

Public Health Working Group

March 30, 2017

Rye Baerg

Active Transportation and Special Programs



Welcome

- Name
- Agency or Organization
- Your favorite healthy activity in three words or less



2017 Working Group Outlook

- Summer/Fall 2017 – Listening Sessions
- Winter 2017 – Draft Public Health Framework
- Winter 2017/Spring 2018 – Local Input Process
- Spring 2019 – Official RTP/SCS Outreach

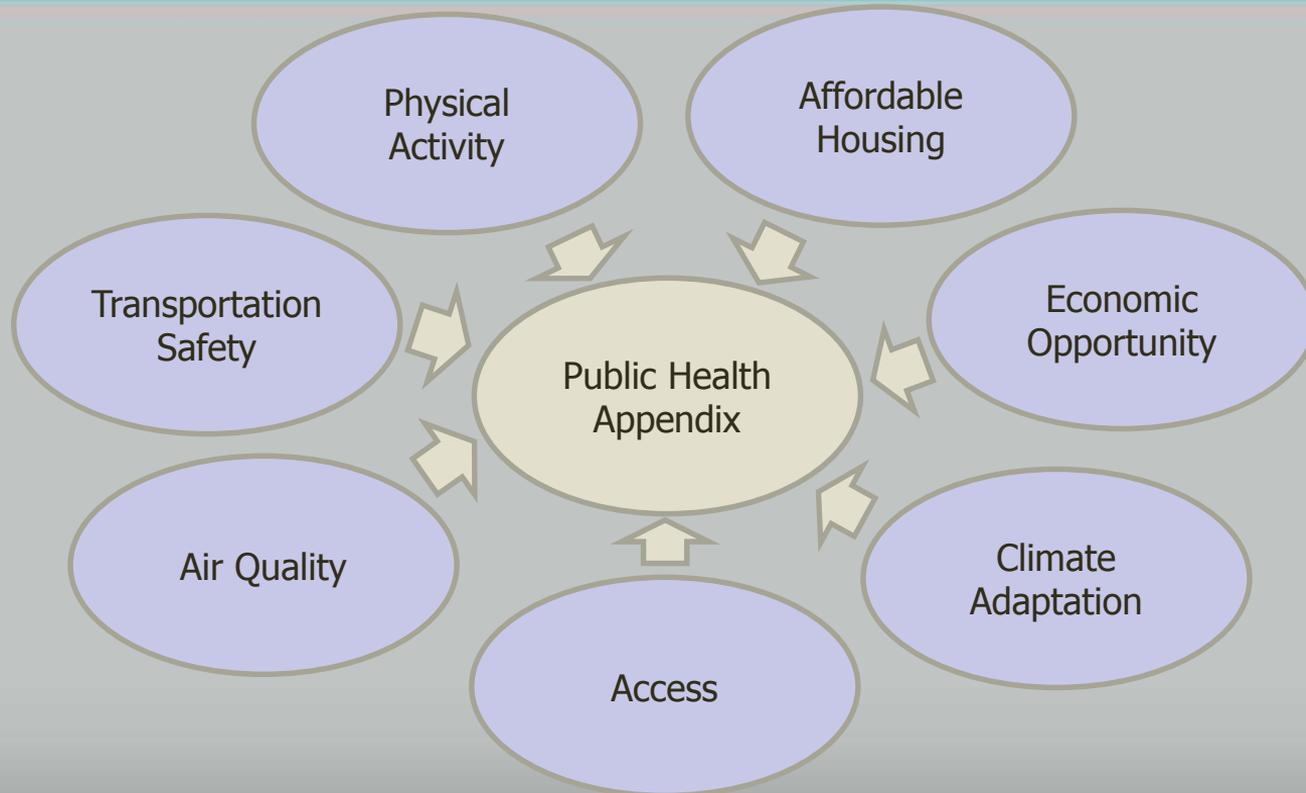
Public Health Framework

- Broad document summarizing Working Group Feedback
- Used for as a base for future outreach with regional stakeholders including sub-regions and county agencies
- Highlight focus areas for SCAG to begin early data collection and analysis

Listening Sessions

- Thematic review of focus areas in the plan
- Discussion of new possible analysis related to each area and identification of data needs
- Discussion of how the Health Analysis in the RTP/SCS can be improved as a planning tool for local jurisdictions and stakeholders

2016 RTP/SCS: Public Health Plan Analysis Focus Areas



Listening Session Schedule

- March – Economy and Housing
- Summer – Climate and Air Quality
- Fall – Access and Physical Activity
- Winter – Draft Framework

Regional Transportation Plan

- Integrated Land-Use and Transportation Plan
- Developed through “bottoms-up” process that respects city control
- Aims to meet state-adopted GHG reduction targets for 2020, 2035
- First RTP/SCS adopted April 2012
- 2016 RTP/SCS adopted April 2016



Public Health Appendix

- 2016 – First time public health was called out in its own section of the plan
- Used existing performance measures
- Relied heavily on statewide data and policy frameworks



Health in All Policies

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health, sustainability and equity considerations into decision-making across sectors and policy areas.



Health in All Policies: A Guide for State and Local Governments
Public Health Institute

Public Health Appendix

FIGURE 1 Social Determinants of Health



Source: http://www.cprroundtable.org/media/files/sdoh/CPR_SDOH_2015_Final.pdf

Performance Measures

TABLE 3 Performance Measures by Fiscal Area

Relevant Performance Measures		Public Health Focus Areas						
Metric	Data Source	Accessibility	Affordable Housing	Air Quality	Climate Adaptation	Economic Wellbeing	Physical Activity	Safety
Additional jobs supported by improving competitiveness	Regional Economic Model REM					X		
Additional jobs supported by transportation investments	Regional Economic Model REM					X		
Net contribution to Gross Regional Product	Regional Economic Model REM					X		
Criteria pollutant and greenhouse gas emissions	Travel Demand Model/IRIS (MFAI Model)			X	X			
Share of growth in High Quality Transit Areas (HQTAs)	HTR/SCS socio-economic, small area data	X	X					
Average distance for work and non-work trips	Travel Demand Model	X						
Percent of trips less than 3 miles	Travel Demand Model	X					X	
Work Trip Length Duration	Travel Demand Model	X						
Land Consumption	Scenario Planning Model				X			
Mode share of walking and bicycling	Travel Demand Model						X	

Economic Opportunity

TABLE 8 Plan Performance - Economic Opportunity*

Metric	Result of Plan
	2040 Plan
Additional annual jobs supported by improving competitiveness	351,000+
Additional annual jobs supported by transportation investments	188,000+
Household Savings: Transportation Costs (fuel + auto)	13% less than 2040 Baseline
Household Savings: Utilities (energy + water)	9% less than 2040 Baseline

**Please see the Performance Measures Appendix for more information on data sources and methodology used to calculate these outcomes.*

Affordable Housing

TABLE 5 Plan Performance - Affordable Housing*

Performance Measures	2040 Plan
Per Household Transportation Costs (fuel + auto)	13% less than 2040 Baseline
Per Household Utilities (energy + water)	9% less than 2040 Baseline
Multifamily homes as percentage of all new home construction	67% Multifamily

**Please see the Performance Measures Appendix for more information on data sources and methodology used to calculate these outcomes.*

Rye Baerg
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The Social Determinants of Health

