

Comments on Draft Recommendations from the California Health in All Policies Task Force

November 8, 2010

PolicyLink congratulates the Health in All Policies (HiAP) Task Force for compiling draft recommendations to the Strategic Growth Council (SGC) and distributing them for public comment. Healthy communities are sustainable communities – places where all people have opportunities to live, work, play, and contribute to the social and economic vitality of the community. Including health in all policy decisions promises important health and sustainability outcomes for California’s people and places.

PolicyLink strongly supports the Task Force’s efforts and is pleased to provide the Task Force with comments on the latest draft of recommendations. Our comments are informed by our partnerships with California communities, and lift up the wisdom and voices of local residents; at PolicyLink, we believe that the most effective solutions are developed by those closest to the challenges. We commend the Task Force for prioritizing public participation in its efforts to shape the future of health in all policies through ongoing outreach, including the series of public workshops in September 2010. Engaging communities in the HiAP recommendations will help the HiAP Task Force to arrive at effective and meaningful priorities for improving California communities for the health of all residents.

To advance the vision of healthy and sustainable communities, we suggest that the HiAP Task Force:

1. Elevate *equity* as a central priority for promoting health and sustainability.
2. Refine recommendations related to food access, transportation and systematic methods for incorporating health in all policy decisions. (Specific comments on the latest draft of recommendations are included here.)
3. Expand the healthy community scope to include key issues, such as water.

Recommendation #1. Elevate equity as a central priority for promoting health and sustainability.

Sustainable communities of opportunity provide people with the social, economic and physical environments needed to make healthy choices and lead healthy lifestyles. Sustainable communities of opportunity are places with quality schools, access to good jobs with family-supporting wages, quality housing choices, public transportation, safe and walkable streets, healthy food, services, parks, clean air and water, and strong social networks. The components of sustainable communities of opportunity are also core ingredients for supporting healthy lifestyles.

Equity is a core strategy for achieving sustainable communities of opportunity. Equity is central to goals around economic growth and competitiveness, and these are inseparable from economic and social inclusion. Reducing poverty improves overall regional economic growth; reducing disparities between cities and suburbs can lead to mutual benefits.

Equity directly addresses a number of challenges facing regions:

- Sustained economic growth cannot happen without bringing up people at the bottom – these populations are increasingly a larger share of the cities and region, and are needed to help fuel competitive growth of industries and stabilize the consumption in everything from housing to retail.
- Inequity imposes high economic costs on virtually every actor in the regional economy – sharp regional disparities stifle growth, slow momentum and inhibit social cohesion.
- 1. Growing many sectors (e.g. transportation) requires community cooperation, and cultural competence among leadership is needed to continually meet the changing needs of an increasingly diverse population.ⁱ
- Strategic investments in infrastructure and economic development can reconnect disinvested neighborhoods to regions and provide opportunity to local residents.

There are numerous strategies for operationalizing equity in the HiAP work.

- The HiAP Task Force can encourage agencies to plan for or target investments in identified high-need areas by integrating social equity and livability principles around infrastructure investments. To do this, agencies must collect and analyze community conditions data that include information on poverty and racial concentration, and public health outcomes.
- Health agencies and organizations with public health expertise can help state and local agencies to select and track specific indicators of community wellbeing and change. Public health departments, community health organizations, and health experts nationwide have become increasingly adept at identifying and using local-level social determinants indicators to assess the health and equity in communities.
- At a minimum, the HiAP Task Force could recommend that a range of social determinants indicators (such as education, public health, civic participation, employment, and concentrated poverty) be used to prioritize investments in communities of greatest need, with emphasis on communities experiencing:
 - High levels of poverty: poverty rates exceeding 30%ⁱⁱ
 - High levels of unemployment
 - High levels of chronic diseases such as diabetes, hypertension, and heart disease

Sustainable San Mateo County annually measures a range of indicators to achieve a healthy economy, environment, and society for the long term, and reports several key pieces of data by race/ethnicity and/or income level to illustrate inequities in the County.ⁱⁱⁱ These data can be used by decision makers to prioritize and target investments and resources.

Recommendation #2. Refine recommendations related to food access, transportation and systematic methods for incorporating health in all policy decisions.

The HiAP Recommendations include a wide array of important strategies for addressing priorities around health, equity and sustainability. There are some places where these recommendations can be augmented or refined for further impact. We have detailed some suggestions below.

