Fielding. LACDPH has more research capacity than most local health departments. “It’s one of our strengths as a

health department — and if done well can be very influential,” says Simon. However, LACDPH’s data reports traditionally group data by health district and service planning area, entities that aren’t meaningful to local planners or transportation agencies. To address this, LACDPH’s recent report on obesity speaks to the connection between obesity and community design and provides data broken out by city, unincorporated area, and community planning area within the city of Los Angeles. “We cheered because we now have something relevant we can bring to our cities,” says Christine Gibson of SPA 7. In response to a request from the city of Los Angeles planning director, LACDPH also developed a GIS map depicting obesity rates for each of the city’s community planning areas to be used in conjunction with the obesity report.

Building New Relationships

Be Responsive. Building relationships is tough in large bureaucracies. Gonzalez notes, “It’s hard to get through the mass of each of these cities to even know who to speak to.” Yet, “relationships have moved forward,” adds Armbruster. “We try hard to be as responsive as possible. When the county planners wanted our input on one of their draft plans, Eloisa and I re-prioritized our work to ensure we could get them what they needed in a timely manner. They’ve done the same for us.” Building relationships comes down to, “Can they count on you? Can you count on them?”

Work as Colleagues. Gradually, by helping each other with specific activities, LACDPH is nurturing collaborative relationships with the planning departments of both Los Angeles County and the city of Los Angeles. Not long after LACDPH provided comments on the county’s draft general plan, Armbruster asked members of the County Regional Planning Department to help review PLACE grant proposals and select awardees. In addition, Gonzalez worked with staff from county planning and other departments to create a comprehensive process for reviewing development proposals and working with developers to incorporate healthy design features. Gonzalez says, “The planners value our data and our presence at the table when they’re giving input to developers.” Likewise with the city of Los Angeles: the city’s planning director was keynote speaker at the May 2007 built environment conference. In turn, the city of Los Angeles recently asked LACDPH to provide public health recommendations on a “specific plan” for a low-income neighborhood faced with high obesity rates.

We’d have a much greater impact on the built environment if we infused an understanding of healthy built environments into all of the department’s programmatic efforts. However, that requires a change in practice that must be supported by training.

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building organizational capacity

Staffing

LACDPH started their work on the built environment with a small portion of time from various program directors and with staff from the PLACE Program. Recently, they dramatically increased their built environment capacity when they shifted more than thirty-five full-time public health nurse positions located within the SPAs to serve as community liaisons with direct responsibility for healthy community environments. Now, LACDPH's staff capacity for built environment work includes:

- 1 FTE – Director, PLACE
- 4 FTEs – Policy Analysts and Health Educator, PLACE
- 0.5 FTE – Director, Physical Activity and Cardiovascular Health Program
- 0.1 FTE – Director, Chronic Disease and Injury Prevention Division
- 0.5 FTE – Director, Office of Senior Health
- 0.5 FTE – Chief, Policy and Outreach
- 0.1 FTE – Deputy Director, Community Health Services Division
- Over 35 FTE – Community Liaisons, Community Health Services Division (four to eight in each of eight SPAs)

Funding

The Chronic Disease and Injury Prevention Division's work on the built environment, including PLACE, is funded almost entirely by county internal funds. Outside grants, including \$13,000 in two separate grants from the CDPH LPHBE Network, have provided critical support for specific projects. In addition, since 2005, SPA 3 and SPA 6 have both been Healthy Eating, Active Communities (HEAC)* grantees, with each receiving on average \$126,000 annually.

* HEAC is a multi-year and multi-site initiative funded by The California Endowment to reduce childhood obesity through policy, environmental and systems-level change.



Building Staff Capacity

Among their recommendations, the Physical Environmental Work Group identified staff development and training on health and the built environment as critical to the agency's effectiveness. "Training is really, really important," emphasizes Simon. "Our program and SPA field staff need to feel comfortable reaching out to city leaders and city staff regarding built environment issues." Armbruster adds, "With multiple staff members from across the county interacting with different cities and elected officials, our executive team wanted to make sure we were all 'on message' — that the agency message given to policy makers and the press is accurate and consistent."

To address initial training needs, LACDPH program and SPA staff participated in, and even hosted, several of the CDPH LPHBE Network regional trainings conducted by Safe & Healthy Communities Consulting. SPA and program staff attended numerous state and national workshops and conferences on walkability and Smart Growth. LACDPH also organized special trainings for staff and developed a training video. To meet on-going training needs, LACDPH added a built environment component to their core functions training for all staff, and PLACE holds biannual meetings for program and SPA staff working on the built environment to provide training, share lessons learned, and coordinate work being done across the county.

To create a consistent agency message, and to assist the SPAs, the PLACE Program developed a toolkit that includes: 1) a set of "healthy planning" talking points, 2) a list of criteria by which staff can prioritize built environment efforts in their areas, and 3) the agency's

obesity report with rates provided at the local government level. To ensure agency and political support for their built environment message, the LACDPH executive team vetted the healthy planning talking points and sent them to the County Board of Supervisors for review and approval.

We need to stop and ask, "How far do we go with this?" How much of our collective resources do we put into this — the payoff is very long term. We realize this is going to be years and years, but there is pressure on us to do programs with more immediate returns — like outreach to get people hooked into services.

PAUL SIMON, DIRECTOR,
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next steps

Fielding's vision for LACDPH's built environment efforts includes "getting even more involved in policy — at the city, county, and state level. We need to build our relationship with the Air Quality Management District, be involved in the implementation of California's AB32, and we need to expand our work on local transportation policy." In the immediate future, Armbruster says PLACE will build its knowledge and track record for reviewing and commenting on planning documents and major development projects. At the county level, PLACE will actively participate in projects with special significance, for example, development of a "specific plan" for a major transit corridor created when the lightrail was extended into a low-income unincorporated community of the county. "We're also hoping to work on several of the community plan updates in the city of Los Angeles, and that this will build our relationship and experience working with the city."



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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.

REFERENCES

- 1 Fielding J, Luck, J, and Tye, G. "Reinvigorating Public Health Core Functions: Restructuring Los Angeles County's Public Health System," *J Public Health Management Practice*, 2003;9(1);7-15.
- 2 Southern California Association of Governments. <http://www.scag.ca.gov/census/index.htm>
- 3 U.S. Census Bureau: *State and County QuickFacts*. Los Angeles County, California. <http://quickfacts.census.gov/qfd/states/06/06037.html>
- 4 Community Health Councils, Inc. South Los Angeles, *Health Equity Scorecard*, December 2008.
- 5 Southern California Association of Governments. *Profile of the City of South Gate*, May 2009.
- 6 Los Angeles County Public Health Department, Office of Health Assessment and Epidemiology. *Preventing Childhood Obesity: the Need to Create Healthy Places*, October 2007.
- 7 Zenzola, T. *Land Use Planning and Community Design: The Role of Local Public Health Agencies. A Focus Group Report, 2005*. National Association of County and City Health Officials. www.naccho.org/topics/environmental/landuseplanning/upload/land-use-planning-and-local-public-health-officials.pdf