



# A HEALTHY OAKLAND

## EXAMINING THE INTERSECTIONS BETWEEN HEALTH AND LAND USE

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## Disclaimer

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## Executive Summary

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In Oakland, life expectancy rates are among the fourth lowest in Alameda County at an average of 79.1 years of age compared to the county average 81.4 and Piedmont 85.7 (ACPHD 2010). Within Oakland, the quality of life, health, and overall lifespan of residents varies by race, income, and neighborhood, with communities of color facing the greatest burden of poor health outcomes.

While studies have linked socio-economic factors to health outcomes, there is also growing recognition of how the environment impacts public health (Beyers et al. 2008). For example, the auto-oriented planning trend throughout the 20<sup>th</sup> century has led to sprawl, which has been linked to increased rates of asthma and obesity from air pollution and sedentary lifestyles respectively (Frumkin 2002). In order to improve health outcomes, more cities and counties are developing policies that explicitly incorporate health into community design. Policies such as introducing a stand-alone Health Element into the General Plan or integrating public health objectives throughout each element.

In response to reports of the growing health disparities between communities within Oakland, in 2010 the City Council adopted a resolution authorizing the development of a Health Element for its General Plan. Adoption of a Health Element is contingent on raising independent funds for the process (Oakland 2011).

This report aims to help create a framework for developing a Health Element by examining how health issues are discussed in Oakland's General Plan. Specifically, I identify policies within the General Plan that promote health and provide an analysis of the strengths and gaps. The framework used to inventory health policies includes the definition of healthy communities from *Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County* and an adapted checklist of types of healthy General Plan policies from the Healthy Planning Policies report by the Public Health Law & Public Policy (PHLP) (Beyers et al. 2008; 2010). In addition, this report includes findings from interviews with planners and community stakeholders from South Gate, Richmond, and San Pablo who each have a stand-alone Health Element and San Jose who has integrated health into its General Plan.

Overall, health priorities show up in many different ways in Oakland's General Plan. All of the plans include numerous goals, objectives, policies, and actions that explicitly or implicitly promote health. However, the elements do not consistently promote public health. Some elements provide stronger health indicators and data, address equity more fully, and contain more comprehensive health promoting policies. Moreover, there is an absence of tracking progress towards meeting the policy and implementation recommendations. Without tools to track progress towards the goals and guiding principles in the General Plan, we really have no sense of how development within the City is meeting the various visions and policy recommendations.

Every city interviewed indicated health issues were primarily identified in community engagement workshops. Each city's plan included innovative health topics unique to its community. In respective cases, stand-alone Health Elements became an umbrella for identifying health-promoting policies in other elements of the General Plan and an opportunity to recommend more specific policies to address community health issues. Findings also include policies on developing implementation tools as well as progress and performance tracking and reporting. Other major lessons learned include:

- The General Plan update process is an expensive and intensive multi-year endeavor
- City Council, planning department, and consultants need to be highly invested in the process
- Implementation remains a challenge for city planners with stretched budgets and reduced capacity
- Still too early to tell if the trend of integrating more comprehensive health promoting policies, including a stand-alone Health Element necessarily improves a community's health outcomes

Although it is too early to tell if the trend of adopting a Health Element translates into improved community health outcomes, adopting implementation tools and evaluative measures provide opportunities to assess effectiveness and appropriateness of recommended health policies and programs. Other implementation and evaluative tools include:

- Health Impact Assessment (HIA)
- Form-Based Codes
- Crime Prevention through Environmental Design (CPEN) Checklist
- Green Building Standards
- San Francisco's Health Development Checklist
- Annual California General Plan Progress Report
- Sustainable Oakland Report

The various strategies discussed thus far can be truncated into four different approaches:

- Keep Oakland's General Plan as is
- Introduce stand-alone Health Element
- Update Oakland's General Plan to integrate more comprehensive health policies
- Maximize opportunities to strengthen existing practices

Each of the approaches was assessed on effectiveness, equity, administrative feasibility, and political feasibility.

While introducing a stand-alone Health Element signals the importance of taking into account the public health implications of development, alone it does not ensure health outcomes will improve. As analysis of Oakland's General Plan and current planning practices illustrates, implementation is not a guarantee. Moreover, the City's progress towards implementing the General Plan is currently unknown. The lack of evaluative measures creates a gap in understanding the effectiveness and appropriateness of City's policies and programs. Thus, the backbone of my recommendations is about incorporating evaluative measures. Specific recommendations to improve the linkage between health and land use in Oakland are two-folds:

- Maximize current opportunities that can also set the stage for future development of a Health Element
- Utilize framework for developing a Health Element once resources have been secured

Maximizing current opportunities include:

- Working with Oakland's planning department on developing HIAs and a Health Checklist
- Expanding Sustainable Oakland Report to include a simple matrix assessing progress towards policies in the General Plan, including health promoting policies
- Raising funds, strengthening partnerships, and leveraging resources

Framework recommendations draw on lessons learned from Oakland's General Plan implementation process and cities interviewed. Specific steps include:

1. Identify health topics to include
  - a. Identify existing conditions data on leading health issues
  - b. Gather community perspective and vision
  - c. Identify other health promoting policies in current General Plan
2. Ensure utility
  - a. Develop implementation tools
  - b. Recommend measurable health indicators, policies, and actions
  - c. Track and report health outcomes
  - d. Track and report implementation progress

Recommendations also include further research on form-based codes and tracking the progress of Health Element outcomes in other cities.

## I. Introduction: Linking Urban Planning and Public Health

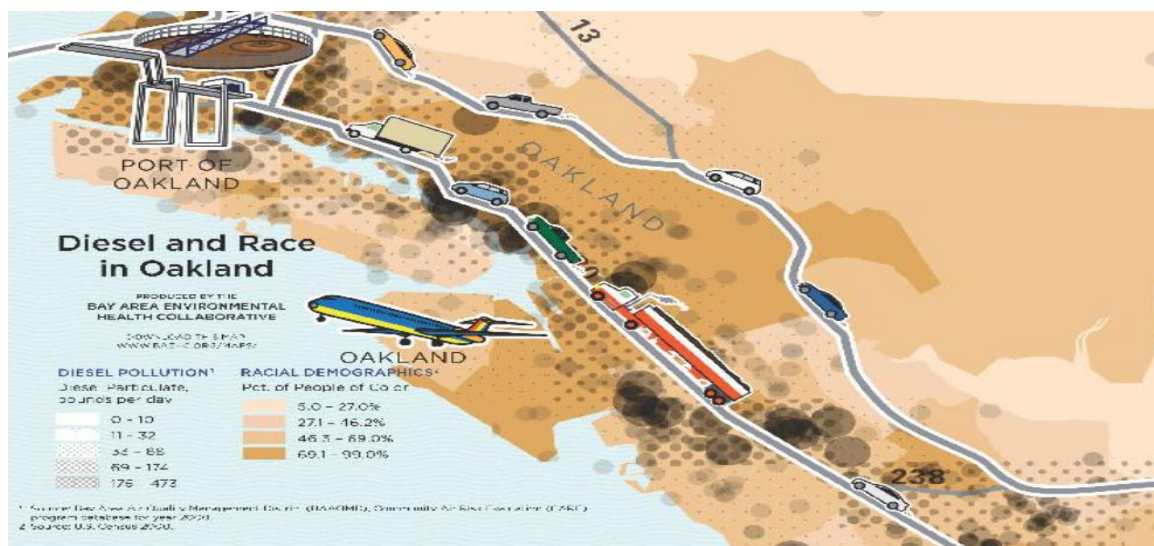
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In Oakland, life expectancy rates are among the fourth lowest in Alameda County at an average of 79.1 years of age compared to the county average 81.4 and Piedmont 85.7 (ACPHD 2010). Within Oakland, the quality of life, health, and overall lifespan of residents vary by race, income, and neighborhood, with communities of color facing the greatest burden of poor health outcomes. East Oakland, primarily comprised of African American and Latino residents, life expectancy is an average of 72.7 versus the hills, which range from 6-10 years more (Beyers et al. 2008). A map of life expectancy rates and racial demographic breakdowns throughout Alameda County is provided in Appendix A.

The leading causes of death in Oakland are heart disease (23.8 percent) and Cancer (22.1 percent). Major risk factors for heart disease include lack of exercise, unhealthy food habits, and obesity (ACPHD 2010). Public health practitioners and health advocates have been working in Oakland to demonstrate the link between the built environment and inequitable health outcomes within the City. The “built environment refers to the human made surroundings that provide the setting for human activity, from the largest-scale civic surroundings to the smallest personal place” (Feldstein 2007, 4).

One example of how the built environment can affect the health of residents is illustrated in Figure 1. There are neighborhoods within the City nearly surrounded by two major highways, the I-580 to the north and I-880 to the south. Long-term exposure to diesel truck and auto emissions increases one’s chances of developing lung cancer and asthma, among other cardiovascular and pulmonary complications. Because diesel trucks are banned from the I-580, communities along I-880 are exposed to higher rates of diesel truck emissions. Correspondingly, hospital emergency department visits for children ages 5-17 years old for asthma were 1-1.5 times higher than the county average in 2005-6. Moreover, West Oakland – a neighborhood encircled by highways– had asthma hospitalization rates 2-3 times higher than the county (Beyers et al. 2008; CBE 2010).

**Figure 1. Health and the Built Environment**



Source: Communities for a Better Environment (CBE), *East Oakland Diesel Truck Survey Report*. CBE: Oakland, 2010.

Many cities across the country are facing similar issues as Oakland. Cognizant of the growing cost and burden of chronic illness, many jurisdictions are developing policies that explicitly incorporate health into community design. Policies, such as introducing a stand-alone Health Element into the General Plan or integrating public health objectives throughout each element. Moreover, some jurisdictions are taking proactive steps to broaden the definition of health beyond preventing disease and chronic illness to include an equity analysis that addresses the disparate health outcomes within their communities (Stair et al. 2008).

In response to reports of the growing health disparities within Oakland, on October 6, 2006 a City Hall forum was held entitled *Planning Healthy Cities for the 21<sup>st</sup> Century*. The forum brought together stakeholders including community members, the Alameda County Public Health Department (ACPHD), City planning and economic development staff, as well as then Councilmember, current Mayor Jean Quan and Councilmember Nancy Nadel. With over 60 people in attendance, the event became a launching pad for a committee composed of representative stakeholders working to create better linkages between planning and public health (Ralston 2006). As a result of foundation work the committee did, on October 19, 2010, Oakland's City Council adopted a resolution "to direct staff to work with the Alameda County Public Health Department to develop a framework for incorporating a Health Element to the General Plan and seek funding to implement this framework" (Oakland 2011).

As a result, the *Oakland Health and Land Use Working Group* formed to create a framework for exploring and developing a Health Element for the General Plan. This report aims to help create a framework by examining how health issues are discussed in

Oakland's General Plan, especially in terms of recommended policies. Specifically, I identify policies within the General Plan that promote health and provide an analysis of the strengths and gaps. In addition, there are currently over 20 California cities that have introduced a stand-alone Health Element and a variety of reports that evaluate the policy recommendations. These reports provide examples of model health language and detail steps to creating a healthy plan. (California Governor's Office of Planning and Research 2011; Feldstein 2007; Stair et al. 2008). In order to build on existing research, this report includes an analysis of community engagement, evaluative measures, outcomes, barriers to implementation, and lessons learned from three cities with a stand-alone Health Element and one that has integrated health into its General Plan. Lastly, a set of recommendations based on the analysis is provided to further the process of creating meaningful linkages between City development and public health.

## II. Methods of Analysis

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There is already an existing body of academic and policy research on health and the built environment (Frumkin 2002; Samimi and Mohammadian 2010; Ludwig et al. 2011), Health Elements in California (Feldstein 2007; Stair et al. 2008), and health and land use in Oakland (Ketchel et al. 2007). I will build upon previous research and specifically identify health gaps and strengths in Oakland's General Plan through conducting an inventory of health related policies. Analysis of Oakland's General Plan includes findings from previous research on the Land Use and Transportation Element (LUTE), Open Space, Conservation and Recreation Element (OSCAR), and the Safety Element. Previous research includes examples of health data, value statements, and policies. Building on this I reviewed the seven remaining elements of the General Plan, including the Bicycle Master Plan and Housing Element, which were adopted after previous research had been completed. In order to inform future incorporation of health in the General Plan, I have identified specific health promoting policies within each element. A full list of health promoting policies within Oakland's General Plan can be found in *Appendix C. Health Policies in Oakland's General Plan*.

The framework used to inventory health policies includes the definition of healthy communities from *Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County*:

*When Alameda County residents, youth, community partners, local politicians, and Public Health Department staff were asked what makes communities healthy, they answered with remarkable consistency. Elements of economic, social, and physical environments, as well as community services, were all considered necessary to health. Having access to good jobs, home ownership, safety, trust, good relationships with police, being free of racism, having social supports, clean air, and water, safe places to walk and play, access to healthy foods, and quality affordable housing, were all put on the list. In terms of services, people mentioned health care, health information, excellent schools, and convenient transportation. When economic, social, physical, and service environments are weak, the health of people suffers. When policies create inequitable environments, the result is profound and persistent disparities in community health based on place, race, and class (Beyers et al. 2008, x-ix).*

In addition, I used the categories identified in the types of healthy General Plan policies from the Healthy Planning Policies report by the Public Health Law & Public Policy (PHLP) and added policies found in other Health Element reviewed (2010). Topics include mixed-use, transit-oriented development, bicycle and/or pedestrian facilities, healthy food access, access to health care services, among others. A full list of topics is in Appendix B. *Healthy Planning Policies*. Using these frameworks, each General Plan element includes a

summary of major health themes found and an analysis of the depth of explicit and implicit health promoting policies. Findings are in Chapter III.

I also interviewed planners and community representatives from four California cities. Three cities have stand-alone Health Elements and one has integrated major health themes into its General Plan. The *Oakland Health and Land Use Working Group* also helped select priority cities, which included South Gate, Richmond, San Pablo, and San Jose. South Gate was selected because its Health Element is considered comprehensive, innovative, is the oldest of priority cities, and because it has heavy industries within its boundaries. Richmond was selected because it has one of the most comprehensive Health Elements in the state, the City is characteristically similar to Oakland, and an extensive community engagement process was conducted to develop it. San Pablo was selected because it has a Health Element and had a less extensive community engagement process. San Jose does not have a stand-alone Health Element, but has comprehensively integrated health into its General Plan.

Respondents were asked about the community engagement level, evaluative measures, outcomes, barriers to implementation, and lessons learned since incorporating a more comprehensive health lens into planning policies. A sample of the question framework is in Appendix D. *Healthy Plans Question Framework*. Findings are in Chapter IV.

The various strategies reviewed, including Oakland's General Plan were also assessed on effectiveness, equity, administrative feasibility, and political feasibility. A summary of the criteria assessment is provided in Chapter VI. Finally, Chapter VII provides recommendations to improve health considerations in Oakland's planning practices based on analysis and criteria.

### III. Health in Oakland's General Plan

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The General Plan is the supreme guiding principles for a city or county. It is essentially a jurisdiction's long-term vision for future development, in the form of broad policy goals (Fulton and Shigley 2005). In California, all cities and counties are required to have a General Plan. General Plans are required to include specific elements including Land Use, Circulation, Housing, Conservation, Open-Space, Noise, and Safety. Jurisdictions can develop additional elements as they see fit (Fulton and Shigley 2005). Examples of optional elements include Archeological, Community, Climate Change/Global Warming, Bicycle Plan, among others (California Governor's Office of Planning and Research 2011). Then there are zoning codes, which serves as a General Plan's implementation tool and thus the two must typically be consistent with each other (Fulton and Shigley 2005).

Oakland's General Plan contains ten elements as can be seen in Table 1. This chapter will provide an analysis of health promoting policies contained in each of the elements. Identifying health promoting policies already incorporated into Oakland's General Plan will provide a framework for enhancing health and distinguishing gaps. The analysis of the LUTE, OSCAR, and Safety elements is partially from previous research. Analysis of the remaining elements is based on my research. A list of health promoting policies identified in the General Plan and corresponding health coding themes are in Appendix C. Health Policies in Oakland's General Plan.

**Table 1. Oakland's General Plan Elements**

Year Adopted	General Plan Elements	Required or Optional
2011	Housing Element	Required
2007	Bicycle Master Plan	Optional
2005	Noise Element	Required
2004	Safety Element	Required
2002	Pedestrian Master Plan	Optional
1999	Estuary Policy Plan	Optional
1998	Land Use and Transportation Element	Required
1996	Open Space, Conservation and Recreation	Required
1993	Historic Preservation Element	Optional
1974	Scenic Highways	Optional

## The Land Use and Transportation Element

The Land Use and Transportation Element (LUTE) was adopted in 1998. The stated vision is:

*In the year 2015, Oakland will be a safe, healthy and vital city offering high quality of life... (Ketchel et al. 2007, 34)*

The LUTE is typically the most used element of General Plans. It describes the location, density, and kind of land uses that can occur throughout the City. In addition, it provides the goals, policies, and actions that dictate zoning, which in essence is the General Plan's implementation tool. Oakland's LUTE was adopted in 1998 but the zoning maps and codes were not consistent until the recently completed update on April 14, 2011 (Oakland 2012).

Previous research regarding health themes in the LUTE found value statements emphasizing the importance of environmental justice, equity, and community participation while also fostering economic growth. In addition, there are health related policies and actions that are more concrete such as the policy framework goal to create "healthy, cohesive and identifiable" neighborhoods (Oakland 1998, 102). Creation of healthy communities is encouraged through policies and actions regarding mixed-use and transit-oriented development as well as increasing access to healthy foods (Ketchel et al. 2007). Ketchel et al. concluded that overall, the language promoting equity and environmental justice was not substantially followed up with clear policy directives and instead are subjective terms that are left open for interpretation (2007).

In addition, the LUTE implementation plan recommends adhering to the state law requirement to submit an Annual General Plan Progress Report. However, according to a representative from the California Office of Planning and Research, the law does not apply to charter cities such as Oakland, and they have no record of ever receiving a report. This was further confirmed after speaking with a representative from the City of Oakland's planning department. Although the City does produce an annual Sustainable Oakland Report, which in 2010 included a chapter entitled, *Housing, Land Use and Transportation*. However, the chapter is only two pages and does not include an assessment of specific policy objectives from the LUTE (Oakland n.d.). Assessment of the City's progress towards meeting the policies outlined in the LUTE and overall General Plan is an opportunity to understand the viability, effectiveness, and impact of policies and programs. Moreover, it is an opportunity to assess the City's progress towards meeting the vision and policy goals outlined in the General Plan.

Lastly Ketchel et al. found that barriers to implementing health into planning were more of an issue of political challenges from community groups and Mayor Jerry Brown's administration (2007). Thus, Mayor Jean Quan's administration's interest in introducing and adopting a Health Element into the General Plan is certainly indicative of a shift in

the political climate. Political support is critical for successful adoption and implementation of the General Plan. The City of Richmond is a prime example of political challenges a city may face trying to get their General Plan adopted. The details of which are discussed in Chapter IV. Nonetheless, the City Council and community stakeholders currently support adoption of a Health Element. However, in order to ensure successful adoption and implementation the planning department needs to be invested and community representation expanded to include other stakeholder groups.

## Open Space, Conservation and Recreation Element

Adopted in 1996 and amended in 2006, the Open Space, Conservation, and Recreation (OSCAR) Element's vision is that:

*...Oakland can be a more attractive city and a better place to live by conserving and rediscovering its natural resources, growing in harmony with the environment, and meeting recreational needs in new and creative ways (Oakland 1996, 1-1).*

The OSCAR is an enormous document broken up into three parts: Open Space, Conservation, and Recreation – each of which has specific goals, objectives, policies, and actions (Oakland 1996).

There are even more specific health related policies and actions in the OSCAR. Health policies include promoting open spaces in urban dense settings, community gardens, auto-oriented travel reduction, air pollution reduction planning, and joint-use among many others strategies. Policies that support the preservation of open spaces provide recreational opportunities for residents, which are important elements of creating environments supportive of increasing physical activity among other health benefits. For example, community gardens can strengthen neighborhood connectivity as well as increase access to healthy foods and physical activity. In addition, joint-use agreements between parks, schools, and recreational centers for example maximize the use of spaces and again create more opportunities for residents to engage in civic, cultural, and physical activities among others.

## The Safety Element

Adopted in 2004 the Safety Element's purpose is to:

*...reduce the potential risk of death, injuries, property damage and economic and social dislocation resulting from large-scale hazards (Oakland 2004, 3).*

The Safety Element is required to address numerous topics including providing plans and mitigating measures for seismic and geologic hazards, liquefaction, water supply, and minimum road widths among other issues (Oakland 1996).

