

## Introduction

### Alliance Priority Initiatives

The Public Health Alliance of Southern California (Alliance) is a collaboration of local health departments in Southern California. The Alliance addresses regional chronic disease prevention through upstream multi-sector policy, systems and environmental change. Collectively our members are statutorily responsible for the health of nearly 60% of California's population.

The Alliance mobilizes and amplifies the Southern California local health departments' regional voice in three Priority Initiatives.



The **Healthy Transportation Initiative** integrates health priorities into transportation and land use decision-making and investments.

The **Healthy Food Systems Initiative** advances best practices to make healthy, regionally produced food accessible, affordable and sustainable.

The **Data Committee** develops unified cross-sector healthy community indicators and provides data support to inform and strengthen the transportation and food systems initiatives.

### Priority Initiative Strategies

This document provides a set of targeted strategies to advance the Alliance Priority Initiatives. It is not a comprehensive list of approaches to chronic disease prevention. Rather, these strategies were identified by the Alliance within the context of our current work to achieve significant policy, systems and environmental change for the Southern California region. References provided in the document demonstrate how each strategy is aligned with leading public health organizations and other prominent state and national organizations.

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### **Integrate public health into transportation and land use planning, funding and decision-making.**

#### References

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##### **National Prevention Strategy**

Enhance cross-sector collaboration in community planning and design to promote health and safety.  
*(National Prevention Strategy, 2011 – Healthy and Safe Community Environments, Recommendation 5)*

##### **National Association of City and County Officials (NACCHO)**

Comprehensive, formal, and systemic integration of local public health considerations into community design processes, including community planning, regulations, and design of new development and redevelopment, and design of the public realm to promote and protect the health of communities.

Dedication of increased federal, state, and local resources to improve the capacity of local health departments to participate effectively in the community design process through training, development of tools, technical assistance, and other support. In addition, federal transportation policy should support local health department involvement in local transportation planning.

*(NACCHO Statement of Policy 03-02, Updated January 2013 – Healthy Community Design)*

##### **County Health Executives Association of California (CHEAC)**

Support legislation and funding that encourages consideration of public health impacts in the design and planning of healthy communities.

*(CHEAC Legislative Platform 2013)*

##### **California Conference of Local Health Officials (CCLHO)**

Inclusion of public health policy in county and city general plans and ordinances to promote access to good nutrition and physical activity;

Collaboration between health departments and planning departments to incorporate public health strategies into local land use, transportation, and community design;

*(CCLHO Policy Platform, Fall 2010)*

### **Incentivize new investments in transit, connections to transit, and transit-oriented development (TOD) and provide maintenance for existing infrastructure.**

#### References

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##### Centers for Disease Control and Prevention (CDC)

Provide incentives to support a strong network of public transportation options, including bus rapid transit and light rail, which connect housing and jobs as well as improve access to healthy foods, medical care, and other services.

Work with government and non-government organizations to develop and implement model transportation planning policies that encourage transit-oriented developments and other mixed-use development, and increase connectivity among neighborhoods and communities for all transportation modes.

*(CDC Recommendations for Improving Health Through Transportation Policy, 2010)*

##### California Department of Public Health (CDPH)

Develop incentives for sustainable housing development by awarding bonus points in competitive grant programs or giving dedicated or beneficial funding consideration for infill and transit-oriented developments.

*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Housing and Indoor Spaces Recommendation I.B3)*

##### California State Association of Counties (CSAC)

Priority areas for growth need incentives. The state should encourage new growth that supports compact development within cities, existing urban communities, and rural towns that have the largest potential for increasing densities and that efficiently utilize existing and new infrastructure investments and scarce resources, and strives towards achieving a jobs-housing balance. Consistent with regional planning efforts, cities and counties should receive incentives to support efficient development.

*(California State Association of Counties (CSAC) California Counties General Principles on Infrastructure Investment and Strategic Growth, 2006)*

### **Incentivize and increase opportunities for the development of income diverse communities where affordable housing, employment and healthy destinations are linked by walking, biking and transit.**

#### References

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##### CDPH

Housing location affects access to resources such as parks, recreation, grocery stores with healthy food, jobs, schools, and other community necessities. By impacting access, housing location influences people's behaviors such as physical activity, healthy eating, and method of transportation, which in turn impact health. ... State funding should be directed towards new housing that is accessible to community resources. Existing housing can also be made more accessible through policies that increase infill and transportation services.

