

# Why Are You Playing in Our Sandbox?

How public health, planners, and communities can work together to create a healthy, livable rural Far North.

Healthy Rural Communities Regional Forum  
September 16, 2010















# Loss of open space

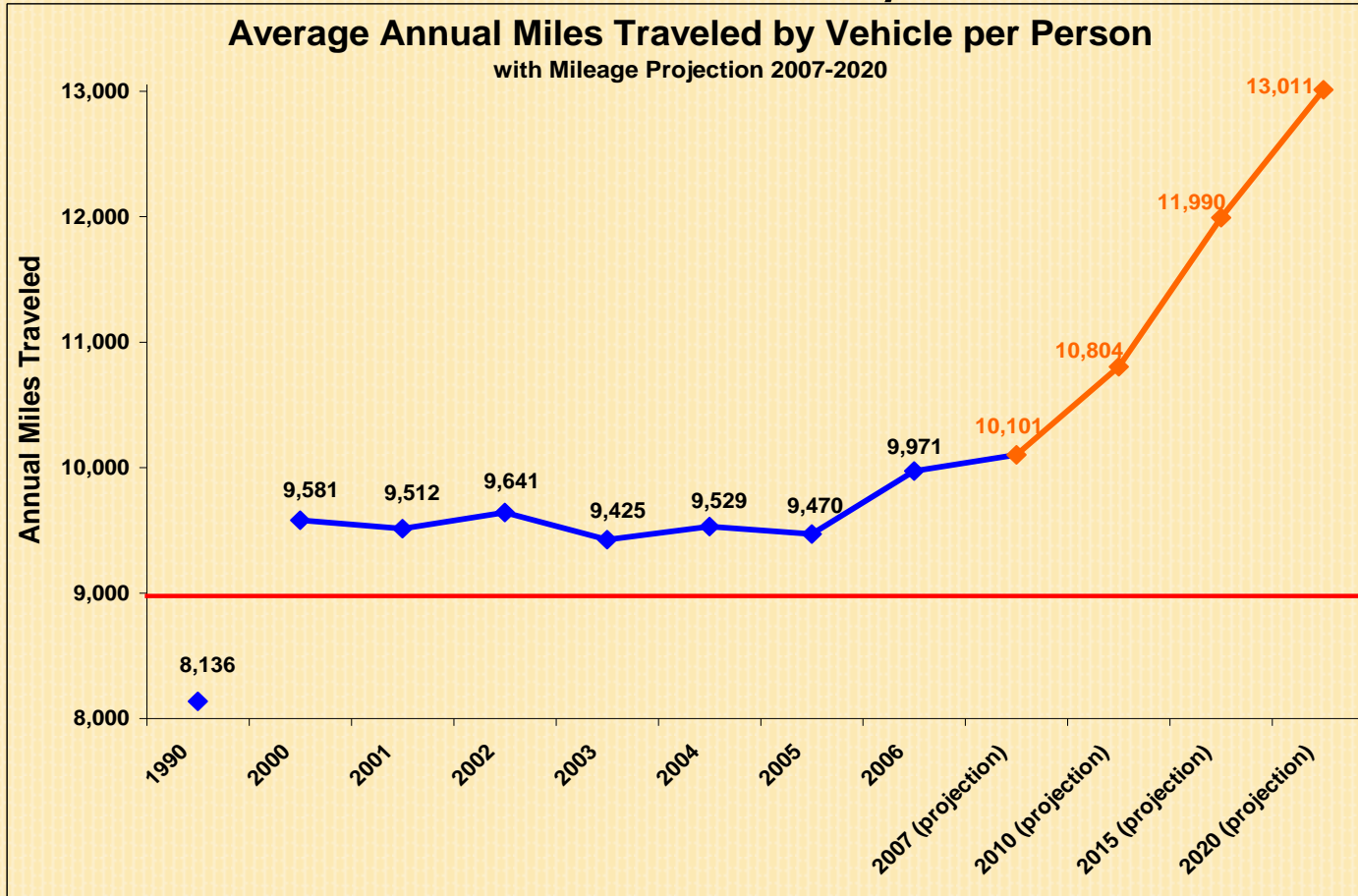


# Loss of rural character and sense of place



# More driving, for everything

## Humboldt County



22% increase  
1990 -2006

27% of  
median  
income for  
low-income  
residents

*From: Humboldt Healthy Communities Challenge, A Call to Action*



Not enough housing or enough of the  
right housing for everyone





# Loss of vibrant town centers



**What about the impact on our health?**

**And, what about the impact on health in rural communities?**



# Cars, Air Pollution and Asthma



- 50% increase in kids with asthma in past two decades
- Kids living near busy roads are 3X more likely to be treated for asthma