March 30, 2017

Meredith Lee, MPH

California Department of Public Health, Office of Health Equity

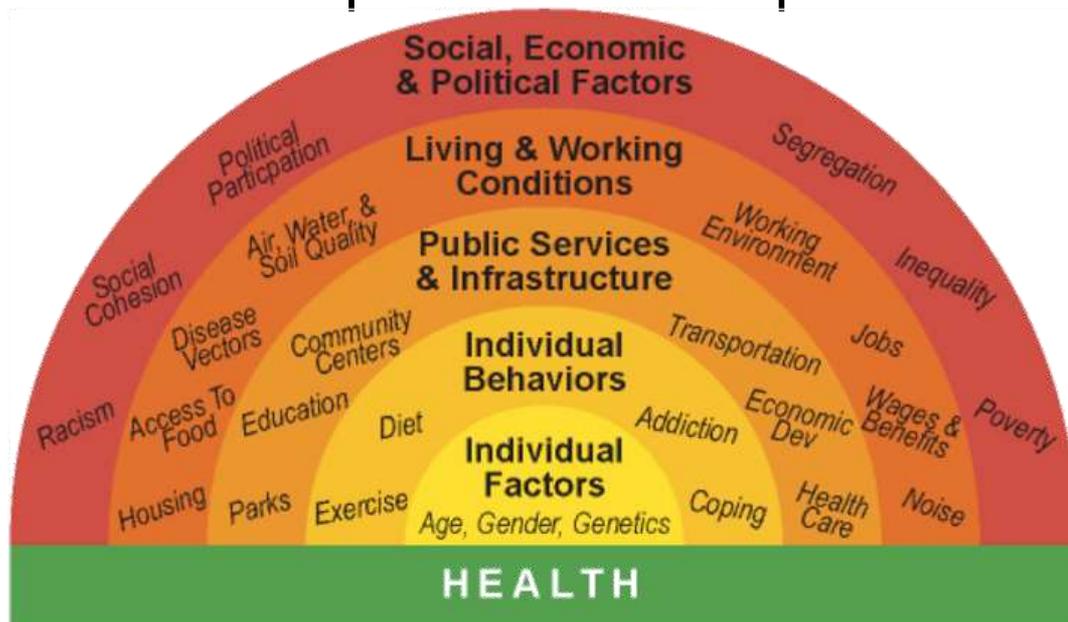


Overview

- Drivers of Health and Equity
- Health in All Policies
- Opportunities for engagement: State Grants, Programs, Plans, and Guidance



Factors Responsible for Population Health



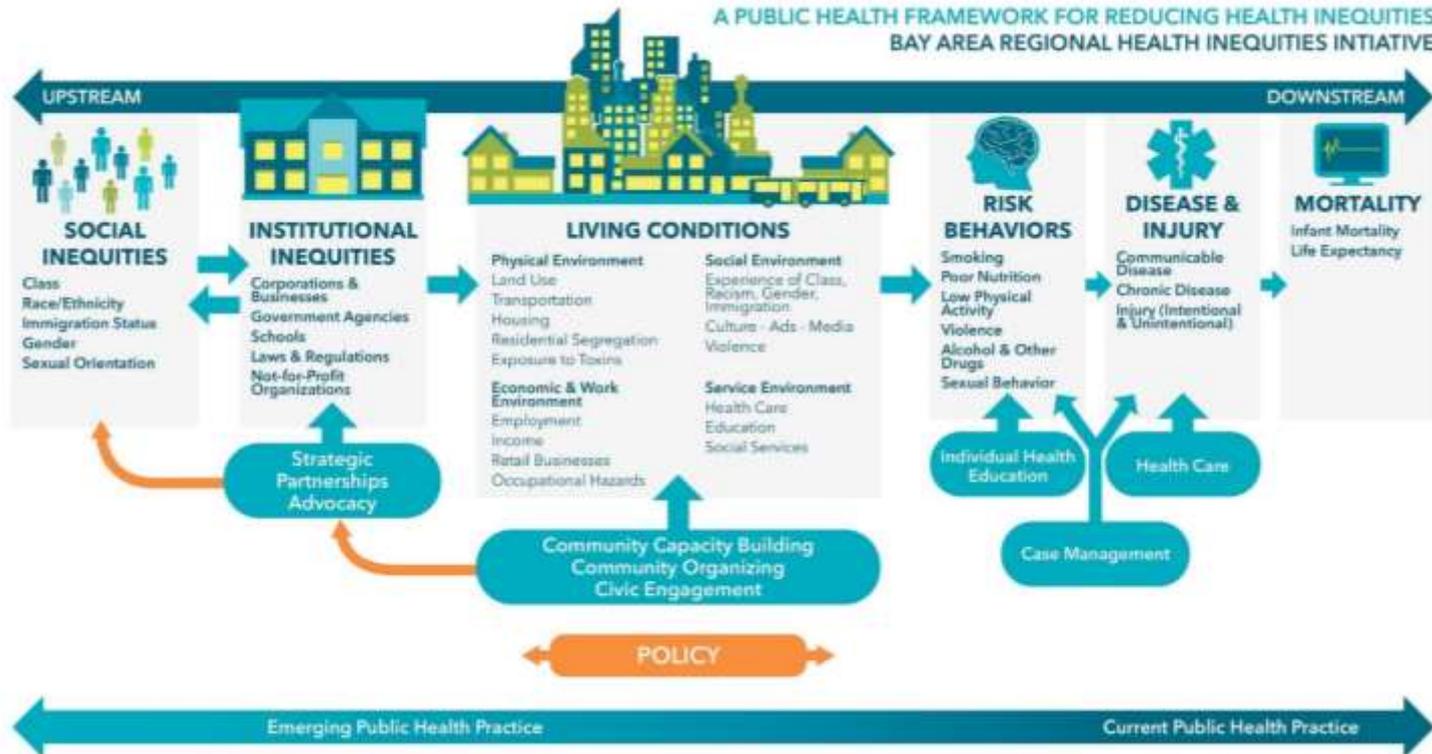
Health status is determined by:

Health care:	20%
Behaviors:	30%
Social circumstances:	40%
Environment:	10%

Booske et. al. 2010. *Different Perspectives for Assigning Weights to Determinants of Health*



Drivers of Health and Equity



Health in All Policies

A collaborative approach to improving the well-being of all people by incorporating health, equity, and sustainability considerations into decision-making across sectors and policy areas.



Health in All Policies



California Health In All Policies Task Force



Process:

- Consensus decision-making
- Focus on co-benefits
- Facilitated by California Department of Public Health, in partnership with Public Health Institute



Opportunities for Engagement

Data, Models, and Analysis

- Integrated Transport and Health Impact Model ([ITHIM](#))
 - [Statewide Model Report](#)
- CalBRACE Climate Change and Health Profile Reports
- Healthy Communities Data and Indicators Project ([HCI](#))

Grant Programs

- [Active Transportation Program](#) (Caltrans)
- [Transformative Climate Communities](#) (Strategic Growth Council)
- [Affordable Housing and Sustainable Communities](#) (Strategic Growth Council)
- [Urban Greening Grants Program](#) (CalFIRE)



Opportunities for Engagement

Guidance

- [Title V](#) (California Department of Education)
 - Tuesday, April 4 9am-12pm Fresno
 - Thursday, April 6 1pm-4pm Riverside
- [Statewide Housing Assessment](#) (Housing and Community Development)

Plans

- [Health in All policies Task Force Active Transportation Action Plan](#)
- [2017 Climate Change Scoping Plan Update](#): the Proposed Strategy for Achieving California's 2030 Greenhouse Gas Target
- [Safeguarding California](#) (Climate Adaptation Plan) (Natural Resources)

Meetings

- [CA Climate Action Team Public Health Workgroup](#)
- [Office of Health Equity Advisory Committee Meetings](#)



HiAP Task Force

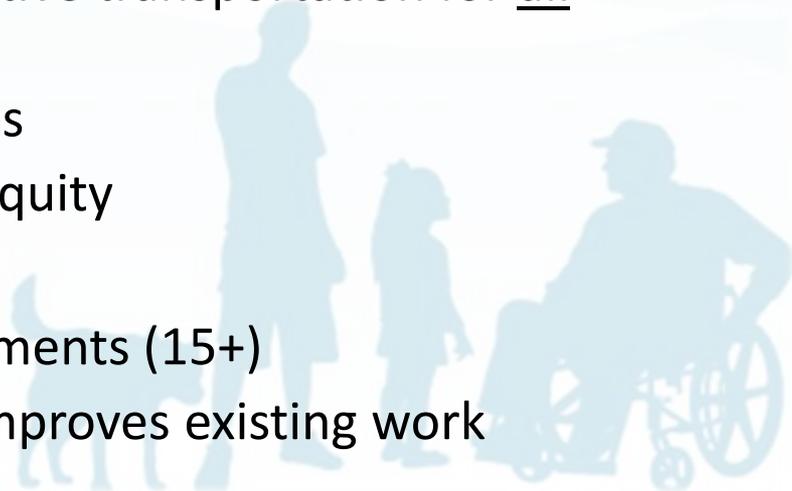
Active Transportation Action Plan

Purpose:

- Support state goals of increasing opportunities for safe and accessible active transportation for all people.
- Reduce GHG emissions
- Promote health and equity

Approach:

- Multi-agency commitments (15+)
- No new programs – improves existing work



HiAP Task Force

Active Transportation Action Plan Highlights

1. Grant-making
2. Long-range planning documents
3. Disseminate materials
4. School environments
5. State employees
6. Metrics and statewide goal



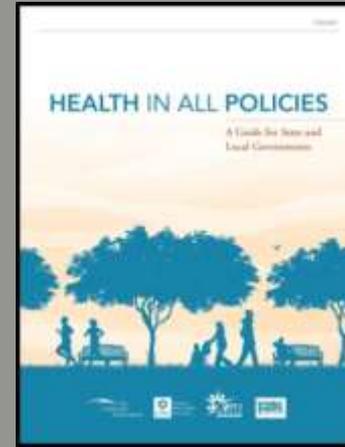
For more information

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HiAP Task Force website

http://sgc.ca.gov/s_hiap.php

Health in All Policies: A Guide for State and Local Governments

<http://www.phi.org/resources/?resource=hiapguide>



Economic Opportunity and Health

SCAG Public Health Workgroup

Will Dominie

3/30/17





9 Local Health Departments:

- Orange
- Long Beach (City)
- Los Angeles
- Pasadena (City)
- Riverside
- Santa Barbara
- San Bernardino
- San Diego
- Ventura

Nearly
60%
of CA Population

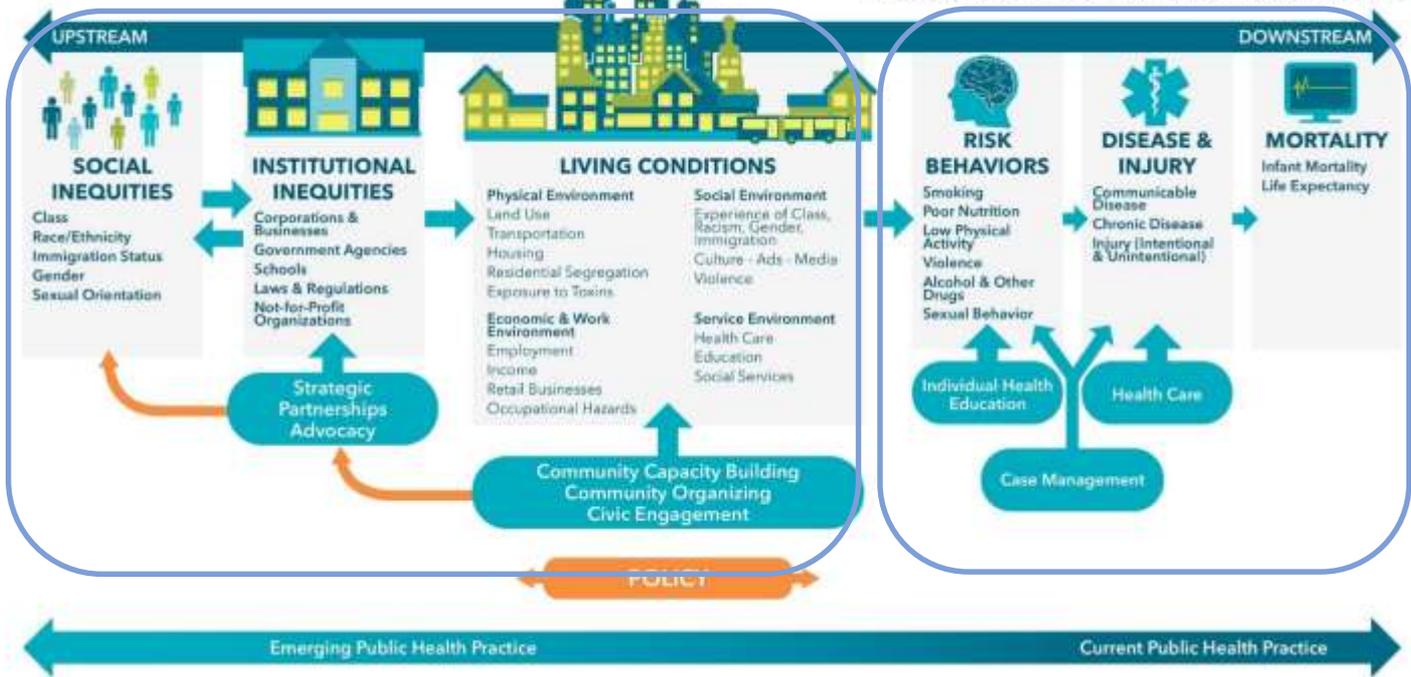


Public Health Alliance Vision

All Southern California communities are healthy, vibrant and sustainable places to live, work and play.



A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
 BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



Priority Initiative Partners

Healthy Transportation

Initiative Activities

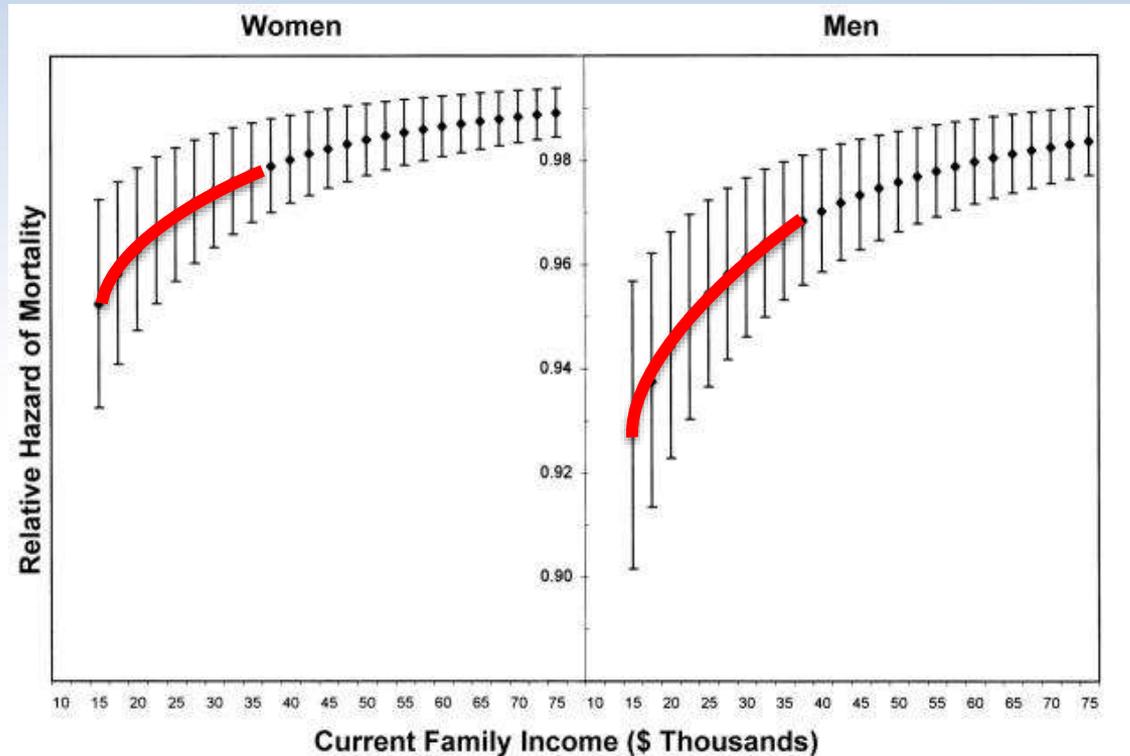
- Monthly working group calls
- Policy review and guidance
- Best practice establishment and collaboration