*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Recommendations Narrative, Housing and Indoor Spaces)*

##### National Prevention Strategy

Design and promote affordable, accessible, safe, and healthy housing.  
*(National Prevention Strategy, 2011 – Healthy and Safe Community Environments, Recommendation 2)*

### **Prioritize land use and transportation planning that can simultaneously reduce greenhouse gases and provide public health co-benefits.**

#### References

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- CDPH** Policies that support active transportation help Californians incorporate more health-promoting physical activity into their lives, while also reducing greenhouse gas emissions and other harmful co-pollutants. Infill development can help to reduce urban sprawl, reduce greenhouse gas emissions, and support location-efficient housing that promotes active transportation and allows workers to reap both economic and health benefits.  
*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Executive Summary)*
- CHEAC** Support legislation and funding that encourages consideration of public health impacts in the design and planning of healthy communities. Support efforts to develop climate change mitigation strategies to help protect against potential impacts on human health.  
*(CHEAC Legislative Platform 2013)*
- CSAC** There are direct human health benefits associated with mitigating greenhouse gas emissions, such as lowering rates of obesity, injuries, and asthma. Counties believe that prevention, planning, research and preparation are the keys to coping with the public health issues brought about by climate change, and that any public policy related to climate change and public health must take into account the existing roles and resources of county government.  
*(California State Association of Counties (CSAC) Climate Change Policy Statements and Principles, November 2007)*

**Prioritize active transportation infrastructure and programming, with the goal of making it possible for the majority of the population to achieve the U.S. Surgeon General’s recommended minutes of physical activity as part of their daily routine.**

### References

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#### National Prevention Strategy

Promote the development of transportation options and systems that encourage active transportation and accommodate diverse needs.

Support adoption of active living principles in community design, such as mixed land use, compact design, and inclusion of safe and accessible parks and green space.

*(National Prevention Strategy, 2011 – Active Living, Actions)*

#### CDC

Increase opportunities for physical activities by devoting increased resources to non-motorized transportation options.

*(CDC Recommendations for Improving Health through Transportation Policy, 2010)*

#### Active Living Research

Expert evaluations conclude that adults who live in walkable neighborhoods are more physically active and indicate that land use policy should be considered an important public health issue.

Introducing sidewalks, bike trails and traffic calming devices can lead to increased physical activity.

Walking for transportation is consistently related to having many destinations near homes, connected streets and high residential density.

*(Kerr, J. Designing for Active Living Among Adults. A Research Summary. Princeton, NJ: Active Living Research, a National Program of the Robert Wood Johnson Foundation. Spring 2008.)*

### **Implement strategies and programs that make transportation networks safe for all users, including Complete Streets policies and implementation, Safe Routes to School programs, and related Safe Routes to Healthy Places models.**

#### References

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| CDPH                                      | Support active transportation through implementation of “Complete Streets.” Incorporate safety considerations of all roadway users into programs, policies, and community designs.<br><i>(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Active Transportation Recommendations I.A.2 and I.A.3)</i>                 |
| American Public Health Association (APHA) | Supporting the use of the Complete Streets methodology, which considers health effects on all transportation users<br>Expanding Safe Routes to School programs, which encourage children, including children with disabilities, to walk and bike to school safely<br><i>(APHA Fact Sheet, Undated/Downloaded October 2013 – Transportation and Public Health)</i> |

**Improve data collection related to active transportation modes, including mode split, current active transportation funding levels, and projected needs. Encourage investment in survey oversamples and new data collection methods to capture Active Transportation data with sufficient sample size to assess mode share.**

### References

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#### CDC

Data and evaluation are critical to ensure that we have robust information on the impact of transportation systems on health as well as to determine whether interventions have their intended effect. Support public health data collection and analysis activities for active transportation and public transportation. Examples include:

- Improved specificity of external cause-of-injury codes for transportation-related deaths, hospitalizations, and emergency department visits to capture information on traffic-relatedness, vehicle type, and occupant status
- Comprehensive counts of deaths and improved data estimates of injuries related to all modes of transportation, including pedestrians and bicyclists
- Systematic counts of users of all modes of transportation, including pedestrians and bicyclists
- Targeted community level data to track the impact of policies, programs, and services
- Enhance travel demand modeling capability to reflect all modes of transportation