In Section A., on Access to Healthy Food:

Background

The background on Food and Health should more clearly demonstrate the links between place, race, health and economic opportunity, and connect these to Strategic Growth Council objectives by:

- Leading with the argument that community environments influence eating and exercise habits, instead of the arguments concerning “poor diet.” Communications research has demonstrated that leading with “frames” about healthy community environments is critical for assuring that public health issues are seen as public concerns and not merely individual problems.^{iv}
- Including supportive facts linking equity with healthy foods in communities. Example language is included below:
 - “Children from low-income families are twice as likely to be overweight as those from higher-income families”^v
 - “Better access to healthy food corresponds to healthier eating and lower rates of obesity and diabetes”^{vi}
 - “African Americans living in a census tract with a supermarket are more likely to meet federal guidelines for fruits and vegetable consumption, and for each additional supermarket, produce consumption increased by 32%”^{vii}
 - “Californians living in areas with more fresh food retailers, along with fewer convenience stores and fast food restaurants, have lower rates of obesity”^{viii}
 - “A large full-service supermarket creates between 100-200 full- and part-time jobs”^{ix}
 - “Grocery stores can increase local tax revenues and stabilize or even increase local home values”

Missing Recommendations on Healthy Food Finance

Some important opportunities were not included among the Access to Healthy Food recommendations, including opportunities around a CA Healthy Food Financing Initiative. PolicyLink suggests that the HiAP Task Force look at how existing state government policies could support federal and/or foundation efforts to create a California Healthy Food Financing Initiative. There is a lot of federal momentum and the State has the opportunity to build true public/private partnerships through a program with proven results.^x

There are strong economic arguments for Healthy Food Financing: “Studies have quantified the increases in job, wages, local tax revenues, and other economic activity that occurred when a supermarket financed by the Pennsylvania Fresh Food Financing Initiative (FFFI) opened... Supermarkets financed by FFFI often served as retail anchors in their communities, sparking other kinds of economic activity. In addition, values of nearby homes located within one-quarter to one-half mile of the selected stores increased by four to seven percent (an average of \$1,500), mitigating the downward trend in real estate values, especially in neighborhoods with weaker housing markets where the effect was stronger.”^{xi} Similar efforts to Pennsylvania’s have now been launched in New York, Illinois, and New Orleans.

Current Recommendations

Further comments on the draft recommendations are detailed below:

- A1: Include grocery stores as well as farmers’ markets.
 - Grocery stores are promising economic forces for communities
- A1: Connect local farmers to low-income communities through community supported agriculture and community gardens.
 - The California Department of Health and Human Services, California Department of Public Health, California Department of Housing and Community Development, and California Department of Food and Agriculture Collaborate could leverage existing programs and resources to complement and support nonprofit, philanthropic, private, and local and federal government sector efforts to improve healthy food access in underserved low-income communities across the state. Programs such as the Buy California Grown program, the Certified Farmers Markets

program, the Housing and Community Development Block Grant program, the Enterprise Zone program, and programs addressing obesity prevention such as the Network for a Healthy California should be considered.

- A4: See recommendations to consider healthy food financing, on the previous page.

In Section B., Promote Healthy Cities and Counties, on Active Transportation:

Background

The background on Active Transportation should make explicit the disparate impacts of our current transportation policies across populations, the needs for both public transportation and physical activity, and how healthy and equitable transportation policies meet SGC objectives by:

- Including statistics to demonstrate links between public transportation, active transportation, access to transportation and reduction in air pollution. Public transportation is the most important public health intervention under transportation policy.
- Clearly defining “Active Transportation” to include both public transportation and active transportation, with a discussion of *access* in both, or creating a separate section on “Public Transportation” and assuring that *access* is discussed both in that new section and the former “Active Transportation” section.

Current Recommendations

- Under increasing **public** transportation access to jobs, healthcare facilities, grocery stores and other essential locations:
 - Ensure a stable and sustainable source of funding for public transportation in California
 - Recognize the increased reliance of low-income communities on transit, transit routes connecting low-income communities should be prioritized for operations and maintenance and capital development
 - Promote the idea of “safe routes to transit” by ensuring appropriate pedestrian infrastructure to safely access transit stops.
 - Maintain affordable public transportation fares. Consider providing transit subsidies for low-income households
 - Ensure regions have the authority to raise funds for regional transit systems
- B1A: Provide guidance on assessment of health impacts –including the distribution of impacts across place, income and race –in the CEQA process.
- B2: Include a bullet on enforcement and accountability that complete streets policies are being implemented in all communities, particularly low-income and communities of color.
- For SRTS, low income schools are the ones with the greatest need and should be given the greatest share of the money (thinking about equity as dividing resources proportional to population and not to need will not help us overcome persistent inequalities in health and wellbeing).