- **SCAG:** Southern California Association of Governments
- **SANDAG:** San Diego Association of Governments
- **Caltrans**
- **Metro:** Los Angeles Metropolitan Transportation Agency
- **WRCOG:** Western Riverside Council of Governments
- **OPR:** Governor's Office of Planning and Research

Economic Opportunity and Health

- Access to income and wealth is one of the most important predictors of a person's health, influencing overall health status, life expectancy, birth weights, cardiovascular diseases, asthma, lead-poisoning, obesity, overweight diabetes and other conditions.
- These impacts are especially strong near poverty

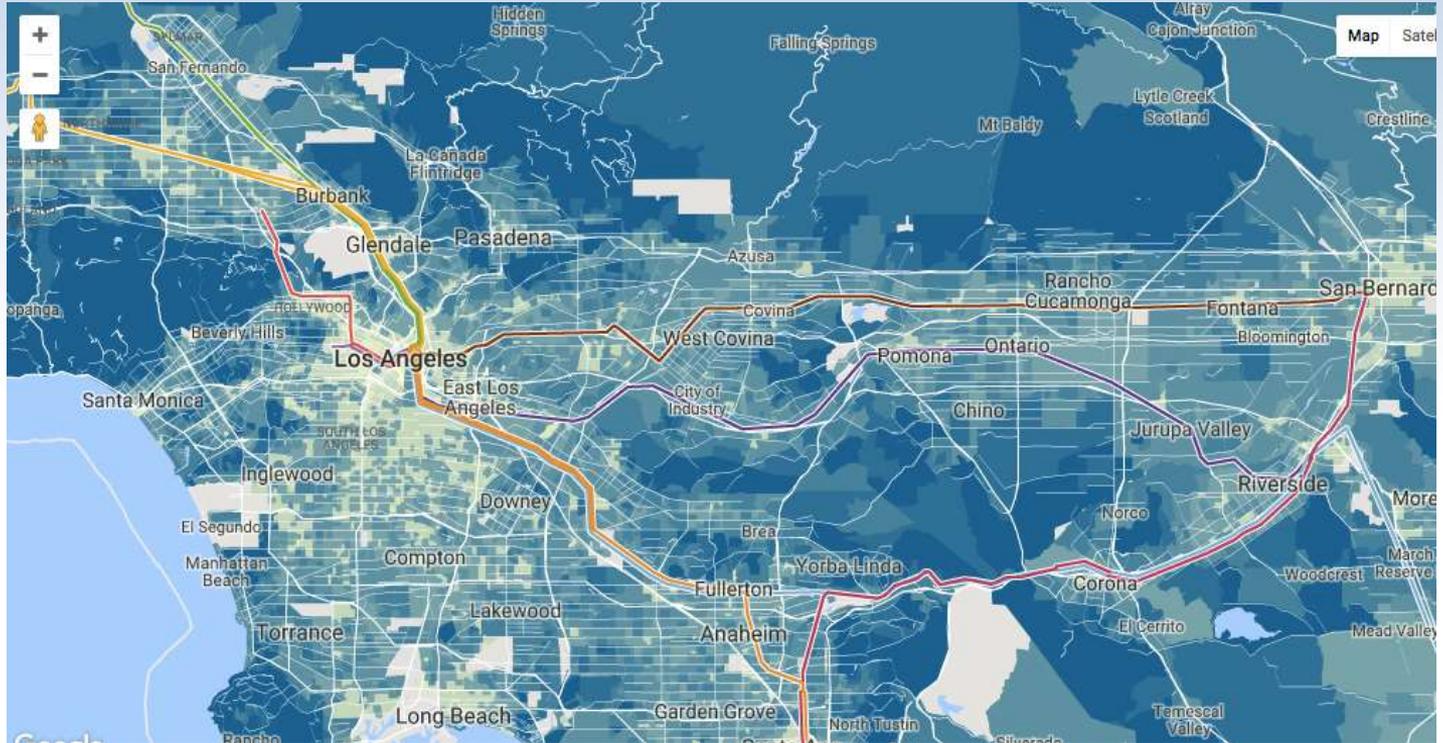
Mortality and Income: Low-Wage Workers



Economic Opportunity and Health

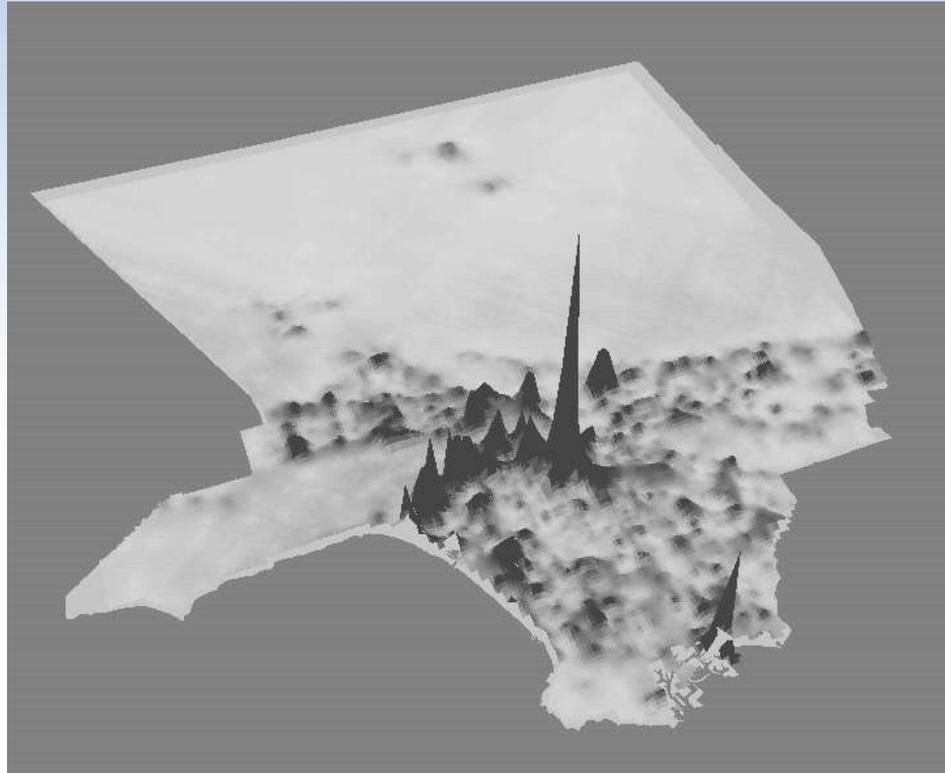
- **Basic Resources:** Reliable access to goods and services, including medical care, healthy food, quality housing, and education that help provide opportunities for the future.
- **Stress and Trauma:** Economic opportunity helps people avoid the trauma and chronic stressors of poverty, such as violence and insecure housing, employment and food.
- **Stability and Control:** Job insecurity can cause depression, anxiety and overall poor health. Workplace control and participation have been linked to better health outcomes.
- **Healthy Activity:** Time to engage with community, cook healthy meals, spend time with family and friends, go to medical appointments, and participate in physical activity and other healthy activities.
- **Healthy Places:** Economic opportunity can make it possible to afford living in places with health-supportive amenities like parks, good schools, employment, clean air, and safe streets.