While both the OSCAR and Safety Element contain a lot of policies and actions that have clear health implications, overall Ketchel et al. felt they were lacking:

*...policies and directives are each very narrow in scope and community health is rarely defined or mentioned as a stand-alone objective (Ketchel et al. 2007, 15)*

## The Pedestrian Master Plan

Developed in recommendation of the LUTE, the Pedestrian Master Plan was adopted in 2002. The overarching vision of the Pedestrian Master Plan is:

*To promote a pedestrian-friendly environment; where public spaces, including streets and off-street paths, will offer a level of convenience, safety and attractiveness to the pedestrian that will encourage and reward the choice to walk (Oakland 2002, 6).*

The Pedestrian Master Plan promotes an alternative to auto-oriented development. It also highlights the benefits of creating a walkable city through sustainability, equity, vitality, and health. The health benefits emphasized include the following statement:

*Health professionals recommend walking as a form of physical activity to help prevent a host of diseases including obesity, heart disease, and some forms of cancer... cities are recognizing that good places to walk help promote healthy citizens (Oakland 2002, 10)*

The plan also emphasizes the importance of creating a more pedestrian friendly city through providing collision data. The data illustrates which areas in the City are the most unsafe for pedestrians. According to the findings, areas with more pedestrians have higher rates of pedestrian accidents. For example, Chinatown and International Boulevard have high rates of pedestrians and collisions. It is noted, that high rates of pedestrian collision data neglect to highlight areas less frequently used because they are perceived to be unsafe places to walk. Overall, pedestrian related accidents have been on the decline for the City from 353 in 1996 to 312 in 2002. Education, engineering, and enforcement have been attributed to the 12 percent reduction. Following is a list of key findings in the report, which are examples of health indicators that can lend to evaluating effectiveness of the recommended policies and programs in the element among other City strategies:

- Vehicle drivers are the primary source of pedestrian/vehicle accidents at 51 percent and pedestrians responsible 31 percent of the time, 22.4 percent are hit-and-run accidents

- International, Foothill, and MacArthur Boulevards have the highest rates of pedestrian collisions for the entire county
- Children and seniors are the most likely to be victims in vehicle collisions
- Males and young drivers are over represented in vehicle collisions
- Latinos and African Americans are at higher risk of injury (Oakland 2002)

The Pedestrian Master Plan has a health and equity analysis, which includes highlighting how the rates of pedestrian accidents are higher for people of color and low-income communities. For example, in Alameda County rates of hospitalization as pedestrians in collisions and related fatalities are higher for African Americans than Whites. In addition, the Chinatown and Fruitvale neighborhoods as well as International and Foothill Boulevards are some of the densest parts of the city and have the highest rates of pedestrian/vehicle collisions (Oakland 2002). These are examples of data that can be used as health equity indicators to support future evaluations.

The major health related themes emphasized in the Pedestrian Master Plan include improving:

- General safety and creating safe places to walk
- Traffic safety and traffic reduction
- Transit access
- Health equity outcomes

The general health theme emphasized in the Pedestrian Master Plan is general safety of pedestrians and creating safe places to walk, which is in alignment with the overall goals. While safety and equitable access have clear health implications, improving transit access also increases opportunities for incorporating physical activity into daily lives and is vital to reducing automobile usage, which reduces a communities' carbon emissions (Samimi and Mohammadian 2010; Frumkin 2002). The element also contains specific policies encouraging mixed-use development and the creation of more open spaces that will contribute to creating a pedestrian friendly environment (Oakland 2002). All of the policies within the Pedestrian Master Plan have very direct health implications.

The element also includes design guidelines and recommendations that address a range of issues including:

- Side walk width dependent on pedestrian volume
- Accommodations for persons with disabilities
- Safety (non-slippery material such as concrete, lighting, bus benches, trash and recycling receptacles, reducing the number of driveways, etc.)
- Signage
- Street crossing treatments that help pedestrians get from one side of the road to another (Oakland 2002)

In addition, the Pedestrian Master Plan outlines specific criteria developed by community and staff input for prioritizing the creation of safe travel routes:

- *Connect schools, transit, senior disability centers, libraries, parks, neighborhoods, and commercial districts*
- *Include other areas of high pedestrian activity*
- *Address areas with a history of pedestrian collisions*
- *Provide routes through and between neighborhoods*
- *Overcome barriers including freeways, railroad tracks, and topographies that separate neighborhoods*
- *Complement existing and proposed bike paths, lanes, and routes*
- *Facilitate connections to bus stops and routes*
- *Reinforce transit-oriented development around BART stations*
- *Highlight creeks, shorelines, ridge-lines, and other natural features (Oakland 2002, 42)*

Identified priority projects were based on survey of the Pedestrian Route Network (spring 2002) and overall pedestrian safety was prioritized in streetscaping projects over aesthetics.

Overall, because the element is about creating a pedestrian friendly environment all of the policies contribute to improving health outcomes for residents that have greater access to walking as a result of its implementation. The element clearly demonstrates a health priority by including a health benefit statement. Health themes and specific policies are integrated throughout. Moreover, it includes specific implementation recommendations, which bolster its utility and opportunity for accountability.

## The Bicycle Master Plan

Adopted in 2007, the Bicycle Master Plan includes a vision statement, specific goals, and a rationale framed in terms of benefits. The overarching vision of the Bicycle Master Plan is:

*Oakland will be a city where bicycling is fully integrated into daily life, providing transportation and recreation that are both safe and convenient (Oakland 2007, 15)*

*The Benefits of Bicycling* chapter emphasizes the importance of access to transportation, sustainability, public health, equity, and quality of life. Through emphasizing public health, the plan links lack of physical activity to obesity and related conditions such as heart disease, cancer, stroke, and type 2 diabetes. In addition, the plan provides specific data regarding Oakland's residents, including over 40 percent of deaths are from health

conditions linked to physical inactivity, which disproportionately affect the African American community (Oakland 2007).

Because the Bicycle Master Plan is specifically a plan about creating a more bicycle friendly city there are many natural positive health implications that could come from such a focus. For example, the Bicycle Master Plan details specific health related goals and benefits to bicycling including increased physical activity and its relationship to improved health as stated above. The plan also outlines specific measures to address cyclist safety and demonstrates the need through pertinent data for creating more bike paths and ensuring paths are well maintained and free of debris. In addition, to create a culture of accountability the plan includes an enforcement policy with specific actions related to monitoring by law enforcement and fines for offenders. The plan also calls for more public education and design strategies to reduce the incidences of cyclist injuries and fatalities (Oakland 2007). The main health related themes found in the Bicycle Master Plan that aim to create a bicycle friendly City include:

- Improving safety conditions for cyclist
- Increasing access through bicycle lanes and improving cycling conditions
- Improving traffic safety
- Improving transit access

Prioritizing safety and access is a major priority of the Bicycle Master Plan. Safety is raised in a number of ways including reducing the incidences of bicycle collisions, improving bicycle routes and bicycle parking facilities throughout the City. Improving access includes more and improved bike routes with an emphasis on transit connections. Overall, all nine of the specific policies outlined in the Bicycle Master Plan have health implications. In addition, 42 of the 61 recommended actions address health issues such as safety through creating bicycle lanes and boulevards, discouraging diagonal parking, and encouraging bicycle path security, among other specific concerns (Oakland 2007).

The Bicycle Master Plan also includes criteria for determining priority projects. A map displaying bicycle collisions and their concentrations was used to determine high priority areas in need of increasing riders safety. Recommendations include determining priority through a point system based on assessments of existing primary bikeways, gaps within, and feasibility. The Bicycle Master Plan criteria do not explicitly prioritize lower-income neighborhoods or areas with less bike-pathway (Oakland 2007).

Implementation recommendations within the element are specific, which creates an opportunity for constructive future evaluation. A sample of implementation recommendations include:

- Creating more short-term and long-term bicycle parking
- Adopting a bicycle parking ordinance (adopted July 2008) (Oakland 2008)

- Supporting education programs for youth and adults centered on improving bicycle safety and signage
- Promoting bicycle riding through events such as the annual *Bike to Work Day* and youth programs
- Lowering bicycle moving violation fines to encourage more enforcement
- Creating bicycle traffic school (Oakland 2007)

Other health considerations show up in the feasibility analysis, which include examining the impact of reducing motor lanes to incorporate bicycle lanes and environmental impact considerations, including sensitive habitats and hazardous material. The plan also recommends using quantitative performance measures to inform future design improvements and priorities, such as bicycle level of service (BLOS) and bicycle compatibility index (BCI) (Oakland 2007). BLOS and BCI could be used as indicators for future assessment of overall success of implementing the Bicycle Master Plan's policies and potentially determining the impact on community health outcomes.

## Housing Element

The Housing Element was adopted December 21, 2011. Unlike the other elements of the General Plan, the Housing Element must be revised every seven years. In addition, it is the only element required to complete an annual progress report<sup>1</sup>. The current Housing Element is for the period 2007-2014. The Housing Element includes the following guiding principles:

- California Law requirements
- Oakland's LUTE and Zoning update  
Plan for developing new housing along major corridors and near Downtown Oakland
- Sustainable Oakland vision
- Affordable housing vision (Oakland 2010)

In alignment with the LUTE, the Housing Element priorities encourage mixed-use development through "incentives such as increased height, increased density, and reduced parking" (Oakland 2010, 230). Housing development target areas include:

- Major corridors
- Downtown Oakland, with the objective of fostering a sense of community and a 24-hour Downtown
- Near transit
- Waterfront (Oakland 2010)

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<sup>1</sup> An evaluation matrix for the previous Housing Element (1999-2006) is included in the current version (on pages 44-71).

The target areas strategies of mixed-use development are supportive of creating healthy communities. Mixed-use development encourages maximizing the use of space, reduces automobiles dependency, and has the potential to increase physical activity and residents' access to goods and services (Frumkin 2002).

There are numerous examples of health related issues raised throughout the Housing Element, including the Sustainable Oakland Vision. The LUTE contains a similar statement entitled, Social Sustainability and Environmental Justice. Launched by the Oakland City Council in 1998, the Sustainable Oakland Vision emphasizes the importance of creating a healthy equitable city. Issues highlighted include, environmental quality and health, safety, and economic development. An excerpt from the Sustainable Oakland vision states:

*The City of Oakland is committed to becoming a model sustainable city. – a community in which all people have the opportunity to live safe, healthy and fulfilling lives. Protecting a clean and ecologically healthy environment; growing a strong economy; maintaining quality housing affordable and accessible to Oakland residents; and fostering a safe, equitable and vibrant community are all critical components of this vision (Oakland 2010, 231)*

Overall, the Housing Element provides meaningful steps for raising the profile of public health. In addition, to the Sustainable Oakland Vision the element contains specific policies and actions, such as Policy 7.5 *Promote Health and Wellness through Conducting Health Impact Assessments* (HIAs), which aims to:

*Encourage linkage of land use planning with public health planning as a way to improve the health of Oakland's residents, reduce personal and government health costs and liabilities, and create more disposable income for housing (Oakland 2010, 267).*

HIAs evaluate and determine the health implications of development projects, policies, or plans. HIAs inform public officials and the community of the health implications of development and land use policies. HIAs also provide leaders and stakeholders an opportunity to improve health outcomes and mitigate negatives ones (CDC n.d.).

Recommended actions to carry out Policy 7.5 include using HIAs on Specific Area Plans to identify housing opportunity sites and explore developing standard health indicators modeled after San Francisco's Healthy Development Measurement Tool for use on conditional use permit and larger developments (Oakland 2011). Developed in collaboration with the San Francisco Department of Public Health, the tool is essentially a checklist organized under six categories: Environmental Stewardship, Sustainable Transportation, Social Cohesion, Public Infrastructure, Healthy Housing, and Healthy Economy (San Francisco Department of Public Health 2012). Thus, Policy 7.5 presents an

opportunity to increase the role of health in planning and collaboration between Oakland's planning department and the ACPHD.

The Housing Element is the only element that recommends policies encouraging better linkages to planning and improving health outcomes. Furthermore, it promotes health and equity more fully than the other elements. For example, Action 7.5.3 *Health Impact Assessments and the Zoning Update*, promotes community wholeness, social justice, and equity:

*Through the citywide zoning update, the City will explore the theory of neighborhood completeness. Neighborhood nodes should be identified, as well as the resident composition and accessible services. Zoning decisions should be based on social justice and equity considerations. Spatial data should be used to support the location of permitted activities i.e., resident's access to food systems, and walkability and bike access in neighborhoods (Oakland 2010, 268)*

Table 2 lists other major health themes identified in the Housing Element. Reflective of one of its guiding principles, the majority of policies in the Housing Element are centered on increasing affordable housing. Affordable housing is a critical component to creating healthy communities. Lack of access to affordable housing contributes to increased rates of stress, anxiety, and depression among those in need (Bashir 2002; Beyers et al. 2008).

**Table 2. Health Themes in Oakland's Housing Element**

Themes	Number of Policies
Affordable housing	25
Specific focus on vulnerable populations	10
Equity	10
Equitable distribution of opportunity and risk	7
Mixed-use and complete and urban infill	5
Environmental quality	6
Green building	3
Transit-oriented development	2
Supportive services	2

The Housing Element also places a greater emphasis than the other elements on equity issues, including addressing disparities in low-income communities; meeting the needs of vulnerable populations such as seniors, persons with disabilities, including mental health issues; and low-income single-head of households among other identified populations (Oakland 2010). There is also a priority of placing new affordable housing developments in parts of City that do not have high concentrations of poverty moving away from historical planning patterns of isolating low-income residents (Corbourn 2004). In

addition, affordable and moderate housing developments are targeted in areas accessible to mass transit and incorporate other smart growth strategies including mixed-use and urban infill (Oakland 2010).

The Housing Element also accounts for more health explicit issues such as safety of residents in terms of standard of housing. For example, many older homes have toxins such as lead and asbestos. The element specifies actions to help homeowners ameliorate these issues (Oakland 2010).

The Housing Element contains a substantial amount of information and data regarding demand for affordable housing, barriers to meeting affordable and moderate housing needs, existing housing stock conditions, and needs of vulnerable populations to name a few. Following are highlights from the Housing Element that have direct and indirect implications to public health in Oakland (Oakland 2010). A full list of implicit and explicit health promoting policies in the Housing Element is in Appendix C.

### Affordable Housing

The affordable housing strategy is aimed at meeting the needs of low-income and other vulnerable populations within the City; using neighborhood revitalization and maintaining public facilities and services to create healthy and livable environments; and encouraging economic development to spur economic activity and job growth.

While affordable housing is a major priority, the City faces issues in meeting its goals. Table 3 shows the City's housing development goals for 1999-2006.

**Table 3. Comparison of Housing Needs and Housing Production, 1999-2006**

State Identified Affordability Categories	1999-2006 RHNA*	Building Permits Issued	
		1/1999 – 6/30/06	Gap
<b>Very Low (up to 50% AMI*)</b>	2,238	547	-75%
<b>Low (51-80% AMI)</b>	969	626	-35%
<b>Moderate (81-120% AMI)</b>	1,959	155	-92%
<b>Above Moderate (&gt; 120% AMI*)</b>	2,567	5,689	122%
<b>Total</b>	<b>7,733</b>	<b>7,017</b>	<b>-9%</b>
* RHNA – Regional Housing Needs Allocation			
* AMI – Average Monthly Income			

Source: City of Oakland building permit data, 2006; see "City of Oakland Annual Progress Report on Implementation of Housing Element, 2006" (Oakland 2010, 38)

Overall, the City only missed its total housing development goals by -9 percent. However, the City surpassed its goal for above moderate-income housing by 122 percent, while it

fell far short of its goals for moderate, low, and very low-income housing by -75 percent for very low-income and -92 percent for moderate incomes. This, coupled with the high demand for affordable housing, presents serious implications for very-low and even moderate-income Oakland residents. The Housing Authority had over 4,000 applicants on the wait list while another 10,000 people have applied for Section 8 according to assessments in the City's 2005 Consolidated Plan. The high demand and supply shortage has increased the wait time from six months to two years or more. It is estimated that in combination the wait time for public housing, Section 8 vouchers, and HOPE VI, which combines public housing and Section 8 vouchers represents 17,496 seeking housing assistance (Oakland 2010). As noted, unstable housing has been associated with negative mental and physical health outcomes.

In addition, Oakland has higher rates of people living in overcrowded homes than the rest of the county, 12 percent and four percent respectively in 2000. Ten percent of Oakland residents live in overcrowded households with 1.5 persons or more sharing a room. The Housing Element emphasizes how overcrowded households present a number of health risks, including stress and compromised mental health (Oakland 2010).

The Housing Element includes a detailed analysis of the barriers the City faces to meeting its affordable housing objectives. A summary of the issues is in Appendix E. *Oakland's Affordable Housing Barriers*. The analysis of existing conditions and barriers in the Housing Element illustrates the importance of identifying indicators, and tracking and reporting them. While the City faces a serious affordable housing shortage, evaluative measures built into Housing Element regulations provide opportunities to assess City progress, policies, and programs to improve outcomes for residents.

### Vulnerable Populations

The Housing Element also has a specific focus on special population housing needs such as seniors and persons with disabilities, including persons living with HIV/AIDS. Needs identified include affordable housing, access to services including mental health and substance abuse treatment. The Housing Element also highlights the affordable housing needs of a growing number of single-head-of-households, which are primarily women but an increasing number are single-male-head-of-household, many of whom are also low-income (Oakland 2010).

Affordable housing is not only discussed in terms of providing brick and mortar but includes recommendations for more supportive affordable housing to help those currently homeless and those at-risk of being homeless. Supportive housing means there are services available and accessible to help residents maintain health and employment. According to the Housing Element evaluation, Oakland has an extreme shortage of supportive housing (Oakland 2010).

### Existing Conditions

A substantial amount of data in the Existing Conditions section underscores the growing income disparities within Oakland and the potential demand this will continue to place on affordable housing services.

There is not a particularly good indicator to measure the condition of the housing stock in Oakland overall. However, 2000 Census data indicates that more dwelling units than the 1990 census lacked complete plumbing (1,600), kitchen facilities (2,100), and heating systems (2,000). Although a majority of the dwellings are units in single-room occupancy buildings. Other concerns include a large percentage of homes in Oakland were constructed before 1970 and thus are more likely to have asbestos or lead-based paint. In addition, the majority of homes in areas with higher proportion of renters and foreclosure rates are likely to be in substandard condition with homeowners who cannot afford to repair the homes. The majority of these homes are in West Oakland, San Antonio, Fruitvale, and East Oakland neighborhoods, which also have higher concentrations of families and children under the age of seven (Oakland 2010).

### Implementing Affordable Housing & Housing Rehabilitation Programs

There are numerous programs in existence to support the financing and prioritization of affordable housing in the City of Oakland, including first time homebuyer mortgage and down payment assistance programs. The variety and depth of the available programs for low-to-moderate-income residents are thoroughly integrated into the City's housing policy. The variety of programs available includes emergency shelters and services for the homeless population, programs for seniors, persons with disabilities, youth, and families (Oakland 2010).

The Housing Element also specifies housing rehabilitation programs specifically for low-to-moderate income homeowners. The majority of programs are only available to residents in targeted community development districts. Programs include low interests rehabilitation loans, deferred payment loans, small grants to seniors and persons with disabilities to make minor home repairs, access improvement grants, emergency home repair loans, lead hazard and paint grants, financial assistance to repair code violations and eliminate health hazards to name a few. The City also maintains a program to help purchase and rehabilitate foreclosed properties, especially in East and West Oakland (Oakland 2010).

While there are numerous programs, affordable housing remains an issue for many because of the high cost of living in the area and market forces that continue to drive up the cost of housing.

## Environmental Constraints and Future Planning

The City also faces environmental quality constraints in planning for new housing development:

*...the California State Regional Water Quality Control Board “Geo Tracker” database identifies underground hazardous substance storage tanks on 23 of the 186 opportunity sites ... (Oakland 2010, 191).*

Mitigation strategies currently employed include the Standard Conditions Approval, the Cal ReUSE Loan Program, the Oakland Brownfields Revolving Loan Fund, and a process for addressing contamination outlined in the City’s Urban Land Redevelopment Program. However, policy action recommendations, such as promoting new housing in the Estuary Area (Action 1.3.5), currently zoned for industrial uses could strain these resources as this area likely needs substantial cleanup before housing could be developed (Oakland 2010).