# Is street design killing us?

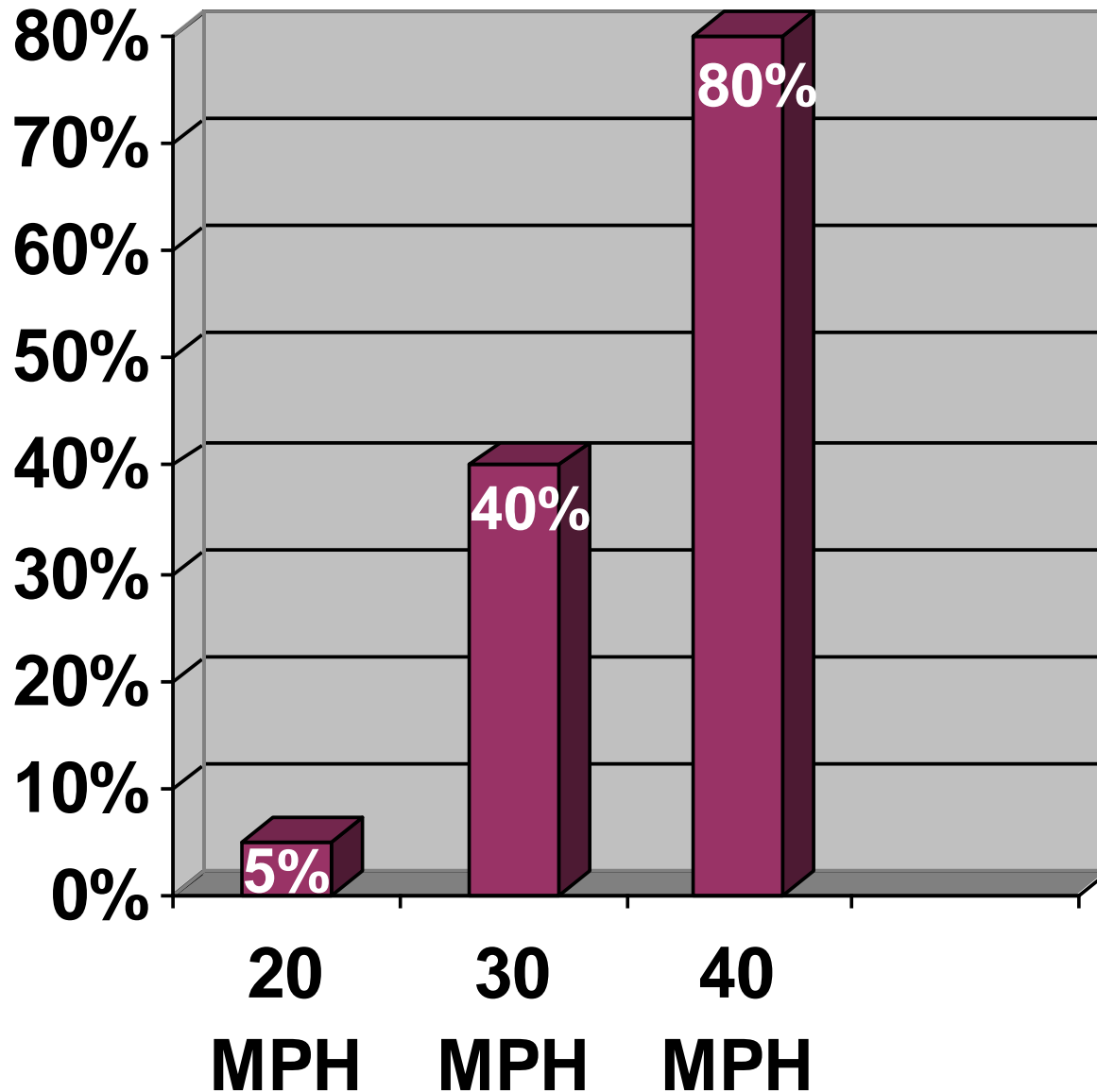
Being hit by a car is a leading cause of injury death for school-age children.