The Built Environment and Economic Wellness: Housing and Transportation Cost Burden



Source: Center for Neighborhood Technology

The Built Environment and Economic Wellness: Job Accessibility



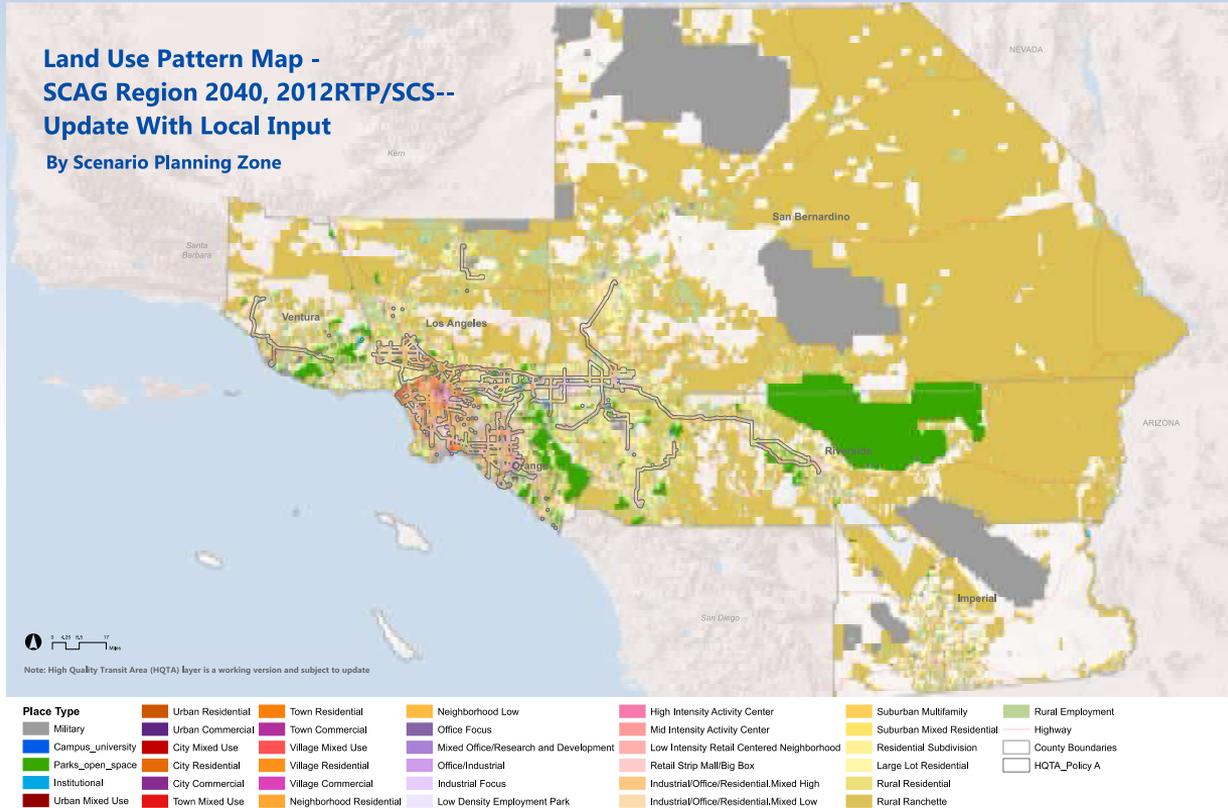
Source: Data Source: US Census 2000 Tiger Line Files, US Census 2000 CTPP Part 2

The Built Environment and Economic Wellness: Transit Job Creation



Source: Omnitrans

The Built Environment and Economic Wellness: Industrial and Commercial Jobs



Source: SCAG

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PHASoCal.org

Affordable Housing is Good for Your Health

Presented by Julie Bornstein
Executive Director
Coachella Valley Housing Coalition



WHAT IS AFFORDABLE HOUSING?



The government says housing is “affordable” if a family spends **no more than 30%** of their income to live there.

WHO NEEDS HOUSING THAT'S AFFORDABLE?



**HOUSEHOLDS BELOW
POVERTY LEVEL**

**Less than
\$13,450**

For an individual

People living below poverty level including the elderly and people with disabilities who live on fixed incomes such as Social Security



**LOW-WAGE
WORKERS**

**Less than
\$22,400**

For an individual

Childcare providers, nurses aides, bus drivers, retail service people, cashiers, cooks, custodians, farmworkers



**LOW-INCOME
FAMILIES**

**\$35,800 -
\$51,100**

For a family of four

Medical assistants, bookkeepers, social workers, elementary school teachers, electricians, plumbers, paralegals, teachers' aides



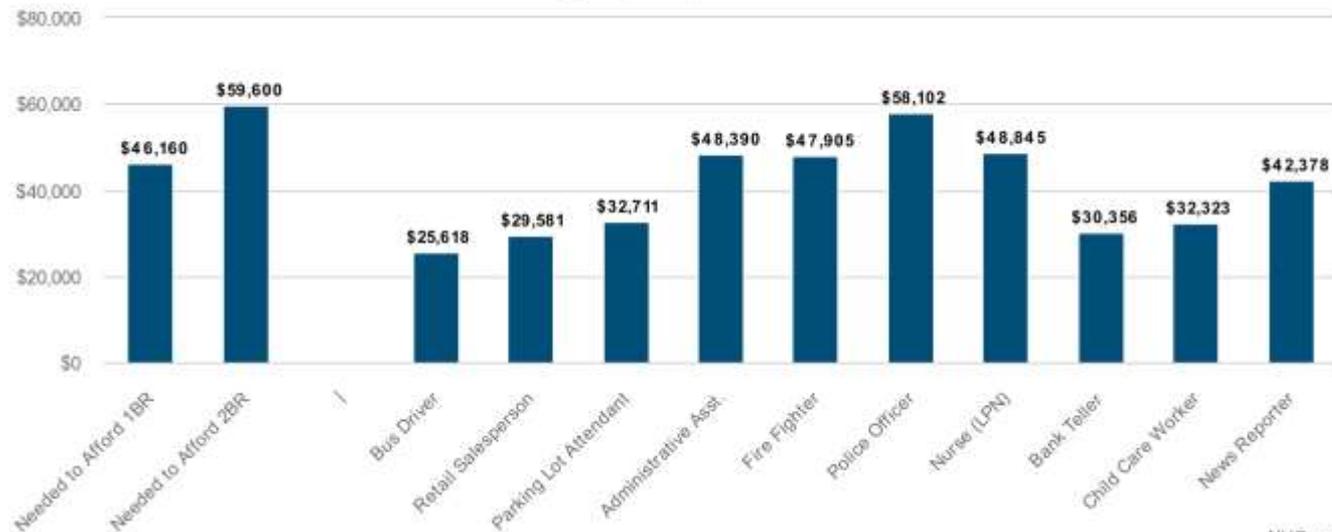
**MODERATE-INCOME
FAMILIES**

**\$51,100 -
\$67,500**

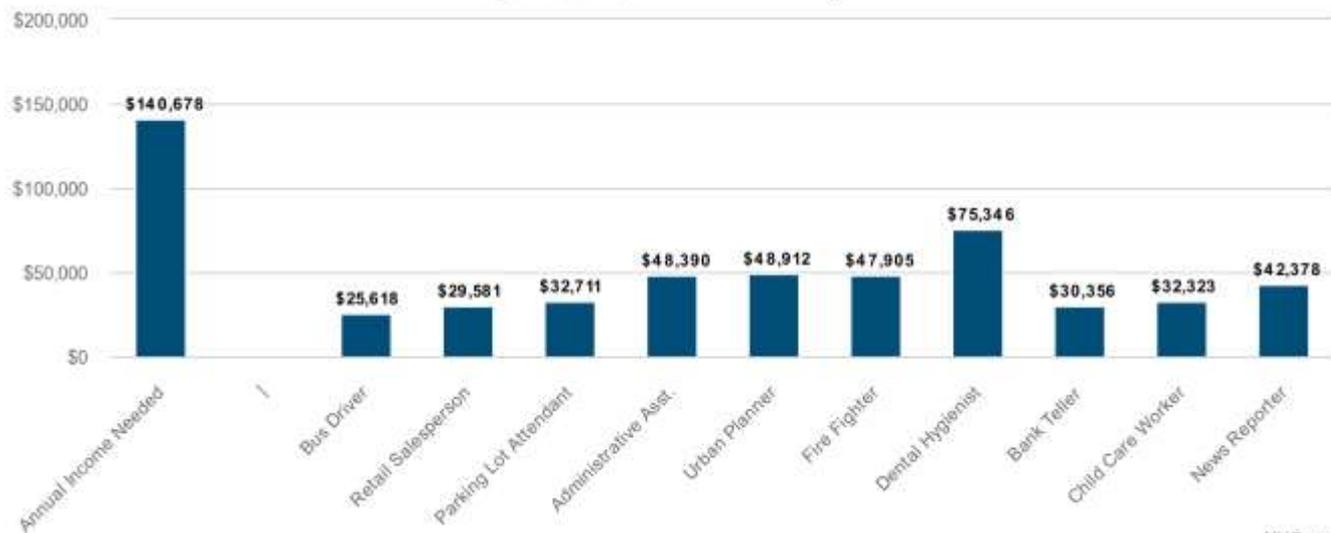
For a family of four

Teachers, public safety workers, architects, physical therapists, computer programmers, dental hygienists