While there are existing environmental constraints, the City is taking proactive steps to address the environmental impact of housing development. The Housing Element also stresses the importance of energy conservation in new developments with a priority on creating affordable housing in dense pockets supported by public transit and services to reduce motor vehicle dependency and thus air pollution. In addition, the City has adopted a Green Building Ordinance requirement for new public and private developments (Oakland 2011). The Housing Element also contains specific policies on minimizing energy consumption and environmental impact from new housing, and reducing carbon emissions (Oakland 2010).

### Summary of Housing Element

The Housing Element contains a comprehensive set of policies prioritizing affordable housing, equity, environmental sustainability, and public health. The required evaluation and reporting measures makes it more responsive than the other elements in Oakland’s General Plan. Moreover, it presents an opportunity to increase health considerations into the planning process through specific recommended policies. In addition, increasing the public health linkage in housing development throughout the City has substantial health implications.

## Estuary Policy Plan

Adopted in 1999, the Estuary Policy Plan is the first to focus on Oakland’s estuary shoreline. A collaborative project between the Port of Oakland and the City, the plan includes policy recommendations for 5.5 miles of the 19 miles shoreline that extends from San Leandro Bay to the Bay Bridge. The League of Women Voters report, “The

*Waterfront: It Touches the World; How Does It Touch Oakland?*” is the impetus for the Estuary Policy Plan (Oakland 1999).

Overarching objectives for the estuary frame the priority and vision. The objectives have implicit health language in that they all overall are centered on improving quality of life by creating more open-spaces, recreational activities, and access points to the estuary. Unlike the other elements of the General Plan, overall policies and recommendations for the estuary are not proposed but rather for specific areas including, the Jack London District, the Oak to Ninth Street District, and the San Antonio/Fruitvale District (Oakland 1999). All of these districts have projects that are currently in the works<sup>2</sup>. More details about the progress of implementing the Estuary Plan can also be found in the Central Estuary Implementation Guide on the City’s website. The site provides details regarding upcoming community meetings, workshops, the status of required environmental impact reports, and overall progress of the project (Oakland 2012).

Oakland’s estuary is an industrial, urbanized, and over developed shoreline with very little natural vegetation or open-space except for Estuary Park and the Martin Luther King Junior Regional Shoreline. The Port of Oakland and the Oakland Airport dominate the shoreline, which provide over 20,000 jobs to the region and has made the City one of the largest container ports on the West Coast. This activity though has made it challenging to increase access for residents to the shoreline (Oakland 1999).

Years of dredging and filling, the estuary has turned the original shoreline of coves, bays, inlets, and tidal marshes into a narrow tidal canal with very few accessible points for pedestrians. In addition, one of the major barriers to increasing access to the water is the over 50-year-old 880 freeway, which literally physically separates the estuary from the rest of the City. The 18-month process of preparing the Estuary Policy Plan produced a set of policy recommendations to transform the area into a destination point for residents and visitors while balancing and accommodating economic growth (Oakland 1999).

The Estuary Policy Plan’s objectives promote health by prioritizing increasing pedestrian access, recreational opportunities, more open spaces, and education about the importance of enhancing the ecology of the area. Health promoting policies for the three districts include elements of the objectives in addition to encouraging mixed-use and transit-oriented development, farmers’ markets, and improving bicycle and pedestrian access to the shoreline, among others. Although the majority of policies are centered on promoting economic development and maintaining certain areas such as the San Antonio and Fruitvale portions of the shoreline for commercial and industrial usage. Overall, the

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<sup>2</sup> Interestingly, an independent organization called Waterfront Action has been organized with the main mission to *promote full implementation of the Estuary Policy Plan and the Lake Merritt Park Master Plan* (Waterfront Action 2005).

specific policies are vague. In addition, the element does not necessarily prioritize health or equity.

## Noise Element

The Noise Element is a required element for the general plan and according to state law must:

*... analyze and quantify, to the extent practicable, current and projected noise levels from the following noise sources: major traffic thoroughfares, passenger and freight railroad operations, commercial and general aviation operations, industrial plants, and other ground stationary noise sources contributing to the community noise environment (Oakland 2005, I.1).*

The Noise Element must be in alignment with all other elements of the general plan especially the LUTE, as is the case with all elements of a General Plan. The Noise Element, which includes analysis of noise patterns within the City are intended to inform land use and transportation decisions in order to mitigate the adverse effects of noise (Oakland 2005).

The Noise Element is naturally an element rooted in health. The element highlights the importance of mitigating the negative health outcomes associated with noise from a variety of mobile and stationary sources:

*Noise can have significant effects on physical and mental human health and well-being. Adverse impacts and effects include interference with speech and other forms of communication such as television and radio; sleep disruption; negative mood and behavioral changes; and hearing loss (usually temporary and caused by occupational, rather than environmental, noise). Sleep disruption and interference with communication are the main sources of noise-related community complaints (Oakland 2005, 8)*

The specific goals outlined in the Noise Element are:

- *To protect Oakland's quality of life and the physical and mental well-being of residents and others in the City by reducing the community's exposure to noise*
- *To safeguard Oakland's economic welfare by mitigating noise incompatibilities among commercial, industrial and residential land uses. (Oakland 2005, 23)*

Such as the case with many of the other elements, the Noise Element has many policies intended to promote the health and well-being of the community. Health related policies within the element include limiting the hours of noisy activity, balancing projected noise production throughout the City, and reducing noise and community's exposure to it.

Aside from mitigating noise, recommended policies do not touch on other development issues that have health implications.

## Historic Preservation Element

Adopted in 1993, the Historic Preservation Element is concerned with preserving the rich history and culture of Oakland through providing adequate support to sustain historic properties and communities. Historic preservation is also viewed as a vital tool to enhancing the City's character and boosting economic investment, especially in depressed areas that have a high rate of historic properties such as Victorian homes (Oakland 1993).

Overall, the Historic Preservation Element provides a very detail and clear policy directive for preserving historic properties in Oakland. The Historic Preservation Element does not contain any explicit health statement or objectives. The emphasis is on homes, which includes aggressive policies that penalize and incentivize the preservation of these properties. Punitive policies include using domain to confiscate historic properties from owners who have allowed it to become substandard or a public nuisance. Substandard housing and blight can affect the overall health of a community and jeopardize the health of residents in such properties but the element does not discuss these issues in terms of raising public health concerns. Moreover, while there are policies for retrofitting older homes to make them seismically safe, there is no mention of issues like exposure to toxic substances as is the case in the Housing Element.

The Historic Preservation element goals indirectly promote health through emphasizing the importance of fostering community sense of pride, unique community character, and stabilizing neighborhoods. Another goal stresses urban revitalization including increasing employment opportunities through construction jobs particularly in areas with higher rates of unemployment. In addition, this goal highlights that many historic homes and buildings are currently providing affordable housing and are opportunities for economic development for retailers, tourism, and filmmaking (Oakland 1993).

While the goals arguably could contribute to creating a vibrant and healthy community particularly through enhancing community pride, overall the recommended objectives and policies, do not emphasize public health issues. Nonetheless, policies within the Historic Preservation Element that implicitly promote healthy community development are listed in Appendix C.

## Scenic Highways

Adopted in 1974, Oakland's Scenic Highway Element is primarily concerned with MacArthur Freeway also known as I-580. It promotes measures for making I-580 a scenic highway and other designated areas such as Grizzly Peak Boulevard and Skyline Boulevard. The measures include but are not limited to protecting the views by banning

advertising along the roads, protecting natural vegetation, preserving open spaces, and banning trucks from using I-580 between San Leandro and Grand Boulevard. The element is sensitive to the noise and fumes from trucks that could affect residents and businesses along I-580. Although the policy has likely created a greater strain on I-880 and on the health outcomes of its neighbors as illustrated in Chapter I (Oakland 1974). Overall, the Scenic Highway Element does not have a health emphasis and is very much from the standpoint of enhancing the experience of drivers.

## Summary of Health in Oakland's General Plan

Health priorities show up in many different ways in Oakland's General Plan. Some elements include data that demonstrates health implications of auto-oriented development within the City, such as the Bicycle Master Plan and the Pedestrian Master Plan. These elements also include data that support improved health outcomes linked to increased physical activity and reduced incidences of fatalities from auto collisions. Some elements also include explicit health statements, such as the Housing Element and the LUTE. Lastly, all of the elements include numerous goals, objectives, policies, and actions that explicitly or implicitly promote health.

However, the elements do not consistently promote public health. Some elements provide stronger health indicators and data, address equity more fully, and contain more comprehensive health promoting policies. Previous research also concluded that the LUTE, OSCAR, and Safety Element lacked a definition of community health and an overall health strategy, which could act as a general guiding principle. In addition, the LUTE lacked health data that could draw attention to the prevalence of chronic diseases and other health outcomes throughout Oakland (Ketchel et al. 2007). Table 4 summarizes the strength of health policies in each element of Oakland's General Plan.

**Table 4. Summary of Healthy Policies in Oakland's General Plan**

Elements	Categories				
	Healthy Transportation	Open Spaces	Environmental Quality	Explicitly Health Promoting	Equity
<b>LUTE</b>	Moderate	Moderate	Weak	Weak	Weak
<b>OSCAR</b>	Weak	Strong	Strong	Weak	Moderate
<b>Safety</b>	NA	NA	Weak	Strong	Weak
<b>Pedestrian</b>	Strong	Moderate	Strong	Strong	Strong
<b>Bicycle</b>	Strong	Moderate	Strong	Strong	Weak
<b>Housing</b>	Moderate	Weak	Strong	Strong	Strong
<b>Estuary</b>	Weak	Weak	Weak	Weak	Weak
<b>Noise</b>	Weak	Weak	Weak	Moderate	Weak
<b>Historic</b>	Weak	Weak	Weak	Weak	Weak
<b>Scenic Hwy</b>	Weak	Weak	Weak	Weak	Weak

Moreover, while there are many policies within the General Plan that promote community health and equity there is an absence of tracking progress towards meeting the policy and implementation recommendations. As noted, the California Office of Planning and Research has no record of Oakland ever submitting an Annual General Plan Progress Report. The Housing Element is the only one required to submit an annual progress report. Without tools to track progress towards the goals and guiding principles in the General Plan, we really have no sense of how development within the City is meeting the various visions and policy recommendations.

The next chapter will examine what other cities are doing to improve linkages between health and land use planning.

## IV. Innovative Healthy Plans: Lessons Learned

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### Overview

In order to develop a comprehensive and responsive health in planning strategy it is important to understand the type of policies cities have adopted and related outcomes. The Public Health Law and Policy (PHLP) offers a variety of resources, including toolkits that breakdown the General Plan process, provide examples of traditional and innovative health promoting policies, and step-by-step guides on how to develop and get a Health Element adopted (PHLP 2010).

Building on existing resources, this chapter provides an analysis of community engagement, evaluative measures, outcomes, implementation barriers, and lessons learned of four California cities that have enhanced the role of health in their General Plans. Cities include South Gate, Richmond, and San Pablo all of which have a stand-alone Health Element and San Jose who has integrated health throughout its General Plan, as seen in Table 5. Appendix F includes a full demographic profile of each city including Oakland. The analysis in this chapter is based on interviews I conducted with representatives from each city, including city planners and community stakeholders. Appendix G provides a matrix summary of findings.

**Table 5. Cities' Healthy Plans**

City	Population	Health Element and Title	Adopted	Estimated Cost of Developing Health Element	Funder
South Gate	94,396	Stand-Alone: Healthy Community Element:	2009	\$80,000	Kaiser Foundation
Richmond	103,701	Stand-Alone: Community Health and Wellness	TBD	\$255,000	California Endowment Foundation
San Pablo	29,139	Stand-Alone: Health	2011	\$17,000	NA
San Jose	945,942	Integrated	2011	NA	NA

Source: US Census 2010 and interviews

South Gate is the 16<sup>th</sup> largest city in Los Angeles County and home to 94,396 people (South Gate n.d.; U.S. Census Bureau 2010). Of the four cities, South Gate has the least ethnically diverse population with Latinos comprising 95 percent of the population. The City has the highest rate of multi-lingual speakers at 89 percent and foreign-born persons at 46 percent. It is the densest of the four cities with 13,000 persons per square mile, which is also greater than Oakland (7,000 persons per square mile). The City's population and land area (7 square miles) are smaller than Oakland (55 square miles) (U.S. Census Bureau 2010). Heavy industries within the City encompass about 18 percent of the total

land area (South Gate n.d.). The prevalence of heavy industries and their proximity to residents contribute to the City's acute health disparities especially compared to the rest of Los Angeles County (South Gate 2009)

Cognizant of the compromising health issues its residents face, South Gate set out to develop a Health Element. South Gate's Health Element, entitled *Healthy Community Element*, was adopted by the City Council in 2009, which makes it officially the oldest of all other cities interviewed. Developed alongside the General Plan update, the *Healthy Community Element* cost about \$80,000 and was funded through a grant from the Kaiser Foundation according to Steve Lefever, South Gate's Community Development Director. The entire General Plan process took about four years and cost approximately \$1 million.

The City of Richmond is located in Contra Costa County with a population of 103,701. Richmond is the second largest city interviewed. Of all the cities, its ethnic population distribution is the most similar to Oakland with 15 percent or more African Americans, Asians, Latinos, and Whites. In addition, Richmond and Oakland's share of the population that are multi-lingual and foreign-born are comparable. The City encompasses approximately 30 square miles and is the least dense city interviewed at 3,000 persons per square mile (U.S. Census Bureau 2010). Similar to Oakland, the City has a shoreline that stretches 32 miles, which is also home to a port. Overall, industrial and port activities constitute 22 percent of the total land area in Richmond (Planning and Building Services Department 2009).

Richmond's *Health and Wellness Element* is considered by experts in the field to be one of the most comprehensive Health Elements and a shining example of how to engage and incorporate a community's vision. The *Health and Wellness Element* was developed alongside the City's General Plan update. The General Plan has as of yet to be adopted but will be up for a vote again in April 2012. The *Health and Wellness Element* was paid for in part by the California Endowment Foundation, which selected Richmond among 13 other cities to invest \$10 million in each city over the course of 10 years. The City received \$255,000 to collaborate with the county public health department, Contra Costa Health Services to incorporate public health in the General Plan (Richmond 2007). The process of developing the *Health and Wellness Element* fell into three stages:

1. Creating, writing, and adopting the Health Element
2. Piloting implementation stage
3. Designing a health in all policies standards in collaboration with the school district, the City, and Contra Costa Health Services

Richmond's neighbor, San Pablo is a small city about three-square miles also situated in Contra Costa County with a population of 29,139. While ethnically diverse, the largest group is Latinos who comprise 56 percent of the population followed by Whites (32 percent), African Americans (16 percent), and Asians (15 percent). Large shares of the City's population speak a language other than English at home (69 percent) and are

foreign-born (45 percent). The median income in San Pablo is similar to Oakland at \$43,872 and \$49,721 respectively. Although the City has the smallest population and land area, second to South Gate it has the highest number of persons per square mile at about 11,000 (U.S. Census Bureau 2010).

Similar to South Gate and Richmond, San Pablo's Health Element developed out of its General Plan update process. However, unlike South Gate and Richmond, the City did not host specific health topic workshops. Rather the impetus for the Health Element came from multiple factors, including leadership from members on the General Plan advisory committee. San Pablo held about three to four General Plan workshops that drew between 60-120 people. Out of these public meetings and workshops, residents consistently echoed that they wanted more community gardens, nutritious foods, skate parks for youth, as well as pedestrian and bicycle friendly neighborhoods. While the City was updating its General Plan, neighboring City, Richmond was also updating its. Word that Richmond was developing a Health Element, inspired San Pablo to fit community desires and input under the same umbrella. The full General Plan was adopted by the City Council in 2011. The two-year process of updating the General Plan, which was last updated in 1996 cost approximately \$500,000 and the Health Element an additional \$17,000 to develop.

San Jose is the largest city investigated encompassing approximately 177 square miles and a population of 945,942. San Jose has a very diverse population with a substantial representation of Whites (43 percent), Asians (32 percent), and Latinos (33 percent). Of all the cities interviewed it has the highest rate of high schools graduates at 82 percent and median household income at \$79,405 even compared to Oakland for example at 79 percent and \$49,721 respectively (U.S. Census Bureau 2010).

Unlike the other cities I interviewed, San Jose does not have a stand-alone Health Element but has integrated health into all of the elements of its General Plan. "It's a lot easier than people make it out to be to include healthy living in the General Plan, because if we are doing are job correctly than we are already half way there," says Laurel Prevetti, Assistant Planning Director for San Jose.

San Jose's new General Plan does not follow the traditional model of creating a chapter for each of the required seven elements. Instead, only the LUTE has a chapter solely dedicated to it and the remaining elements are discussed within the Thriving Community, Environmental Leadership, and Quality of Life chapters. The rationale being that the elements are naturally overlapping and it makes the General Plan more user-friendly (San Jose 2011). Another major difference the City did not work with the county health department in the same way as other cities interviewed to develop the General Plan.

The following sections provide a summary of major findings from the cities interviewed in regards to community engagement; identifying, implementing, and tracking measurable indicators and policies; outcomes; barriers to implementation; and major

lessons learned. A table detailing health themes and topics the four cities addressed as compared to Oakland is available in Appendix B.

## Community Engagement

Community engagement is an integral part of the General Plan update process. Often community workshops are held that inform and educate the public as well as act as venues for soliciting community feedback and visions. Table 6 provides a summary of community engagement strategies each city employed.

**Table 6. Healthy Plans Community Engagement Strategies**

City	South Gate	Richmond	San Pablo	San Jose
<b>Outreach Strategies</b>				
<b>Traditional Outreach</b>	X	X	X	X
<b>Creative Outreach</b>	X	X		X
<b>Community Workshops</b>				
<b>Translation Available</b>	X	X	X	X
<b>Accessible</b>	X	X	X	X
<b>Health Specific Workshops</b>	X	X		
<b>Creative Workshops</b>	X	X		X
<b>Small Group Breakouts</b>	X	X	X	X

### Outreach Strategies

Every city employed traditional outreach strategies such as multilingual mailings, fliers, posters, newsletters, street banners, and website updates. San Jose also used social media tools to increase outreach including creating a Wiki where people could post photographs of issues and take an online survey. Richmond and South Gate employed the most robust and creative outreach strategies.

South Gate worked with consultants who helped create a list of 50 key stakeholders. Stakeholders included residents, community based organizations (CBO), businesses, church representatives, among other key constituencies. Once they got the first round of stakeholders to attend meetings they asked them to identify 3-5 more people to invite and so forth, eventually amassing a large database. The City used telephone reminders and worked closely with local churches and schools – their core constituencies – to get people out.

In addition, South Gate’s planning department turned community events into participatory planning meetings. They invited restaurants and community organizations to set up booths. The City used ongoing festivals and community activities to draw

people in and talk to them about the planning process. Easels with maps were placed throughout events for people to identify issues in the City, while residents' complaints were logged. City staff also provided energy retrofit consultations and connected people to health care providers. In essence, organizers developed a marketing outreach strategy targeting the City's core constituents in order to bolster community participation and engagement. To ensure even representation, a map of the City displayed which neighborhoods were represented at General Plan workshops.

Richmond also employed an extensive outreach strategy, which included a "Plan Van" that drove around the City and talked to people about the General Plan update. Richmond made schools the hub of their outreach efforts. Schools were also a primary target for outreach because of the desire to reach young people and impart healthy lifestyle habits on them such as bicycling, walking, and engaging in community activities. Youth then also become a conduit to transfer knowledge to their parents. Meetings continue to be held in the community, at schools and in target areas. Holding meeting outside of City Hall is considered important because it is not always accessible for people, especially for those who do not feel comfortable leaving their neighborhoods. The added bonus is that it gets City staff, representatives, and consultants out in the community to see, feel, and experience the environment, making them much more responsive and understanding of the needs.

### Community Workshops

Every city had translation services available at community workshops. South Gate had monolingual and multi-lingual Spanish and English working groups. San Jose also provided translation services in multiple languages including Spanish and Vietnamese.

Every city also worked to make workshops accessible in various ways, including hosting community meetings throughout the City at business, organizations, in various community centers, auditoriums, schools, and so forth. Many of the cities provided food. A grant from Common Sense California paid for food and translation services for San Pablo. Although, San Pablo residents are not particularly active in City events, food became a big draw for seniors, younger moms, and families. San Pablo also mindful of who their constituents are held meetings after 6 p.m. Every city also provided childcare. San Pablo's Parks and Recreation Department facilitated childcare at workshops and provided children arts and crafts activities.