*(CDC Recommendations for Improving Health through Transportation Policy, 2010)*

#### CDPH

I.A1. Utilize data to improve community planning and increase active transportation.

a. Use available tools and data (e.g., the California Household Travel Survey, California Statewide Travel Demand Model, and regional models) to enhance community and transportation planning and understand health impacts of transportation options and mode shifts.

i. Map and assess transit and non-motorized transit access to essential destinations (e.g., parks, schools, health care facilities), including inequities in transportation access.

- ii. Determine inequities by demographics such as income, race, and disability and encourage use of this data by Metropolitan Planning Organizations (MPOs) and Regional Transportation Planning Agencies (RTPAs) in transportation planning models.
- iii. Assess and predict the health impacts associated with increases in active transportation and decreases in motorized transport.

*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Active Transportation Recommendation)*

### **Adopt procurement policies that increase access to healthy foods and beverages, and as feasible promote sustainable, local food systems.**

#### References

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##### National Prevention Strategy

Implement organizational and programmatic nutrition standards and policies. Such policies can be implemented in work sites, schools, early learning centers, institutional cafeterias/food service, hospitals, and living facilities for older adults, as well as within Federal and state-supported food services and programs. Such policies not only help people to make healthier food choices, but over time will lead to a wider variety of healthier products from which to choose.

*(National Prevention Strategy, 2011 – Healthy Eating Recommendation 2)*

##### NACCHO

Local governments should implement food procurement policies that discourage the consumption of sugar sweetened beverages (SSBs), increase healthy vending options, and include healthy eating guidelines.

*(NACCHO Statement of Policy 13-04, 2013 – Healthy Food Access)*

##### CDPH

Leverage government spending to support healthy eating and sustainable local food systems...[by adopting] healthy food procurement policy...to ensure that foods purchased for consumption or sale on State property (e.g., vending machines, institutions, cafeterias, concessioner contracts) meet minimum nutritional standards.

*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Healthy Eating Recommendation 1.E4)*

### **Increase access and marketing of healthy, local and affordable foods, particularly in low-income communities and food deserts.**

#### References

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##### **National Prevention Strategy**

Increase access to healthy and affordable foods in communities. Increasing access to healthy, affordable food options provides people with the opportunity to make healthy choices. Providing healthy foods in existing establishments, increasing the availability of full-service supermarkets and grocery stores, and supporting local and regional farm-to-table efforts (e.g. farmers markets, community gardens) have all been shown to increase access to healthy food. In addition, providing a greater variety of healthy options that are affordable can help increase consumption of healthy foods, as the price of healthy food choices is frequently more expensive (per calorie) than less healthy food options.

*(National Prevention Strategy, 2011 – Healthy Eating Recommendation 1)*

##### **NACCHO**

Local communities should increase community access to healthy foods by enhancing incentive programs and policies to increase access to affordable healthy food options.

*(NACCHO Statement of Policy 13-04, Healthy Food Access)*

**Integrate opportunities for healthy local food access into community design and land use and transportation planning, such as healthy food retail, community gardens, and agricultural land preservation.**

### References

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#### NACCHO

Local governments and planning agencies should integrate healthy food accessibility considerations into the community design process (land use planning, zoning, and the design of new community developments); communities should be designed to include fresh produce grocery stores, healthy corner stores, community gardens, food marts, and farmers' markets.

*(NACCHO Statement of Policy 13-04, 2013 – Healthy Food Access)*

#### CCLHO

Land use policy that preserves agriculture lands for production of nuts, fruits, and vegetables.

*(CCLHO Policy Platform, Fall 2010)*

## Healthy Food Systems 2.4

**Increase access to food assistance programs by streamlining enrollment, and leverage food assistance programs to increase consumption of healthy foods, decrease consumption of low-nutrient, high-calorie foods, reduce hunger, and add dollars to the local economy.**

### References

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#### CDPH

Better utilize state-administered food assistance programs to increase consumption of healthy foods, decrease consumption of low-nutrient, high-calorie foods, reduce hunger, and add dollars to the local economy.  
*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Healthy Eating Recommendation I.E2)*

### **Collaborate with regulatory agencies to improve access to healthy food that is locally grown or produced while still maintaining food safety.**

#### References

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##### CDPH

Identify State and local regulations that pose barriers to access to locally grown or healthy foods, and recommend changes to:

Make it easier for farmers' markets and produce vendors to operate in neighborhoods that lack access to fresh produce.