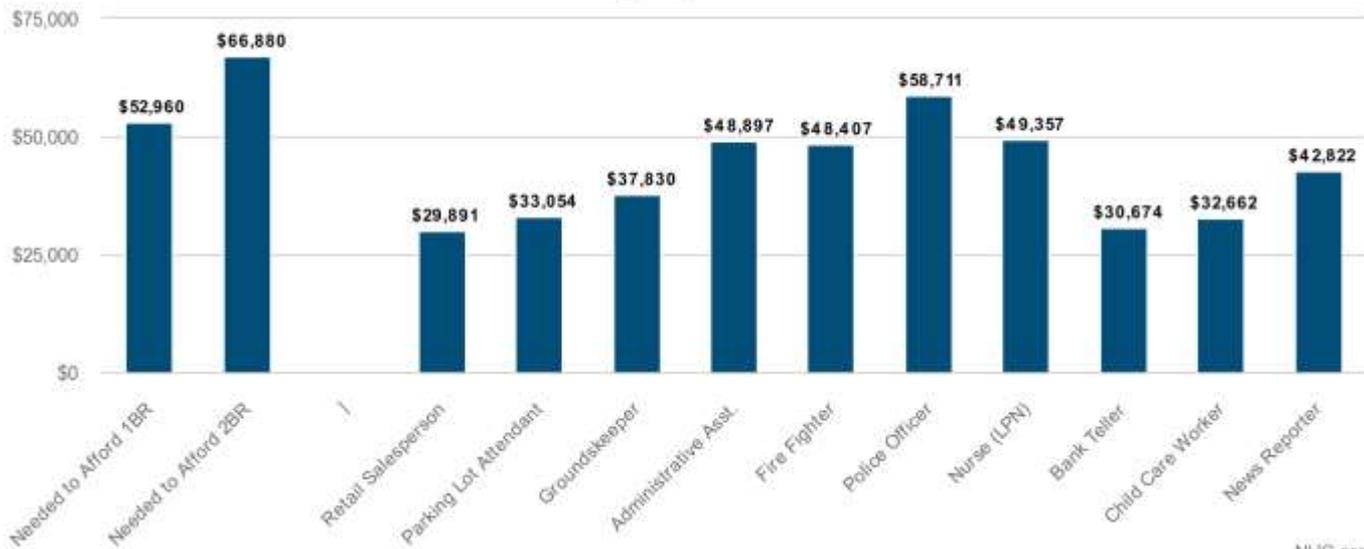
Los Angeles, CA, Rental Market



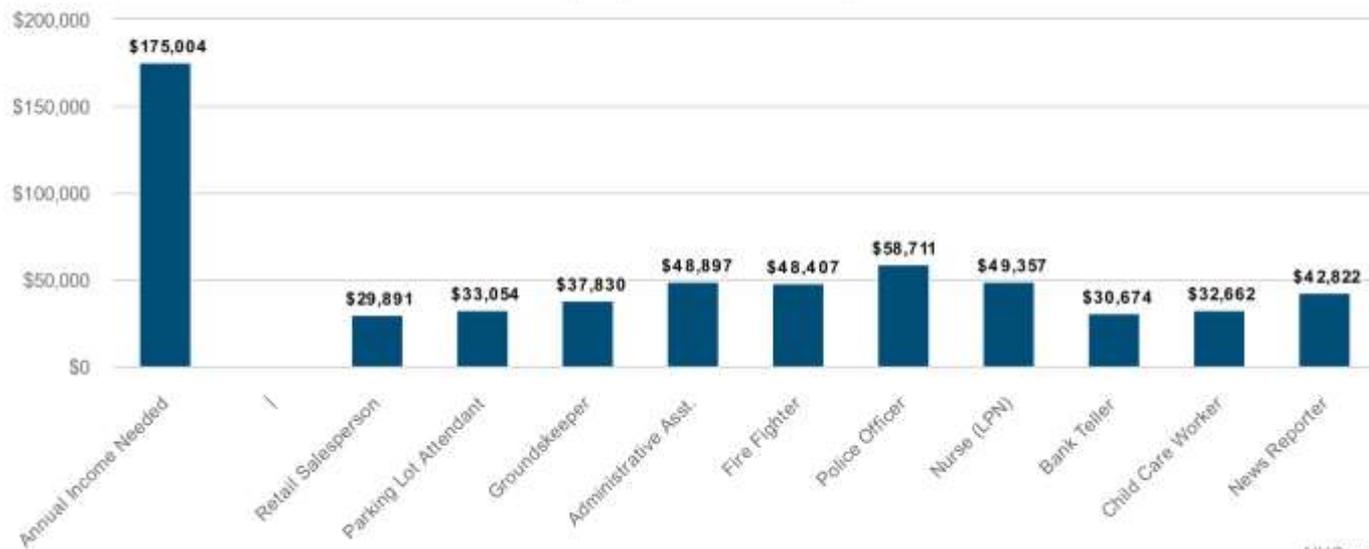
Los Angeles, CA, Homeownership Market



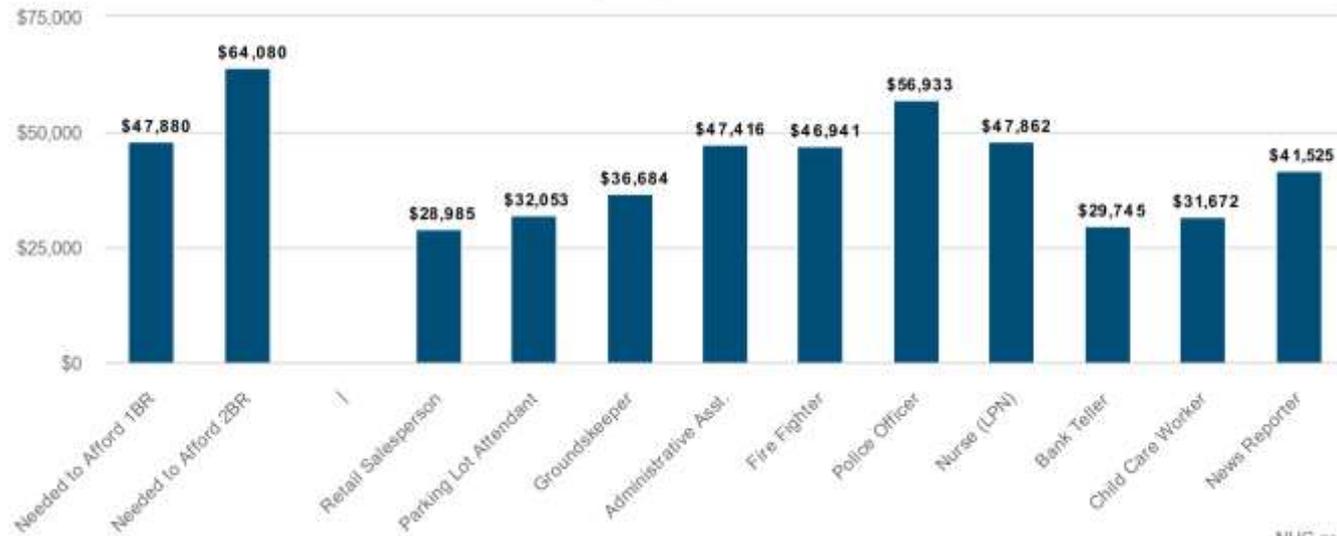
Santa Ana, CA, Rental Market



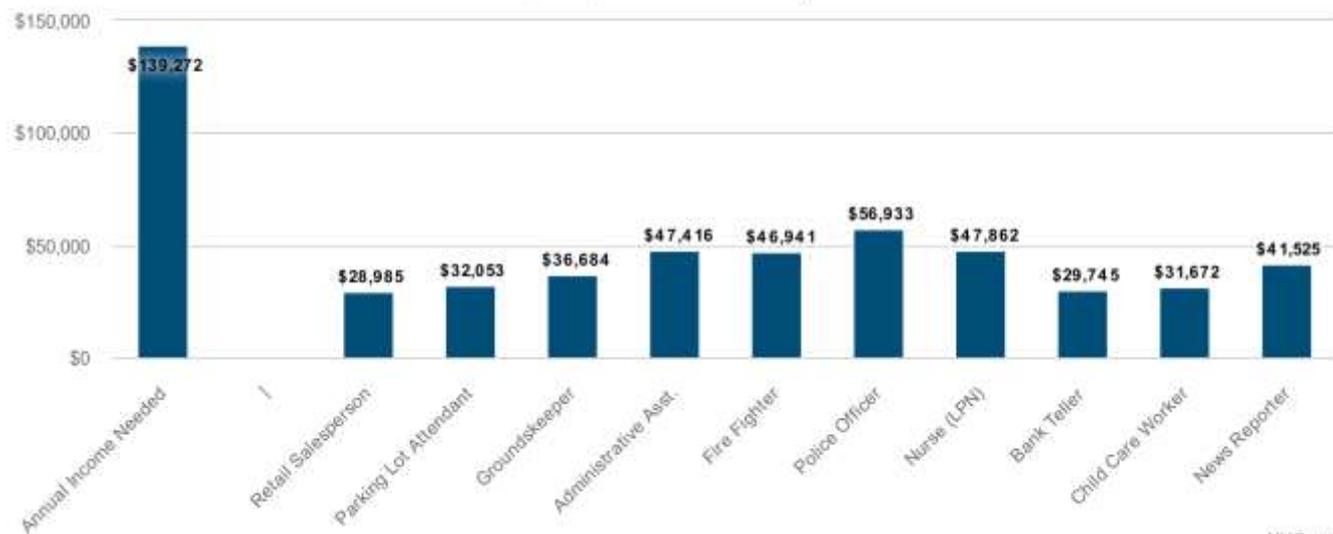
Santa Ana, CA, Homeownership Market



Oxnard, CA, Rental Market



Oxnard, CA, Homeownership Market

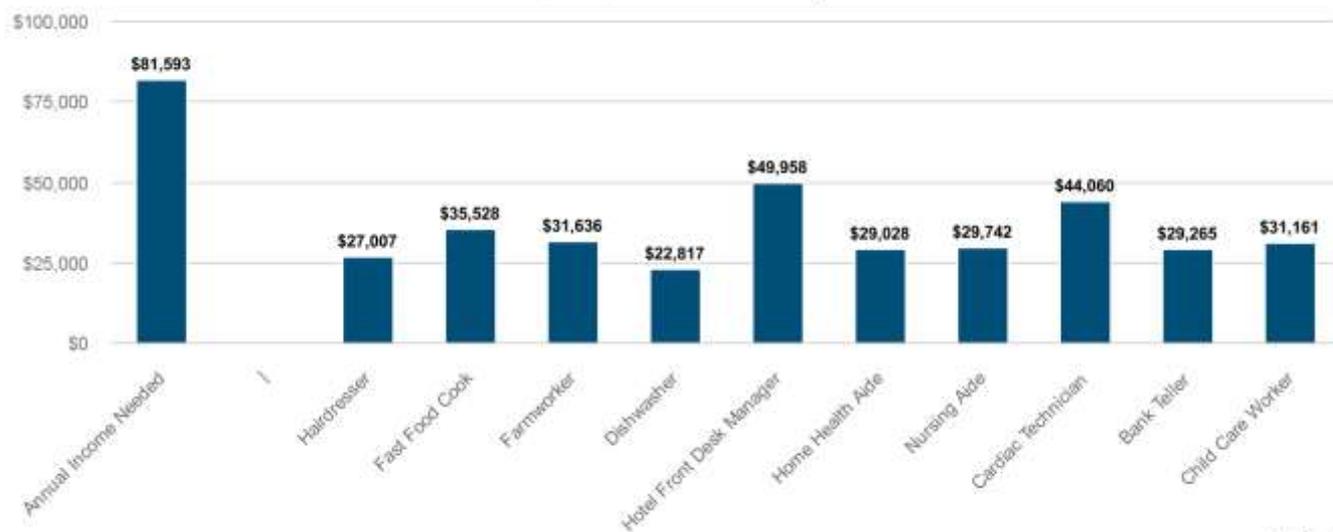




California's minimum wage is: \$10.50 per hour

A full-time worker earning minimum wage in California makes \$21,840 in 52 weeks.

Riverside, CA, Homeownership Market



HOW DO WE MEET THE HOUSING NEEDS OF LOW-INCOME HOUSEHOLDS?

California

3rd

Highest Housing Wage
in the nation

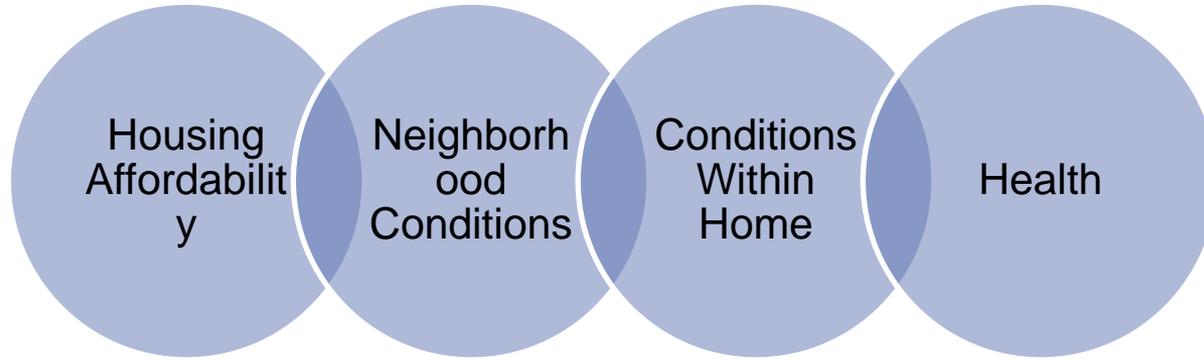
\$28.59/hr

Required to afford
a 2 BDR Unit

114/wk

Hours of work needed at
the minimum wage
(to afford 2 BDR Unit)

HOUSING INFLUENCES HEALTH IN MANY WAYS



THE IMPACTS OF AFFORDABLE HOUSING ON HEALTH

- Affordable housing can improve health outcomes by freeing up family resources for nutritious food and health care expenditures
- Well-constructed and well-maintained affordable housing can reduce health problems associated with poor-quality housing
- Stable, affordable housing may improve health outcomes for individuals with chronic illnesses by providing an efficient platform for health care delivery
- By providing families and individuals with greater residential stability, affordable housing can reduce stress and related adverse health outcomes
- By alleviating crowding, affordable housing can reduce exposure to stressors and infectious disease
- Access to affordable housing allows survivors of domestic violence to escape abusive homes, which can improve mental health and physical safety

OTHER INTER-RELATED ASPECTS OF AFFORDABLE HOUSING AND ITS LINK TO HEALTH



- Physiological health (e.g., lead, radon, mold, extreme temperatures),
- Psychological health (e.g., noise, inadequate light), and safety (e.g., falls, fires).
- Physical neighborhood attributes affect health by facilitating (or impairing) walkability/bike-ability, proximity to traffic, and access to public transportation, parks and fresh fruits and vegetables.
- Social and community attributes, such as segregation and the concentration of poverty, also have an impact on health.