South Gate held 12 community workshops for the General Plan and three specifically on health topics, the first of which was on designing an active healthy community (40 participants), the second on access to nutritious food (100+ participants), and third on walkability (30 residents) (South Gate 2009). A local elementary school acted as a base meeting place for the walkability workshop where people were broken up into groups and walked through designated areas to identify barriers to a pedestrian friendly

environment. An \$80,000 grant from the Kaiser Foundation paid for the full development of the Health Element including all of the community engagement activities.

In the end, South Gate received a substantial amount of feedback from the public that informed the final General Plan and Health Element. The City Council was very pleased with the amount of community participation and most members attended all of the public meetings. Most of the meetings were broken up into small working groups where people identified issues in various parts of town as well as overall issues in the community. Information was presented in creative and fun ways to make the process engaging and fruitful.

Health topics emerged out of Richmond, San Pablo and San Jose's General Plans community envisioning meetings. Richmond has a history of acute health disparities and environmental justice groups active in the community. It was at initial General Plan workshops where residents and advocates began asking how the City intended to address health disparities in future development. While met with initial resistance, in collaboration with multiple stakeholders Richmond ended up developing the most comprehensive Health Element reviewed. The City conducted a pilot implementation phase of the Health Element that included health specific workshops such as walk audits.

San Pablo held three to four public workshops. There were also small group breakout sessions, which were more conducive for capturing participants' ideas and concerns. San Pablo initiated the General Plan update process through creating an advisory committee, which started with 23 members representing residents, retirees, Contra Costa College, business owners, schools, and parents, among others. The group met once a month and provided technical advice and regularly reviewed drafts of the General Plan. Aside from advisory committee members, there was not much outside interests in the Health Element according to a former member. Moreover, initially the consultants and City staff were not supportive of a stand-alone Health Element. Two advisory members that participated in the development of Richmond's Health Element conducted study sessions on health and the built environment and best practices for writing a Health Element with the rest of the committee. The advisory committee ended up supporting the inclusion of a Health Element, which lead to the City Council's adoption. Nonetheless, community input generated at the public workshops informed the final product. The ideas were there – residents wanted more parks, dog parks, healthy food options, and a greater sense of public safety. "You can expand your sidewalks as much as you want but if people don't feel safe people won't walk," said Tina Gallegos, Senior Planner of San Pablo.

San Jose had an extensive community engagement process to develop its General Plan, including 51 envisioning meetings and 125 outreach meetings, contributing to over 5,000 participants. The top five themes that community participants identified include economic development (17.8 percent), food sustainability (15.2 percent), economic leadership (13 percent), transit ridership (10.8 percent), and urban villages (10.4 percent) (San Jose 2011). Overall, there was a very high level of community engagement,

according to Prevetti. Workshops included creative interactive exercises, such as building an ideal community using Legos. Community vision and input was gathered at workshops and the staff wrote it up. The City won a planning award for its community outreach efforts.

## Measurable, Implementable, Evaluative

While it can be difficult to link community health outcomes to specific causes, identifying indicators can help frame priorities and measure progress. Health indicators can include asthma or obesity rates and social factors such as poverty and unemployment. Health indicators should reflect each community's unique needs and connect to the built environment (Stair et al. 2008). **Table 7** Table 7 lists some examples of health indicators South Gate and San Pablo incorporated into their Health Elements:

<b>Table 7. Measurable Health Indicators</b>	
<b>Measurable Health Indicators</b>	
<b>Health Factors</b>	
	Obesity and overweight rate
	Asthma, diabetes, heart disease, and stroke rates
<b>Social Factors</b>	
	Poverty rate
	High School graduation rate
	Unemployment rate
	Affordable housing rate
<b>Air Quality and other Environmental Factors</b>	
	Proximity of residential facilities to heavy industrial activity and freeways
<b>Physical Activity</b>	
	Population within ¼ mile of parks, schools, transit
	Pedestrian and bicycle supportive infrastructure rates and minimum standards
<b>Healthy Food Access</b>	
	Population within ¼ mile of healthy food outlet, supermarket, or grocery store
	Population within ¼ mile of fast food only
<b>Crime Reduction and Perceptions of Safety</b>	
	Violent crime rate
	Streets, parks, and public places with adequate lighting
	Traffic accident rates, pedestrian and bicycle victims
<b>Access to Services and Social Capital</b>	
	Population within ¼ mile of acute care, intermediate care, medical, dental
	Presence of mental health services
	Presence of community services (library, schools, banks, pharmacies, sports facilities)

San Pablo identified indicators supportive of tracking measurable outcomes including linking park facilities improvements to a performance-based priority system that incorporates a public health lens. The San Pablo Health Element also includes a policy recommendation to work with Contra Costa Health Services, the county, and City to maintain and monitor health outcomes and risk factors. Moreover, there is a policy

advising the creation of a Health Commission that can support evaluating effectiveness of City's health policies and programs (San Pablo 2011).

South Gate's Health Element also includes progress tracking and reporting measures. For example, the element recommends conducting bi-annual townhall meetings regarding the progress of implementing the General Plan. Lack of funding has slowed this process, but the first meeting is set to occur as part of the development of the zoning ordinances.

The City of Richmond has not yet identified specific health indicators to monitor partly because of how difficult it is to measure outcomes for long-term health issues. Although, the Health Element does contain detailed information regarding current health conditions within the City that frame the goal priorities. Conditions include but are not limited to high rates of poverty, persistent health inequities especially among African American residents, lack of access to preventative health strategies such as healthy food and medical services. In addition, a committee has been organized to identify existing and needed data as well as key health indicators to track over time. Thus far, the committee has focused on available data such as an annual City survey that typically measures residents' perception of the level of services. A recent survey demonstrated that residents felt City services were improving, which the planning department partly attributes to the level of community engagement and the related responses that came out of the General Planning process. The committee wants to adopt indicators such as City staff perception of health, by tracking how health is considered in decision-making and the use of health language.

Consistent with Richmond's Health Element Action (HW11.B), Healthy Development Criteria, the planning department is in the process of developing criteria to evaluate proposals on how they contribute to creating a healthy environment (Richmond n.d.). It is likely that not all projects will meet the criteria because of varying development needs, but the intent is to ensure plans improve livability, including creating jobs for residents. In addition, recommendations for the criteria include a qualitative and/or quantitative checklist and identifying thresholds that would trigger review. The element also recommends collaborating with Contra Costa Health Services to track health outcomes overtime and report the results to the community, including possibly developing Health Report Cards (Richmond n.d.).

Through funding from the Strategic Growth Council, Richmond's planning department is also identifying health barriers in current zoning codes focusing on developing a form-based code for three commercial areas. Form-based code takes into consideration the impact and fit of a development project proposal on the character of an area rather than only the land uses (Form-Based Codes Institute 2011). The Richmond Livable Corridors project is in an area outside of what is currently being contested in the General Plan. Richmond's General Plan has not yet been adopted because of a conflict over converting the land use designation of a portion of its North Shore from Business Light Industrial to Open Space (Richmond 2011). Nonetheless, through focusing on the corridor, the

department will be able to create new zoning standards that will guide future development. Much like the development of its General Plan, the backbone will be the community's vision of the corridor. The department has already started facilitating community meetings in venues along the corridors.

While health indicators were clearly identified within the stand-alone Health Elements they were difficult to locate in San Jose's General Plan. I was not able to in the time permitted to complete the report conduct a thorough analysis of San Jose's General Plan and identify specific health indicators. Although a general scan did not produce health indicators similar to South Gate or San Pablo. However, San Jose's General Plan does include policy recommendations to work with the Santa Clara County Public Health Department to measure the prevalence of fast food restaurants and convenience stores.

## Outcomes

All of the cities interviewed are still in the early stages of implementation, including South Gate who adopted its General Plan in 2009. All of the cities are in the process of updating their zoning ordinances to bring them into alignment with their General Plan. As noted in Chapter III, zoning is the primary General Plan implementation tool. Oakland just updated its zoning ordinances, which may represent a challenge in the future development of either creating a stand-alone Health Element or updating the General Plan to have a greater public health focus.

The formal practice of South Gate's Health Element is still being formalized and not yet fully implemented. The City recently received a Strategic Growth Council grant to bring its zoning codes into alignment with the recent General Plan update, which will include policy recommendations from the Health Element. Since its adoption, the City has used the Health Element to leverage economic development and grant opportunities. For example, the City is working to bring a hospital to the area. South Gate currently does not have a hospital within its city limits. The City is working to find a hospital group to partner with the local community college that has a nursing program. In addition, as part of the City's healthy food initiatives it is working to attract more grocery stores, eliminate the prevalence of liquor stores, and minimize fast food establishments. Some Health Element initiatives under way include:

- Initiating the creation of a bicycle master plan, Safe Routes to schools, and HEAL (Healthy Eating Active Living) campaign
- Working with the Gateway City Council of Governments to plan for new light rail stations
- Adopting a smoking regulation policy
- Encouraging healthy food and beverages at city events
- Developing a HIA for a local highway (I-710)

Although Richmond has not adopted the updated General Plan, the planning department has been moving forward with the policy objectives outlined in the Health Element. Through funding from the California Endowment and in collaboration with Contra Costa County Health Services, PolicyLink, an independent evaluator (Jason Corburn, Associate Professor of City & Regional Planning, UC Berkeley), and MIG, Inc. (a planning and land use consulting firm) the City launched a two year implementation pilot in 2008.

The pilot project was launched in two neighborhoods after the *Health and Wellness Element* was completed. Neighborhoods were selected based on the rate of violence, poverty, and community health outcomes. Two elementary schools within the neighborhoods became the anchors for implementation. Peres Elementary School located in a neighborhood commonly known as the Iron Triangle and in the neighboring district Cesar Chavez Elementary School in the Belding Woods neighborhood. With the Superintendent of schools and the support of the principals, the City began to engage the community about the relationship between the built environment and health.

Schools became a strategic base of organizing and activating the community. The added benefit being an opportunity to reach people at an earlier age, before they become “married to their habits,” said Lina Valesco, Senior Planner for Richmond. In order to engage parents, they started working with the Student Site Councils (similar to a Parent Teacher Association) and limited English language parent groups. The Student Site Councils play an influential role because they participate in a school’s budget review process. Since they have been working with the two schools they have conducted walk audits around the school with community members and regularly attend Friday coffee hours to talk about health and the built environment with parents and teachers. The walk audits identified accessibility and proximity of nearby parks and community centers to the schools and safety routes. The walk audits also provided useful information for the current development of the City’s Pedestrian and Bicycle Master Plans. The audits also provided the City an opportunity to fix lighting, add ADA ramps and striping, repave cross walks, and trim trees that were blocking signs around the schools. The City is continuing to work closely with parents and community members to inform the vision for the Pedestrian and Bicycle Master Plan. The City has also recently put in a community garden at Chavez Elementary School.

Richmond has also begun to limit tobacco advertising near schools, including on storefronts. They are also working on a City wide healthy vendors’ policy to encourage better mobile food options. A committee composed of technical experts and residents in the neighborhood where most of the vending is happening are currently developing strategies. Urban agriculture has also become more popular in the community with more urban gardens popping up around town. While it is a policy goal to increase residents’ access to fresh produce, concern about the toxicity of soil has encouraged the use of raised beds. In addition, the City has been successful at getting the many nonprofits in the community to adopt and maintain a portion of the Richmond Greenway. Some nonprofits are maintaining community gardens on the Greenway. One group has placed

watershed bioswales on the Greenway. Bioswales are a landscape solution to filter out particles from surface runoff water, such silt and pollution from cars (Hogan 2011).

Richmond's Health Element also calls for a *Health in All Policies*<sup>3</sup> strategy in which schools will be the hub for all services. It will require capacity building and strengthening community knowledge. It will also be a key way to ensure collaboration and coordination between the City, the school district, and Contra Costa County Health Services.

Although Richmond, much like many California cities, is working with fewer staff due to budget cuts and the elimination of the community redevelopment agency, since the General Plan process began there has been greater collaboration between agencies to provide services to residents. "Now we are writing grants together and creating projects together," said Valesco. Agency collaborations are occurring on Safe Routes to school project, on developing a HIA policy, and on joint use agreements to maximize use of public buildings and infrastructure.

The City of San Pablo is also working more closely with the Contra County Health Services since adoption of the Health Element. Major initiatives underway that came out of the Health Element include:

- Creation of a youth service division
- The HEAL campaign
- Formation of the Childhood Obesity Prevention Task Force that is employing environmental prevention strategies to reduce consumption of sugary beverages and improve the quality of food served in school lunches
- Specific area plans that promote pedestrian activity and transit-oriented development
- A new park, which has a community garden and a green education center equipped with solar panels
- Adoption of tobacco and alcohol retail license fees

San Pablo is also working with the Contra Costa County Health Services to track community health indicators, such as diabetes. In addition, there has been greater collaboration with the police department to reduce violent crimes. The City is now using ShotSpotter, which pick up gunshot vibrations and sends a signal to a police officer's squad car in the area to allow for quick response time. Currently San Pablo's planning department is working to strengthen partnership with the West Contra Costa Unified School District since they are such a critical piece in reducing barriers to more nutritious foods and recreational spaces. They are also working closely with ABAG (Association of

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<sup>3</sup> *Health in All Policies* is a project of the California Strategic Growth Council to enhance collaboration between multiple sectors at the state and local level in order to develop responsive solutions to health and sustainability issues within the state (Ca Department of Public Health and Univeristy of San Francisco 2010).

Bay Area Governments) and MTC (Metropolitan Transportation Commission) who are supporting the City's work to create a more pedestrian and bike friendly environment. Lastly, the Youth Services Division is working with a local CBO, Familias Unidas, on implementing gang prevention programming. The City is continuing to engage the community through the Childhood Obesity Prevention Taskforce and regularly attending the San Pablo Merchants Association meetings. The City is also working with First 5 to engage parents in a nutrition education campaign.

While San Pablo has not adopted any formal measures for tracking the overall progress of implementing the Health Element, they are required by state law to complete an Annual General Plan Progress Report. The next progress report is expected to include an evaluation of the Health Element. Meanwhile, the City continues to work towards the goals outlined in the Health Element, including increasing the number of open spaces through applying for grants for more soccer fields and community centers. The planning department is also supporting economic development activities by trying to attract more food retailers such as *Fresh & Easy*.

San Jose only recently adopted its General Plan, in November 2011 and implementation began in December, thus in terms of outcomes, it is still too early to tell. The first priority has been to update the zoning codes to bring them into alignment with the new General Plan, which they are currently working on. The plan itself has not changed any processes for the planning department and they have not adopted any tools to enhance the assessment of a project's health implication. In addition, San Jose typically relies on private companies to put forth projects for mixed-use retail development that take advantage of the features. According to Prevetti, "our goal is to build a vibrant community that is equitable. The General Plan brought all of those together in terms of creeks, trails, protecting natural resources...It doesn't change our process, it just makes for more strong policy direction."

## Barriers to Implementation

A major theme that emerged with cities interviewed is that the state of California's elimination of community redevelopment agencies has slowed the implementation process, particularly for South Gate and Richmond. South Gate's planning department had already faced major cuts prior to the dissolution of its redevelopment agency, from a staff of 15 to 2 people.

Overall, the biggest barrier South Gate identified was insufficient amount of money and time to meet all of the priorities and vision outlined in the Health Element. Closure of the redevelopment agency has meant an additional loss of resources for the City and the department. Initiatives to convert vacant city owned properties into community gardens have been halted because the properties now have to be sold. Funding for subsidies to clean up former industrial sites has also been eliminated. The loss of funding has slowed implementation of the Health Element and General Plan. Policies outlined in the Health

Element to create a development review checklist have yet to occur. Although, Lefever anticipates they will create a checklist shortly with the intent of streamlining and speeding up the review and permitting process. In addition, other evaluative measures outlined in the Health Element have been stalled, including monitoring the health status of the community and general monitoring of outcomes. The department just does not have the resources to have one staff person focus on it as is needed to see full implementation. Nonetheless, the planning department with support from the City Council is determined to stay on track, balance the needs of the community, and pay the bills.

The biggest barrier Richmond has faced is adoption of the General Plan. The Health Element is not the issue of controversy thus the City is continuing to move forward on the policy objectives outlined. Overall, the Health Element was not a radical shift – residents and the City were already thinking about the issues raised and addressed within it, thus it was more about making the connection to the built environment. Similar to South Gate the biggest challenge has been loss of the redevelopment agency, which has slowed the development of new green spaces, bus stops, and bicycle friendly infrastructure. Although funding is tighter and now more competitive with so many Cities in need, the department is working to piece various grants together to get their projects funded.

San Pablo has also not encountered any opposition to the policies outlined in the Health Element or towards implementation. Overall, San Pablo's planning department has received a lot of support from the City Council and the community to create, develop, and implement the Health Element. They want to make it easy for residents to make healthier choices.

San Jose did not share any barriers to implementation.

## Lessons Learned

According to Lefever, the process requires a lot of time commitment, fortunately the consultant team really believed in the Health Element. The planning department went through a few consultants before finding the right team to support the process. The team they ended up with was so invested they got their family members and friends to work for free. They were successful at creating excitement and momentum, which took a while to build. The consultant team generated that excitement by going into the community holding lunches, connecting with churches, and attending club meetings talking to people about prioritizing community health. The consultants were able to build a large following, repeatedly encouraging people to come and bring two friends. While, the process was very labor-intensive people were dedicated, which excited the City Council. It was important to be out in the churches and schools because people do not identify with City Hall. Thus it was also important to have an advisory plan committee comprised of representatives from the churches and community based organizations

who became ambassadors for the program reaching out to their communities. However, with fewer resources it has been difficult to duplicate the same level of community engagement for the zoning update.

Richmond echoed a similar sentiment, that the entire General Plan process has been a huge task. Overall, it has taken over six years to complete and it is still awaiting adoption from the City Council. Valesco, felt like it might be easier to break up the process over time. Nonetheless, Valesco expressed how vital the schools became to engaging the community as well as the CBOs in the area. The City was able to leverage the local CBOs to use their resources to knock on doors, which played an instrumental role in the level and depth of community engagement. The whole processes strengthened the City's relationship and coordination with local groups and the community.

In addition, Richmond chose to go very broad in developing its Health Element. Starting broad rather than being very prescriptive also allowed for more responsiveness and flexibility in fostering and incorporating the community's vision. Every city is different and needs to be responsive to the concern in the community and tailor plans accordingly. In the end, the Health Element tied all of the other elements of the City's General Plan together. It created a cross section of all of the elements. It had goals and policies related to climate change, air quality, open space, circulation, etc. which were also in the other elements.

## Summary of Innovative Healthy Plans

Every city interviewed indicated health issues were primarily identified in community engagement workshops. Each city's plan included innovative health topics unique to its community. San Jose prioritized creating urban centers equipped to meet the needs of seniors who can no longer drive. San Pablo and Richmond's Health Elements policy recommendations included creating programs to support reentry populations. In respective cases, stand-alone Health Elements became an umbrella for identifying health-promoting policies in other elements of the General Plan and an opportunity to recommend policies that would address health issues unique to each community.

Health issues became a way to energize stakeholders and City leaders. For Richmond and San Pablo, the Health Element originated out of their community workshops, signaling to their respective city councils and planning departments, the significance of health issues to residents.

South Gate and San Pablo's Health Element included measurable health indicators to be tracked over time. Richmond did not identify specific indicators but included a section on existing conditions, which detailed the major health issues the City faces. All of the cities identified specific policies on working with local county public health departments to track community health outcomes and trends. Richmond was the only city to include a policy of creating a progress report that would incorporate health indicators to assessing

the effectiveness of the City's policies and programs. Richmond and South Gate were the only cities to have specific policies on incorporating health assessments to the approval process of new developments in the form of identifying checklists and criteria.

Overall, since increasing the role of health into planning each city was collaborating more with other agencies including their local public health departments, school districts, and local CBOs. Support from planning departments, the community, and City Councils played a crucial role in development, adoption, and implementation. Lastly, all of the cities interviewed had much more user friendly General Plans than Oakland.

## V. Tools: Better Linkages between Planning and Health

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Raising the profile of health in the General Plan does not ensure implementation. As assessment of Oakland's General Plan and findings from cities interviewed have demonstrated, implementation remains a challenge. Although it is too early to tell if the trend of adopting a Health Element translates into improved community health outcomes, adopting implementation tools and evaluative measures provide opportunities to assess effectiveness and appropriateness of recommended health policies and programs. This section discusses in more detail different implementation and evaluative tools mentioned throughout the narrative that present opportunities to strengthen health consideration in the planning process.