Seniors represent 23% of pedestrian deaths but only 13% of the population.





# **SPEED = #1 Risk Factor**



**■ Percent of Pedestrians Killed at Various Car Speeds**

# The Forgotten Pedestrian

- Traffic flow prioritized over pedestrian safety
- Transportation budgets allocate minimal funds to pedestrian/bike projects
- Engineering practices & traffic laws reflect bias & lack of understanding of pedestrian needs and behavior



If drivers were treated like pedestrians...



# Transportation-Disadvantaged: *The Double-Wammy*

- 8.7% households in Humboldt County are carless (~4500 families)
- High concentrations in isolated and urban areas
- Low-income, youth, seniors, ethnic minorities, and disabled are most impacted
- Minimal public transit in remote areas

Source: Transportation-Disadvantaged Populations Report, Humboldt County, May 2006.  
Natural Resources Services, Redwood Community Action Agency.

# Battery Hen or Free Range Children?

“Children need access to an environment that allows them to play out what is natural to them – physical, dramatic, constructive and spontaneous games. But, in our high-tech society, children go indoors right after school and eat junk food and play video games.”



*Joe Frost*  
*University of Texas*



# Senior Health and Mobility

Walkable & Livable Communities promote:



**Fewer falls**  
**Greater mobility**  
**Maintain social networks**  
**Increase lifespan & QOL**  
**Decrease health care costs**



# Design affects our social support network

- 3x more friends, 2x more acquaintances in walkable neighborhoods
- People with strong social networks:
  - Live longer
  - Have fewer heart attacks and heart disease
  - Are less depressed and use alcohol and drugs less
  - Have fewer teen births
  - Are healthier overall





# First generation of kids not expected to live as long as their parents

The Atlanta Journal-Constitution / Sunday, June 15, 2003

## CDC: Diabetes to afflict 1 in 3 born in 2000

Scientist says kids must eat healthier, exercise more

By JANET McCONNAUGHEY  
Associated Press

**New Orleans** — One in three U.S. children born in 2000 will become diabetic unless many more people start eating less and exercising more, a scientist with the Centers for Disease Control and Prevention warned Saturday.

The odds are worse for African-American and Latino children: Nearly half of them are likely to develop the disease, said Dr. K.M. Venkat Narayan, a diabetes epidemiologist at the CDC.

"I think the fact that the diabetes epidemic has been raging has been well-known to us for several years. But looking at the risk in these terms was very shocking to us," Narayan said.

The 33 percent lifetime risk is about triple the American Diabetes Association's current estimate.

by 2050, to 29 million, an earlier CDC study by Narayan and others found.

"These estimates I am giving you now are probably quite conservative," Narayan said in an interview before the diabetes association's annual scientific meeting here.

Narayan said it would be difficult to say whether undiagnosed cases would rise at the same rate.

If they did, that could push the 2050 figure to 40 million or more.

Doctors had known for some time that Type 2 diabetes — what used to be called adult-onset diabetes because it typically showed up in middle-aged people — is on the rise, and that patients are getting younger.

Nobody else had crunched the numbers to look at current odds of getting the disease, Narayan said.

Overall, he said, 39 percent of the girls who now are healthy 2½- to 3-year-olds and 33 percent of the boys are likely to develop diabetes, he said.