HOUSING AFFORDABILITY + HEALTH

Affordability of housing has clear implications for health:

- The shortage of affordable housing limits families' and individuals choices about where they live, often relegating lower-income families to substandard housing in unsafe, overcrowded neighborhoods with higher rates of poverty and fewer resources for health promotion
- The financial burden of unaffordable housing can prevent families from meeting other basic needs including nutrition and health care
- High housing payments, along with rising utility costs, force some families to choose between heating, cooling, eating, and filling prescriptions.



Substandard housing conditions such as water leaks, poor ventilation, dirty carpets and pest infestation can lead to an increase in mold, mites and other allergens associated with poor health.

Multi-Family Housing Development

- 34 apartment communities developed
- More than 2,600 rental units provide housing for more than 7,500 people



**Wolff Waters Place
Apartments**
La Quinta, CA



Villa Hermosa Apartments
Indio, CA

Our Multi-Family Housing Communities



Coyote Run Apartments

Palm Springs, CA

Completed 1993

140 units

Large Families



Geel Place Apartments

Riverside, CA

Completed 2004

45 units

Special Needs

Single-Family Housing Development

- More than 1,904 single-family homes have been completed to date through the **Mutual Self-Help Housing Program**



Sunset Springs
Desert Hot Springs, CA

Single-Family Housing Communities



The **Mutual Self-Help Housing Program** builds communities based on a shared commitment of hard work, mutual support, and lifelong bonds of community.

Homeownership through the Mutual Self-Help Housing Program



**A group of 10 to 12 families
working together for 10-12
months, for 40 hours per week or
1,600 hours**

Sweat Equity
Equivalent to Down Payment

Benefits
Sense of community pride



Families frame, roof, install windows, paint, and landscape, acquiring valuable construction skills that may come in handy if they ever need to undertake minor home improvements.



Single-Family Housing

La Quinta, CA



Resident Services

CVHC also connects its residents to a pipeline of Resident Services programs by partnering with the best providers in the field in an effort to bring a myriad of opportunities that enrich the lives of the people living in its housing.

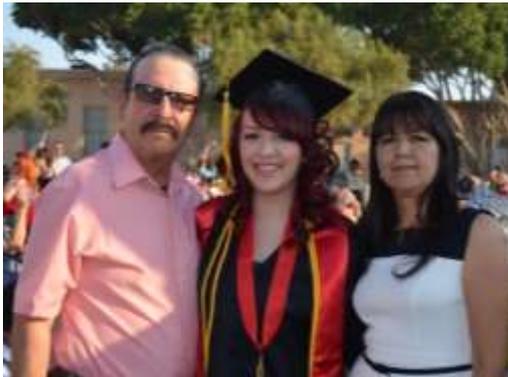
■ Resident Services



- 8 Early Childhood Education Centers
- 11 After-School Kids Clubs
- 6 STEM Lego Robotics Programs
- 10 Computer Instruction + Technology Centers
- Ballet Folklórico Dance Instruction
- Mariachi Music Instruction
- Summer Youth Tennis Camp
- High School Diploma + GED Program for Adults
- ESL Classes + Community Gardens
- Housing Counseling + Financial Education
- Credit/Debt Counseling + Credit Report Reviews
- Civic Engagement
- Field Trips
- Community Gardens
- Wellness for Youth and Seniors

John F. Mealey College Scholarship Fund

scholarships for undergraduate and graduate students



Breaking the cycle of poverty through education and scholarship support

WAYS IN WHICH CVHC STRIVES TO MEET THE HOUSING NEEDS OF LOW-INCOME HOUSEHOLDS

THROUGH EXPERTISE

- Real Estate Acquisition
- New Construction
- Rehabilitation & Preservation
- Inclusionary Housing
- Energy Efficient Housing

VARIOUS HOUSING TYPES

- Homeownership
- Rental Housing
- Migrant Farmworker
- Farmworkers
- Housing for Seniors
- Veterans
- Special Needs

RESIDENT SERVICES

- High School Diploma Program
- Community Gardens
- Playgrounds + Parks
- Wellness for Seniors
- Cultural Music + Dance Classes
- English as a Second Language

HUMAN DEVELOPMENT

- After School Programs
- Homework Assistance
- Tutoring & Life Skills
- Computer Technology
- Physical Recreation
- Head Start + Pre-School Centers
- Full-Day Child Care

ECONOMIC SELF-SUFFICIENCY

- Financial Education/Literacy
- Asset-building Tools
- Pathway to Homeownership
- Credit Repair
- Financial Capability
- Online Credit/Homeownership Education

HOW DO WE MEET THE HOUSING NEEDS OF LOW-INCOME HOUSEHOLDS?

- **Plan appropriately:** The housing element of the General Plan; the Housing Elements of each city; density bonuses, inclusionary zoning
- **Land Contributions:** vacant land, abandoned properties, adaptive reuse
- **Permitting concessions:** process, fees, waivers
- **Financial investments:** Remaining RDA, CDBG funds, Bonds, Sales tax set-asides
- **Collaboration:** Health Care, School Districts, Transportation partnerships



Connect with us!

www.cvhc.org

www.facebook.com/CVHousing

(760) 347-3157

45701 Monroe Street, Suite G
Indio, CA 92201



Department of Public Health
Community Outreach and Innovation

Vision2BActive

Scott Rigsby
Public Health Program Manager
March 30, 2017



- What is the Countywide Vision?
- Create an amazing place to live, work, and play
- 10 Elements or Focus Areas



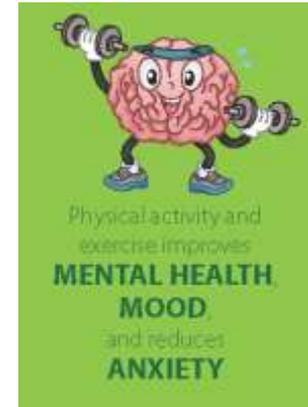
- Public Health is charged with implementing the wellness element Countywide Vision
- Healthy Communities and Community Vital Signs (CVS)
- CVS was specifically created to support this

- Most County adults and youth are not receiving the recommended amount of physical activity
- County Administrative Office in partnership with Public Health



Promote Physical Activity:

- Provides long term health benefits
- Helps Prevent
 - Strokes
 - High blood pressure
 - Heart disease
- Increases mental health
- Decreases anxiety





BE ACTIVE IN SAN BERNARDINO COUNTY

Most San Bernardino County adults and youths don't get the recommended amount of physical activity - 150 minutes a week for adults and 60 minutes a day for youths. Regular physical activity can produce a variety of long term health benefits for people of all ages, backgrounds and abilities. **Vision2BActive** is a campaign designed to help improve wellness throughout San Bernardino County by encouraging residents to increase their physical activity and connecting them to many opportunities to be active. Visit www.Vision2BActive.com.

Walking
3,500 STEPS
per day covers your mile of history

WALK your way to school, WALK your dog, WALK and talk with friends instead of driving them or texting them.

75 MINUTES
a week of basic WALKING can add STEARS to your lifespan.

IT'S FUN!
THROW a ball, PLAY tag, SWIM, or ride a BIKE.

Make exercise a family affair

HIKE along a trail or SKI or SNOWBOARD in the mountains.

Use the STAIRS instead of the elevator or escalator.

75% of San Bernardino County residents live within **ONE MILE** of a school and the majority of regional roads or school parks.

Check-out! Exercise is estimated to save an annual cost of **\$190.2 BILLION** in healthcare. A daily **ONE-HOUR** walk can reduce the risk of obesity by half.

Physical activity will **improve** **MENTAL HEALTH MOOD** and reduce **ANXIETY**.

Physical activity can prevent **STROKE, HIGH BLOOD PRESSURE** and **HIGH CHOLESTEROL**.

PERCENTAGE OF RESIDENTS MEETING ACTIVITY GOAL

Age Group	Male	Female
18-24	38.2%	34.1%
25-34	32.1%	28.9%
35-44	28.5%	25.3%
45-54	24.7%	21.6%
55-64	21.3%	18.4%
65+	18.9%	16.2%

YOUTHS: During a typical week, youths ages 5-17 should be physically active for at least 60 minutes each day.

ADULTS: Adults should get moderate physical activity for at least 150 minutes a week, five days a week.

www.Vision2BActive.com



Thank You!