### Implementation Tools

#### Health Impact Assessment (HIA)

A Health Impact Assessment (HIA) is similar to an Environmental Impact Assessment<sup>4</sup> and has been used in conjunction to determine the health implications of development projects, policies, or plans. The HIA is intended to inform public officials and the community of the health implications of development and land use policies in order to improve health outcomes and mitigate negatives ones (CDC n.d.). Health Equity Impact Assessments go a step beyond HIAs by accounting for the distribution of health outcomes (US Department of Health and Human Services 2011). Oakland's Housing Element includes a policy recommendation to explore using HIAs. The recommended use provides an opportunity to create a better linkage between public health and land use policies and interagency collaboration. Moreover, it provides an opportunity to build the foundation for developing a Health Element.

#### Form-Based Codes

Cities and counties across the country are moving away from conventional zoning regulations to form-based codes. Form-based codes take into consideration the impact and fit of a development project proposal on the character of an area rather than only the land uses. Form-based codes are regulatory and often include standards on public space and building form and at times on architecture, landscaping, signage, and environmental resources. Flagstaff, Arizona developed form-based codes after realizing its zoning regulations contributed to urban sprawl. Miami, Florida completely replaced its zoning regulations with form-based codes centered on creating walkable city (Form-Based Codes Institute 2011). In addition, as noted Richmond is currently working to develop form-based codes for three major commercial districts.

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<sup>4</sup> The California Environmental Quality Act (CEQA) requires assessments of the human and ecological effects of development projects and plans. Topics range from effects on wildlife to air pollution (Fulton and Shigley 2005).

### Oakland Planning Checklists and Standards

The City of Oakland's planning process currently utilizes two set of standards that have health implications: the Crime Prevention through Environmental Design (CPEN) Checklist and Green Building Standards (Oakland Police Department 2012; Oakland 2011).

CPEN requires new residential, commercial, and civic developments to meet environmental design strategies to reduce the potential for crime. New residential, commercial, and civic development proposals must submit a checklist indicating which strategies they have incorporated into the project (Oakland Police Department 2012). As of 2011, Oakland also requires new private and public developments to meet mandatory Green Building Standards (Oakland 2011). Both ordinances can contribute to improving the health of a community in varying ways. However, neither directly addresses chronic health issues. In addition, both are project-based and thus do not provide a strategic framework for addressing the health implications of development.

### San Francisco's Health Development Checklist

San Francisco encourages the use of a health development checklist to assess new projects, primarily large-scale residential, commercial, or mixed-use projects. The checklist is organized under six categories: Environmental Stewardship, Sustainable Transportation, Social Cohesion, Public Infrastructure, Healthy Housing, and Healthy Economy (San Francisco Department of Public Health 2012). As noted in Chapter III, Oakland's Housing Element recommends exploring the development of a similar checklist, which signals another opportunity to integrate a health lens into planning, bolster interagency collaboration, and develop the foundation for a Health Element.

## Reporting

Two different reporting mechanisms can improve evaluative measures of planning and health policies. These reports include the Annual General Plan Progress Report and the Sustainable Oakland Report.

### Annual California General Plan Progress Report

The California Governor's Office of Planning and Research requires general law cities, applicable charter cities, and counties to complete an Annual General Plan Progress Report. The purpose of the report is to inform local legislative bodies on the progress of implementing the General Plan (Morgan 2007; CA Office of Planning and Research 2011). Currently Oakland is only required to complete annual progress reports on the Housing Element. Oakland's annual Housing Element report informs the public and local legislative bodies on the City's progress or lack thereof towards meeting specified policy objectives. The City of Baltimore produces a similar user-friendly report, which includes a matrix indicating the status of strategies from the City's Master Plan, a sample is provided in Appendix H. *Baltimore Progress Report Matrix* (Baltimore 2008).

If Oakland adopted the practice of producing an Annual General Plan Progress Report, it could provide a sense of the City's accomplishments, challenges, effectiveness and appropriateness of policies and programs, and inform General Plan development. In addition, it could help the planning department and City Council become more acquainted with the City's ultimate visioning document. While adopting the practice of producing a General Plan progress report does not necessarily improve health in planning, it is an important stepping-stone in ensuring greater implementation of future health promoting policies. However, because it is not a current practice adoption may likely be difficult.

#### Sustainable Oakland Report

Since 1999, the City of Oakland has produced a Sustainability Report. Throughout the years, the report has covered different topics and has not been prepared in a consistent format. The most recent report from 2010 included a chapter on two General Plan elements, *Housing, Land Use and Transportation*. In addition, it included the chapter *Health, Safety & Wellness* (Oakland n.d.). While user-friendly, mainly containing a few highlights in each chapter, it does not provide a substantive assessment of City's programs, policies, or overall well-being. Perhaps a simple way to bolster the report without making it too cumbersome to read is to include a matrix assessing progress of implementing policies in Oakland's General Plan. The benefit of the report is that it is a practice already in use and it includes both a land use and health lens.

## VI. Criteria Summary Assessment

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This chapter provides an assessment of the various strategies reviewed to improve health considerations in the City of Oakland’s planning processes. The strategies discussed thus far can be truncated into four different approaches:

- Keep Oakland’s General Plan as is
- Introduce stand-alone Health Element
- Update Oakland’s General Plan to integrate more comprehensive health policies
- Maximize opportunities to strengthen existing practices

Each approach was assessed on the following defined criteria and rating system as seen in Table 8:

*Effectiveness* – addresses health comprehensively, identifies specific health indicators, includes measurable health promoting policies, and incorporates evaluative reporting measures.

*Equity* – accounts for health disparities, identifies specific equity indicators, includes measurable policies to mitigate health disparities, and actively engages a representative cross-section of constituents’ perspectives.

*Administrative Feasibility* – planning department invested in strategy, capacity to develop and implement strategy, and interagency coordination.

*Political Feasibility* – City Council, community, and stakeholders support strategy.

**Table 8. Criteria Ratings**

Rating	Level	Standard
<b>Strong</b>	<b>4-5</b>	Most effectively meets criterion
<b>Moderate</b>	<b>2-3</b>	Adequately meets criterion
<b>Low</b>	<b>0-1</b>	Minimally or does not meet criterion

As can be seen in Table 9, maximize current opportunities receives the highest rating followed by keeping Oakland's General Plan as is and adopting a Health Element.

**Table 9. Criteria Summary Assessment**

	Effectiveness	Equity	Administrative Feasibility	Political Feasibility	Total
<b>Keep Oakland's General Plan as is</b>	1	1	4	5	11
<b>Adopt Health Element</b>	4	4	1	2	11
<b>Update General Plan</b>	4	4	1	1	10
<b>Maximize Current Opportunities</b>	2	2	4	4	12

#### Keep Oakland's General Plan as is

As noted in Chapter III, Oakland's General Plan does not effectively or comprehensively address health or equity issues. Moreover, the plan currently lacks evaluative measures to assess the progress and effectiveness of existing politics. Although, since it is the current practice it is certainly administratively and politically feasible. Strengthening interagency collaboration would have raised its administrative feasibility rating to five.

#### Introduce Stand-alone Health Element

Introducing a stand-alone Health Element received high ratings for effectiveness and equity because of the potential to introduce policies that address health issues within the City that are linked to the built environment. A stand-alone Health Element can potentially provide a strategic framework for addressing health issues in the City rather than evaluating projects individually. The level of effectively addressing health and equity is largely dependent on the process of developing a Health Element. The approach rated low in terms of administrative feasibility because the planning department is currently not invested in the development of a stand-alone Health Element. Moreover, the capacity for the department to develop and implement a stand-alone Health Element is currently unclear. Although the City Council seems interested in developing a Health Element, a broader cross-section of stakeholders is likely needed to ensure political feasibility.

#### Update Oakland's General Plan to Integrate More Comprehensive Health Policies

Although updating the current General Plan presents an opportunity to strengthen health and equity comprehensively, it is unlikely the planning department or the City has the capacity to currently take on such an undertaking.

### Maximize Opportunities to Strengthen Existing Practices

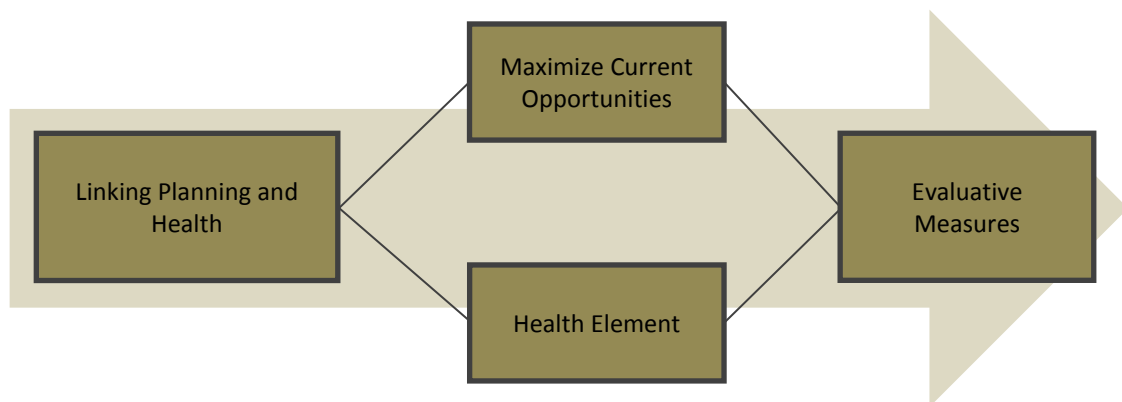
As noted in Chapter V there are multiple tools the City is currently employing that can be leveraged to increase health considerations in the planning process. Although, the current practices may only moderately improve health and equity considerations they represent opportunities to lay the groundwork for developing more comprehensive planning policies that address community health issues. Moreover, the practices are administratively and politically feasible since they are currently being used.

## VII. Recommendations

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While introducing a stand-alone Health Element signals the importance of taking into account the public health implications of development, alone it does not ensure health outcomes will improve. As analysis of Oakland’s General Plan and current planning practices in Chapter III illustrates, implementation is not a guarantee. Moreover, the City’s progress towards implementing the General Plan is currently unknown. The lack of evaluative measures creates a gap in understanding the effectiveness and appropriateness of City’s policies and programs. Thus, the backbone of my recommendations is about incorporating evaluative measures as seen in Figure 2. This chapter provides recommendations to improve the linkage between health and land use in Oakland through current opportunities that can also set the stage for future development of a Health Element. My recommendations also include a framework for developing a Health Element once resources have been secured and future research suggestions.

**Figure 2. Meaningful Linkages between Health and Planning**



### Maximize Current Opportunities

#### Health Impact Assessments (HIA) and Health Checklist

As noted the recently adopted Housing Element recommends implementing HIAs for future projects and policy analysis as well as exploring the use of health checklists. Efforts should be made to work with Oakland’s planning department to participate in both of these endeavors. The existing policy provides a concrete opportunity to integrate health considerations into the day-to-day practice of approving development projects. In addition, it is an opportunity to strengthen interagency partnership and collaboration as well as lay the groundwork for future development of a Health Element.

## Expand Sustainable Oakland Report

The Sustainable Oakland Report is already an established City practice and includes chapters on health and land use. Thus, the report should be expanded to include a simple matrix assessing progress towards policies in the General Plan, including health promoting policies. In addition, it should include health and equity indicators that demonstrate major health issues residents' face. Slightly bolstering its content will keep it user-friendly and accessible to the community while also improving its relevancy.

## Adopt a Health Element

A stand-alone Health Element provides a strategic framework for addressing health issues linked to the built environment. As noted, it is an opportunity to amplify the importance of evaluating health implications linked to development. Following are additional recommendations vital to creating a relevant and effective Health Element.

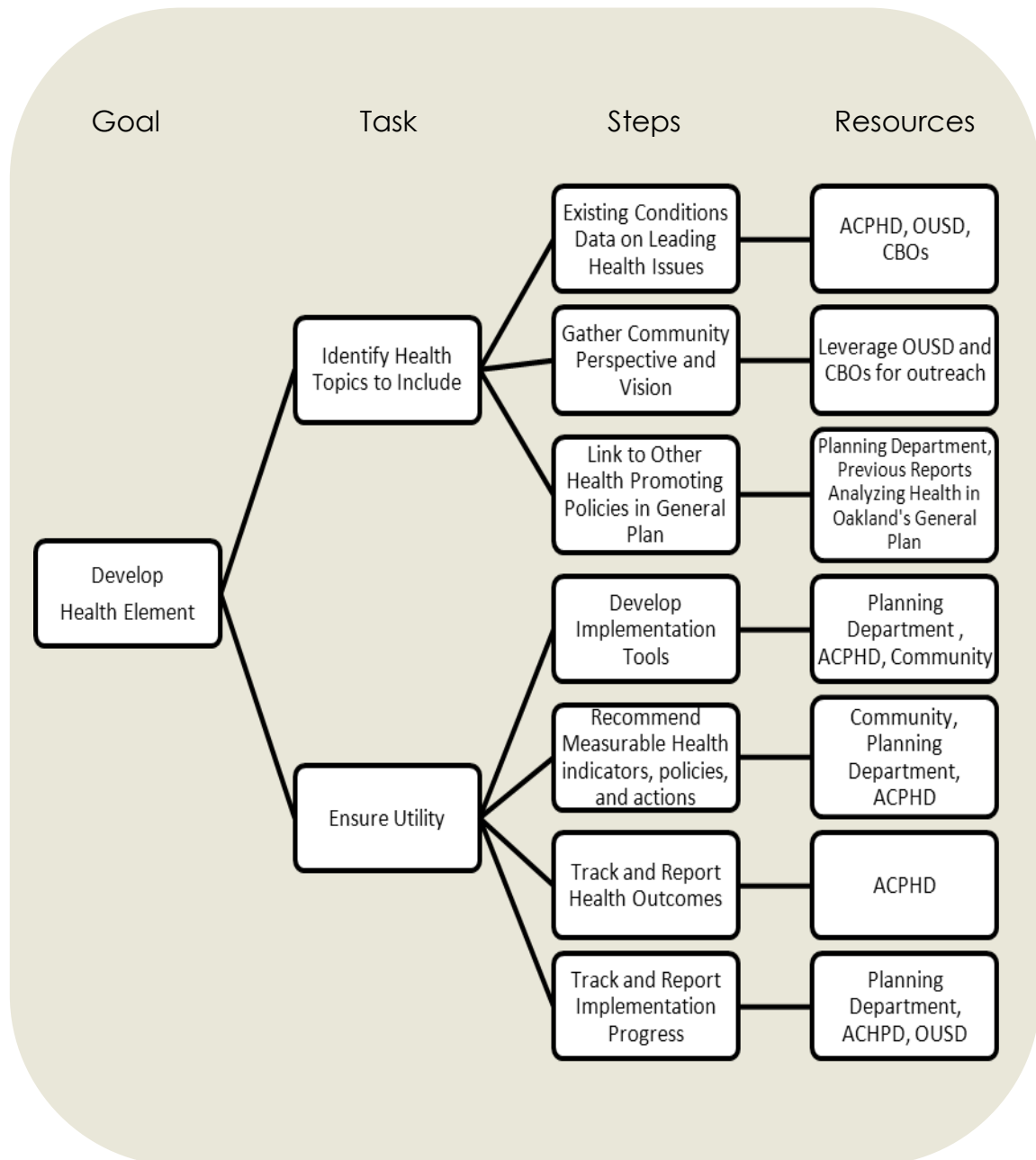
## Raise Funds, Strengthen Partnerships, and Leverage Resources

Every city interviewed who adopted a stand-alone Health Element raised funds from private foundations. Fundraising is critical and can pay for community engagement workshops and development of a Health Element. The amount of funding will affect the extensiveness of community engagement. Thus high, medium, and low levels of community engagement scenarios should be developed. Moreover, funding needs to be raised not only for development of a Health Element but to increase capacity to implement recommended policies and update zoning as necessary. Fundraising also provides an opportunity to strengthen partnerships with key agencies and stakeholders. Partners can support fundraising efforts and commit resources such as space, staff time, and/or volunteers contributing to a multi-stakeholder collaboration.

## Framework for Developing a Health Element in Oakland

Framework recommendations draw on lessons learned from Oakland’s General Plan implementation process and cities interviewed as discussed in Chapter III and IV respectively. A visual representation of the framework is provided in Figure 3.

**Figure 3. Framework for Developing a Health Element**



The two main objectives are to identify health topics to include in the Health Element and ensure its utility. In order to determine priority topics, data on the existing health conditions and distribution of outcomes in the City should be identified and gathered. The ACPHD, the Oakland Unified School District (OUSD), Kaiser Permanente, and Community Based Organizations (CBOs) can support data finding efforts. Priority topics could inform community workshop topics. In addition, workshops should be held to identify issues community members are facing throughout the City. OUSD and CBOs should be leveraged to enhance community outreach, representation, and engagement. Lastly, use the Health Element to highlight other health promoting policies in the General Plan to demonstrate a comprehensive vision of healthy development and alignment. Reviewing existing health promoting policies in the General Plan also provides an opportunity to assess gaps and provide recommendations. This report, previous research, and the planning department can support identifying existing health promoting policies.

The second objective is to ensure the Health Element is useful and relevant. Developing tools such as a healthy development checklist, instituting HIAs, and/or adopting form-based codes are ways to expand health considerations in the day-to-day practice of approving development projects. This will require working with the planning department and potentially community stakeholders and the ACPHD to develop manageable tools. In order to ensure the Health Element is relevant, measurable health indicators, policies, and actions should be identified and their progress and outcomes tracked. Moreover, ongoing tracking and reporting provides an assessment of effectiveness and appropriateness of City's policies and programs to improve health outcomes equitably. This will require working with the planning department, ACPHD, and potentially the OUSD.

## Conduct Future Analysis

### Investigate Form-based codes

It would be worth investigating further the impact of form-based codes on creating healthy and sustainable communities especially since it can potentially have a more immediate and holistic effect on the planning process.

### Explore Healthy Plans and Evaluative Reporting

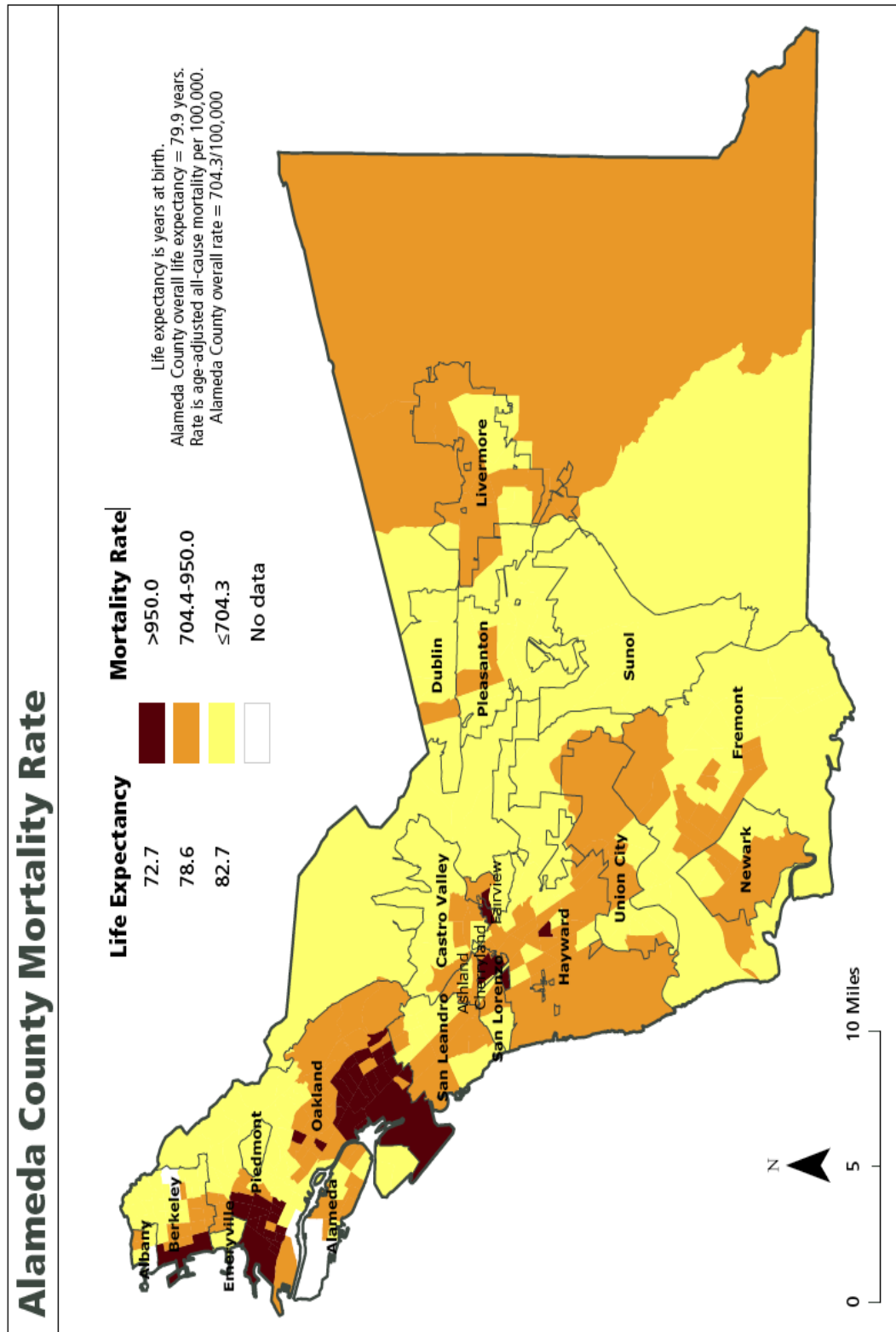
Since more robust healthy planning policies and Health Elements are a relatively recent practice, efforts should be made to continue to assess the progress of implementation and evaluation. Jurisdictions that have health promoting policies in their General Plan and produce an Annual General Plan Progress Report could be evaluated.