For Latino children, the odds are closer to one in two: 53 percent of the girls and 45 percent of the boys. The numbers are about 49 percent and 40 percent for African-American girls

**Newsweek**  
July 3, 2000 • \$3.50  
www.newsweek.com

**LIES ABOUT SOCIAL SECURITY BY ALLAN SLOAN**

**Fat for Life?**  
**Six Million Kids Are Seriously Overweight.**  
**What Families Can Do.**  
By Geoffrey Cowley & Sharon Begley



# Let them eat cake....





# The Good News!



## Walkable neighborhoods:

- 3x more walking with grid vs. cul-de-sacs
- San Diego study:
  - 70 min more physical activity per week
  - 35% vs. 60% overweight



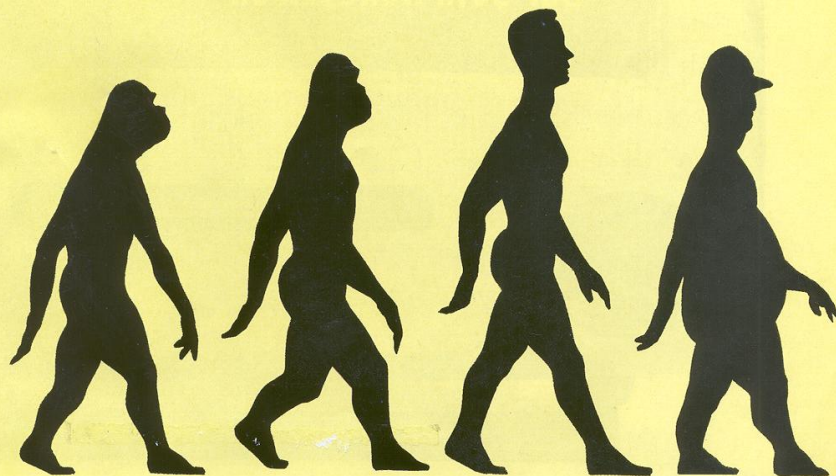
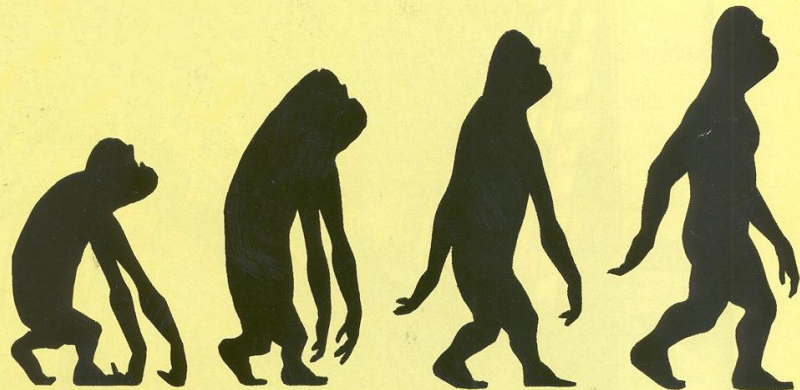
## Access to healthy foods:

- 32% increase in fruit/veggie consumption with each additional supermarket in a census tract.

PRICE \$3.00

MAR. 13, 2000

# THE NEW YORKER



Falconer

## Explaining the Epidemic

- Not genetic or biological changes
- But sweeping societal and environmental changes



# How we build affects our health many times over....



- Physical activity
- Obesity & chronic disease
- Pedestrian injuries/death
- Asthma & respiratory disease
- Crime & violence
- Social capital
- Elder health & mobility
- Water quality & quantity
- Mental health
- Health disparities

# Consider the possibility that.....

- The pattern of growth has upset the balance of human behavior
- The social costs of how we've developed may be far more reaching than traffic congestion

## \* CANINE CONSTITUTIONAL



Ben Russell / Dispatch  
A brisk walk in the park keeps Maree B in shape between dog shows. His owner, Columbus resident Cathy Stumbo, got up early to give her 3-year-old Doberman his regular workout. They typically log 18 miles in Berliners Park.



# Smart Growth: A Public Health Strategy

## *Ten Principles of Smart Growth*

- Create walkable neighborhoods
- Mix land uses
- Compact building design
- Foster distinctive, attractive places with a strong sense of place
- Strengthen and direct development towards existing communities
- Provide a variety of transportation choices
- Preserve open space, farmland and critical environmental areas
- Create a range of housing opportunities & choices
- Encourage community/stakeholder collaboration

# Put “health” back into planning

The challenge facing those with responsibility for assuring the health and quality of life of Americans is clear. We must integrate our concepts of ‘public health issues’ with ‘urban planning issues’. Urban planners, engineers, and architects must begin to see that they have a critical role in public health. Similarly, public health professionals need to appreciate that the built environment influences public health as much as vaccines or water quality.