In Section B., Promote Healthy Cities and Counties, on Parks:

We recommend that the following be included in the section on “Promote Healthy Cities and Towns: Parks, Urban Greening and Air Quality”:

- As part of AB 32 and SB 375 implementation, an equity analysis shall be conducted on the development of any new rules, regulations or policies, to ensure that low-income communities and communities of

color are not disproportionately impacted by potential negative consequences, including a potential rise in cumulative exposure to harmful pollutants, or displacement from their existing communities.

In Section C., Promote Healthy Public Policy, on State Guidance:

We recommend that:

- “Work with agencies” be changed to “Task Force agencies work with California Department of Public Health and community partners to identify health and equity priorities in existing and future guidance documents, including...”
- Analyses of health and equity data and indicators (referenced in a later section) are used to inform guidance documents and actions

In Section C., Promote Healthy Public Policy, on Embedding Health in Decision-Making:

We recommend:

- Including “equity indicators” or “equity criteria” wherever “health indicators” or “health criteria” appear
- Specific actions that agencies can take include:
 - HCD – Conduct opportunity mapping to assess communities in terms of their ability to provide residents with the components of healthy, sustainable neighborhoods: access to jobs, transportation, parks, grocery stores/healthy food, quality schools, etc. as well as their susceptibility to gentrification and displacement.
 - OPR – guidelines should include instructions on how to identify and address places where infrastructure deficits are contributing to public health problems. This should include specific instructions to include specific review and consideration of the needs of low-income unincorporated communities.
- State funding programs should prioritize low income communities. These communities are not only disproportionately impacted by a wide range of health problems but are the ones where there is consistently the greatest need and where there is the least potential to generate the necessary revenue for needed programs without state assistance.

In Section C., Promote Healthy Public Policy, on Data and Research

We recommend:

- Emphasizing the importance of interim and community indicators for tracking HiAP implementation, policy change and environmental change *toward health outcomes*, as the measurement of long-term public health change will require significant time.
- Including key indicators of equity and prioritizing communities with greatest need, using the following measures:
 - High levels of concentrated poverty: poverty rates exceeding 30%
 - High levels of unemployment
 - High levels of chronic diseases such as diabetes, hypertension, and heart disease
- All agencies (accountability) – Link indicators data collection and analyses with existing and ongoing internal agency decision making processes (i.e. departmental budget decisions).

In Section C., Promote Healthy Public Policy, on Cross-Agency Collaboration and Expertise:

We suggest the following recommendations:

- Encourage agencies to train and educate staff on cross-disciplinary issues and innovations
- Provide *regular* opportunities for cross-agency learning and information sharing, to address *not only* competing public policy goals, but to identify opportunities for collaboration and synergy
- Consider the HiAP Task Force as a mechanism for sustaining HiAP, addressing new opportunities and conflicts, and remaining flexible and responsive to new opportunities and

Recommendation #3. Expand the healthy community scope to include key issues, such as water.

The HiAP Recommendations touch upon a wide array of important issues, but do not mention water. Water issues are of increasing concern in communities across California, and have important implications for public health. The HiAP Task Force can recommend that state agencies (DPH, SWRCB, DPR, DWR) coordinate and integrate regulatory and enforcement efforts to ensure that all California communities have access to safe and affordable drinking water. This can be accomplished by:

- Prioritizing funding for low income communities with sub standard water quality or with other water related public health threats (e.g., insufficient wastewater treatment, insufficient storm drainage, etc.)
- Prioritizing and encouraging local, regional and state level planning to facilitate the delivery of safe and affordable drinking water and wastewater treatment services to low-income communities.
- Developing (and reviewing existing) groundwater protection measures to ensure that drinking water resources are protected. This should include measures to monitor and regulate pesticide and fertilizer contamination of drinking water resources.

Conclusion

PolicyLink is enthusiastic to continue its support for the Health in All Policies Task Force and the Strategic Growth Council as they forge the path toward healthier, more sustainable communities in California. For further inquiries or information related to the recommendations detailed here, please contact Judith Bell, President (judith@policylink.org) or Jme McLean, Program Associate (jme@policylink.org).

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