## Conclusion

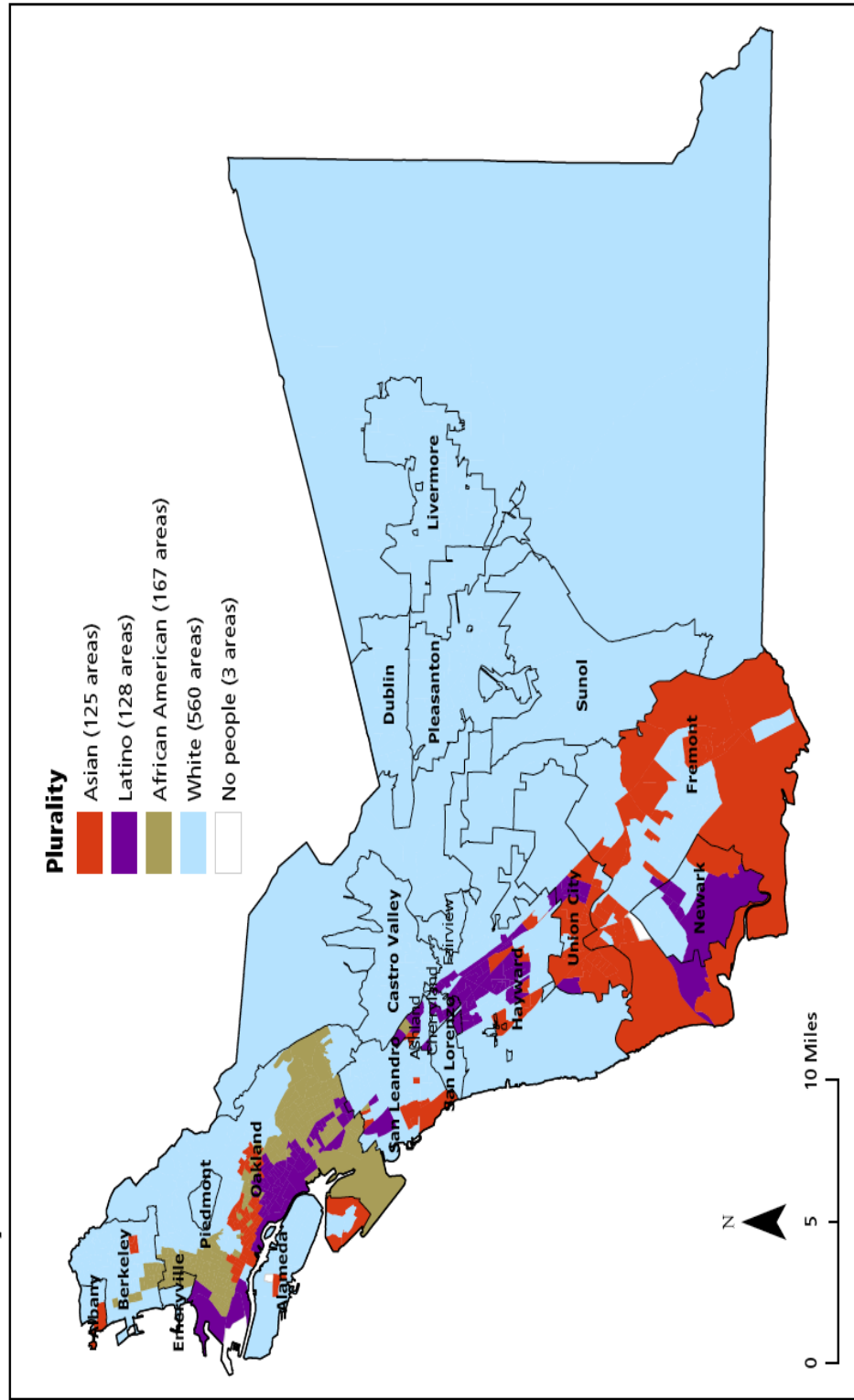
General Plan elements are both implicitly and explicitly about improving the quality of life and health of residents within its jurisdiction. Although, a stand-alone Health Element provides an opportunity to amplify the importance of evaluating health implications linked to development. Moreover, it provides a strategic framework for addressing health and equity issues linked to the built environment. It is an opportunity to strengthen health considerations in Oakland's land use planning decisions

However, as illustrated in this report implementation is not a guarantee. In order to improve community health outcomes, promote a culture of healthy living, and mitigate the negative effects of particular kinds of city developments, it is important to adopt implementable policies. It is also important to institute on going evaluation of policies and programs in order to assess the effectiveness of improving health outcomes.

## Appendix A. Health Distribution Outcome Maps



Map 3: Racial/Ethnic Plurality, Alameda County



Source: Census 2000.

Source: (Beyers et al. 2008)

## Appendix B. Healthy Planning Policies

	South Gate	Richmond	San Pablo	San Jose	Oakland
<b>Table 10. Comparing Health Themes</b>					
<b>Traditional Health Promoting Policies</b>					
<b>Housing</b>					
Quality Affordable Housing		X		X	X
Mixed-income and inclusion of affordable housing in all neighborhoods		X		X	X
Health Inclusion in Housing Rehabilitation Guidelines		X			
Protect tenants who report health and safety violations/hazards		X			
Supportive Services Housing				X	X
<b>Land Use</b>					
Mixed-Use and Complete Neighborhoods	X	X	X	X	X
Urban Infill	X	X	X	X	X
<b>Transportation</b>					
Transit Access	X	X		X	X
Transit-Oriented Development	X	X		X	X
Traffic Reduction		X	X		X
Traffic Safety	X	X	X		X
Enhanced and Accessible Paratransit (innovative)		X			
Safe Routes to Schools Programs	X	X	X		X
Multimodal Transit	X		X		
<b>Physical Activity</b>					
Bicycle Facilities	X	X	X	X	X
Pedestrian Facilities	X	X	X	X	X
Parks, Recreation, & Open Spaces	X	X	X	X	X
Joint Use	X	X	X	X	
<b>Environmental Quality</b>					
Pollution	X	X			
Brownfield Cleanup and Contaminated Site Cleanup		X			X
<b>Seismic, Natural, and other Hazards</b>					
Mitigation and Prevention Strategies	X	X	X	X	X

	South Gate	Richmond	San Pablo	San Jose	Oakland
<b>Comparing Health Themes (continued)</b>					
<b>Innovative Health Promoting Policies</b>					
<b>Raising the Profile of Public Health</b>					
Independent Health Element	X	X	X		
Health Guiding Principle				X	
Health Rationale	X	X	X		
Considering Health in Planning Processes	X	X	X	X	
<b>Health Care Prevention</b>					
Funding and Support for Health Services	X				
Access to Health Care and Health Services	X	X	X	X	
Alcohol, Drugs, and Tobacco Treatment	X		X		
Mental Health	X				
Nutrition and Physical Activity Consumer Education	X	X	X		
<b>Healthy Food Access</b>					
Funding and Support for Health Services	X				
Agricultural Preservation		X			
Urban Agriculture / Local Food	X	X	X	X	X
Farmers' Markets	X	X	X		X
Healthy Food Retail	X	X	X	X	
Emergency Food and Food Assistance	X	X	X	X	
Limit Prevalence of Liquor Stores	X	X	X		
Improve Access to Healthy Foods at Schools	X		X		
Limit Prevalence of Fast Food Outlets	X		X	X	
<b>Equity</b>					
Equitable Distribution of Opportunity and Risk		X		X	X
Vulnerable Populations		X	X	X	X
Social and Health Equity Indicators		X	X	X	
<b>Environment</b>					
Green and Sustainable Development Practices		X		X	X
Climate Change		X		X	X
<b>Air Quality</b>					
Indoor air quality	X	X		X	X
Reduce toxic air containments	X	X	X	X	X
Port Emissions Reduction Plan		X			
Truck Routes Plan	X	X			X

	South Gate	Richmond	San Pablo	San Jose	Oakland
<b>Comparing Health Themes (continued)</b>					
<b>City Leadership</b>					
Healthy Lifestyle Promotion at Government offices and events	X	X	X		
Health Development Standards for City Buildings	X				
<b>Community Leadership</b>					
Strong stakeholder partnerships	X	X		X <sup>5</sup>	
Community engagement	X	X		X	
<b>Economic Opportunity</b>					
Equitable expansion of economic opportunity	X	X	X	X	
Workforce Development, Training, and Recruitment	X	X	X		X
Local Small Business Support		X			
Living Wage		X			
Childcare	X				X
<b>Measurable &amp; Evaluative</b>					
Health Indicators Identified	X		X		
Ongoing Health Tracking	X	X <sup>6</sup>	X	X <sup>7</sup>	
Evaluation Mechanisms		X <sup>8</sup>	X <sup>9</sup>		

<sup>5</sup> Several policy examples encouraging partnerships between Santa Clara County Health Department, CBOs, school districts, businesses, and other sectors: Goal ES-1: Education (Ch.4, p. 33); ES-5.9 (Ch.4, p.43).

<sup>6</sup> Richmond's Action HW 11.C: *Health Tracking Program*: "Collaborate with Contra Costa Health Services to develop a program that measures health outcomes over time to assess the effectiveness of City policies and programs. Develop specific measures to track progress and consider publishing a Community Health Report Card periodically to communicate results to the public." (p. 11.66).

<sup>7</sup> San Jose's VN-3.7: "Collaboration with Santa Clara County Public Health Department to measure ...concentrations of fast food restaurants and convenience stores..." (p. 7).

<sup>8</sup> Richmond's Action HW 4.1 page 11.36: "Develop a community-based self-evaluation and transition plan to work toward access for all and Americans with Disabilities Act (ADA) compliance....the plan should assess policies, programs, services and facilities that are available to the public and provide recommendations for adapting service delivery methods, and making physical improvements to ensure access for all...." (from Goal HWR: Safe and Convenient Public Transit and Active Circulation Options)

<sup>9</sup> San Pablo: HEA-I-13: "Establish a Health Commission to advise the City Council on issues relating to health and wellness...help assess the effectiveness of City health policies and programs..." (p. 8-22).

	South Gate	Richmond	San Pablo	San Jose	Oakland
<b>Comparing Health Themes (continued)</b>					
<b>Measurable &amp; Evaluative (continued)</b>					
Health Criteria in Reviewing and Approving Developments	x <sup>10</sup>	x <sup>11</sup>	x <sup>12</sup>		
<b>Safety, Violence, and Crime</b>					
Crime reduction		X	X		X
Increasing Safety In Public Spaces		X	X	X	X
Inmate Re-entry and Transition		X	X		
Youth Programs			X		
Community Led Response Strategy		X			
<b>Supportive Services</b>					
Improve Access and Linkages to Supportive Services (e.g. food, financial support, housing, etc.)	X		X	X	X

<sup>10</sup> South Gate: Action HC 1: Review City Codes and Ordinances for Their Impact on Health and Action HC 2: Create Land Development Review Checklist that “ensure projects enhance public health outcomes” (p.300).

<sup>11</sup> Richmond’s Policy HW.11.1 *Organizational Capacity for Change* under the Goal: Leadership in Building Healthy Communities: “...Promote the use of health criteria in reviewing and approving new development and redevelopment projects to maximize their health benefits and minimize or eliminate health impacts. (pg. 11.65). Also Action HW11.B: *Healthy Development Criteria*: “Develop criteria and standards to evaluate the health benefits and impacts of land development projects and plan. ... Identify appropriate thresholds that would trigger healthy development review. Develop guidelines for assessments relative to different scales of development...” (p. 11.66)

<sup>12</sup> San Pablo: HEA-I-5: “Link park facility improvement priorities to a ranking system keyed to public health and recreational goals” (p. 8-17). HEA-I-12: “Within Zoning Ordinance, clearly define ‘healthy food grocery stores’ in order to ensure that businesses meeting the description have access to incentives developed ...” (p.8-21).

## Appendix C. Health Policies in Oakland's General Plan

**Table 11. Health in LUTE**

Health in Oakland's Land Use & Transportation Element		
Policies	Reference	Health Promoting themes
<b>Industry &amp; Commerce</b>		
Investing in Economically Distressed Areas of Oakland	Policy I/C1.4	Equitable Distribution of Opportunity & Risk
Expanding job training opportunities	Policy I/C1.11	Economic Development
Pursuing environmental clean-up	Policy I/C2.1	Contamination Clean-Up
<b>Transportation &amp; Transit Oriented Development</b>		
Locating truck services	Policy T1.5	Limiting impact of trucks
Designating truck routes	Policy T1.6	Limiting impact of trucks
Re-routing and enforcing truck routes	Policy T1.8	Limiting impact of trucks
Encouraging transit oriented development	Policy T2.1	Transit Oriented Development
Guiding transit oriented development	Policy T2.2	Transit Oriented Development
Linking transportation and activities	Policy T2.5	Transit Oriented Development, Access to Health Services
Including bikeways and pedestrian walks	Policy T3.5	Bicycle Facilities, Pedestrian Facilities
Encouraging transit	Policy T3.6	Transit Access
Resolving transportation conflicts	Policy T3.8	Transit Access
Screening Downtown parking	Policy T3.8	Pedestrian Facilities
Incorporating design features for alternative travel	Policy T4.1	Transit Access, Bicycle Facilities, Pedestrian Facilities
Creating transportation incentives	Policy T4.2	Transit Access, Bicycle Facilities, Pedestrian Facilities
Reducing transit wasting time	Policy T4.3	Transit Access
Developing light rail or electric trolley	Policy T4.4	Transit Oriented Development
Preparing a Bicycle and Pedestrian Master Plan	Policy T4.5	Bicycle Facilities, Pedestrian Facilities
Making transportation accessible for everyone	Policy T4.6	Transit Access, Equity, Vulnerable Populations
Reusing abandoned rail lines	Policy 4.7	Recreation, Bicycle Facilities, Transit Oriented Development, Pedestrian Facilities
Accommodating multiple types of travel on the Bay Bridge	Policy T4.8	Bicycle Facilities, Transit Oriented Development, Pedestrian Facilities
Gateway public access area	Policy T4.9	Recreation, Bicycle Facilities, Pedestrian Facilities, Recreation, Parks
Converting underused travel lanes	Policy T4.10	Bicycle Facilities, Pedestrian Facilities
Ranking capital improvement projects	Policy T5.2	Implementation, Safety, Equity,

		Transit Access,
Improving streetscapes	Policy T6.2	Pedestrian Facilities
Making the waterfront accessible	Policy T6.3	Open Spaces
<b>Downtown</b>		
Planning for Kaiser Center	Policy D1.6	Access to Health Services
Planning for the Channel Park Arts, Educational, and Cultural Center	Policy D1.8	Bicycle Facilities, Pedestrian Facilities, Transit Access
Planning for the Jack London District	Policy D1.10	Pedestrian Facilities
Enhancing the Downtown	Policy D2.1	Pedestrian Facilities
Promoting pedestrians	Policy D3.1	Pedestrian Facilities
Developing vacant lots	Policy D6.1	Pedestrian Facilities
Meeting needs daily	Policy D9.2	Complete Neighborhoods
Locating housing	Policy D10.2	Transit Oriented Development
Providing housing for a range of needs	Policy D10.4	Affordable Housing, Equitable Distribution of Risk & Opportunity
Creating infill housing	Policy D10.6	Infill
Promoting mixed-use development	Policy D11.1	Mixed-Use
Locating mixed-use development	Policy D11.2	Mixed-Use
<b>Waterfront</b>		
Linking neighborhoods with the waterfront	Policy W2.1	Open Space, Recreation, Pedestrian Facilities, Bicycle Facilities
Providing public access improvements	Policy W2.3	Open Space, Recreation, Pedestrian Facilities, Bicycle Facilities
Improved railroads crossings	Policy W2.5	Open Space, Recreation, Pedestrian Facilities, Bicycle Facilities, Safety
Encouraging public transportation	Policy W2.7	Traffic Reduction, Transit Access
Making public improvements as part of projects	Policy W2.10	Open Space, Recreation, Pedestrian Facilities, Bicycle Facilities
Protecting and preserving wetland plant and animal habitat	Policy W3.3	Environmental Quality, Open Space
<b>Mixed-Use Waterfront<sup>13</sup></b>		
Encouraging mixed-land use along the estuary	Policy W9.1	Mixed-use
Defining development characteristics along the estuary	Policy W9.3	Mixed-use
Defining development intensity along the estuary	Policy W9.4	Mixed-use
Supporting existing residential communities along the estuary	Policy W9.7	Equity

<sup>13</sup> Similar policies described for Jack London Square, Embarcadero Cove, and the Fruitvale Waterfront

<b>Neighborhoods</b>		
Placing public transit stops	Policy N1.1	Transit Access
Reviewing potential nuisance activities	Policy N1.6	Alcohol Retailers
Encouraging infill development	Policy N3.2	Infill
Supporting “fair share” accountability	Policy N4.1	Affordable Housing
Advocating for affordable housing	Policy N4.2	Affordable Housing
Environmental justice	Policy N5.1	Environment, Equity
Increased home ownership	Policy N6.2	Affordable Housing, Equity
Designing local streets	Policy N7.4	Traffic Reduction, Bicycle Facilities, Pedestrian Facilities
Developing transit villages	Policy N8.1	Transit-oriented Development
Developing public service facilities	Policy N12.1	Safety
Making daycare available	Policy N12.3	Childcare Facilities
Reducing capital improvement disparities	Policy N12.5	Equity

\* Note the City has a policy on allowing congestion Downtown (LUTE Policy T3.3) under the assumption that traffic congestion promotes transit usage

**Table 12. Health in Safety Element**

<b>Health in Safety Element</b>
<b>Policies</b>
POLICY PS-1 Maintain and enhance the city’s capacity to prepare for, mitigate, respond to and recover from disasters and emergencies.
POLICY PS-2 Reduce the city’s rate of violent crime, in particular the number of crime-related injuries and deaths, and the public fear which results from violent crime.
POLICY PS-3 Enhance the city’s capacity to prevent and respond to terrorist
POLICY GE-2 Continue to enforce ordinances and implement programs that seek specifically to reduce the landslide and erosion hazards.
POLICY GE-3 Continue, enhance or develop regulations and programs designed to minimize seismically related structural hazards from new and existing buildings.
POLICY GE-4 Work to reduce potential damage from earthquakes to “lifeline” utility and transportation systems.
POLICY FI-1 Maintain and enhance the city’s capacity for emergency response, fire prevention and fire-fighting.
POLICY FI-2 Continue, enhance or implement programs that seek to reduce the risk of structural fires.
POLICY FI-3 Prioritize the reduction of the wildfire hazard, with an emphasis on prevention.
POLICY HM-1 Minimize the potential risks to human and environmental health and safety associated with the past and present use, handling, storage and disposal of hazardous materials.
POLICY HM-2 Reduce the public’s exposure to toxic air contaminants through appropriate land use and transportation strategies.
POLICY HM-3 Seek to prevent industrial and transportation accidents involving hazardous materials, and enhance the city’s capacity to respond to such incidents.
POLICY FL-1 Enforce and update local ordinances, and comply with regional orders, that would reduce the risk of storm-induced flooding.
POLICY FL-2 Continue or strengthen city programs that seek to minimize the storm-induced flooding hazard.
POLICY FL-3 Seek the cooperation and assistance of other government agencies in managing the risk of storm-induced flooding.
POLICY FL-4 Minimize further the relatively low risks from non-storm-related forms of flooding.