Jackson & Kochtitzky, 2001

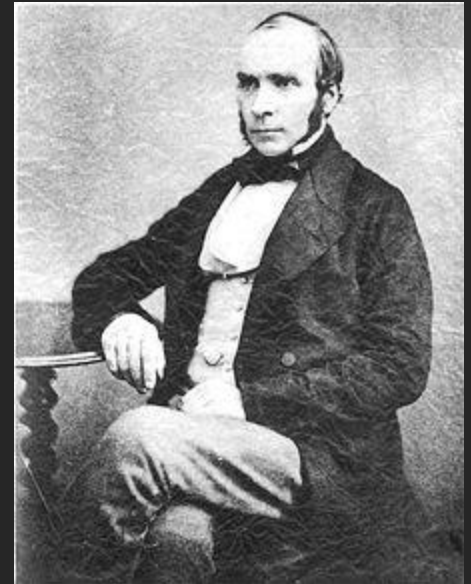


“Local governments have a vested interest in addressing this challenge, given the impacts of obesity on health-care costs, quality of life, and productivity at the local level. Cities, towns, and counties also have real opportunities to promote healthy living. Local governments’ land use and zoning authority, for example, enables them to shape the way communities are designed and built. That in turn gives them an influential role in improving residents’ access to healthy foods and their ability to be physically active.”

*International City/County Management Association (ICMA)*

# History of successful mettling and environmental interventions

- Tobacco
- Car design and manufacturing
- Playground equipment and construction
- Swimming pool barriers
- Development projects
- John Snow's water pump



**John Snow**



# But.....it's different in rural areas!

## Challenges....

- Pressure to develop open space
- Smart Growth perceived as too “urban”
- Residents more closely connected to impact of decisions
- Smaller agencies – less capacity

## Strengths....

- Still have open space
- “Small” is a plus
- Easier to make personal connections
- Rootedness

Finally, some answers.....!

Produced by ICMA,  
Smart Growth  
Network

Funded by the EPA



**Putting  
Smart Growth  
to Work  
in Rural Communities**





# Fitting Smart Growth into a rural context

## Support the Rural Landscape

Create an economic climate that enhances the viability of working lands and conserves natural lands.



From “Putting Smart Growth to Work in Rural Communities”  
ICMA and Smart Growth Network, Funded by EPA

# Fitting Smart Growth into a rural context

## Help Existing Places to Thrive

Take care of assets and investments such as downtowns, Main Streets, existing infrastructure, and places that the community values.



From “Putting Smart Growth to Work in Rural Communities”  
ICMA and Smart Growth Network, Funded by EPA



# Fitting Smart Growth into a rural context

## Create Great New Places

Build vibrant, enduring neighborhoods and communities that people, especially young people, don't want to leave.



Photo: [www.pedbikeimage.org/DanBurden](http://www.pedbikeimage.org/DanBurden)



From “Putting Smart Growth to Work in Rural Communities”  
ICMA and Smart Growth Network, Funded by EPA

# Health benefits of rural Smart Growth

<b>Rural Smart Growth Strategy</b>	<b>Effects</b>	<b>Health Benefits</b>
Support the rural landscape	<ul style="list-style-type: none"><li>• More open space</li><li>• Locally grown food</li><li>• Less dispersed development</li><li>• Decrease VMTs</li></ul>	<ul style="list-style-type: none"><li>• Child psychosocial development</li><li>• Mental health</li><li>• Access to healthy foods, services</li><li>• Air pollution, asthma</li><li>• Health disparities</li></ul>
Help existing places to thrive	<ul style="list-style-type: none"><li>• Improved streets</li><li>• Maintain sense of place</li><li>• Avoids disinvestment in existing neighborhoods</li></ul>	<ul style="list-style-type: none"><li>• Walkability/bikeability – physical activity</li><li>• Chronic diseases, injuries</li><li>• Social networks</li><li>• health/social equity</li></ul>
Create great new places	<ul style="list-style-type: none"><li>• Compact, mixed-use</li><li>• Mixed-income</li><li>• Youth-friendly</li></ul>	<ul style="list-style-type: none"><li>• Walkability/bikeability – physical activity</li><li>• Chronic diseases, injuries,</li><li>• Social networks, equity</li><li>• ATOD use, educational attainment</li></ul>