Eliminate contracting and other barriers to procurement and use of fresh fruits and vegetables by institutions.

Make it easier for school cafeterias to serve food grown in school gardens, including through identification of best practices for safe use of school-grown food.

*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Healthy Eating Recommendation I.E1)*

### **Improve collection and sharing of data regarding food origins, production practices, and food goods movement.**

#### References

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##### **U.S. Department of Agriculture (USDA)**

As with many evolving fields, research on local and regional food still leaves many questions unanswered. There is a lack of peer-reviewed literature and national datasets; local case studies and surveys are inconsistent in their format, making comparison difficult; and there is no standardized way to estimate economic impacts of local and regional markets.

*(USDA Know Your Farmer, Know Your Food Compass, Last Modified July 2012 – Local Food Knowledge)*

##### **National Prevention Council**

Ensure a food safety system that includes rigorous standards for food safety, data collection and analysis for effective food safety inspections, and tools to help prevent or quickly identify and stop outbreaks.

*(National Prevention Council Action Plan, 2012 – Healthy Eating)*

##### **CDPH**

Encourage labeling of produce origin so that purchasers can select local produce if desired.

*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Recommendation 1.E1)*

**Provide timely, appropriately-scaled chronic disease data and proxy indicators to inform place-based decision-making. Work to make chronic disease data and proxy indicators publicly available at smaller geographies and provide shorter turnaround times between collection/surveillance and release.**

### References

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#### CCLHO

Timely, reliable, and valid information is fundamental to the effective and efficient operation of local health departments. Population-based public health data should be available at a relevant geographic level to facilitate planning to improve the health of the community, prevent outbreaks, and reduce premature deaths. It is increasingly important to move towards electronic submission of public health data, such as communicable disease reporting (including laboratory results), immunization registries, death registration, and chronic disease registries. Cogent analysis of data is needed for health officers to be able to promote the concept of “health in all policies” with local governments.

*(CCLHO Policy Platform, Fall 2010)*

**Include social determinants of health and health disparities in data collection tools and accountability measures, both within health and in non-health sectors.**

References

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National Prevention Strategy

Increase availability and use of prevention research to identify effective environmental, policy, and systems [sic] that reduce chronic diseases, promote safety, and eliminate health disparities.  
*(National Prevention Strategy, 2011 – Healthy and Safe Community Environments, Actions)*

U.S. Department of Health and Human Services (HHS)

Increase the availability and quality of data collected and reported on racial and ethnic minority populations. The capacity of HHS to identify disparities and effectively monitor efforts to reduce them is limited by a lack of specificity, uniformity, and quality in data collection and reporting procedures. Consistent methods for collecting and reporting health data by race, ethnicity, and language are essential.  
*(HHS Action Plan to Reduce Racial and Ethnic Health Disparities, 2011 – Goal IV: Advance Scientific Knowledge and Innovation, Strategy IV.A)*

California Health and Safety Code

Conduct demographic analyses on health and mental health disparities and inequities ... include, to the extent feasible, an analysis of the underlying conditions that contribute to health and well-being.  
*(Office of Health Equity Statute, Section 131019.5 of the California Health and Safety Code)*

### **Develop standardized indicators for healthy communities that are accessible both within public health, and for use by cross-sector partners and residents.**

#### References

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##### National Prevention Strategy

Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange. Identify and implement strategies that are proven to work and conduct research where evidence is lacking.

*(National Prevention Strategy – Healthy and Safe Community Environments, Recommendations 6 and 7)*

##### CDPH

State agencies and their contractors, where feasible and appropriate, should incorporate health and health equity indicators into data collection tools and accountability measures, and endeavor to standardize data elements and indicators to facilitate data collection, sharing, and accessibility.