**Table 13. Health in OSCAR**

<b>Health in Oakland's OSCAR</b>		
<b>Objectives<sup>14</sup></b>	<b>Reference</b>	<b>Health Promoting themes</b>
<b>Open Space</b>		
Resource Conservation Areas	Objective OS-1	Open Space
Urban Parks, Schoolyards, and Gardens	Objective OS-2	Open Space, Community Gardens
Institutional and Functional Open Space	Objective OS-3	Open Space, Joint Use
Private Open-Space	Objective OS-4	Open Space
Linear Parks and Trails	Objective OS-5	Open Space, Recreation, Joint Use
Regional Open Space Planning	Objective OS-6	Open Space
Shoreline Access	Objective OS-7	Open Space, Recreation
Creek Conservation	Objective OS-8	Open Space, Recreation, Community Involvement
Street Trees	Objective OS-12	Open Space
<b>Conservation</b>		
Soil Conservation	Objective CO-1	Conservation, Environment
Land Stability	Objective CO-2	Safety
Mineral Resources	Objective CO-3	Safety
Water Supply	Objective CO-4	Conservation, Environment
Water Quality	Objective CO-5	Safety, Environment
Surface Water	Objective CO-6	Conservation, Environment
Plant Resources	Objective CO-7	Urban Agriculture
Wetlands	Objective CO-8	Conservation, Environment
Rare, Endangered, and Threatened Species	Objective CO-9	Conservation, Environment
Vegetation Management	Objective CO-10	Conservation, Safety
Wildlife	Objective CO-11	Conservation, Environment
Air Resources	Objective CO-12	Bicycle Facilities, Pedestrian Facilities, Transit-Oriented Development, Air Quality,
Energy Resources	Objective CO-13	Environment, Energy Efficiency, Conservation, Alternative Energy
<b>Recreation</b>		
Park Planning and Management	Objective REC-1	Parks, Recreation, and Open Spaces
Park Design and Compatibility Uses	Objective REC-2	Parks, Recreation, and Open Spaces
Parkland and Park Facilities Deficiencies	Objective REC-3	Parks, Recreation, and Open Spaces
Maintenance and Rehabilitation	Objective REC-4	Parks, Recreation, and Open Spaces, Environment
Park Safety	Objective REC-5	Parks, Recreation, and Open Spaces,

<sup>14</sup> There are too many policies in the OSCAR to list here, thus objectives are provided

Safety		
Joint Use Recreational Facilities	Objective REC-6	Parks, Recreation, and Open Spaces, Joint Use
Recreation Programs	Objective REC-7	Parks, Recreation, and Open Spaces, Youth Programs
Special Recreation Needs	Objective REC-7	Parks, Recreation, and Open Spaces, Vulnerable Populations, Equity, Transit Access, Youth
Community Involvement	Objective REC-9	Parks, Recreation, and Open Spaces, Community Involvement
Funding	Objective REC-10	Parks, Recreation, and Open Spaces, Implementation

**Table 14. Health in Pedestrian Master Plan**

<b>Health in Oakland's Pedestrian Master Plan</b>		
<b>Policies</b>	<b>Reference</b>	<b>Health Promoting themes</b>
Crossing Safety: Improve pedestrian crossings in areas of high pedestrian activity where safety is an issue	PMP Policy 1.1.	Pedestrian Facilities , Safety, Indicators, Tracking
Traffic Signals: Use traffic signals and their associated features to improve pedestrian safety at dangerous intersections	PMP Policy 1.2.	Pedestrian Facilities, Safety, Vulnerable Populations, ADA, Guidelines, Implementation
Sidewalk Safety: Strive to maintain a complete side- walk network free of broken or missing sidewalks or curb ramps	PMP Policy 1.3.	Pedestrian Facilities, Safety, Implementation
Route Network: Create and maintain a pedestrian route network that provides direct connections between activity centers	PMP Policy 2.1.	Pedestrian Facilities, Safety, Access, Traffic Reduction <sup>15</sup> , ADA
Safe Routes to School: Develop projects and programs to improve pedestrian safety around schools	PMP Policy 2.2.	Pedestrian Facilities, Safety
Safe Routes to Transit: Implement pedestrian improvements along major AC Transit lines and at BART stations to strengthen connections to transit	PMP Policy 2.3.	Pedestrian Facilities, Safety, Transit Access, Equity
Streetscaping: Encourage the inclusion of street furniture, landscaping, and art in pedestrian improvement projects	PMP Policy 3.1.	Pedestrian Facilities
Land Use: Promote land uses and site designs that make walking convenient and enjoyable	PMP Policy 3.2.	Pedestrian Facilities, Mixed-Use Development, Safety, Open Spaces,
Education. Promote safe and courteous walking and driving and the benefits of walking through targeted outreach programs	PMP Policy 4.1.	Pedestrian Facilities, Health Benefits, Safety, Community Engagement, Equity
Enforcement: Prioritize the enforcement of traffic laws that protect the lives of pedestrians	PMP Policy 4.2.	Pedestrian Facilities, Safety, Implementation

<sup>15</sup> Action 2.1.6. Research underused travel lanes for traffic calming and sidewalk widening

**Table 15. Health in Bicycle Master Plan**

<b>Health in Oakland's Bicycle Master Plan (BMP)</b>		
<b>Policies</b>	<b>Reference</b>	<b>Health Promoting themes</b>
Bikeway Network: Develop and improve Oakland's bikeway network	BMP Policy 1A	Bicycle Facilities, Increasing Access, Safety
Routine Accommodation: Address bicycle safety and access in the design and maintenance of all streets	BMP Policy 1B	Bicycle Facilities, Increasing Access, Safety
Safe Routes to Transit: Improve bicycle access to transit, bicycle parking at transit facilities, and bicycle access on transit vehicles	BMP Policy 1C	Bicycle Facilities, Increasing Access, Transit Access, Safety
Parking and Support Facilities: Promote secure and conveniently located bicycle parking at destinations throughout Oakland	BMP Policy 1D	Bicycle Facilities, Increasing Access, Safety, Traffic Reduction <sup>16</sup>
Education: Work with public agencies and the private sector to improve bicycle education, enforcement, and promotional programs	BMP Policy 2A	Bicycle Facilities, Increasing Access, Safety, Traffic Reduction <sup>17</sup>
Enforcement: Prioritize the enforcement of traffic laws that protect bicyclists	BMP Policy 2B	Bicycle Facilities, Safety
Resources: Seek the necessary staff and funding to implement the Bicycle Master Plan	BMP Policy 3A	Bicycle Facilities, Implementation
Project Development: Prioritize and design bicycle projects in co- operation with key stakeholders	BMP Policy 3B	Bicycle Facilities, Data Collection, Collaboration
Public Review: Prior to the implementation of bikeway projects, affected residents, merchants, and property owners shall be notified of the project's costs and benefits	BMP Policy 3C	Bicycle Facilities, Community Participation

<sup>16</sup> Action 1D. 7 encourages development incentives for reducing automobile parking in exchange for bicycle parking.

<sup>17</sup> Action 2A. 4 recommends commute incentives for City employees who bike to work

**Table 16. Health in Housing Element**

<b>Health in Oakland's Housing Element</b>		
<b>Policies</b>	<b>Reference</b>	<b>Health Promoting Themes</b>
Downtown And Major Corridor Housing Program	Policy 1.1	Mixed-Use, Transit Oriented, Vulnerable Populations, Equity, Supportive Services, Emergency Shelters
Appropriate Locations And Densities For housing	Policy 1.3	Distribution of Opportunity & Risk, Equity, Transit Oriented Development, Mixed-Use, Quality Housing
Secondary Units	Policy 1.4	Affordable Housing
Manufactured Housing	Policy 1.5	Affordable Housing
Adaptive Reuse <sup>18</sup>	Policy 1.6	Mixed-Use
Regional Housing Needs	Policy 1.7	Affordable Housing, Measurable
Affordable Housing Development Programs	Policy 2.1	Affordable Housing
Affordable Homeownership Opportunities	Policy 2.2	Affordable Housing, Equity
Density Bonus Program	Policy 2.3	Affordable Housing
Support Mayor And City Council's Discussion Of Adopting A Comprehensive Housing Policy	Policy 2.4	Affordable Housing, Equitable Distribution of Opportunity & Risk
Permanently Affordable Homeownership	Policy 2.5	Affordable Housing, Equity, Equitable Distribution of Opportunity & Risk
Seniors And Other Persons With Special Needs	Policy 2.6	Affordable Housing, Vulnerable Populations (Seniors, persons w/ AIDS/HIV, special needs), Supportive Services, ADA
Large Families	Policy 2.7	Affordable Housing, Equity, Vulnerable Populations
Expand Local Funding Sources	Policy 2.8	Affordable Housing, Implementation, Economic Development
Rental Assistance	Policy 2.9	Affordable Housing, Equity
Path Strategy For The Homeless	Policy 2.10	Affordable Housing , Equity, Vulnerable Populations, Implementation, Supportive Services
Promote An Equitable Distribution Of Affordable Housing Throughout The Community	Policy 2.11	Affordable Housing, Equitable Distribution of Opportunity & Risk
Affordable Housing Preference For Oakland Residents And Workers	Policy 2.12	Affordable Housing
Environmental Constraints	Policy 3.6	Pollution, Soil Cleanup
Housing Rehabilitation Loan Programs	Policy 4.1	Affordable Housing, Housing Rehabilitation, Equity

<sup>18</sup> Could have negative health implications given re-use and joint-living quarters are encouraged for industrial spaces

Blight Abatement	Policy 4.2	Safety, Pollution, Crime Reduction, Health Rationale
Housing Preservation And Rehabilitation	Policy 4.3	Affordable Housing, Equity, Vulnerable Populations
Preservation Of At-Risk Housing	Policy 5.1	Affordable Housing, Equity
Support For Assisted Projects With Capital Needs	Policy 5.2	Affordable Housing, Implementation
Rent Adjustment Program	Policy 5.3	Affordable Housing, Equity
Preservation Of Single Room Occupancy Hotels	Policy 5.4	Affordable Housing, Equity, Implementation
Limitations On Conversion Of Residential Property To Non-Residential Use	Policy 5.5	Affordable Housing, Implementation
Limitations On Conversion Of Rental Housing To Condominiums	Policy 5.6	Affordable Housing, Implementation
Preserve And Improve Existing Oakland Housing Authority-Owned Housing	Policy 5.7	Affordable Housing, Equitable Distribution of Opportunity & Risk
Fair Housing Actions	Policy 6.1	Vulnerable Populations, Equity
Reasonable Accommodations	Policy 6.2	Vulnerable Populations, ADA
Promote Regional Efforts To Expand Housing Choice	Policy 6.3	Affordable Housing, Equitable Distribution of Opportunity & Risk
Fair Lending	Policy 6.4	Affordable Housing, Equitable Distribution of Opportunity & Risk, Tracking
Sustainable Residential Development Programs	Policy 7.1	Green Building Development
Minimize Energy Consumption	Policy 7.2	Climate Change, Green Building Development
Encourage Development That Reduces Carbon Emissions <sup>19</sup>	Policy 7.3	Urban Infill, Transit Oriented Development, Mixed-Use, Pedestrian Facilities, Bicycle Facilities, Climate Change, Reduce Greenhouse Gas Emissions
Minimize Environmental Impacts From New Housing	Policy 7.4	Green Building Development, Indoor Air Quality
Promote Household Health And Wellness By Conducting Health Impact Assessments	Policy 7.5	Health in Planning, Community Participation, Indicators, Implementation, Neighborhood Completeness, Pedestrian Facilities, Equity, Healthy Food Access, Bicycle Facilities

<sup>19</sup> Action 7.3.5 calls for implementing SB 375, the State law requiring regional reductions in greenhouse gas emissions ( CA EPA 2012).

**Table 17. Health in Estuary Plan**

Health in Oakland's Estuary Plan		
Policies	Reference	Health Promoting themes
<b>Jack London Square</b>		
Preserve the historic character of the produce district, and encourage activities that create a viable urban mixed-use district.	POLICY JL-4	Mixed-Use, Farmers' Market
In areas outside the existing boundaries of the historic district (API) and east to the Lake Merritt channel, encourage the development of a mix of uses, including housing, within a context of commercial, light industrial/manufacturing uses, and ancillary parking.	POLICY JL-5	Mixed-Use
Encourage the preservation and adaptive reuse of existing buildings in a new waterfront warehouse district. Use of buildings and new infill development should include joint living and working quarters, residential, light industrial, warehousing & distribution, wholesaling, offices and other uses which preserve and respect the district's unique character.	POLICY JL-6	Urban Infill
Encourage the mix of uses east of Alice Street to promote land use compatibility, while maintaining and enhancing waterfront views and access.	POLICY JL-8	Mixed-Use, Open Spaces, Recreation
Establish a well-structured system of water-oriented open spaces...	POLICY JL-9	Open Spaces, Recreation, Pedestrian Facilities
Work with Caltrans to improve direct access from I-880 to the Alameda tubes to reduce regional traffic on local streets in the Jack London district.	POLICY JL-11	Traffic Reduction
Improve the streets within the Jack London District to create an integral system of open space, local access, and overall circulation, while providing better links between inland areas and the waterfront.	POLICY JL-13	Open Spaces, Recreation, Pedestrian Facilities, Food Retail, Farmers' Market, Bicycle Facilities
Provide for increased transit service to the Jack London District.	POLICY JL-14	Transit Access, Pedestrian Facilities, Bicycle Facilities
Enhance bicycle circulation through the Jack London District.	POLICY JL-15	Bicycle Facilities

<b>Oak to Ninth Avenue District</b>		
Protect and enhance the natural and built components that establish the waterfront's unique environment.	POLICY OAK-1	Open Spaces, Recreation, Ecological Health, Pedestrian Facilities, Bicycle Facilities, Contamination Cleanup
Establish a well-structured, integrated system of major recreational facilities which accommodate a wide variety of activities and which take advantage of the unique waterfront setting. Promote a variety of recreational experiences.	POLICY OAK-2	Recreation, Ecological Health, Safety, Parks, Open Spaces,
Link the estuary to Lake Merritt by enhancing the Lake Merritt Channel.	POLICY OAK-3	Open Spaces, Mixed-Use
Explore the future potential for a new BART station and major parking facility on BART property at Fifth Avenue and East Eighth Street.	POLICY OAK-6	Transit-Oriented Development
Improve the Embarcadero east of Oak Street as a multimodal landscaped parkway with bicycle, pedestrian and vehicular facilities.	POLICY OAK-9	Pedestrian Facilities
Create a network of pedestrian-friendly streets that opens up views and access to the water.	POLICY OAK-10	Pedestrian Facilities, Open Spaces
<b>San Antonio/Fruitvale District</b>		
Encourage preservation and expansion of the affordable residential neighborhood in the Kennedy tract.	SAF-4	Affordable Housing
Develop a continuously accessible shoreline extending from Ninth Avenue to Damon Slough.	Policy SAF 8	Open Spaces, Parks, Recreation
Provide a continuous Embarcadero Parkway from Ninth Avenue to Damon Slough.	Policy SAF-9	Pedestrian Facilities, Open Spaces, Parks, Recreation, prohibit truck traffic, Bicycle Facilities
Work with Caltrans, BART, and other transportation agencies to upgrade connecting routes between inland neighborhoods, I-880, and local streets, to enhance East Oakland access to the waterfront.	Policy SAF-10	Equitable Distribution of Opportunity & Risk, Pedestrian Facilities, Bicycle Facilities, Transit Access

**Table 18. Health in the Noise Element**

<b>Health in Noise Element</b>
<b>Policy 1. Ensure the compatibility of existing and, especially, of proposed development projects not only with neighboring land uses but also with their surrounding noise environment.</b>
Action 1.2: continue using the city's zoning regulations and permit processes to limit the hours of operation of noise-producing activities which create conflicts with residential uses and to attach noise-abatement requirements to such activities.
<b>Policy 2. Protect the noise environment by controlling the generation of noise by both stationary and mobile noise sources.</b>
Action 2.1: review the various noise prohibitions and restrictions under the city's nuisance noise ordinance and revise the ordinance if necessary.
Action 2.2: as resources permit, increase enforcement of noise-related complaints and also of vehicle speed limits and of operational noise from cars, trucks and motorcycles.
Action 2.3: encourage the port of Oakland to continue promoting its noise- abatement office and programs for Oakland international airport.
<b>Policy 3. Reduce the community's exposure to noise by minimizing the noise levels that are received by Oakland residents and others in the city. (this policy addresses the reception of noise whereas policy 2 addresses the generation of noise.)</b>
Action 3.1: continue to use the building-permit application process to enforce the California noise insulation standards regulating the maximum allowable interior noise level in new multi-unit buildings.
Action 3.3: demand that Caltrans implement sound barriers, building retrofit programs and other measures to mitigate to the maximum extent feasible noise impacts on residential and other sensitive land uses from any new, widened or upgraded roadways; any new sound barrier must conform with city policies and standards regarding visual and aesthetic resources and quality

**Table 19. Health in Historic Preservation Element**

<b>Health in Historic Preservation Element</b>
Objective 3: Historic Preservation and Ongoing City Activities
<b>Policy 2.6.a.vi: Preservation Incentives: priority for economic development and community development project assistance and eligibility for possible historic preservation grants for low-income housing</b>
Action 2.6.6: Priority Designation to Historic Properties for City Development Assistance
<b>Policy 3.10: Historic Preservation in Response to Earthquakes, Fires and Other Emergencies</b>
Action 3.10.1: Review and Possible Amendment of Emergency Response Documents
<b>Policy 3.11 Historic Preservation and Seismic Retrofit and Other Building Safety Programs</b>
Action 3.11.2: Design Guidelines for Building Safety Programs
<b>Policy 3.12: Historic Preservation and Substandard or Public Nuisance Properties</b>
Action 3.12.2: Incentives for Retuning Vacant Properties to Service
Action 3.12.3 Earlier Property Acquisitions
Action 3.12.6: Substandard and Public Nuisance Historic Preservation Abatement Procedures and Criteria
<b>Policy 3.13: Security of Vacant Properties</b>

## Appendix D. Healthy Plans Question Framework

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### Evaluation Questions

1. How has the health element been used in planning since its adoption?
  - a. How has the health element been put into practice?
  - b. What methods has the city used to incorporate the health element into planning decisions (example GreenPoint rating system)?
2. What progress has been made citywide since adopting the health element?
  - a. What evaluative measures are used to track progress of the health element?
  - b. What outcomes have there been as a result of adopting a health element?
3. What health indicators were identified for measuring and tracking success?
4. What barriers have been encountered since the health elements adoption and/or implementation?
  - a. What are the lessons learned?
  - b. What advice would you give other cities?
5. How has enforcement occurred?
  - a. If health has not improved what enforcement mechanisms have been adopted? What has been the outcome?

### Community Engagement Questions

1. What was the level of community involvement?
  - a. Where did the meetings take place?
  - b. Was translation available?
  - c. Were CBOs at the table?
  - d. Did they form any partnerships with CBOs or was it done by a consultant?
  - e. How much did the community's feedback inform the final product?
2. Now that it is being implemented how is the community continuing to be engaged if at all?