# How are health agencies overcoming the barriers?

- Developed by Safe & Healthy Communities Consulting
- For the California Center for Physical Activity (Safe and Active Communities Branch), CDPH
- Funded by CDC Prevention Health Services Block Grant
- Thanks to the counties and cities that participated

## Creating Healthy Built Environments:

Case Studies of Local Health Departments in California

SHASTA COUNTY PUBLIC HEALTH DEPARTMENT



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.

*Health problems are not solely caused by individual choices, but by community conditions and norms. Our emphasis for improving health and preventing disease is to develop policies and support community environments that are conducive to healthy behaviors.*

SHASTA COUNTY PUBLIC HEALTH DEPARTMENT STRATEGIC PLAN, 2007



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



Prepared by Safe & Healthy Communities Consulting  
TINA ZENZOLA, MPH AUTHOR  
JANICE YUWILER, MPH EDITOR



# Tackling the Challenges

New relationships, new partners

**Be a friendly  
pest.....**

*“I had money to offer the City of Shasta Lake, but they weren’t ready for our help. It took almost two years of keeping in touch with their planning director. Every three to four months I would call or stop by and ask, how’s it going, anything we can do?”*

*Minnie Sagar*

*Shasta County Public Health*



# Tackling the Challenges

New relationships, new partners

**Walk in the door  
with something  
they can use.....**

*“You get a place at the table when  
you come with something to offer.  
You have to be useful to the work.”*

*Wendell Brunner, Public Health Director,  
Contra Costa County Health Services*

# Tackling the Challenges

New relationships, new partners

**Spend time building a presence and reputation**

*“We’ve been sitting at a variety of tables and have built the expectation that public health should be there and has something to contribute. Nancy has done a lot of the down in the trenches, low visibility work of building relationships and a reputation of the health department as an expert. She’s developed a reputation as someone who knows what she’s talking about, is persistent and has ideas that are useful.”*

*Wendell Bruner, Public Health Director  
Contra Costa Health Services*

# Tackling the Challenges

## Building political support for your agency's role

*“By tapping into the political clout of our advisory board and gaining that group's buy-in, we built a broader base of support for our role.”*

*Andrew Deckert  
Health Officer  
Shasta County Public Health*



### Principles of Healthy Land Use Development:

#### A Public Health Perspective

Creating communities that offer healthy and safe places for people to live, work, and play is a primary strategy in the prevention of childhood obesity, heart disease, stroke, some cancers, asthma and pedestrian and bicycle injuries.

Land use development that looks at the big picture & considers all the options while emphasizing fairness, community improvement, and citizen participation can lead to communities that have long term health & wellness benefits for all citizens.

### Healthy Communities Incorporate The Following Principles:

#### Growth is Managed and Directed Towards Existing Communities

Growth that is centrally focused allows communities to save money on infrastructure costs, preserve prime agricultural lands, preserve open space, and decrease the amount of vehicle miles traveled. A decrease in vehicle miles traveled results in better social, mental, and physical health.

#### Development Emphasizes a Mix Of Uses that Include a Range of Housing Opportunities

Development that offers a mix of land uses provides a central location for shopping, housing, office space, plazas, restaurants, and other services that meet the needs of a neighborhood. Housing for a variety of incomes incorporated into mixed use areas makes it easier for people to incorporate physical activity into daily routines.

#### Create Walkable Neighborhoods

Neighborhoods that are well lit, have continuous sidewalks, have safe street crossings, and are connected to services and other recreational activities are a key component to healthy development.

#### Provide a Variety of Transportation Options

Communities that provide people with options to walk, bicycle, or take transit increase the quality of life for people both young and old who for physical reasons or personal choice no longer depend on the automobile as the sole source of transportation.

#### Preserve Open Space, Farmland, Natural Beauty and Critical Environmental Areas

Green space provides community members opportunity for recreation and relaxation. In addition, the ability of these natural areas to filter water runoff, improve emotional well being, and provide local food production makes the preservation of green space a crucial element to both the physical and mental health of a community.