*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Promote Healthy Public Policy Recommendation II.C1)*

### **Use a Health in All Policies approach within government and non-governmental organizations to improve population health.**

#### References

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##### NACCHO

Federal, state, and local governments should:

- Adopt a Health in All Policies [HiAP] approach in the policy-making process in order to ensure that policies made outside of the health sector have positive or neutral impacts on the determinants of health
- Provide funding, training, and technical assistance for local health departments (LHDs) to ensure that they can assume a leadership role implementing a HiAP approach at the local level and determine the best strategies for implementing HiAP locally

*(NACCHO Policy Statement 12-01, Implementing Health in All Policies through Local Health Department Leadership)*

##### CDPH

Public health agencies alone cannot change the environments that largely determine the health of California's residents, since responsibility for the determinants of health generally falls under the realms of housing, transportation, education, air quality, parks, criminal justice, and employment agencies, to name just a few. Thus, for public health agencies to achieve their mission – to improve the health of the population – they must work collaboratively with the many government agencies, businesses, and community-based organizations which are best positioned to create healthy communities.

*(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010)*

### **Identify and address the social determinants of health to reduce health disparities.**

#### References

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##### NACCHO

[E]ncourage the transformation of public health practice to include...The development, tracking, and regular presentation of social indicators that measure social health and well-being, including inequities in health status, similar to the national presentation of economic indicators; and identify the institutional sources of decision-making cumulatively generating health inequities (e.g., investment in local infrastructure by neighborhood; distribution of city fiscal resources by neighborhood; bank loans, lending practices, and foreclosures by neighborhood; political influence, etc)

*(NACCHO Statement of Policy 05-02, Updated November 2012 – Health Equity and Social Justice)*

##### CHEAC

Seek to reduce health disparities and inequities by working to eliminate barriers to good health for California’s diverse population.

*(CHEAC Legislative Platform, 2013)*

### **Create sustainable funding sources for local health departments to effectively address chronic disease prevention.**

#### References

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##### CCLHO/CHEAC

Adopt a tobacco control-like model for programmatic and funding structures and mechanisms for all other chronic disease prevention efforts to ensure sustainability throughout California, including:

- Effective state-local partnership to combine a statewide perspective with local experience.
- Minimum allocations for all LHDs [local health departments], with flexibility to support local priorities, strategies, and approaches.
- Separate competitive funding for innovations that reflect the local context, climate, diverse community needs and interests, and opportunities to partner.
- Designated funding to key community partners, such as voluntary/advocacy organizations that can work directly on policy with elected officials.
- Consider baseline funding for appropriate institutional partners, with designated LHD oversight for coordinating efforts.
- Earmarked funds for a materials clearinghouse, training and technical assistance, and external/independent evaluation services.

*(Chronic Disease Prevention Framework, CCLHO-CHEAC Chronic Disease Prevention Leadership Project, 2013 – Recommendation 2)*

Designate a portion of future taxes and other funds collected through passage of policies related to chronic diseases to go directly to chronic disease and obesity prevention at both the local and state levels.

*(Chronic Disease Prevention Framework, CCLHO-CHEAC Chronic Disease Prevention Leadership Project, 2013 – Recommendation 5)*

##### CHEAC

Support a dedicated funding stream to fund preventive health services or activities that improve community health outcomes. Advocate for flexibility for California to design prevention programs to take advantage of California's state and local health department strengths and encourage the provision of basic funding to state and local health departments with additional funding available on a competitive basis.

*(CHEAC Legislative Platform 2013)*

### **Create investment strategies and utilize pooled capital resources for community development that supports population health outcomes, notably in low-income neighborhoods.**

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##### Federal Reserve System Governor

Taking an entrepreneurial approach to community development results in innovative and effective programs, making communities more desirable places to live and more resilient in hard times. The CRA [Community Reinvestment Act] regulations encourage banks and thrifts to invest in activities that provide affordable housing or financial services for individuals, promote economic development, or revitalize or stabilize low- or moderate-income areas. At a time when the needs of these communities are so great and the resources available to meet those needs are so scarce, it behooves financial institutions to think broadly about their CRA obligations. By partnering with other community stakeholders, these institutions can help address existing community needs and lay the groundwork for stronger credit demand in the future. (*Investing in What Works for America's Communities, 2012 – Elizabeth A. Duke, Governor, Board of Governors of the Federal Reserve System*)