### Background Questions

1. How much resources did it take to develop?
2. How did they garner political support?

## Appendix E. Oakland's Affordable Housing Barriers

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Following are some specific strategies for meeting Oakland's housing objectives, which are in addition to those outlined in the Consolidate Plan (2005), Blue Ribbon Commission on Housing (2007), and the Mayor's Housing Policy Proposal (2008):

- *Expansion (Rental Housing Production) and preservation of the supply of affordable rental housing*
- *Expansion of the supply of affordable ownership housing (Ownership Housing Production)*
- *Expansion of ownership opportunities for first-time homebuyers (Homebuyer Assistance)*
- *Improvement of existing housing stock (Housing Rehabilitation)*
- *Provision of rental assistance for extremely low and very low income families (Rental Assistance)*
- *Implementation of a "Housing First" homeless strategy via Oakland's Permanent Access to Housing Plan (PATH Plan)*
- *Removal of impediments, promotion of fair housing and expansion of housing choices (Fair Housing) (Oakland 2010, 29)*

Issues the City of Oakland faces in meeting its affordable housing objectives and overall housing objectives include:

- Low vacancy rates driving the cost of housing up, suggested rate to ensure affordable housing options is 5% or more, in 2000 it was 2% for owner-occupied and 4% for renters but it is between 4-8% in areas where there are higher foreclosure rates (East and West Oakland)
- Neighborhoods with higher amounts of vacant properties owned by the bank risk an increase in blight and lack of maintenance, which can further reduce the health of a community
- Rising value of land and property, for infill site purchase for low-to-moderate income housing development acquisition cost range from \$17-105 per square foot in 2008 an increase from what was reported in the previous Housing Element of \$13-70
- Costs for redevelopment and urban infill, which includes demolition, site cleanup, small parcel acquisition, compensation, relocation, environmental hazards cleanup, etc.
- Land availability, small parcels need to be purchased to provide a parcel large enough for housing development, which includes issue with landowners sitting on properties hoping the market will turn around and they can recap on their investment
- Construction costs including wages, materials, and fees
- Financing for real estate development, home ownership

- Overall there is a financing gap with the cost of construction \$425,000 per unit and presently market rental rates are not high enough to support the construction of and high subsidies for low-income residents would be needed to close the financing gap
- Outside of the Downtown area there has been little construction of rental units
- Federally assisted affordable housing units are at risk of being converted to market rate between 2007-19
- Many affordable housing units are also under maintained and it is difficult with the low-rent rates to provide proper maintenance (Oakland 2010)

In addition, to financial obstacles the City also faces negative neighborhood sentiment,

*...concerns and opposition to higher-density developments and to affordable housing developments continue to hamper efforts to construct new housing in Oakland especially against affordable housing development (Oakland 2010, 228)*

#### Opportunity Sites

The City has identified sites that can accommodate 8,670 additional units for a variety of incomes that fit into its target development areas (along major corridors, in downtown, and transit villages). The majority of identified opportunity sites are in Downtown Oakland, with a “handful” in the lower and south Hills, and the rest evenly divided between East and West/North Oakland. The reason given for a higher percentage in Downtown Oakland, is that development densities are higher there than other areas of the City (Oakland 2010)

Funding for affordable housing development remains a challenge. Thus, the City continues to face challenges in meeting its future affordable housing goals. The locations of approved and planned projects as of the completion of the Housing Element are provided in Table 20. A percentage was not given for approved or planned projects in the Oakland Hills.

**Table 20. Location of Approved and Planned Projects**

Neighborhoods	Approved Projects*	Planned Projects
North & West Oakland	50%	15%
Downtown	30%	35%
East Oakland	20%	27%
Hills	N/A	1,258
*Estimations		

## Appendix F. Comparison Cities' Demographics

People QuickFacts	South Gate	Richmond	San Jose	San Pablo	Oakland
Population, 2010	94,396	103,701	945,942	29,139	390,724
Population, percent change, 2000 to 2010	-2.1%	4.5%	5.7%	-3.6%	-2.2%
Persons under 5 years, percent, 2010	8.4%	7.4%	7.3%	8.3%	6.7%
Persons under 18 years, percent, 2010	31.1%	24.9%	24.8%	28.3%	21.3%
Persons 65 years and over, percent, 2010	7.0%	10.2%	10.1%	8.8%	11.1%
White persons, percent, 2010 (a)	50.5%	31.4%	42.8%	32.2%	34.5%
Black persons, percent, 2010 (a)	0.9%	26.6%	3.2%	15.8%	28.0%
American Indian and Alaska Native persons, percent, 2010 (a)	0.9%	0.6%	0.9%	0.8%	0.8%
Asian persons, percent, 2010 (a)	0.8%	13.5%	32.0%	14.9%	16.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.1%	0.5%	0.4%	0.6%	0.6%
Persons reporting two or more races, percent, 2010	3.7%	5.6%	5.0%	5.4%	5.6%
Persons of Hispanic or Latino origin, percent, 2010 (b)	94.8%	39.5%	33.2%	56.5%	25.4%
White persons not Hispanic, percent, 2010	3.4%	17.1%	28.7%	10.1%	25.9%
Living in same house 1 year & over, 2006-2010	91.8%	80.4%	85.2%	81.9%	83.0%
Foreign born persons, percent, 2006-2010	45.6%	32.2%	38.6%	45.1%	28.4%
Language other than English spoken at home, pct age 5+, 2006-2010	88.5%	47.3%	55.4%	69.1%	40.2%
High school graduates, percent of persons age 25+, 2006-2010	51.1%	79.6%	82.4%	64.6%	78.9%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	6.7%	26.8%	36.6%	12.4%	36.3%
Mean travel time to work (minutes), workers age 16+, 2006-2010	28.3	31.8	25.2	29.5	27.5
Homeownership rate, 2006-2010	44.6%	54.0%	60.2%	48.6%	42.4%
Median value of owner-occupied housing units, 2006-2010	\$376,700	\$408,200	\$633,800	\$298,800	\$528,600
Households, 2006-2010	23,828	35,570	300,111	8,776	154,854
Persons per household, 2006-2010	3.97	2.82	3.05	3.26	2.47
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$13,913	\$24,847	\$33,233	\$17,286	\$30,671
Median household income 2006-2010	\$43,268	\$54,012	\$79,405	\$43,872	\$49,721
Persons below poverty level, percent, 2006-2010	18.5%	16.4%	10.8%	18.3%	18.7%
Total number of firms, 2007	6,733	6,744	71,553	1,407	39,382
Black-owned firms, percent, 2007	S	16.5%	S	S	13.7%
American Indian- and Alaska Native-owned firms, percent, 2007	S	2.2%	1.4%	F	S

Asian-owned firms, percent, 2007	S	17.8%	30.9%	S	19.1%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	F	0.5%	F	S
Hispanic-owned firms, percent, 2007	65.2%	S	14.2%	25.6%	8.3%
Women-owned firms, percent, 2007	S	37.0%	30.7%	27.4%	35.2%
Manufacturers' shipments, 2007 (\$1000)	2,260,330	D	17,377,938	NA	1,797,673
Merchant wholesaler sales, 2007 (\$1000)	717,366	1,127,900	30,166,655	D	3,541,512
Retail sales, 2007 (\$1000)	786,992	1,024,634	11,482,367	222,795	2,987,123
Retail sales per capita, 2007	\$8,228	\$10,194	\$12,329	\$7,329	\$7,516
Accommodation and food services sales, 2007 (\$1000)	62,202	64,462	1,714,612	29,762	749,540
Land area in square miles, 2010	7.24	30.07	176.53	2.63	55.79
Persons per square mile, 2010	13,045.3	3,448.9	5,358.7	11,062.6	7,004.0
Counties	Los Angeles County	Contra Costa County	Santa Clara County	Contra Costa County	Alameda County

## Appendix G. Innovative Healthy Plans: Matrix Summary

	South Gate	Richmond	San Pablo	San Jose
<b>Table 21. Innovative Healthy Plans: Table Summary</b>				
<b>Health a Priority</b>				
Initial Resistance		X	X	
Originated out of Community Workshops	X	X	X	X
Collaboration with County Public Health Dpt.	X	X	X	
Schools a base of organizing, outreach, and community engagement		X		
<b>Outcomes</b>				
Greater interagency collaboration	X	X	X	
Updating Zoning Ordinances	X	X	X	X
Funding to Incorporate Health Policies into Zoning		X		X
Increasing Medical Services	X		X	
Increasing Transit Access	X			
New Park(s)			X	
Smoking Regulation Policy	X	X	X	
Increasing Pedestrian Friendly Environment		X	X	
Attracting healthy food retail	X		X	
Using Health Impact Assessments	X	X		
Continued Community Engagement		X		X
Pilot Implementation		X		
<b>Outcomes: Initiatives</b>				
Healthy Equity Partnership		X		
Participating in HEAL Campaign ( Healthy Eating Active Living) <sup>20</sup>	X		X	
Formation of the Obesity Task Force			X	
Health in all Policies <sup>21</sup>		X		
Barriers to Implementation				
Funding Cuts including elimination of Community Redevelopment Agencies	X	X		
Political Challenges to Adoption		X		
<b>Lessons Learned</b>				
Need dedicated, invested, and responsive consultants	X	X		
The General Plan update process a large multi-year endeavor	X	X		
Leverage local community based organizations (CBOs)		X		
Prioritize Community's Vision	X	X	X	X

<sup>20</sup> Campaign helping cities increase residents physical activity and access to healthy food (HEAL 2012).

<sup>21</sup> A project of the CA Strategic Growth Council to enhance collaboration between multiple sectors at the state and local level, in order to develop responsive solutions to health and sustainability issues within the state (Ca Department of Public Health and Univeristy of San Francisco 2010).

# Appendix H. Baltimore Progress Report Matrix

## A. Status of Strategies

XX = Lead Agency, if applicable														
CITY AGENCY(S) ASSIGNED TO DEVELOP and/or IMPLEMENT STRATEGY														
CMP Code	Strategy (summary)	Planning	DPW	Health	Housing	DOT	Rec & Parks	BCPS	BDC	MCC	Other	Time Target, in years	2008-2009 Status	Additional Notes
LIVE														
LiveG10151	Develop/ implement City-wide inclusionary housing plan	X			XX				X		Finance	1 to 6	Adopted City Policy	Inclusionary Housing Legislation passed in 2007; Rules and Regulations drafted and issued in 2008
LiveG10152	Ensure at least 300 more housing units/yr are affordable to seniors, persons with disabilities, homeless, and low-income households	X			X							1 to 6	On going	Housing is proceeding with several mixed-income redevelopment projects; in F'08, there were 1179 rental and homeownership unit added for seniors, homeless and low/moderate income persons.
LiveG10153	Expand eviction prevention services				X						DSS	1 to 6	On going	Plan to End Homelessness; Foreclosure Assistance Program
LiveG10154	Ensure households involuntarily displaced receive preference for public housing and Section 8 vouchers				X							1 to 6	On going	Preference appears in HABC strategic plan
LiveG10155	Target homeownership and rehab loans as well as financialcounseling using Housing Typology	X			X							1	On going	Several programs are specifically designed to leverage and maintain transitional and stable areas: Healthy Neighborhoods. Buying into Baltimore
LiveG10156	Create and preserve mixed-income neighborhoods in Competitive, Emerging, and Stable neighborhoods with targetted disposition	X	XX		X			X	X			1 to 6	On going	Land Bank Authorized by MGA in 2008; Land Bank Task Force currently review legislation; Creation of Department of General Services on Nov 4th Ballot; Examples of areas, Harford Road, Jonestown, Washington Village/Pigtown; School Facility Plan
LiveG10157	Develop comprehensive plan to eliminate homelessness in 10 yrs	X		XX	X						MOED	1 to 6	Adopted City Policy	Plan adopted in 2007; implementation in progress by Health, Housing, MOED. 10 of the first-year benchmarks have been met
LiveG10151	Establish multi-tiered property tax to encourage development	X			X				X		Finance	2 to 3	In Progress	Studying the feasibility of a Vacant Property Fee
LiveG10152	Develop vacant housing reclamation strategy for Transitional and Distressed neighborhoods	X			X		X				Finance, Law	2	On going	Land Bank Authorized by MGA in 2008; Land Bank Task Force currently review legislation; Coordinated greening through master planning process; Examples include Park Heights, Cherry Hill.
LiveG10153	Support creation of Community Garden Land Trust(s)	X			X					X	Law	1 to 2	In Progress	Sustainability Plan to be released in Dec 2008; DPW supporting communities' responsible and reliable access to water
LiveG10151	Implement Crime Prevention Through Environmental Design (CPTED) standards	XX			X	X					Police	1	On going	Street realignment of Orchard St; Street lighting

## Works Cited

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- ACPHD. *The Health of Alameda County Cities and Places, A Report for the Hospital Council of Northern and Central California*, 2010.
- Baltimore. *Live Earn Play Learn: City of Baltimore Comprehensive Master Plan*, 2008.
- Bashir, Samiya A. "Home Is Where the Harm Is: Inadequate Housing as a Public Health Crisis." *American Journal of Public Health*, 2002: 733-38.
- Beyers, Matt, Janet Brown, Sangsook Cho, Alex Desautels, Karie Gaska, Kathryn Horsley, Sandra Witt, and Sarah Martin Anderson. *Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County*. Oakland: Alameda County Public Health Department, 2008.
- Ca Department of Public Health and University of San Francisco. *Health in All Policies Task Force to the Strategic Growth Council Executive Summary*. Sacramento: Health in all Policies Task Force, 2010.
- CA Office of Planning and Research. *General Plans*. 2011.  
[http://opr.ca.gov/s\\_generalplanguidelines.php](http://opr.ca.gov/s_generalplanguidelines.php) (accessed February 20, 2012).
- California Governor's Office of Planning and Research. "The California Planners' Book of Lists." *CNPS*. January 10, 2011.  
<http://www.cnps.org/cnps/conservation/conference/2011/pdf/book-of-lists-2011.pdf> (accessed March 14, 2012).
- CDC (Center for Disease Control). *Healthy Impact Assessment*.  
<http://www.cdc.gov/healthypaces/hia.htm> (accessed April 21, 2012).
- CBE (Communities for a Better Environment). *East Oakland Diesel Truck Survey Report*. Oakland: CBE, 2010.
- Corbourn, Jason. "Confronting the Challenges in Reconnecting Urban Planning and Public Health." *American Journal of Public Health*, 2004: 541-546.
- Feldstein, Lisa M. *General Plans and Zoning, A toolkit for building healthy vibrant communities*. Sacramento: California Department of Health Services, 2007.
- Form-Based Codes Institute. *Sample Codes*. 2011.  
<http://www.formbasedcodes.org/samplecodes?page=1> (accessed April 21, 2012).
- Frumkin, Howard. "Urban Sprawl and Public Health." *Public Health Reports*, 2002: 201-217.
- Fulton, William and Paul Shigley. *Guide to California Planning*. Point Arena: Solano Press Books, 2005.
- HEAL. *The Campaign*. 2012. [http://www.healcitiescampaign.org/the\\_campaign.html](http://www.healcitiescampaign.org/the_campaign.html). (Accessed April 16, 2012).
- Hogan, C. Michael. *Bioswale*. December 4, 2011.  
<http://www.eoearth.org/article/Bioswale?topic=58075> (accessed March 23, 2012).
- Ketchel, Alana, Sarah Martin-Anderson and Sarah Minor-Massy. *Community Health and the Oakland Land Use and Planning Process*. Berkeley: UC Berkeley Goldman School of Public Policy, 2007.
- Ludwig, Jens, Lisa Sanbonmatsu, Lisa Gennetian, Emma Adam, et al. "Neighborhoods, Obesity, and Diabetes -- A Randomized Social Experiment." *New England Journal*

- of Medicine*, 2011: 1509-20.
- Samimi, Amir and Abolfazi Kouros Mohammadian. "Health Impacts of Urban Development and Transportation Systems." *Journal of Urban Planning and Development* , 2010: 208-212.
- Morgan, Scott. *General Plan Annual Progress Report Guidance*. July 11, 2007. [http://opr.ca.gov/docs/GP\\_APR\\_Guidance\\_2007.pdf](http://opr.ca.gov/docs/GP_APR_Guidance_2007.pdf) (accessed February 20, 2012).
- Oakland. *Bicycle Master Plan, part of the Land Use and Transportation Element*. Oakland: City of Oakland, 2007.
- . "Bicycle Parking." *City of Oakland*. July 16, 2008. <http://www2.oaklandnet.com/oakca/groups/pwa/documents/report/oak025006.pdf> (accessed February 9, 2012).
- . *Central Estuary Implementation Guide*. 2012. <http://www2.oaklandnet.com/Government/o/PBN/OurOrganization/PlanningZoning/DOWD008415> (accessed March 27, 2012).
- . *City of Oakland Housing Element*. Oakland, CA: City of Oakland, 2010.
- . *Estuary Policy Plan*. Oakland: City of Oakland, 1999.
- . *General Plan and Planning Code*. 2012. <http://www2.oaklandnet.com/Government/o/PBN/OurServices/GeneralPlan/index.htm> (accessed March 3, 2012).
- . "Green Building Compliance Standards." *City of Oakland*. January 1, 2011. <http://www2.oaklandnet.com/oakca1/groups/ceda/documents/standard/oak023161.pdf> (accessed April 21, 2012).
- . "Health Element - General Plan Amendment." *Legislation Details with Text*. Oakland: Office of the City Clerk, December 5, 2011.
- . *Historic Preservation Element*. Oakland: City of Oakland, 1993.
- . *Land Use and Transportation Element*. Oakland: City of Oakland, 1998.
- . *Noise Element*. Oakland: City of Oakland, 2005.
- . *Open Space Conservation and Recreation*. Oakland: City of Oakland, 1996.
- . *Pedestrian Master Plan*. Oakland: Oakland, 2002.
- . *Safety Element*. Oakland: City of Oakland, 2004.
- . *Scenic Highway Element*. Element of Oakland's General Plan, Oakland: City of Oakland, 1974.
- . "Sustainable Oakland 2010 Annual Report." *Public Works Agency*. <http://www2.oaklandnet.com/oakca1/groups/pwa/documents/report/oak030186.pdf> (accessed April 20, 2012).
- Oakland Police Department. "Crime Prevention through Environmental Design ." *Greater Rockridge Neighborhood Crime Prevention Council*. February 12, 2012. <http://rockridgencpc.com/documents/fliers/CPTED%20Security%20Handbook-rev%20simlin.pdf> (accessed April 21, 2012).
- PHLP. *Healthy Planning*. 2010. <http://www.phlpnet.org/healthy-planning/products/general-plans-and-zoning> (accessed April 8, 2012).
- Planning and Building Services Department. "City Facts: City of Richmond, CA." *Richmond*. July 28, 2009.

- <http://www.ci.richmond.ca.us/DocumentView.aspx?DID=301> (accessed 9 April , 2012).
- Ralston, David. "Healthy Cities and Planning in Oakland." *Bridges*, November 2006.
- Richmond. *City of Richmond General Plan Update: News*. 2007.  
<http://www.cityofrichmondgeneralplan.org/news.php> (accessed April 9, 2012).
- . *Community Health and Wellness*. Element of Richmond's General Plan, Richmond: Richmond.
- . "Minutes From The Planning Commission Continued Regular Meeting."  
*City of Richmond*. October 20, 2011.  
<http://www.cityofrichmondgeneralplan.org/docManager/1000001029/Attachment%208%20PC%20Minutes%20from%20October%2020%2C%202011.pdf>  
 (accessed April 9, 2012).
- San Francisco Department of Public Health. *Healthy Development Measurement Tool*. 2012. [http://www.thehdm.org/development\\_checklist.php](http://www.thehdm.org/development_checklist.php) (accessed April 21, 2012).
- San Jose. "Envision San Jose 2040, General Plan." *San Jose CA*. December 11, 2011.  
[http://www.sanjoseca.gov/planning/gp\\_update/FinalText/ESJ2040GeneralPlan\\_12-1-2011.pdf](http://www.sanjoseca.gov/planning/gp_update/FinalText/ESJ2040GeneralPlan_12-1-2011.pdf) (accessed April 29, 2012).
- San Pablo. *General Plan 2030*. General Plan, San Pablo: City of San Pablo, 2011.
- Stair, Peter, Heather Wooten, and Matt Raimi. *How to Create and Implement Healthy General Plans*. Oakland: Public Health Law & Policy and Raimi + Associates, 2008.
- South Gate. *Community Profile*.  
<http://www.sogate.org/index.cfm/fuseaction/detail/navid/34/cid/22/> (accessed April 9, 2012).
- . *South Gate General Plan 2035*. General Plan, South Gate: City of South Gate, 2009.
- U.S. Census Bureau. *Oakland, CA QuickFacts*. 2010.  
<http://quickfacts.census.gov/qfd/states/06/0653000.html> (accessed April 9, 2012).
- . *Richmond, CA QuickFacts*. 2010.  
<http://quickfacts.census.gov/qfd/states/06/0660620.html> (accessed April 9, 2012).
- . *San Jose, CA QuickFacts*. 2010.  
<http://quickfacts.census.gov/qfd/states/06/0668000.html> (accessed April 9, 2012).
- . *San Pablo, CA QuickFacts*. 2010.  
<http://quickfacts.census.gov/qfd/states/06/0668294.html> (accessed April 9, 2012).
- . *South Gate, CA QuickFacts*. 2010.  
<http://quickfacts.census.gov/qfd/states/06/0673080.html> (accessed April 9, 2012).
- US Department of Health and Human Services. *Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020*. February 22, 2011. <http://healthypeople.gov/2020/about/advisory/FACA16Minutes.aspx>

(accessed April 21, 2012).

Waterfront Action. *What we do*. 2005.

<http://www.waterfrontaction.org/about/about.htm> (accessed March 27, 2012).