#### Encourage Meaningful Citizen Participation

Growth that responds to a community's sense of how and where it wants to grow can result in healthy and safe places to live, work, and play.

#### Construct Schools Close to Neighborhoods

Schools that are accessible by walking and bicycling increase the level of children's physical activity, provide a recreational resource to the community, have a positive impact on air quality, and have lower infrastructure and transportation costs.



# Tackling the Challenges

## Building political support for your agency's role

*“We force ourselves to be grounded in health. When we talk about this issue, we always lead with ‘health’ and end with ‘health’.”*

*Andrew Deckert, Health Officer, SCPH*

- Cities vs. unincorporated areas
- Communications strategy
- Internal enabling factors

*“We’ve internalized the Spectrum of Prevention and so expect that we will work at the policy level.”*

*Wendell Brunner, Public Health Director ,  
Contra Costa Health Services*

# Tackling the Challenges

## Building organizational capacity

### Los Angeles County Public Health Department's Physical Environment Workgroup and Action Plan

Physical Environment Work Group (Participants listed in Attachment 1)  
June 16, 2006

#### Preliminary Public Health Action Plan: Physical Environment

##### Background

The Physical Environment Work Group was established as part of Public Health's strategic planning initiative to increase years of healthy life while reducing health disparities in the county population. The specific charge to the work group was to develop a preliminary action plan for addressing elements of the physical environment to improve population health and reduce disparities. The work group included 27 PH staff from 13 programs and four area health offices. The full group met eight times in March-October, 2005. Additional sub-group meetings were also convened.

To more easily identify opportunities for intervention, the work group classified the elements of the physical environment into the following potential focus areas, recognizing that these areas in some cases overlap:

1. Air quality
2. Water quality (drinking and recreational)
3. Community design/built environment (land use and transportation)
4. Nutritional environment (including both food safety and accessibility of nutritious foods)
5. Landfills
6. Brownfields
7. Work environment
8. Home environment
9. School environment
10. Specific toxic exposures (e.g., lead, mercury, and pesticides)
11. Sustainable energy
12. Natural resources

In prioritizing these focus areas for action, the work group considered the breadth of potential health impacts and overall disease burden. For example, a transportation focus was considered a priority given its potential for increasing physical activity (thereby reducing heart disease, stroke, diabetes, and obesity); decreasing stress (thereby reducing cardiovascular disease, improving mental health, and reducing road rage-related violence); improving air quality (thereby reducing asthma, other chronic respiratory disease, and heart disease); creating safer communities (thereby reducing pedestrian and motor vehicle occupant injuries); and reducing social isolation (thereby improving mental health). This analysis was limited by the lack of data on the effectiveness of specific policies or other physical environment-related interventions.

The work group also considered the degree to which Public Health is currently working in a given focus area and whether that activity is a legal mandate. In addition, the group considered the degree to which Public Health could add value in addressing each focus area, how well prepared we are to work in a given area (e.g., technical expertise, staffing, and other infrastructure), and the feasibility and likelihood of success

# Tackling the Challenges

## Building organizational capacity

### Hawaii Health Department Training and Internal Working Group



### Creating Safe and Healthy Community Environments in Hawaii

A Summary of Opportunities and Needs for a Public Health Role in Community Design



January 2007

Prepared for: Hawaii Department of Health, Injury Prevention and Control Program

Prepared by: Safe & Healthy Communities Consulting

Funded by the Tobacco Settlement Project, Healthy Hawaii Initiative



# Tackling the Challenges

Building organizational capacity

**Build staff knowledge and skills**

*“We took advantage of every single training opportunity. I had to hear things three or more times to get it and be able to articulate these issues!”*

*Tracey Rattray  
Contra Costa Health Services*



# SAFE & HEALTHY COMMUNITIES

CONSULTING

We help communities create  
healthy built environments

**Tina Zenzola, MPH**

**Owner/Director**

**Phone: 619-281-1656**

**Email: [tzenzola@SHC-Consulting.com](mailto:tzenzola@SHC-Consulting.com)**

**[www.SafeHealthyCommunities.com](http://www.SafeHealthyCommunities.com)**